

Preventing Mental Distress in the Military

It is well documented that combat or peacekeeping missions have significant impact on the mental health of military personnel. However, our ability to understand why only some trauma-exposed individuals become emotionally affected remains challenged.

While the role of factors such as sex, social supports, religiosity, and exposure to multiple traumatic experiences on adverse mental health outcomes in both military and civilian populations is well-documented, little information is available regarding the possible role of predictor and mediating factors.

This paper contributes to filling this gap. Notably, it investigates whether self-perceived religiosity, social support, number of lifetime traumatic experiences, and past-year alcohol dependence can predict mental disorders such as posttraumatic stress disorder (PTSD), major depressive disorders (MDD), and suicidal ideation (SI) in a military population.

Results

Results lend support to the theory that multiple traumatic experiences increase the risk of mental disorders, while perceived social support decreases it.

The number of lifetime traumatic experiences (28 types of events, including exposure to combat) and perceived social support (19 social support items) were significantly associated with past-year PTSD, past-year MDD, and past-year SI. Alcohol dependence was also predicted by these two factors. (See Fig.1)



Canadian Soldier in Afghanistan

About this CRDCN Research Highlight

This *Research Highlight* draws on the article by Nelson C., Cyr K.S., Corbett B., Hurley E., Gifford S., Elhai J.D., and Richardson J.D. (2011), "Predictors of posttraumatic stress disorder, depression, and suicidal ideation among Canadian Forces personnel in a National Canadian Military Health Survey." *Journal of Psychiatric Research* 45 (11), pp. 1483-14886.

It was prepared by Sarah Fortin, Knowledge Transfer Coordinator at the Canadian Research Data Centre Network (CRDCN), an infrastructure created to improve researchers' access to Statistics Canada detailed micro-data, to expand the pool of skilled quantitative researchers and to improve communication between social scientists and research users.

Data were accessed and the analysis done at the University of Western Ontario Research Data Centre.

Policy Implications

- The results indicate that there is a significant role for both pre-deployment and post-deployment strategies to reduce mental distress in military personnel following combat and peacekeeping missions.
- This study provides evidence that there is a dose response reaction between the number of traumatic events experienced throughout life and the likelihood of adverse mental health outcomes in military personnel.
- At-risk individuals who may only be showing minimal to moderate symptoms of anxiety or depression must be identified early on. It may be of benefit to the Canadian Forces to screen recruits for traumatic experiences upon intake to the armed forces.
- There is a need for comprehensive post-deployment screening for mental disorders and for increased symptoms of distress since added exposure may increase vulnerability to developing PTSD.
- Given the role of social support, increasing the amount of time spent with one's unit both prior to and following deployment should be considered as it may influence the rates of PTSD and MDD.
- Because past research show that suicidal ideation is one of the strongest predictors of suicide attempts, it is imperative that individuals who screen positively following deployment be referred for psychotherapy, pharmacotherapy, or a combination of both, in order to mitigate the possibility of future suicidal behaviours.

A Word About the Survey Sample

The Canadian Community Health Survey - Canadian Forces Supplement (CCHS-CFS) is a nationally representative sample of 8441 active Canadian Forces (CF) members between the ages of 16 and 64 years. In this survey, 2.33% of respondents met criteria for past-year posttraumatic stress disorders (PTSD), 6.86% criteria for past-year major depressive disorders (MDD), while 3.84% of respondents reported having suicidal thoughts (SI) in the past twelve months.

However, three characteristics suggest that these numbers are underestimating the prevalence of adverse mental health outcomes among veterans.

First, the self-report nature of the survey lends itself to reporting and social desirability biases. Second, data was collected in 2002, prior to the combat mission in Afghanistan and it is likely that the inclusion of individuals deployed in the Middle East would alter the findings. Finally, the CCHS-CFS only includes actively-serving members; individuals with more severe symptoms or mental distress who may have been discharged from service are therefore not included in the survey.

Figure 1. Results of the Structural Equation Model – Standardized Path Estimates

