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Behavioral Health Disorders among U.S. Military Service Members

Behavioral health is the connection among the behavioral, psychosocial, emotional, and biomedical characteristics that influence a person's mental health. Behavioral health is health, and service members who seek the care they need are taking steps toward maintaining their fitness to perform mission-essential tasks and to be readily deployable.

Behavioral Health Disorders

Behavioral health disorders, also called mental or psychiatric disorders, are complex issues rooted in a combination of biological, environmental, and social factors. A behavioral health disorder can affect a person's thoughts, feelings, behavior, or mood, impacting quality of life and day-to-day living.

Behavioral Health Disorders in the Military

Behavioral health disorders are a leading source of illness and one of the leading causes of medical non-readiness in the U.S. military. Nearly 1 in 10, roughly 128,000, active component service members were diagnosed with a behavioral health disorder in 2021. Data suggest that military populations are healthier than comparable civilian populations. This may be related to entry requirements and available resources.

Behavioral Health Disorders – 2021
% of Service Members Diagnosed

Any Behavioral Health Disorder.....	9.6%
Adjustment Disorders.....	5.2%
Anxiety Disorders.....	3.5%
Depressive Disorders.....	3.3%
Posttraumatic Stress Disorder.....	1.9%
Alcohol Use Disorders.....	1.4%
Drug Use Disorders.....	0.3%
Bipolar Disorder.....	0.2%
Psychoses.....	0.1%

Data from the [2021 DOD Health of the Force](#)

These percentages are based on service members who sought behavioral health care and were diagnosed with a behavioral health disorder.

Service members may have more than one disorder at a time, or their diagnosis may change as their

condition is treated or its extent becomes more evident.

Adjustment Disorders are the most common; however, these disorders may serve as an initial diagnosis. After continued clinical care and evaluation, this diagnosis can change to a more specific behavioral health diagnosis or be considered a life stressor or reaction to stress rather than a behavioral health disorder.

The actual percentage of service members experiencing behavioral health symptoms is likely higher than those who are diagnosed with a behavioral health disorder. For example, Periodic Health Assessments from 2023 show—

- 7.5% of service members screened positive for PTSD symptoms.
- 6.5% of service members screened positive for depression symptoms.
- 6.5% of service members screened positive for alcohol misuse in 2023.

Risk and Protective Factors

Risk and protective factors can increase or help prevent development of a behavioral health disorder, respectively. These factors impact individuals to varying extents depending in part on how they experience stress.

Risk Factors:

- Childhood trauma
- Existing behavioral health disorder
- Family history of behavioral health disorder
- Financial/legal stress
- Loneliness and/or social isolation
- Negative outlook towards the future
- Occupational stress
- Physical illness
- Relationship problems

Protective Factors:

- Available health care
- Involvement in group activities
- Moral beliefs/sense of purpose/faith
- Personal/professional values
- Resilience/coping skills
- Social relationships

Warning Signs and Symptoms

Warning signs and symptoms are reasons to seek care. As with physical illness, getting help early can lessen the severity and effects of behavioral health symptoms and disorders. Each behavioral health disorder has its own symptoms, but common signs of illness can include one or more of the following:

- Changes in behavior/personality
- Changes in eating habits such as increased hunger or lack of appetite
- Changes in mood
- Changes in sleeping habits/feeling tired/low energy
- Decreased attention/concentration
- Difficulty doing daily activities
- Difficulty understanding or relating to others
- Easily agitated (anger)/reckless behavior
- Increased use of substances such as tobacco, alcohol, or drugs
- Lack of Interest in usually enjoyable things
- Repeated or ongoing problems with relationships
- Social isolation/withdrawal
- Weight loss or gain

Frequently Asked Questions about Behavioral Health Disorders

Question: Will seeking behavioral health care negatively impact a security clearance?

Answer: Seeking and disclosing behavioral health treatment does not, in and of itself, negatively impact one's ability to gain or retain a security clearance.

Question: Do people get behavioral health disorders because they are weak?

Answer: Behavioral health disorders have nothing to do with personality traits but can result from the many risk factors noted above, such as traumatic life experiences and genetics.

Question: Can people with behavioral health disorders continue to work?

Answer: People with a behavioral health disorder can feel well and be as productive as others, especially when receiving treatment and engaging in healthy coping skills.

Question: Who can help people with behavioral health disorders?

Answer: Health care professionals, friends, family, community members, and unit leaders all play a role in encouraging those with signs and symptoms to seek help and access resources and clinical care.

Behavioral Health Resources

- [Military OneSource](#) – 800-342-9647
- [DoD Safe Helpline](#) – 877-995-5247
- [Military Crisis Line](#) – 988, press 1
- [Psychological Health Resource Center](#) – 866-966-1020
- [InTransition](#) – 800-424-7877
- [Community Resource Guide](#)
- DoD Substance Use Education Campaigns:
 - [Own Your Limits | Drinking Responsibly in the U.S. Military](#)
 - [Too Much To Lose - Prescription and Illicit Drug Misuse Education Campaign for the U.S. Military](#)

For Additional Information

- [Update: Mental health disorders and mental health problems, active component, U.S. Armed Forces, 2016-2020. MSMR. 2021 Aug 1;28\(8\):2-9. PMID: 34622649.](#)
- [Clark L, Fan M, Stahlman S. Surveillance of mental and behavioral health care utilization and use of telehealth, active component, U.S. Armed Forces, 1 January 2019-30 September 2020. MSMR. 2021 Aug 1;28\(8\):22-27. PMID: 34622900.](#)
- [Behavioral Health Monitoring among Active Duty U.S. Army Soldiers, 2016–2020](#)
- [Surveillance of Substance Abuse and Dependence: U.S. Army Soldiers, 2016–2019](#)

- [National Institute of Mental Health fact sheets on behavioral health disorders](#)
- Defense Counterintelligence and Security Agency. [Mental health and security clearances.](#)
- [Human Performance Resources by CHAMP, Total Force Fitness](#)

References

- American Psychiatric Association. [Warning signs of mental illness.](#) Armed Forces Health Surveillance Division (AFHSD). Deployment Health Branch. PHA Dashboard. January 2024.
- Arango C, Dragioti E, Solmi M, et al. Risk and protective factors for mental disorders beyond genetics. *World Psychiatry.* 2021 Oct;20(3):417-436.
- AFSHD. [2021 DOD Health of the Force.](#)
- Dragioti E, Radua J, Solmi M, et al. Global population attributable fraction of potentially modifiable risk factors for mental disorders. *Mol Psychiatry.* 2022 Aug;27(8):3510-3519.
- Fullana MA, Tortella-Feliu M, Fernández de la Cruz L, et al. Risk and protective factors for anxiety and obsessive-compulsive disorders. *Psychol Med.* 2020 Jun;50(8):1300-1315.
- James LM, Van Kampen E, Miller RD, Engdahl BE. Risk and protective factors associated with symptoms of post-traumatic stress, depression, and alcohol misuse in OEF/OIF veterans. *Mil Med.* 2013 Feb;178(2):159-65.