



# Mental Health Status of Sri Lanka Navy Personnel Three Years after End of Combat Operations: A Follow Up Study

Raveen Hanwella<sup>1</sup>, Nicholas E. L. W. Jayasekera<sup>2</sup>, Varuni A. de Silva<sup>1\*</sup>

<sup>1</sup> Department of Psychological Medicine, Faculty of Medicine, University of Colombo, Colombo, Sri Lanka, <sup>2</sup> General Health Services, Sri Lanka Navy, Colombo, Sri Lanka

## Abstract

The main aim of this study was to assess the mental health status of the Navy Special Forces and regular forces three and a half years after the end of combat operations in mid 2009, and compare it with the findings in 2009. This cross sectional study was carried out in the Sri Lanka Navy (SLN), three and a half years after the end of combat operations. Representative samples of SLN Special Forces and regular forces deployed in combat areas were selected using simple random sampling. Only personnel who had served continuously in combat areas during the one year period prior to the end of combat operations were included in the study. The sample consisted of 220 Special Forces and 275 regular forces personnel. Compared to regular forces a significantly higher number of Special Forces personnel had experienced potentially traumatic events. Compared to the period immediately after end of combat operations, in the Special Forces, prevalence of psychological distress and fatigue showed a marginal increase while hazardous drinking and multiple physical symptoms showed a marginal decrease. In the regular forces, the prevalence of psychological distress, fatigue and multiple somatic symptoms declined and prevalence of hazardous drinking increased from 16.5% to 25.7%. During the same period prevalence of smoking doubled in both Special Forces and regular forces. Prevalence of PTSD reduced from 1.9% in Special Forces to 0.9% and in the regular forces from 2.07% to 1.1%. Three and a half years after the end of combat operations mental health problems have declined among SLN regular forces while there was no significant change among Special Forces. Hazardous drinking among regular forces and smoking among both Special Forces and regular forces have increased.

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\* Email: varunidesilva2@yahoo.co.uk

## Introduction

Several studies have shown that, in military personnel, exposure to combat has adverse mental health consequences. Post-traumatic stress disorder (PTSD) was first described in Vietnam war veterans. PTSD is not the only adverse effect of combat exposure. Exposure to combat is also associated with increased risk of depression, alcohol misuse and multiple physical symptoms [1–4]. These can result in impairment of occupational and social functioning and increased use of health care services [3]. In recent times, studies of United States (US) and United Kingdom (UK) military personnel deployed in Iraq and Afghanistan have provided insights about these conditions. However only a few studies have assessed the mental health status of deployed troops longitudinally.

The UK and US armed forces are still deployed in Iraq and Afghanistan. A large cohort of military personnel from the UK deployed to Iraq and Afghanistan was evaluated in 2003 and 2009 [1,2]. The sample included those surveyed in 2003 as well as

troops who had been deployed subsequently [1]. In the follow up sample, the probable rate of post-traumatic stress disorder (4.0%) was similar to that in 2003. Prevalence of psychological distress too remained the same while alcohol misuse increased from 13.0% to 27% [1,2]. Overall, the prevalence of mental disorders in the UK armed forces remained stable between 2003 and 2009.

These findings are in contrast to that from studies of US military personnel. Milliken et al found that US military personnel returning from Iraq reported higher rates of mental health problems six months after returning from deployment compared to immediately after their return. Among active duty personnel PTSD rates increased from 11.8% to 16.7%, depression from 4.7% to 10.3% and overall mental health risk from 17.0% to 27.1% [5]. Bliese et al found that reports of mental health problems were 2–5 fold higher at 120 days after returning from deployment than immediately after return [6]. Studies of Vietnam War veterans show that demobilization affects the mental health of military personnel because they have to adjust to civilian life. This