

Assessment of Psychological Fitness for Service in the Recruitment Process of the Swiss Armed Forces

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1. Reasons for the assessment of psychological fitness for service

At the start of 2003, the Swiss Armed Forces instituted a new process of recruitment. One of the major goals to be accomplished by the new recruitment procedures is to diminish the dropout rate during military basic training by assessing psychological resources. The reason for this is that in recent years, an increasing percentage of recruits have dropped out of basic training before completion. At present, the dropout rate has reached 20%. This not only engenders high costs (approximately 10 million Euros per year), but also disrupts training operations. In order to reduce the attrition rate, the interval between recruitment and entry into basic training has been reduced from 'one to two years' to 'six to 12 months', which increases the validity of medical findings. In addition, the recruits must now undergo more extensive medical examinations and fill out a medical-psychiatric and a psychological questionnaire and an intelligence test. Recruitment center psychologists use the questionnaire results to screen military conscripts for need for further assessment (through an exploratory interview) of psychological fitness for service.

In general, conscripts are considered fit for the fulfillment of obligatory military duty through personal service if they are able to meet the demands of military service mentally and physically, if they do not endanger their health or the health of others under the demands of service, and do not impair the troop's fulfillment of tasks. However, in the past, a soldier could be declared unfit for service for psychological reasons only if he submitted a report of a psychiatric diagnosis attesting unfitness. As a result, recruits often entered basic training only to be dismissed due to severe psychological stress reactions; other conscripts "obtained" the required psychiatric attestation by various means. The new assessment of psychological fitness for service during the recruitment process should discourage abuse of the psychiatric dispensation as well as spare other soldiers very unpleasant experiences.

2. Construction of the questionnaire to assess psychological-social resources and strains

The questionnaire to assess psychological-social resources and strains for implementation in the recruitment process was developed by a militia officer of the Psychological/Educational Services ("PPD") of the Swiss Armed Forces. The officers in the PPD provide support to members of the army who experience psychological or social problems during military service. Records are kept of the strain factors as revealed in consultations and are thus available for further analysis. For developing the questionnaire, more than 1,000 consultation

protocols could be analyzed with regard to frequently occurring psychological and social problems. Based on the analysis, 400 items were formulated that served as the initial material for the psychological questionnaire containing approximately 200 questions and statements.

The analysis of the PPD consultation protocols revealed that two fundamental causes can be distinguished for the emergence of psychological strain reactions and adaptation disorders during basic training: problems in civil life and the demands of military service. Problems that stem from civil life and become apparent during basic training include job and social situation, emotional and psychosomatic problems, and attitude towards military service. The following are some examples of items that touch upon these problems:

- *“I have a job / I have a position as an apprentice”*
- *“There are situations in which I go into uncontrolled rage”*
- *“I reject any form of weapons”*

As to problems emerging through the demands of basic training, we can distinguish physical, emotional, social, and military demands. The following example items illustrate the assessment of these problems:

- *“I need more sleep than eight hours in order to be fit”*
- *“It is easy for me to approach others”*
- *“I find it difficult when somebody yells at me for no reason”*

3. Implementation of the questionnaire and exploratory interview

All conscripts fill out the questionnaires, which are used as screening instruments, by computer. Conscripts with scores of 40 or higher on strain (or lower, depending on personal capacity), who answer affirmatively to certain sensitive items (suicide attempt, psychotherapy, accident involving a weapon, and so on), who show conspicuous scores on the medical-psychiatric questionnaire, or low scores on the intelligence test must report to a 30-minute exploratory interview conducted by the recruitment center psychologist.

At the start of the exploratory interview, the psychologist explains to the conscript that his test score is high, which could indicate psychological problems, and that the purpose of the interview is to discover the reason for the high score. The interviews cover the following aspects:

- general well-being
- situation on the job, in school
- social integration, colleagues/friends
- living situation, relationship with parents and siblings
- leisure time activities
- alcohol and drug use
- general strains, critical incidents
- attitude towards the army
- questions regarding affect and psychosomatic complaints
- family history
- conscript's self-assessment of fitness for service and mental health

Based on the interview results as well as the results of the medical examination, the psychologist, together with the directing physician at the recruitment center, determines fitness for service. Conscripts who show severe psychopathological symptoms can be referred to a psychiatrist for further evaluation. If psychological counseling or psychotherapeutic treatment is indicated, the conscript concerned is provided with a list of psychological services and told to report to counseling within a few days.

4. Initial experience and reactions

Of the first 2,200 conscripts, just under 25% were called to exploratory interviews, on the basis of which one third (about 8%) were determined to be unfit for military service for psychological reasons. Half of these conscripts unfit for military service were assigned to Civil Protection; the other half was officially declared unfit for all service and exempted from obligatory military service. In total, 25% of conscripts are unfit for military service for medical or psychological reasons. According to the psychologists at the recruitment center, the main reasons for psychological unfitness for service are lack of ability to integrate socially, aggressive impulses and low tolerance of frustration, emotional instability, anxieties and depressive moods, drug abuse, and low scores on the intelligence test. Severe mental disturbances are seldom observed.

Table 1 shows the relation between “strain” score on the questionnaire for the assessment of psychological-social resources on the one hand and strains and determination of fitness for military service on the other hand. Of the conscripts who scored higher than 40 and participated in the exploratory interviews, over 90% were determined to be unfit for military service for psychological reasons and just fewer than 40% as unfit for all service including Civil Protection. As the table shows clearly, a score around 25 is a cut-off value: in this sample, conscripts with scores under this cut-off point had been called to exploratory interviews due to a conspicuous result on the medical-psychiatric questionnaire, whereby only one out of every five had to be declared unfit for military service.

Table 1: Relation between “strain” score on the questionnaire and determination of psychological unfitness for service

Score on strain (0 – 100)	N Conscripts	N Interviewed	Unfit for military service	Unfit for all service
> 40	68 (6%)	65 (96%)	61 (94%)	24 (37%)
30 – 39	112 (10%)	92 (82%)	52 (57%)	7 (8%)
25 – 29	98 (9%)	71 (72%)	23 (32%)	4 (6%)
0 – 24	846 (75%)	79 (9%)	15 (19%)	2 (3%)
Total	1124 (100%)	307 (27%)	151 (49%)	37 (12%)

Acceptance of the questionnaire is high by the majority of conscripts. However, they find the total test battery (in particular the medical-psychiatric questionnaire containing over 400 items) too time-consuming, and they doubt the meaningfulness of certain items. The exploratory interviews have also met with a positive response; conscripts under great strain often welcome the opportunity to discuss their problems with an expert. Still, on occasion, some anxiety has been observed (“There’s something wrong with me?”).

Nevertheless, a non-partisan youth organization in Switzerland emphatically rejects the implementation of psychological testing instruments in the recruitment process. Organization representatives feel that the questions are an unnecessary intrusion into the conscripts’ private domain and that there is no justification for making the questionnaire obligatory. The issues of right to privacy and privacy protection have also caught the attention of the media, with talk of “intimate microfiches by military Peeping Toms” and “greatest domestic spy scandal since World War II.” The fears are unfounded, however, as the recruitment process adheres strictly to the Federal law on privacy protection. Access to personal psychological and medical data gathered by the recruitment centers is strictly limited to the psychologists and physicians. After each recruitment cycle, the data from the recruitment centers is transferred to the armed forces medical information system, where detailed data are deleted once the period of appeals has expired. The only data made available to the test constructors for further development of the testing instruments and for special research purposes is anonymous data. Third parties have no access to the data, not even for research purposes.

5. Outlook

Initial experience with the newly instituted assessment of psychological fitness for service in the recruitment process of the Swiss Armed Forces using screening instruments and exploratory interviews has been very encouraging. In particular, the majority of conscripts who are called to exploratory interviews with a psychologist appreciate the opportunity to discuss personal problems with an expert – for many, for the first time in their lives. However, as the conscripts so far recruited into the army have not yet started basic training, it is still too early to know whether the measure will lead to concrete success – the expected reduction of the dropout rate.

The effects on public opinion of the very personal questions on the medical-psychiatric questionnaire, and some questions on the psychological questionnaire, were underestimated. As in Switzerland every man has the obligation to serve in the army and thus must report to the recruitment process, and as every conscript must fill out the questionnaires, their acceptance by the conscripts and the public is an extremely important factor. For this reason, changes to the questionnaires are already planned. In addition, for statistical evaluation purposes, the questionnaires require some improvement to assure the highest possible precision of the scores. This will prevent unnecessary exploratory interviews of conscripts with no significant findings. Moreover, it will be necessary to adapt the catalogue of criteria for psychologically determined unfitness for service to the

new assessment procedures. Up to now the catalogue lacks differentiation in the area of adaptation disorders.

Now that the new assessment of psychological fitness for service has proven its value and the psychologists have acquired sufficient experience, it will be worthwhile to consider whether similar instruments and interviews could be useful for implementation with fully trained soldiers who are slated for deployment on special missions. The assessment procedures could offer an efficient means of evaluating current problems and strains that would hinder the soldiers in the performance of their military duties.