

PTSD among Veterans

Name

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### Abstract

This paper explores different sources that discuss Post-Traumatic Stress Disorder as a mental condition and evaluate it in the context of the United States Veterans Affairs. Even though the articles vary in scope regarding the issue, they are used to create understanding of why PTSD is considered to be a major challenge to returning veterans and strategies that may bring about positive results for them. The paper provides an elaborate description of PTSD and goes further to explain the current state of the problem among veterans in the country. Finally, there is a model that is considered to be effective in reducing the occurrence of PTSD among this population.

Keywords: *Post-Traumatic Stress Disorder, Veterans, Operation Enduring Freedom, Operation Iraq Freedom*

### PTSD among Veterans

The Veterans Affairs (VA) hospitals, which are the largest health care institutions in the United States, provide comprehensive health care services to veterans of the United States Military Service. Many veterans have priority to attend the VA in the case of disability resulting from military service or low income (Chesnek, 2011). VA health institutions have been found to be more effective than other health institutions in managing the health issues associated with veterans. However, there exists a challenge in managing the problem of Post-Traumatic Stress Disorder (PTSD) among returning United States veterans.

PTSD is a mental condition that an individual may experience after being exposed to a life-threatening situation or an event that provokes feelings of horror and helplessness. (Harrison et al., 2010). One of the significant areas of research concerning Veterans Affairs (VA) health care today is the growing number of veterans with a disability, most of whom are returning from Operation Enduring Freedom (OEF) and Operation Iraq Freedom (OIF). It has been found that many veterans participating in these operations are returning home with medical and psychological needs. For this reason, the rehabilitation counselor is required to come up with effective measures to manage these needs. It follows that the better the counselor is prepared, the higher the quality of service the veterans will get. One such service is providing appropriate counseling and case management to veterans suffering from Post-Traumatic Stress Disorder. Therefore, this paper explores various sources in order to create understanding concerning PTSD in a veteran setting and develops an effective approach to managing this issue.

## Literature Review

### Prevalence

According to Harrison et al. (2010), the prevalence of returning veterans with Post-Traumatic Stress Disorder to the country is overwhelmingly high, and it is critical to study PTSD specifically in this context in order to find a proper solution to reduce its effects. The authors report that about two million veterans have served either in Operation Enduring Freedom or Operation Iraq Freedom and that the prevalence rate for these veterans is 22%. The authors retrieved these values from data regarding the number of veterans who accessed Veterans Health Administration welfare services in the period between 2006 and 2010 and were found to be suffering from PTSD. Additionally, Holdeman (2009) on studying data from Polytrauma Network Sites of the Department of Veterans Affairs adds that more than 65% of veterans who previously served in one of the operations were found to be suffering from PTSD. According to this study, PTSD is the most prevalent mental health problem for veterans who have served in OIF or OEF.

The study by Harrison et al. (2010) also suggests a variation in the prevalence rates when considering gender, albeit minimal. The authors found that there was only a small margin between the prevalence rates of PTSD in male and female veterans returning from either operation, with the former exhibiting between 2% and 11% of positive diagnoses for PTSD. Regarding ethnical background, the gap was found to be at most 2% when comparing one group to another. However, when comparing the prevalence of PTSD among certain age groups, it was clear that there was a considerable gap between the statistics of veterans between ages 18 and 24 and those of ages above 40 (Richardson et al., 2010). The authors concluded that since the both operations are still ongoing, it would be somewhat impossible to eliminate or even significantly

reduce the prevalence of PTSD among this group of veterans.

### **Costs Associated with PTSD**

The study of PTSD in the Veteran Affairs by Burke et al. (2009) context mainly focuses on costs associated with PTSD. The financial load falls to the United States to offer treatment for all veterans suffering from PTSD. For instance, the federal government extended health care services for veterans to five years in 2008 as compared to the two-year benefit given to veterans before that year. Any health care benefits beyond this timeframe would be offered for a nominal co-payment. Given the extended health care benefits as well as the high number of PTSD cases reported among veterans who have served in OEF and OIF, it is expected that the government will incur at least \$200 million every year providing health care for this group.

According to Burke et al. (2009), the society also suffers the consequences of PTSD among veterans in the form of lost productivity. This study has found that veterans suffering from PTSD tend to be absent from work and those who show up are less productive. As a result, the society loses about \$450 million every year (Boyle et al., 2014). Furthermore, the society may also incur costs associated with PTSD when veterans suffering from this complication indulge in antisocial activities such as domestic violence, substance abuse, and child abuse.

### **Barriers to Treatment**

Many returning OIF/OEF veterans do not benefit from sufficient treatment. Lack of at least the slightest treatment to these veterans is caused by many factors that are commonly referred to as the barriers to treatment. One of the common barriers is the unwillingness of the veterans to seek treatment because they fear being perceived to be weak. According to Eaton et al. (2008), less than 40% of the veterans who test positive for PTSD look for treatment.

More barriers to treatment include lack of randomized-controlled studies that specify on

the treatment for OIF/OEF veterans suffering from PTSD, worries of the veterans regarding how some treatments are administered, lack of trained therapists in the evidence-based treatment, concerns of the available therapists on the existing modes of treatment (Peterson et al., 2011). Another research listed lack of the need for treatment among the veterans, lack of belief in the treatment and the self-containment approach as the main barriers to treatment (Ouimette et al., 2008). Lack of knowledge on the legality of the treatment has been another factor that discourages treatment, according to this study. The study was done on the diverse national sample comprising of 490 VA casualties with the PTSD condition. The perceived barrier to care was taken into consideration during the research. It was found that female veterans, OIF/OEF veterans, and veterans of a young age were more likely to have a negative attitude towards VA.

### **Proposed Solution Approach**

For the purpose of this paper, the design chosen is that of a National Post-Traumatic Stress Disorder program tailored for veterans. This program will offer special clinical treatment at various Veterans Affairs health institutions throughout the country to meet the mental health needs of veterans in a six-week rehabilitation process. This program will be developed in such a manner that it is suitable for managing PTSD among veterans and that the location of service does not act as a hindrance to access. The services provided are aimed at integrating care with community outreach strategies throughout the United States. The strategy entails an intensive rehabilitation program that provides evidence-based PTSD-focused psychological treatment techniques and cognitive behavioral therapy (CBT).

The amenities are meant to offer an efficient and economically intensive rehabilitation program for the most relentlessly disabled with PTSD from the comfort of their residence. The

program is provided by collaborating with other local services that offer similar diagnosis. These services are available for the former military workforces and battle veterans and are aimed at achieving already set objectives. The main objective is providing the quality treatment of severe PTSD using the most recent validated assessment, knowledge, and equipment. Another objective intends to reach out to the veterans that are in greatest agony and need the treatment as soon as possible. The third objective is to deliver professional management and therapy to veterans with a confirmed treatment of PTSD by using the modern clinical practices. The clinical practices are intended for therapeutic interventions. Also, the services aim at offering care to the veterans and their families. The therapeutic support is focused to utilize their familiarity of care in a national level.

Ensuring the victims do the optimal daily function and socially interact well with others is also one of the purposes of the services. The services have helped significantly to reduce the number of veterans being sentenced to imprisonment terms. The next objective is to support the local mental healthcare and social care providers to take care of the veterans with the PTSD condition. The veterans are provided with these services whenever it is appropriate or secure to do one. The therapists should be sure that the veterans, together with their families, are provided with suitable and available formats and mediums.

The services also focus on developing collective care arrangements and more efficient channels. The arrangements aim at reducing healthcare disparities, improving the access to these services and enabling the easier transition of care. Another significant objective of the services is to help the multi-disciplinary team (MDT) necessary to build solid knowledge and skills to ensure that high-quality services are provided. Finally, the last objective of these services is to run a rolling program of clinical audit to test the current situation. These services are

fundamental in developing incorporated care policies with the Veterans Affairs health care system to ensure that mental problem is successfully diagnosed.

### **Conclusion**

While many important advancements have been made over the past few decades in understanding and treating symptoms of PTSD, the rising number of American veterans who suffer from the disorder continues to be a serious national public health problem. The paper suggested further opportunities for the VA and other health care systems to develop new and innovative ways to overcome barriers to treating veterans with PTSD. The plan also offered the most appropriate ways of mitigating the expenses associated with PTSD and the measures that would serve to improve the quality of life of OEF and OIF veterans.

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