

# A POST-TRAUMATIC STRESS DISORDER REVIEW: THE PREVALENCE OF UNDERREPORTING AND THE ROLE OF STIGMA IN THE MILITARY

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## SUMMARY

*Exposure to traumatic events has been a part of human existence since the beginning of time; however modern lifestyles and developments mean that the majority of the population are spared the affliction of extreme trauma. The military, however, are one subgroup of individuals who are actively and repeatedly exposed to terrifying events on a regular basis, putting them at risk of developing "Post-Traumatic Stress Disorder" (PTSD). Despite this, the prevalence of PTSD reports in the UK military remains lower than its international allies, suggesting this value may be an underestimation of the true prevalence. Wider investigation of the potential causes of this has highlighted the stigmatization of mental illness in the military as the key barrier to the help-seeking behaviours. However, the effect of national de-stigmatization programs on PTSD help seeking is unclear. This review aims to determine the prevalence of PTSD within the UK military in the context of other international powers and examine how stigmatization of mental illness in military may contribute to this. The international value of de-stigmatization programs will be debated and future directions for research suggested.*

**Key words:** PTSD – stigma - military

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## INTRODUCTION

Post-traumatic stress disorder (PTSD) may develop after 'a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone' (ICD-10 definition). If left untreated, PTSD can become chronic and complex, leading to more sinister behavioural issues, including attempted suicide and harm to others (Bachynski 2012, Jakupcak 2009, Pietrzak 2009). It has been demonstrated that appropriate and timely follow-up programs coupled with evidence-based individualized therapies could effectively lead to a cure (Sunil J Wimsalawansa n.d.), stressing the need to understand and remove any perceived barriers to accepting care. The key barrier to help-seeking behaviours in those with PTSD has been identified as perceived stigmatization of the disorder (Murphy 2015).

Self-administered questionnaires have generated prevalence estimates for UK veterans who served in Iraq and Afghanistan which range from 3.4% to 6% (Browne 2007, Hotopf 2006, Mulligan 2010). However, larger scale studies in the US indicate that PTSD may be a highly prevalent disorder among U.S. service men and women returning from current military deployments, with prevalence estimates as high as 14–16% (Milliken 2007, Tanielian 2008), suggesting the UK estimates are on the lower end of the international spectrum. However, developing accurate estimates for the prevalence of PTSD within the UK military is challenging not only due to poor follow up of veterans treated in the NHS (Committee 2017), but also due to the stigma and potential career compromise associated with disclosing

mental health difficulties within the military society (Hoge 2004). Because of this, many of the studies tasked with estimating the prevalence of PTSD within the UK military are likely to generate underestimations of the true value (Baines 2017, Yehuda 2014). Given the fact that the key barrier to help-seeking behaviours in those with PTSD has been identified as stigma; international discrepancies in mental illness-related stigma and differences in de-stigmatization programs should be considered as a potential cause for this.

## THE ROLE OF STIGMA: A WORTHWHILE CANDIDATE FOR REDUCED HELP-SEEKING BEHAVIOURS?

Stigma is defined as a 'negative and erroneous attitude about a person, a prejudice, or negative stereotype (Corrigan 1999). Concern about the effects of mental illness-related stigma has been the focus and precipitator of much of the reasoning behind the reduced help seeking behaviours of combat-exposed UK military personnel. Not only have military subjects reported barriers to receiving mental health care (Greene-Shortridge 2007), but records indicate that soldiers with mental health problems are more likely to be prematurely discharged from the UK Armed Forces (Iversen 2005, Jones 2010). These deterrents make it unsurprising that a negative relationship between stigma and help seeking for mental health difficulties within the armed forces has been identified (Coleman 2017).

In light of this, international discrepancies in mental illness-related stigma and differences in de-stigmatization programs may be what contribute to the reported

international discrepancies in PTSD prevalence. However, a closer examination of these de-stigmatization programs reveals that not only do they fail to account for the inter-military differences in PTSD-prevalence, but they also fail to produce a significant outcome with regard to reported incidences of PTSD post-trial. A large randomised controlled trial of post-deployment mental health screening in Regular Service personnel was recently conducted in the U.S., in which individuals were trained within each unit to identify risk factors in individuals exposed to traumatic situations (trauma risk management; "TRiM"). However, this study did not yield an effect on levels of reported PTSD within subjects. Researches in the UK have also launched two recent initiatives aimed at de-stigmatising PTSD; the most successful being 'Combat Stress', which provides 24-hour help line and community outreach free of charge and has been proven highly effective (Murphy 2017, Kaur 2016, Murphy 2016). However, this British Army initiative has been criticized as it lacks a single program to educate its soldiers on those services available to them (Bale 2014). John Bale, the CEO and co-founder of "Soldier on", argues that to reach the modern veteran all forms of media must be utilized, particularly social media.

In addition to the lack of effect of various de-stigmatization programs, the data exploring the relationship between stigma and help seeking in the UK military is also not unanimous. Sharp et al. (2015) found that subjects who endorsed high-anticipated stigma still utilized mental health services and were interested in seeking help. In addition, other studies show that military personnel who reported a disproportionate amount of mental illness-related stigma were more likely to seek care than those who did not (Weeks 2017). Gould et al. (2010) explored the potential role of cultural differences in stigma between Armed Forces; however found that the pattern of reported stigma and barriers to care was similar across the Armed Forces of all US, UK, Australian, New Zealand and Canadian militaries.

Perhaps the most important methodological limitation of the above studies is that they have not adequately differentiated between two very important subtypes of stigma: anticipated "self-stigma" and perceived "public-stigma". Anticipated self-stigma refers to internalization of negative stereotypes about people who seek help, whereas perceived public stigma refers to discrimination and devaluation by others (Pattyn 2014). Indeed, it has been shown that these two stigma dimensions require different mitigation strategies; for example, a study by Pattyn et al. (2014) showed that test subjects with higher levels of anticipated self-stigma allocated less importance to *formal* care provided by health-care professionals, whereas those who perceived higher levels of public stigma rated *informal* help seeking as less important. It may be that the presence of these dichotomous forms of stigma confound the studies discussed and underpin the inconsistency in research.

## CONCLUSION

The relationship between stigma and care seeking in the military is complex. Several trials have been conducted to improve the numbers of people seeking treatment by aiming to reduce stigma; however the efficacy of these interventions remains unclear. Inconsistencies and contradictions within the research stress the need to examine more closely the dimensions involved in help seeking attitudes; in particular this paper has identified a need to address and control for the existence of public and self-stigma in future research in order to determine the utility of international de-stigmatization programs.

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### Contribution of individual authors:

This review was searched and drafted by Hayley P. Johnson and supervised by Mark Agius

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