



Rx: Health Care FYI #30

Subject: *Winning the War against Post Traumatic Stress Disorder*

From: *Rep. Tim Murphy (PA-18)*

The issue: In 2004, the Department of Veterans Affairs reported that 18% of soldiers newly redeployed from Iraq or nearly—one in five—and about 11% of the troops who served in Afghanistan, have a serious mental health illness called Post Traumatic Stress Disorder (PTSD).¹ Negative attitudes and behaviors critical of soldiers can have detrimental effects on the healing process of soldiers struggling to cope with trauma. Public support, however, can be an important positive part of the healing process where it gives soldiers a sense of hope and purpose.

What is PTSD?

- Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that develops after a traumatic event that has caused physical danger. PTSD has also been called shell shock or battle fatigue. Symptoms can be acute (lasting 1-3 months), chronic (lasting 3 months to several years) and may have an immediate or delayed onset.

PTSD Risk Factors:

Symptoms of PTSD are more likely to occur if the person has:

- Previous traumatic experiences; A history of being physically abused; Poor coping skills; Lack of social support; Existing ongoing stress; A social environment that produces shame, guilt, stigmatization or self hatred; Alcohol abuse; or a Family psychiatric history.

PTSD Symptoms:

These symptoms fall into three categories:

- Re-experiencing of the event (Dreams/nightmares, Flashbacks, Anxious reactions to reminders of the event, hallucinations);
- Avoidance (Avoiding close emotional contact with family and friends, Avoiding people or places that are reminders of the event, Loss of memory about the event, Feelings of detachment, numbness); and
- Arousal (Difficulty falling or staying asleep, Anger and irritability with rapid mood swings, Difficulty concentrating, Being easily startled, Engaging in dangerous or thrill seeking activities).² People with PTSD experience symptoms of anxiety. People with PTSD may also abuse alcohol or drugs in an attempt to 'self-medicate' symptoms.

Screening and Treatment of PTSD for veterans:

- In the first 11 months of the Iraq war, an average of 60 soldiers per month were sent home early because of psychiatric problems. Since then, that number has dropped to 37 a month.³
- During demobilization, every returning service member completes the Post Deployment Evaluation Screen (Form 2796). However, while Post Deployment Evaluation Screen results

¹ National Center for Post Traumatic Stress Disorder. A Brief Primer on the Mental Health Impact of the Wars In Afghanistan and Iraq. U.S. Department of Veterans Affairs. 2004.

² Riley, Julie. Brigham and Women's Hospital. Post Traumatic Stress Disorder.

³ Jaffe, Greg. In Iraq's War Zones, Therapist's Take on Soldier's Trauma. Wall Street Journal. November 2005.

include essential information about stressors and about signs of post traumatic responses, this information is not immediately available to every VA treatment facility or doctor.⁴

- The House Veterans Affairs Committee has had a long-running recommendation that every VA Medical Center have a PTSD Clinical Team (PCT) trained to treat PTSD, yet two decades after the recommendation was first put forth, only 86 of 163 VA medical centers have PCTs.⁵

The Federal Governments Role:

- The Army has 10 combat stress detachments or 235 mental health workers in Iraq to meet soldiers mental health needs.⁵
- The VA provides psychological treatment to veterans with PTSD annually with costs estimated at \$250 million.⁶
- H.R. 2528, the Military Quality of Life/Veterans Affairs Appropriations bill requires a comprehensive study on PTSD focusing on improving mental health research, care, and access to information. In addition, VA and DOD are instructed to do a report on Seamless Transition of our troops from soldiers to veterans with recommendations to overcome any problems in the delivery of care.
- H.R. 2528, establishes a minimum of three PTSD 'Centers of Excellence' across the country, one of which shall be at the San Diego VA Medical Center, and to fund them accordingly. In this way, the VA will be better positioned to handle this serious health issue.
- VA readjustment counseling is provided through 206 community-based Vet Centers in all 50 states to help meet veterans mental health needs. There are no co-payments or charges of any kind for Vet Center confidential services. Locations can be found at: <http://www.va.gov/rsc/VetCenterDirectory.htm>. Veterans can contact their local VA Hospital or Veterans Center or call the VA Health Benefits Service Center toll free at 1-877-222-VETS.

Recommendations:

- Supportive comments to soldiers that conveys hope and purpose will reduce symptom risk. Social attitudes that are deeply critical of soldiers increase PTSD risk for veterans and produce shame, guilt, stigmatization or self hatred.
- Link the U.S. Department of Veterans Affairs to the U.S. Department of Veterans Affairs through health information technology to ensure that post deployment mental health evaluation screen results, including PTSD, are shared with every VA planner, doctor, clinics, medical center and hospital to provide a seamless transition to meet our veterans mental health needs.
- Increase military education efforts of the availability of mental health services to both active duty soldiers and veterans to decrease the onset of PTSD.
- Increase congressional oversight of the mental health services currently available to active duty soldiers, veterans and military families to ensure that those serving our country have access to mental health care for PTSD.
- Implement an adequate assessment of the mental health needs of our nation's active duty military soldiers and veterans to provide sufficient funding levels to adequately meet the need for PTSD services at VA clinics, medical centers and hospitals.

⁴ House Report 108-95. A report to accompany the Military Quality of Life and Veterans Affairs and Related Agencies Appropriations 2006.

⁵ House Report 108-95. A report to accompany the Military Quality of Life and Veterans Affairs and Related Agencies Appropriations 2006.

⁶ Keane, Terence. Boston University School of Medicine. Testimony. U.S. Committee on Veterans Affairs.