Why Behavioral Health Matters

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% of veterans returning from Afghanistan and Iraq meet the criteria for PTSD and/or major depressive disorder.
- 19.5% report traumatic brain injuries (TBI) such as concussions during their deployment
  - TBI 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% report symptoms of at least one of PTSD, MDD, or TBI, and 5% report symptoms of all three. ¹

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 ~400,000 medical encounters and ~75,000 days of enforced bed rest per year.²
- A study of Vietnam veterans showed that ~75% of those with a history of PTSD also met criteria for substance abuse/dependence.³
- In the general populace, those diagnosed with major depression are 3.7 times more likely to meet alcohol dependence criteria, and 9 times more likely to meet drug dependence criteria.⁴
- 79% of those with TBI met the criteria for alcohol abuse; 37% met the criteria for drug abuse.⁵

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% of military spouses report significant anxiety, and 33% report feeling depressed at least twice a week.⁶
• Spouses with deployed husbands are at significantly increased risk for depressive, sleep disorder, anxiety, acute stress, and adjustment disorders.7
• Every 20% increase in depressive symptoms is associated with a 74% increase in the likelihood of spousal abuse.8
• A 2010 study reports an 11% 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% in behavioral disorders and 19% in stress disorders when a parent was deployed.9

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.
• An average of 30,000 suicides are committed each year, over 20% of which are veterans.
• On average, a veteran commits suicide every 36 hours.10
• 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.11

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 difficult to overcome. Speaking generally, 65% of military members who met the criteria for a mental disorder felt that seeking treatment would be perceived as a sign of weakness.12

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%)
2. It could harm my career (43.6%)
3. I could be denied a security clearance in the future (43.6%)
4. My family or friends would be more helpful than a mental health care professional (39.4%) 
5. My coworkers would have less confidence in me if they found out (38.4%)\(^3\)

**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.”

– United States Senator Dick Durbin (D-IL), in a speech at John A. Logan College, on April 1\(^{st}\), 2005

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suicide, and saving lives Retrieved from 
13 Invisible wounds, p. 134