

Mental health issues in the military assignment



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Michael Alster Any American would be hard-pressed to turn on the news and not find something, anything, said about Operation Iraqi Freedom. The war in Iraq is one of the most publicized (and controversial) topics so far of the 21st century. Unfortunately, a common headline reads something like this: “ 5 Marines killed in Baghdad Today,” “ 15 American troops injured in a suicide bomb attack in Tikrit this morning. ” What about the casualties that aren’t reported on the news? The troops that suffer – not from physical wounds that can heal, be stitched up, or adapted to live with ??? but from non-visible scars.

Mental injuries are becoming increasingly common among today’s decorated war heroes. Many are too embarrassed, scared or uninformed to speak up about it. What factors increase a soldier’s chance of developing stress related symptoms? Does the military do enough to prevent, inform and treat? What else can be done to prevent a soldier from going too far, and taking their own life? The military does provide services to protect and benefit the mental health of its soldiers; however, it is overlooked, disregarded, and ineffective.

The Department of defense does not do enough to overcome the hurdles faced to ensure that today’s soldiers and tomorrow’s veterans have access to the information and the care they require. This paper will reference several reports in particular. Due to the nature of the research, very few researchers are willing or able to properly survey the United States Military Personnel and obtain an effective study indicative of the majority of deployed soldiers. Each year, the United States Army sends a Mental Health

Advisory Team into the war zone to survey the mental health of soldiers currently deployed.

The most recent, (MHAT-V) was issued February 14, 2008, and considers 1,368 soldiers serving in Iraq in Operation Iraqi Freedom (OIF), and Operation Enduring Freedom (OEF), in Iraq and Afghanistan, respectively. The MHAT-V surveyed soldiers of various gender, age, rank, component (Active, Reserve, etc), marital status, and time in theater. The average respondent was a married 20 to 24 year old male, Active duty rank E-1 through E-4 (frequently referred to as junior enlisted soldiers) and had served 6 to 12 months in theater.

In June of 2007, The Department of Defense commissioned a group of psychologists to “ examine matters relating to mental health and the Armed Forces” and produce “ a report containing an assessment of, and recommendations for improving, the efficacy of mental health services provided to members of the Armed Forces by the Department of Defense. ” (ES-1) This report of the Task Force on Mental Health proved valuable for the research for this paper. To evaluate what the military is doing to prevent the problem; we must first understand the problem and its causes.

The United States Surgeon General describes mental illnesses and disorders as “ health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. ” While military deployment can result in a host of mental illnesses, and many are experienced simultaneously, the most commonly reported is a very serious disorder blamed for a majority of soldier

suicides ??? Post Traumatic Stress Disorder. There are thousands of perceptions of what Post Traumatic Stress Disorder is, and what causes it.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) is published by the American Psychiatric Association. It is widely used by mental health professionals across the country as a guideline to diagnose and treat every mental illness recognized in the United States. A requirement of PTSD is that there must be some type of traumatic incident (seeing injury or death of another, the individual's own injury or near death, etc.) For deployed soldiers, however, the risk is higher, and many unique conditions exist that most people can't imagine or relate to.

PTSD doesn't show-up in its worse form immediately after a tragic event. It starts out slowly as a dream, perhaps, or as a daydream, and escalates into depression, insomnia, anxiety, alienation and rage. It is thought that stress increases someone's chance of developing PTSD after a traumatic event. Therefore, to reduce the risk of the disorder, there is a need to reduce the stress and increase training so that soldiers know what to expect, how to handle it when it occurs, and what to do when they can't handle it. It is agreed across the board that the United States Military provides prevention training to its soldiers.

Each branch of the military is supposed to provide this training to each of its soldiers before, during, and after their deployment. This can be as important as teaching a new soldier how to clean his gun. Sometimes though, factors like timing and money dictate if the training is actually administered, and mental health training may be the first to go. Also, the military provides

soldiers with a variety of mental health services. A search of the army medicine website, armymedicine.army.mil, reveals news on mental health and a link to the army's behavioral health website.

Information about the various services the Department of Defense offers are scattered over several websites. Again, Operation Iraqi Freedom's budget limits the availability and accessibility of these services. Unless a soldier requests help, it's usually not offered. Many soldiers ask, " Why me? Why not the guy next to me? We both went through the same war, saw the same things. Why do I feel like this, and he doesn't? " Well, the answer isn't easy. The other soldier may very well be feeling the same way, or he may not process his stress the same way, or he doesn't have as many stressors in his life.

Like any mental illness, some people are more likely to suffer from PTSD than others. It usually appears in conjunction with other stressors in a soldier's life. According to the MHAT-V, one of the most prevalent exacerbations of stress is what's going on back in the states. Every deployed soldier has a life that he left behind to defend the country. Whether it's a wife, children, parents, friends, pets, or even a house, all soldiers have something they left behind. Not only does the soldier deal with missing their favorite things left home, knowing they are being missed by those at home can dramatically increase stress.

A soldier may be worried about finances, or things that he didn't take care of before he left. To decrease stress, a soldier needs to have complete trust and confidence in those left home. Many families, wives in particular, are

unable to handle their husband's deployment, and in fact add to their loved one's stress level. Some wives decide to separate or divorce while their husband is in theater, and may express this to the soldier, or even become unfaithful. The MHAT-V reports that 68% of military suicides resulted from failed intimate relationships.

Extended deployments are also shown to have an effect on a soldier's mental health. The MHAT-V reports that 20 % of soldiers surveyed had thoughts of hurting themselves and notes that the highest rate of soldier suicides are both seen in month 8 (86). Increased time in theater may cause increased exposure to traumatic events, increased time away from loved ones, and a much higher chance of a romantic relationship ending (both of which are shown to drastically increase a soldier's stress level). The study also found a direct link between mental health problems and repeated deployments of non-commissioned officers (NCO's). In their first deployment 12% of NCO's scored positive for a stress disorder. By the third deployment, the rate more than doubled to 28%. Several mental health professionals including Charles W. Hoge, MD, (the director of the Division Psychiatry and Neuroscience at Walter Reed Army Institute of Research) conducted a study entitled, Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care which was posted in the New England Journal of Medicine.

The study found that that 86% of post-deployment Marines and Army Soldiers realized they had a problem, yet only 35% received some type of professional help (whether it be from a mental health professional, a chaplain, or a medical doctor) ([www. nejm. com](http://www.nejm.com)) Was the help not offered effectively? Or was it just not accepted by the soldiers? (Hoge) Due to the <https://assignbuster.com/mental-health-issues-in-the-military-assignment/>

nature of PTSD , the individual will not want to re-live the experience; they won't want to talk about it. This puts the military in a predicament. How do you help someone who doesn't want to be helped?

The easy answer is that you can't. The more the military - or anyone for that matter - tries to push recovery on someone, the more that person pushes back. Somehow, the military needs to find a way to reach out to those that are hurting, and actually get through to them. There is an incredibly high stigma associated with seeking mental health care, both in country and on United States soil. What soldier wants to admit that he's weak, or that he's failed? Many are afraid of how their peers will view them, as less of ' a man' or that they've betrayed the unit by leaving.

The perception that mental illness means weakness most likely came from the generally accepted opinion of it in the United States. Even in 2008, many people are under the impression that all people with a mental disorder are fit for commitment and should be in a straight jacket, which is simply not the case. They are afraid of their superiors and their peers treating them differently or that it will harm their career. They may also be afraid of medical records permanently sticking with them for the rest of their career and easily accessible by superiors.

For soldiers serving in Operation Iraqi Freedom, sometimes care was too inaccessible. Often, a soldier seeking care that couldn't be provided by the chaplain would be sent to Landstuhl Regional Medical Center in Landstuhl, Germany. The thought of extended periods away from units discouraged many soldiers. It's possible that soldiers may not know that there are

services available to them, however this lack of knowledge is rare. They may not know that they aren't the only ones that have felt the way they're feeling. The Hoge et. Al. study separated responses of those who met the criteria for a mental disorder, and those who did not. Perceived barriers to care differed dramatically in the two data sets. Again, the nature of PTSD affects the soldiers' willingness to receive care. It has already been established that most realize they have a mental health problem, but since they know, why don't they get care for it? Like the other study, the main concerns were related to how they would be perceived, and whether they would be treated differently. The respondents who did not meet the criteria showed the same general pattern.

However, they also showed drastically higher rates of knowledge of services available and lower rates of concern about potential barriers that would prevent them from seeking care. For example, 6% of those who did not meet screening criteria reported they didn't know where to get help, compared to 22% of those that did meet the criteria. It is ironic that the majority of those who knew of the services didn't need them. 31% of those who did not meet the criteria believed that someone with a mental illness would be seen as weak, and 65% of those that did meet criteria felt the same way.

Financially, the military can't handle the requests for psychiatric care that it receives. The Task Force on Mental Health " arrived at a single finding underpinning all others: " The Military Health System lacks the fiscal resources and the fully-trained personnel to fulfill its mission to support psychological health in peacetime or fulfill the enhanced requirements during times of conflict. " (ES-1) So, the military, through their Task Forces

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and their Advisory Teams, obviously know there is a problem with the state of the psychiatric services. Why aren't they doing anything about it?

Unfortunately, their soldiers' mental health just isn't their number one priority. Their priority is winning the war. When a soldier requests and receives psychiatric care, it pulls them out of theater, which doesn't support priority one. A soldier is provided care in the hopes to place him back in theater in the least amount of time possible. It isn't cost effective to be paying a soldier active duty pay to be in a psychiatric facility. It's also speculated that the military provides the care to cover itself for lawsuits. If a soldier's family, whose loved one was taken by suicide, tries to sue the military, the government can fall back on the fact that the services were offered and available to the soldier at all times. The United States Army provides several types of pre-deployment training. The study, *Combat duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to care*, Hoge et. al found that 45.4% of soldiers ranked E-1 to E-4 say that their training in managing the stress of deployment and/or combat was adequate. It's understandable that no one will ever have a 100% satisfaction rate, but less than half is quite embarrassing.

Imagine how fast a school teacher's curriculum would be revamped if half the students failed, and the students who passed did so 'adequately'. The study goes on to say that "60% of the 2007 suicides showed behavioral changes or signs of depression prior to their suicide." The pre-deployment training left soldiers with mediocre confidence in them to recognize the signs of a comrade's declining mental health. If proper training had been given to

platoons, those around the suicidal individuals may have been able to alert supervisors.

Surprisingly, 27% of soldiers who committed suicide in Iraq sought help from a Military Treatment Facility within 30 days prior to committing suicide. This indicates that the soldier, although he may not have known what was wrong with him, could feel that something wasn't quite right. Also, 64% were seen by a chaplain or by a mental health professional. (www. nejm. com) so, couldn't these suicides be prevented? The Military's resources are stretched so thin that the majority of treatment is geared to have a soldier out of service for as little time as possible.

The military simply doesn't have the manpower to evacuate every soldier who presents with a mental health issue. Treatment will include providing medicine to help the soldier sleep, or talking to them for a while, and send them back with their unit as soon as possible. This practice is about as effective as putting a band-aid on a gunshot wound. Although sending them back to theater is the best option for the military, the soldier may suffer. In the case of the wounded, the military may be doing more harm than good. Post-deployment, the military does a lot to find a soldier a job, but again, the soldier must reach out for mental health help.

The military has regulations in place that require certain training before, during, and after deployment; however, there is no guarantee that each soldier will receive this training. Of course, the military provides all of the information on various websites, possibly just because it has to. The Army recently launched a new Battle mind training program. The training's

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website, , says “ The goal of this training is to develop a realistic preview, in the form of a briefing, of the stresses and strains of deployment on soldiers. Four training briefs have been developed and are available for Soldiers, Leaders, National Guard/Reserves and families. Although this training gives soldiers a preview of what is to come in the war zone, it doesn’t outline how they might react to these situations, and where to seek help if they need it. Many employers, including the State of New Jersey, are promoting the work/life balance and are trying to adapt employment to improve the employee’s life, instead of hurting it. The Department of Defense can, and should, do the same. Although soldiers will never be able to eliminate all sources of stress, the DoD can take steps to assist in decreasing stress levels.

Recently, the Army began allowing a limited number of married soldiers to cohabitate in Iraq. Both partners in a relationship being deployed inject even more stress onto a relationship, and this is a small step the Army took to try to save relationships. Unfortunately, most married soldiers aren’t deployed with their spouses this solution won’t help the majority of married soldiers. MHAT-V shows that failed intimate relationships are the driving force behind 68% of military suicides in Iraq. Given this information, a logical prevention for suicides would be to prevent the failed relationships.

Obviously, the military can’t prevent all relationships from deteriorating, but providing more family and relationship counseling would improve the soldier’s support system, and in turn improve mental health. They should also work to improve education to all troops. Soldiers should be taught, not only on the types of treatment available, but to recognize the signs of PTSD, <https://assignbuster.com/mental-health-issues-in-the-military-assignment/>

and possible suicidal tendencies in themselves or in their comrades. Soldiers are with each other every day, know each other, and will realize something is wrong way before a chaplain or anyone else will. The military should improve the quality of care that is offered.

For all soldiers, especially for wounded soldiers, support groups or seminars with others that have been through the same types of experiences should be mandated. At some point, each one has felt he is alone, and is the only person who has ever felt this way. It should be emphasized that stress happens to everyone and that asking for help is nothing to be ashamed of. Ultimately, there are plenty of services available at any time to those in the military. The biggest obstacle is that the soldiers need to seek them out and ask for help. We need to find ways to make that obstacle smaller, and more inviting.

War takes enough lives; why not make it a few less, if we can. Financially it would be impossible to provide as many psychologists and other trained mental health professionals as are required to provide the level of support needed in wartime. The cost involved with a war is incredible and human lives may be the biggest price paid. As of April 22, 2008, 4, 041 Soldiers have been killed. The Army has taken some big steps in the right direction, but the United States military needs a few more steps to get where it needs to be in protecting the mental health of its soldiers. Works Cited Cable News Network.

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