

## COMPARITIVE STUDY OF MENTAL HEALTH OF RETIRED ARMY OFFICERS, JCOs AND ORs

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### **Abstract**

*The three most common mental health issues in veterans are Post-Traumatic Stress Disorder, depression and Traumatic Brain Injury. Military veterans exposed to combat are more likely to exhibit signs of depression and anxiety in later life than veterans who have not seen combats. This study found out that there is a significant difference between the officers, JCOs and ORs in the level of mental health. Retired army JCOs' score is high on mental health as compared to retired army ORs and retired army Officers. And, retired army officers score is high on mental health as compared to ORs. But, there is a negligible difference between retired army JCOs and retired army officers in relation to means of mental health. Post-hoc analysis shows that there is a difference between JCOs and ORs, but there is no significant difference found between officers and JCOs, officers and ORs on the mental health.*

### **Keywords**

*Mental health, Officers, JCOs, ORs, Veterans*

Reference to this paper should be made as follows:

**Received: 02.03.2022**

**Approved: 20.03.2022**

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MENTAL HEALTH OF  
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**Article No.22**

*RJPSS Oct.-Mar. 2022,*

*Vol. XLVII No. 1,*

*pp. 191-199*

**Online available at:**

<https://anubooks.com/rjpss-2022-vol-xlvii-no-1/>

<https://doi.org/10.31995/rjpss.2022.v47i01.022>

## **Introduction**

The Indian Army has time and again lived up to its tradition of bravery, courage, selflessness and honor. It stands alert along the border, watchful, prepared for any sacrifice so that the people of the country may live in peace. The Indian Army is one of the most competent armies in the world. It has proved its caliber time and again in numerous wars and other such conditions. Our soldiers are trained to win.

Soldiers face various kinds of problems both while in service and also after retirement. While in service they may face problems like - frequent and difficult transfers, isolation from their families, stress due to overexertion, dissatisfaction due to low pay, slow promotions, tough life, separation from spouse, family problems, corruption and divisions based on religion, language and locations.

On retirement, the lives of defense personnel and their families undergo a drastic change. We all know that they get pension and other facilities like medical and canteen facilities but they also face peculiar adjustment problems not only in society but also in their families because of the big separation from family and society.

The profession of soldiering requires round-the-clock involvement of the military personnel, which leaves little time for the personal growth and fulfillment of the higher-order needs. Psychoanalysts have proven that the quality of an individual's future depends a great deal on his past, which clearly implies that unsolved problems in youth increase anxiety in old age. Thus, the harsh military life and experiences are likely to affect the post-retirement level of stress and well-being of the military retirees.

## **Mental Health**

Mental health is important for the overall well-being of an individual. It is interrelated to physical health. A mentally sound person is able to take decisions, has a positive outlook on life, has healthy relationships with others and experiences happiness in life.

According to WHO - "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This means that mental health is more than just the absence of mental disorders or disabilities (WHO, 1946). Health is the condition of physical and mental well-being. Mental health is the condition where one has a sound mind, is able to take decisions properly, has a balanced personality and is stress-free. Just as we take full care of our physical health, in the same way it is necessary to take care of our mental health. Mental health includes our emotional, psychological, and social subjective well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

There are various mental health problems seen in people today. With the passage of time, mental problems have increased in society. This is due to the unhealthy lifestyle and attitude of people. People are reluctant to seek medical advice which further aggravates the problem. Also, there is stigma associated with mental problems which discourage people to seek medical help.

#### ***The mental health of retired army personnel***

Psychological effects of exiting from a work-life and entering retirement include partial identity disruption, decision paralysis, low self-esteem, the experience of a void, search for meaningful engagement in society, development of a retirement/life structure, the confluence of aging and retirement, death anxiety, the critical nurturing of social relationships, and self-actualization. There are many positive aspects of retirement also.

The three most common mental health issues in veterans are Post-Traumatic Stress Disorder, depression and Traumatic Brain Injury. Military veterans exposed to combat are more likely to exhibit signs of depression and anxiety in later life than veterans who have not seen combats. The increases are generally not seen in veterans who have not been exposed to combat. Generally, mental health symptoms such as depression and anxiety tend to decrease or remain stable during adulthood but can increase in later life. It is important that veterans who experience mental health problems and substance use problems receive treatment and get the best quality care available. Evidence-based treatment improves recovery rates. It also reduces the likelihood of other negative consequences that can follow from mental health and substance use conditions, such as health deterioration and problems in relationships and work. Poor-quality care, by contrast, is less likely to lead to recovery. Furthermore, poor experiences with care can discourage veterans from seeking further care. There are also substantial monetary costs associated with substandard and inaccessible mental health care.

#### **Review of Literature**

Dave et al. (2006) did a study on the effects of Retirement on Physical and Mental Health Outcomes. This study estimated the effects of retirement on health status as measured by indicators of physical and functional limitations, illness conditions, and depression. Results indicate that complete retirement leads to considerable increase in difficulties associated with daily life activities, an increase in illness issues, decline in mental health, over an average post-retirement period of six years. Reasons could be declines in physical activity and social interactions due to retirement. The adverse health effects are lessened if the individual is married and has social support, continues to engage in physical and occupational activity.

Hans Pols (2007) did research on War neurosis, adjustment problems in veterans. When the reports of mental problems in the American army rose to uncontrollable levels, new methods were developed to treat the traumatic effects of the huge stresses of warfare. Social scientists concluded that breakdown incidence was related to morale, which led to the development of preventive measures aimed at specific groups. Both initiatives stimulated a number of psychiatrists to plan projects of social engineering after the war. They first focused on aiding the reintegration of returning veterans. Later, they addressed the poor mental health of the American population as a whole, which they considered to be the consequence of faulty child-rearing practices.

Burnam et al. (2009) studied Mental Health Care for Iraq and Afghanistan Veterans. Despite several efforts by the government to improve the mental health of veterans coming from Iraq and Afghanistan, there are a lot of problems that these people are still facing. They are reluctant to seek care, there is insufficient mental health workforce capacity and competency in evidence-based practice, and support systems don't give good care to these people. Policies should be reformed so that it makes federal leadership to engage health plans, professional organizations, states, and local communities in strategies to improve veterans' access to high-quality services.

Wu et al. (2012) did a research on mental health service to military retired cadres. They concluded that military retirees were commonly in aged periods with a high incidence of diseases. They were suffering from senility, illness, empty-nest syndrome and spouse-bereft and therefore were more vulnerable to mental problems. So, steps should be taken for promoting the mental health service for retirees and more professional service work should be provided to them.

Samele (2013) did a study of the mental health of serving and ex-service personnel. According to this report in the past few years, there has been a lot of research conducted on UK military personnel. This has increased our understanding of the impact of military service and life after retirement. For the most part, rates of mental health problems are similar to the general population, affecting a minority of serving and ex-Service personnel. More serious problems such as symptoms of PTSD are even less frequent, despite this attracting a great deal of public and media attention. Also, UK military personnel differ in many ways from their US counterparts in terms of rates for PTSD and alcohol use in particular.

### **Objective**

To compare the mental health of retired Army officers, JCOs and ORs.

### **Hypothesis**

There will be a significant difference in the Mental health of retired army officers, JCOs and ORs.

### **Methodology**

#### **Sample**

A total sample of 300 retired army men of different strata was taken in the age range including from 2 years of the date of retirement to 5 years after retirement. 50 officers, 150 JCOs and 100 ORs were taken with the help of the purposive sampling technique.

#### *Inclusion and exclusion criteria*

Only personnel of the Indian army were taken. No one of the Navy, Airforce, or Paramilitary forces was taken. Only army personnel who had retired within 2 to 5 years after their complete service was included. Only retired army men who were not doing any job after retirement were included. Disabled soldiers were excluded from the study.

### **Tools**

Mental health was measured by using Mithila Mental Health Status Inventory developed by Kumar and Thakur (1986).

#### *Reliability*

The scales have high-reliability coefficients, both by split-half and test re-test methods. The reliability co-efficient of the MMHSI scales ranged from .74 to .88 with reference to internal consistency and .73 to .89 in test re-test stability.

#### *Validity*

On each of the scales, the test was found to be valid. Psychiatric patients scored significantly higher on all scales of the MMHSI than normal.

#### *Administration and scoring*

MMHSI is a self-administered inventory and can be administered individually or in groups. The test generally takes from 20 to 30 minutes. Scores for MMHSI are derived from the responses on each item on a five-point response format "very true", "true", "doubtful", "false" and "completely false". The positively worded items are given scores of 5,4,3,2 and 1 for "very true", "true", "doubtful", "false" and "completely false". Negatively worded items are scored in a reverse manner.

The maximum possible score for MMHSI is 250 and the minimum is 50. A high score is indicative of poor mental health.

### **Procedure**

The Army men were selected by purposive sampling technique. Then they were given the test. They were also interviewed personally. After this, the mean, standard deviation and *t*-test were calculated using SPSS.

**Results and Discussion****Table-1: Comparison between retired army officers, JCOs and ORs on Mental health**

Group	N	Mean	Variance	Std. Deviation	Min	Max	Skewness	Kurtosis
Officers	50	123.20	107.51	10.36	94.00	146.00	-.38	.23
JCO	150	123.44	209.01	14.46	87.00	161.00	-.25	-.35
OR	100	117.93	198.19	14.08	80.00	148.00	.06	-.07

Table-22 shows a comparison of Mental health in retired army officers, JCOs and ORs. The mental health of retired army persons under study reflects the results as mean (123.20) and standard deviation (10.36) of retired army officers. Mean (123.44) and standard deviation (14.46) of retired JCOs. Mean (117.9) and standard deviation (14.08) of retired army ORs.

**Table-2: F-value (ANOVA) of Mental health of retired army persons in relation to officers, JCOs and ORs**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1982.33	2	991.16	5.25	.006
Within Groups	56031.47	297	188.66		
Total	58013.79	299			

Table-23 shows the F-value for Mental health of retired army officers, JCOs and ORs is 5.25 which is significant at a 0.01 level of significance. This shows that there is a significant difference between the officers, JCOs and ORs in the level of Mental health of retired army persons.

Hypothesis-2: is accepted, it means there will be a significant difference in the Mental health level of retired army officers, JCOs and ORs.

According to a research by [Catarina Inoue in 2021](#), the most common Mental health challenges facing veterans service members are PTSD and depression. Although these Mental health concerns are highlighted, other issues like suicide, traumatic brain injury (TBI), substance abuse, and interpersonal violence can be equally harmful in this population.

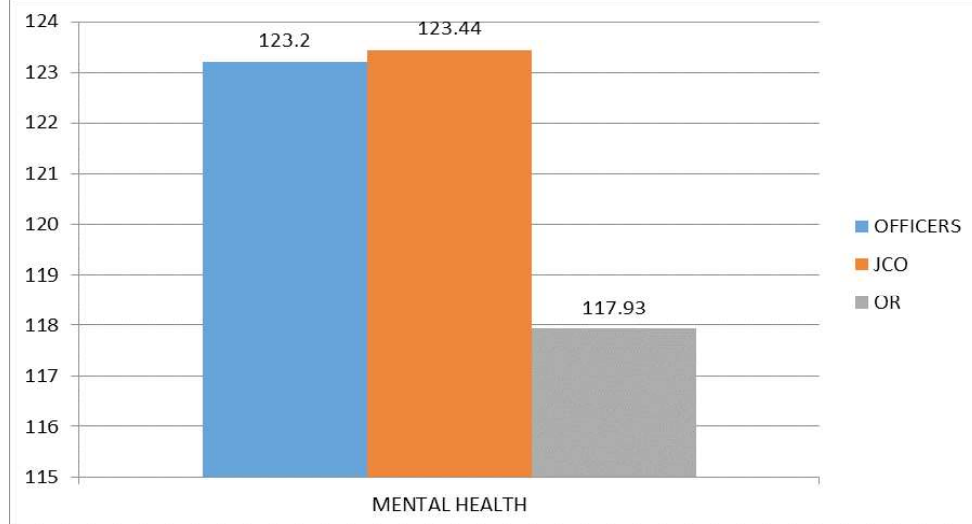
**Table-3: Post-hoc test on Mental health of retired army persons in relation to officers, JCOs and ORs**

(I) GROUP	(J) GROUP	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
OFFICERS	JCO	-.24	2.24	1.00	-5.64	5.16
	ORS	5.27	2.38	.08	-.46	10.99
JCO	OFFICERS	.24	2.24	1.00	-5.16	5.64
	ORS	5.51*	1.77	.006	1.24	9.78
ORS	OFFICERS	-5.27	2.38	.08	-10.99	.46
	JCO	-5.51*	1.77	.006	-9.78	-1.24

\* The mean difference is significant at the 0.05 level.

Table-24 shows values of the Post-hoc test (multiple comparisons) of retired army officers, JCOs and ORs for Mental health. Post-hoc test on Mental health shows that the difference between officers and JCOs is 0.24 which is not significant at any level of significance, the difference between officers and ORs is 5.27 which is not significant at any level of significance and difference between JCOs and ORs is 5.51 which is significant at 0.05 level of significance. This means that there is a difference between JCOs and ORs, but there is no significant difference found between officers and JCOs, officers and ORs on the Mental health.

**Figure-8: Bar diagram (mean scores) of Mental health of retired army officers, JCOs and ORs**



The bar diagram shows comparison of the mean score of Mental health of retired army officers, JCOs and ORs. The mean score of Mental health of officers is 123.20, JCOs is 123.44 and ORs is 117.93. This shows that retired army JCOs are high on Mental health as compared to retired army ORs and retired army Officers. And, retired army officers are high on Mental health as compared to ORs. But, there is negligible difference between retired army JCOs and retired army officers in relation to means of Mental health

Retired army JCOs' score is high on mental health as compared to retired army ORs and retired army Officers. And, retired army officers score is high on mental health as compared to ORs. But, there is a negligible difference between retired army JCOs and retired army officers in relation to means of mental health. There is a significant difference between the officers, JCOs and ORs in the level of mental health of retired army persons. Post-hoc analysis shows that there is a difference between JCOs and ORs, but there is no significant difference found between officers and JCOs, officers and ORs on the mental health.

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