

Adjusting to Military Life – Servicemen with Problems Coping and their Outcomes

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ABSTRACT

A small proportion of servicemen enlisting for compulsory National Service in Singapore experience problems adjusting to military life. This paper aims to profile the servicemen who experience such problems. There is a paucity of literature addressing this issue internationally and none published locally. Servicemen who were referred to the Psychological Medicine Branch of the Singapore Armed Forces within six months of enlistment were retrospectively studied. In the work year July 1995 to June 1996, 77 cases were seen. The main classes of diagnoses were stress-related disorders, anxiety, mood and psychotic disorders. The main stressor was problems adapting to the military environment. There were 10 cases of parasuicide, significantly less than US Army statistics. At Operationally Ready Date, 20.7% were able to hold a combat vocation, similar to the US Army situation. This paper hopes to document the local figures and act as a reference for evaluating future therapies and policies.

Keywords: Military, Psychiatry, Adjustment Disorder, Singapore, Outcome

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INTRODUCTION

Every Singaporean male has to face compulsory National Service in his late teens. This period coincides with the time when his drive for independence, individuality and freedom is greatest. Many also choose to join the Armed Forces voluntarily as a career. Induction into military life involves separation from home and family, restriction of freedom and privileges, sleep deprivation, loss of privacy, regimentation and physical conditioning. Most servicemen adapt to these stressors and perform adequately. However, some servicemen face difficulties meeting the challenges of the military. This paper aims to profile this group of servicemen and reviews their outcomes at the end of their military service.

There is a paucity of literature on servicemen who adapt poorly to the military. Lichtenberg⁽¹⁾ et al described treatment of 3 cases of adjustment disorder in the Israeli Defense Force. Pullen⁽²⁾ et al found that in a US Army population, only 20% of personnel could continue active duty 2 years after admission to a psychiatric facility even though many had mild disturbance such as adjustment disorder. Keren⁽³⁾ found that 69% of Israeli servicemen hospitalized for psychiatric problems returned to duty and 77% showed good adjustment. Koshes⁽⁴⁾ found a parasuicide rate of 16 per 1000 trainees at a US Army training post. All cases were diagnosed as Adjustment Disorder, and most cited adapting to the new units and separation from home as their stressors. Also, parasuicide rates rose to almost 300 per 1000 trainees just before Operation Desert Storm.

The Psychological Medicine Branch (PMB) of the Singapore Armed Forces is the principal referral centre for servicemen with psychiatric problems in the military. The branch is manned by consultant psychiatrists and a psychologist and both outpatient and inpatient services are available. The Psychological Medicine Inpatient Centre at Alexandra Hospital caters to servicemen who need inpatient care.

METHOD

The study population consisted of male servicemen both in Regular and National Service who presented to the PMB within 6 months of enlistment. The period of study was between 1 July 1995 and 30 June 1996. Demographic and clinical data were retrospectively collected from referral letters, case notes and PACES, the armed forces electronic medical records system.

RESULTS

There were 246 new referrals that work year. 77 (31.3%) cases were referred within 6 months of enlistment.

Demographic Profile

Their ages ranged from 17 to 23 years old. Of the 77 cases, 70 (90%) were Chinese, 4 were Malay, 2 were Indian and 1 was Eurasian. By education, 26% had PSLE education or less, 39% had 'N', 'O' or ITE level

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education, 18.1% had 'A' level education and 16.8% had tertiary education. Only 2 (2.59%) cases reported conduct problems in school. 81.8% of patients were heterosexual and 18.2% were homosexual.

Family Background

88.3% of cases came from intact families. 5.2% had parents who were divorced or separated. Another 6.5% had a parent who was deceased. 14.2% reported strained family relationships which affected them. 8 (10.3%) had a family history of mental illness: 5 (6.5%) had a immediate relative with schizophrenia, 1 case had a father with delusional disorder and 2 had immediate relatives with major depressive disorder.

Presentation

Peak rates of referral were in the first week (n=6), second week (n=12), week 16 (n=6) and week 17 (n=5). There were between 0 to 3 referrals in other weeks. 24.6% presented in the preparatory phase, 33.7% were referred during Basic Military Training, 14.2% while on a post-BMT course (e.g. SISPEC, OCS) and 28.6% were already in their permanent vocation.

The main symptoms at presentation included depression (28.6%), anxiety (22.1%), deliberate self-harm (13%), suicide ideation (7.8%), psychosis (9.1%) and poor work performance (5.2%). 20.7% of cases had problems with homosexuality and the remainder had a variety of problems including eating disorder, sleepwalking and obsessive-compulsive symptoms.

81.8% were referred straight to the PMB while 10.4% were first seen at Woodbridge Hospital and the remainder at other psychiatric services in Singapore (e.g. National University Hospital and Tan Tock Seng Hospital) and later referred.

Stressors

70.1% reported adjusting to military life as their main stressor. 3.9% cited problems with superiors and 10.4% had problems with their peers. 2 (2.6%) cases had family problems and another 2 had problems with their girlfriends.

Diagnosis and Treatment

Reactions to stress made up the biggest group of patients (20.8%). Anxiety Disorders made up 19.5% and homosexuals 18.2%. Psychotic Disorders made up 11.7% and Depressive Disorders 9.1%. Table 1 lists the other diagnosis. 32.5% of cases required drug management while the rest were given counseling, group therapy and other psychotherapies.

Outcome

53.2% of cases were discharged from follow-up during the NS period and 40% required follow-up till their

Table 1. Primary Diagnosis

Primary Diagnosis	Number	%	
<i>Reactions to Stress</i>	- Adjustment Disorder	14	18.2
	- Stress Reaction	2	2.6
<i>Anxiety Disorder</i>	- Generalized Anxiety Disorder	3	3.9
	- Obsessive Compulsive Disorder	4	5.2
	- Panic Disorder	1	1.3
	- Mixed Anxiety Depression	7	9.1
<i>Mood Disorders</i>	- Major Depressive Disorder	6	7.8
	- Dysthymic Disorder	1	1.3
<i>Psychotic Disorders</i>	- Schizophrenia	5	6.5
	- Brief Psychotic Disorder	3	3.9
	- Drug Induced Psychosis	1	1.3
<i>Personality Disorder Borderline/Low IQ</i>		5	6.5
		6	7.8
<i>Others</i>	- Homosexuality	14	18.2
	- Anorexia Nervosa	1	1.3
	- Sleepwalking	1	1.3
	- No mental illness	5	6.5

Operationally Ready Date. 1 patient required multiple hospitalizations. 67.5% of cases were assigned a combat vocation at enlistment. The rest were assigned service support vocations such as storeman and clerks. At Operationally Ready Date, only 20.7% remained in combat vocations. 7.8% were discharged from National Service due to schizophrenia (n=5) and psychotic depression (n=1).

Deliberate Self-Harm

10 cases of deliberate self-harm were recorded. One patient had schizophrenia, one had major depressive disorder, one had problems of homosexuality, two had adjustment disorder and five had no mental illness. Their methods included drug overdose (n=5), wrist slashing (n=2), jumping from a height (n=2) and ingesting mothballs (n=1). 6 cited adjusting to military life as their stressor while 2 cited relationship problems with their girlfriends. 3 had family histories of schizophrenia.

DISCUSSION

Compulsory National Service (NS) for a period of two to two and a half years is generally accepted in Singapore. Every year, about 16000 men enter National Service mainly into the Armed Forces. In the work year under review, the PMB received 246 new referrals, of which 77 referrals were for servicemen with problems within 6 months of enlistment. The United States Armed Forces is a volunteer armed force. Over a 3-year period, a US Airforce facility received 557 referrals from a population of 139360 personnel⁽⁵⁾. A US Army quartermaster training facility received 168 referrals from a population of 24500 trainees per year⁽⁴⁾. There were no figures for other armed forces.

The period of study from 1 July 1995 and 30 June

1996 was chosen so that their outcomes at ORD (up to Jan 1999) could be studied. The first six month recruitment period was chosen as this is the likely time when servicemen who have problems adjusting to military life would present. 70.1% of cases reported adjusting to military life as a stressor while the 3.9% had problems with superiors and 10.4% had problems with peers. Of our sample only 2 cases cited relationship problems and another 2 said family problems were their sole stressor. The Chinese were over-represented in our sample at 90%. Family issues did not dominate as problems and most (88%) came from intact families and only 2 cited family problems as their primary stressor. Homosexuals (18.2%) were also over-represented in the sample with national estimates from overseas populations being 1-2%⁽⁷⁾. Compared with National Statistics⁽⁸⁾ on education, the various educational levels were fairly equally represented. Peak periods of referral at Week 1 and 2 reflect the stress of adjustment to military life while that in Weeks 16 and 17 the adjustment to a new training environment after Basic Military Training.

Diagnosis and Treatment

A wide of variety of psychiatric disorders present for treatment within the first 6 months from enlistment. Pure adjustment disorder and stress reaction accounted for 20.8% of cases. The next biggest group of disorders is the anxiety disorders, followed by psychosis and depression. It is difficult to comment on the aetiology of the cases as the development of mental illness is multifactorial. Most of the cases were successfully treated with psychotherapy and about a third of cases required medication. The US Army runs a drug-free Stress Management Clinic for personnel suffering from minor stress-related disorders⁽⁶⁾ and Lichtenberg advocates a cognitive-behavioral approach⁽¹⁾ for military personnel with adjustment disorder. It is encouraging to note that in the first 6 months there were only 10 cases of parasuicide as compared to the US Army figure of 16 per 1000 trainees⁽⁴⁾.

Manpower Attrition

At enlistment, 67.5% of cases were assigned combat vocations. The rest, for other medical reasons, were assigned service support roles such as clerks and storemen. At the Operational Ready Date, only 20.7% of cases were still in combat vocations. This figure is roughly similar to the finding by Pullen in the US Army where 20% of psychiatric in-patients were still in active duty 2 years after admission⁽²⁾. 7.8% of cases in our sample had to be discharged from National Service mainly due to psychotic illness. The rest managed to finish their National Service satisfactorily. Overall, in

this sample, loss of combat manpower for the work year in review was 36 persons.

Limitations of this Study

This review being a retrospective study has its limitations. The sample size was small and spanned a wide range of diagnoses. We had intended to look at alcohol and substance abuse but there was limited data that could be extracted. Some cases of servicemen adjusting poorly may not be identified if they went to a private psychiatrist or when they presented with somatic complaints and do not get referred to the psychiatrist. On the ground, the Unit Medical Officer, Paracounselors and the SAF Counseling Hotline are alternative sources of help that may minimize referrals to the psychiatrist.

CONCLUSION

Adjustment problems to life in the military are not confined to nations with compulsory National Service like Israel, Taiwan and Singapore. The US Armed Forces being a volunteer armed force also has problems with personnel adjusting poorly to military life. As with the US experience, there is considerable loss of manpower from this group of servicemen even when they only have minor psychiatric disturbances. Fortunately in Singapore, parasuicide is not a popular way to escape military training with a much higher rate of parasuicide seen in the US Army. This paper is the first to describe the profile and outcome of the National Serviceman who adjusts poorly to the military and acts as a reference for evaluation of future therapies and policies for this group of soldiers.

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REFERENCES

1. Lichtenberg, Narcli, Kaplan. Adjustment Disorder of Conscripts as a Military Phobia. *Military Medicine* September 1994; 159:612-616.
2. Pullen, Labbate. Psychiatric Hospitalization: Treatment or Triage. *Military Medicine* December 1992; 157:634-636.
3. Keren AB, Mester R, et al. Outcome of Psychiatric Hospitalization of Israeli Soldiers in Compulsory Service. *Israel Journal of Psychiatry Relat Sci* 20 1983; 220-230.
4. Koshes RJ, Rothberg JM. Parasuicidal Behaviour on an Active Duty Army Training Post. *Military Medicine* July 1992; 157:350-353.
5. Beighley PS, Brown GR, et al. DSM-III-R Brief Reactive Psychosis Among Air Force Recruits. *Journal of Clinical Psychiatry* August 1992; 53(8): 283-288
6. White LS, Cruz JD. A Model Program: Stress Management Unit – A Clinic Run by Army Nurses. *Military Medicine* November 1991; 156:599-601
7. Kaplan, Sadock. Kaplan and Sadock's Synopsis of Psychiatry, 7th Edition. Pg 658.
8. Singapore Government Website: Education Statistics for 1997. <http://www.gov.sg>.