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Stunning Numbers of Veterans Suffer Psychological Problems, With No Support

Last week's [report about suicides of military personnel](#)ⁱ is a reminder that our nation faces a formidable challenge to meet the mental health needs of veterans returning from Iraq and Afghanistan and their families. Many are struggling with emotional turmoil and diagnosable mental and/or substance use disorders but are not getting the care they need and deserve.

Since October 2001, there have been over 2,000,000 [deployments to combat theaters](#)ⁱⁱ in Iraq and Afghanistan, including 793,000 multiple deployments. With each deployment, service members encounter extreme stress, contributing to unprecedented rates of physical, mental and substance use disorders -- most notably post-traumatic stress disorder (PTSD), depression, addiction and traumatic brain injury (TBI) -- as well as high rates of suicide, homelessness and unemployment. Extended and repeated absences as well as personal changes among those who have experienced the dangers and horrors of war also take a psychological toll on their families.

[Post Deployment Health Reassessment](#) (PDHRA)ⁱⁱⁱ data show that up to 38 percent of soldiers and 31 percent of marines suffer from negative psychological symptoms. The Department of Defense recently reported [elevated rates of major depression and substance abuse](#)^{iv}. There are also [increased cases of traumatic brain injury](#)^v.

Untreated psychological symptoms often result in self medication with alcohol and drugs. According to the American Forces Press Service, 21 percent of service members [admit to drinking heavily](#)^{vi}, significantly higher than civilians. [Drug abuse](#)^{vii} among returning service members has also increased. National Guard and Reserve troops also experience mental and substance use disorders at unprecedented rates. A study in the *Journal of the American Medical Association*, reports that as many as [1 in 4 experience post-traumatic stress disorder](#)^{viii}.

The Federal VA has taken steps to increase health and mental health services to veterans. However, over [85 percent of veterans do not access VA health care](#)^{ix}. Some cannot get access because of the limited capacity of the VA. For others VA facilities are too far away. For many the VA is not the preferred source of treatment. They return to civilian life, hopefully get jobs with health benefits, and use local health and mental health providers rather than the VA. This

includes local primary care physicians and mental health professionals, community health centers and hospital-based clinics, mental health clinics, social services agencies, emergency rooms and inpatient services in local general hospitals.

Unfortunately most of these providers do not have special expertise regarding veterans and their families. They are likely not to understand military culture about acknowledging pain and asking for help. They are likely not to ask about or grasp the extreme strains on family life that are a frequent concomitant of military service.

One possible solution is for the federal VA to expand services and to make them more accessible and appealing. This has been happening, and it is important. But, we believe that a great many veterans and their families will continue to turn to local care providers for help, if they turn to anyone at all.

What needs to be done?

1. The federal VA should increasingly contract with local providers and not just in rural areas; transportation can be a barrier to access in urban areas too.
2. Training regarding identification and treatment of mental health and substance use problems and about military culture should be provided for local physical and mental health and substance abuse providers.
3. State and local government need to accept more responsibility for serving veterans and their families.
4. This should include supporting increased access to local services.

We understand that these recommendations involve increased federal, state and local funding. Not possible in these difficult economic times? Our nation has found the funds to bail out many businesses. Doesn't it have a duty to find funds to bail out veterans and their families, who have sacrificed so much in service to our nation?

Are you a veteran or a family member in need of help? Call 1-800-273-TALK to get information about resources in your community.

ⁱ http://www.huffingtonpost.com/2011/01/19/spike-in-army-suicides_n_810971.html

ⁱⁱ Michelle Tan, "2 Million Troops Have Deployed Since 9/11," Marine Corps Times, 2009: http://www.marinecorpstimes.com/news/2009/12/military_deployments_121809w

ⁱⁱⁱ Department of Defense Task Force on Mental Health. (2007). *An achievable vision: Report of the Department of Defense Task Force on Mental Health*. Falls Church, VA: Defense Health Board. <http://www.health.mil/dhb/mhtf/mhtf-report-final.pdf>

^{iv} Department of Defense Task Force on Mental Health. (2007). *An achievable vision: Report of the Department of Defense Task Force on Mental Health*. Falls Church, VA: Defense Health Board. <http://www.health.mil/dhb/mhtf/mhtf-report-final.pdf>

^v Terri Tanielian and Lisa H. Jaycox, Eds., “Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery,” RAND, 2008:
http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf

^{vi} Kathleen T. Rhem, “Alcohol Abuse Costs DoD Dearley,”
<http://usmilitary.about.com/library/milinfo/milarticles/blalcohol.htm> (June 2006)

^{vii} Vanessa Williamson and Erin Muhall, “Invisible wounds: Psychological and neurological injuries confront a new generation of veterans,” IAVA, 2009: http://iava.org/files/IAVA_invisible_wounds_0.p

^{viii} Charles S. Milliken, Jennifer L. Auchterlonie and Charles W. Hoge, “Longitudinal assessment of mental health problems among active and reserve component soldiers returning from the Iraq war,” JAMA, 2007, p. 298:
<http://jama.ama-assn.org/content/298/18/2141.full>

^{ix} Karin M. Nelson, Gordan A. Starkebaum and Gayle E. Reiber, “Veterans using and uninsured veterans not using veterans affairs (VA) health care,” Public Health Rep., 2007 Jan–Feb; 122(1): 93–100:
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1802114/?tool=pubmed>