War: is a mental health cease-fire possible?

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The American Vietnam War, just as all wars, produced many victims. In many ways it was a huge social experiment in which several million healthy, energetic young men were taken from the peace and tranquillity of North America and brought to Southeast Asia for one year of military engagement. They then returned to their own shores, where they were often maligned by other citizens and, in general, forgotten by researchers and policy makers. About 20% of these men had engaged in heavy combat in Vietnam. They had experienced life-threatening conditions, killed the enemy and seen their buddies die. Many of these men have continued to suffer persisting negative effects of combat on their mental health[1,2]. Vietnam veterans are the research subjects most responsible for the creation of post-traumatic stress disorder, PTSD, as a recognised disorder.

We have recently had the opportunity to revisit a random sample of American Legionnaires, whom we had studied some 14 years ago. For most of the subjects, 35–40 years have passed since their combat experience and yet we found that in these combat-theatre veterans there are still two distinct courses for PTSD: some of them have experienced consistently-chronic symptoms, while other have followed a relapsing-remitting course. Only a small number have recovered. Those who have suffered chronic effects were the veterans with the higher levels of combat exposure. They showed higher levels of impairment, both in 1984 and now, again, in the 1998 survey.

Why should some of these once young and healthy men develop more persistent, and generally more serious mental health disfunction than others? One answer is obvious: they were exposed to more combat. But they also reported having experienced a more negative homecoming from their community. They have been far less involved in community affairs, such as attending American Legion meetings, than their peers who have recovered more successfully. They smoke and drink more heavily, at rates proportional to their combat exposure. Their marriages have been far less successful, again with combat dose-dependent relationships and they even earn far less money today than their equally educated and trained veteran peers[3].

The course of PTSD obviously does not follow a straight path: it is heterogeneous and appears to be significantly influenced both by the level of the original trauma (combat) and by the social support received afterward[4]. Our observations, wherein social support appears to mediate the negative impact of combat exposure on mental health, have been observed by others[5,6]. The tragedy for Vietnam veterans in America, where health care delivery is fragmented and inequitably distributed, is that few veterans are aware of the resources and compensation programmes that do exist. They may not even be aware that their current difficulties may be related to their war zone experience[2,7].

When individuals seek care for mental health problems, they often go to primary care physicians who may not recognise their mental health difficulties, or are not aware of appropriate referrals or the availability of treatment options[8].

Understanding the full picture of mental health and war is complicated because war zones are not neat experiments. They involve killing and fear of being killed, physical deprivation, exposure to a multitude of chemicals, noise, infection, poor diet, loneliness, and dirt. Mental health researchers are very far from developing complete models to account for this wide-range of exposures and interactions in veterans – and this editorial has not at all considered the devastating effects of war on the poor civilians trapped by events in their homelands.

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The problems, of course, persist, not just for Vietnam veterans but for the men and women engaged in military conflicts today. Somali peace-keepers[9], Yugoslavian prisoners of war[10], NATO troops, are all at risk. Vietnam veterans provided researchers the opportunity to recognise and understand that trauma can lead to serious mental distress. Now researchers and others must follow-up by learning how to minimise the distress and how to aid in recovery through appropriate support and treatment. It goes without saying that the best prevention would be to eliminate the scourge of war from the face of the earth.

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