



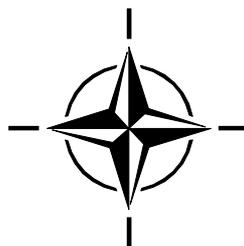
**RTO TECHNICAL REPORT**

**TR-HFM-164**

# **Psychological Aspects of Deployment and Health Behaviours**

(Aspects psychologiques de la projection  
opérationnelle et comportements  
liés à la santé)

This Report documents the findings of Task Group 164, which investigated the role and impact of psychological factors, including the psychology of risk, upon the risky health behaviours of military personnel on deployments. This report also discusses the underlying mechanisms for such behaviours, as well as the need for health interventions, training and education, and future research.



Published May 2012





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- SET Sensors and Electronics Technology Panel

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# Table of Contents

|  | <b>Page</b> |
|--|-------------|
| <b>List of Figures/Tables</b>  | <b>vi</b>   |
| <b>Terms of Reference</b>  | <b>vii</b>  |
| <b>HFM-164 Membership</b>  | <b>viii</b> |
| <br>   |             |
| <b>Executive Summary and Synthèse</b>  | <b>ES-1</b> |
| <br>   |             |
| <b>Chapter 1 – Introduction</b>  | <b>1-1</b>  |
| 1.1 The Importance of Health Risk Behaviours in Military Organizations   | 1-1         |
| 1.2 The Effect of Health Risk Behaviours Upon Health   | 1-1         |
| 1.2.1 Tobacco Use  | 1-1         |
| 1.2.2 Risky Drinking   | 1-2         |
| 1.2.3 Risky Driving  | 1-2         |
| 1.3 The Prevalence of Health Risk Behaviours in Military Organizations   | 1-2         |
| 1.3.1 Tobacco Use  | 1-2         |
| 1.3.2 High-Risk Drinking   | 1-2         |
| 1.3.3 Risky Driving  | 1-3         |
| 1.4 The Effect of the Health of Military Personnel Upon Readiness, Operational Effectiveness, and Force Sustainability | 1-3         |
| 1.5 The Influence of Deployments Upon Health and Health Behaviours   | 1-3         |
| 1.6 The Centrality of the Psychology of Risk to Health Risk Behaviours in Military Organizations                       | 1-4         |
| 1.7 Preventing and Changing Health Risk Behaviours   | 1-4         |
| 1.8 Conclusion   | 1-5         |
| 1.9 References   | 1-5         |
| <br>   |             |
| <b>Chapter 2 – Methods</b>   | <b>2-1</b>  |
| <i>Abstract</i>  | 2-1         |
| 2.1 Identification of Health Risk Behaviours for RTG-164's Work  | 2-1         |
| 2.2 List of Potential Health Risk Behaviours   | 2-1         |
| 2.3 Prioritization of Health Risk Behaviours   | 2-2         |
| 2.3.1 Strongest Considerations   | 2-2         |
| 2.3.1.1 Impact on Operational Effectiveness  | 2-2         |
| 2.3.1.2 Strength of Existing Evidence of a Relationship to Operational Deployments                                     | 2-2         |
| 2.3.1.3 Relevance of the Psychology of Risk to the Health Risk Behaviour   | 2-2         |
| 2.3.2 Intermediate Considerations  | 2-2         |
| 2.3.2.1 Overall Public Health Impact   | 2-2         |
| 2.3.2.2 Impact on Individual Well-Being  | 2-2         |

|         |   |     |
|---------|---|-----|
| 2.3.2.3 | Impact on Non-operational Effectiveness                       | 2-2 |
| 2.3.2.4 | Ability to Influence the Behaviour at the Individual Level    | 2-3 |
| 2.3.2.5 | Ability to Influence the Behaviour at the Environmental Level | 2-3 |
| 2.3.3   | Weaker Considerations   | 2-3 |
| 2.3.3.1 | Out-of-Pocket Cost to the Individual                          | 2-3 |
| 2.3.3.2 | Impact on Overall Long-Term Health Care Costs                 | 2-3 |
| 2.4     | Results of Prioritization                                     | 2-3 |
| 2.5     | Literature Search Strategy                                    | 2-7 |

### **Chapter 3 – Adverse Effects of Tobacco Use in Deployed Military Units** **3-1**

|                 |                                  |     |
|-----------------|----------------------------------|-----|
| <i>Abstract</i> |                                  | 3-1 |
| 3.1             | Trends in Tobacco Use            | 3-1 |
| 3.2             | Tobacco Use and Military Fitness | 3-2 |
| 3.3             | Intervention Opportunities       | 3-3 |
| 3.4             | Recent Findings                  | 3-3 |
| 3.5             | Discussion                       | 3-6 |
| 3.6             | References                       | 3-7 |

### **Chapter 4 – A Review of Military Research into Alcohol Consumption** **4-1**

|                 |   |     |
|-----------------|---|-----|
| <i>Abstract</i> |   | 4-1 |
| 4.1             | Introduction  | 4-1 |
| 4.2             | Civilian-Military Comparisons   | 4-1 |
| 4.3             | Military-Military Comparisons   | 4-2 |
| 4.4             | Military Deployments  | 4-4 |
| 4.4.1           | Pre-Deployment  | 4-4 |
| 4.4.2           | During Deployment   | 4-4 |
| 4.4.3           | Post-Deployment   | 4-5 |
| 4.4.4           | Persistence of Alcohol Use Behaviour                                      | 4-5 |
| 4.5             | Military Sub-Groups at Risk   | 4-6 |
| 4.6             | Impact Upon Operational Readiness, Effectiveness and Force Sustainability | 4-7 |
| 4.6.1           | Readiness   | 4-7 |
| 4.6.2           | Operational Effectiveness   | 4-7 |
| 4.6.3           | Force Sustainability  | 4-7 |
| 4.7             | Summary   | 4-8 |
| 4.8             | References  | 4-8 |

### **Chapter 5 – Risky Driving Behaviour** **5-1**

|                 |   |     |
|-----------------|---|-----|
| <i>Abstract</i> |   | 5-1 |
| 5.1             | Public Health Significance of Road Traffic Accidents in Military Organizations        | 5-1 |
| 5.2             | Risky Driving Behaviours  | 5-1 |
| 5.3             | Environmental Factors that Contribute to Road Traffic Accidents                       | 5-2 |
| 5.4             | The Effect of Military Deployments on Risky Driving Behaviours                        | 5-2 |
| 5.4.1           | Different Approaches to Studying the Effects of Military Deployments on Risky Driving | 5-2 |

|                                   |   |                |
|-----------------------------------|---|----------------|
| 5.4.1.1                           | Health Surveillance Studies   | 5-2            |
| 5.4.1.2                           | Survey Studies  | 5-2            |
| 5.4.2                             | Civilian-Military Comparisons   | 5-3            |
| 5.4.3                             | Studies on the Association of Deployment with Road Traffic Accidents                                      | 5-3            |
| 5.4.4                             | Prevalence of Self-Reported Risky Driving Behaviour in Military Organizations                             | 5-4            |
| 5.4.4.1                           | Driving and Alcohol Use   | 5-4            |
| 5.4.4.2                           | Seat-Belt and Helmet Use  | 5-4            |
| 5.4.4.3                           | Other Risky Driving Behaviours  | 5-4            |
| 5.4.5                             | Studies on the Association of Deployment and Combat Experiences with Driver Behaviour Reported on Surveys | 5-4            |
| 5.5                               | Summary of Risky Driving Behaviours in the Military   | 5-5            |
| 5.6                               | Possible Explanations for the Association of Risky Driving Behaviours and Military Deployments            | 5-5            |
| 5.6.1                             | Selection Bias  | 5-5            |
| 5.6.2                             | Drug and Alcohol Use  | 5-6            |
| 5.6.3                             | Failure to Adapt Combat Driving Habits to the Home Environment  | 5-6            |
| 5.6.4                             | Anxiety and Depression  | 5-7            |
| 5.6.5                             | Suicide and Deliberate Self-Harm  | 5-7            |
| 5.6.6                             | Sleep Disturbance   | 5-8            |
| 5.6.7                             | Anger/Aggressivity  | 5-8            |
| 5.6.8                             | Neurotoxicity Related to Deployment-Specific Exposures  | 5-9            |
| 5.6.9                             | Traumatic Brain Injury  | 5-9            |
| 5.6.10                            | Risk Tolerance, Sensation-Seeking, and Impulsivity  | 5-10           |
| 5.7                               | Summary of Deployment and Risky Driving Behaviours  | 5-11           |
| 5.8                               | References  | 5-11           |
| <br><b>Chapter 6 – Discussion</b> |   | <br><b>6-1</b> |
| 6.1                               | Overview  | 6-1            |
| 6.2                               | Summary of Key Findings   | 6-1            |
| 6.3                               | Mechanisms: How Does Deployment Influence Health Risk Behaviours?   | 6-2            |
| 6.3.1                             | Artifact  | 6-3            |
| 6.3.2                             | Distress and Mental Disorders   | 6-3            |
| 6.3.3                             | Risk-Related Issues   | 6-4            |
| 6.3.3.1                           | Measuring Military Risk-Taking  | 6-4            |
| 6.3.3.2                           | Risk, Personality, and Health Behaviour   | 6-4            |
| 6.3.4                             | Role of Deployment Experiences  | 6-5            |
| 6.4                               | Priorities for Future Research  | 6-5            |
| 6.5                               | Prevention and Control Priorities   | 6-6            |
| 6.5.1                             | Priority Behaviours to Target   | 6-6            |
| 6.5.2                             | Address Risk Behaviours Primarily as Public Health Problems, Not Deployment Health Problems               | 6-7            |
| 6.5.3                             | Mitigate Distress and Mental Disorders  | 6-7            |
| 6.5.4                             | Use Sound Principles for Incorporation of Risk-Related Messages   | 6-7            |
| 6.5.5                             | Leverage Environmental Interventions  | 6-8            |
| 6.6                               | References  | 6-8            |

---

## List of Figures/Tables

| <b>Figure</b> |   | <b>Page</b> |
|---------------|---|-------------|
| Figure 3-1    | Dynamics of Self-Reported Changes in Health Related Aspects in the Middle of Deployment | 3-5         |

### **Table**

|           |   |     |
|-----------|---|-----|
| Table 2-1 | Risk Behaviour Prioritization Matrix                                      | 2-4 |
| Table 2-2 | Literature Search Keywords  | 2-8 |
| Table 3-1 | Correlations Between Psychological Well-Being and Health Aspects          | 3-6 |
| Table 4-1 | Self-Report Measures of Alcohol Intake of UK Army Sample Deployed to Iraq | 4-5 |

# Terms of Reference

## I. Origin

### A. Background

Deployments can influence health-related behaviour (hence short-term and long-term health). Conversely, health-related behaviours can affect readiness and performance on deployed operations (hence operational effectiveness). The long deployment cycle and high operational tempo of NATO member nations put extra strain on readiness and effectiveness. Optimisation of health-related behaviours is therefore a potentially important force multiplier.

Despite the potential importance of health-related behaviours for military operations, surprisingly little scientific evidence exists with respect to:

- Which health-related behaviours most influence readiness and performance while deployed;
- Which health-related behaviours are influenced by deployment (and to what extent); and
- What roles do operational stressors and the psychology of risk play in the interaction between deployment and health-related behaviour.

The principal role of this RTG will be to assemble and summarize the existing and emerging research on these crucial issues.

### B. Justification (Relevance for NATO)

A range of health behaviours are important for operational deployments. Those of increasing interest to the military include, inter alia, road traffic accidents (RTAs), vaccinations, disease and non-battle injuries (DNBI), exercise and sport participation, heat illness, and lifestyle behaviours (including food choice and eating behaviour, exercise, alcohol intake, smoking, and sexual health/behaviour).

The overarching objective of this work is to maximise the numbers of Servicemen and women who are 'fit for task' across the NATO militaries by identifying and disseminating scientific knowledge on which psychological constructs influence health compromising and health enhancing behaviours before, during, and after operational military deployments.

## II. Objectives

A. Prioritize the impact of health-related behaviours on operational readiness in the context of increasing OPTEMPO.

B. Evaluate the effects of military operations on health related-behaviours across all phases of the deployment and explore novel strategies for their amelioration.

C. Examine the relationships between military relevant stressors and health-related behaviours that affect the performance of military personnel in the operational environment.

D. Identify the key covariates for health-related behaviours relative to deployment, with special attention to the psychology of risk.

## III. Resources

### A. Membership

Lead Nation: GBR

Participating Nations: CAN, EST, GBR, NLD, USA

Chair: Mr. Neil VERRALL United Kingdom

Co-Chair: Dr. Mark ZAMORSKI Canada

Lead Nation: United Kingdom

Nations and Bodies Really Participating: Canada, Czech Republic, Estonia, Netherlands, United Kingdom, United States

### B. National and/or NATO Resources Needed:

### C. RTA Resources Needed

Meeting facility for Kick Off meeting, at RTA HQ in Paris, in order to benefit from the expertise and guidance of the RTA staff on site.

## IV. Security Classification Level

The security level will be Unclassified/Unlimited.

## V. Participation by Partner Nations

PfP and MD invited.

See Membership.

## VI. Liaison

COMEDS Health Care Working Group and Military Psychiatry Expert Panel.

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| This Report documents the findings of Task Group 164, which investigated the role and impact of psychological factors, including the psychology of risk, upon the risky health behaviours of military personnel on deployments. This report also discusses the underlying mechanisms for such behaviours, as well as the need for health interventions, training and education, and future research.  |   |                             |   |
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| <b>13. Keywords/Descriptors</b>   |   |                             |   |
| Alcohol use   |   | Military                    |   |
| Deployment  |   | Psychology                  |   |
| Driving, road traffic accidents   |   | Risk perception             |   |
| Health risk behaviours  |   | Tobacco use                 |   |
| Mental disorders  |   |                             |   |
| <b>14. Abstract</b>   |   |                             |   |
| <p><b>Background:</b> Health risk behaviours are important threats to operational effectiveness and force sustainability in military organizations, and there is evidence that at least some deployments are associated with an increase of at least some of these behaviours. <b>Method:</b> A preliminary literature review and some original research identified three health risk behaviours of greatest relevance to military organizations based on their health impact and evidence of association with deployment: Tobacco use, high-risk drinking, and risky driving. <b>Results:</b> In-depth literature review and some original research confirmed the causal association of at least some deployments on these behaviours. Possible common mechanisms for this association include distress and mental disorders and changes in risk perception/risk tolerance. <b>Conclusions:</b> Research on deployment and health risk behaviours should focus on tobacco use, risky drinking, and risky driving as top priorities. Military organizations should tackle these health risk behaviours as public health problems affecting the military as a whole as opposed to as deployment health problems. Mitigation of distress and mental disorders may help attenuate health risk behaviours, but the expected magnitude of this effect is small. For this reason, these health risk behaviours should be specifically targeted with methods of proven efficacy, and the military should leverage the unusual degree of control it has over the environment in its mitigation efforts.</p> |   |                             |   |





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