In this study, the authors examine stress and mental health symptoms (e.g., depression, PTSD, suicide attempts) in reserve (n=18,342) and active-duty (n=16,146) component personnel across all branches. Comparisons in stress and mental health symptoms were calculated between component, deployment status, and military theater. Results suggest that active-duty personnel may be at greater risk for high job-related stress than reservists.

**Key Findings:**

- Overall, active-duty personnel (both deployed and nondeployed) were more likely to report high stress associated with carrying out military duties and were more likely to need further evaluation for depression than reservists (deployed and nondeployed); however, no significant differences existed between the two groups on PTSD symptoms.
- Deployed personnel in both the reserve and active-duty groups showed significantly higher rates of meeting the screening criteria for PTSD than did nondeployed personnel.
- Reservists who served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) reported significantly higher levels of PTSD symptoms than did active-duty personnel, regardless of the theater in which they served.
- Reservists deployed to OIF or OEF were significantly more likely to report suicidal ideation compared to non-reservists; reservists who served in any theater were more likely to report an attempted suicide as compared to reservists who had not deployed.

**Implications for Programs:**

- Programs could include differentiated programming for Active Duty and Reserve Components that address both prevention and intervention for post-deployment mental health concerns.
- Programs for Active Duty members could continue to incorporate stress management practices as part of coping with military life.

**Implications for Policies:**

- Incorporating stigma reducing language with respects to mental health concerns and treatment could help cultivate help-seeking behaviors.
- A systematic and continuous review of deployment data for Reservists could serve useful in understanding the impact deployments have on mental health, specifically PTSD symptoms, with explicit attention to how they are similar to and different from their Active Duty counterparts.

**Avenues for Future Research:**

- It is important for future research to include predeployment measures of stress and mental health to account for predeployment functioning.
- Future research in this area could include: 1) multiple informants (e.g., spouse or partner reports) of mental health symptoms in military personnel to avoid the potential self-report biases and 2) concurrent measures for the two military components in an effort to avoid any cohort effects.
Data were drawn from two self-reported US DoD Surveys of Health-Related Behavior (2006 reserve component and 2005 active-duty personnel).

T-tests were used to measure differences between groups. Comparative analyses were conducted by component, deployment status, and theater (OIF, OEF, Gulf War, Somalia, etc.).

All analyses adjusted for gender, race/ethnicity, education, age, marital status, pay grade, and service component. Sample weights were used.

Participants included: 15,212 traditional reservists (83% male), 3,130 full-time reservists (83% male), and 16,146 active duty personnel (85% male) across all branches.

Participants were primarily male and non-Hispanic White. Most personnel were in lower pay grades (E1 to E6).

Differences between groups were measured at the p < .05 level (no effect size estimates were provided); therefore, significant differences should be interpreted with caution given the large sample size.

Results of active-duty and reserve component comparisons may be biased due to the data being collected one year apart.

All data were based on self-report and may be biased due to recall error and self-presentation bias.

All variables were measured concurrently; results may be confounded by predeployment levels of stress and mental health.

The design of the study (e.g., research plan, sample, recruitment) used to address the research question was...

The research methods (e.g., measurement, analysis) used to answer the research question were...

The limitations of this study are...

The implications of this research to programs, policies and the field, stated by the authors, are...

Not applicable because authors do not discuss implications

Overall Quality Rating