Mental Health Effects of Serving in Afghanistan and Iraq

The wars in Afghanistan and Iraq are the longest combat operations since Vietnam. Many stressors face these Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) troops.

**Stressors**

OEF/OIF service members are at risk for death or injury. They may see others hurt or killed. They may have to kill or wound others. They are on alert around the clock. These and other factors can increase their chances of having PTSD or other mental health problems.

For many service members, being away from home for long periods of time can cause problems at home or work. These problems can add to the stress. This may be even more so for National Guard and Reserve troops who had not expected to be away for so long. Almost half of those who have served in the current wars have been Guard and Reservists.

Another cause of stress in Iraq and Afghanistan is military sexual trauma (MST). This is sexual assault or repeated, threatening sexual harassment that occurs in the military. It can happen to men and women. MST can occur during peacetime, training, or war.

One early study looked at the mental health of service members in Afghanistan and Iraq. The study asked Soldiers and Marines about war-zone experiences and about their symptoms of distress. Soldiers and Marines in Iraq reported more combat stressors than Soldiers in Afghanistan. This table describes the kinds of stressors faced in each combat theater in 2003:

<table>
<thead>
<tr>
<th>Combat Stressors</th>
<th>Seeing dead bodies</th>
<th>Being shot at</th>
<th>Being attacked/ambushed</th>
<th>Receiving rocket or mortar fire</th>
<th>Know someone killed/seriously injured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iraq Army</td>
<td>95%</td>
<td>93%</td>
<td>89%</td>
<td>86%</td>
<td>86%</td>
</tr>
<tr>
<td>Iraq Marines</td>
<td>94%</td>
<td>97%</td>
<td>95%</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Afghanistan Army</td>
<td>39%</td>
<td>66%</td>
<td>58%</td>
<td>84%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Soldiers and Marines who had more combat stressors had more mental health problems. Those who served in Iraq had higher rates of PTSD than those who served in Afghanistan.

Later research has confirmed that to date, troops who served in Iraq are more likely to report mental health problems than troops who served in Afghanistan. A body of research shows a strong link between level of combat stress and PTSD.
How does serving in OEF/OIF affect mental health?

Research on OEF/OIF Veterans (1) suggests that 10% to 18% of OEF/OIF troops are likely to have PTSD after they return. In addition to PTSD, OEF/OIF service members are at risk for other mental health problems. Although studies vary widely in terms of methods used, estimates of depression in returning troops range from 3% to 25%. Excessive drinking and use of tobacco among OEF/OIF Veterans may also be problematic. Service members also report concerns over conflicts with others.

Some research has looked at how the response to war stressors changes over time. PTSD symptoms are more likely to show up in returning OEF/OIF service members after a delay of several months. Using a brief PTSD screen, service members were assessed at their return and then again six months later. Service members were more likely to have a positive screen - that is, they showed more PTSD symptoms - at the later time.

On the other hand, many service members who screened positive (had more PTSD symptoms) at their return showed fewer PTSD symptoms after six months. Overall, it should be noted that most returning service members screened negative for PTSD at both time points.

What increases the risk of PTSD in OEF/OIF service members?

Research studies have found that certain factors make it more likely that OEF/OIF service members will develop PTSD. These factors include:

- Longer deployment time
- More severe combat exposure, such as:
  - Deployment to "forward" areas close to the enemy
  - Seeing others wounded or killed
- More severe physical injury
- Traumatic brain injury
- Lower rank
- Lower level of schooling
- Low morale and poor social support within the unit
- Not being married
- Family problems
- Member of the National Guard or Reserves
- Prior trauma exposure
- Female gender
- Hispanic ethnic group

Are service members getting mental health care?

Our recent Veterans are seeking care at VA more than ever before. VA data show that from 2002 to 2009, one million troops left active duty in Iraq or Afghanistan and became eligible for VA care. Of those troops, 46% came in for VA services. Of those Veterans who used VA care, 48% were diagnosed with a mental health problem (2).
However, many Veterans with mental health problems have not come in for services. Reasons that some Veterans have given for not getting treatment include:

- Concern over being seen as weak.
- Concern about being treated differently.
- Concern that others would lose confidence in them.
- Concerns about privacy.
- They prefer to rely on family and friends.
- They don't believe treatment is effective.
- Concerns about side effects of treatments.
- Problems with access, such as cost or location of treatment.