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Research Article

**COMPARISON OF MENTAL HEALTH OF MILITARY
PERSONNEL AND SOLDIERS IN ONE OF THE ARMY UNITS
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Email: Sml1381@yahoo.com, Tel: +989161133490**Abstract:**

Introduction: Military job and work environment in a way that creates a lot of stress for person. Attention to the mental health of military forces is an obvious case. Aim of this study is comparison of mental health staffs and soldiers in one of the Army units Ahvaz Iran.

Methods: This study was conducted as a cross-sectional study. The study population consisted of all personnel staff and soldiers of one of the Army units in Ahvaz. Sample size was 250 (125 staff and 125 soldiers). In this study for gathering of information was used from general health questionnaire (GHQ-28). Independent t-test for the quantitative variables and chi-square test was used to compare qualitative variables. For analyze statistical data was used of statistical software SPSS version 20.

Results: The means score of mental health was 40.27 for staff and 36.3 for soldiers that both were unhealthy level. Soldiers had higher levels of mental health (P -value = 0.004). This study showed that the majority of staff (97.6 percent) and soldiers (96.4 percent) had poor mental health condition. Majority of staff (59.8 percent) and majority of soldiers (70.7 percent) had mild level of psychological problems.

Conclusion: Most military personnel in this study had unhealthy mental health conditions and the level of mental health problems were mild. Soldiers had higher levels of mental health. More attention has necessary for mental health in military environment, in particular psychological environment of constant military staff.

Key Words: Mental health, Military Personnel , GHQ-28

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INTRODUCTION:

Mental health is considered as one of the main indicators in expressing the productivity of employees [1]. In fact, what is related to mental health is to create a psychological balance in people. Mental health is the power to live with yourself and others in peace, self-awareness and self-emotion and the power to decide on crises and to cope with the pressures of life [2]. Menninger defines mental health as the individual's compromise with the surrounding world as much as possible so that it provides useful and effective joy and satisfaction [3]. Mental health is one of the phenomena of the present century and its concept is to provide and maintain the mental health of the individual and the community in such a way that a person can do his daily work well and establish a proper relationship with its environment and its surroundings [4]. Several factors affect the mental health of humans that, individual factors such as genetics and physiology, gender, personal beliefs, having life skills and, environmental factors such as cultural, social, economic, occupational, organizational factors, and family environments can be mentioned [5]. Research has shown that mental health is essential for maintaining the durability of social, job and educational performance of the community and providing it is the main goal of implementing mental health programs in the community and also the occupation of people, is one of the factors affecting mental health [2]. Job position affects mental health and well-being of personnel. Job stress and pressure are of the important issues related to human behavior. This connection is much more abundant with regard to those working in military units [6].

The armed forces are strong fortresses and are the source of dignity and security. The basic and fundamental tasks of the armed and military forces are to provide security and care and safeguard it [7]. Military personnel are employed in both permanent (cadre) and temporary (private soldier) forms. The cadres refers to personnel employed by the military for continuous service and include: military men dressed in uniforms and military signs and employees with various specialties without clothing and military grade. Private personnel are also those who, serve in one of the periods of necessity, precaution or reserve according to the Public Service Act. The statistical population of the conscripts and soldiers of the country's public duty in 2015 was estimated to be

483000. The number of active personnel of the Iranian Army is 545000 and the reserve personnel is 650000 that, 350000 people are serving in Islamic Republic of Iran Army Ground Forces [8]. In general, joining military arenas is associated with many changes in one's life and is potentially associated with pressures and concerns and affects the individual's mental health [7].

The main purpose of military mental health is to control mental stress in different situations [9]. The urgent need to pay attention to the mental health of the military forces is obvious and to the same extent that weapons and equipment and military tactics are essential for battle, the provision of mental health of military forces is also inevitable [10]. The military work environment is such that it creates a lot of stress for a person [9]. Various research results have shown that military personnel are not immune to mental disorders and, they are more likely to develop mental illness than the general population due to excessive job stress [10]. In the world, the prevalence of mental disorders is estimated 25% in all life and the prevalence of these disorders is estimated to be around 10% in each adult population at any given time [11]. A survey conducted among military personnel in the United Kingdom showed that the prevalence of mental disorders was 27.2% [12]. Hog et al. reported that from 1990 to 1999, the hospitalization of military personnel due to mental disorders was 13% and 28 percent of hospital beds were occupied by this reason and almost half of the military personnel who were hospitalized for the first time due to mental disorders were released within 6 months [13]. Farsi et al. have shown that most of the problems of escape from military service, absenteeism, self-mutilation, indiscipline, and conflict of soldiers are due to their low level of mental health and there is positive correlation between them [14]. Also, the latest research results obtained by Ensis et al. in 2014 showed that out of every 10 soldiers, five have mental and health problems which are important. It is imperative to try to understand the level of mental health of the military because mental diseases and disorders are now the main causes of military disabilities [15]. Military service is to enter an environment that has been accompanied by fear and apprehension by young people and their families due to their unfamiliarity. Facing new roles, hard and continuous training, and many other issues can be considered as anxiety factors in this era that, if it is not

accompanied by adaptation and consistency, the probability of the formation of young psychosocial problems is provided [16]. Military jobs are among the tough jobs in which suicide and self-harm are increasing. According to World Health Organization estimates, in 2020, roughly 1530000 people die of suicide and 10 to 20 times this number suicide. These figures indicate that, on average, every 20 seconds someone dies of suicide and every 1 to 2 seconds someone suicides [17]. 12 successful suicide among military personnel and 9 per 100000 were reported among civilians. Although there are no detailed statistics on suicide in the army of Iran, but reports indicate a high incidence of suicide among soldiers [18-19]. The American Army's Behavioral Sciences Research Center reported that suicide is the third most common cause of death among American soldiers. The report also stated that 48 percent of suicides occur among soldiers between the ages of 18-24 [20].

Research has shown that 84 percent of soldiers who commit suicide have psychiatric disorders and there is a high correlation between low mental health and suicide attempt [21]. Fear of violence and behavioral punishment, conflict with commanders, being away from the family, are the causes of suicide attempts. Suicide and suicide attempt are among the most important indicators of the mental health of individuals in a community [22]. The incidence of maladaptive behaviors in military personnel, whether cadre personnel or private soldiers, depends on stressors and how to deal with the stresses in the environment [23-24]. Some researches on stressors and coping strategies have examined the effect of these factors on mental and physical health [25-26].

The role of military units in the Khuzestan province is important for defending the southwestern borders of the country and a large number of personnel are serving as cadre and private staff in the province and considering the necessity of maintaining the country's security with physically and mentally capable personnel, taking into account the occupation of the military forces and the stresses on them and because in Khuzestan province no quantitative studies were conducted to assess the mental health problems of the military, the researchers decided to conduct a study aimed at comparing the mental health of cadre and private staff members in one of the Ahvaz military units so in this way, information about the mental health of the armed forces can be obtained and

provided them with competent authorities, the necessary mental health promotion for these forces can be planned.

MATERIALS AND METHODS:

The present study is a cross-sectional descriptive analytical study that, in this study, the mental health of the cadre and private staff of the military units in the city of Ahwaz was compared in 2016. The statistical population of this study consists of all cadre and private personnel of the military in Ahvaz who served during this research period. In this study, the research environment was the same military unit in Ahwaz, the reason for choosing this environment was easy access to research samples. To determine the sample size, a pilot study was initially carried out on 50 cadre staff members and 50 privates and with the help of pilot study data, the final sample size was 250 [125 cadre members of 125 private soldiers] who were selected from the research community based on entry characteristics and randomly and after obtaining consent, they entered the study. Inclusion criteria include: Passing for at least 4 months from the duration of service for private soldiers and having at least 5 years of service for cadres and exclusion criteria include incomplete filled questionnaires.

Data collection was done using demographic information form and GHQ-28 general health questionnaire. The demographic information form contained demographic information of the units studied included age, marital status, education level, type of residence [native and non-native], and duration of military service. GHQ-28 General Health Questionnaire is of the screening tools used in the epidemiological studies of mental disorders developed by Goldberg in 1972 and the purpose of the design was to detect and diagnose mental disorders in health centers and in various situations. 28-question form of General Health Questionnaire has been developed by the Goldberg and Hiller in 1979 which consists of 28 questions and 4 sub-scales, and each scale has 7 questions. Questions examine the mental health status of a person in the past month. Each dimension has 7 questions which are respectively physical symptoms [question 1-7], anxiety [question 8-14], disorder in social functioning [15-21] and depression [question 22-28]. The Likert scoring method [0-1-2-3] has been used for scoring, with a maximum score of 84. Since this tool is used to screen and identify people with a disorder, a higher score in the test indicates a disorder. The overall cut-off point for the questionnaire is 23 and the cut-off

point for each dimension is 7. Those whose total score is between 0 and 23 are considered to be healthy in terms of overall mental health and those whose overall score is between 24 and 84 are considered to be unhealthy. In each dimension, the score from 0 to 7 is considered healthy and 8-21 is considered unhealthy. Validity and reliability of the GHQ-28 general health questionnaire have been measured in various studies. Goldberg et al. [1998] have reported their reliability to about 80%. The coefficient of reliability and internal consistency of the general health questionnaire were reported using Cronbach's coefficient of 0.91 [27]. Nourbala et al. mentioned the internal stability of this device as $\alpha = 0.83$ in terms of psychometric properties [28]. Hosseini et al. reported the reliability coefficient of the general health questionnaire as 0.96, and the subscales of depression, anxiety, physical symptoms, and social function disorder were reported as 0.78, 0.89, 0.90, and 0.94, respectively. The internal consistency coefficient of 83% for the general health questionnaire was reported by Mohammadzadeh et al. using the Cronbach's alpha method in the Iranian sample [30].

After obtaining permission from the research council and the ethics committee of Ahvaz University of Medical Sciences and obtaining an introduction letter, we have referred to the research environment, the necessary permissions for the research were obtained. Initially, all participants in the research were asked about how to conduct the design, the goals and importance of studying the description. After obtaining the informed consent for the research, the questionnaires were distributed among the cadre and private personnel and completed by the study units. In the end, the subjects will be appreciated. Code of Ethics of IR. ajums REC 1395-277 was obtained from the Ethics Committee of the Deputy Director for Research and Technology Development of Ahvaz Jundishapur University of Medical Sciences and all ethical considerations were observed in this study. After collecting questionnaires, the data were extracted and entered into the statistical software and statistical analysis was performed to obtain the necessary data. Descriptive and analytical statistics were used to analyze the data and the results were presented as a table of frequency and percentages. Independent T-test was used to compare the quantitative variables and Chi-square test was used to compare qualitative variables. SPSS software was used for statistical analysis.

RESEARCH FINDINGS:

The majority of the units studied in the cadre personnel group were between the ages of 29 to 39 (48%) and the majority of the units studied in the private soldier group were between the ages of 18 and 28 years (96%). The lowest frequency in the cadre (23 people) and private personnel group [1 person] is between the ages of 40 and 50 years. Most of the units in the cadre personnel group (67.2%) were married and single in the private soldier group (65.6%). 34.4% of the private personnel were married. The majority of the research units in the personnel group [66.4%] had education level higher than diploma and in the private soldier group (65.6%) had the education level under the diploma. 34.4% of the research units in the private soldier group had an education level higher than diploma. Most of the units in the cadre personnel group (62.4%) were non-native and in the private soldier group (53.6%) were native. Only 37.6% of the cadre staff were from native troops (Table 1).

The majority of the units studied had an unhealthy mental state in both the cadre personnel group (97.6%) and private soldier group (96.4%). However, only 2.4% of the cadre personnel and only 1.6% of the private soldiers were in a healthy mental state. The statistical results of the Chi-square test indicated that, there is no statistically significant difference between the two groups of cadre and private personnel in terms of the number of healthy or unhealthy people (P value=0.20) (Table 2).

The majority of the research units in the cadre personnel group [59.8%] and private personnel group [70.7%] have a mild mental problem. However, among those with unhealthy psychosocial condition, 6.6% in the cadre personnel group and 4.3% in the group of private soldiers group had a high level of psychological problems. The results of the Chi-square test indicate that, there was no significant difference in the level of psychological problems between the two groups of cadre and private personnel (p value = 0.87) (Table 3).

The highest mean scores for sub-scales indicating poor mental health status, in both groups, the cadre personnel (11.46%) and the private soldiers (12.52%) are related to the sub-scale of social function disorder. Also, the lowest average score in the subscale of mental health, which indicates better

mental health status, in both groups of the cadre (9%) and the private soldiers (48.8%) are related to the subscales of anxiety symptoms and sleep disorders. The results of the T-test show that, there is a statistically significant difference between the two groups of cadre and private soldier in terms of mean scores of the subscale of physical symptoms (P-value = 0.002). However, there were no significant

differences between the two groups in the subscales of anxiety symptoms (P-value = 0.130), social function disorder (P-value = 0.270) and depression (P-value = 0.196). Also, the results of the T-test show that, there is a statistically significant difference between the two groups of cadre and private personnel in terms of the mean total score of mental health (P-value = 0.004) (Table 4).

Table 1: Demographic characteristics of the research units divided into two groups of cadre personnel and private soldiers

Demographic Variables		Service type			
		Personnel		Soldiers	
		frequency	Percent	frequency	Percent
age	18- 28	42	33.6	120	96
	29-39	60	48	4	3.2
	40-50	23	18.4	1	0.8
Total		125	100	125	100
marital status	Single	41	32.8	82	65.6
	married	84	67.2	43	34.4
Total		125	100	125	100
education	Under the diploma	42	33.6	82	65.6
	High school diploma	83	66.4	43	34.4
Total		125	100	125	100
type of residence	native	47	37.6	67	53.6
	Non-native	78	62.4	58	46.4
Total		125	100	125	100

Table 2: Frequency distribution and percentage of research units based on mental health status

State of mental health	Healthy		Unhealthy		Total		P - value
	frequency	Percent	frequency	Percent	frequency	Percent	
Personnel	3	2.4	122	97.6	125	100	0.20
Soldiers	2	1.6	123	96.4	125	100	
Total	5	2	245	98	250	100	

Table 3: Frequency distribution and percentage of mental problems in the studied units have unhealthy mental status

Level of Mental problem	Mild		Moderate		Sevier		Total		P - value
	frequency	Percent	frequency	Percent	frequency	Percent	frequency	Percent	
Service type									
Personnel	73	59.8	41	33.6	8	6.6	122	100	0.87
Soldiers	87	70.7	31	25	5	4.3	123	100	
Total	160	64	72	28.8	13	7.2	245	100	

Table 4: The comparison of mean and standard deviation of sub-scales of GHQ-28 mental health questionnaire in the studied units divided into two groups of cadre personnel and private soldiers

Mental health sub-scale of GHQ-28	Personnel	Soldiers	P - value
	Mean \pm SD	Mean \pm SD	
Somatization	9.68 \pm 4.4	8.16 \pm 3.3	0.002
Anxiety & Insomnia	9 \pm 4.39	7.48 \pm 3.75	0.130
Social dysfunction	11.46 \pm 2.81	12.52 \pm 3.11	0.270
Depression	10.12 \pm 5.34	8.10 \pm 4.74	0.196
Total mean score GHQ- 28	40.27 \pm 12.5	36.3 \pm 9.1	0.004

DISCUSSION:

The results of this study indicate that in both the cadre personnel and private soldiers, most of the units under study had unhealthy mental state and among the research units that were in an unhealthy mental state, they had mostly mild mental problems in terms of severity and level of mental disorder, both in the cadre personnel and private soldiers. In both groups, approximately one third of the units under study had moderate mental problems. There is no difference between cadre personnel and private soldiers in terms of mental health and, both groups are in the same level (P-value = 0.87). Therefore, it can be concluded that the research units in the two groups have the same status in terms of mental health and they are mostly in a state of unhealthy mental health. The results of this study and the results obtained by Khedri et al. (2014), which showed that the mental health of soldiers is inadequate [15] as well as with the results of the study conducted by Enicy et al. in

the study of the standardization of the checklist of symptoms of mental disorders in the personnel of the armed forces (2009) which showed that the mean and standard deviation of the total subjects are classified in the general index of symptoms classified as suspected of mental disorders [11] and the results obtained from the study of Rahnejat et al. (2011) aimed at the epidemiology of mental disorders among the personnel of the land units of one of the Islamic Republic of Iran's military forces which showed that 99% of the subjects had symptoms and were on the ranks who have psychological problems [10], also, with the results of a study conducted by Nouri et al. with the aim of identifying the factors contributing to suicide in soldiers of a military force (2004-2007) which showed that mental disorders with an average of 37.24 are one of the most common causes of suicide among soldiers [31]. The specific position of military occupations and the many influential factors affecting the mental health of military forces, justify

the high level of psychological problems in these forces. Today, soldiers are more likely to go to counseling centers than before. In addition, their problems have become more complex and have been plagued by a lot of social damage [32]. Soldiers are in their special period of life, and in so-called "transition" period and military service, therefore, they are always exposed to stress and experience many stressors that affect their mental health. Military personnel are at high risk of traumatic events during engagement in war, military operations and maneuvers [33]. Over the past two decades, evidence has shown that the development of military operations has been accompanied by an increase in mental disorders. The military faces more occupational issues in terms of professional missions which has more psychological problems than those of other occupations. The mental stress caused by the type of occupation, the complex missions, the hard laws, the probability of captivity of injury and disability, and even death, are some of the issues which are much higher than in military jobs than in civilian jobs. Comparing the results of this research with other researches and those obtained in the civil society in Iran shows that the prevalence of mental disorder in the military community is higher than civil society.

Also, in terms of comparing general mental health and the status of its sub-scales among cadre personnel and private soldiers, the results of the study showed that general mental health of the two groups was different and in this regard, private soldiers have a higher mental health level (P -value = 0.004). There is a difference between the cadre personnel and private soldiers only in the sub-scale of physical symptoms (P -value = 0.002) that, the results indicate that private soldiers have less physical problems than cadre personnel. There are no differences in the other subscales of mental health between the two groups, and in this regard, the two groups are the same. Since the pressures caused by military occupation in the long run have a negative impact on the body and spirit of military personnel, the difference observed in this regard is justified. In both groups of cadre personnel and private soldiers, the most mental health disorder is associated with the subscale of social function disorder and the lowest mental health disorder is associated with the subscale of anxiety symptoms and sleep disorders. In the cadre personnel group, in terms of mental health subscales, the most common problem was associated with social dysfunction, depression, physical symptoms and

anxiety symptoms and sleep disorders and, in the private soldier group, the most common problem is associated with the sub-scales of social dysfunction, physical symptoms, depression, and anxiety and sleep disturbances. In the study of Khedri *et al.* (2014), in Tehran, in terms of subscales of Mental Health Dimensions, private soldiers had the most reported problems associated with physical symptoms, anxiety symptoms and sleep disorders, depression and social dysfunction [34]. Also, in the study of Mehdi Shahbazi who studied the mental health and self-esteem of the first and last year students of a military school (2012), in terms of the subscales of mental health dimensions, the private soldiers had the most problems of the subscales of anxiety symptoms and sleep disorders, physical symptoms, depression, and social dysfunction [35]. Due to the temporary nature of the private forces, they are struggling with the stresses created in the military environment and avoid pressures and do not let the situation have a negative impact on them. Serving in a military environment in the long run has put a lot of psychological pressure on the cadre personnel and reduces their mental health. The stresses in military occupations create a major and significant outcome causing problems in the family, reducing the ability of the responsible military personnel, and predisposition to mental problems. Because of the special sensitivity and dangers present in military centers, the context of stress and mental pressure increases [36].

The limitation of this research is the psychological state and the individual and mental characteristics of the research units when completing the questionnaires, which may affect research results.

CONCLUSION:

Overall, the results of this study showed that most of the military personnel surveyed in the unhealthy state of mental health, but most of them have a mild mental illness. Private soldiers had higher levels of mental health that, this will require more attention to the mental health of military environments, especially in the case of cadre personnel.

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