

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22.
doi:10.1056/NEJMoa040603

SUMMARY: U.S. combat infantry units who deployed to OIF/OEF (3 Army, 1 Marine Corps) completed an anonymous survey to assess the mental health of Service members and to determine use and barriers to accessing mental health services. Service members who deployed to Iraq had higher rates of major depression, generalized anxiety, and posttraumatic stress disorder (PTSD) than those who deployed to Afghanistan. Service members who deployed to Iraq reported high levels of combat experiences (e.g., being shot at or attacked, seeing dead bodies).

KEY FINDINGS:

- The percentage of Service members who met screening criteria for major depression, generalized anxiety or PTSD was significantly higher after duty in Iraq (16-17%) than after duty in Afghanistan (11%). The largest difference between the groups was in the rate of PTSD.
- Service members deployed to Iraq reported a very high level of combat experiences, with 94% reporting being shot at, 91% being attacked or ambushed, 93% seeing dead bodies, and 53% handling or uncovering human remains; Soldiers in Afghanistan reported lower, but still substantial rates of such experiences.
- After deployment, rates of major depression, PTSD, and alcohol misuse were significantly higher compared to before deployment (e.g., 9% for a broad definition of PTSD before deployment, 15% after).
- There was a direct relationship between PTSD prevalence and the number of firefights for both Iraq and Afghanistan deployments (the greater the number of firefights the Service members were exposed to, the higher rates of PTSD).

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide education for families and Service members about the signs and symptoms of mental health problems
- Enhance education to decrease stigma surrounding seeking mental health services via providing information on websites and other public areas that emphasize the potential usefulness of treatment and the courage it takes to ask for help
- Provide resources and appropriate referrals available for families that may benefit from mental health services

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage programs that monitor Service members exposed to high levels of combat and assess these personnel more frequently for mental health concerns
- Encourage the development and continuation of programs that can promote resilience in Service members, their partners, and children
- Recommend integrating mental health education into existing service delivery systems for military families

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.



Putting Research to Work for Military Families



METHODS

- Three U.S. Army infantry units completed baseline surveys in January 2003 (one week before a year-long deployment to OIF)
- Two Army infantry brigades (one after a six month OEF deployment and the other after an eight month OIF deployment) and two Marine battalions (after a six month OIF deployment) were surveyed three to four months after their return from deployment.
- Participants completed measures of PTSD, depression, generalized anxiety, current distress, and use of professional mental health services. Demographic information was also gathered.

PARTICIPANTS

- Data were contributed by 2,530 Soldiers pre-deployment to Iraq, 2,856 Soldiers post-deployment, and 815 Marines contributed data post-deployment.
- Before deployment Army characteristics (N = 2,530) were as follows: 66% were ages 18-24, 99% were male, 70% were White, 78% had a high school education or less, 63% were E1-E4, and 50% were single.
- After Afghanistan deployment Army characteristics (N = 1,962) were as follows: 63% were ages 18-24, 99% were male, 69% were White, 78% had a high school education or less, 63% were E1-E4, and 52% were single.
- After Iraq deployment Army characteristics (N = 894) were as follows: 59% were ages 18-24, 98% were male, 60% were White, 82% had a high school education or less, 69% were E1-E4, and 46% were single.

LIMITATIONS

- This cross-sectional design does not allow implications of causality to be drawn.
- Different participants took part in pre- and post-deployment measures; therefore, equivalence of the groups cannot be assumed.
- There is a potential selection bias, as some Soldiers and Marines did not participate because they were working elsewhere.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Utilize a longitudinal design that uses the same participants during both pre- and post-deployment
- Explore effective mental health care stigma reduction in military settings to help increase mental health service utilization by those most in need
- Gather data from Service members' families to better understand their healthcare utilization

ASSESSING RESEARCH THAT WORKS



For more information about the Assessing Research that Works rating scale visit:
<https://reachmilitaryfamilies.umn.edu/content/assessing-research-that-works>