Mental Health Needs in Active Duty & Veteran Populations & Their Families

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Objectives

1. Understand aspects of military culture that contextualize mental health concerns
2. Become familiar with mental health concerns for active duty and veteran populations
3. Describe challenges facing military families
4. Learn resources available to these populations
The military culture & life-style

Common mental health concerns in
- Active Duty
- Veterans
- Families

Mental health resources
Military Culture & Background
A Bit About Military Culture

- Branch creed & core values
- Regard for authority (chain of command, rank, enlisted vs. officer)
  - No fraternization
- Vulgar/morbid humor to cope with hardship & trauma
- Little tolerance for little effort, incompetence
- No demographic distinction (e.g., Navy: everyone is blue)
The Military Life-Style

- 3 to 6 year contracts → 4 to 8 years inactive duty/inactive reserves
- Little control over one’s life
  - frequent relocations, assigned housing, schedule demands & changes, no political expression in uniform, UCMJ, etc.
- Sleep deprivation (e.g., 72 hours) & difficult work shifts/rotations (e.g., 3 on-3 off, 6 on-6 off, etc.)
- Pre-deployment drills; Deployments lasting 3 to 20 months
- Challenges navigating command chain, politics, bureaucracy
- Risk of injury, wear & tear
  - 4 years military services = 8 years of civilian life
Common Mental Health Problems for Active Duty

- Adjustment difficulties
- Acute stress/posttraumatic stress (also MST)
- Depression & anxiety
- Substance abuse (alcohol & illicit substances)
- Suicide & non-suicidal self-injury (NSSI)
- Grief/loss

Other considerations:
- Prison vs. active-duty service
- Marital difficulties/divorce
- “Shell-backing”
- Equity initiatives → sexism & racism
Common Mental Health Problems amongst Veterans

- Adjustment difficulties
  - Highly structured → no structure
  - Military vs. civilian standards, culture, conduct
- Acute stress/posttraumatic stress (also MST)
- Depression & anxiety
- Substance abuse/dependence
- Suicide & NSSI

- Other considerations:
  - Disconnection from family/friends
  - Ambivalence about time in service, past decisions, military reputation
    - Should have re-enlisted
  - Changes in one’s one physicality
  - New health problems, worsened functionality (e.g., hearing loss, TBI, amputation, SCI)

Bryan et al, 2015
## Rates of Mental Health Problems

<table>
<thead>
<tr>
<th>Condition</th>
<th>General Population</th>
<th>Active Duty</th>
<th>Veteran</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>12.8</td>
<td>12*</td>
<td>11</td>
</tr>
<tr>
<td>PTSD (lifetime prev)</td>
<td>6.8</td>
<td>3.84</td>
<td>12.9</td>
</tr>
<tr>
<td>Substance Use Disorders</td>
<td>8.3</td>
<td>-</td>
<td>11</td>
</tr>
<tr>
<td>Anxiety</td>
<td>12.3</td>
<td>-</td>
<td>9.9</td>
</tr>
<tr>
<td>Suicide (per 100,000)</td>
<td>13.9</td>
<td>28.7</td>
<td>30</td>
</tr>
</tbody>
</table>

Cameron, Sturdivant, & Baker, 2019; Gadermann et al., 2014; Gould, Rideaux, Spira, & Beaudreau, 2015; Teeters et al., 2017; Annual DoD Report
Additional Information about Mental Health in Active Duty

- Overall, 15% of those serving have 1+ mental health diagnoses
  - Greater risk for female personnel (except for substance use disorders)
  - 12% have a sleep disorder
  - 23% use tobacco
- Younger personnel more likely to have a substance use disorder; older personnel more likely to have PTSD
- Mental health diagnoses prevalence rates: Army (10.7%); followed by Navy (7.4%), Air Force (7%), and Marine Corps (6.5%)

Health of the Force, 2018; Kime, 2019
# Mental Health & Physical Health

## PTSD Can be Associated with Global Physical Health Effects

<table>
<thead>
<tr>
<th>Physical Symptoms Scale (&quot;bothered a lot&quot;)</th>
<th>Soldiers Post-Iraq With PTSD (N=468) (%)</th>
<th>Soldiers Post-Iraq No PTSD (N=2,347) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Score &gt; 15 (severe)</td>
<td>34</td>
<td>5.2</td>
</tr>
<tr>
<td>Tired, low energy</td>
<td>75</td>
<td>28</td>
</tr>
<tr>
<td>Sleep disturbance</td>
<td>71</td>
<td>26</td>
</tr>
<tr>
<td>Pain in arms, legs, joints</td>
<td>50</td>
<td>26</td>
</tr>
<tr>
<td>Back pain</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>Headaches</td>
<td>32</td>
<td>9.9</td>
</tr>
<tr>
<td>Nausea / indigestion/ irritable bowel syndrome</td>
<td>25</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Health of the Force, 2018
Veterans, Military Members and Mental Health

This survey was conducted online within the United States by The Harris Poll on behalf of University of Phoenix on May 24–June 8, 2016 among 1,010 US adults aged 18 and older. All 1,010 respondents were US military—126 were active duty military and 884 were veterans.

The survey found that 72 percent of active-duty service members have sought or considered professional counseling

But only 30 percent of veterans have sought or considered counseling
A Closer Look at Key Military Problems
Suicides Per 100,000 Active-Duty Troops

Counting deaths by suicide is not an exact science, and official figures can change as new information emerges. These DoD numbers represent the midpoint of the 95%-confidence range.

Suicide

20 VETERANS DIE BY SUICIDE EACH DAY

30% of active duty and reserve military personnel deployed in Iraq and Afghanistan have a mental health problem requiring treatment.

Of the 30%, only half of returning veterans in need receive any mental health treatment.

Suicide Warning Signs

- Negative view of self
- Making suicide threats
- Substance abuse
- Giving things away
- Making funeral arrangements
- Engaging in "risky" behaviors
- Self-harm behaviors
- Frequently talking about death
- Isolation or feeling alone
- Aggressiveness and irritability
- Possessing lethal means
- Feeling like a burden to others
- Drastic changes in mood and behavior
Traumatic Brain Injury (TBI)

- The Defense and Veterans Brain Injury Center (DVBIC): 414,000 TBIs among U.S. service members worldwide (2000-2020)
- Blast vs. non-blast causes; closed vs. penetrating
- Concussions (mTBIs); Post-Concussive Syndrome can impede ability to serve
- Complicating factor: accumulation of head injuries over time
- Co-occurring with polytraumatic injuries (e.g., SCI, amputation, functional loss), PTSD, depression, sleep disturbance, substance abuse, personality change, other behavioral changes, epilepsy suicide
- More likely to be unemployed, disabled

see Research VA.gov
Military Sexual Trauma (MST)

- 1 in 5 women; 1 in 100 men (Rowe et al., 2009)
  - 14-43.1% of treatment-seeking female veterans have experienced sexual assault
- Associated with relationship, physical health, sleep, substance use, and readjustment problems (Katz, 2007)
- Comorbid with depression, posttraumatic stress, panic disorder at higher rates relative to non-MST population (Barrera et al., 2013)
- Not a diagnosis, thus complicating access to services (Turchick et al. 2013)
Reintegration

- Research suggests reintegration can cause more difficulties than serving in combat
- Insufficient VA mental health providers
  - Only 40% of those who are eligible pursue VA benefits
- Stigma – “more devastating, life limiting, and longer lasting than the primary illness itself”
- Poor translation of skills from warzone to home life & civilian employment
- “Existential boredom”
  - Diminished sense of meaning, importance, respect/appreciation
- Health-compromising behaviors (risk taking, substance abuse)

see Danish & Antonides, 2013
Barriers to Mental Health Care

- Mental health problems associated with personal weakness
  - Help-seeking contrary to prized self-sufficiency
  - Minimization of personal suffering (i.e., at least I didn’t die like my ___)
- Limited confidentiality
  - Anything that can impact mission-readiness
  - Mandated evaluations
- System inevitably perpetuating stigma
  - E.g., Suspending secret clearance recommendations post-MH evaluations
Common Mental Health Problems in Military Families

- Difficulty establishing plans
- Frequent relocations interrupting schooling, social life, employment
- Geographic separation (‘single parenthood’ or dual serving)
- Marital and family issues is most common reason why service members seek mental health services (40%; California National Guard, 2010)

Regarding serving family member:

- Fear of injury and/or death
- Navigating changes in functioning/personality after deployment and/or service

- Barriers for male military spouses
The 612,127* active duty spouses play an important part in our military community. They face unique challenges due to their spouses’ military service.

WELL-BEING OF ACTIVE DUTY SPOUSES

- **Current Level of Personal Stress**
  - 38% About the same as usual
  - 51% More than usual
  - 11% Less than usual

- **Mental Well-being**
  - Within the last two weeks, active duty spouses reported feeling...
    - Nervous, anxious, or on edge: 52%
    - Down, depressed, or hopeless: 35%

SUPPORT FOR ACTIVE DUTY SPOUSES

- **Community Support**
  - 52% of active duty spouses agree that if they had an emergency, even people they did not know would be willing to help.

- **Family Support**
  - 89% of active duty spouses agree that generally speaking, they would describe their family as a strong, happy family.
  - 49% of active duty spouses agree that people know they can get help from the community if they are in trouble.
  - 84% of active duty spouses agree that the members of their family make an effort to show they have love and affection for them.

Use of Counseling

- 66% of active duty spouses are comfortable using military counseling.
- 36% of active duty spouses have seen a counselor during their husband’s or wife’s active duty career.
- 73% of active duty spouses who have seen a counselor felt it was beneficial.

Top Cited Issues Discussed in Counseling:

- Marital Issues: 20%
- Mental Health Concerns: 22%
- Couple’s Communication Issues: 14%

RESOURCES FOR FAMILIES

The Department of Defense is dedicated to helping military spouses manage stress. Military spouses can receive support at no cost, including non-medical counseling at:

**MILITARY ONE SOURCE**
800-342-9647
www.militaryonesource.mil

*Sponsored by Military Community and Family Policy, conducted by the OPA

*This data point taken from the 2017 Demographics Profile of the Military Community.
Data presented are from the 2017 Survey of Active Duty Spouses.
Mental Health Resources & Services
Other Services & Approaches

- **VA services:**
  - Medical Centers, CBOCs, BHIPs, Vet Centers, etc.
  - Inpatient/residential, IOP, outpatient; assessment; ancillary; equine therapy; canine support

- Cohen Veterans Network (CVN)

- Goal setting to support reintegration efforts (e.g., focusing on autonomy, competence, relatedness; *Deci & Ryan, 2000*)
Other Resources

- Suicide prevention campaigns (e.g., https://www.veteranscrisisline.net/ https://suicidepreventionlifeline.org/help-yourself/veterans/)
- National Center for PTSD
- American Legion
- Apps (e.g., Virtual Hope Box)
- Fleet & Family services
- Military Family Research Institute
- Program of Comprehensive Assistance for Family Caregivers (financial stipend for caregivers of disabled veterans)
- VA Caregiver Support Program
References


- California National Guard (2010).


References cont.


Questions?