Mental Disorders and Mental Health Problems Among Army Recruiters, 2011-2013: A
Examination of Current Rates in the Recruiting Population in Comparison to an Military-Wide
Sample.

by

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Abstract

**Purpose**: Recruiters, unlike other soldiers, are exposed to several risk factors. This study sought to determine the prevalence and severity of mental health disorders (MHDs) and mental health problems (MHPs) among the recruiting population and types of treatments they received via their electronic medical records.

**Research Design and Methods**: Data was collected between October 2011 to July 2013 from active-duty, reservist, and National Guard recruiters (N=2,783) on Fort Jackson at the U.S. Army’s Recruiting and Retention School (RRS). The medical records of participating recruiters were reviewed for the prevalence of MHDs and MHPs and types of mental health treatment. MHDs and MHPs were combined and categorized as having neither, having at least one MHD, having at least one MHP, and having a combination of at least one MHD and MHP. Treatment was categorized as having none, being prescribed only medication, receiving only counseling, or getting a combination of both. Socio-demographic variables were included in adjusted analysis. All analyses reflected the survey design.

**Results**: Over 39% of recruiters were diagnosed with at least one MHD, one MHP, or a combination of both. Approximately one in every four recruiters was diagnosed with only having at least one MHD (24.08%), with an additional 6.22% being diagnosed with at least one MHP, and 9.16% being diagnosed as having a combination of both. Over half of the recruiters received some form of behavioral health treatment (55.53%). Recruiters were more apt to have had the combination of being prescribed medications and received counseling (25.75%) in comparison to those who were only prescribed medications (16.78%), and only received counseling (13.00%). In adjusted analysis, middle-aged (30-39 years) and married recruiters remained associated with the presence of a MHDs or MHPs. Similarly, in adjusted analysis,
middle-aged (30-39 years), Hispanic, and “Other” recruiters were associated with the reception of treatment via medications or counseling.

**Conclusions**: The prevalence of MHDs and MHPs, were different and lower than those reported in the study by the Armed Forces Health Surveillance Center, but still significantly higher in comparison the findings identified in similar studies reflecting the prevalence of such disorders and problems among military and civilian personnel. Findings indicated that the types of behavioral health treatment rendered to the recruiters are not similar to other studies regarding military or civilian personnel, but rather indicate that recruiters diagnosed with MHDs and/or MHPs are receiving appropriate levels of medication, counseling, and/or combination of both when required and that adequate behavioral health resources are available and being utilized by those whom seek it. Findings also suggest that there are still mental healthcare barriers that need to be researched and addressed to ensure that all soldiers with behavioral health issues are accurately identified and receive adequate care.