



Rx: Health Care FYI #47

Subject: *When they come home: Meeting the mental health needs of our troops*

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

The problem: Over 17% of soldiers returning from Iraq, higher than any other measured military conflict, meet the criteria for Post Traumatic Stress Disorder (PTSD).¹ Predeployment mental health screening, availability of treatment, perception toward treatment and public attitudes of the soldiers' actions all affect vulnerability and prognosis for PTSD.

What is PTSD?

- PTSD is a severe anxiety disorder that develops after a traumatic event involving physical danger. PTSD also called "shell shock" or "battle fatigue" is particularly prevalent among soldiers who have experienced wartime combat. Symptoms can include insomnia, irritability, inability to concentrate, panic, terror, dread, despair, grief and include daytime recollections, traumatic nightmares or combat flashbacks.² PTSD can also stem from other trauma including auto accidents, being a victim of a crime or natural disasters. Most persons exposed to severe trauma do not develop symptoms. Onset can be immediate but more commonly occurs from a few months to years after the event.

What services are available to treat PTSD:

- DOD provides mental health services, including specialized PTSD services to veterans, for 180 days following discharge or release from active duty. The U.S. Department of Veterans Affairs (VA) offers its health care services, including mental health, to veterans at no cost for 2 years following discharge or release from active duty. Afterwards, veterans may continue to receive VA mental health but may be subject to co-payments. More than 80% of Service members stated they were highly satisfied with the military health care assessment program and the caring attitude of military healthcare providers.³

Social support and PTSD risk:

- Unit support while still deployed helps reduce symptom risk. Once soldiers return home these supports end, new ongoing support is essential to reduce risk (family, friends, veterans, the VA, society as a whole). Many with early symptoms of PTSD, however, isolate and separate themselves from social contact and do not benefit from these supports.
- In the current war in Iraq, unlike Vietnam, society as a whole is generally able to separate support for the soldier from support for the war. However, as criticism for the war increases and the public questions the purpose and outcome of the war, a significant question remains as to the impact on the soldier's mental health of these expressions of doubt.
- For those at risk for PTSD and since hopelessness may raise the risk, society's comments of hopelessness may increase the soldiers sense of blame and lead the soldiers to question

¹Hoge, Charles W., MD et al., "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care," The New England Journal of Medicine. 2004.

²Friedman, Matthew. Testimony to the U.S. House Committee on Veterans Affairs. July 27, 2005

³Winklerwerder, William. Et. al. Letter to Members of Congress RE: May 2006 GAO Mental Health Report.

if they did their job well enough. Or they may develop a sense of worthlessness and guilt that their fellow soldiers lost their lives for a cause that was not supported by the country. Further research is needed to explore this link.

- The majority of soldiers who need treatment for PTSD and mental health symptoms do not seek help for fear of being seen as weak, of being treated differently by their commander or of future harm to their career.
- Pictures, commentary and news coverage of the current war effects not only recent combat veterans but extends to those of prior wars. A survey of 70 Vietnam veterans stated that 57% reported flashbacks after watching reports about the war on television, and almost 46% had their sleep disrupted.⁴

Rates of soldiers suffering PTSD:

- Iraq: 17.1%
- Afghanistan: 11%
- First Gulf War: 10%
- Vietnam: 15%⁵

The need for specialized military mental health services:

- As of May 2006, of the 5 percent of Iraq and Afghanistan soldiers who may have been at risk, 22 % (2,029) were referred to mental health providers (psychiatrists, psychologists).⁶ 75% of those who may have been at risk were referred to primary care doctors without any mental health training.⁷

Federal legislation to address PTSD:

- The National Defense Authorization Act of 2006 created the Defense Task Force on Mental Health. Within a year, the Task Force will submit a report to DOD and the U.S. Congress a long-term plan to improve the effectiveness of the Armed Forces who have experienced multiple deployments.

Recommendations:

- Congress can improve the DOD referral process for mental health evaluations by psychiatrists/psychologists to better meet the increasing PTSD and mental health needs of our troops.
- DOD and the VA should work with employers to provide access to psychiatrists/psychologists to help veteran employees readjust to civilian life to reduce risk factors for PTSD.
- As chronic PTSD symptoms can continue for years, the VA should extend the 2 year universal coverage period for mental health services for our nation's soldiers when they return from active duty.
- Study the effect of 24 hour media exposure on the occurrence of PTSD in returning veterans from Iraq and Afghanistan.
- Increase public awareness of PTSD to reduce stigma for returning veterans to take advantage of VA mental health services.

⁴ St. George, Donna. PTSD reports rising among Vietnam vets. June 20, 2006.

⁵ Hodge, Charles. Et al. Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care. The New England Journal of Medicine

⁶ Winkinwerder, William. Et. al. Letter to Member of Congress RE: May 2006 GAO Mental Health Report. : Bascetta, Cynthia. Post Traumatic Stress Disorder. Government Accountability Office. May 2006.

⁷ Winkinwerder, William. Et. al. Letter to Member of Congress RE: May 2006 GAO Mental Health Report.