

Tackling stress in the military: army

Casualties of war.

The increased pace and variety of operations since the Cold War have added to the stress level soldiers have to endure.

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This year's Christmas celebrations at the UK Ministry of (MoD) could be somewhat muted. Not only will the possibility of a war in Iraq be occupying the minds of ministers and civil servants, but there is also the prospect of a judgement in a court action that could have profound ramifications on how the British Army manages stress among its troops.

It has been estimated that the class action taken by some 1,900 veterans of the 1982 Falklands/Malvinas conflict, 1990-91 Gulf War, peace support operations in the Balkans and the long-running internal security operation in Northern Ireland, could result in compensation payments of more than £500 million (\$789 million). The veterans claim that they are suffering from post-traumatic stress disorder (PTSD) because they were not properly treated by the army. The case has been running for the best part of two years and a ruling is expected in January or February.

The consequences of stress on soldiers is well documented, with possibly the earliest reference coming from the campaign of Sennacherib almost 3,000 years ago. In modern times, the problem of psychiatric casualties first came to the fore during the First World War when thousands of soldiers on all sides were withdrawn suffering from nervous disorders, while others were simply accused of cowardice and shot.

In the Second World War, within 10 days of the allied landings on 6 June 1944 between 10% and 20% of all allied battle casualties were cases of exhaustion.

More recent conflicts, such as Vietnam and the 1990-91 Gulf War, have led to changes in thinking, while the experiences of soldiers in the Balkans, Somalia and Rwanda have led to a realisation that peacekeeping operations can have just as severe a psychological impact on soldiers on the ground.

In 1996 Faris R Kirkland, a retired US Army lieutenant colonel, led a study on combat stress since the end of the Cold War in the US Army War College quarterly *Parameters*. According to the study's findings, multiple deployments, sudden transitions from peace to war and unclear objectives all increased stress.

In Somalia, for example, US troops reported the principal causes of stress as: deprivation; ambiguity of the mission; a belief that their superiors did not trust them; uncertainty over how long they would be there; a lack of resources; separation from family and a sense of failing to help the Somalis.

The same study found that during the 1990-91 Gulf War, mental-health professionals by and large successfully convinced commanders of their usefulness by returning stress casualties to duty and working to strengthen soldiers' resistance to stress. The harsh environment, fatigue and fear of Iraqi chemical weapons were principal causes of stress, along with the trauma of seeing colleagues and Iraqi troops, killed or maimed.

After the war, post-battle briefing sessions were held, including on how to deal with 'ceasefire' letdown. Intriguingly, reservists and rear-area service units were found to be more vulnerable to post-battle stress because they were demobilised more rapidly.

Of the 4,264 Gulf War veterans surveyed, 69% had experienced intrusive memories and dreams, 37% reported avoidance of memories or emotional detachment, 46% were troubled by irritability and insomnia and 26% reported they had experienced all of these symptoms.

Canadian Army research has also found that Canadian veterans of the peacekeeping operation in Croatia suffer from stress-related illnesses at rates at least three times higher than those found in the population at large. A study by the US Army's Walter Reed Army Institute of Research (WRAIR) of a US battalion deployed on a peacekeeping mission in the Sinai desert in 1982 noted that the lack of action of peacekeeping was potentially more stressful than active operations for elite troops.

"For soldiers trained for war and fighting, peacekeeping operations can be very stressful. They may be witnessing atrocities against women and children and be unable to intervene. They may also be away from their families for a long time," explains Dr Martin Deahl, civilian consultant psychiatry adviser to the UK Royal Air Force and a consultant at Shelton Hospital in Shrewsbury, UK.

Symptoms of combat stress can include feeling tense and shaky, appearing dazed or confused, a loss of concentration, a loss of morale, insomnia, fear and anxiety. In severe cases, soldiers feel depressed or suicidal and have slower reaction times. Stress can also have a severe impact back home, leading to marriage break-up, alcoholism, violence and mental breakdown. In 1998 the UK government's Social Exclusion Unit estimated that one in four homeless people was a former member of the armed forces.

Another UK charity, Crisis, substantiated this statistic in 2000 when it published that up to 25% of rough sleepers were once members of the UK armed forces.

In July 2002, the US Army suffered a flurry of wife-killing among special forces troops - all non-commissioned officers (NCOs) - returning from Afghanistan to Fort Bragg, prompting a review of its family counselling services. While the army insisted this was not down to the effects of combat stress - and more to do with jealousies and broken marriages - there was also a steep rise in domestic violence at the Fort Bragg base, with wives' support groups reporting a large number of calls for help.

The increased pace and variety of operations since the end of the Cold War has added to stress among many NATO armies. "I know of one man who had just finished a tour of Bosnia and was going into garrison and was told that, instead of going on three weeks' leave, they were going to be trained to cover for the firefighters' strike. That is just another stress factor," explains Cdre Toby Elliot, chief executive of the UK's ex-Services Mental Welfare Society, also known as Combat Stress.

UK Chief of Defence Staff Adm Sir Michael Boyce stated publicly on 20 November that the morale and operational effectiveness of the country's armed forces had been affected by the need to keep 19,000 personnel on standby for a planned eight-day strike by firefighters. Training has been disrupted since September and soldiers returning from a deployment in Bosnia were denied leave.

The experiences of the 1990-91 Gulf War and peacekeeping in the Balkans have led to major changes in how the US Army addresses stress among its troops, says Maj James Ness, commander of the US Army's Medical Research Unit-Europe at the WRAIR.

The unit has been developing a programme of intervention to improve psychological resilience among troops and to lower the number of psychiatric casualties. This includes developing tools to measure stress in the field, establishing a suicide surveillance system, identifying factors that lead to high rates of mental disorders and developing psychological screening and debriefing in the field.

Further down the line, the programme intends to develop ways to identify vulnerable soldiers within both training and operational environments, strategies of assessment and intervention, and ways to implement these strategies across the military. "It's about how to make the most of individual performance and how do we model that," says Maj Ness, adding that, as the army becomes lighter and more mobile, and soldiers are required to become more independent, such strategies are likely to become ever more important. "There has been a culture shift since the [1990-91] Gulf War. A lot of money has gone into sorting out battlefield stressors. We've been bringing together thinkers about stress reduction and what the body is actually doing," he explains.

NATO is 'keenly aware' that stress is something that needs to be studied, Maj Ness says. "There is a clinical push for identification and early intervention, and for diagnostic categories to be developed. We are looking for real-time monitoring of stress-related activity."

The USA is currently working with the Austrian and German armies to develop a protocol to deal with voice changes under stress. "When fire breaks out the voice pitch changes and it is not affected if you have just been running up a hill. So you can separate the physical and the psychological," says Major Ness.

NATO has also set up an exploratory team of psychologists and psychiatrists to look into issues of stress and psychological support. The work is still at a very early stage; the terms of reference and a programme of work were only drawn up in September. Next April, according to team member Maj Yves Cuvelier of the Belgian Army, the group will meet to 'present their concept of psychological support in modern military

operations. Areas set to be addressed include assessing psychological stress, the psychological preparation of military personnel, screening, psychological support during and after deployment, support for families and how best to organise such support.

Perhaps the most comprehensive model of the past 20 years for dealing with operational stress has been that drawn up by the Israel Defence Force.

The Israeli strategy is based on an assumption that many mental breakdowns or adverse stress reactions are often simply short-term responses to a particular operation rather than the result of weakness or a defect on the part of the soldier. Solutions have therefore focused on improving the cohesiveness of units and training commanders in better leadership skills, with a successful reduction in the cases of stress. Army psychiatrists and psychologists have regularly been deployed to counsel soldiers who have developed psychoses as a result of killing Palestinian children.

In the UK, even though the army is somewhat in limbo until the outcome of the class action is known, innovative work to tackle stress is still continuing. The Deputy Adjutant General drew up a stress-management policy in 2001 that recognised stress as a debilitating condition and that managing it is a core function of leadership among commanders. The policy also made it clear there is a difference between stress and stress-related disorders. "The line manager will be dealing with stress in his men, but a stress-related disorder will be dealt with by a member of the medically qualified team," explained a UK MoD spokesman.

Health and safety training is now mandatory, including presentations on recognising and preventing stress and how individuals in command can deal with it. "We are one of the few organisations of this size that has a stress-management policy," added the spokesman.

UK Minister for Veterans' Affairs Dr Lewis Moonie, discussing the court action in the House of Commons earlier this year, emphasised that PTSD is recognised internationally as a medical condition, and had been since the 1980s. "The measures now in place to combat PTSD in the armed forces have evolved and been enhanced over a number of years to reflect our improving knowledge of the condition, its effects and the best methods of remediation. Each service runs active programmes aimed at prevention and treatment. Measures include pre-deployment and post-deployment briefing and, when practicable, availability of counselling in theatre," he explained.

Two new defence community psychiatric centres have been established in England and Scotland, he said. Additionally, parts of the armed forces, particularly the Royal Marines, are exploring ways of detecting PTSD at a very early stage. The marines' Combat Stress Project under Cameron March, a retired captain, is looking at ways to train front-line troops, NCOs and commanders to recognise the symptoms of stress in both themselves and their colleagues, and to react to it. Training can also help them to differentiate between a soldier who is simply being ill-disciplined and one who is suffering from a stress-related disorder.

Another initiative has been the establishment in April 2000 of the UK Army Welfare Service (AWS). While a similar service did exist before, the AWS in its current form now has 20 teams of volunteers across the UK, with three to four soldiers in each team. They are designed to back up the community psychiatric nurses who are deployed on operations to brief soldiers. The AWS will begin work once a soldier has returned to barracks.

There is also a network of information centres similar to Citizen Advice Bureaus that started up in the late 1980s, with 80 or so in the UK, mostly based near families and barracks and which are able to answer questions and provide information. "Since we started we have seen a 10% increase in the number of people coming to us with problems," says Col Peter Villalard of the AWS. However, inferring from this that the increased tempo of operations is to blame would be dangerous, as people simply having more confidence about coming forward and increased publicity could be equally important factors, he warns. The service has, for instance, recently carried out a poster campaign based on Edvard Munch's famous painting *The Scream*.

Often soldiers suffering from stress are not even given a medical discharge and, consequently, slip through the net, said Combat Stress' Cdre Elliott. "Most of these guys have been discharged or have bought themselves out early and their unit is only too pleased to get rid of them, but what has not been asked is should that guy have gone to see a psychiatrist?" he explained. "Most young soldiers - by which I mean 50 and under - will have served many tours of Northern Ireland, and there were many psychological casualties that came out of there," he added. One of the biggest difficulties of dealing with stress is that different people react in different ways, and to different types of stress.

While Col Villalard believes that among young commanders there is less resistance to the idea of people being sick than there used to be, Dr Deahl, for one, is less convinced. There is, he argues, still some way to go towards changing perceptions and cultural stereotypes. "There is a culture that is hostile to admitting that stress can be a problem. The military culture has a warrior ethos, so you'd almost expect there to be a problem in talking about feelings and emotions," he says.

The military is also hamstrung by the fact there are so few health professionals to turn to. According to UK MoD statistics from the start of this year, there were only 11 fully trained consultant psychiatrists and 81 registered mental-health nurses serving in the Defence Medical Services. Yet, despite this, there is a growing, albeit slow, realisation that mental-health professionals do have a place in the field, believes Deahl. "People are beginning to realise who you are and that you have not got three legs."

Some of the cases being heard in the class action certainly do not reflect well on the military authorities. One such case is Royal Highland Fusilier Barry Donnan who, as a 17-year-old was sent to the December 1988 Lockerbie crash site, where he found himself picking up pieces of bodies, and was offered no counselling afterwards. Three years later he was equally traumatised during the 1990-91 Gulf War when he witnessed the burial of hundreds of Iraqi soldiers in a mass grave. On his return he went absent without leave, was court-martialled and sentenced to 112 days in the Military Corrective Training Centre in Colchester. On his release, again with no

counselling or mental assessment offered, he was deployed to Northern Ireland. He has subsequently published his experiences in a book.

But it must be remembered that, while it remains the responsibility of commanders and officers to get it right and intervene, the soldier still bears some degree of responsibility to come forward, argues Combat Stress' Cdre Elliott. There are also the ever-increasing demands on field commanders to take into account. "If you are leading 800 men and you have one malingerer who is causing you a problem, there comes a stage where you say you have tried black and blue to get it sorted out and you cannot do anything else, you have lost patience. But there may have been a problem that could have been solved," he says.

However advanced the technology, warfare by its nature will always be a stressful and traumatic experience. Putting strategies, protocols and systems in place all help but, at the end of the day, the best solution - yet also the most challenging - is getting mental-health professionals as far forward and accessible as possible, whether it is in a combat, non-combat or peacekeeping environment, argues Deahl.

"Stress can be potentially very damaging to morale and it can be bad for the unit as a whole. If you have someone who is clearly not coping and they are forced to carry on and are dealt with in a disciplinary manner rather than a medical way it can have a damaging effect on all the people," he explains.

"If you take people with battle shock out of the area completely, it makes them worse because they feel they have failed their colleagues. But that is very difficult to do because the front moves so quickly these days. The challenge is rewriting the doctrine to cope with the mobile battlefield," he adds.

The Chechnya experience

The Russians have discovered that small-scale operations such as that in the breakaway republic of Chechnya can exact an even greater psychological toll on their soldiers than larger conflicts.

A study on the psychological effects of that conflict by US medics published in the *Army Medical Department Journal* in early 2000 found Russian armed forces had been poorly trained in the years leading up to the conflict. Their intervention into Chechnya was poorly planned and took place in dreadful weather. The fighting was largely conducted in cities or at close range in the countryside against guerrillas who knew the terrain very well. Many of the local people also resented the Russians' presence.

Large numbers of the Chechen guerrillas had been part of the Soviet armed forces so they spoke Russian fluently, had an excellent knowledge of Russian tactics and military culture and could, it seemed, predict their every move. This impacted on the psychological condition of the Russian forces, as did continual sabotage and terrorism.

A bunker mentality set in, where soldiers became convinced every Chechen was a potential enemy. Reports of mutilation and torture among prisoners and the shooting of downed Russian pilots compounded their anxiety.

"Morale among Russian pilots and servicemen plummeted as they fought a war no one, in their opinion, appreciated or understood. And with that depression came more combat stress injuries," explained report authors Timothy Thomas of the Foreign Military Studies Office and Maj Charles O'Hara of the US Disciplinary Barracks at Fort Leavenworth, Kansas.

An initial study by the Russian military found, just four months after the start of the conflict, that, of 1,312 troops, 28% were healthy but 72% had some type of psychological disorder. A total of 46% exhibited depression, 26% high anxiety or aggressiveness and 40% a lack of neuropsychological stability. Some 32% experienced extreme stress while preparing for combat. From March 1997-98 it was estimated 10,000 Russian soldiers needed psychological help.

One solution put in place by the Russians was to set up rehabilitation points and centres for psychological consultation. Rooms for psychological relief were established in military units, military sanatoriums and rest homes as well as in government and non-governmental regional rehabilitation units.

Other subsequent developments have included a 'psychological first-aid tent' designed to offer musical treatment and videos of soothing images such as burning logs in a fireplace, views of the ocean or mountain scenes.

Government researchers, said the study, had also recommended the development of "collectives" of specialists in mobile teams to get to patients within hours rather than days to try to halt the onset of post-traumatic stress disorder.

A new 'psychological aid centre' has also been established in the city of Rostov-on-Don in southern Russia. Psychologists staff the centre and operate a confidential telephone helpline. Courses are run to help service people adjust to a return to civilian life and patients are given leaflets and other literature on post-traumatic stress. The centre's staff has also gone to Chechnya to give psychological counselling in the field.