Vulnerabilities due to COVID-19 pandemic among the military personnel: A psychosocial perspective

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ABSTRACT

The coronavirus pandemic (COVID-19) pandemic has threatened global public health. Restrictions in travel, effect in the economies, closed borders, and billions were quarantined to contain the outbreak. Social distancing and lockdown measures had disrupted human lives. However, certain sections of the population, like the military personnel were individuals who usually were trained to be at the front line but in this situation could not affecting their psycho-social health. The various factors ranged from the distance from their families, in constant worry on the betterment of their families safety, feeling of hands being tied along with the uncertainty of the COVID-19 pandemic thereby increasing the risks for psychiatric disorders. Keeping these factors in the background, this article is an attempt to explore the psycho-social factors behind the same and to highlight strategies to ensure better care for this unique population.

Keywords: COVID-19, coronavirus, military, army, psychosocial, wellbeing

Wuhan city, Hunan Province in China in the early of December 2019 was identified to have symptoms of pneumonia of unidentified origin. Forest fire would be the apt name for the spread this Coronavirus pandemic (COVID-19) across countries in three months accounting for nearly four million cases with more than three lakh deaths with a continuum of 96 percent in the mild condition and the rest 4 percent in a serious or critical phase of the illness.[1] In India, as of date, the Ministry of Health and Family Welfare (MoHFW) reports eleven thousand six hundred and sixteen positive cases with more than 400 mortalities.[2] The numbers are rising as we speak and the outbreak has shaken the modern world at all its dimensions. Borders are closed internationally, economies slashed, millions jobless and billions confined to the isolation of their houses, in an attempt to contain the pandemic.

The Indian Armed forces is a combination of the Indian Army, Indian Navy and Indian Air Force and form the military forces of the Republic of India. Military personnel, given their roles, responsibilities, schedules, are exceptional in nature, so their concerns do not have equivalence to civilian life. But the novel coronavirus has brought a change in their routine too. On April 10, 2020, the Government of India brought to the nation's notice that six quarantine facilities at Mumbai, Jaisalmer, Jodhpur, Hindon, Manesar and Chennai were run by the Armed Forces with thirteen Army hospitals and seven 7500 beds dedicated to COVID-19.[3]

The Indian Air Force had carried out evacuations in Wuhan, Tehran, established quarantine facilities for individuals who came from abroad and also the suspected cases within the country and focussed on the provision of medical supplies and establishment of crisis management cells. The

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Indian Navy, on the other hand, has been providing quarantine facilities named as Wellness/Corona Care Centres, has teams of Battle Field Nursing Assistants established with the structured training and has been engaging in the provision of basic needs to the underprivileged sections. The Defence Research and Development Organization has focussed its efforts into making bio-suits for the working teams, development of N99 masks, creation of 'multi-patient ventilator and distribution of the same.[4]

In response to the World Health Organization (WHO)'s declaration of COVID-19 as a public health emergency of international concern (PHEIC) and to prevent further community transmission, the Government of India has decided for increasing the National Lockdown till May 31, 2020, wherein the movement of individuals across various parts of the country was completely brought to a stop. At this juncture, it is important to understand the perceptions of these military personnel in response to COVID-19.

Role of Military during COVID-19

Armed forces are known to possess expertise in epidemiology and virology in combination with self-protection capacity required for biological and chemical warfare. In 2003, during the SARS epidemic of East Asia, Governmental mobilisation of efforts proved successful, where the role of the military was established in logistic support, transportation of medical staff and infrastructure.[5] South Korea and Taiwan have been under the military rule since the 1980s, their models for the reinforcement of civilian control using successful suppression campaigns using the military as the major pillar of support have attracted large scale attention. From playing the frontline role in disinfection of hospital premises to dispatching the air-force for the collection of protective equipment, South Korea stood as a proud country. Taiwan's armed forces on the other hand focussed towards decontamination of the chartered flights and for the production of the much needed surgical masks.[6] Japan strategically declared a state of emergency where military focussed its energy on the quarantine of individuals arriving at the country's international airports.[7] China being the epicentre of the pandemic had its military

personnel aligning their efforts into medical relief forces, supply chain management, food provision, airlifting as well in the most awaited task of developing a vaccine.[8] In Myanmar, Indonesia and Thailand, the government had taken over roles of advisory and decision making.[9]

India's military forces started their work with evacuation in the Wuhan region, subsequently from Malaysia, Italy and Iran. Consequent management and their quarantine were done through several contingencies. From earmarking a response team to serving isolation facilities and establishing critical care units, military services have been functioning as a strong unit of the mechanism during the crisis. But as the condition in the country worsens, the military might have to play multiple roles. These might vary from maintaining law and order evoked during the breakdown of the essential services, functioning of a public distribution system, establishing field hospitals, running the factories for the production of essential medicines and supplies.[10]

COVID-19 and Wars: Similar crises?

Hans Seylein 1936 coined the term "stress" as the non-specific response of the body to any demand for change. While the British Medical Journal stated that stress could be both the cause and result of itself.[11] In the current scenario, stress and anxiety could be considered as an operational stress reaction which may range from anxiety, fear, feeling sad, difficulty in concentration to headache. It is always a continuum from stress to distress that one experiences.[12] The current COVID-19 pandemic is considered as the "biggest invisible war" where the armed forces are adhering to the instructions provided by the PM Office, Health Ministry and their own medical bodies. Though the soldiers in the borders are safe without any hot spots of infection and might not be carriers of any disease, the regular stress with respect to the enemy threats and protection of Line of Control across borders keeps them on the edge.[13] Often, the military is used as a knee-jerk response to the crisis, as a first resort and not the last. It involves a lack of understanding of the complex migration dynamics that the armed personnel undergo while getting

constantly shifted from one site to others during the pandemic crisis.[10]

The Human Function Curve (Figure 1) states that stress and distress is dependent on the health condition with the variables of the effect being performance and arousal stress. The moment of the crossing of the comfort zone results in the creation of "The Hump" resulting in fatigue, exhaustion in health resulting finally in ill Health ending up in a breakdown.[11]

Figure 1 The Human Function Curve
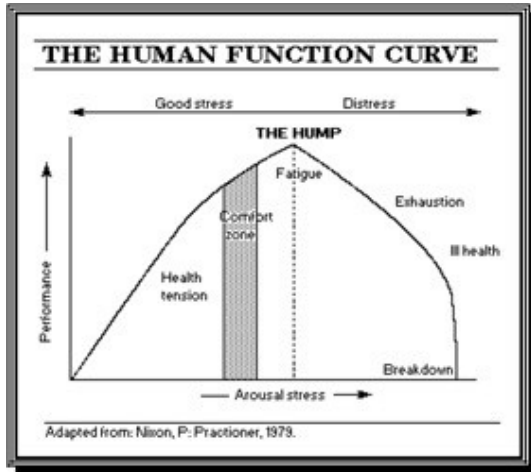
Researchers have stated that these conditions might take a larger toll on the armed forces as they are not being engaged in active work that they are used to, but yet facing the stress of the current situation, thereby creating dual vulnerability. Hence it becomes important to understand social support and unit cohesion as main modes of prevention. Use of social media, video conferencing, telephonic communication and even old-fashioned snail mails to stay connected helped in social integration and mitigating loneliness. Military environment and sleep deprivation have a direct relationship, thereby resulting in poor coping, impulsive decision making and less cooperation in members.[14] It can also lead to non-compliance to precautionary measures and travel restrictions, which have detrimental consequences on public health. Ensuring physical fitness by making sure of a routine and timely sleep, along with the prevention of substance abuse tend to be helpful. Staying informed about the pandemic situation, with the expectation that post this phase, one can return and get back to their normal duty helps generate positivism, personal growth and

wellbeing. These are important tools for coping and psychological resilience during disasters.[15]

Psychosocial concerns of military personnel

Amidst the search for a biological cure for the virus and financial/insurance support to the armed forces, their psychosocial needs are largely neglected. The biggest challenge is to train the mindset and convince oneself daily that "this is not going to affect us" in the background of adequate medical facilities and equipment with the task of providing assistance to the civil administration. The fear that one's own families, who are miles apart, might get affected and are vulnerable can cause anticipatory grief among them in the background of the constant threat of the asymptomatic carriers coming in contact with the personnel. This is relevant in the present pandemic, when a wave of uncertainty and misinformation has led to a plethora of wrong ideas and faulty treatments, generating conspiracy theories, panic and mass hysteria.[16] Stigma and prejudice of being labelled or being considered weak make them turn their faces away from professional help. Concerns of maintaining a fortified and secure cantonment so that the pandemic does not enter the stations, adhering to the hygiene practices by ensuring the supplies and preventing overcrowding are amongst the other challenges. It is important to acknowledge the economic paradigm and the military correlation to the agrarian sector, a majority of the Indian soldiers' families belong to the farming background, this might also have a reduction in the upcoming defence budget which probably will be redirected to COVID-19 itself. Maintaining adequate knowledge, attitude and practices among the personnel are necessary by enduring the necessary physical, mental, emotional and social support systems in the form of stocks, reserves, awareness, regular contact with the families and tracking the pattern of spread through contact with the administration about the pandemic. Along with these, are the increased prevalence of psychiatric disorders like depression, substance use disorders, suicide, post-traumatic stress disorders (PTSD), grief, bereavement and insomnia due to the combat exposure, deployment-related stress and other traumatic exposures.[17] Complex PTSD need special mention here on

the background of a pandemic as the stress is chronic and symptoms can often fluctuate and be under-detected. Especially with prior abusive or traumatic experiences, people can face mistrust related to society, impulse dyscontrol, attention deficits, issues with self-regulation and interpersonal relationships.[18] It is important to understand chronic trauma in various socio-cultural contexts, as the problems are often normalized as usual responses to stress, which can prevent timely treatment, increasing the risk for substance abuse, interpersonal violence, guilt, depression and suicide.[19] For military personnel, it might additionally affect their work performance, attention and perceived job satisfaction, that can lead to burnout, anger and absenteeism. As their postings frequently change, effects on their job precision might be a threat to them, their regiments and at a broader level to the nation's security.[20]

Green Mind Theory: The Coping Model

Linking the Brain-Body-Behavior in response to the natural and social habitats of an individual for inculcating healthy habits was proposed by Jules Pretty and team, under the title of Green Mind theory.[21] Resilience, positivism and adequate biological need-fulfilment determine the coping of individuals in these difficult scenarios but balance remains the key.[22] In that context, the following strategies help which are namely the fortified and secured cantonment, strict implementation of connectedness with contacts and the virtual/tele-counselling of the soldiers. Regular communication with their families is vital, while at the same time using the digital space to keep a check on respective loved ones with an established structure for quarantine of the personnel in case of being positive for infection, helps in reducing the stress and better mental wellbeing, thereby ensuring their holistic health. Weekly telephonic sessions have shown to be beneficial, especially if tailored to the individualistic needs with the generic inclusion of supportive counselling and debunking common misinformation.[23] Peer sessions and debriefing are known techniques in the treatment of PTSD and can be used in this case too. Reshaping trauma as an autobiographical narrative has been used in biological disaster struck individuals to foster personal growth and self-reflection, based on principles of existentialism and positive psychology.[24] A systematic review by Neria et al. studied 284 post-disaster PTSD reports and mentioned various correlates like socio-demographic and personal background variables, past history, exposure characteristics, social support factors and personality traits to influence the expression of symptoms.[25] A substantial proportion of the group belonged to the military workforce. Hence, addressing these issues will also be necessary for the management of trauma and stress during the ongoing pandemic.

Role of Mental Health Professionals (MHP): The way forward

1. **Breaking the Stigma:** Every year, thousands of soldiers seek help for mental health concerns[25] and the army mental health professionals are hired for handling the same. The authorities encourage the individuals to seek help but bring in an element of self-stigma among the army personnel which hinders the provision of care. It is high time that this method of self-stigmatization is reduced, and one can seek help without any hindrance. The assurance and awareness by a MHP will be vital in this regard.

2. **Necessary Screening:** RESPECT-Mil (Re-Engineering Systems of Primary Care Treatment in the Military) is the screening system used in the US Army for providing primary care involving screening, assessment, treatment and referral services for the army personnel.[26] Models as these could be adapted to Indian setting with the collaboration of District Mental Health Programs (DMHP) and Army Hospitals to provide necessary help as well as normalizing the events. Screening needs to happen at all levels and general practitioners working in the army can also be trained and sensitized to mental health using tele-resources.

3. **Embedded Mental Health Care Provisions:** Marine Corps established the OSCAR (Operational Stress Control and Readiness) program attaching the mental health providers to the respective training units during their training and deployment period.[27] India does face the shortage of trained mental health professionals but can always use the 'Training of Trainers' model, wherein the heads of the camps could be trained about the mental health

needs and provisions for basic mental health care, thereby incorporating the same in their practice. This shall help in both awareness creation and also training of the supervisors by inclining them towards the psychosocial requirements of the pandemic. Red flag assessments (like excessive guilt, marked dysfunction of sleep and appetite, and suicidality) need to be identified at the earliest and managed with urgent professional help.

4. **Self-Assessment:** Insight is one of the most important elements one requires in the context of mental health and hence in times of doubt, one can use standardized self-assessment tools. Military Pathways is one of the widely used questionnaires which could be adapted to the Asian context and utilized for the benefit of the larger population.[28] The questionnaire has elements on reducing stigma, raising awareness and referral in times of need to a professional. Artificial intelligence can be harnessed to mediate the same effectively through smartphone-based applications, which in turn can be monitored by the squad supervisors. This also helps in assessing the unique needs and identifies at-risk individuals.

5. **Military Education:** Streamlining information to enhance one's knowledge, attitudes and practices remain one of the most important elements in the role of mental health professionals. Social Case Work, Counselling, Group Therapy and creation of peer-support Groups remain necessary elements for the provision of military education and awareness. Media, MHPs and team leaders can actively liaise to deliver the awareness information using information-education-communication (IEC) models used in mental health education.[29]

CONCLUSION

Being deployed in a war zone and in the current context of a pandemic, dual stress can be both overwhelming as well as a significant role transition for the army personnel. But at the same time understanding the importance of self-care, establishment and continuance of a regular routine through cohesion and doing pleasurable activities, should be of prime importance to the individuals. Mental health promotion and communication need to be a collective responsibility at all levels of stakeholders. The Pandemic Acts are on the verge of revision due to the COVID-19 crisis and incorporating the needs of the army personnel is a welcome step in this regard. This might be considered as a "threat within threats" that they are used to face. 'Body-Mind' interference being the prime context of a biological disaster like the Covid-19 crisis, is akin to a battle. It is important to both acknowledge and act upon the necessary steps as highlighted in this commentary, by being informed as well as seeking professional help when necessary. Stigma, prejudice and guilt are pertinent barriers in the way to access health care and need to be prevented at all costs. This is expected to help reduce the treatment gap and enhance psychological wellbeing and hope. By reducing the residual damage and the disability-adjusted life years for both the army personnel and their significant others, the quality of life can be improved for one of these most important groups of frontline warriors during the present crisis. Their betterment can add arms to the fight against outbreaks like COVID-19, and the steps taken in this regard will help us in preparedness for similar such futuristic crises.

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