



Key Facts on Stress and PTSD for Navy & USMC Leaders

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Background

A wealth of scientific research on a variety of military populations provides evidence that certain stress reactions — including post traumatic stress disorder (PTSD), depression, anxiety and alcohol abuse — increase in service members deployed to combat. The effects of these reactions negatively impact a warrior’s ability to fight efficiently and remain a fully functioning and productive member of the combat unit.

The Naval Center for Combat & Operational Stress Control (NCCOSC) provides these quick facts to emphasize the need to train our Sailors and Marines to be constantly on alert for stress reactions in themselves and in their Shipmates and fellow Marines. *The earlier a stress injury is treated, the better the chance for recovery or, at least, a lessening of symptoms.*

Experiencing Firefights

Marines and Soldiers exposed to five or more firefights over the course of their deployment have a nearly 20 percent greater chance of developing PTSD. Even when exposed to no firefights, those who deploy still have about a 4.5 percent chance of developing PTSD.

Duration of Mental Health Problems

Military attrition (through failure to re-enlist or discharge) increases when service members show combat stress reactions after deployment, particularly in the first year after returning from war.

Soldiers identified as having combat stress reactions in theater are 10 times more likely to develop PTSD over the subsequent 20 years.

Alcohol Abuse

A study evaluating all branches of the military found that those who have deployed to a combat environment are far more likely to develop serious alcohol problems compared to those who have not deployed. Three percent more active duty and 4 percent more reservists were found to binge drink post-deployment. Seven percent more active duty and 9 percent more reservists had other problems with drinking post-deployment.

When given mental-health assessments following deployment, service members with PTSD and depression show a higher risk of developing alcoholism or continuing to have alcohol-related problems

PTSD and Physical Health

Service members with PTSD have poorer overall health. One study found that 38 percent of soldiers with PTSD had two or more sick-call visits in the past month, and 12 percent missed two or more workdays in the same period. Those service members with PTSD also had more physical problems, including, but not limited to, headaches, back aches, pain and dizziness.

Traumatic Brain Injury (Concussion)

A high percentage of service members suffer brain injuries in combat. Among Marines who suffer concussions, 84 percent will continue to have such symptoms as headaches, forgetfulness and slow thinking for an average of 10 months after the injury.

Forty-four percent of Soldiers who experienced loss of consciousness from an injury during deployment also have PTSD.

Suicide Risk Increases with PTSD

From 2006 to 2007 the number of suicides among combat-experienced Marines has doubled, resulting in the highest suicide rate for combat Marines since the invasion of Iraq. In-theater suicide also has increased from 2006. Suicides have also been increasing sharply in the Army, reaching levels not seen since Vietnam.

Treatment Works

Combat-related PTSD is treatable through relatively simple and straightforward steps. A common technique, cognitive behavioral therapy (CBT), pays particular attention to a person's thinking processes, rather than underlying psychological causes.

About 50 percent of PTSD patients are successfully treated with this technique, and about 30 percent of patients are successfully treated with anti-depression medications. In some cases, the two approaches are combined for successful treatment.

PTSD Affects the Entire Family

Sixty percent of veterans with PTSD and their spouses say they have serious marital problems. The rate of violence rises in families where the vet has PTSD, and 33 percent of fathers with PTSD have a child with serious behavior problems. Sadly, child maltreatment--including physical, sexual and emotional abuse and neglect--has doubled since the onset of Operation Iraqi Freedom and increases with further deployments.



Stigma Can Be the Worst Enemy

Despite efforts of all military branches to promote psychological wellness, service members with mental health problems are often reluctant to seek help. Their concerns range from the effect on their military careers to how they may be viewed by fellow service members. Service members who reported mental health problems after deployment were twice as likely to be concerned about stigma.

Leadership Makes a Difference

Research at Walter Reed Army Medical Center concluded that supportive leadership helped reduce stress and anxiety levels, as well as the negative health and psychological consequences of high-stress situations, such as deployment. Additionally, the research confirmed that supportive leadership results in higher confidence and improved job performance among their soldiers.

