In this study, researchers aimed to determine incidence rates of diagnosed mental disorders in a cohort of Marines deployed to combat during Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) in 2001–2005 (n = 41,561) and to compare these with mental disorder rates in two historical and two contemporary military control groups from the Navy and Marines.

Key Findings:

- 11.8% of all contemporary deployed Marines had a diagnosed mental disorder.
- Overall, Marine Corps personnel who had recently served in OIF/OEF had lower rates of diagnosed mental disorders than non-combat-deployed Marines and Navy personnel. Psychiatric disorders tended to be detected in Marines early in training leading to the loss of vulnerable individuals and the retention of resilient individuals.
- Acute stress disorder and PTSD were the only diagnostic categories in which the combat-deployed cohort had significantly higher rates, that is, almost three times higher than the non-combat-deployed cohort. However, when deployed personnel with precombat mental health diagnoses were excluded from the sample, PTSD was the only psychiatric diagnosis for which the combat-deployed had higher rates.
- Almost half of all Marine combatants with a psychiatric disorder were first diagnosed prior to their first combat deployment.

Implications for Programs:

- Programs aimed at identifying PTSD in Service members preparing for deployment should be a priority given that incidents of PTSD in combat-deployed populations were almost three times higher than non-combat-deployed populations.
- PTSD screenings could be conducted regularly during all stages of deployment.

Implications for Policies:

- Policy makers should continue to advocate screening for and access to treatment for mental health concerns among military Service members, especially during Service members’ initial training.
- Continued efforts should be sustained to increase accessibility and to destigmatize mental health diagnosis and treatment.

Avenues for Future Research:

- These findings need to be replicated among Service members from other branches of the military.
- Longitudinal designs are needed to support the idea that deployment leads to or exacerbates already existing mental health issues.
Background Information

Methodology:
- Data were obtained from the Defense Manpower Data Center and the Standard Inpatient Data Record, Standard Ambulatory Data Record, and Health Care Service Record files via TRICARE Management Activity.
- Proportions were compared using the chi-squared test, and ratios were compared using the t test. Incidence densities per 1,000 personnel were calculated by dividing the number of new psychiatric diagnoses during each study month by the sum of person-months at risk.
- This study focused on military Service members in the Marine Corps and Navy.

Participants:
- The primary group of interest consisted of all 41,561 contemporary Marines who enlisted between July 2001 and September 2004 and were deployed to an OIF or OEF combat zone prior to September 2005.
- The average age was 19.5 years (SD = 2.0); 97% were male and 3% female; 69.6% were White, 15.9% Hispanic, 8% Black, 2.3% Asian, 2.6% other/mixed, and 1.6% were missing.

Limitations:
- Many military personnel may be reluctant to seek mental health services because of the effect it might have on their careers.
- Without longitudinal data, there is no clear evidence that deployment caused trauma-related symptoms.
- Results may not generalize to those serving in other branches of the military.

Assessing Research that Works

Research Design and Sample

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Research Methods

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Limitations

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Implications

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<td>The implications of this research to programs, policies and the field, stated by the authors, are...</td>
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Not applicable because authors do not discuss implications

Overall Quality Rating

Prepared by Military REACH Team.
For additional information, please visit http://reachmilitaryfamilies.arizona.edu