Global Perspectives on Military and Family Mental Health: A Quick Review

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Purpose of the Presentation

• Provide an international perspective on the mental health and wellbeing of service members, veterans and their families.

• Focus on emerging global trends and issues, yet emphasize U.S. findings.

• This will be a **rapid** survey of seven mental and behavioral health issues, yet by no means the only issues.
Outline

• Interest in Global Military Mental Health
• Some Basic (Positive) Facts
• Importance of theory – No Boos…
• Characteristics of Military Service
• Combat Leads to Mental Health Issues
• Military-to-Civilian Transitions
• Military and Veteran Suicides
• Sexual Assault
• Identity
• Point of Contact
Global Military Mental Health Interests

- Tremendous interest in military behavioral health around the world, particularly among many Asian countries.

- We have conducted military social work symposiums and workshops in the following nations:
  - Taiwan
  - Tokyo
  - Singapore
  - China
  - South Korea
  - Ukraine
  - Romania

- NATO Research and Technology Groups
Some Basic (Positive) Facts

• First, most service members and veterans and their families are doing fine.
• Most veterans don’t have PTSD.
• Most veterans are not suicidal or homicidal.
• Most families are pretty resilient.
• The VA does a pretty good job of taking care of the veterans that use them.
• America supports the military.
• The military is a great organization to work for.
Positive Aspects of Military Service

• Full employment, good pay and benefits, retirement
• Education, new job skills
• Health and dental care
• Safe environment to raise a family
• Strong organizational values
• Meaningful, real world mission
• Team-focused
• Opportunities for self development, leadership, physical fitness, self-confidence
• Serve country, continue family tradition, patriotism
• Travel, experience new cultures
A useful theory does several important things:

- Identifies the important constructs (i.e., things) we should be paying attention to, both clinical and non-clinical
- Makes predictions about the relationships of those constructs
- Identifies areas or points in which interventions may be useful
Cultural Comparisons
Rates of PTSD: US, UK, Canada
Crude Comparison Rates of PTSD: Telic “Teeth Arms” vs. Combat Infantry OIF

Possible Explanations Based on Combat Trauma Theory

**Wessely’s Hypotheses**
- US service members are exaggerating their symptoms
- UK service members are better trained and/or have better leaders
- British character is superior to that of the US

**Castro’s Hypotheses**
- US service members deploy longer than UK service members
- US service members experience higher levels of combat
- US service members are younger than UK service members
Properly Adjusted Comparisons Showed No Differences in PTSD Rates, and Higher UK Rates for Alcohol and Aggression

Good theory transcends culture, eras and national militaries, thus allowing it allows us to derive meaning from other studies without having to repeat the work.
MILITARY TRANSITION THEORY

Approaching the Military Transition

Managing the Transition

Assessing the Transition

Military/Cultural Factors
Nature of the Transition
Personal Characteristics

Individual Factors
Social Support

Transition Trajectories

Military Transition Management
Community/Civilian Transition Support

Transition Outcome Indicators

Work
Family
Health
General Wellbeing
Community
Common Military Culture

• Unique Mission of the military is to fight and win Nation’s wars, involving exposure to extreme traumas
• Value-based organization
• Hierarchical – chain of command, subordination
• Unique formal and informal rules and norms
• Team work, cohesion, leadership
• Unique and nuanced language
• Collective Socialism – full employment, housing, medical, dental, commissary, etc.
• Unique military identity
Emerging Demographics Characteristics from Other Militaries

- Woman’s health issues – US, UK, CA, NE, China, etc.
- LGBT health issues - US
- Role of the leader in facilitating mental health of subordinates – US, Germany, NE, CA, UK
- Importance of the family – spouse and children – All militaries
- Peer support – CA, UK, US
- OPTEMPO issues – US unique issue (?)
There is a 3-fold increase for US Soldiers (Brigade Combat Team) screening positive for PTSD when assessed 3 months after returning from a year in Iraq.
Combat and Anger and Aggressive Behaviors

Got angry with someone and yelled or shouted at them

Got angry with someone and kicked or smashed something, slammed the door, punched the wall, etc.

Threatened someone with physical violence

Got into a fight with someone and hit the person

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pre-OIF

3 mth Post OIF

12 mth Post OIF

36
37
31
11
40
42
46
77
81
75

0 20 40 60 80 100
Military Sexual Assaults
Female and Male with Prior History of “Unwanted Sexual Contact” (Sexual Assault) Before Entering the Military

3 - 5 X more likely to be sexual assault victims.
Sexual Harassment and Sexual Assault

Percent of male and female pre-9/11 and post-9/11 veterans who were sexually harassed or assaulted during military service

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<th>Pre/Post-911</th>
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<tr>
<td><strong>SEXUAL HARRASSMENT</strong></td>
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<tr>
<td>MALES</td>
<td>10.6%</td>
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<td>FEMALE</td>
<td>5.8%</td>
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<tr>
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<td>5.8%</td>
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<tr>
<td>FEMALE</td>
<td>37.8%</td>
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<td>56.9%</td>
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Empirical Findings

• Approximately 85% of sexual assaults among female service members occur within the first two years of military service.

• The trauma of sexual assaults that occurred while the service member was in the military interferes with a successful transition back to civilian life.

• Other nations are recognizing this as a major issue and there is now a new NATO research and technology group focused on it.
Military and Veteran Suicides
Military Transition Theory postulates that service members are at most risk of dying by suicide when they join the military, when the return from deployment and when they leave the military.
Veterans have significant psychological health issues, including PTSD and suicidal ideation.
Empirical Findings on Military Suicides

- 25% of all suicides in the military occur during the first **two years after joining** the active service.

- One half of all suicides of deployed Soldiers occur within 6 months **after returning** home from a deployment.

- The highest rates of suicide among military veterans occurs **after two years** of leaving the military.
Military-to-Civilian Transition

- This has been an important topic for decades, yet many nations are still recognizing just how important.
Immigration as a Metaphor

- Employment
- Housing
- Health care
- School/Education
- Sense of belonging
- Legal issues
- Financial issues
- Community connection
- Sense of purpose
Military-to-Civilian Transition

MILITARY TRANSITION THEORY

1. Approaching the Military Transition
   - Military/Cultural Factors
   - Nature of the Transition
   - Personal Characteristics

2. Managing the Transition
   - Individual Factors
   - Social Support

3. Assessing the Transition
   - Transition Trajectories
   - Community/Civilian Transition Support
   - Military Transition Management

TRANSITION OUTCOME INDICATORS
- Work
- Family
- Health
- General Wellbeing
- Community
Transitioning Out of the Military

Today’s veteran reports greater difficulty transitioning from the military back to civilian life compared to previous veterans.

Adjusting to civilian life was difficult

I needed time to figure out what to do with my life during my transition
Veterans have significant psychological health issues, including PTSD and suicidal ideation.
Veterans with Alcohol Concerns

Percent of pre-9/11 and post-9/11 veterans who screened positive on the Alcohol Use Disorders Identification Test (AUDIT) alcohol consumption scale.

- **Pre-9/11 Veterans:** 10.50%
- **Post-9/11 Veterans:** 24.90%
Veterans Unmet Health Care Needs

Considered attempting suicide but did not seek help
- Pre-9/11 Veterans: 27.2%
- Post-9/11 Veterans: 36.8%

Made a plan to commit suicide but did not seek help
- Pre-9/11 Veterans: 24.0%
- Post-9/11 Veterans: 33.3%

Screened positive for mental health problems but did not seek help
- Pre-9/11 Veterans: 31.4%
- Post-9/11 Veterans: 41.1%

Screened positive for physical health problems but did not seek help
- Pre-9/11 Veterans: 18.6%
- Post-9/11 Veterans: 27.9%
Identity and Moral Injury
Dimensions of Military Identity

• Military identity is multidimensional

• Seven dimensions of military identity
  - Exploration
  - Commitment
  - Public
  - Private
  - Centrality
  - Family
  - Connected
There are a lot of things we know that aint so ---
A selected sample

• Mental health screening is valid for identifying service members or veterans with mental health issues - NO.
• Training programs to build resilience in the face of trauma reduce the risk for mental health issues - NO.
• Third-location decompression (TLD) prevents PTSD or suicides or any behavioral health issue - NO.
• mTBI screening is valid - NO.
• The causes of suicides in the military are known - NO.
• There are effective means to prevent sexual assaults - NO.
• Hyperbaric Oxygen is an effective treatment for PTSD and mTBI - NO.
Summary and Conclusions

• There is a global convergence that there are many military mental health issues of common interest across militaries.

• There is an increasing awareness of the importance of theory in guiding our understanding of military mental health issues.

• Many myths surrounding the impact of combat and military service on the health and wellbeing of service members.

• There has actually been very little research conducted globally on military and veteran families, although this is beginning to change.
Point of Contact

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