

Healing the mental scars of combat

American and British soldiers returning from combat in Iraq and Afghanistan are helping to shed new light on the complex nature of post-traumatic stress. Talha Burki reports.

Post traumatic stress disorder (PTSD) was officially recognised by the American Psychiatric Association in 1980. In the USA, it had been known as post-Vietnam syndrome, brought to public attention by activists, veterans, and films such as *The Deerhunter* (1978). Today, reports suggest that 10–15% of American soldiers returning from Iraq or Afghanistan have the disorder. However, a recently released study of UK military personnel found rates of PTSD much lower than those of their American counterparts; in fact, prevalence was roughly in line with that of the general population.

In September 2010, King's Centre for Military Health Research (KCMHR; King's College London) published its report on the health of the country's armed forces over the past 15 years. Authored by Simon Wessely and Christopher Dandeker, it found that, as of 2006, 4% of military personnel suffered from PTSD. A recent study in *The Lancet* found the percentage unchanged for 2010; in the wider populace it is 3%. Moreover, whereas several studies have shown sharp increases in PTSD in the months after US personnel have returned home from deployment, KCMHR found no such evidence for returning British personnel. So why are more British servicemen and women not suffering?

"These are highly trained individuals", explains Neil Greenberg, Surgeon Commander in the Royal Navy. He cites the value of a close-knit unit in forestalling distress. "There's good comradeship and good leadership, and we know that both these factors are very important in terms of mental health". But this strength of camaraderie could also be true of America's armed forces. There are, however, important differences between the two countries.

The US military serve longer tours of duty: perhaps more than 1 year, compared with an average of 6 months for British troops. The UK military has long operated Harmony Guidelines. These stipulate, for example, that Army personnel are not to be deployed for more than 13 months in a 3-year period. The KCMHR report noted that as long as the guidelines are followed, there is no correlation between tour length and deteriorating mental health. It is when the recommendations are exceeded that there is an increase in PTSD.

"...PTSD can lead to all kinds of social problems that can culminate in homelessness, addiction, or imprisonment."

In Iraq, the US saw exceptionally intensive combat. When the invasion began, its armed forces were younger, less experienced, and more heavily comprised of reservists than Britain's. Reservists and combat troops tend to be more susceptible to distress. In the UK, for example, rates of PTSD are higher for combat troops—about 7%—while reservists have a PTSD prevalence of 5%. Wessely reckons the higher rate for

reservists is attributable to an abrupt return to civilian life—removed from their erstwhile colleagues—after their deployment has ended.

Nevertheless, although the percentages are relatively low, the numbers are not. Wessely and Dandeker studied the UK Armed Services as constituted in 2003, at which time its total strength, including reservists, was 385 700 (it is roughly the same today). Of these, they estimated 15 428 will suffer from PTSD. And in more than half of such cases, the symptoms are debilitating.

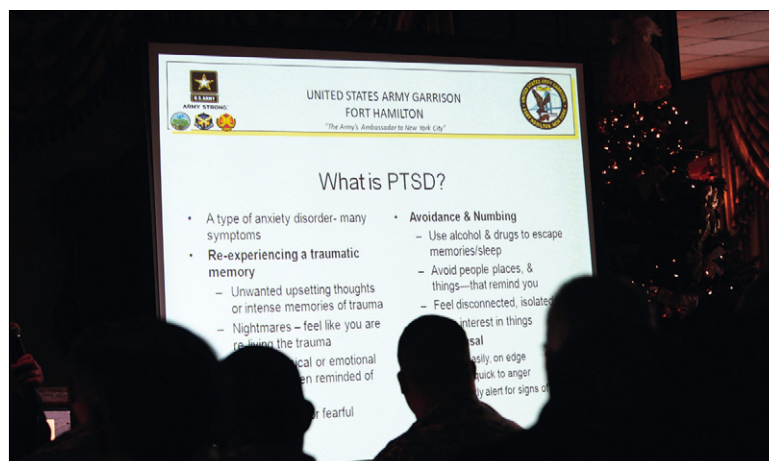
Early thinking on PTSD held that all those who lived through extremely unpleasant events would suffer from the disorder. Since then, the diagnostic criteria have shifted. "An event is a necessary aetiological condition", explains Stephen Joseph (University of Nottingham, UK), "but it's recognised that other factors also play an important role". These include previous psychiatric history, childhood experiences, other life events, and social support structures. "The same event need not affect everyone in the same way", he stressed. "The people who develop

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For the **KCMHR 15 Year Report** see [http://www.kcl.ac.uk/kcmhr/15_Year_Report_Final\[1\].pdf](http://www.kcl.ac.uk/kcmhr/15_Year_Report_Final[1].pdf)

For the **NAPO report Armed Services and the Criminal Justice System** see http://www.napo.org.uk/files/seealsodocs/311/BRF28-09%20Armed%20Forces%20and%20the%20Criminal%20Justice%20System%20_2_.PDF

For the **Ministry of Defence estimates on the proportion of ex-armed forces prisoners** see <http://www.dasa.mod.uk/applications/newWeb/www/index.php?page=48&thiscontent=540&pubType=3&date=2010-01-25&displayText=Single%20Report&from=historic&stopDate=2010-01-25&publishTime=16:00:00>



Soldiers watch a presentation on PTSD at Hamilton Garrison, New York, USA

PTSD are often vulnerable in terms of these other factors”.

The triggering event might be exceptionally gruesome, intensely personal—witnessing a friend being killed, for example—something which the sufferer thinks they could have prevented, or something in which others died when they did not (many believe it was so-called survivor guilt that prompted Primo Levi to commit suicide 42 years after he emerged from Auschwitz).

There is evidence that PTSD has a high rate of recovery in the first few months after the trauma—“most people are pretty resilient” says Joseph—but some people develop chronic problems. Symptoms vary. There are usually nightmares. Subtle cues in the environment can prompt flashbacks. Anke Ehlers (Institute of Psychiatry, King’s College London, UK) talks of veterans of recent wars responding adversely to fireworks or items of the same colour as sand, uniforms or body bags. Then there’s the issue of hypervigilance. “On duty you have to be on the alert all the time”, said Ehlers. “Coming back to everyday life is a big transition.” Returning soldiers with PTSD can remain in combat mode, constantly on the lookout for trouble. Needless to say, irritation, which can erupt into violence, is another symptom. Avoidance is also common, refusing to discuss the issue and perhaps falling into alcohol or substance abuse. Small wonder, then, that PTSD can lead to all kinds of social problems that can culminate in homelessness, addiction, or imprisonment. “There’s also evidence showing that people with PTSD have more long-term physical health problems”, adds Ehlers.

People might be discouraged from attending for treatment by the stigma associated with mental illness, although this factor does not seem to be any more pronounced in the armed forces than the population as a whole. In fact, Joseph believes a diagnosis of PTSD can sometimes have the opposite effect. “It externalises the person’s

experiences, providing a cause, and alleviating the sense of responsibility and blame that people often have”. He recalls how formalising the disorder allowed Vietnam veterans a means of reintegrating into society. “PTSD provides a way of acknowledging and recognising people’s experiences which is often very welcome”.

Ehlers helped conduct the review for the National Institute of Health and Clinical Excellence guidelines for PTSD. “The evidence was quite clear that trauma-focused psychological treatment had an edge over the other psychological treatments”. Joseph agrees, pointing out that more than half of those who undergo trauma-focused cognitive behaviour therapy (CBT) will see an improvement in their condition. Admittedly other therapies have not been studied in the same detail as trauma-focused CBT, but there seems to be a consensus that such therapy is the most appropriate for PTSD, given its framing as a set of problems traceable to a particular occurrence.

Recent years have seen increasing numbers of ex-military personnel referred to NHS PTSD clinics around the country, says Ehlers. “But the overall percentage is not overwhelming” she told *The Lancet*, indicating that many may not seek help, or may only seek help for other problems such as alcohol abuse.

There are 3.8 million ex-servicemen and women in the UK, joined by an additional 24 000 every year. *In Our Name*, which is released in UK cinemas next month, stars Joanne Froggatt as a returning soldier with PTSD. It is dedicated to members of the armed forces who end up in prison, a third of whom are convicted of violent offences. Data are scarce. A recent report by the Defence and Analytical Services and Advice found that, among 18–54 year old men, veterans of the armed forces were 43% less likely to end up in prison. It placed the total number of ex-regulars (not reservists) serving prison terms at 2207. However, this does not take into account those

on remand or probation. A 2009 survey by the National Association of Probation Officers (NAPO), took these individuals into account, and came up with a figure in excess of 20 000.

Case studies included in a previous NAPO survey made frequent mention of PTSD among ex-military personnel. So, given that certain traits and histories make the disorder more likely, is there any way to screen individuals before enlistment? It is theoretically possible, says Joseph, but very difficult to do so for any individual. The KCMHR report is dismissive, stating that such screening is not only ineffective but could actually have adverse consequences, throwing up false positives that label healthy individuals as psychologically unstable.

“The best way of checking out whether someone is suitable to join the military or not is if they go through the training itself”, affirms Greenberg. “If you can cope with initial training, in most cases, that’s a really good indicator that you’re going to cope with the hardships of service”. He adds that post-deployment screening might have a part to play in tomorrow’s campaigns, but that at the moment there is no evidence that it works.

Veterans of the Vietnam War only began to be treated for PTSD years after the event. Naturally, this affected therapy outcomes. Today, with prompt and appropriate treatment, the outlook for sufferers is more hopeful. In fact, a trauma need not be entirely negative. Joseph mentions the developing notion of post-traumatic growth. “30–70% of individuals after a trauma report some kind of benefit”, he said. “They learn about themselves, become wiser, more mature, relationships are often enhanced in some way.” And this is not necessarily independent of PTSD; rather, it could be considered a spin-off of the disorder. “It’s an idea that is beginning to revolutionise the field” Joseph told *The Lancet*.

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