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POST-TRAUMATIC STRESS DISORDER
IMPLICATIONS FOR NATIONAL SECURITY

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ABOUT THIS SERIES

This collection of policy briefs explores national security priorities in the Transitional Period. Published jointly by the Center for Strategic and Policy Studies (CSPS) and the Security Studies Network (SSN), the policy briefs offer succinct and actionable recommendations for South Sudanese policymakers.

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The Security Studies Network (SSN) is a volunteer and non-profit organization that brings together academics, researchers, practitioners, and students to exchange knowledge on best practices, explore collaborative research projects, link members to research resources, contribute to scholarship, and widen the scope of understanding security policy in South Sudan.

SUMMARY

- Post-traumatic stress disorder (PTSD) is a debilitating mental condition that results from exposure to traumatic events such as war. Because South Sudan has been in perpetual conflict for decades, the likelihood of PSTD in its armed forces is high and needs to be addressed.
- The armed forces are considered a "strategically important population." Therefore, any public health concern that can impede force readiness should be considered a grave national security threat.
- In that regard, policymakers should consider a range of policy responses beginning by assessing the prevalence of PTSD and other mental health conditions among military personnel and adapting and implementing culturally congruent interventions to address this challenge.

INTRODUCTION

War is a brutal affair with severe direct and indirect effects on human health and development.[1] Although the vast majority who suffer the consequences of war are often civilians, military personnel are also seriously impacted. In addition to loss of life and limbs, service members experience adverse mental health conditions brought about by war. The most common psychiatric disorders that result from war trauma include posttraumatic stress disorder (PTSD), anxiety, and depression.[2-6]

PTSD in particular is the most common among active duty military personnel and veterans.7 While there is a dearth of studies that have investigated mental health outcomes among members of the armed forces in South Sudan—highlighting the urgent need for such studies to be conducted to gain a better understanding of the burden of trauma-associated mental disorders in this population—lessons can be drawn from other military studies as well as studies conducted among South Sudanese civilians. For example, an analysis of studies of military personnel and veterans in high income countries including Australia, Israel, the United Kingdom, and the United States of America, found that the prevalence of PTSD related to combat ranges from 1.1 percent to 34.8 percent.[8] This is concerning as it is significantly higher than the 6 percent prevalence in the U.S. general adult population.[9] These studies have also found a number of risk factors that encourage the development of PTSD among service personnel.

These include having low education, being non-officer, longer cumulative length of deployment, experiencing adverse life events, experiencing prior trauma, and having prior psychological problems.8 There is no comparable analysis among military personnel in South Sudan or in sub-Saharan Africa more broadly; however, a recent study found a high prevalence of trauma-associated mental disorders such as anxiety (9 to 40 percent), depression (12 to 49 percent), and PTSD (3 to 48 percent) among South Sudanese in different settings.[10] This would suggest that the PTSD prevalence in the South Sudan People's Defence Forces is equally high, if not higher given the army's decades-long exposure to perpetual combat situations. Indeed, a study in 2010 found a significantly high prevalence of more serious mental health problems with "15 percent of ex-combatants in the country reported as being suicidal, owing to hardships or experience of severe poverty."[11]

WHY MENTAL HEALTH IN THE MILITARY IS A NATIONAL SECURITY RISK

South Sudan has been embroiled in protracted conflict for nearly seven decades. During these endless conflicts, and specifically over the last four decades, the Sudan People's Liberation Army, now renamed the South Sudan People's Defence Forces (SSPDF), has been at the forefront of the action. Therefore, from the junior most soldiers to the highest-ranking generals on the force today, the South Sudanese military personnel have experienced perpetual conflict. This situation is not good for the mental well-being of the force and poses a grave risk to force readiness and ultimately the nation's security. Indeed, senior military officers have expressed concerns about this and would like to find a way to address it.

Beyond the obvious loss of life, conflicts often result in the destruction of public health infrastructure, fracturing of the social fabric, and fostering a culture of violence.[12] PTSD is a highly debilitating mental disorder that is characterized by recurrent and unwanted distressing memories of the traumatic event that one experienced, nightmares and disturbing dreams about the event, hopelessness about the future, negative thoughts about oneself, feeling emotionally numb, trouble concentrating, irritability or aggressive behavior, self-destructive behavior such as excessive drinking, and overwhelming guilt or shame.[13] Of great concern, is the fact that suicide rates are very high among active military personnel and veterans. For example, a recent study found that while 7,052 U.S. service members were killed in combat since the U.S. engaged in operations after 9/11, a staggering 30,177 active duty soldiers and veterans have died by suicide in the same timeframe.[14]

Moreover, PTSD has been associated with alcohol and drug use among military personnel during and after deployment.[15-17] Additionally, trauma-associated mental disorders are associated with risky behaviors such as engaging in risky sexual behavior including unprotected sex and having multiple sex partners and impulsivity.[18] This may greatly increase the risk of contracting HIV or other sexually transmitted diseases (STDs). Indeed, a 2017 study among SPLA personnel found a 5 percent prevalence of HIV, which is double the rate in the general South Sudanese population.[19] This could pose a national security problem as HIV has long been recognized not only as a public health emergency, but a potential threat to both national and global security. Indeed, as early as the year 2000, the United Nations Security Council passed Resolution 1308 declaring that "the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security."[20] In particular, the security implications of HIV are of concern for national security if the virus impacts "strategically important populations" such as the military, which can lead to among other things, loss of skilled officers and reduced military capacity.[21] Moreover, widespread disease can significantly weaken the readiness of national defense.

> *"Additionally, trauma associated mental disorders are associated with risky behaviors."*

PTSD has also been associated with other social problems such as high rates of divorce among military personnel,[22, 23] and intimate partner violence.[24] Among soldiers living in conflict regions, PTSD is associated with community violence.[25, 26] Importantly, mental disorders in war-affected populations can persist for a long time, even across generations[27-31] and co-occurring mental disorders are common in such populations.[32] Additionally, the prevalence of psychiatric symptoms that do not meet the full diagnostic criteria for diagnosis of mental disorders (subsyndromal psychological distress) is very high among populations affected by conflict [33] and these often are precursors for more serious mental disorders.[34, 35] All these factors suggest that a high prevalence of PTSD and other mental disorders among military personnel poses a great national security risk in a number of ways. First, this can seriously hamper the readiness of the armed forces to defend the country from any external aggression. Second, as PTSD has been associated with aggressive behavior and violence,[36] the potential for violent outbursts within the force, perhaps directed at senior leadership could destabilize the entire force and threaten the national security.

"Importantly, mental disorders in war-affected populations can persist for a long time, even across generations."

CONCLUSION

Although there is a dearth of data on the magnitude of PTSD and other mental health conditions in the armed forces, data from South Sudanese civilian populations, as well as figures from military personnel in other countries suggest the rates may be equally high in South Sudan's armed forces. Indeed, in recent years, there have been numerous reports in the press of lone soldiers turning their guns on their comrades and then killing themselves. There have also been too many reports of suicides among the organized forces. Similarly, soldiers randomly killing civilians have been reported. In one high profile case, in 2021 there was a report of a shootout between a general and his bodyguard at army headquarters in Bilpham. The reality is that these are not isolated cases and point to a serious underlying issue. These constitute what Adhieu Majok has called a potential "ticking time bomb"[37] with catastrophic national security implications.

RECOMMENDATIONS

Policymakers should recognize that a public health emergency such as high prevalence of mental disorders in the military is a potential national security crisis waiting to explode and a national security crisis ultimately leads to serious public health emergencies. Therefore, policymakers should consider taking immediate measures to address this persistent problem.

COLLECT DATA ON PREVALENCE OF PTSD AND OTHER MENTAL HEALTH CONDITIONS

There is currently a dearth of data to understand the true burden of PTSD in the organized forces. A first step in addressing this problem is to establish the prevalence of PTSD and gain a better understanding of other mental health conditions among military personnel. Therefore, policymakers should prioritize investment in data collection in this area.

ADDRESS UNDERLYING FACTORS THAT CAUSE MENTAL DISTRESS AMONG SOLDIERS

In addition to the risk factors that have been described in previous studies, additional factors that increase the risk of PTSD and other mental health conditions among military personnel include daily stressors such as not being able to afford to provide basic necessities for their families. Due to the economic difficulties that the country has been facing, the payment of salaries for members of the armed forces has not been consistent. This undoubtedly contributes to the already fragile situation and poses a grave national security threat. Therefore, in addition to addressing the mental health symptoms among military personnel, policymakers should address underlying stressors.

INVEST IN PROGRAMMATIC INTERVENTIONS TO ADDRESS MENTAL HEALTH

Exacerbating the problem of addressing mental health problems in the armed forces as well as the general population, is the severe shortage of mental health professionals to deal with the mental health crisis afflicting the nation. Indeed, as a result of conflict which has weakened the institutions to train a skilled work force to respond to public health crises, South Sudan currently has only two psychiatrists, one psychiatric nurse, 20 community mental health workers, and 30 psychologists.[38] This shortage of mental

health workers will therefore persist, posing a national security risk because studies have found that traumatized populations are highly prone to violence.[36] Therefore, policymakers should prioritize investment in programmatic interventions that can be delivered by lay persons to address the staggering mental health problems.

ADDRESS MENTAL HEALTH PROBLEMS AMONG VETERANS AND DEMOBILIZED CHILD SOLDIERS

It is evident that PTSD and mental health problems do not only affect active-duty military personnel, but those that have either voluntarily retired, those that have been forced to retire due to disability, as well as child soldiers being demobilized to be reintegrated to civilian life. UNICEF estimates that during the current war, 19,000 youth were recruited as child soldiers on both sides.[39] In many ways, child soldiers constitute one of the most vulnerable groups among military personnel. As these young people reintegrate into civilian life, policymakers will have to grapple with how to address the mental health challenges and associated problems in this vulnerable group.

ADDRESS ROOT CAUSES OF CONFLICT AND PRIORITIZE PEACE BUILDING

Ultimately, the biggest cause of PTSD and other mental health problems in the armed forces, and the general public for that matter, is conflict. Policymakers should prioritize peace building to minimize the risk of war.

ABOUT THE AUTHOR

Nhial T. Tutlam, Phd, MPH, is a research scholar with the International Center for Child Health and Development (ICHAD) at the Brown School, Washington University in St. Louis and a Fogarty Global Health/LAUNCH fellow (ACHIEVE Consortium). His research broadly focuses on the mental health of populations affected by conflict. He is specifically interested in the intergenerational effects of war trauma among youth from resettled refugee families in the US. He is particularly interested in how the effects of intergenerational trauma such as behavioral and emotional problems and substance use can be addressed through culturally congruent interventions. Additionally, Dr. Tutlam's research centers on the intersection of mental health impact of war trauma and risk of HIV infection and transmission among refugee youth in refugee settlements in Uganda.

He is currently leading a study funded by the National Institutes of Health (NIH) aimed at understanding factors around access to and utilization of HIV treatment and adherence to treatment, trauma-associated disorders, psychological functioning, and sexual decision-making, which will contribute to our understanding of the dual public health threats of HIV and mental health among vulnerable refugee youth. Overall, his ultimate research goal is to develop and test community-based interventions aimed at addressing the myriad of serious mental health challenges among populations affected by conflict with specific focus on the youth. Prior to joining ICHAD, Dr. Tutlam served as the Chronic Disease Epidemiology program manager at St. Louis County Department of Public Health where he oversaw chronic disease and mental health surveillance as well as directing a multidisciplinary violence prevention intervention called Project RESTORE (Reconciliation and Empowerment to Support Tolerance and Race Equity).

BIBILIOGRAPY

1. Betancourt, T.S. and K.T. Khan, ***The Mental Health of Children Affected by Armed Conflict: Protective Processes and Pathways to Resilience.*** Int Rev Psychiatry, 2008. **20**(3): p. 317-28.
2. Murthy, R.S. and R. Lakshminarayana, ***Mental Health Consequences of War: A Brief Review of Research Findings.*** World Psychiatry, 2006. **5**(1): p. 25-30.
3. Kanter, E.D., ***The Impact of War on Mental Health***, in ***War and Public Health***, B.S. Levy and V.W. Sidel, Editors. 2008, Oxford University Press: Oxford, UK; New York. p. 51-68.
4. Steel, Z., D. Silove, T. Phan, and A. Bauman, ***Long-term Effect of Psychological Trauma on the Mental Health of Vietnamese Refugees Resettled in Australia: A Population-based Study.*** The Lancet, 2002. **360**(9339): p. 1056-1062.
5. Tol, W.A., C. Barbui, A. Galappatti, D. Silove, T.S. Betancourt, R. Souza, A. Golaz, and M. van Ommeren, ***Mental Health and Psychosocial Support in Humanitarian Settings: Linking Practice and Research.*** The Lancet, 2011. **378**(9802): p. 1581-91.
6. Lindert, J., O.S. von Ehrenstein, A. Wehrwein, E. Brähler, and I. Schäfer, ***[Anxiety, Depression and Posttraumatic Stress Disorder in Refugees - A Systematic Review].*** Psychother Psychosom Med Psychol, 2018. **68**(1): p. 22-29.
7. Creamer, M., D. Wade, S. Fletcher, and D. Forbes, ***PTSD Among Military Personnel.*** International Review of Psychiatry, 2011. **23**(2): p. 160-165.
8. Xue, C., Y. Ge, B. Tang, Y. Liu, P. Kang, M. Wang, and L. Zhang, ***A Meta-analysis of Risk Factors for Combat-related PTSD Among Military Personnel and Veterans.*** PLoS One, 2015. **10**(3): p. e0120270.
9. National Center for PTSD. ***How Common Is PTSD in Adults?*** 2022 [cited 2022 November 20]; Available from: https://www.ptsd.va.gov/understand/common/common_adults.asp#:~:text=About%206%20out%20of%20every,PTSD%20during%20a%20given%20year.
10. Tutlam, N.T., J.J. Chang, W. Byansi, L.H. Flick, F.M. Ssewamala, and T.S. Betancourt, ***War-Affected South Sudanese in Settings of Preflight, Flight, and Resettlement: a Systematic Review and Meta-analysis of Trauma-Associated Mental Disorders.*** Global Social Welfare, 2022: p. 1-18.
11. Winkler, N., ***Psycho-social Intervention Needs Among Ex-combatants in Southern Sudan.*** Research Report No. 466, 2010.
12. Levy, B.S., ***Health and Peace.*** Croatian Medical Journal, 2002. **43**(2): p. 114-116.
13. North, C.S., A.M. Surís, R.P. Smith, and R.V. King, ***The Evolution of PTSD Criteria across Editions of DSM.*** , 28, 3, 2016. **28**(3): p. 197-208.
14. Suitt, T.H., ***High Suicide Rates among United States Service Members and Veterans of the Post-9/11 Wars.*** Costs of War Project, 2021.
15. Eisen, S.V., M.R. Schultz, D. Vogt, M.E. Glickman, A.R. Elwy, M.-L. Drainoni, P.E. Osei-Bonsu, and J. Martin, ***Mental and Physical Health Status and Alcohol and Drug use Following Return from Deployment to Iraq or Afghanistan.*** American Journal of Public health, 2012. **102**(S1): p. S66-S73.
16. McFall, M.E., P.W. Mackay, and D.M. Donovan, ***Combat-related Posttraumatic Stress Disorder and Severity of Substance Abuse in Vietnam Veterans.*** Journal of Studies on Alcohol, 1992. **53**(4): p. 357-363.
17. Kline, A., M.D. Weiner, D.S. Ciccone, A. Interian, L.S. Hill, and M. Losonczy, ***Increased Risk of Alcohol Dependency in a Cohort of National Guard Troops with PTSD: A Longitudinal Study.*** Journal of Psychiatric Research, 2014. **50**: p. 18-25.
18. James, L.M., T.Q. Strom, and J. Leskela, ***Risk-taking Behaviors and Impulsivity among Veterans With and Without PTSD and Mild TBI.*** Military Medicine, 2014. **179**(4): p. 357-363.
19. Courtney, L.P., N. Goco, J. Woja, T. Farris, C. Cummiskey, E. Smith, L. Makuach, and H.M. Chun, ***HIV prevalence and behavioral risk factors in the Sudan People's Liberation Army: Data from South Sudan.*** PloS one, 2017. **12**(11): p. e0187689.
20. UNAIDS, ***UN Security Council Resolution 1308 (2000) on the Responsibility of the Security Council in the Maintenance of International Peace and Security: HIV/AIDS and International Peace-keeping Operations.*** United Nations, 2000.
21. Feldbaum, H., K. Lee, and P. Patel, ***The National Security Implications of HIV/AIDS.*** PLoS Medicine, 2006. **3**(6): p. e171.
22. Wang, L., A. Seelig, S.M. Wadsworth, H. McMaster, J.E. Alcaraz, and N.F. Crum-Cianflone, ***Associations of Military Divorce with Mental, Behavioral, and Physical Health Outcomes.*** BMC Psychiatry, 2015. **15**(1): p. 1-12.
23. Negrusa, B. and S. Negrusa, ***Home front: Post-deployment Mental Health and Divorces.*** Demography, 2014. **51**(3): p. 895-916.
24. Taft, C.T., S.M. Walling, J.M. Howard, and C. Monson, ***Trauma, PTSD, and Partner Violence in Military Families***, in ***Risk and resilience in US Military families***. 2011, Springer. p. 195-212.

25. Nandi, C., T. Elbert, M. Bambonye, R. Weierstall, M. Reichert, A. Zeller, and A. Crombach, ***Predicting Domestic and Community Violence by Soldiers Living in a Conflict Region.*** Psychological Trauma: Theory, Research, Practice, and Policy, 2017. **9**(6): p. 663.

26. Nandi, C., A. Crombach, T. Elbert, M. Bambonye, R. Pryss, J. Schobel, and R. Weierstall-Pust, ***The Cycle of Violence as a Function of PTSD and Appetitive Aggression: A Longitudinal Study with Burundian Soldiers.*** Aggressive Behavior, 2020. **46**(5): p. 391-399.

27. Mollica, R., N. Sarajlic, M. Chernoff, J. Lavelle, I.S. Vukovic, and M.P. Massagli, ***Longitudinal Study of Psychiatric Symptoms, Disability, Mortality, and Emigration among Bosnian Refugees.*** Journal of the American Medical Association, 2001. **286**(5): p. 546-54.

28. Priebe, S., A. Matanov, J. Janković Gavrilović, P. McCrone, D. Ljubotina, G. Knežević, A. Kučukalić, T. Francisković, and M. Schützwohl, ***Consequences of Untreated Posttraumatic Stress Disorder Following War in Former Yugoslavia: Morbidity, Subjective Quality of Life, and Care Costs.*** Croatian Medical Journal, 2009. **50**(5): p. 465-475.

29. Akinyemi, O.O., E.T. Owoaje, O.K. Ige, and O.A. Popoola, ***Comparative study of Mental Health and Quality of Life in Long-term Refugees and Host Populations in Oru-Ijebu, Southwest Nigeria.*** BioMed Central Research Notes, 2012. **5**: p. 394.

30. Betancourt, T.S., D.L. Thomson, R.T. Brennan, C.M. Antonaccio, S.E. Gilman, and T.J. VanderWeele, ***Stigma and Acceptance of Sierra Leone's Child Soldiers: a ProspectiveLlongitudinal Study of Adult Mental Health and Social Functioning.*** Journal of the American Academy of Child & Adolescent Psychiatry, 2020. **59**(6): p. 715-726.

31. Armenta, R.F., T. Rush, C.A. LeardMann, J. Millegan, A. Cooper, and C.W. Hoge, ***Factors Associated with Persistent Posttraumatic Stress Disorder Among US Military Service Members and Veterans.*** BMC Psychiatry, 2018. **18**(1): p. 1-11.

32. De Jong, J.T., I.H. Komproe, and M. Van Ommeren, ***Common Mental Disorders in Postconflict Settings.*** The Lancet, 2003. **361**(9375): p. 2128-2130.

33. Silove, D., P. Ventevogel, and S. Rees, ***The Contemporary Refugee Crisis: An Overview of Mental Health Challenges.*** World Psychiatry, 2017. **16**(2): p. 130-139.

34. Lee, Y., E. Stockings, M. Harris, S. Doi, I. Page, S. Davidson, and J. Barendregt, ***The Risk of Developing Major Depression Among Individuals with Subthreshold Depression: A Systematic Review and Meta-analysis of Longitudinal Cohort Studies.*** Psychological Medicine, 2019. **49**(1): p. 92-102.

35. Prochaska, J.J., H.Y. Sung, W. Max, Y. Shi, and M. Ong, ***Validity Study of the K6 Scale as a Measure of Moderate Mental Distress Based on Mental Health Treatment Need and Utilization.*** International Journal of Methods in Psychiatric Research, 2012. **21**(2): p. 88-97.

36. Gillikin, C., L. Habib, M. Evces, B. Bradley, K.J. Ressler, and J. Sanders, ***Trauma Exposure and PTSD Symptoms Associate with Violence in Inner City Civilians.*** Journal of Psychiatric Research, 2016. **83**: p. 1-7.

37. Majok, S.A., ***Mental Health in South Sudan: A Ticking Time Bomb.*** South Sudan Medical Journal, 2018. **11**(3): p. 55-55.

38. WHO, ***The World Mental Health Day Commemorated in South Sudan***. 2017.

39. UNICEF, ***Children and Armed Groups in South Sudan***. 2019.

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