

Australia's Vietnam veterans

A review



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BACKGROUND

Vietnam veterans' war experiences have adversely affected their own mental health and that of one in 3 partners and one in 4–6 of their dependents, many of whom are reluctant to seek help.

OBJECTIVE

This article reviews the health problems suffered by families of Australia's Vietnam veterans and discusses what the future might hold for these families, what the implications might be for families of veterans of more recent conflicts, and how general practitioners and divisions of general practice might help.

DISCUSSION

Mental illness of veterans' dependents may increase their risk of cardiovascular and other physical diseases, and their children's risk of psychological problems. Caring for veterans as they age may further strain the mental health of one in 3–4 partners and jeopardise their role as grandparents. General practitioners can help by paying attention to the mental health of veterans and their dependents, working with the families, providing education and support, assessing the need for individual or family counselling, encouraging veterans' dependents to use universal or Department of Veterans' Affairs services, and building dependent's and grandchildren's resilience.

According to the Department of Veterans' Affairs' (DVA) 2004–2005 annual report there are around 49 800 Vietnam War veterans in Australia, some of whom may have served in earlier conflicts.¹ There are also 48 500 British commonwealth and allied veterans, a proportion of whom were engaged in Vietnam. It is now clear that service in Vietnam has had a long term impact on the health of many veterans, particularly their mental health (Table 1). A large longitudinal study found Vietnam veterans had a higher cumulative mortality from suicide between 1980 and 1995 compared with the Australian male population. In the Vietnam Veterans Health Study, 30–45% of veterans reported suffering from particular mental disorders.¹ Although there was no comparison group, the study covered 80% of veterans. About one in 3 veterans in the Veterans and War Widows Study reported that their doctor, counsellor or other health professional had raised alcohol as a health concern.¹ Despite health problems, Vietnam veterans have a low level of disablement with the majority participating in social, recreational or sporting activities.¹

The health of veterans' partners

The Vietnam Veterans Health Study and studies of the partners of Vietnam veterans attending post-traumatic stress disorder (PTSD) clinics in the 1990s found many partners have been adversely affected by their husband's war experience and that effects are still apparent 30 years after the war (Table 2). Although the clinical studies were small and employed volunteer controls, the findings were analogous to those of more rigorous overseas studies.²

The partners of Australia's Vietnam veterans suffer similar problems to those reported among wives of America's Vietnam veterans.² Psychological disorders are among the more consistently reported problems. Two-thirds of partners of Vietnam veterans attending PTSD clinics were found to be seriously distressed on the General Health Questionnaire 28 (GHQ) and veterans reported a third of their partners suffered from stress, anxiety or depression.^{1,2} Although veterans have a high prevalence of alcohol abuse their partners do not.²

The health of veterans' dependents

The prevalence of mental health problems reported by veterans and their partners suggests that families in

which both parents have had a mental health problem would be more frequent among Vietnam veterans' families than among families in the general population. Between one in 6 and one in 9 families of veterans would have had two parents with a mental illness compared with about one in 100 families in the general population. Several studies found that adolescents and younger children of depressed fathers are at a greater risk for developmental, emotional and behavioural problems compared to children of healthy fathers.³ The risk for development of psychopathology appears to be even greater when both parents have a mental illness.³ At least one in 3 families of Vietnam veterans would have had a father who was dependent on alcohol. The dependents of such fathers have an increased risk for mood disorders, low educational performance, conduct problems, juvenile offending and substance abuse.⁴

A validation exercise conducted as part of the Vietnam Veterans Health Study confirmed that suicide was three times more frequent among veterans' dependents than expected (Table 2).¹ A third of dependents of veterans attending

PTSD clinics have been found to be seriously distressed on the GHQ.² At least one in 6 veterans reported their children suffered from an anxiety disorder or other psychological problem.¹

The health of veterans' families

Dysfunction was a consistent finding in the families of Vietnam veterans attending PTSD clinics (Table 2). There was a tendency for poor communication between family members, a lack of cohesion, a lack of interest and involvement in one another's activities, inability to solve problems that arose within and outside the family, and conflict. The dysfunction was found to be at a level that would usually require intervention by clinicians.²

The future for veterans' families

The majority of dependents of Vietnam veterans are now adults aged 20–44 years. Most veterans and their partners, now aged 55–64 years, are grandparents. Because of the prevalence of mental health problems among these dependents, it is possible that veteran's grandchildren will be at a greater risk of developmental, emotional and behavioural

problems.³ Dependents will be at a greater risk than the general population of recurrent depression; putting them at a greater risk of cardiovascular and other diseases.^{5–7}

Veterans and their partners are possibly approaching retirement with a greater prevalence of mental and physical health problems than the general population (Table 1, 2). It is a fair assumption that their health will deteriorate faster as they get older than the health of their contemporaries.

The Veterans and War Widows Study found that the veteran's partner helps with the essential activities of daily living as his health deteriorates.¹ A large study of carers from a random sample of Victorian households found that one in 3–4 carers in the general population suffer from a mental health problem associated with their caring role.⁸ Again it is a fair assumption that the health of partners of veterans, with a higher prevalence of mental health problems already, will deteriorate further as they take on the care of their aging partner.

Families of veterans of more recent conflicts

More recently, the Australian Gulf War Veterans Study¹ found more PTSD, anxiety, depression, substance use disorders and problem drinking among the veterans than nondeployed Australian Defence Force personnel. Gulf War veterans have younger children than Vietnam veterans. It is possible that the partners, dependents and families of Gulf War veterans may have similar problems to those of Vietnam veterans. Australia's Iraq War veterans have not been studied, however it appears America's Iraq veterans suffer similar problems to Vietnam veterans.⁹

How GPs can help

A typical general practice may only have a few families of war veterans. General practitioners can help by paying close attention to the mental health of veterans and their dependents and to the functioning of the family as a whole. Table 3 lists a number of practical ways in which GPs can help veterans and their dependents.

Because of Australia's past attitudes toward them, veterans may not disclose being a veteran unless the GP asks specifically. General

Table 1. Main findings from studies of Vietnam War veterans recently undertaken or commissioned by the Australian government

Study	Subjects	Design	Main findings
Second Vietnam Veterans' Mortality Study (1997) ¹	>57 000 male veterans	Comparison of cumulative mortality between 1980–1995 with that of Australian male population	Higher mortality from suicide and from all cancers combined
Vietnam Veterans' Health Study (male veterans) (1998) ¹	>40 000 male veterans	Survey of health as reported by veterans in 1996	Proportion reporting: only fair or poor health 50%; depression 45%; anxiety disorders 41%; PTSD 31%; panic attacks 30%; diagnosed with cancer 25%
Veterans & War Widows Study (2003) ¹	Representative sample of 438 Vietnam veterans	Survey of health and lifestyle as reported by veterans in 2003	Proportion reporting alcohol abuse 31%

Table 2. Main findings from recent studies into the health of the families of Australia's Vietnam War veterans

Study	Subjects and design	Main findings	
Vietnam Veterans' Health Study (partners and children) (1998) ¹	40 000 Vietnam veterans reported on their partners' and children's health	Proportion reporting partner: affected by veteran's experience 36%; suffered stress 40%; anxiety 34%; depression 30%; problem conceiving a child 21%; miscarriage 22%	Proportion reporting having a child with: major illness 27%; psychiatric problems 11%; anxiety disorder 16%; congenital abnormality 16%; fatal accident 2%; suicide 1%
Adjustment of Children of Vietnam Veterans Study (2001) ¹³	50 older children of veterans and 33 controls completed family functioning inventories		Children of veterans reported more family dysfunction
Partners and Children of Vietnam Veterans Study (1999) ²	32 female partners and 22 older children of veterans attending a PTSD clinic and volunteer controls (15 adults, 14 children) completed self esteem, health, and family environment inventories	Partner reported less self esteem and more somatic symptoms, anxiety, depression, insomnia, social dysfunction and family conflict	Children of veterans reported more family conflict. A third were seriously distressed
Chronic PTSD and Family Functioning of Vietnam Veterans and their Partners Study (2003) ¹⁴	270 veterans attending a PTSD unit and their partners completed family function inventories	Veterans' avoidance, anger or depression (but not alcohol use) and partners' anger were associated with family dysfunction	

practitioners should ask men and women aged 55–64 years whether they are a Vietnam veteran or married to one. Likewise, patients aged 20–44 years, particularly those with a mental illness, should be asked whether their father is a Vietnam veteran. When a veteran or his dependents present, GPs should use the opportunity to explain how common health problems are among veterans, their partners, children and carers; about the help available through DVA and others; that there is no shame

in asking for help; and offer to assess other family members. The latter avoids any privacy concerns over collecting information about the dependent or a veteran from another family member without consent. Veterans and their dependents should be screened for depression and alcohol dependency. If problems are found, they should be encouraged to attend the Vietnam Veterans Counselling Service (VVCS). The National Heart Foundation recommends GPs vigorously treat cardiovascular risk factors in the mentally ill

(the VVCS also provides heart health programs). If a dependent suffers from a mood disorder, GPs should check the grandchildren's health, particularly immunisation status, development, behaviour and emotional wellbeing.

Checking that poor parenting, a poor parent-child relationship or marital conflict is not contributing to depression is also worthwhile. If there are problems within the family, and all agree, the GP or counsellor could help the family identify problems, share information with members about help available, help the family suggest and prioritise solutions, and draw up a care plan. The VVCS also has programs that might promote resilience in the children and/or grandchildren.

The Australian Infant Adolescent and Family Mental Health Association advocate building on the strengths of families and not focusing exclusively on their vulnerabilities and deficits.¹⁰ Children of veterans who have used the VVCS have found the programs to strengthen their resilience the most useful.¹¹ The resilience of the grandchildren of Vietnam veterans' and children of Gulf War veterans might be strengthened through training in effective communication and problem solving, building self esteem, and most importantly, encouraging the formation of relationships with competent and emotionally stable people outside the family.¹⁰

Divisions of general practice

There is an opportunity for divisions of general practice to collaborate in Australia wide studies of how GPs might better support the families of our war veterans.¹² A feasibility study into a Health Study of Sons and Daughters of Vietnam Veterans has recently been completed for the DVA and minutes of meetings are available on their website.¹ Research is still required into: the broader psychosocial needs of Gulf War veterans' dependents or Vietnam veterans grandchildren growing up in families where one or both parents have a mental illness; the needs of dependents with an aging Vietnam veteran father; the needs of veterans' families in regional areas; the relationship between stress and physical health in veterans and their dependents; and into the availability and effectiveness of programs and services for veterans' dependents.

Table 3. Practical ways in which GPs can help the families of veterans

- Identifying veterans and their dependents in the practice
- Making veterans' families aware of the potential problems, and of available help (to maximise uptake¹⁵)
- Educating veterans' dependents about mental illness (to reduce stigma¹⁶)
- Discussing potential problems, offering to see other family members and asking about help needed
- Screening dependents for depressive symptoms and asking about help needed¹⁷
- Identifying risk factors for suicide and physical illness in mentally ill dependents^{5-7,18}
- Supporting veterans' and dependents' partners in their caring roles (eg. through role recognition, education, peer group meetings, boosting self esteem, developing coping and problem solving skills, and counselling²)
- Using partners to encourage dependents with problems to seek help
- Considering individual counselling or family therapy for dependents²
- Ensuring children of depressed dependents are brought to the practice when ill and receive preventive care in the early years of life¹⁸
- Strengthening the resilience of veterans' children and grandchildren¹⁰
- Working with the family (eg. encouraging good relations between veterans and partners or between dependents and their partners, being accessible and responsive to the families' needs and sharing information with the family)
- Tailoring training in problem solving skills to the needs and priorities of the family
- Involving all family members in identifying and solving problems
- Considering family based interventions as an adjunct to individual therapies¹⁹
- Coordinating help from different sources through a management plan

Conclusion

The mental illnesses of Vietnam veteran's dependents may increase their risk of cardiovascular and other physical diseases, and their children's risk of psychological problems. Caring for veterans as they age may further strain the mental health of one in 3-4 partners and jeopardise their role as grandparents. General practitioners can help by paying close attention to the mental health of veterans' dependents and, while working with families, provide education and support; assess the need for individual or family counselling; and encourage veterans' dependents to use universal or DVA services to assist with building resilience. Veterans of more recent conflicts appear to suffer similar disorders to Vietnam veterans so their partners, children and families may also suffer similar problems.

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