

Behavioral Health and the Military Community

Research indicates that the behavioral health needs of service members returning from duty in Afghanistan and Iraq may pose difficulties to their successful reintegration with their families and greater civilian society. Behavioral health struggles, such as with post-traumatic stress disorder (PTSD), major depressive disorder (MDD) or traumatic brain injuries (TBI), can lead to malaise, unemployment, problematic family relations and – in an increasing number of cases – suicide. In order to serve our service members and veterans in a manner commensurate with their needs, we must understand and provide for the unique stressors they face on a day-to-day basis.

Overview of the Issue

Struggles with behavioral health are very common among service members and veterans. Many of those suffering from these psychiatric disorders find themselves unwilling or unable to pursue the necessary care.

- 18.5 percent of veterans returning from Afghanistan and Iraq meet the criteria for PTSD and/or major depressive disorder
- 19.5 percent report traumatic brain injuries (TBI) such as concussions during their deployment
- TBIs are associated with decreased levels of consciousness, amnesia and other neurological abnormalities, as well as with skull fractures and inter-cranial lesions; specific long-term effects on brain function remain unknown
- 33 percent report symptoms of at least one of PTSD, MDD or TBI, and 5 percent report symptoms of all threeⁱ

Substance Abuse

Alcohol and drug use disorders are extremely common among individuals diagnosed with PTSD, MDD and TBI.

- Substance abuse represents one of the leading causes of medical leave for military personnel, accounting for approximately 400,000 medical encounters and approximately 75,000 days of enforced bed rest per yearⁱⁱ
- A study of Vietnam veterans showed that about 75 percent of those with a history of PTSD also met criteria for substance abuse/dependenceⁱⁱⁱ
- In the general populace, those diagnosed with major depression are 3.7 times more likely to meet alcohol dependence criteria, and nine times more likely to meet drug dependence criteria^{iv}
- 79 percent of those with TBI met the criteria for alcohol abuse; 37 percent met the criteria for drug abuse^v

Family Difficulty

Service members, veterans and their families often find reintegration as difficult as deployment itself. The cognitive and emotional deficit associated with PTSD, MDD and TBI often results in strain between partners owing to an inability to communicate and lack of intimacy.

- According to an American Psychiatric Association survey, 39 percent of military spouses report significant anxiety, and 33 percent report feeling depressed at least twice a week^{vi}

- Spouses with deployed husbands are at significantly increased risk for depressive, sleep disorder, anxiety, acute stress and adjustment disorders^{vii}
- Every 20 percent increase in depressive symptoms is associated with a 74 percent increase in the likelihood of spousal abuse^{viii}
- A 2010 study reports an 11 percent increase in outpatient visits for behavioral health issues among a group of 3- to 8-year-old children of military parents and an increase of 18 percent in behavioral disorders and 19 percent in stress disorders when a parent was deployed^{ix}

Suicide

The ultimate consequence of a prolonged struggle with behavioral health is often suicide. Service members and veterans are particularly susceptible to suicidal ideation and to suicide itself.

- 30,000 suicides are committed each year on average, more than 20 percent are veterans
- On average, a veteran commits suicide every 36 hours^x
- The suicide rate of veterans in the 18-29 age bracket is 56.77 per 100,000, nearly five times the rate of comparably aged civilians^{xi}

Existing Services

The Department of Defense and the Department of Veterans Affairs (VA) provide extensive, low-cost counseling and outreach programs for service members, veterans and their families. Nonprofit organizations, shelters and emergency rooms also supply a bevy of affordable support programs.

- TRICARE, the health insurance service provider of military personnel and veterans, supplies a wide range of support for mental and behavioral health issues (www.tricare.mil)
- Each VA Medical Center has a Suicide Prevention Coordinator and team
 - 1-800-273-TALK provides a specialized hotline for veteran callers
- The VA Mental Health Center (www.mentalhealth.va.gov) provides support for depression, PTSD, substance abuse and a variety of other behavioral health issues
- Nonprofit organizations such as Give an Hour (www.giveanhour.org) provide free mental health services to U.S. military personnel and families affected by the current conflicts in Afghanistan and Iraq

Despite the availability of behavioral health programs through TRICARE, the VA, and local, state and community agencies, a significant portion of service members and veterans are unwilling or unable to pursue care. In society – and particularly in the mission-oriented, life-or-death culture of the military – mental health difficulties present a stigma that is difficult to overcome. Speaking generally, 65 percent of military members who met the criteria for a mental disorder felt that seeking treatment would be perceived as a sign of weakness.^{xii}

The top five reasons service members and veterans do not pursue psychiatric care are:

1. The medications that might help have too many side effects (45.1 percent)
2. It could harm my career (43.6 percent)
3. I could be denied a security clearance in the future (43.6 percent)
4. My family or friends would be more helpful than a mental health care professional (39.4 percent)
5. My coworkers would have less confidence in me if they found out (38.4 percent)^{xiii}

How You Can Help

Our service members and veterans do not exist in a vacuum. They are members of communities across the country. Their invisible wounds do not just keep them awake, but also prevent them from holding jobs, maintaining a family and engaging in behaviors that many take for granted as part and parcel of daily life. By providing for our service members and veterans, communities are not only caring for some of the nation's most valiant citizens; they are benefiting the livelihood of each and every member of their community.

PTSD, MDD and TBI are not new phenomena. They have been extensively studied, and the high degree of co-morbidity between these behavioral health disorders and substance abuse, domestic violence, suicide and other serious issues is well-known. Despite increasing concern from the Department of Defense, public awareness of the behavioral health difficulties facing returning service members and veterans remains low, and a generalized stigma towards behavioral health treatment is both extant and pervasive.

Since October 2001, our nation's troops have deployed for greater length and with more frequency than at any other time in American history.^{xiv} Their sacrifice has never been greater. Yet, too often our service members and veterans return home and find that the support structures in place cannot measure up to horrific mental toll extracted by war. As citizens and communities, we have an obligation to establish proper systems for the behavioral health needs of America's returning service members, veterans and their families.

The Promising Practices have been designed to fill the gaps in behavioral health care across the country. The Community Blueprint will help communities raise awareness toward an anti-stigma campaign, training mental health providers and first providers, and offering ease of care to the military community. Each provides a targeted mechanism by which communities are able to confront some of the challenges posed by behavioral health problems. By undertaking these practices, communities will be able to simultaneously support their service members, veterans and their families and minimize the burden behavioral health care places on community resources.

Quotes

"PTSD can happen to the bravest warriors. It can and does happen to the toughest warriors. PTSD is also not new. In the Civil War, it was called 'soldier's heart.' In World War II, they called it 'shell shock.' Today we know what PTSD is and how to treat it. Some of the deepest wounds suffered in war are not visible. And some of those who suffer the deepest losses never step onto a battlefield. They are the spouses and children who are left behind. ...We must care for all the families who have borne the most terrible cost of this war."

- U.S. Senator Dick Durbin (D-IL) in a speech at John A. Logan College, April 1, 2005

References:

- i Tanielian, T., & Jaycox, L.H. (2008). *Invisible wounds of war: psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: RAND Corporation.
- ii Medical surveillance monthly report. (2011). *Armed Forces Health Surveillance Center*, 18(4), Retrieved from http://afhsc.mil/viewMSMR?file=2011/v18_n04.pdf
- iii Kulka, R.A., et al. *Trauma and the Vietnam War generation: report of findings from the National Vietnam Veterans Readjustment Study*, as cited in *Invisible Wounds*
- iv Grant, B.F. (2004). Prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders. *Archives of General Psychiatry*, 61(8), Retrieved from <http://archpsyc.ama-assn.org/cgi/content/full/61/8/807>
- v Taylor, L.A., et al. Traumatic brain injury and substance abuse: a review and analysis of the literature. *Neuropsychological Rehabilitation*, Vol. 13, Nos. 1-2, 2003, pp. 165-188. As cited by Tanielian and Jaycox, p. 134.
- vi Mental Health Association of Houston. (2009, September). *Veterans behavioral health initiative: a community collaborative*. Retrieved from <http://www.mhahouston.org/cmsFiles/Files/Veterans%20Behavioral%20Health%20Initiative%20Report.pdf>
- vii Mansfield, A.J., et. al. (2010). Deployment and the use of mental health services among U.S. Army wives. *New England Journal of Medicine*, (362), Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMoa0900177>
- viii Pan, H.S., Neidig P.H., and O'Leary, K.D. Predicting mild and severe husband-to-wife physical aggression. (1994). *Journal of Consulting and Clinical Psychology*, 62(5), doi: 10.1037/0022-006X.62.5.975
- ix Gorman, G.H., Eide M., & Hisle-Gorman, E. (2010). *Wartime military deployment and increased pediatric, mental, and behavioral health complaints pediatrics*. Retrieved 29 July 2011, from <http://pediatrics.aappublications.org/content/early/2010/11/08/peds.2009-2856.abstract>
- x U.S. Department of Defense, Task Force on the Prevention of Suicide by Members of the Armed Forces. (2010). *The challenge and the promise: strengthening the force, preventing suicide, and saving lives* Retrieved from <http://www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20final%20report%208-23-10.pdf>
- xi U.S. reports increase in suicide rate of vets. (2010). *The Washington Times*, Retrieved from <http://www.washingtontimes.com/news/2010/jan/11/us-reports-increase-suicide-rate-vets/>
- xii Hoge, C. W., et al. "Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care," *New England Journal of Medicine*, Vol. 351 pp. 13-22. As cited in *Invisible wounds*, p. 134
- xiii *Invisible wounds*, p. 134
- xiv Zoroya, Gregg. (2010). Troops' deployment burden unprecedented. *Military Times*, Retrieved from http://www.militarytimes.com/news/2010/01/gns_iraq_afghanistan_multiple_deployments_011310/