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Caring for children and youth from Canadian military families: Special considerations – CPS Podcast

Developed by Dr. Katie Girgulis and Dr. Dr. Anne Rowan-Legg for PedsCases.com.
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Introduction:

Hi everyone – thanks for listening in to this PedsCases Podcast. My name is Katie Girgulis, and I'm a Pediatrics Resident at Dalhousie University and the IWK Health Centre. The podcast was created in collaboration with Dr. Anne Rowan-Legg, the main author of the 2017 CPS position statement that will be reviewed in this podcast. Today, we are going to review a topic that usually doesn't receive much attention in traditional medical curriculum – the special considerations when providing healthcare for children and youth from Canadian military families.

Think back on the past few months – have you encountered any military families in your clinical work? Depending on where you are training or working, chances are high that you have indeed cared for children from a military family. There are over 57 000 Canadian children with a parent working in the military (this only includes Regular Force personnel). The largest number of military personnel are living in Ontario. However, since I am training in Halifax, I would like to highlight that Nova Scotia has the highest percentage of military family members as a percentage of the total provincial population (just over 2%)! When caring for these children and families, there are several unique aspects that need to be considered.

So, before we dive into things, let's focus our learning and review the objectives of this podcast:

1. Understand the unique stressors and experiences of military families
2. Identify military families that may be at increased risk for difficulty coping during a parent's deployment
3. Recognize common issues for children and spouses during a deployment
4. Appreciate the importance of knowing community resources in your area of practice, and connecting families with the appropriate resource when required
5. Consider getting involved to advocate for systems changes that will help improve the quality and continuity of healthcare provided for children from military families

The most important starting point for caring for children and youth from Canadian military families is IDENTIFYING them. In 2017, the Canadian Pediatric Surveillance Program surveyed general and subspecialty Pediatricians across Canada and found that 87% of

respondents did not routinely ask whether a family had military involvement. Further, a quarter of respondents stated that finding out a parent was in the military would not inform the child's care any differently. So – thank you for taking the time to listen to this podcast! We hope to convince you of the importance of asking your patient's families about military involvement.

Let's start with a case. You start the day with a new patient in your General Pediatrics Clinic who was referred due to incomplete immunizations and vaccine hesitancy. Kelly, a cute 4-year-old girl, arrives with her mother Tracy. You learn that that have just moved here from another province, as Kelly's dad works in the military and was transferred locations. Tracy mentions that this is their family's third relocation since Kelly was born. Kelly is a healthy child, takes no medications (only Vitamin D), and has never been hospitalized or needed surgery. When you inquire about her immunization status, Tracy explains that they never seem to be in one place long enough. She wants to allow time for Kelly to settle in, as well as time to find a provider she trusts to give Kelly her shots. As a result, Kelly is only immunized up to 12 months of age. You acknowledge the challenge of relocations for families and spend some time exploring the family's experiences to date. You talk with Tracy about the city and mention a few recreation and community facilities in the area the area that Kelly might enjoy. You agree on close follow-up, with an appointment in one month's time, to check in on the family's adjustment, review Kelly's development, and plan for catch-up vaccinations.

Work in the military field can place several unique and significant stressors on families including mobility, separation, and risk. This case highlights the topic of mobility and geographical relocation. Frequent relocations move families away from their extended families, friends, social supports, and community commitments. An estimated 10 000 families relocate each year, of which approximately 8 000 are moving inter-provincially. The non-military spouse may need to find new employment, and half of families report new financial stressors due to lower wages, higher rent/mortgages, or higher cost of living in their new location. Many families find it challenging to establish and maintain social connections in their new location. Relocations disrupt the continuity of schooling, childcare, and healthcare for children. Children must frequently adapt to a new environment, peers, curriculum and expectations. Academic performance can be negatively impacted, especially if the move occurs in the middle of a school year. Extra-curricular activities may also be interrupted. In general, older children find moves more stressful due to the prospect of losing their friends and social network. It is important to note that the two most common reasons for families leaving the military are concerns about children's schooling and the non-military partner's employment status.

As you are likely aware, the management, organization, and delivery of healthcare are the responsibility of individual provinces and territories in Canada. The federal government is responsible for healthcare delivery to specific groups, including serving members of the Canadian Forces. Military families receive a health and dental benefits plan through their military employment. However, the children and spouses in a military family are not the responsibility of the federal government – they access healthcare through the regular public system, not through a specific military medical system. We will pause here and re-emphasize that the federal military healthcare system does not provide care to family

members. In the 2017 surveillance study, only 17% of Pediatrician respondents were aware of this point.

Thus, with frequent relocations, families are often seeking care from a transient provider, an urgent-care physician, or it's common to return to their previous provider, often hours away. One survey found that 17% of military families do not have a family physician for their children. Prevention and well-care visits, for topics such as growth, development, and immunizations, can be missed or delayed. These care-providers may not have a longitudinal relationship with the family and may not fully understand the family's context and unique needs. Timely transfer of healthcare records, particularly for medically complex children, can be a major issue. It may be challenging to access specialist care if families are living outside a major urban center or if wait times are longer than the duration of their posting. With each relocation, families must re-apply for financial assistance and arrange in-school accommodations and community supports for children with medical, behavioral, or learning needs. Thankfully, there is no longer a 90-day waiting period for insurance coverage to start when military families move to a new province or territory.

Deployments, and other absences from families due to operational requirements, also contribute considerable stress. In a given year, two-thirds of military personnel are deployed for some amount of time (from 6 weeks to many months). Families must cope with the uncertainty and risk of serious injury or death of their loved one. The deployment typically leaves one parent "single-parenting" the children, often without the support of extended family. Data shows how healthcare visits for mental health and behavioral concerns increase during deployment periods, particularly when the deployment is prolonged. Children often exhibit increased emotional reactivity, sleep issues, and somatic complaints during this time. One in four children report depressive symptoms during a parent's deployment. Adolescents from military families have more presentations and admissions for mental health and suicide attempts compared to their non-military peers. Further, prescriptions for anti-anxiety/anti-depression medications increase for both children and military spouses during deployment periods. However, outpatient healthcare visits tend to decline overall while a parent is away on deployment, and this may be related to the inability of the remaining parent to attend to healthcare related issues during deployment. Already without the continuity of a single healthcare provider, this adds to the risk that important issues and anticipatory guidance addressed during routine health surveillance visits may be missed.

Let's discuss our second case. You are working in a general Pediatrics clinic. Your first two patients of the day are Mya and Roger, 8 and 12 years old, respectively. They are accompanied today by their mother, Julia. Their father, Mike, is usually also present at appointments. When you inquire about his absence, Julia states that he was sent overseas on deployment, beginning last month. As you take an interim history, it becomes apparent that several issues have arisen. Mya has started having abdominal pain, particularly in the mornings before school starts. It is not associated with any vomiting, change in bowel movements, rashes, or loss of appetite. You check her growth curve, and she continues to plot appropriately. At their recent parent-teacher interviews, teachers expressed concern that Roger seems distracted and uninterested in class. He is often quiet, alone, and "in his own head", such that he misses out on instructions and group activities. Julia is concerned

that this could be related to their father being away. However, when she tries to have a discussion with the children, she feels unskilled and unprepared in what to say or how to help them. After completing your assessment, you agree that Mya and Roger's new issues may be related to their father's recent deployment. You validate and normalize Julia's and the children's experiences, explaining that it is very common for children to experience things such as headaches and tummy aches, have difficulty with sleep, or to have a change in mood and behavior when placed in a similar and stressful family situation. You offer the suggestion of the children speaking with a psychologist, and Julia is very interested. You provide her with the contact information for a registered child psychologist in your area who has experience working with military families.

As discussed in the case, many children will exhibit a predictable pattern of emotions and behaviors through the cycle of a parent's deployment. These are related to the developmental stage of the child as well. Understanding these reactions and helping parents anticipate, identify, and normalize their child's experience can be helpful. **Pre-deployment**, the child may become more withdrawn, apathetic, and regress in some of their skills or behaviors. They may act sad or anxious and complain of somatic symptoms. As they gradually **adjust** to the parent being away, routines are established, supports are developed, and behaviors tend to normalize. Later, around the time of **reunification**, children often experience anticipation, excitement and relief. However, some may struggle with the emotional conflict of dealing with the inevitable changes in family life as the parent re-integrates. Seventy-five percent of military families describe the first 3 months after return from deployment as the most stressful period for the family as the equilibrium is being re-established. Further, parents working in the military are at risk of their own personal emotional, psychological and behavioral challenges related to their field of work. These factors can negatively impact parenting and impair parent-child bonding.

Although we are discussing the unique challenges for military families and possible repercussions, it is important to remember that the vast majority of families manage relocations, deployments, and other stressors. In fact, Canadian data from the 2018 *"State of military families in Canada"* report suggests that perhaps only 10% of military families are struggling. Let's think about a family in front of you in the clinic. Are there features (or risk factors) that can help us identify individuals and families at higher risk for difficultly coping? Indeed, there are! Important risk factors include younger parent age, a parent with prior psychopathology, pre-deployment marital or financial problems in the family, English as second language, recent relocation, no firm end date for deployment, younger kids, kids with special needs, and kids with pre-existing emotional or behavioral difficulties. Thus, if we identify any of these risk factors in our military families, we should consider how we can better support the family, connect them with resources, or arrange closer follow-up. It is important to be familiar with community resources in your location of practice for mental health, early childhood development, and other common issues, and particularly if there any specifically intended for military families.

On this note, Military Family Resource Centers are a helpful tool for physicians to help navigate the resources for military families. In Canada, these centers are not-for-profit organizations located on Canadian Armed Forces Bases. They play a central role in assessing local needs and delivering support and services for military families, including

employment and educational assistance, childcare, emergency respite care, separation support and crisis intervention, recreation services, and more.

Although children from military families face unique stressors and potential barriers, as discussed above, we should also recognize the amazing opportunities for growth, development, and acquisition of new skills. Many of these children become very competent at adapting and integrating to life changes. They are frequently more mature, responsible, and independent compared to their peers. These life experiences help children develop personal resiliency, and adolescents, in particular, often benefit from increased self-confidence. Whenever observed, these qualities and characteristics should be highlighted and celebrated.

That's it for today. Before we leave, lets finish with some key take home points from the podcast:

1. Identify military families and acknowledge their unique needs.
2. Maintain awareness around mental health, both for children and their parents.
3. Anticipate common age-specific issues during deployments. You can provide anticipatory guidance to parents and should assess stress and build on coping skills.
4. Ensure thorough and timely transition of medical records when families relocate. Remember to review and update primary care surveillance when caring for children from military families.
5. Be aware of support resources in your area that can be offered to military families.
6. Consider getting involved to advocate for electronic health records for military families, more dedicated support services, and better collaboration between the federal government, local organizations (including school systems), and research institutions involved in the care of military families.

Thanks for listening to PedsCases podcasts. We encourage you to check out the CPS online course titled, "Improving the health of military families", which can be found on the "eCME: Profession online education and clinical podcasts" (https://www.cps.ca/en/ecme) tab of the website. Here, you will learn more about assessing, managing, and supporting the unique healthcare needs of military families. Thanks for listening!

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