Combatants’ Self-assessment of Mental Health

Andrey Soloviev1*, Ilya Bondar2 and Elena Ichitovkina3

1Professor of Psychiatry, Chief, Department of psychiatry and clinical psychology, Northern State Medical University, Arkhangelsk, Russia
2PhD in Law, Police Colonel, Head, All-Russian Advanced Training Institute of the Ministry of the Interior of the Russian Federation, Moscow, Russia
3Police Lieutenant Colonel, Professor, Department of psychological, pedagogical and medical support of the internal affairs bodies, All-Russian Advanced Training Institute of the Ministry of the Interior of the Russian Federation, Moscow, Russia

*Corresponding Author: Andrey Soloviev, Professor of Psychiatry, Chief, Department of psychiatry and clinical psychology, Northern State Medical University, Arkhangelsk, Russia, Email: asoloviev1@yandex.ru

Received Date: July 07, 2019 / Accepted Date: July 29, 2019/ Published Date: July 30, 2019

Abstract
In order to analyze the self-assessment of mental health status of combatants, a year after the execution of operational and service tasks in special conditions, a complete survey of 964 combatants was conducted, which were divided into three groups by level of mental health: Group I - 338 people – healthy combatants who were not provided with rehabilitation assistance; Group II - 311 persons who for 6 years prior to the survey, according to the outpatient cards revealed prenosological neurotic conditions, clinical data on the presence of borderline mental disorders (BMD) after returning from combat zones in this group was not revealed, they were provided with short-term psycho-correctional assistance by psychologists at the place of service; Group III – 315 people who were diagnosed with adaptation disorders (AD) and post-traumatic stress disorder (PTSD), in this regard, they were treated and medical & psychological rehabilitation. A year after the events, a clinical examination and a questionnaire were conducted. It is shown that the mental state of combatants with BMD is characterized by the absence of clinical symptoms, which indicates the effectiveness of the activities. Given the fact that persons who did not receive psycho-prophylactic and rehabilitation aid, a year after participating in the fighting are identified psychosomatic disorders and specific psychopathological symptoms, we have proposed the improvement of methodological approaches to providing them with psychoprophylactic assistance with the development of legislative regulation of complex rehabilitation measures.

Keywords: Combatants; Mental disorders; Self-assessment; Stages of rehabilitation

Cite this article as: Andrey Soloviev, Ilya Bondar, Elena Ichitovkina. 2019. Combatants’ Self-assessment of Mental Health. Global J Physiother Rehabil. 1: 24-28.

Copyright: This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. Copyright © 2019; Andrey Soloviev

The instability of the political situation in the world with the increasing number of zones of military armed conflicts dictates the need to improve approaches to the treatment and rehabilitation of combatants [4,5]. Providing assistance to participants in hostilities, often considered in the framework of actively developing scientific and practical direction - Disaster Medicine [8] - the duty of any civilized
society. The provision of treatment and rehabilitation to combatants is a complex issue requiring improved organizational approaches and the development of programmes involving a variety of mental health professionals [6, 7]. The formality of approaches to the organization of rehabilitation can lead to the formation of deep mental health disorders with the development of pronounced social problems, chemical dependence, increasing social disadvantage [1, 9]. The substantiation of the need to reorganize the mental health service requires not only detailed study and support of the state [10], but also permanent medical and tactical characteristics of emergency situations, consistent training and professionalism of the performers within the framework of brigade methods of work - psychiatrists, psychotherapists and clinical psychologists [2] with the need to systematize the stages of the relevant activities. The importance of developing issues related to the mental health of combatants and improving the effectiveness of treatment and rehabilitation activities has led to the need for this study.

The aim of the study

The analysis of self-assessment of mental health combatants, a year after the execution of operational and service tasks in special conditions.

Materials and methods

A complete survey of 964 combatants was conducted, which were divided into three groups by level of mental health: Group I - 338 people – healthy combatants who were not provided with rehabilitation assistance; Group II - 311 persons who for 6 years prior to the survey, according to the outpatient cards revealed prenosological neurotic conditions, clinical data on the presence of borderline mental disorders (BMD) after returning from combat zones in this group was not revealed, they were provided with short-term psycho-correctional assistance by psychologists at the place of service; Group III – 315 people who were diagnosed with adaptation disorders (AD) and post-traumatic stress disorder (PTSD), in this regard, they were treated and medical & psychological rehabilitation.

At the first - hospital stage - after the establishment of the nosological structure of the disorder, along with psychopharmacological therapy, psychotherapy was used using short-term symptomatic methods. Preference was given to individual forms of psychotherapy, since the use of group forms of work in the stage of acute clinical symptoms could cause pronounced protest reactions in the form of explosive outbreaks and dissociative symptoms.

At the second stage, after the assessment of the dynamics of the state, the correction of psychopharmacological treatment was made; psychotherapy aimed at the de-actualization of the traumatic event was carried out. Medical psychologists used psycho-correction measures to minimize manifestations of maladaptive states.

At the third - outpatient-polyclinic stage - complex therapy with monitoring of mental health was carried out, psychotherapeutic methods and psycho-correction were used, aimed at restoring the sense of integrity of the person, learning to control their emotions, restoration of destroyed social-positive attitudes.

At the fourth - sanatorium-resort stage - combatants were sent for treatment to sanatoriums where complex rehabilitation treatment was concentrated on formation of installations on a healthy lifestyle, physical activity, the correct food, refusal of alcohol abuse. Psychotherapy aimed at the restoration of interpersonal communications, normalization of social functioning in peaceful life was carried out.

A year after the mission, we conducted a clinical examination and questionnaire using the author's technique "Screening of subjective self-assessment of mental state by combatants"
[3], aimed at studying subjective feelings related to mental distress, and early diagnosis of psychopathological symptoms in combatants.

Statistical processing of the results of the study was carried out using the program SPSS 22.0. We have applied the methods of variation statistics with calculation of mean values, confidence intervals, determining the likelihood of error. The search for relationships between the two qualitative data was carried out using the Pearson’s χ²; in the case of pairwise comparison, the Bonferroni amendment was carried out. The critical level of statistical significance was p ≤ 0.05; in the case of pairwise comparison – p ≤ 0.017.

Results

A year after the last mission, during the screening survey, the combatants of the first two groups were significantly more likely to note the presence of somatic complaints: pain in various parts of the body, a feeling of heart failure; intermittent pain in the left half of the chest, in contrast to the combatants of group III, where these symptoms were significantly less common (Table 1). When referring to the therapist of organ pathology, in most cases it was not revealed, but also appeals of combatants of the first two groups to psychiatrists, psychotherapists with complaints were not recorded.

Much more often in the first two groups there were complaints about mental problems: excessive irritability in everyday life; sleep disorders with episodic dreams of combat content; spontaneously arising feelings of fear and anxiety, difficulty in controlling behavior with outbursts of anger. They complained of "loss of joy" with blunting of the emotions and inner devastation; much more often, in contrast to individuals who received therapy, there were episodes of internal stresses, and sagging of thinking about military operations; significantly more often felt the isolation from those who fought; no longer trust people; often noted increased fatigue; aggressive attitude to others and a sense of injustice of life.

At the same time, combatants of all surveyed groups were equally often willing to re-engage in hostilities. In mentally healthy combatants and in persons with a history of pre-nosological mental health disorders, a year after the execution of operational and service tasks in special conditions, the mental state was characterized by the presence of neurotization, they have an increased risk of mental maladaptation, which reduces the level of social functioning and professional reliability.

Subjective feelings of the combatants, receiving a comprehensive therapy and rehabilitation in connection with the border mental disorders were significantly less likely to reflect the presence of psychosomatic, psychiatric symptoms, and communication problems.

Conclusion

The mental state of combatants with BMD in one year after rehabilitation is characterized by a lack of pronounced clinical symptoms, which, in general, indicates the importance of targeted corrective measures. However, the self-assessment of combatants showed different options for their response to the proposed treatment and psychological assistance.

Special attention should be paid to the self-assessment of the mental state of combatants who have not received psycho-prophylactic rehabilitation assistance after participating in hostilities, it reflects the presence of hidden mental health problems: the presence of psychosomatic disorders, certain psychopathological symptoms, reduced communication, which can negatively affect their quality of life and social adaptation.

The results of the study show that the differentiated stage variant of assistance – from hospital to sanatorium-resort stages has proved to be well established. The number of stages (up to four stages) is determined by the combination of a set of subjective complaints and the severity of objective changes in the condition of combatants. This approach
requires, on the one hand, an additional assessment of its effectiveness, and on the other hand, the legislative regulation of comprehensive rehabilitation measures for all combatants who have returned from combat zones.

### Table 1: Indicators of subjective self-assessment of the mental state of combatants a year after the execution of operational and service tasks in special conditions (Absolute number, %).

| Sign                                      | Groups (Absolute number, %) | \( \chi^2 \) | p-level in pairwise comparison* |
|-------------------------------------------|-----------------------------|-------------|--------------------------------|
|                                           | I Group n=338 | II Group n=311 | III Group n=305 |
| Pain in different parts of the body      | 158 46,7 | 197 63,5 | 62 20,3 | 118,6 | 1<0,001; 2<0,001; 3<0,001 |
| Feeling of heart failure                 | 77 22,8 | 128 41,3 | 29 9,5 | 84,7 | 1<0,001; 2<0,001; 3<0,001 |
| Pain in the left half of the chest       | 101 29,9 | 230 74,2 | 62 20,3 | 212,0 | 1<0,001; 2=0,016; 3<0,001 |
| Irritability                             | 258 76,3 | 277 89,4 | 140 45,9 | 148,2 | 1<0,001; 2<0,001; 3<0,001 |
| Mood swings                              | 256 75,7 | 262 84,5 | 90 29,5 | 233,7 | 1=0,020; 2<0,001; 3<0,001 |
| Sleep disturbance                        | 203 60,1 | 241 77,7 | 140 45,9 | 66,0 | 1<0,001; 2=0,001; 3<0,001 |
| Dreams of fighting                       | 258 76,3 | 249 80,3 | 98 32,1 | 191,3 | 1=0,750; 2<0,001; 3<0,001 |
| Feelings of fear, anxiety                | 250 74,0 | 246 79,4 | 62 20,3 | 272,0 | 1=0,369; 2<0,001; 3<0,001 |
| Difficulty in controlling behavior       | 215 63,6 | 243 78,4 | 43 14,1 | 280,4 | 1<0,001; 2<0,001; 3<0,001 |
| Flash of anger                           | 180 53,3 | 174 56,1 | 62 20,3 | 99,7 | 1=1,000; 2<0,001; 3<0,001 |
| Conflict in family relations             | 224 66,3 | 213 68,7 | 62 20,3 | 184,9 | 1=1,000; 2<0,001; 3<0,001 |
| Difficulty in communicating with people  | 164 48,5 | 223 71,9 | 43 14,1 | 210,1 | 1<0,001; 2<0,001; 3<0,001 |
| Loss of joy of life                      | 178 52,7 | 99 31,9 | 62 20,3 | 75,8 | 1<0,001; 2<0,001; 3=0,003 |
| Fatigability                             | 96 28,4 | 173 55,8 | 29 9,5 | 155,3 | 1<0,001; 2<0,001; 3<0,001 |
| Feeling of emptiness                     | 146 43,2 | 162 52,3 | 62 20,3 | 70,2 | 1=0,070; 2<0,001; 3<0,001 |
| Internal stress                          | 222 65,7 | 223 71,9 | 43 14,1 | 249,7 | 1=0,295; 2<0,001; 3<0,001 |
| The influx of thoughts about the fighting| 249 73,7 | 265 85,5 | 58 19,0 | 323,7 | 1<0,001; 2<0,001; 3<0,001 |
| Social exclusion                         | 141 41,7 | 195 62,9 | 25 8,2 | 198,8 | 1<0,001; 2<0,001; 3<0,001 |
| Alienation                               | 160 47,3 | 93 30,0 | 58 19,0 | 60,0 | 1<0,001; 2<0,001; 3=0,005 |
| Feeling guilty                           | 48 14,2 | 149 48,1 | 25 8,2 | 161,0 | 1<0,001; 2=0,047; 3<0,001 |
| Suspiciousness                           | 123 36,4 | 233 75,2 | 58 19,0 | 207,8 | 1<0,001; 2<0,001; 3<0,001 |
| Aggressiveness                           | 215 63,6 | 125 40,3 | 85 27,9 | 86,3 | 1<0,001; 2<0,001; 3=0,004 |
Absence of thought

|                  | 99  | 29.3 | 73  | 23.5 | 62 | 20.3 | 7.2 | 1=0.357; 2=0.026; 3=0.879 |
|------------------|-----|------|-----|------|----|------|-----|--------------------------|
| Forgetfulness    | 50  | 14.8 | 64  | 20.6 | 29 | 9.5  | 15.0| 1=0.159; 2=0.120; 3<0.001|
| Memory loss      | 85  | 25.1 | 81  | 26.1 | 62 | 20.3 | 3.3 | -                        |
| Fear of an unknown disease | 98  | 29.0 | 70  | 22.6 | 71 | 23.3 | 4.3 | -                        |
| Feeling the injustice of life | 134 | 39.6 | 241 | 77.7 | 41 | 13.4 | 261.8| 1<0.001; 2<0.001; 3<0.001|
| Would go again with desire in the combat zone | 223 | 66.0 | 79  | 66.9 | 197| 64.6 | 0.254| -                        |

Note: p was calculated using Pearson’s $\chi^2$; * - Bonferroni corrected.
The critical level of statistical significance was p ≤ 0.05; in the case of pairwise comparison – p ≤ 0.017.

References

1. Agadzhanyan NA, Severin AE. 2003. Ecology and human health: the structure of personal and social values. Journal of applied psychology. 1: 60-65.
2. Barachevsky Yu E, Sidorov PI, Soloviev AG. 2007. Disaster Medicine. Arkhangelsk: Publishing house of Northern State Medical University.
3. Ichitovkina EG, Zlokazova MV, Soloviev AG. 2017. System monitoring of mental health of combatants-police officers. Arkhangelsk: Publishing house of Northern State Medical University.
4. Ichitovkina EG, Solovyev AG, Kharkova OA, et al. 2016. Predicting the emergence of prenosological mental disorders in combatants. Human Ecology. 10: 47-50.
5. Korehova MV, Soloviev AG, Novikova IA. 2014. Mental disadaptation of specialists in extreme conditions. Arkhangelsk: Publishing house of Northern State Medical University.
6. Rybnikov ON, Paletskaya SN. 2004. Adjustment disorder long-term period of the combatants. Medical Bulletin of the Ministry of Interior. 4: 39-43.
7. Soldatkin VA, Sukiasyan SG, Gal'kin KYu. 2014. Post-traumatic stress disorder: who is in the crosshairs? Concept. 20: 511-515.
8. Soloviev AG, Shutova AA, Zlokazova MV, et al. 2017. Dynamics of formation of psychic disorders of combatants and pensioners of the Ministry of Internal Affairs / Advances of gerontology. 30: 912-916.
9. Shevtsova OA, Kokhanov VP. 2010. The features of the initial state changes the mental health of servicemen of Russian security services. Emergency Medicine. 1:30-33.
10. Fisun AYa, Shamrei VK, Marchenko AA, et al. 2013. Ways to prevent addictive disorders in the military. Military Medical Journal. 9: 4-10.