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Helping Veterans of Operation Enduring Freedom and Operation Iraqi Freedom

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This is to certify that the doctoral study by

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Abstract

Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) created multiple challenges for the mental health of soldiers who served there. The local facility in this study determined there was a gap in providing OEF/OIF veterans assistance with mental health issues. The practice-focused question explored whether a training module for nurses would assist in the identification of signs and symptoms of mental health issues in OEF/OIF veterans, such as posttraumatic stress disorder, anxiety, depression, addictions, and suicidal/homicidal ideations, to help ensure timely referral for services. The project used Kolcaba's comfort theory as the basis for the training module. A pretest, training module, and posttest were created and administered to the expert panel. Results showed the training module contained information to assist nurses in identifying the signs and symptoms of mental health issues as well as educated the nurses on various interventions that were available for the veterans. It was determined by the expert panel that the training module should be implemented to assist in decreasing the gap in care for OEF/OIF veterans. This training module might support positive social change by empowering nurses to assist veterans with coping skills overcome mental health issues and lead positive and productive lives.

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Dedication

This project is dedicated to the men and women who served in the military and fought for our country's freedom during the Operation Enduring Freedom and Operation Iraqi Freedom campaigns. Your lives have been changed forever by protecting us. It is the hope of this project that you find peace and knowledge of the mental health services and resources available to you. Thank you so much for your service.

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Section 1: Nature of the Project

Introduction

September 11, 2001 is a day that will always be significant in American history because this day began a war between America and the Taliban through the attack on the World Trade Center and the Pentagon. Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have created issues for the returning soldiers that are different from those of previous wars, even the Vietnam War, which created a range of psychological issues never having formally been addressed before by healthcare providers. In this doctoral project, I developed an educational intervention for the nurses who work with this group of veterans to recognize signs of mental health issues. If mental health issues are detected early, the veteran may be able to better deal with issues rather than choosing addiction, violence, or possibly even suicide.

Problem Statement

The local facility selected for this project provides care to over 105,000 patients U.S. Department of Veterans Affairs [VA], 2015a). The facility is a gold star heart-care facility accredited by the American Heart Association, has a comprehensive cancer program, has national recognition as a top spinal cord injury treatment center, has an accreditation in diabetes care, and has received accreditation from the Amyotrophic Sclerosis Foundation for care. According to medical center statistics in 2013, 12,518 OEF/OIF veterans have been served, and there are over 4,600 employees, with many of

them being veterans themselves (U.S. Department of VA, 2015a). However, according to the facility quality measures, the mental health program utilization numbers are low.

War is ingrained in the history of many regions throughout the world. War has adversely affected the lives of ancient people from the Middle and Far East to western cultures like the Romans, and every other corner of the world. Over the last 15 years, the United States has not been exempt from war. As time progressed, the effects of war have become more devastating for everyone involved. With each conflict, weapons have become more powerful and destructive, and the rules of combat more disturbing.

Twentieth century warfare has created debilitating physical and mental issues for U.S. soldiers. One difference in the more recent wars is the fact that the enemy may look like an innocent civilian, which can cause an emotional conflict within the combat soldier (Lucey, 2005). Because of these changes in war due to advanced weaponry; use of superior bombs; and multiple tours, including many back-to-back tours, the development of mental health issues is common due to detrimental combat environments and the unknown face of the enemy (Lucey, 2005).

Veterans may have difficulties readjusting to civilian life and may turn to substance abuse to deal with the turmoil of their emotions. According to Olenick, Flowers, and Diaz (2015), the mix of OEF/OIF veterans is quite different from the past: There are less African-American soldiers, more women soldiers, and more Hispanics soldiers. In addition, OEF/OIF veterans are less likely to be married, more socially included, and employed (Olenick et al., 2015). Because of these demographics and lack

of familial support, many times, veterans are not seen in the clinics of the VA, and therefore, are not being diagnosed with substance abuse or other mental health issues (Olenick et al., 2015). Worst of all, veterans may turn to suicide to escape their despair. The 21st century American veteran may not seek help either due to not knowing what services are available to them or due to the stigma related to mental health issues among veterans (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009).

I developed this project to determine whether veterans could be referred to mental health services sooner if the nurses participated in a specialized training module. In this project, I offer a solution for the OEF/OIF veterans who seek care at the local VA medical center. These veterans can be referred for treatment for undiagnosed mental health issues by nurses who have completed a specialized training module exclusive to the mental health needs of OEF/OIF veterans. The creation of a training module for the nurses enables them to identify possible issues. This action allows these veterans to have easier access to mental health services in an uncomplicated, timely manner; consequently, the veteran may feel less detached from life and may be able to transition back to civilian life more easily.

Because of the impact of both severe human causalities and the tumultuous conditions of these campaigns, serious mental health issues have arisen for many veterans (Department of Defense, 2015). The focus of this project was to develop a training module aimed at assisting nurses assessing the veterans seeking care at the local VA medical center by readily identifying resources for OEF/OIF veterans with undiagnosed

mental health disorders with appropriate identification, referral, and treatment by a comprehensive mental health team. Caring for veterans with undiagnosed mental health comorbidities can make treatment for medical problems a challenge. The increase in undiagnosed mental health disorders among returning veterans served as an impetus for this project (National Veterans Foundation, 2016). As previously stated, my project goals included the identification of OEF/OIF veterans in need of screening for mental health issues, such as posttraumatic stress disorder (PTSD), depression, and substance abuse, and increasing veterans' knowledge of available resources aimed at timely referrals for treatment.

Many veterans turn to alcohol or drugs for relief from PTSD, depression, or anxiety issues (Angkaw et al., 2015). These problems can then spiral to other issues within the veteran's family, at their jobs, or even in their community. Price and Stevens (2017), found that veterans diagnosed with PTSD are twice as likely to get divorced than veterans without PTSD. However, some veterans may be able to change their self-destructive behaviors by having help from the mental health staff.

Often, veterans will speak more freely to their nurse than their doctor. According to the American Hospital Association, nursing was named the most trusted profession for the last sixteen years because people feel nurses are highly ethical (2018). At this facility, each veteran is assigned a contact nurse who works with the veteran's primary care physician. This allows the veteran and nurse to create a bond to assist with care. Nurses could potentially be the healthcare professional the veteran confides in and discusses their

issues with. To give veterans the best care, the nurses needed to have training to enable them to better serve the veteran. If the nurse was trained in identifying signs of mental health issues, this may promote veterans receiving mental health assistance sooner to address the problem. Ibrahim, Hassan, Hamouda, and Abd Allah (2016) completed a study on nurse training sessions, and their results showed an increase in nurses' knowledge and an improvement in their perceptions about patients. All veterans, in general, suffer from mental health issues while receiving medical care (Garrido, Penrod, & Prigerson, 2014). My hope was that by developing a training module for the nurses focusing on the holistic treatment of the veteran, it will allow for a timelier diagnosis and access to care because the nurses can alert the primary care physician.

Purpose

According to Hester (2017), there is a gap in mental health services for veterans that contributes to higher rates of suicide in veterans who had a diagnosis of PTSD or depression. The purpose of this project was to educate the nurses at the local VA medical center in regard to the OEF/OIF veterans and issues they may have with their mental health. A recent literature review indicated that many veterans are not willing to explore the availability of post deployment resources that may be used to enhance mental health wellness and quality of life (National Veterans Foundation, 2016).

Over 1.9 million Americans served in the OEF/OIF wars (Institute of Medicine, 2010). Many of the veterans have families or returned to jobs, and only 41% of qualifying veterans have enrolled in the VA healthcare systems (Westphal & Conroy,

2015). Society has placed a stigma on mental health issues and returning soldiers. As one veteran that I spoke to stated, “I sought help while I was active duty but was told to see my primary care physician (PCP). But if I told my PCP I was having mental issues, they would pull my security clearance and I would lose my job.” Elbogen et al. (2013) completed a survey with a group of OEF/OIF veterans as to why they did not receive care, and the most common response of these veterans was “I don’t want to be seen as weak by others” (p. 140). By identifying, referring, and treating this group of veterans, they will be able to get past the stigma of weakness and try to find a more comfortable fit into society.

Increasing the willingness of veterans to self-identify their mental and emotional struggles may be achieved by creating easier access to reference guides and existing VA resources that may potentially expedite intervention and treatment. Veterans may not feel as isolated if they are able to see that VA resources are developed based on their needs during the transition from serving to civilian life. Designing an easy-to-use tool showcasing VA resources for the nurses may be the step needed to help the veterans feel comfortable enough to seek help.

The first practice-focused question that I developed this project to answer was: Can a training module for nurses assist them in identifying OEF/OIF veterans that are in need of mental health support? Studies have shown that nurses who receive training have improved skills (Gulnar & Ozveren, 2016). Another question to be answered was: What additional needs are there for the nurses to assist with the identification of mental illness?

The final question to be answered by this project was: Was the training module useful for the nurses?

The goal for this training project was to assist the OEF/OIF veterans in getting the referrals they need. I developed the training to educate nurses on the signs and symptoms of mental health issues the veterans may face, some interventions the nurses could teach the veterans, and what information to give the provider for the referral. Use of this training project will help nurses get the veterans the referrals they need and assist in closing the gap in mental health assistance for these veterans.

Nature of the Doctoral Project

I conducted this doctoral program to better address the mental health needs of the OEF/OIF veterans. Researchers have shown that OEF/OIF veterans are younger than most other veterans and more employed than veterans from Gulf War or Vietnam veterans (Garcia et. al., 2014; Olenick et al., 2015). This project involved educating nurses on the different types of mental health issues, effective interventions, and important contact information for both the nurses and veterans. The project will also assist in making care more accessible for veterans by having trained nurses inform the physicians of a need for mental health assistance. When speaking with the chief of quality and the OEF/OIF social worker, they both agreed that the OEF/OIF veterans needed extra assistance when it came to mental health issues. Damron-Rodriguez White-Kazemipour, Washington, Villa, Dhanani, & Harada, (2004) indicated that veterans have negative perceptions about the VA care and availability. According to their study, many

veterans stated they did not use the VA for care because they did not know what programs were available (Damron-Rodriguez et al., 2004).

The first step in this training module was to conduct a presurvey. The data collected helped me determine what information needed to be in the training module. After the training module was created, the training was presented to the expert panel and then a postsurvey was conducted to see if the module is effective.

In addition to existing screening processes, the creation of a training module for the nurses can assist the medical providers to help identify veterans with mental and emotional difficulties so they could be referred to mental health. Assisting veterans with locating programs could help them understand the full scope of mental health resources available at the VA medical center and believe healing is an achievable goal. Easy access to contact and referral information would decrease the frustration and time in gaining access to appropriate services. Depending on the severity of need, the training module includes suggestions for the nurses (i.e., deep breathing or meditation) to offer to the veteran to try at home prior to being seen by mental health. The primary nurse can then ask the veteran if the interventions helped during the follow-up call. According to the VA (2016a), the national average wait time for a mental health appointment as of June 15, 2016 was 4.64 days. The average wait time at this VA medical center is slightly higher at 5.50 days (VA, 2016a). The VA facilities within this Veteran Integrated Service Network, serve over 500,000 veterans from the Midwest,currently has an average wait

time at 3.07 days (VA, 2016b). However, this data does not differentiate between new appointments or appointments for established veterans.

I placed the information gathered from the presurvey and postsurvey into a table and evaluated it. The presurvey data were reviewed and assisted me in making the training module. The postsurvey data were also be reviewed and assisted me with any changes that needed to be made to the training module.

The plan for Helping America's Heroes doctoral project was for to assist veterans in getting the mental health assistance they need. With the addition of a training module, the nurses will be able to identify signs and symptoms of mental health issues the veterans may be having. The Helping America's Heroes training will allow the nurse to notify the physician that the veteran is reporting mental health signs/symptoms and the physician can refer them for services.

Significance

The stakeholders in this project were not just the veterans themselves. The key stakeholders included the veterans' families, employers, educators, and the communities in which they live. If a veteran continues to experience difficulty with their transition to civilian life and does not receive treatment, life-altering consequences, such as self-medication through substance abuse, divorce, loss of job, or the inability to get a job, and committing crimes, can occur (Godfrey, Mostoufi, Rodgers, Backhaus, Floto, Pittman,& Afari, 2015). The successful development and implementation of a training program with resources for the nurses may lead to best practices. The benefits of implementing this

program will be that it gives the nurses a more informed way to identify, assist, and refer the veteran to caregivers who can help to reduce their risks and have far-reaching, positive outcomes, such as an increase in the treatment of mental illness for veterans receiving healthcare at VA medical centers as well as improving the quality of life for veterans and their families.

The OEF/OIF veterans are known to suffer with "invisible wounds," such as mental health issues including PTSD, depression, anxiety, traumatic brain injuries (TBIs), and suicide (Wieland, Hursey, & Delgado, 2010, p. 4). These veterans are least likely to seek treatment while having the most severe needs for treatment of mental health issues (Friedman, 2004). Mental health issues can make readjustment to civilian life very difficult for the veterans. They are least likely to seek help because they are afraid of losing careers or being seen as weak (Friedman, 2004). Historically, soldiers, especially combat veterans, are considered strong and should not show emotion according to military culture (Wieland et al., 2010). Snell and Tausaie (2008) stated that in addition to the fear of losing a job, many of the veterans had a tendency to have angry outbursts, personality changes, and problems with legal issues.

Helping America's Heroes can help the nurses to identify the signs and symptoms of mental illness. In addition, the nurses can make suggestions for self-help to the veterans. This project can empower the nurses to work with the veterans and make suggestions as to what programs the veterans can enroll in as well as informing the

physicians of their needs. This will then allow for the physician to write a referral the veteran may.

Once the Helping America's Heroes trial is complete, the potential for this project is vast. The project is first being trialed in the primary care clinics in the local VA system. It could then be introduced to outpatient clinics in the local VA system, which are in various areas in the state. If successful there, the project could even be introduced nationally throughout the VA. On a more local level, the project could also be shared with other private hospitals and clinics to better serve our veterans.

Helping America's Heroes has many implications for positive social change. For the veterans, it will help them deal with issues that can affect all aspects of their lives. For the families, they may have a better relationship with the veterans. For the nurse, they will build lasting relationships with the veterans, which will be positive and hopefully lead to healthier lives for the veterans.

Summary

Many OEF/OIF veterans have faced brutal and unthinkable experiences while in combat. From ground attacks, such as a suicide bomber walking through a market, to air attacks, including shootings in civilian developments, to improvised explosive devices, the battlefield has changed (Zoyora, 2013). Simple everyday occurrences can cause disturbances for these veterans. One veteran at the local VA medical center stated, "I can't be around ceiling fans in the summer. The sound of them and the way the blades move remind me of choppers (helicopters) and forget the fireworks.". By implementing

specialized training for nurses, the veterans may be more accepting and willing to seek the help they need and deserve. The next section will describe the literary evidence used to support this project as well as the theory used as the base for the project.

Section 2: Background and Context

Introduction

As previously stated, OEF/OIF veterans have experienced things most people can never even imagine. The practice-focused question that I addressed with this project was: Can a training module for the nurses help the nurses to identify the veterans who need mental health assistance? There was a need at the local VA medical facility for a program to address mental health issues among OEF/OIF veterans, including depression, anxiety, substance abuse, PTSD, and suicidal ideations. The program had to be relevant to the population, and all roles, such as the PCPs, mental health practitioners, veterans, and family, needed to be defined. With this program, I aimed to help the OEF/OIF veterans of this local facility, with undiagnosed mental health issues receive the necessary care, services, and resources they need to better cope with emotional struggles and readjust to civilian life.

In this section of the project, I focused on the theoretical framework of the project and its applicability to current practice. Any good project needs a concept or theory to help with the mission. After this is explained, the relevance to nursing practice as well as the local background is discussed. Next, I provide a literature review, which leads to an explanation of my role in this project as well as the project team's role.

Concepts, Models, and Theories

The mission of the VA was created by President Abraham Lincoln in 1860, "'To care for him who shall have borne the battle, and for his widow, and his orphan' by

serving and honoring the men and women who are America's Veterans" (U.S. Department of Veterans Affairs, 2015b, p. 1). To fulfill this vision, I developed this intervention to be based on a theory that could help to support this mission. The theory used as the framework for this project was the Comfort Theory, created by Kolcaba as a middle-range theory (Peterson & Bedrow, 2009). The comfort theory is based upon strong relationships, such as between patient, family, and medical staff (Kolcaba, Tilton, & Drouin, 2006). My rationale behind the use of this theory was that it is holistic and allows nurses to gain trust from their patients in order to create a relationship as each patient has different needs. This theory was the base for the training module I developed to help the nurses collaborate with their patients to attain the goal of comfort. Kolcaba (2001) stated that comfort is a basic function of nursing as well as a common goal for patients. The comfort theory can make the patient and family feel better because it uses common language and explains everything the staff is doing (Kolcaba et al., 2006). In addition, the theory correlates with the mission of the Joint Commission on Accreditation for Healthcare Organizations as well as the mission of the American Association of Critical Care Nurses (Kolcaba et al., 2006). The comfort theory was a perfect fit to align with the mission of the VA.

Research has shown patients need and want nurses to help them achieve their comfort needs (Kolcaba, 2001). Nurses attempt to help patients, but there are times when the patient shuts them out and nurses find it difficult to give care. According to Grando (2005), the role of nurses is to relieve emotional stress of the patient. In addition,

Haugen, McCrillis, Smid, and Nijdam (2017) stated mental health stigma is associated with negative experiences and causes great stress to the patient. By creating a teaching module for nurses on how to use the comfort theory, nurses can be better skilled at relieving and calming patients.

PTSD is a disorder that affects people who have experienced or witnessed a disturbing event (National Institute of Mental Health, 2016). For combat soldiers, a thunderstorm with lightning while they are sleeping may be translated to shells exploding during the night. A veteran reported to me spouses have reported finding their loved ones under the bed "taking cover" and pulling them down as well to protect them. Images from war can be frightening for some veterans. In a secure environment, use of the comfort theory as a foundation for care can be the first step in veterans feeling safe in any environment and decreasing their fear of reaching out for help.

According to March and McCormack (2009), Kolcaba's comfort theory touches on multiple dimensions that contribute to holistic care (e.g., the physical, psychospiritual, environmental, and social). Using a collaborative approach towards patient care, nurses can assist patients during their stay by the use of therapeutic massage, aromatherapy, or Reiki to make them feel more comfortable (Kramlich, 2017). Comfort, according to Kolcaba, exists in three forms: relief, ease, and transcendence (March & McCormack, 2009). A veteran feels relief when their comfort needs are met (Nursing Theory, 2013). Ease occurs when the veteran is content with their current status, and transcendence happens when the veteran accepts their issues (Nursing

Theory, 2013). Kolcaba's theory aligns with the mission and core values of the VA. The mission of the VA, which was previously stated, is to take care of the veterans and their families, and the core values are: integrity, commitment, advocacy, respect, and excellence (U.S. Department of VA, 2015b).

Kolcaba's theory starts with the person. For this project, the person will be referred to as the returning combat soldier. These heroes may develop multiple medical issues that require treatment. The medical issues frequently become priority because they are more acute and are easier for veterans to talk about due to the stigma associated with mental health (Pietrzak, Johnson, Goldstein, Malley, & Southwick, 2009). Soldiers must bear the self-imposed pressure and burden to be "strong and stable," which is counterintuitive to reaching out for assistance with mental health needs (National Alliance on Mental Illness [NAMI], 2016, p.1). All aspects of the comfort theory may come to the forefront when identifying or developing needed resources to assist veterans with integration back into their family, workplace, and community.

Even with their physical needs met, veterans' psychological needs may be unmet, and they will not be comfortable. According to Maslow's hierarchy, there are five levels of the hierarchy within the three categories of basic needs, psychological needs, and self-fulfillment needs (McLeod, 2016). Physiological needs, such as food, water, rest, and security, falls on the first level of needs (McLeod, 2016). Comfort falls into the second level of Maslow's hierarchy, which is psychological (McLeod, 2016). Maslow's hierarchy of needs parallels the different types of comfort and prompts the

caregivers to make relief possible for the veteran. Comfort, like pain, has a different meaning for each person (Siefert, 2002). Nurses need to complete thorough assessments to give the highest quality of care to each patient. According to Boudiab and Kolcaba (2015), the comfort theory clearly fits with the goals outlined in the VA's Blueprint of Excellence of giving the best care to and providing for the welfare of veterans.

The comfort theory has shown a significant impact on nursing. A study was done on the use of the comfort theory during labor and childbirth and showed that the theory helped give the nurses a framework for care (Koehn, 2000). Another study was completed on psychiatric patients who suffered from depression and anxiety and with the use of guided imagery and concepts from the comfort theory, such as therapeutic massage and aromatherapy, improvement in both ailments were achieved (Apóstolo & Kolcaba, 2009). The results of these studies provide evidence that comfort theory has led to positive results for patients.

Synthesis of Writings

Watson's theory of caring is another theory, which I could have used for this project. The theory of caring is a holistic theory based upon Watson's belief that a human being is

> a valued person in and of him or herself to be cared for, respected, nurtured, understood and assisted; in a philosophical view of a person as a fully functional integrated self. Human is viewed as greater than and different from the sum of his or her parts. (Petiprin, 2016a, p.1)

In other words, each person is unique and individual and has their own needs and wants. Watson's theory would have also allowed for nurses building relationships with patients and families.

Another theory that could have been used was Neuman's systems theory. According to Neuman, each person is made up of different level characteristics and they are unique (Petiprin, 2016b). The systems theory is one that also works with interventions. For example, the primary intervention is prevention, while the secondary prevention depends upon the patient's reaction to stress, and the tertiary prevention is treatment after the secondary prevention (Petiprin, 2016b). This allows for the patient to receive treatment and have a relationship with nursing who would be assisting with prevention.

After considering these other two theories, it was clear to me that Kolcaba's theory would be the best fit for this project. When veterans have PTSD episodes, they are experiencing physical, emotional, auditory, and visual discomfort. Simple things, such as fireworks at a festival or ceiling fans, can mimic bombs or helicopters. It is because of situations such as this that Kolcaba created the comfort theory. Comfort has a different definition to each person, which according to Kolcaba, includes the levels of physical, environmental, sociocultural, and psychospiritual. A veteran may need assistance at all levels at any given time based upon their personal triggers.

Clarification of Terms

For this project, there are a few terms that need clarification. The term *veteran* is also synonymous with *patient*. The veteran is an individual who served in one of the military branches, whether in a combat or noncombat role. In addition, family members and home health care teams are defined as *caregivers*. *Nurses* and *PCPs* are both considered *provider*s. A nurse is an individual who has completed a nursing education program and passed a specific test to attain a license or certificate in their state (International Council of Nursing, 2018). According to the American Academy of Family Physicians (2018), a PCP is a person who has specialized in pediatrics, family practice, or internal medicine. The PCP is responsible for acute care, chronic disease management, and advocacy for their patients in both inpatient and outpatient facilities (American Academy of Family Physicians, 2018). It is apparent from these definitions that both professions are providers. According to *Merriam-Webster* (2018), a provider is someone or something who/that is prepared to meet a need. Lastly, according to the NAMI (2017), *mental health professionals* are licensed clinical social workers, psychologists, psychiatrists, nurse practitioners, and physicians.

Relevance to Nursing Practice

Undiagnosed mental health issues can lead to serious comorbidities, disabilities, or even death via suicide (Wieland et al., 2010). According to a report by the VA Suicide Prevention Program (2016), “Twenty Veterans committed suicide a day with only six receiving services and 65% of these Veterans were older than 50” (p. 1). Recently,

suicide rates have increased in the general population but have remained steady or decreased slightly among veterans (Office of Suicide Prevention, 2016).. Veterans and families are lobbying Capitol Hill to allow more information to be given to families of suicide risks from VA providers (Kime, 2016).

According to Wieland et al. (2010), the combat arenas for OEF and OIF were quite different from previous wars. The main difference was that veterans were assigned multiple deployments with long lengths of time and shorter breaks in between tours of duty (Wieland et al., 2010). This difference was compounded with a combat environment that included suicide bombers, roadside bombs, dealing with human remains, and rebels who hid among civilians (Wieland et al., 2010). These wars also included children trained to use weapons to kill (Zoroya, 2013). The U.S. Department of Health and Human Services (2015) added mental health and health disorders as a goal for Healthy People 2020, with the leading objective being to decrease suicide. Mental health is often overlooked because patients are embarrassed to seek treatment, which in turn creates other problems for the patient (Turner, 2015). In addition, Conrad, Armstrong, Young, Lacy, and Billings (2016) stated that throughout all wars/conflicts, PTSD has existed but the civilians, the military, and the government (i.e., the Veterans Benefits Administration and Veterans Health Administration) have denied its reality and insisted the soldier had mental defects.

The number one reason a patient seeks help in primary care is for respiratory reasons and the number two reason is for mental health issues according to the study by

Currid, Turner, Bellefontaine, and Spada (2012). PCPs often miss symptoms accompanying underlying mental health issues. At the visit, the nurse is usually the first one to see the veteran. If the nurse has the knowledge of what signs to look for or what questions to ask, the nurse can alert the PCP to a possible need for mental health referral. If a holistic approach was used, these symptoms may not be missed (Currid, Turner, Bellefontaine, and Spada, 2012). It is important to routinely assess combat veterans for these symptoms as they may be suppressed memories which can become active at any time (Hassija, Jakupcak, Maguen, & Shipherd, 2012). This again, supports the idea that nurses need to make complete assessments of the veteran. Therefore, cross-training primary care nurses in mental health would be most beneficial for the veteran (Russell & Potter, 2002). Cooper, Andrew, and Fossey (2016) have determined that more educational training needs to be created to prepare nurses to care for veterans.

By creating a training module which includes existing VA resources, nurses would have a guide handy to better assess their veterans. In addition, nurses need to be patient, consistent, and continuously advocate for the veteran to get providers to see past the medical wounds and have their "invisible wounds" of mental health, social interaction, and spiritual reflections met as well (Pope, 2011). To treat veterans with the highest quality of care, the nurse needs to use a holistic approach, treating body, mind, and spirit in order to align completely with the comfort theory.

Mental illness among veterans is common and often goes undiagnosed. For example, PTSD symptoms may appear within three months after the event but may not

appear until years later (NAMI, 2016). The VA needs to alert veterans to the services they offer as well reach out to the veterans about making appointments, especially women veterans (Fox, Meyer, & Voigt, 2015). It is crucial to make veterans aware of any and all available services as they transition back to civilian life. Many OEF/OIF veterans do not make appointments or miss appointments due to other obligations like jobs and family (Garcia et al., 2014). The VA needs to increase their effort to reach this group especially since issues of delayed care for our veterans has been recently identified as a priority by the VA system. According to Kime (2015), there is a 63% higher suicide rate for those who have left the military.

Statistics show the mental health issues are getting worse for the OEF/OIF veterans. Tull (2015) states there have been 818 OEF/OIF veterans who have committed suicide. In 2007 alone, 115 Army veterans committed suicide which was the highest number of veteran suicide in United States history (Tull, 2015). Tull stated those veterans who have been diagnosed with PTSD have a 27% higher risk of suicide. Nillni et al., (2014) states there is a direct correlation between PTSD, combat stress, and physical health issues. Wieland, Hursey, and Delgado (2010) stated the casualty rates for OEF/OIF are lower than in Korean war and Vietnam due to medical advancements but the rates of "invisible wounds" which include PTSD, traumatic brain injury , depression, and suicide are very high (p. 4). Ganzini et al. (2013) state the key to more honest answers about mental health symptoms and suicidal ideation is to teach the providers certain behaviors and systems. DeViva (2014) completed a study which showed majority

of OEF/OIF veterans who have been diagnosed as having PTSD symptoms did not complete psychotherapy. Ganzini et al., (2014) state many of the OEF/OIF veterans who did not respond honestly to the mental health screenings stated it was because they were afraid they would be referred to as "weak and damaged" (p. 1218). Schultz, Glickman, and Eisen (2014) state there is a correlation of mental health decline and beginning six months post deployment in OEF/OIF veterans. However, it is not known the effects on their mental health as these kinds of studies would need to continue (Schultz, Glickman, & Eisen).

Much of the current research focuses on veterans with PTSD and traumatic brain injuries. Fox, Meyer, and Vogt (2015) state there is a greater stigma in current times on veterans who are experiencing mental health issues. The study further states there is "no one-size-fits-all" strategy to care for the veterans (Fox, Meyer, & Vogt). Mattocks et al., (2013) state many lesbian and bisexual female veterans have been sexually victimized and providers need to be aware to address these needs as well. Furthermore, Bonner et al (2013) state veterans with PTSD are very aware of their needs for help and it would benefit the VA to make the mental health assistance interdisciplinary and include spiritual counselors.

Additionally, the VA needs to help change the stigma of mental illness among soldiers and veterans. Vogt, Fox, and Di Leone (2014) state in a study among OEF/OIF veterans, the veterans admitted there was a negative view of mental health issues from family, friends, and in the workplace. This causes a great challenge for the veteran as

they try to ignore their problems. The study also showed that a veteran's personal views on mental illness were a larger obstacle than the opinion or view of stigma from others (Vogt, Fox, and Di Leone, 2014). The veteran needs to understand that mental illness is important to treat and being treated should not be looked at as negative. Dickstein, Vogt, Handa, and Litz, (2010) state mental health stigma is "a daunting threat to the overall health and well-being of returning service members and veterans" (p. 225).

By providing the nurses with training, the nurses will be better prepared. In a study by Irvine et al. (2012) providing staff with a mental health training module had a positive effect on the staff and a higher quality of care for the patients. Another study completed with oncology nurses and how to work with families, also showed positive results and an improved communication score with the families (Zaider et al., n. d.). In addition, a training module was given to staff in long-term care settings to assist with recognition of depression. The training module had excellent results among the staff (which included registered nurses, licensed practical nurses, and nursing assistants) as well as improved the depression recognition among the residents (Abrams et al., 2017). Training modules show high rates of success.

Local Background and Context

According to the local medical center statistics in 2013, 12,518 OEF/OIF veterans have been served and there are over 4,600 employees, with many of them being veterans themselves (U. S. Department of VA, 2015a). When a veteran enters the emergency room, the veteran is treated and often mental health issues are not considered or if

receiving some medicinal treatment, the medication is stopped. If the veteran is coming in to the emergency room due to behavior issues or suicidal ideations, they are sent to the psychiatric emergency room. It is common for a veteran who is in the emergency room for a medical issue not to be referred to mental health immediately. According to NAMI (2016), a study was published in *JAMA Psychology* indicated one out of four active duty soldiers have mental health issues. A specialized training module on mental health issues of veterans for nurses could enable early identification and prompt a referral. Timely diagnoses of mental health issues vary among the active duty and discharged veterans and due to the independent reporting from each person to their provider. Often times, patients, in general, tell their nurses more information than their PCP. The key to helping these heroes is to ensure they are aware of the resources and treatment programs available to them.

This program will be taking place in a federal facility. It will be piloted in a large VA Medical Center. If this shows success at the local level, there is potential to introduce this nationally. This would be very helpful as there are so many veterans across the country. There is also a possibility for this to be introduced to the private sector locally. There are many issues with veterans not getting the care or even the understanding of their needs in the private sector. Use of this training module would assist the nurses to better assess the veterans and again, bring the potential mental health needs to the physician's attention.

Role of the DNP student

The role of the DNP student in this project was to help the facility identify a problem, identify strategies for solving the problem and then evaluate those strategies for their effectiveness in achieving desired outcomes with patients they work with on an ongoing basis. In this project, the role of the DNP student was to gather as much evidence-based information as possible to provide support to the designed program. The DNP student will then create the training module.

I am duly licensed as a registered nurse and a licensed nursing home administrator Currently, I work as a community health coordinator. I see veterans in community nursing homes contracted with the VA to provide long term care services for veterans. I also act as a liaison between the medical center and the community nursing home.

After completing a needs assessment, the greatest need was in mental health services for the OEF/OIF veterans. This student intends to design program to enhance the care for these veterans, and to address their mental health needs using specialized training module for nurses. This will not only benefit current veterans, but it will also benefit future veterans as well. In addition to designing the program, I intend to disseminate the training module for the nurses to the chief of nursing education, the chief of primary care, and the chief of quality management. If requested, I will also present this project to the Nursing Executive Leadership Committee which is comprised of the director of patient care services, all nursing chiefs, and all nurse managers.

After working at this facility for over 14 years in many capacities (student, staff nurse, assistant nurse manager, nurse manager, and now community health nurse coordinator), I have seen many veterans whose health and well-being did not improve as quickly as it should have due to undiagnosed mental health issues. Sometimes, a veteran merely needs someone to talk through issues, such as a spinal cord injured veteran who lost their ability to walk and take care of themselves. The veteran did not want to talk to their spouse because he didn't think the spouse would understand. When the veteran spoke to me about this, I intervened with a request for a consult to psychiatry. Within a few weeks, the veteran was able to be discharged home after receiving treatment and joining a support group. In addition due to various side effects, many of the veterans who were sent to the hospital for medical issues had their psychiatric medications discontinued which caused behavioral issues upon their release from the facility. Collaboration between the medicine and psychiatric teams at the time of admission would provide the veteran an easier transition from inpatient, to discharge to home.

In regards to biases such as a caregiver not understanding mental illness, I am trying to eliminate these. I believe, due to my nursing career, a strong understanding of the realities of depression, PTSD, and anxiety can, in fact, lead to and intensify medical issues. Through working at this medical center, I have been educated by combat veterans who have seen and experienced things that one cannot even imagine, nor would he or she want to. I am attentive and empathetic with the veterans. I also recognize substance abuse is a real condition that needs intervention, or else the veteran can face horrific outcomes

such as drug addiction, suicide, or even homicide. If combat veterans receive a timely mental health assessment, it may be possible to identify those who are using recreational substances or alcohol as a self-prescribed approach to manage their discomfort and errant thoughts, and receive treatment for addictions.

Role of the Project Team

The project team was comprised of a primary care nurses, stakeholders, and me. Some of the team members were veterans themselves. Stakeholders are those who have an interest in the outcome of the project (Polit & Beck, 2014). For this project, the stakeholders that have been identified are veterans, social services, psychology, and nursing. Matthieu, Gardiner, Ziegemeier, and Buxton (2014) stated that with the right stakeholders it is possible to build a network to help with the problem. By including stakeholders in the revision of this project, buy-in is created. Ground rules were set to have minimal issues with team work such as defined roles of the team and expectations of participation. Respect was used at all times as well as cooperation. The team was aware that each member is unique and has individual opinions as well as different views on the project.

A key strategy for the team was to have an outline of the program with actionable tasks, responsible parties identified, and an estimated time line. The time line was flexible because the team ran into issues such as someone neglecting their responsibilities or follow through not being completed (Kettner, Moroney, & Martin, 2013). Another strategy used was an idea board for the team. They could email me or write on it

whenever they thought of something. At specified times, the team reviewed the board and determined what ideas would best fit into the program. The team reviewed the pre and post surveys as well the training module and give me feedback on the items. The items were then reviewed and revised as necessary. The team then assisted with reviewing the data and summarizing the outcomes. The training module was then reviewed by the team to see if it is successful or not.

Summary

In this section, the foundation theories were revealed and the context of the program was set. OEF/OIF veterans need to feel comfortable to seek and use mental health resources as needed. The size and complexity of this medical center makes it a perfect site to be able to handle the needs of returning OEF/OIF veterans. An easy access training tool will help the providers to better assist veterans in promoting self-care. Evidence to support the need for this project was presented in the following section.

Section 3: Collection and Analysis of Evidence

Introduction

One of the most important duties a DNP holds is to advocate for change in healthcare (Zaccagnini & White, 2011). To make a change, the change must have the evidence necessary to propel it in the right direction. This can apply to changes in facility policies and procedures as well as changing healthcare policy up to the national level. Striving to achieve the goal of a DNP, an individual needs to realize the responsibility that goes along with the degree. As a DNP student working to achieve this goal, when the assessment showed a need in mental health care, I stepped up and strived to achieve the goal of helping these heroes get the assistance they need. The problem was that the OEF/OIF veterans of this medical center with undiagnosed mental health issues needed to be diagnosed, referred, and offered treatment.

Participants

There were several types of participants in this study who comprised the expert team. The team was comprised of 17 nurses, and social workers (referred to as providers from this point forward). The project did not involve any patients however, it may have been possible that one of the participants could have been a patient at some point in time. The panel assisted me in verifying the usefulness of a training module for the nurses. The variety in positions also gave varying insights into the module and assisted me with any improvements to the training.

Procedures

After speaking with the team to assess the training needs, I created a survey to determine what the panel currently understood. Then, with the assistance of mental health and nursing education at the facility, I introduced a training module created with assistance from the team. Following the training module, there was a postsurvey for the staff. The surveys were self-reported information from the panel. The use of self-reporting allows for new, current data to be collected (Lo-Biondo-Woods & Haber, 2014). The survey results were logged on an Excel spreadsheet and used to disseminate among the staff in the medical center.

Practice-Focused Questions

The main question behind this program was: Will the implementation of a training module for providers of OEF and OIF veterans seeking care at the local VA medical center increase referrals for care associated with mental health needs? The sub-questions that the project addressed were: What additional needs are there for the nurses to assist with the identification of mental illness? Was the training module useful for the providers?

Sources of Evidence

An expert panel of providers including nurses, and social workers was composed of those who volunteered to participate in the project. I asked these providers to give input on this project idea. I collaborated with the members of the panel as well as mental health practitioners to create the training module as well as incorporate the feedback I

received on the project. In addition, I continued to review current literature to determine if there were new breakthroughs in this area.

Evidence Generated for the Doctoral Project

To answer the project questions, it was necessary to determine the present knowledge of the nurses. For this project, I created a presurvey with input from mental health personnel. Once completed, the questionnaire was given to the expert panel of 17. In addition, I contacted the Quality Management Department to see if there was current data to show the number of mental health referrals for the OEF/OIF veterans. I collaborated with health practitioners to help create the training module, which was then evaluated by the providers to ensure the proper information was included.

After the evaluation was complete, the training module was administered to determine the possible effectiveness. I gave a postsurvey to the providers to determine whether the nurses gained anything from the training. Each participant was asked if they would be willing to take an active role. If they did not wish to take the time, I found another candidate. After that, I submitted the project to the Institutional Review Board for review. It was approved by Walden University number 08-24-18-0187855.

Analysis and Synthesis

I used the baseline data from the presurvey of the nurses to assist in the creation of the training module. I collaborated with mental health and nursing education team members to create the training module using current evidence. The training module was

then presented to the primary care nurses. Lastly, I administered a postsurvey, which was used to improve the training module and determine if it was effective.

I presented both the pre- and post-surveys to the expert panel. Once I had all of the pre- and post-data, they were recorded in an Excel spreadsheet as soon as the results were returned. This spreadsheet was my means of recording, tracking, and organizing the information. Individual responses were identified by a code and only reported in the collective results. The information for this project was kept in a locked cabinet inside a locked office. No one had access to the data other than me.

The development of a training module for the nurses can assist them in early detection of issues that ultimately may improve the veterans' use of available care and healthcare outcomes. This training module, if deemed successful, could have a page on the VA Pulse, which could be accessed both locally and nationally. The VA Pulse is an interior interdisciplinary platform that allows VA staff to have access to many different VA resources, innovations, and insights on one website (U.S. Department of VA, 2015c). The items available on the site would include assessments, training tools, and teaching techniques for the providers to use with the veterans.

I also spoke with the mental health providers and asked for the available tools that they found to be the best to assist with diagnosis of mental health issues. These tools were then uploaded to the VA Pulse page called Helping America's Heroes. This page is accessible to all VA employees and can be retrieved very easily.

Project

Availability of an easy to access training module called Helping America's Heroes may increase nurses' knowledge of the available mental health resources currently available to veterans. Early identification of the need and promotion of self-care among veterans may enhance this therapeutic relationship. This training module for the nurses allows for education on interventions (e.g., deep breathing and meditation) and may promote veteran self-care outside of the clinical setting and ultimately increased self-confidence. To make this tool accessible for all providers, a page on the VA Pulse was created as a home for Helping America's Heroes.

I used a quantitative approach in this project. Quantitative research is a traditional approach to research in which variables are recognized and calculated in a dependable and justifiable way (Houser, 2012). This project was a survey study with an exploratory design (see LoBiondo & Haber, 2014). The exploratory design is based on a premise that there is a need for a detailed investigation of a subject (Polit & Beck, 2018). By using a survey study, I explored the current processes the nurses use, and with the right questions, gained a great deal of information (see LoBiondo & Haber, 2014). With this information, it was possible to create new procedures to enhance the treatment of these veterans (see Hedges & Williams, 2014). Because of the use of a presurvey, a rating tool for the training module, and a postsurvey, the quantitative approach was the most suitable method for this study.

Helping America's Heroes was evaluated based on the comments and scores from the team members. I reviewed and considered all comments received. The evaluation scores included: clear objectives, content, pertinent information, and ease of the module. The training module was then revised as needed.

Summary

There is a vast amount of evidence to support the fact that the OEF/OIF veterans need private, trusted care for their mental health issues in the VA. In addition, they need to have care that is accessible to their schedule and needs. With the use of a quantitative study, in which I employed a survey with an exploratory design, I created a training module for the nurses to use within the local VA facility. Furthermore, the training module can improve communication among nurses and veterans who struggle with mental health issues. In the following section, I will discuss the findings and recommendations from the creation of this training module.

Section 4: Findings and Recommendations

Introduction

Veterans need to know that mental health assistance is available to them as well as what programs they can access through it. OEF/OIF veterans often do not follow up on mental health needs because they have difficulty adjusting to civilian life and are often employed; some will see PCPs, but only for medical issues (Nworah, Symes, Langford, & Young, 2018). Due to stigmas that still exist, they will not mention the mental health challenges they may be facing, such as substance abuse and addictions (e.g., gambling, sex, Internet, work, shopping, alcohol, and drugs(Frenk, Sautter, Woodring, & Kramarow, 2017), However, by teaching the nurses about the signs and symptoms of mental health issues, they may be able to see there is a need and alert the PCP who can consult mental health.

The information gathered regarding this problem was based upon statistics at the facility level and a discussion with quality management. I completed a search of the extant literature and determined that mental health access is frequently an issue. There are still issues with the stigma around mental health that make it a multidimensional, world-wide problem (Henderson & Gronholm, 2018). These perceptions can be harmful to the veteran. Whether it is the veteran that thinks they are weak or the community sees them as so, creating some social issue, the veteran needs assistance.

In order to determine whether a training module could assist nurses in identifying mental health issues, I invited nurses, clinical nurse specialists, nurse practitioners, social

workers, and veterans to participate on an expert panel for this project. Those accepting the invite were then given a pretest. Once the pretest results were analyzed, I created an evidence-based training module. The training module was then sent to the panel. The panel evaluated the module, and once again the results were analyzed. The expert panel was then sent a posttest approximately 3 weeks later. Those results were also reviewed.

Findings and Implications

I invited 30 nurses, nurse practitioners, and social workers to participate in evaluating this project. Fifteen of those invited were also veterans. Seventeen people responded; three were veterans and one panel member was an OEF/OIF veteran. These 17 individuals participated in the pretest, evaluation of the training module, and the posttest.

The pretest was comprised of 10 questions to give a baseline of known knowledge. The questions addressed the background of the war, types of mental health issues, signs and symptoms of mental health issues, and interventions for mental health issues. The results were as I expected, indicating that the panel had basic knowledge of what to expect with mental health issues. However, 6 of the 17 panel members thought every veteran experiences the same type of symptoms. This result directed me to add more information to the signs and symptoms section of the training module.

Approximately 2 weeks after receiving the pretests back for analysis, I sent out the training module. I created the training module using evidence-based information, and it consisted of 27 informational PowerPoint slides. The evaluation from the training

module was mostly positive; however, there were some concerns which I will discuss in the next section.

Three weeks after the last training module evaluation was received, I sent out the posttest. It was clear by the results that the panel was able to apply the information from the training module to the posttest questions. This feedback was important for the project to remain consistent with the previous amount of feedback.

I had the notion that every colleague invited to assist with this important project would be more than willing to assist; however, an unanticipated limitation was the fact that only 18 people agreed to participate. Initially, I was only going to invite 15 people to participate rather than the 30 that were invited. I had verbally spoke with several people and opted to invite them. Being fairly positive that all 30 would respond, I was surprised when only 18 did. If only 15 had been invited, I would not have received the type of response needed to improve this training module.

The findings supported that the training module will meet the goal of assisting nurses to identify situations where the PCPs will need to refer OEF/OIF veterans for mental health assistance. In addition, the training also gives the nurses some basic interventions to teach veterans to help them when not able to get to an appointment. This training will also allow the nurses to work with other veterans they may encounter in future.

The Helping America's Heroes training module empowers the nurses to work closely with their veterans. According to Bunyan et al. (2017), giving nurses education in

a particular area will improve their skills. Nurses seek to be independent and advocate for the veterans (Waszak, & Holmes, 2017). This program not only aids the nurses, but it will give the veterans an opportunity to talk to the nurses and gain knowledge of various self-help techniques as well as available programs through the facility.

There are veterans in all walks of life. By helping the individual, the family and community gain. If the veteran is comfortable, they will be able to function by assisting their families and adding to the community by holding a job or volunteering at the school (Beder, Coe, & Sommer, 2011). In addition, the community assists but giving back to the veterans. Many communities honor veterans and assist the families year round. This is a win-win for both the veteran and the community.

The Helping America's Heroes training module not only will promote the above situations, but the nurses become more empowered by this training. Many people will ask nurses questions on how to handle situations such as how to help a veteran who is having problems. In other words, even though this training will be within the VA Medical Centers, the information can be shared with the private sector health care providers which will create a positive social impact on the community.

Recommendations

There are approximately 21.6 million veterans in the United States (Office of Suicide Prevention, 2016). Of these veterans, only about 9 million are enrolled in VA health care (USDVA, 2018). The VA offers specialized care for the veterans (USDVA,

2018). In addition, the VA offers training to the staff that focuses on the experiences of veterans as opposed to the private sector providers. The risk for suicide is 22% higher for veterans as opposed to civilians (Office of Suicide Prevention, 2016). Helping America's Heroes is a training module to assist nurses who work with OEF/OIF veterans. The belief behind the project is that if the nurses are alert to the signs and symptoms of mental health issues, the veterans may be able to get a referral for assistance sooner.

The expert panel supported the need for the Helping America's Heroes training module. Nurses remain at the top of the most trusted profession list with 82% of people believing that nurses are honest and full of integrity (McCarthy, 2018). In the recent years, it was determined that there was a need not only at the local facility but nationwide to give the Veteran a contact point. In the local facility, the veterans are paired with a specific nurse. This allows the nurse to develop a better relationship with the veteran and allows for the veteran to have a contact point.

Contribution of the Doctoral Project Team

The Doctoral Project Team (DPT) was comprised of 17 people, including nurses, social workers, and veterans. The DPT participated in a three-step process. The first step was a pretest regarding OEF/OIF veterans that assisted in shaping the training module. This was a guide for a baseline understanding of the background and issues of OEF/OIF wars as well as a baseline for understanding mental health issues. The second step was an evaluation of the training module. I created an evidence-based training module that included the background of OEF/OIF wars, the difference in these wars versus previous

wars, and issues veterans faced when they came home. In addition, the training module reviewed signs and symptoms of mental health issues as well as explained interventions available for the nurse to educate the veteran with. The DPT answered the survey questions and gave in-depth information. I reviewed the information given and made updates to the training module accordingly. The third step was a posttest. This was similar to the pretest but had slightly different questions. Again, the DPT provided me with commentary that enhanced the training module. See Tables at the end of this paper for results.

The training module was presented to the chief of nursing education. She will determine whether the module will be an independent study or an instructor-led class. Initially, I will present it at the main campus of the medical center with future plans of reaching out to the community-based clinics.

Strengths and Limitations of the Project

The strengths of the project include the DPT and the training module. The DPT was comprised of nurses, social workers, and veterans. One of the veterans is an OEF/OIF veteran, and he was excited about the project and able to give in-depth feedback. He even spoke of issues that are barely addressed on the general public level. Some of the nurses have dealt with mental illness through working with other veterans. Their input was also detailed, and there were strong suggestions made to improve the project. The training module itself was a strength that needs to be recognized. This

training module is diverse enough to be able to be used in a trainer-led setting or can be administered in a self-study setting with minimal direction needed.

The limitations of this project included the DPT and research on nurses' training in mental illnesses and veterans. The reason the DPT was also a weakness is the fact that it is not as diverse as originally hoped. As stated earlier, I invited 30 colleagues to participate, and of these 30, the mix included, not only nurses and social workers, but also included mental health nurses, nurse practitioners, clinical nurse specialists (one was a clinical nurse specialist for mental health), the chief of nursing education, the nursing chief of mental health, and psychologists. However, only 17 of them responded, and they all were in the nursing and social work departments.

The other limitation is that the topic of nurses' training in mental health illnesses and veterans has had little research conducted on it. There are several nursing and training studies in areas such as intensive care, cardiac nursing, women's health, and hospice care; however, when searching for nursing training, mental illness, and veterans, I was only able to locate one article through this University's library. In general, more studies need to be done in this area. Veterans with mental illness are a growing number of the population, and it is imperative nurses know how to deal with this group.

The Helping America's Heroes training module is the starting point for more in-depth and specialized training for the nurses. While each aspect of care has its own needs, a general training module in each area will enlighten the nurses to be more aware of other issues the Veterans may face. In addition, if the nurses are aware this module was created

by a nurse for nurses after identifying a problem, it may ignite their spirit to recognize other areas that need to have more training.

Section 5: Dissemination Plan

My plan to disseminate this project has many angles. I will be presenting this project on March 12, 2019, during the Nursing Research Council's Spotlight on Research. A poster presentation will also be completed. The poster will be used at the upcoming Nursing Research Conference in May as well as showcased during Nurse's Week along with other nursing research projects. The chief of nursing education would also like me to present this project at the Nursing Education Day.

I developed this project to educate primary care nurses who work with OEF/OIF veterans; however, it can be used throughout the VA system as well as in the private sector. OEF/OIF veterans may access health care in various areas, so it would be beneficial for all VA nurses to have this training and again, nurses from the private sector could also benefit. This project could also be shared at private sector nursing research conferences. In addition, this facility partners with local universities and hospitals. There are always invitations to present at their conferences.

Analysis of Self

This project has opened my eyes to the needs of our country. While I had a general understanding that this was an issue in the early stages, after much research and work, it is clear how important this project truly is for the veterans and the nurses. This project has helped me grow as well as ignite a spirit to work with the veterans who have mental health issues. The OEF/OIF era occurred while I was in nursing school, and it was a devastating time for all but created a sense of social awareness for me. With the

creation of this project, I am determined to help these veterans. My future goals include educating upcoming nurses. If this project can help save or assist even one veteran, then it is successful.

The completion of this project was important; in fact, it was frustrating at times. In order to get a full picture, I extended deadlines to ensure I had all the necessary reviews and comments. It was also frustrating at times to find that there was not much research done in this area. Sometimes there were articles, but they were not available to me. By changing my search words, I was able to find articles that could support the needs of this project.

My appreciation for veterans has always been there, but I never realized some of the issues veterans faced. Since working with veterans, my heart melts when I hear the stories that these heroes have faced. I pray that no one else has to face these issues. It is clear to see the special needs that veterans and their families have that differ from the general population.

Summary

Helping America's Heroes is a project that I created to help OEF/OIF veterans gain quicker access to mental health care. By using the approach of educating the nurses who work with these veterans, it is possible for nurses to assess and identify the signs and symptoms of mental health issues in order to report to providers for possible mental health referrals. In addition, through the project, the nurses are given training on simple interventions they can teach the veterans in order to help the veteran's self-care before

needing an actual mental health appointment. The famous quote by Korean War Veteran, Howard William Osterkamp, “all gave some, some gave all” truly sums up the lives of veterans (Reference, 2019, p. 1). It is imperative that this country begins to stand up and advocate for these heroes in respect for what they have done for us.

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Appendix A: Tables

Table A1

Helping Heroes Pretest

Helping Heroes Pre-Survey	
Expert Panel consists of 17	
1. What does OEF/OIF stand for?	
a. Operation Equal Freedom/Operation Independent Freedom	
b. Operation Enduring Freedom/Operation Iraqi Freedom	17
c. Operating Ear Factory/Operating Intestinal Factory	
d. Oxygen Equaling Flouride/Occupy Iran's Factories	
2. What instigated the war?	
a. Drop in stock prices on Wall Street	
b. Increase in oil prices from the Middle East	1
c. Terrorist attacks on the World Trade Center and the Pentagon	16
d. Arguments among world leaders	
3. What makes OEF/OIF wars different from Vietnam and World War II? Check all.	
a. It is personal. The first strike took place on American soil.	17
b. Technology has increased and made the weapons more accurate and intense.	15
c. The face of the enemy has changed to include women and children.	16
d. It created issues for returning Veterans on many levels.	13
4. What are some issues returning Veterans face? Check all that apply	
a. Employment	15
b. Readjustment to civilian life	16
c. Post traumatic stress disorder (PTSD)	17
d. Substance abuse and physical abuse	17
5. Do all Veterans suffer from PTSD?	
a. Yes	
b. No	17
6. What are some sign of PTSD? Check all that apply.	
a. Loss of interest	16
b. Angry or irritable	17
c. Sleeplessness	17
d. Recurrent nightmares	17
7. What are some other issues Veterans may experience? Check all that apply.	
a. Substance abuse	17
b. Phobias	15
c. Avoidance	15
d. Depression	16
8. Are there any interventions that can be used to assist with these issues?	
a. Yes	16
b. No	1
9. Do the interventions work the same for all Veterans?	
a. Yes	
b. No	17

Table A2

Helping Heroes Training Module

Results from Helping Heroes Training Module						
PRESENTATION:						
Is the power point background acceptable?						
Yes		No				
17		0				
Does the presentation flow well?						
Yes		No				
16		1				
Are there too many slides?						
Yes		No				
1		16				
Is it easy to understand?						
Yes		No				
17		0				
Is the information clear?						
16		1				
Does the background information help?						
16		1				
Is a clear picture painted as to why OEF/OIF Veterans face issues upon return?						
15		1	Unsure		1	
Do you understand PTSD and its' signs and symptoms?						
17						
Do you understand Anxiety and Depression and their signs and symptoms?						
17						
Do you understand Addiction and its' signs and symptoms?						
17						
Do you understand Suicidal and Homicidal ideations?						
17						
Do you understand the various types of interventions?						
17						
Do you understand the Nursing intervention teaching techniques?						
16		1				
Do you understand the VA specific interventions available for Veterans?						
17						
Are the objectives met?						
11		1		No answer	5	
Does this assist nurses in recognizing OEF/OIF Veterans in regards to their need for Mental Health referrals?						
16		1				
Does this educate nurses on Post Traumatic Stress Disorder (PTSD) and other Mental Health for OEF/OIF?						
15		1		No answer	1	
Does this training describe signs and symptoms of PTSD and other Mental Health Disorders?						
16				No answer	1	
Does this training instruct the nurses on available resources for OEF/OIF Veterans?						
15		1		No answer	1	
Does this training instruct the nurses on techniques to teach the OEF/OIF Veterans?						
15		1		No answer	1	
Do you think this is a worthwhile training for nurses?						
17						
Do you think the length is:						
too short		just right		too long		
2		15		0		

Good job!
Depending upon your time frame for presentation, you may need to adjust the information.
Avoid lengthy comments on slides. 3-4 bullet points per slide to avoid distraction from audience having to read.
Check font for size of room. May be too small.
Occasionally distracted by all the narrative lines on slide.
This training is very valuable.
Logical flow of ideas.
Not sure of the requirements for project but slides are pretty plain. Can you put some designs/pictures throughout?
Can you put 2 or 4 slides on a page or maybe change it to landscape versus portrait?
I liked your presentation but the number of pages seemed like it could be overwhelming
I work with a lot of Veterans who ask PTSD questions so I may be more familiar.
Since I work in Primary Care, I may have more experience but this made me more aware now.
Background is sort of plain. Can you put some pictures through out?
On slide 27, maybe include website links to the apps.
I think this is a beneficial training but maybe you need to have role playing or scenarios with the nursing staff. Videos may also help.
Slide #5 is covered on slide #4's last bullet
Slide #7 is confusing. What really are the issues?
I think the signs and symptoms slides should follow the disorder.
I felt that the powerpoint was good if the presentation was going to be delivered in person but lacked detail if this was going to be a self-study.
If self-study, some slides need more detail.
You could add more slides if you want to touch on more specific sub issues.
The background information really helps paint the picture.
I think you can really go into that more (issues Veterans face upon return). Every Veteran is different. They have different issues, triggers, and thought processes.
You need to add more to the suicide slides. The "22" a day stat might be something to consider putting here. Short of that, maybe address how big of an issue suicide is.
I loved your stats! Not too many and I actually wanted more and I hate stats!

Table A3

Helping Heroes Posttest

HELPING HEROES POST-SURVEY										
1. What does OEF/OIF stand for?										
a. Operation Equal Freedom/Operation Independent Freedom										
b. Operation Enduring Freedom/Operation Iraqi Freedom							17			
c. Operating Ear Factory/Operating Intestinal Factory										
d. Oxygen Equaling Flouride/Occupy Iran's Factories										
2. What instigated the war?										
a. Drop in stock prices on Wall Street										
b. Increase in oil prices from the Middle East							1			
c. Terrorist attacks on the World Trade Center and the Pentagon							16			
d. Arguments among world leaders										
3. What makes OEF/OIF wars different from Vietnam and World War II? Check all that apply:										
a. It is personal. The first strike took place on American soil.							14			
b. Technology has increased and made the weapons more accurate and intense.							17			
c. The face of the enemy has changed to include women and children.							16			
d. It created issues for returning Veterans on many levels.							15			
4. What are some issues returning Veterans face? Check all that apply:										
a. Employment							17			
b. Readjustment to civilian life							17			
c. Post traumatic stress disorder (PTSD)							17			
d. Substance abuse and physical abuse							17			
5. Do all Veterans suffer from PTSD?										
a. Yes										
b. No							17			
6. What are some sign of PTSD? Check all that apply:										
a. Loss of interest							17			
b. Angry or irritable							17			
c. Sleeplessness							17			
d. Recurrent nightmares							17			
7. What are some other issues Veterans may experience? Check all that apply:										
a. Substance abuse							17			
b. Phobias							17			
c. Avoidance							17			
d. Depression							17			
8. Are there any interventions that can be used to assist with these issues?										
a. Yes							17			
b. No										
9. Do the interventions work the same for all Veterans?										
a. Yes										
b. No							17			
10. Did you learn anything new from this training module?										
a. Yes							17			
b. No										
11. Will you change your practice in any way to accommodate these Veterans?										
a. Yes							12			
b. No							5			
If so, please describe:										
1. I had previous knowledge but I will continue what I do with closer attention.										
2. More aware of the possibility of PTSD, Depression, etc. Need to ask the questions and not be afraid to offend the Veteran.										
3. No comment.										
4. No comment.										
5. No comment.										
6. No comment.										
7. No comment.										
8. I will ask more questions without pushing, monitor facial and physical reactions to certain questions. I will also make sure these Vets have someone available to talk to about issues/concerns they are not comfortable talking to me about.										
9. Taking into consideration the multiple and different issues that this population has which may be very difficult from other military Veterans.										
10. I have learned some things and will apply them to my daily work with the Vets and my son.										
11. I will be more vigilant when working with this particular Veteran population on looking for signs and symptoms of the issues they may suffer from.										
12. Look for these s of depression closer including the psychosocial 12.										
13. No comment.										
14. No comment.										
15. I will be better prepared in identifying the PTSD and referring Veterans to available resources.										
16. This has been a very knowledgeable module and thank you for providing this educational tool. In my clinical practice I am always looking for additional cues with this patient population and have excellent referral services with mental health and PC-MHI, as well as social work.										
17. Realizing that there is no "one size fits all" intervention is something I might be able show veterans that are suffering. It can help them to feel unique and less stressed if they are receiving treatment and making little progress. It can help them to continue to stay positive and make adjustments when necessary.										

Appendix B: Helping Heroes

Project

HELPING HEROES

A DOCTORAL PROJECT

DAWN ROBINSON, RN, MSN

HELPING HEROES OBJECTIVES

- After this training module, the nurses should be able:
- To identify OEF/OIF Veterans' needs for Mental Health referrals.
- To recognize and discriminate the differences between Post Traumatic Stress Disorder (PTSD) and other Mental Health issue for OEF/OIF Veterans

HELPING HEROES
DIFFERENCES IN WAR

- **Soldiers:** Less African-American, more women, and more Hispanics (Olenick, Flowers, & Diaz, 2015).
- **Enemy:** Looks more like an innocent civilian—may even be a child and more suicide bombers (Lucey, 2005).
- **Weapons:** More powerful and destructive; use of Improvised Explosive Devices (IEDs); chemical warfare

HELPING HEROES
ISSUES RETURNING VETERANS FACE

- Returning to civilian life can be difficult
  - At Work
  - At Church or other Groups
- Returning to family and responsibilities
  - Being with family
  - Sharing responsibilities
- Returning to work
  - Routine
  - New faces, different position

HELPING HEROES
ISSUES RETURNING VETERANS FACE

- Fear of and anxiety of crowds
  - Difficult to attend large group activities
- Post Traumatic Stress Disorder due to multiple tours and detrimental combat environments
  - Sounds: fans = helicopters; fireworks = bombs
  - Sights: Camouflage; crowded market places;
  - Smells: gasoline; smoke;
    - ***Can cause: Insomnia; Nightmares; and Substance Abuse***

HELPING HEROES
ISSUES RETURNING VETERANS FACE

HELPING HEROES
ADDITIONAL ISSUES FACED

- *Perceived threats*
- *Concerns about life and family disruption*
- *Sexual/gender harassment*
- *Ethnocultural stressors*
- *Exposure to radiological, nuclear, biological, and chemical weapons.*
  - ***?? Can they lead to future health issues***

HELPING HEROES
POST TRAUMATIC STRESS DISORDER (PTSD)

- Post traumatic stress disorder (PTSD) is a mental health problem that occurs when people experience some disturbing, life-threatening event such as a fire, car accident, physical or mental abuse, sexual trauma, a natural disaster, or combat (USDVA, 2017).
- PTSD can occur to anyone, at any time

HELPING HEROES
POST TRAUMATIC STRESS DISORDER (PTSD)

- There are 4 main symptoms of PTSD (USDVA, 2017):
  - Reliving the event or experience
  - Avoiding situations that evoke the event
  - Feeling aroused or hyper
  - Being negative or having mostly negative feelings

HELPING HEROES
POSTTRAUMATIC STRESS DISORDER (PTSD)

- PTSD is the "silent injury"
  - https://youtu.be/2zjYi8ac04g

HELPING HEROES
SIGNS/SYMPTOMS OF PTSD

- Behaviors: Agitation, irritability, hostility, hypervigilance, self-destructive behavior, social isolation
- Psychological: Severe anxiety, flashback, fear, and mistrust
- Mood: Guilt, loneliness, loss of interest or pleasure activities
- Sleep: Nightmares, insomnia

- ***These feelings can occur at any time. If these symptoms may last for longer than a few months or begin to disrupt home or work life, seek medical help. (USDVA, 2017).***

HELPING HEROES
ANXIETY

- Anxiety is agitation and debilitating worrying.
- There has been a 327% increase in anxiety among soldiers from 2000-2012 (Anxiety.org, 2018)
- Children of deployed Veterans showed anxiety and depression spikes related to deployment length (Anxiety.org, 2018).

HELPING HEROES
DEPRESSION

- Depression is where the person feels hopeless, worthless, and extreme sadness
- Major depression is five times higher in soldiers versus civilians
- It has been shown that soldiers will discuss depression with military Mental Health personnel, a chaplain, or a general medicine doctor.

HELPING HEROES
SIGNS/SYMPTOMS OF ANXIETY & DEPRESSION

- Hopelessness/Helplessness
- Persistent fatigue
- Apathy
- Unending worry
- Difficulty making decisions/focusing
- Wanting to be alone

HELPING HEROES
ADDICTIONS

- Drug Abuse—prescription or illegal
- Alcohol Abuse
- Smoking
- Gambling
- Internet/Video Games
- Sex
- Shopping

HELPING HEROES
SIGNS/SYMPTOMS OF ADDICTION

- Intoxication
- Withdrawal
- Secretive/seclusion
- Obsession
- Risk taking
- Less attention to self
- Denial

HELPING HEROES
SUICIDE & HOMICIDE

- Suicide is the taking of one's own life. There are feelings of hopelessness and desperation where they feel there is no other way out.
- Homicide is taking another's life. Homicide is similar to suicide as the thought can range from vague to a completely detailed plan.

HELPING HEROES
SIGNS/SYMPTOMS OF SUICIDE/HOMICIDE

- Ask the Veteran if they feel like harming themself or others
  - If ***YES***, ***alert physician immediately***
  - If **NO**, ask if they have had this thought before and make observations of their status. Are they clean, are they nervous, are they focused. If any of these answers are yes, ***alert the physician immediately***.

HELPING HEROES INTERVENTIONS

- ***Early intervention is***
  - ***Education on signs and symptoms,***
  - ***Some techniques***

HELPING HEROES PSYCHOTHERAPY INTERVENTIONS

- Trauma found psychotherapies (USDVA, 2017).
  - For those who had extended exposure—training to face negative feelings
  - Cognitive Processing Therapy (CPT)—training to change thoughts and feelings about trauma
  - Eye Movement Desensitization & Reprocessing—training to make sense of the trauma

HELPING HEROES
PSYCHOTHERAPY INTERVENTIONS, CONTINUED

- Other treatments:
  - Specific Cognitive Behavioral Therapies (CBTs)
  - Written Narrative Exposure
  - Narrative Exposure Therapy (NET)
  - Brief Eclectic Psychotherapy (BEP)

HELPING HEROES
PHARMACOLOGIC INTERVENTIONS

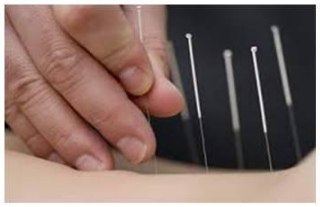
- Antidepressants –
  - SSRI's
  - SNRI's
  - Sometimes use of Benzodiazepines

HELPING HEROES
NURSING INTERVENTIONS

- Deep Breathing
- Meditation
- Journaling
- Relaxation

HELPING HEROES
OTHER INTEGRATIVE INTERVENTIONS

- Yoga
- Reiki
- Guided Imagery
- Acupuncture
- Biologic treatments
  - Hyperbaric oxygen
  - Transcranial magnetic stimulation



HELPING HEROES
NURSING INTERVENTION TEACHING TECHNIQUES

- **Deep breathing**
  - Teach the Veteran to focus on their breathing and either count or say a manta like "I am strong"
- **Journaling**
  - Teach the Veteran to write down the situation and focus on how they are feeling
- **Meditation**
  - Teach the Veteran to focus on a happy feeling. Tell them to think good thoughts or if they prefer to pray.
- **Relaxation**
  - Teach the Veteran to go to a quiet place and be in the silence, thinking only good thoughts. They can also stretch their muscles to try to become more peaceful.

HELPING HEROES
VETERAN SPECIFIC INTERVENTIONS

- VA Specific Interventions available for Veterans:
  - PTSD Coach Mobile App;
  - VetChange (online);
  - Mindfulness Coach;
  - MP3 players with positive reinforcement;
  - Peer support groups and Service dogs.

HELPING HEROES SUMMARY

- 9/11/2001 changed America forever
- 2.5 million people fought in OEF/OIF
- Different kind of war: Soldiers; Enemy; Weapons;
- Signs/Symptoms of PTSD, Anxiety & Depression, Addictions, and Suicide/Homicide.
  - Interventions for the nurse
    - Notify the Doctor if resident is recognized to need referral to Mental Health
    - Build trust—especially if PACT nurse
    - Educate and support the Veteran
    - Suggest Integrative Interventions and teach if applicable

HELPING HEROES

- Questions?

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