# **Putting Research to Work** for Military Families



## Psychiatric Diagnoses in Historic and Contemporary Military Cohorts: Combat Deployment and the Healthy Warrior Effect

Larson, G. E., Highfill-McRoy, R. M., & Booth-Kewley, S. (2008). Psychiatric diagnoses in historic and contemporary military cohorts: Combat deployment and the healthy warrior effect. *American Journal of Epidemiology*, 167(11), 1269-1276. doi:10.1093/aje/kwn084

**SUMMARY:** In this study, researchers aimed to determine incidence rates of diagnosed mental disorders in a cohort of Marines deployed to combat during OIF/OEF between 2001 and 2005 and to compare these with mental disorder rates in two historical and two contemporary military control groups from the Navy and Marines.

### **KEY FINDINGS:**

- Of all contemporary deployed Marines, 12% had a diagnosed mental disorder.
- Overall, Marines who had recently served in OEF/OIF had lower rates of diagnosed mental disorders than noncombat-deployed Marines and Sailors.
- When deployed personnel with precombat mental health diagnoses were excluded from the sample, PTSD was the only psychiatric diagnosis for which the combat-deployed had higher rates.
- Almost half of all Marines with a psychiatric disorder were first diagnosed prior to their first combat deployment.

### **IMPLICATIONS FOR PROGRAMS:**

Programs could:

- Offer workshops for Service members and their families regarding how to deal with post-deployment PTSD symptoms
- Offer peer support groups for Service members with a mental health diagnosis in order to increase their social support
- Disseminate information regarding the resources and service available to military families coping with mental health issues

### **IMPLICATIONS FOR POLICIES:**

Policies could:

- Continue to support treatment for mental health concerns among Service members
- Recommend the development of programs for Service members with post-deployment mental health concerns and their families
- Encourage collaboration among DoD and community-based programs to provide streamlined care to Service members and their families







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### **METHODS**

- Data were obtained from the Defense Manpower Data Center and the Standard Inpatient Data Record, Standard Ambulatory Data Record, and Health Care Service Record files via TRICARE Management Activity.
- Rates of psychiatric disorders were compared among different groups of Service members.
- Rates of mental disorders among a cohort of Marines deployed to a combat zone in Iraq or Afghanistan were compared to rates mental disorders among cohorts of Marine and Navy personnel not deployed to a combat zone.

### **PARTICIPANTS**

- The primary group of interest consisted of all 41,561 Marines who enlisted between July 2001 and September 2004 and were deployed to an OIF/OEF combat zone prior to September 2005.
- The average age was 19.5 years (SD = 2.0); 97% were male and 3% female; 69.6% were White, 16% Latino/Latina, 8% Black, 2% Asian-American, 3% another race, and 2% of participants did not have information regarding race.
- In the sample, 39% of participants were 18-24 years old, 30% were 25-29 years old, 28% were 30-39 years old, and 3% were 40 years or older.

### **LIMITATIONS**

- Rates of certain disorders may be under-reported in this study because Service members may be reluctant to seek assistance for mental health issues because of the effect it might have on their careers.
- Without longitudinal data, there is no clear evidence that deployment caused trauma-related symptoms.
- Results may not generalize to those serving in other branches of the military.

### **AVENUES FOR FUTURE RESEARCH**

Future research could:

- Replicate this study among Service members from other branches of the military to examine whether the results can be generalized
- Use a longitudinal design to investigate the idea that deployment leads to or exacerbates pre-existing mental health issues
- Examine how deployment affects male and female Service members' mental health

### ASSESSING RESEARCH THAT WORKS







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