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Anxiety, Social Support, and Physical Health in a Sample of Spouses of OEF/OIF Service Members

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KEYWORDS: Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans, military spouses, social support, anxiety disorders, health

RESEARCH HIGHLIGHTS:

- Researchers examined the role that social support and elevated anxiety play in physical health in a sample of OEF/OIF veterans' spouses. About 44% of spouses screened positively for Generalized Anxiety Disorder (GAD) and reported low levels of perceived social support coupled with lower perceived physical health.
- Individuals with higher anxiety scores had a lower perception of their overall physical health, indicating a strong link between physical and mental health. Social support, however, was not found to be strongly linked to GAD scores.
- It is essential that primary care physicians develop the skills to identify anxiety symptoms in military and veteran spouses, and regularly screen spouses for anxiety issues. Since anxiety disorders can significantly impact physical health, addressing anxiety and mental health issues early on can be an important preventative measure.

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ABSTRACT:

“The goal of this study was to examine the relationships between heightened anxiety, social support, and physical health in a sample of spouses of returning Iraq and Afghanistan service members. 86 spouses were recruited nationally as part of a pilot trial of a military spouse telephone support group. Participants completed measures of physical and mental health via telephone including a screening tool for generalized anxiety disorder (GAD). Scores for social support and health outcomes were compared across two groups (positive vs. negative screens for GAD) using one-way analysis of variance analysis procedures. Path analytic techniques were used to evaluate the relative effects of anxiety and perceived social support on overall health and physical health comorbidities. A total of 38 participants screened positive for GAD. Participants with probable GAD reported having less social support than those screening negative for GAD. GAD participants also reported poorer overall health and more physical health comorbidities than their GAD-negative counterparts. Path analysis indicated that heightened anxiety is associated with worse overall health and social support does not buffer this interaction. The results suggest that anxiety-related health is a critical factor to be addressed in spouses of service members.”

Implications

FOR PRACTICE

Military spouses who did not have symptoms of GAD reported higher levels of social support, while those with GAD reported lower social support and were more likely to have poor physical health. These results support findings from previous studies which indicate that social support serves as a protective factor for psychological health and heightened levels of anxiety are associated with poor health and health-related quality of life. By understanding that a high number of military spouses suffer from GAD and have lower perceived social support and physical health, clinicians, general physicians and friends and families of military service members should take extra precautions to ensure military spouses receive the necessary support during their spouses' deployment and reintegration. This study highlights the heightened comorbidity with physical illness in spouses with GAD, underlining the importance of physicians in the identification and treatment of anxiety. Primary physicians should screen for anxiety disorders in military spouses, to ensure that those with anxiety issues obtain proper treatment. Further, this research also underlines the importance of relationships between mental health professionals and primary care physicians, in working together to create integrated and effective treatment programs for military spouses. Both the physical and mental health of military spouses should be monitored to ensure sufficient support during the difficult time of their spouses' deployment and reintegration.

FOR POLICY

Policy makers should focus on physical and emotional health promotion for military spouses, and providing systematic support and treatment for anxiety disorders. Programs focused on educating military spouses on the risks of developing GAD could be beneficial, especially in terms of increasing awareness of the physical and emotional effects of GAD. Increasing awareness among military spouses could potentially increase their willingness to seek social support and treatment. The Veterans Health Administration (VHA) may also consider extending mental and physical health programs to include GAD treatment services for veterans' spouses, or providing training for VHA clinicians focused on GAD-specific care. Investing in care for military spouses is important both for their own well-being as well as that of military service members, as social support has been shown to be a significant factor in the quality of veterans' reintegration. Policy makers should take action to address GAD in military spouses both during service members' deployment and upon their return from service.

FOR FUTURE RESEARCH

Future studies should include a large sample of both male and female military spouses from all military branches, as the sample in this study was limited to 86 female spouses, the majority being married to Army service members. Researchers should also aim to objectively measure and confirm health, social support and GAD, as many measures of health in this study were based on self-report alone. Future studies should explore the interactions between physical and mental health comorbidities longitudinally, to examine how physical and mental illnesses shape each other over time. Finally, studies investigating the impact of varying levels of real and perceived social support on military spouses' GAD symptoms and outcomes would be especially useful, as well as studies exploring the impact of physical and mental health treatment programs for anxiety disorders.

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