



MENTAL HEALTH INJURIES

The Invisible Wounds of War

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EXECUTIVE SUMMARY

As early as the Civil War, terms like “soldier’s heart” and “nostalgia” were used to describe the psychological injuries incurred by combat veterans. In later wars, “shell shock” and “battle fatigue” described a similar array of symptoms. It was only in the aftermath of the Vietnam War, however, that veterans’ mental health injuries were examined scientifically. A 1988 Congressionally-mandated study estimated that 15 percent of Vietnam veterans suffered from Post-Traumatic Stress Disorder (PTSD) at the time of the conflict.

During the Iraq and Afghanistan wars, American troops’ mental health injuries have been documented as they occur, and rates are already comparable to Vietnam. Thanks to today’s understanding of mental health screening and treatment, the battle for mental health care fought by the Vietnam veterans need not be repeated. We have an unprecedented opportunity to respond immediately and effectively to the veterans’ mental health crisis.

Rates of mental health problems among new veterans are high and rising. The best evidence to date suggests that about one in three Iraq veterans will face a serious psychological injury, such as depression, anxiety, or PTSD.¹ About 1.5 million people have served in Iraq and Afghanistan, so approximately half a million troops are returning with combat-related psychological wounds. And problems are likely to worsen. Multiple tours and inadequate time between deployments increase rates of combat stress by 50 percent.

These psychological injuries exact a severe toll on military families. Rates of marital stress, substance abuse, and suicide have all increased. Twenty percent of married troops in Iraq say they are planning a divorce. Tens of thousands of Iraq and Afghanistan veterans have been treated for drug or alcohol abuse. And the current Army suicide rate is the highest it has been in 26 years.

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According to the American Psychological Association, there are “significant barriers to receiving mental health care in the Department of Defense (DOD) and Veterans Affairs (VA) system.”²

Instead of screening returning troops through a face-to-face interview with a mental health professional, the DOD relies on an ineffective system of paperwork to conduct mental health evaluations. There are significant disincentives for troops to fill out the forms accurately, and those who indicate they need care do not consistently get referrals. In addition, access to mental health care is in short supply. According to the Pentagon’s Task Force on Mental Health, the military’s “current complement of mental health professionals is woefully inadequate.” Moreover, 90 percent of military psychiatrists, psychologists and social workers reported no formal training or supervision in the recommended PTSD therapies.

Effective treatment is also scarce for veterans who have left the military. As of May 2007, the VA has given preliminary mental health diagnoses to over 100,000 Iraq and Afghanistan veterans. The veterans’ mental health system is simply overwhelmed by the influx; waiting lists now render mental health and substance abuse care “virtually inaccessible” at some clinics, according to the VA’s own experts. The VA has exacerbated the shortage by consis-

THE STIGMA OF MENTAL HEALTH CARE

Within the military and among recent veterans, there is a heavy stigma attached to receiving mental health treatment. Approximately half of soldiers and Marines in Iraq who test positive for a mental health problem are concerned that they will be seen as weak by their fellow service members. One in three of these troops worry about the effect of a mental health diagnosis on their career. As a result, many troops who need care do not seek treatment.

ACCORDING TO THE PENTAGON’S TASK FORCE ON MENTAL HEALTH, THE MILITARY’S “CURRENT COMPLEMENT OF MENTAL HEALTH PROFESSIONALS IS WOEFULLY INADEQUATE.”

tently underestimating the number of new veterans who would need care, and by failing to spend millions earmarked by Congress for mental health treatment.

No one comes home from war unchanged. But with early screening and ready access to counseling, the mental health effects of combat are treatable. In the military and in the veterans’ community, however, psychologically wounded troops are falling through the cracks. Decisive action must be taken to fix the gaps in the mental health system if we are to reach this generation of combat veterans in time.

THE SCOPE OF THE PROBLEM

Although many veterans are suffering from other psychological wounds, such as depression, the hallmark mental health injury for veterans is Post-Traumatic Stress Disorder, or PTSD. PTSD is a psychological condition that occurs after an extremely traumatic or life-threatening event, and has symptoms including persistent recollections of the trauma, heightened alertness, nightmares, insomnia, and irritability.³ In the aftermath of the Vietnam War, the Congressionally-mandated National Vietnam Veterans Readjustment study estimated that approximately 15 percent of service members suffered PTSD during the conflict. Overall, as many as 30 percent suffered PTSD at some point after their service.⁴

The prevalence of mental health injuries among Iraq veterans is equivalent to that of Vietnam vets, and may in fact be higher.

About One in Three Iraq Vets to Face a Severe Psychological Injury

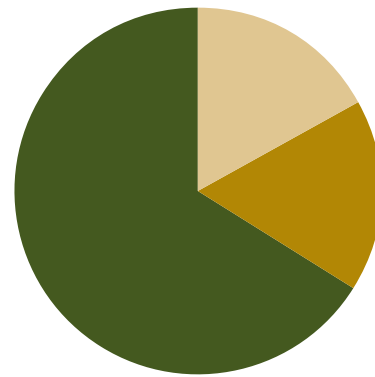
Mental health wounds range in severity, and can take months or years to manifest. Between 30 and 40 percent of Iraq and Afghanistan veterans will face serious mental health injuries. The VA's Special Committee on PTSD has concluded that:

“15 to 20 percent of OIF/OEF [Operation Iraqi Freedom/ Operation Enduring Freedom (Afghanistan)] veterans will suffer from a diagnosable mental health disorder... Another 15 to 20 percent may be at risk for significant symptoms short of full diagnosis but severe enough to cause significant functional impairment.”⁵

An even higher percentage of troops will experience less acute mental health injuries that may still require the care of a mental health professional. According to the Dole-Shalala Commission, “56 percent of the active duty, 60 percent of reserve component, and 76 percent of retired/ separated service members say they have reported mental health symptoms to a health care provider.”⁶

These numbers are not final, in part because mental health screening of Iraq and Afghanistan veterans has, as a general rule, been insufficient.⁷ In addition, it can take months or years for mental health injuries to reveal themselves.⁸ In November 2007, Army Colonel Charles Hoge, MD, of Walter Reed Medical Center, released the results of a study of 80,000 troops' mental health evaluations. The study found that, immediately after returning from combat, 17.2 percent of soldiers screened positive for a mental health problem. Six months after these troops came home, their rate of mental health problems was 30.1 percent.⁹ Moreover, the prevalence of these

Predicted Lifetime Mental Health Problems Among Iraq and Afghanistan Veterans



- 15-20% Diagnosable Mental Health Disorder
- 15-20% Significant Functional Impairment
- 60-70% No Diagnosable Mental Health Disorder or Significant Functional Impairment

Source: *Fifth Annual Report, VA Special Committee on PTSD*

injuries continues to rise after the six-month assessment.¹⁰ Rates of mental health injuries are increasing not only because of the time it takes for troops' mental health wounds to manifest, however. Longer tours and multiple deployments are also contributing to higher rates of mental health injuries.

Long Tours and Multiple Deployments Increase Mental Health Risk

Since the start of the Iraq War, troops have regularly had their tours extended¹¹ and at least 449,000 troops have deployed more than once.¹² As of spring 2007, Defense

TREATMENTS FOR PTSD

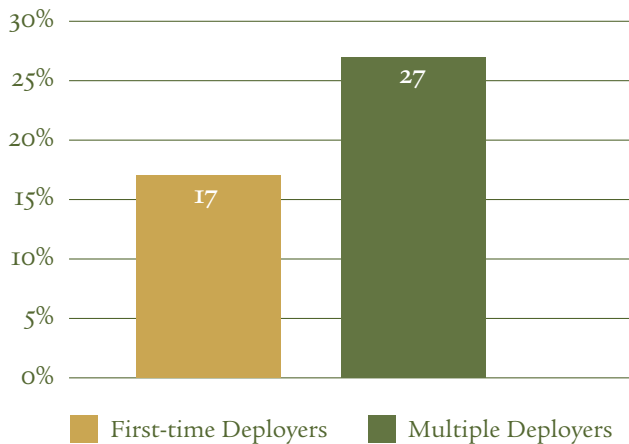
Fortunately for those suffering from PTSD, a variety of treatments are available. Psychotherapy, in which a therapist helps the patient learn to think about the trauma without experiencing stress, is an effective form of treatment. This version of therapy sometimes includes “exposure” to the trauma in a safe way – either by speaking or writing about the trauma, or in some new studies, through virtual reality. Some mental health care providers have reported positive results from a similar kind of therapy called Eye Movement Desensitization and Reprocessing (EMDR). Finally, there are medications commonly used to treat depression or anxiety that may limit the symptoms of PTSD, although they do not address the root cause, the trauma itself.¹³

Secretary Gates increased active-duty Army combat tours from 12 to 15 months,¹⁴ with a guarantee of a year at home between tours. This schedule allows for only half the recommended rest or “dwell time.”¹⁵

According to the military Mental Health Advisory Team (MHAT)’s survey of soldiers and Marines in Iraq,¹⁶ soldiers deployed to Iraq more than once were 50 percent more likely to be diagnosed with mental health injuries than those on their first deployment. In addition, the report speculated Marines may have lower rates of mental health injuries because of their shorter tours.¹⁷ The MHAT recommended increasing troops’ rest time to 18-36 months or decreasing deployment length,¹⁸ but troop shortages mean that 15-month deployments will last until at least June 2008.¹⁹

Certain Groups at Higher Risk

Multiple Tours Increase Soldiers’ Mental Health Problems



Troops who have been deployed more than once have mental health problems 50 percent more often as first time deployers. Source: Mental Health Advisory Team IV Final Report

Some troops are at higher risk for mental health injuries. Young troops, who tend to be of lower rank, are often in “front-line” positions, see more combat,²⁰ and have a higher rate of mental health injuries than their older peers.²¹ Troops facing financial²² or family²³ troubles while deployed have higher rates of PTSD. Because these problems are common among troops in the reserve component, National Guardsmen and Reservists are reporting higher rates of stress.²⁴ According to the military’s Task Force on Mental Health, 49 percent of National Guardsmen are reporting psychological symptoms when they return

home, compared with 38 percent of soldiers.²⁵ Some studies suggest that, historically, female veterans are more prone to mental health injuries than their male counterparts, but it is not clear that this holds true for veterans of this conflict.²⁶ Female Iraq veterans who have gone to the VA for treatment are not more likely to be diagnosed with a psychological injury than male Iraq veterans.²⁷

THE EFFECTS OF UNTREATED MENTAL HEALTH INJURIES

“Stress and stress injuries such as PTSD may contribute to misconduct in service members and veterans,” according to Captain Bill Nash, an expert in the Marine Corps Combat/Operational Stress Control program.²⁸ Military studies suggest that troops who test positive for mental health problems are twice as likely to “engage in unethical behavior,” such as insulting or injuring non-combatants or destroying property unnecessarily.²⁹ In addition, the rates of mental health problems and substance abuse are high among Marines discharged under less-than-honorable circumstances.³⁰ Responding to these revelations, the Army and Marines have boosted training in values, battlefield ethics, and the Rules of Engagement.³¹

The issues resulting from untreated mental health wounds do not end when a service member returns home. PTSD can be crippling for veterans, and exacts a severe toll on their families and communities. According to the Institute of Medicine, deployment to a war zone increases the risk of psychiatric disorders, marital and family conflict, alcohol abuse, and even suicide.³²

Family Problems

The Iraq war has put a tremendous strain on military families, and the strain has been increasing over time.³³ More than 700,000 children have had a parent deployed at some point during the conflicts.³⁴ Almost 19,000 children have had a parent wounded in action, and 2,200 children have lost a parent in Afghanistan or Iraq.³⁵ A new study suggests that deployments have also led to a dramatic increase in the rates of child abuse in military families.³⁶

Recent research suggests that family problems are closely linked to mental health injuries. A study of new veterans referred to VA specialty care for a behavioral health evaluation,³⁷ two-thirds of married or cohabiting veterans reported some kind of family or adjustment problem. 22

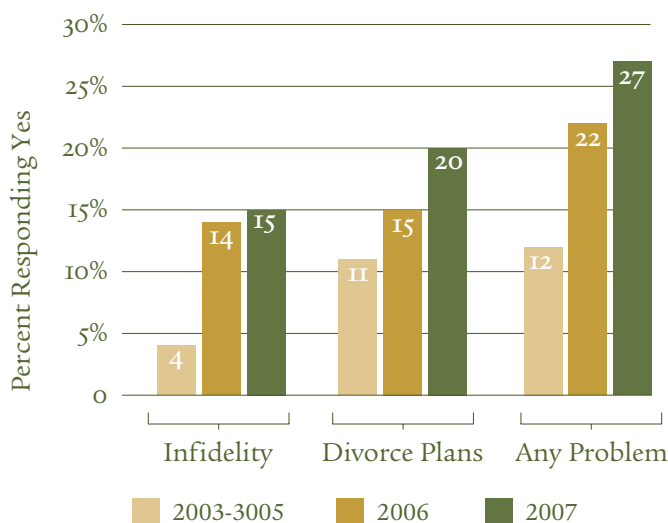
AN INCREASING DIVORCE RATE?

It is not clear whether these problems have actually translated into more divorces. A 2007 RAND study, entitled “Families Under Stress,”³⁸ studied the rates of divorce for current service members. They concluded that although “rates of marital dissolution indeed rose steadily from FY2001 to FY2005, ...the effect of this rise has been merely to return rates similar to those observed in FY1996.” That is to say, although the military divorce rate is rising, it is only reaching previous peacetime levels.

There was, however, a significant spike in divorce rates at the start of the Iraq War.³⁹ Moreover, the RAND data only included troops who were still serving – not the 750,000 Iraq and Afghanistan veterans who had left the military.⁴⁰ Those who have left the social safety net associated with active-duty military life might be more likely to divorce. A complete understanding of the link between combat deployments and divorce requires further study.

percent of these veterans were concerned that their children “did not act warmly” towards them or “were afraid” of them. Among those veterans with current or recently-separated partners, 56 percent reported conflicts involving “shouting, pushing or shoving.”⁴¹

Marital Problems Among Soldiers in Iraq



Over the course of the war, troops have reported growing concerns about marital infidelity. 27% of soldiers now admit they are experiencing marital problems, and 20% of deployed soldiers say they are currently planning a divorce. Source: Mental Health Advisory Team IV Final Report.

Substance Abuse

Another side effect of troops’ mental health injuries has been an increase in drug and alcohol abuse. The Army, for instance, has seen an almost three-fold increase in “alcohol-related incidents” between 2005 and 2006.⁴² And at least 40,000 Iraq and Afghanistan veterans, 15 percent of all Iraq and Afghanistan veteran patients at the VA, have been treated at a VA hospital for drug abuse.⁴³ These numbers are only the tip of the iceberg; many veterans do not turn to the VA for help coping with substance abuse, instead relying on private programs or avoiding treatment altogether.

Suicide

Mental health wounds have also pushed troops and veterans to take their own lives. The suicide rate for troops on active-duty has risen, feeding concerns about whether troops showing signs of mental health injuries after their first deployment are being sent back to Iraq or Afghanistan without adequate treatment.⁴⁴

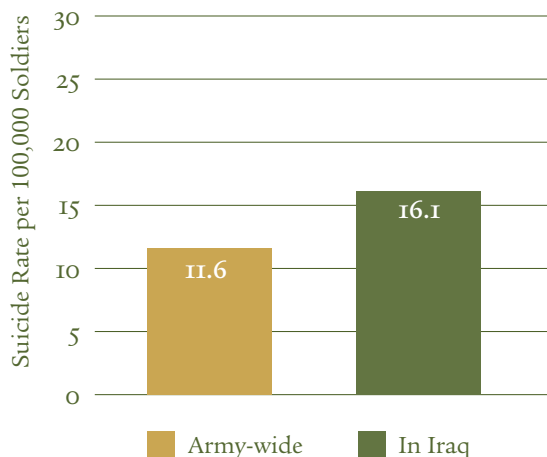
Since the invasion of Iraq in 2003, the suicide rate for active-duty soldiers has dramatically increased.⁴⁵ According to the 2006 Army Suicide Event Report, the suicide rate for active-duty soldiers reached its highest level in decades,⁴⁶ with 97 Army suicides.⁴⁷ Almost two-thirds of these suicides were soldiers that had served at least one Iraq or Afghanistan deployment,⁴⁸ and about a quarter of those who killed themselves had a history of psychiatric disorder.⁴⁹

The suicide rate in Iraq is significantly higher than in the Army as a whole: 16.1 suicides per 100,000 troops in Iraq, compared with a rate of 11.6 Army-wide.⁵⁰ Preliminary numbers for 2007 suggest that the number of suicides will likely increase again next year.⁵¹ Since the start of the war, there have been a total of 147 military suicides in Iraq and Afghanistan.⁵²

While the rate of military suicides is closely monitored, there is no agency or registry keeping track of suicide rates among veterans who have completed their service. As a result, although anecdotal evidence suggests it is a growing problem, suicide among Iraq and Afghanistan veterans is very difficult to estimate. The *Associated Press* has reported that, between 2001 and 2005, at least 283 Iraq and Afghanistan veterans who had left the military committed suicide.⁵³ However, this number is far from definitive.

For veterans of all generations, data on suicide are troubling. Veterans make up only 13 percent of the U.S. population, but they account for approximately 20 percent of the suicides.⁵⁴ Male veterans are more than twice as likely to die by suicide as men with no military service⁵⁵ and veterans with PTSD are more than three times as likely to die

Army Suicide Rate Higher in Iraq



Active-duty soldiers in Iraq have a 39% higher rate of suicide than soldiers in general. Source: Mental Health Advisory Team IV Brief.

by suicide as their civilian peers.⁵⁶ White, college-educated veterans living in rural areas are at the highest risk.⁵⁷ Unlike in civilian populations, it is the youngest veterans, those aged 18-44, who are most at risk of suicide.⁵⁸



IN PERSON: JOSHUA LEE OMVIG (1983-2005)

On December 22, 2005, just a few months after returning from an eleven-month tour in Iraq, 22-year-old Army Reservist Joshua Omgig took his own life. Omgig, who was suffering from Post-Traumatic Stress Disorder, experienced nightmares, depression, mood changes, and other symptoms associated with combat stress. Omgig refused to seek help, however, because he believed that receiving a mental health diagnosis would damage his career in the military and his dream of becoming a police officer.

After his suicide, Joshua’s parents, Randy and Ellen Omgig, devoted themselves to the passage of a new piece of suicide prevention legislation. The legislation included a mandate for a new campaign to de-stigmatize mental health treatment, more training for VA workers in suicide prevention, and a 24-hour suicide hotline for troops. In November 2007, through the tireless work of the Omgig family and veterans groups including IAVA, the Joshua Omgig Suicide Prevention Act was signed into law. This legislation is a great first step to ensuring that all veterans of Iraq and Afghanistan can get mental health treatment before it is too late.

THE STIGMA OF MENTAL HEALTH CARE

The stigma associated with psychological injuries is the most serious hurdle to getting Iraq and Afghanistan veterans the mental health care they need. Approximately 50 percent of soldiers and Marines in Iraq who test positive for a psychological problem are concerned that they will be seen as weak by their fellow service members, and almost one in three of these troops worry about the effect of a mental health diagnosis on their career. Because of these fears, those most in need of counseling will rarely seek it out.⁵⁹

THE RESPONSE TO THE MENTAL HEALTH CRISIS

The mental health systems in the Department of Defense and the Department of Veterans Affairs include many dedicated mental health professionals, but training and staffing are inadequate. In part because of the stigma attached to mental health wounds (see inset), the troops most in need of support are often the least willing or able to seek out care. As a result, some of the most at-risk service members are falling through the cracks.

Department of Defense Leaves Troops at Risk

According to the American Psychological Association, “appropriate mental health services are often not readily available”⁶⁰ to troops or their families. Although the military has made efforts to improve mental health treatment, less than 40 percent of troops with psychological wounds are getting treated.⁶¹ The two primary roadblocks to quality care are the shortages of trained mental health care staff, and the inadequate screening process used to recognize and treat troops at risk for mental health injuries.

Staffing Shortages and Inadequate Training

According to the Pentagon’s Task Force on Mental Health, “the current complement of mental health professionals is woefully inadequate” to provide mental health care for today’s military.⁶² The number of licensed psychologists in the military has dropped by more than 20 percent in recent years.⁶³ Support available to troops in Iraq is also declining; in two years, the ratio of behavioral health workers deployed to troops deployed dropped from 1 in 387 to 1 in 740.⁶⁴

In addition, the military’s available mental health profes-

sionals are often undertrained. Only 10 percent of military psychiatrists, psychologists, and social workers report having training in the VA- and DOD-recommended treatments for PTSD.⁶⁵ The military’s own Mental Health Advisory Team has recommended more Combat and Operational Stress Control training for mental health specialists.⁶⁶ The availability and quality of treatment varies dramatically between military bases⁶⁷ and “relatively few high-quality programs exist,” according to the American Psychological Association.⁶⁸

Inadequate Evaluation of Returning Combat Veterans

According to a June 2007 Government Accountability Office (GAO) report, the DOD cannot ensure that service members are mentally fit to deploy, nor accurately assess troops’ mental health condition when they return.⁶⁹ Recent Army studies reveal that PTSD is being routinely under-reported and under-diagnosed. Since 2003, the Army has only diagnosed 3 percent of soldiers who have served in combat with PTSD, far lower than the percentage that screen positive in samples.⁷⁰

Part of the problem is the lack of real mental health assessment of troops returning from combat. An in-person interview with a mental health professional is the optimum approach to PTSD diagnosis.⁷¹ But currently, the only universal screening of troops’ mental health is a paperwork process, the mandatory pre- and post-deployment health forms.⁷²

Troops fill out one health form before deployment, and two more when they return. Immediately after their tour, troops must fill out the Post Deployment Health Assessment (PDHA). Six months later, service members complete a second form, the Post Deployment Health Re-Assessment (PDHRA). These forms are later reviewed

by health care providers who are typically not trained as mental health professionals. These providers are responsible for giving referrals to those troops they deem to be at serious mental health risk.

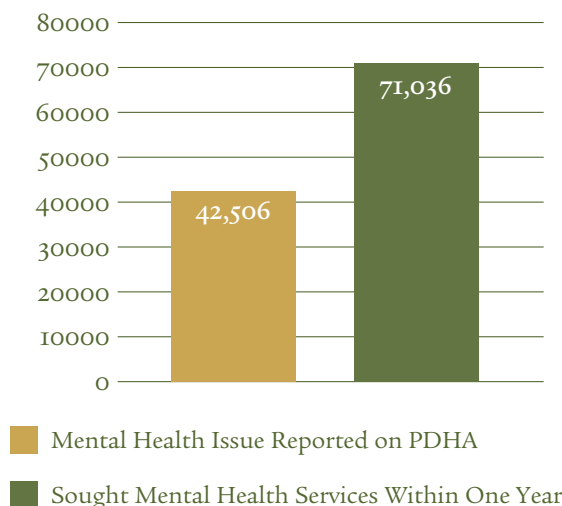
These health assessments have only been universally implemented during the Iraq War, and their effectiveness is questionable.

A 2006 study led by Army Col. Charles Hoge, MD, at the Walter Reed Army Institute of Research, looked at the results of Iraq veterans' PDHAs. Only 19 percent of troops returning from Iraq self-reported a mental health problem. But 35 percent of those troops actually sought mental health care in the year following deployment.

If the PDHA is intended to correctly identify troops who will need mental health care, it simply does not work. A follow-up study in 2007, also published in the *Journal of the American Medical Association*, concluded: "Surveys taken immediately on return from deployment substantially underestimate the mental health burden."⁷³

Although the PDHRA, which troops fill out six months after deployment, is more likely to identify mental health injuries,⁷⁴ its overall effectiveness is also dubious. Troops may not be filling out their forms accurately, troops needing counseling are not consistently getting referrals, and those with referrals do not always get treatment.

PDHA Fails to Detects Vets' Mental Health Needs



About 42,000 troops self-reported a mental health injury on their PDHA mental health assessment, but more than 71,000 troops actually sought services in the following year. Source: Hoge 2006.

According to former Army Surgeon General Kevin Kiley, "If an individual checks nothing, I have no mental health issues, they're not necessarily being sent to mental health counseling."⁷⁵ Yet there are serious disincentives for returning troops to admit their psychological injury on paper. Part of the problem is the stigma attached to mental health care. Admitting a psychological wound can also slow troops' reunification with their family after a combat tour.⁷⁶ Additionally, troops are reluctant to seek mental

ARE PSYCHOLOGICALLY WOUNDED TROOPS GETTING DISCHARGED WITHOUT BENEFITS?

Since 2001, 22,500 troops⁷⁷ have been discharged from the military with a 'personality disorder.' Personality disorder discharges have increased 40 percent in the Army since the invasion of Iraq.⁷⁸ In some of these cases, the service member may have had PTSD, Traumatic Brain Injury, or another combat-related mental health injury, and felt "pressured by commanders and peers to accept an administrative discharge"⁷⁹ rather than continue to fight for a medical discharge.

According to Representative Bob Filner, Chairman of the VA Committee, "My concern is that this country is regressing and again ignoring the legitimate claims of PTSD in favor of the time and money saving diagnosis of Personality Disorder."⁸⁰ The Government Accountability Office is currently investigating reports of inaccurate diagnoses at Ft. Carson, CO.⁸¹

health care if they wish to begin careers as police officers, fire fighters, or emergency medical technicians. There is also widespread concern that a mental health diagnosis will affect one's military career, including eligibility for certain security clearances. In all of these cases, diagnosed psychological injuries can affect employability. Given such obvious disincentives, it is common knowledge that troops do not fill out their assessments accurately. Even the VA's own Special Committee on Post-Traumatic Stress Disorder admits, "No one seems to expect them to answer truthfully."⁸²

Moreover, those who do ask for help may not actually receive it.⁸³ The Government Accountability Office found that only 22 percent of returning troops whose forms showed that they were at risk for mental health problems were actually referred to a mental health professional.⁸⁴ There are also questions about *pre*-deployment screening and referrals; referrals are only given to 6.5 percent of deploying service members who indicate a mental health problem.⁸⁵ In short, the "DOD cannot provide reasonable assurance that... service members who need referrals receive them."⁸⁶

VA Unprepared for the Flood of New Veterans Seeking Care

Once out of the military, combat veterans still have problems getting mental health treatment. Tens of thousands of Iraq and Afghanistan veterans are seeking mental health services, overwhelming the Veterans Affairs system.

As of May 2007, over 100,000 Iraq and Afghanistan veterans seen at the VA were given a preliminary diagnosis of a mental health problem – that's 38 percent of the new veterans who had visited the VA for any reason. More than 56,000 of these veterans were seen at a VA hospital, clinic, or Vet Center for PTSD, an increase of nearly 64 percent over the previous year.⁸⁷ Of course, these numbers do not include veterans who have only sought mental health care outside of the VA, or those with mental health injuries who have not been diagnosed. Some experts doubt the reliability of the VA's PTSD evaluation (see inset).

This influx of new veterans has strained an unprepared and underfunded VA. In October 2006, almost one-third of Vet Centers admitted they needed more staff.⁸⁸ By April 2007, more than half of the 200-plus Vet Centers needed at least one more psychologist or therapist.⁸⁹ Even a VA Deputy Undersecretary has admitted that waiting lists ren-

NEW QUESTIONS ABOUT VA PTSD EVALUATION AND COMPENSATION

A May 2007 report by the Institute of Medicine and the National Research Council concluded that the VA's PTSD evaluation techniques are ineffective. According to the report, the criteria for mental disorders are "crude," "overly general," and unreliable. In addition, the report questioned the use of separate ratings for mental illnesses that often appear together (like PTSD and depression), the inconsistent criteria for rating relapsing/remitting conditions, and the use of occupational impairment as the sole metric for PTSD disability.⁹⁰

der mental health and substance abuse care "virtually inaccessible" at some clinics.⁹¹

As a result of the staffing shortage, veterans seeking mental health care get about one-third fewer visits with VA specialists now, compared to ten years ago.⁹² Veterans in rural communities are especially hard-hit. For instance, Montana ranks fourth in sending troops to war, but the state's VA facilities provide the lowest frequency of mental health visits.⁹³

VA Mistakes Compound Crisis

Despite overwhelming evidence to the contrary, then-VA Secretary Jim Nicholson testified in 2007 that the VA is "adequately staffed."⁹⁴ This kind of massive miscalculation has typified the top-level VA response to the mental health needs of new veterans, and has dramatically worsened the mental health crisis.

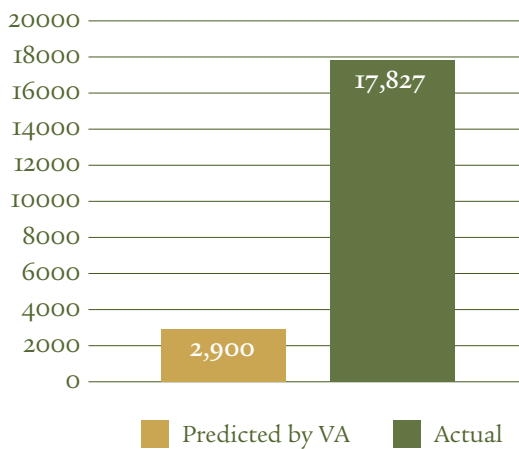
In February 2006, the VA claimed it was expecting only 2,900 new veteran PTSD cases in FY 2006. The actual number was roughly six times that: 17,827.⁹⁵ As a result, the VA failed to plan for the incoming veterans and failed

to spend the money it was allotted for mental health care. In 2005, the VA failed to allocate \$12 million of a \$100 million earmark for mental health care. The VA also did not ensure that funds spent were actually used for mental health initiatives. The following year, about \$88 million of a \$200 million earmark for mental health initiatives was not spent, and again the VA did not track the use of allocated funds.⁹⁶

New VA Initiatives

The Department of Veterans Affairs has introduced new measures to meet the mental health needs of veterans returning from Iraq and Afghanistan. The VA is devoting \$37.7 million of its \$3 billion mental health budget to placing psychiatrists, psychologists, and social workers within primary care clinics.⁹⁷ This will allow veterans to seek help in a familiar setting, and will also help resolve the issue of veterans with mental health injuries going to primary care and not getting diagnosed.⁹⁸ Other measures currently underway include the addition of 23 new VA-run Vet Centers—bringing the total to 232 centers nationwide—and the hiring of more suicide-prevention coordinators to allow for expanded mental health emergency services.⁹⁹ The VA has also hired 100 Vet Center “Outreach Coordinators,” Iraq and Afghanistan veterans who help guide their fellow service members into care.¹⁰⁰

VA Fails to Plan for Iraq and Afghanistan Veterans with PTSD



In 2005, the VA was expecting less than 3,000 new veterans with PTSD. The actual number was almost 18,000 veterans. Source: Rep. Michael Michaud, December 2006.

IMPROVING MANDATORY MENTAL HEALTH SCREENINGS, INCREASING ACCESS TO TRAINED MENTAL HEALTH PROFESSIONALS, AND ENSURING MILITARY FAMILIES HAVE ACCESS TO TRAINING AND CARE WOULD BE A TREMENDOUS STEP TOWARD REDUCING THE STIGMA ATTACHED TO MENTAL HEALTH CARE.

CONCLUSION

At least half a million Iraq veterans will suffer from a mental health injury as a result of their service, a rate comparable to or higher than that seen after Vietnam. Some of the ramifications are clear: increases in family problems, drug abuse, and suicide. If these issues are not addressed, other problems, like the unemployment and homelessness¹⁰¹ experienced by Vietnam veterans, are likely to increase as well. The Defense Department and the Department of Veterans Affairs can and must do better. Resolving just three of the most pressing needs—improving mandatory mental health screenings, increasing access to trained mental health professionals, and ensuring military families have access to training and care – would be a tremendous step toward reducing the stigma attached to mental health care, building a less passive response to veterans’ mental health needs, and stemming the flood of veterans with untreated mental health injuries. For IAVA’s recommendations on mental health, see our Legislative Agenda, available at www.iava.org/dc.

RECOMMENDED READING AND ONLINE RESOURCES

For more information about the mental health effects of war, please see the IAVA Issue Report: “Traumatic Brain Injury: the Signature Wound of the Iraq War.” For more on troops’ and veterans’ health care and compensation issues, consult the IAVA Issue Report: “Battling Red Tape: Veterans Struggle for Care and Benefits.” And to learn more about the national security implications of long and multiple tours, please see the IAVA Issue Report, “A Breaking Military: Overextension Threatens Readiness.” All IAVA reports are available at www.iava.org/dc.

You can also learn more about mental health and the military from the following sources:

- The National Center for PTSD: <http://www.ncptsd.va.gov>.
- Charles W. Hoge et al., “Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care,” *New England Journal of Medicine*, July 1, 2004: <http://content.nejm.org/cgi/content/short/351/1/13>.
- Charles W. Hoge et al., “Mental Health Problems, Use of Mental Health Services, and Attrition from Military Service After Returning from Deployment to Iraq or Afghanistan,” *Journal of the American Medical Association*, March 1, 2006, 295, p. 1023: <http://www.iava.org/images/JAMA.pdf>.
- Miliken, Auchterlonie, and Hoge, “Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War,” *Journal of the American Medical Association*, November 14, 2007.
- “Mental Health Advisory Team (MHAT) IV Final Report,” November 17, 2006: http://www.armymedicine.army.mil/news/mhat/mhat_iv/MHAT_IV_Report_17NOV06.pdf.
- American Psychological Association, Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, “The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report,” February 2007: <http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf>.
- The President’s Commission on Care for America’s Returning Wounded Warriors, “Final Report,” July 30, 2007: http://www.pccww.gov/docs/Kit/Main_Book_CC%5BJULY26%5D.pdf.

ENDNOTES

All links are current to date of publication.

- ¹ Post-Traumatic Stress Disorder, or PTSD, is a psychological condition that occurs after an extremely traumatic or life-threatening event, and has symptoms including persistent recollections of the trauma, heightened alertness, nightmares, insomnia, and irritability.
- ² American Psychological Association Presidential Task Force on Military Deployment Services for Youth, Families and Service Members, “The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report,” February 2007, p. 4: <http://www.apa.org/releases/MilitaryDeploymentTaskForceReport.pdf>.
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