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4.2 Sources of Stress

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Sources of Stress Related to Mental Health Concerns

Military personnel often feel pride in connection to their service as part of their military culture. However, they can also experience trauma. Witnessing natural disasters, car accidents, combat, and military sexual assault are potential traumatic events. Physical traumas like losing a limb or having a traumatic brain injury can impact a service member's mental health. However, not all stressors will result in a trauma disorder; the likelihood will increase depending on how severe the trauma was and if they were injured, how strong a person's reaction was at the time of the event, and whether someone close to them died.



Understanding Service Members' Stressors

Learn how to support those who serve.

Repeated exposure to trauma increases the chances of developing a mental health problem. On the other hand, protective factors, such as emotional

support and resilience, can balance the scale (Mass General Brigham McLean Hospital, 2023).

These problems are stress-inducing and may not always lead to a mental health diagnosis. However, they are underlying and are associated with possible health issues such as depression, anxiety, PTSD, etc.

The constant exposure to trauma, death, violence, threats to safety, and ethical dilemmas places military personnel at higher risk for psychological dysfunction. Exposure to these events can also lead to long-term adverse effects, such as trouble sleeping, outbursts of anger, nightmares, and hypervigilance. Those can lead to alcohol and drug abuse as a coping mechanism (Figure 4.1a).

Results of a study conducted by Rona et al. (2007) revealed that service members who were deployed for more than a year during the past three years were at higher risk of developing mental health problems. According to the authors, it is the "toxic" exposures to trauma, the lack of social support, and the physical and psychological demands that increase the risk of developing a mental illness. The same study found that service members who were deployed several times to

Iraq were more likely to meet the criteria for acute stress, PTSD, depression, or any mental disorder than those who were deployed only one time (Ursano et al., 2007).



Figure 4.1a
Sources of Stress that Might Cause Long-term Adverse Effects on Veterans

Source
Chargualaf, K., & Elliott, B. 2019

Sexual Assault

According to a Department of Defense report on sexual assault (2023), there were 8,942 reports of sexual assault involving service members as victims and/or subjects in 2022. This is a 1% increase (8,866) from 2021. (U.S. Department of Defense, 2023). Other non-combat-related issues such as humanitarian operations, peacekeeping roles, family separation for training, deployment as well and reintegration can have a negative effect on service members' mental health. (Bonner & Ellender, 2022).

What is trauma?

The Substance Abuse and Mental Health Services Administration describes trauma as an event or circumstance that is perceived as scary and results in physical, emotional, and or life-threatening harm. This event or circumstance has lasting adverse effects on the individual's mental, physical, and emotional health, social well-being, and/or spiritual well-being. Even though many people experience or witness a traumatic event, they may not suffer long-lasting effects. Others could have traumatic stress reactions that can also lead to behavior change (*2020 National Survey on Drug Use and Health: Veteran Adults.2022*).

Secondary trauma can be described as the emotional distress that results when someone hears about the traumatic experiences of another person, which can lead to emotional and behavioral problems. Therefore, if a service member does not directly experience a traumatic event but hears stories about others' traumatic experiences, it could also become problematic (*Secondary Traumatic Stress, 2018*).

Exposure to trauma can have ongoing effects long after leaving the military. For some, even months and years, the impact of the events can be felt, and the Veterans may have difficulty coping.

Triggers such as the anniversary of an event can lead to anger, feelings of survivor's guilt, or anxiety.

Exposure to triggers can lead to depression, PTSD, or substance abuse. Veterans returning from combat often experience waves of emotions in response to surviving traumatic events, such as sadness, hopelessness, worthlessness, or anxiety.

These lingering feelings, combined with other issues, can lead to dysfunction and a mental health diagnosis (*Trauma and Violence. 2022*).



Out of 2.8 million service members deployed in Iraq and Afghanistan, the most common challenges faced after deployment include PTSD, sudden outbursts of anger, strains in family life, difficulty adjusting to civilian life, alcohol dependence, traumatic brain injury, and depression (Figure 4.2b).

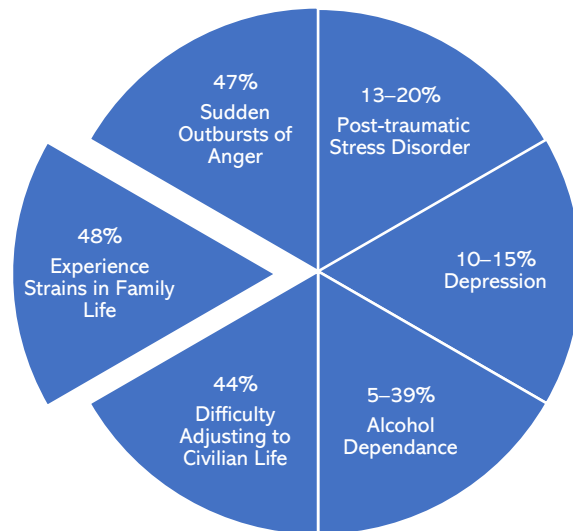


Figure 4.2b
Challenges After Deployment
Source
The Rand Corporation, 2017

Research showed that among military personnel, mental health stigma has been identified as a barrier to seeking help. However, delaying treatment for mental health has been associated with worse outcomes for major depressive disorders, bipolar disorders, and psychosis. Destructive and supportive military leadership styles will have a positive or negative impact on how service members and Veterans perceive mental health illness and psychological treatment (McGuffin et al., 2021). On the other hand, military culture can be a source of strength and resilience to stress when it helps and encourages individuals and families to utilize resources and engage with emotional support—understanding resilience as the capacity to successfully adapt in the presence of risk or adversity (Meredith et al., 2011).

Additionally, the 2019 Substance Use and Military Life Drug Facts highlighted that between 37% and 50% of Afghanistan and Iraq Veterans have been diagnosed with a mental disorder

associated with substance use disorders, while 63% of those diagnosed with substance use disorders also met the criteria for post-traumatic stress disorder. In 2020, approximately 5.2 million Veterans experienced a behavioral health condition, and 90% of those experiencing a substance use disorder did not receive treatment (*Health Services Research & Development: Spotlight on Mental Health*. 2022).

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