

Attitudes towards symptom reporting for potential mild traumatic brain injury among deployed Navy personnel



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INTRODUCTION

Posttraumatic stress disorder (PTSD) and mild traumatic brain injuries (mTBI) have been called the “invisible wounds” and “signature injuries” of the wars in Iraq and Afghanistan.¹

Research suggests that servicemembers with PTSD experience treatment-seeking barriers, such as fear of stigmatization and career repercussions, but little is known about barriers to care among those with mTBI symptoms.²

This study examined attitudes towards reporting symptoms of potential mTBI in a sample of deployed Navy personnel.



METHODS

PARTICIPANTS AND PROCEDURE

2,384 Navy personnel completed a written survey while on deployment in support of Operation Iraqi Freedom or Operation Enduring Freedom in 2010 and 2011.

A large majority of participants (82.9%) were male and on active duty (74.4%).

The mean age was 33.3 years (Standard Deviation [SD]=8.7).

MEASURES

Symptom reporting: Participants were asked whether they would report symptoms of a head or brain injury that could restrict their duty.

A small sub-sample (n=61) qualitatively described reasons for not reporting symptoms.

Recent head injury: Participants were asked whether they had received an injury to their head during the current deployment.

Demographics: age, gender, service history

ANALYSIS

Descriptive statistics were calculated for all study variables.

Qualitative survey data were content analyzed by two independent coders (EA and GP) to identify emergent themes.

RESULTS

Over one-quarter (26.7%) of participants indicated they would not report their head/brain injury symptoms (Figure 1).

71 participants reported receiving an injury to their head during the current deployment

Nearly half (43.7%) who reported receiving an injury to their head stated they would not report symptoms.

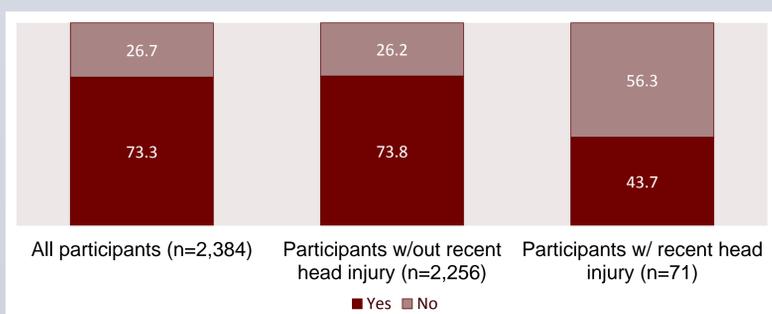


Figure 1. Distribution of participants who would report their head/brain injury symptoms, stratified by recent head injury status

RESULTS

Content analysis identified 7 distinct themes from the qualitative data (see Table 1).

The most commonly reported reasons for not reporting symptoms were concerns over not finishing the mission (27.9%) and fear of career repercussions (18.0%; Figure 2).

Table 1. Reasons for not reporting symptoms of head/brain injuries

Theme	Example
Concerns over not finishing the mission	“I would not want to abandon fellow troops or the mission”
Low perceived severity/lack of knowledge of symptoms	“How would I know if I had a brain injury?” “I would first wait to see how bad it was”
Fear of career repercussions	“Would not want to limit Navy job opportunities”
Fear of stigmatization	“Other members would judge me” “Others would think I’m trying to get out of deployment”
Logistical Issues	“No need for more paperwork”
Medical mistrust	“I mistrust the TMC staff”
Other	“Making good money and my head is messed up anyway”

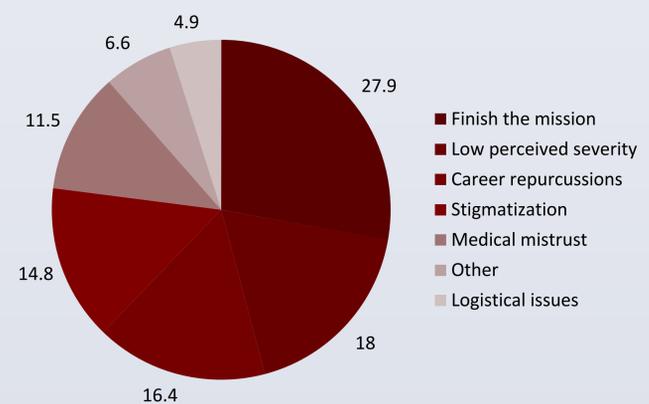


Figure 2. Reasons for not reporting symptoms of head/brain injuries

CONCLUSIONS

The results of this study indicate that the reasons for not reporting symptoms of potential head injuries parallel those for mental health symptoms.

Future research should further examine servicemembers’ perceptions of the severity of head injuries and knowledge of military policy related to mTBI treatment.

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