

PTSD



- Over a 10-year period, the majority of service members (80-90%) did not develop PTSD; risk of post-deployment PTSD did not significantly differ by sex, once accounting for other risk factors (e.g. sexual assault, combat experience).¹
- **Risk of post-deployment PTSD was elevated among service members who experienced combat, sustained combat injuries, or reported physical assault, sexual assault, or other life stressors;** prescription stimulants and poorer pre-deployment mental health also increased risk of new-onset PTSD.²
 - Service members with new-onset or persistent PTSD or depression were approximately twice as likely to report lost workdays.³
- Problematic anger was associated with involuntary job loss, financial problems, and homelessness, even after accounting for mental health status.⁴

SUICIDE

- **The Millennium Cohort Study was the first large-scale prospective longitudinal study to report no direct association between deployment and suicide risk.**⁵
- Among active duty service members who had deployed, those who experienced high combat severity or certain combat experiences (such as being attacked or ambushed) had higher risks for suicide attempts; however, these associations were mostly accounted for by mental disorders.⁶



OTHER PSYCHOLOGICAL HEALTH-RELATED CONDITIONS



- Depression, panic, and anxiety independently increased the risk of post-service unemployment.⁷
- Problematic anger was associated with involuntary job loss, financial problems, and homelessness, independent of other mental health disorders.⁸

1 PMID: 29036483, 26228397
 2 PMID/DOI: 18198395, 26536373, 21536979, 18414091, 27077493, 10.1186/s12888-018-1590-5
 3 DOI: 10.1080/15555240.2014.899187
 4 PMID/DOI: 32885510, 30103266; 10.1080/21635781.2021.1953644
 5 PMID: 23925620
 6 PMID: 33528551
 7 PMID: 23519864
 8 PMID: 34710505