

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Prevalence of Perceived Stress and Mental Health Indicators Among Reserve-Component and Active-Duty Military Personnel

Lane, M. E., Hourani, L. L., Bray, R. M., & Williams, J. (2012). Prevalence of perceived stress and mental health indicators among reserve-component and active-duty military personnel. *American Journal of Public Health, 102*(6), 1213-1220. doi:10.2105/ajph.2011.300280

SUMMARY: Stress and mental health symptoms (e.g., depression, posttraumatic stress disorder [PTSD], suicide attempts) were examined in Reserve (n = 18,342) and Active Duty (n = 16,146) component personnel across all branches. Comparisons in stress and mental health symptoms were calculated between component, deployment status, and military theater. Results suggest that Active Duty personnel may be at greater risk for high job-related stress than Reservists.

KEY FINDINGS:

- Overall, Active Duty personnel (both deployed and nondeployed) were more likely to report high stress associated with carrying out military duties and were more likely to need further evaluation for depression than Reservists (deployed and nondeployed); however, no significant differences existed between the two groups on PTSD symptoms.
- Deployed personnel in both the Reserve and Active Duty groups showed significantly higher rates of meeting the screening criteria for PTSD than nondeployed personnel.
- Reservists who served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) reported significantly higher levels of PTSD symptoms than did Active Duty personnel, regardless of the theater in which they served.
- Reservists deployed to OIF or OEF were significantly more likely to report suicidal ideation compared to non-Reservists; Reservists who served in any theater were more likely to report an attempted suicide as compared to Reservist who had not deployed.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Create differentiated programming for Active Duty and Reserve components that address both prevention and intervention for post-deployment mental health concerns
- Offer workshops for Service members that incorporate stress management practices as a coping mechanism
- Educate couples who have a history of trauma on positive coping skills before deployment

IMPLICATIONS FOR POLICIES:

Policies could:

- Encourage programs to use stigma-reducing language with respects to mental health concerns and treatment to help cultivate help-seeking behaviors
- Disseminate information regarding possible symptoms of mental health problems Service members may face after deployment and where individuals and families can find help for those problems
- Encourage collaboration among DoD programs and community-based organizations to support a smooth transition for departing Service members

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METHODS

- Data were drawn from two self-reported U.S. DoD Surveys of Health-Related Behavior (2006 reserve component and 2005 Active-Duty personnel).
- Surveys were paper questionnaires and self-administered to participants.
- Statistical analyses were used to measure differences between groups, such as by component, deployment status, and theater (OIF, OEF, Gulf War, Somalia, etc.).

PARTICIPANTS

- Participants included 15,212 traditional Reservists (83% male), 3,130 full-time Reservists (83% male), and 16,146 Active Duty personnel (85% male) across all branches.
- Participants were primarily male and White. Most personnel were in lower pay grades (E1 to E6) and most represented the Army service branch.
- Reservists were more likely to have higher education levels and be older than Active Duty Service members.

LIMITATIONS

- Differences between groups were measured at a low significance level; therefore, significant differences should be interpreted with caution given the large sample size.
- Results of Active Duty and Reserve component comparisons may be biased due to the data being collected one year apart.
- All data were based on self-report and may be biased due to recall error and self-presentation bias.
- All variables were measured concurrently; results may be confounded by pre-deployment levels of stress and mental health.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Gather data from pre-deployment measures of stress and mental health to account for pre-deployment functioning
- Collect longitudinal data on differences in health-related behaviors among Active Duty and National Guard and Reservists Service members
- Compare and contrast similarities and differences among the physical and mental health symptoms of Active Duty and Reservists' families, especially spouses

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