



King's Research Portal

DOI:

[10.1111/acps.12734](https://doi.org/10.1111/acps.12734)

Document Version

Peer reviewed version

[Link to publication record in King's Research Portal](#)

Citation for published version (APA):

Fear, N. T., & Wessely, S. (2017). Is it 'good to share'? Intergenerational transmission of post-traumatic stress disorder. *Acta Psychiatrica Scandinavica*, 135(5), 361-362. <https://doi.org/10.1111/acps.12734>

Citing this paper

Please note that where the full-text provided on King's Research Portal is the Author Accepted Manuscript or Post-Print version this may differ from the final Published version. If citing, it is advised that you check and use the publisher's definitive version for pagination, volume/issue, and date of publication details. And where the final published version is provided on the Research Portal, if citing you are again advised to check the publisher's website for any subsequent corrections.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the Research Portal

Take down policy

If you believe that this document breaches copyright please contact librarypure@kcl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Is it “good to share”? Intergenerational transmission of post-traumatic stress disorder

NT Fear, S Wessely

King's Centre for Military Health Research and Academic Department of Military Mental Health, King's College London

We are always encouraging children to share, “it's good to share”. However, as parents is it good share with our children? There are some things that we cannot help but share – eye colour, certain genes - but what about our life and wellbeing experiences? What are the transgenerational impact of these events and experiences?

In this issue of *Acta Psychiatrica Scandinavica*, O'Toole et al discuss the intergenerational transmission of post-traumatic stress disorder (PTSD) among the families of Australian Vietnam veterans (1). PTSD is a potentially serious and debilitating condition that can impact the functioning of the individual affected. PTSD was first included in the third edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM) (2) in 1980. Its inclusion was due to a combination of observations of mental health consequences in some Vietnam Veterans, persisting anti-war feelings and a desire to rehabilitate the reputation of US Service personnel. Sound data could come after, not before, the label had been introduced into DSM. PTSD was constructed as a stress disorder following the experience of a traumatic event occurring in either a military or civilian context. The traumatic event must be sufficiently severe to make individuals fear for their own - or their loved ones' - lives or safety. The resulting symptoms being far reaching, limiting an individual's ability to work, function socially and impede their relationships with friends and family.

Research has shown that PTSD can effect someone's ability to parent which can lead to childhood behavioural and emotional problems (3, 4). But what happens when these children themselves become adults? How does their parents' PTSD affect them and their wellbeing? O'Toole et al (1) – using data from the Australian Vietnam Veterans Family Health Study (5) - have shown that having a father with PTSD increases the risk of PTSD in their adult aged children. O'Toole et al included sons and daughters from 197 families, these “children” were aged 38 years (range 20-60 years) at interview and 10% had served in the Australian Defence Force (1). Most of these adult children being conceived after their father's return from Vietnam (1).

O'Toole et al (1) report that 6% of sons and 20% of daughters fulfil the criteria for lifetime PTSD – so is this due to the adult child's own experience of traumas, their experience of living with a parent with PTSD or something else? This is a complex issue which is difficult to untangle. O'Toole et al (1) were able to explore the role of paternal PTSD (and other paternal mental health conditions) on their adult child's reporting of traumatic events, and mental health (including PTSD).

So what does this paper add to our understanding of the transgenerational impact of PTSD symptoms? The answer is not straightforward, since previous studies on this topic have not always given consistent results (6). O'Toole has shown that it is important to look at sub-groups – for example, sons vs daughters (7). O'Toole et al has also been able to explore the

impact of maternal PTSD (1), showing that this was not associated with their adult child's reporting of traumatic events or PTSD.

What about the impact of other paternal mental health conditions, for example, depression and alcohol misuse? O'Toole et al showed that paternal depression was associated with PTSD among their sons and paternal alcohol disorder was associated with alcohol dependence in sons and PTSD in daughters (1). Depression and alcohol disorders are indeed prevalent problems among serving and ex-service personnel (8, 9). The impact of these conditions are relevant to the current era of veterans from the conflicts in Iraq and Afghanistan and their families.

Understanding how PTSD impacts on families using multi-informant data collected over time (10) is required to develop and enhance our understanding of the transgenerational effects of this condition. In an ideal world, we would study families longitudinally from the point that their loved one is recruited into the military, throughout the duration of their military career including deployment and then post-discharge. This would enable us to understand all military and non-military aspects influencing the wellbeing of the family members and the overall functioning of the family unit, and to separate out deployment and non-deployment related factors. But such counsel of perfection will be difficult to achieve.

The results of studies like O'Toole et al (1) have implications for health care planners and providers, policymakers and the military and veteran community. This evidence supports the role for preventive intervention in reducing the incidence of psychological disorder in the children of parents with mental health difficulties in the general population (11). Further, there is work on interventions to improve parenting in military families impacted by PTSD, for example, the Families OverComing Under Stress (FOCUS) Program (12, 13). These results highlight the importance of ensuring appropriate evidence based interventions for military families irrespective of the conflict or era in which they served.

It is good to share....but what you share matters.

References

1. O'Toole BI, Burton MJ, Rothwell A et al. Intergenerational transmission of post-traumatic stress disorder in Australian Vietnam veterans' families. *Acta Psychiatr Scand* 2016;1-10.
2. American Psychiatric Association (1980) *Diagnostic and Statistical Manual for Mental Disorders*, 3rd Edition.
3. Galovskia T, Lyons JA. Psychological sequelae of combat violence: A review of the impact of PTSD on the veteran's family and possible interventions. *Aggression Violent Behavior* 2004;9: 477-501.
4. http://www.ptsd.va.gov/professional/treatment/children/pro_child_parent_ptsd.asp
5. O'Toole BI, Marshall RP, Grayson DA et al. The Australian Vietnam veterans' health study. I. Study design and response bias. *Int J Epidemiol* 1996;25:307-318.
6. Diehle J, Brooks SK, Greenberg N. Veterans are not the only ones suffering from posttraumatic stress symptoms: what do we know about dependents' secondary traumatic stress? *Soc Psychiatry Psychiatr Epidemiol* 2017;52(1):35-44.

7. Sarkadi A, Kristiansson R, Oberklaid F, Bremberg S. Fathers' involvement and children's developmental outcomes: A systematic review of longitudinal studies. *Acta Paediatrica* 2008;97:153–158.
8. Fear NT, Jones M, Murphy D, et al. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *Lancet* 2010;375(9728):1783-1797.
9. Iversen AC, van Staden L, Hacker Hughes J, et al. The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study. *BMC Psychiatry* 2009;9:68.
10. <http://www.kcl.ac.uk/kcmhr/research/kcmhr/SPACE-Study/index.aspx>
11. Saxena S, Jane-Llopis E, Hosman C. Prevention of mental and behavioural disorders: implications for policy and practice. *World Psychiatry* 2006;5(1):5–14.
12. Lester P, Saltzman WR, Woodward K, et al. Evaluation of a family-centered prevention intervention for military children and families facing wartime deployments. *Am J Public Health* 2012;102(S1):S48-S54.
13. Lester P, Stein JA, Saltzman W, et al. Psychological health of military children: Longitudinal evaluation of a family-centered prevention program to enhance family resilience. *Mil Med* 2013;178(8):838-845.