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Military Mental Health Disorders, Post Deployment for Providers and Combat Veterans and their Families.

by Ernest Wahrburg MA, LCSW

The wars in Iraq and Afghanistan have tragically taken a profound toll on our country. Service members are surviving the enormous dangers of wars, returning to the United States, battling torturous psychological conditions and severe physical lifelong disability. In all too many cases this scenario has tragically ended in skyrocketing rates of suicide. In countless other cases it has lead to horrendous conditions like homelessness, chronic unemployment, homicide, domestic violence and other violent criminal activity, drug abuse, alcoholism and incarceration.

For all those who have been deployed into combat or support positions and have been physically and/or psychologically injured in the process of doing so, our country owes those individuals the restoration of their health, to the greatest degree possible.

PTSD is prominent in the news, but of course there are a huge and diverse number of other injuries suffered. Traumatic brain injuries (TBI), orthopedic injuries, amputations, spinal cord injuries, major depressive disorder, alcohol and other substance abuse dependence, military sexual trauma and other mental health disorders are just a few of the prominent conditions that our Active Duty Service Members and Veterans battle as a result of service to our country.

Military treatment facilities and the Veterans Administration are over burdened, over stressed and over stretched beyond their limits to provide screenings, diagnostic evaluations and treatment. Simply put, military healthcare needs significantly outweigh the ability of Military Treatment Facilities and the Veterans Administration to adequately provide healthcare treatment to this most deserving population.

This is why it is incumbent upon all concerned healthcare providers in the private sector to give their best efforts to fill this deficiency, and to do so from as strong as strong a foundation of knowledge, skills and understanding as possible.

Military healthcare needs have numerous highly unique aspects. Combat related PTSD, as an example, has a host of unique aspects that a provider needs to understand in order to provide optimal treatment including an understanding of post traumatic insomnia, nightmares, co-morbid alcohol abuse, physical hyper-arousability, hyper-vigilance, exaggerated startle response, risk taking behaviors, a proclivity towards social isolation and the effects of all of these upon the Service member’s family.

Similarly, screening for TBI and providing referrals to appropriate providers for comprehensive TBI evaluations, treatment and rehabilitation all entail specialized knowledge. This includes referral to a
neuropsychologist to administer appropriate psychological testing, referral to a neurologist to undertake appropriate imagine studies, referral for cognitive rehabilitation to assist the patient with restoration of memory impairment, referral to a provider for vestibular rehabilitation for assistance with the restoration of impairment in balance, and so on.

Understanding, assessing and treating alcohol abuse and dependence needs to take place within the context of an understanding of military culture. And there needs to be an understanding that these conditions are likely occurring in combination with other deployment related health problems such as post traumatic insomnia, nightmares and full-fledged PTSD.

An understanding of military institutional resistance to mental health problems and mental health treatment will facilitate treatment so that a provider can be appropriately supportive, work to minimize potential setbacks related to stigmatization, and advocate for the Active Duty Service Member and his or her family. As needed, graduate school educational programs are adding much needed curriculum to address military healthcare needs as new problems and updated information and research is also emerging.

Professional organizations have been adding to and re-vamping their continuing educational offerings to meet all of these emerging needs to assist healthcare providers in enhancing their knowledge and skills to competently address military healthcare needs.

This is true whether talking about a primary care provider, psychologist, neurologist, case manager, ENT specialist, psychiatrist, pain management specialist, and on and on the list goes.

Treatment with civilian providers located off Military Treatment Facilities can have significant advantages. For a Service member suffering from combat related PTSD for example, all of the myriad of sights, sounds and smells on a military base can and do act on Service members in a very powerful detrimental ways. The sounds emanating from a firing range, the smells of diesel fuel, the sights of weapons and ammunition and countless stimuli prevalent on military installations can act as powerful triggers of PTSD symptoms. Flashbacks, hyper-vigilance, an exaggerated startle response, extremely distressing vivid and detailed memories of traumatic military experience are just a few of the symptoms that can be manifest by such stimuli.

Receiving treatment in an environment devoid of any such detrimental triggers, an environment of tranquility with calming and recuperative properties gives healing an opportunity to take place. An environment chock full of triggers forces treatment to take place at a distinct disadvantage as a mere function of its power in rekindling traumatic memories.

Getting off of a military base when one is suffering from a major depressive disorder, PTSD, TBI or other post deployment health related problems can provide a patient with a treatment setting far more
conducive to healing, and an environment which naturally promotes hope and optimism to a far greater degree than is likely to be the case on a military base.

Issues discussed here just scratch the surface of the “iceberg of military healthcare needs.”

Fortunately, civilian providers are being responsive in their efforts to bridge the gap between military health care needs and military healthcare treatment. And institutions of higher education are modifying curriculum to address this disparity.

Thankfully, professional organizations are also providing more clinical presentations addressing military healthcare needs. The trend is moving in the right direction and efforts will need to continue for the foreseeable future to provide Service Members, Veterans and their families with the evaluation, diagnosis and treatment services they are so justly entitled to!

If this topic is of interest to you, consider joining the LinkedIn Group called “Military Mental Health Disorders Post Deployment”.

It can be accessed at http://www.linkedin.com/groups/MILITARY-MENTAL-HEALTH-DISORDERS-POST-2788736?mostPopular=&gid=2788736

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