



The Key

ASSISTANCE REPORT

FOCUS ON **Veterans and Mental Health**

National Mental Health Consumers' Self-Help Clearinghouse

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On Christmas Day in 2005, Adam McCabe was struck by a roadside car bomb in Iraq, which left him with a traumatic brain injury (TBI) and shrapnel in his face and arms. After treatment in a Polish hospital in Iraq, the Marine returned to his Illinois hometown in April 2006 with a Purple Heart and other medals. "He was a hero to us and there was much jubilation and excitement," said Adam's mother, Theresa McCabe. "At first he seemed really strong; he'd been through a lot but he was steadfast in his mission and his convictions, and ready to start a new life."

McCabe enrolled at Illinois State and settled back into civilian life. "I was a successful Marine so I thought I would have that same success elsewhere," Adam McCabe said. "But, pretty soon, things started to unravel. I started acting aggressively. I drank aggressively; I smoked aggressively; I reacted aggressively. I just got out of control."

Adam was overwhelmed with guilt, dark feelings, and the realization that the very premise of the war – Saddam Hussein's supposed weapons of mass destruction – was false. He began to abuse alcohol and then drugs, finally slipping into heroin addiction. For about four years he was shuttled among rehabilitation clinics, hospitals and jail as his family stood by, feeling helpless.



John Henry Parker's son Sgt. Danny Facto was on his second tour of duty in Afghanistan when he began to experience mental health problems. "He called me in November 2003 to tell me he was too screwed up to come home," Parker said. "He'd done too much. He'd lost friends. He didn't know how to be a father and a husband. I'd been in the Marines myself and my father served in Korea and Vietnam. I was really scared for him."

For veterans, homecoming challenges like the ones Adam McCabe and Danny Facto have faced are all too common. The Department of Veterans Affairs faces an unprecedented demand for mental health services from vets returning from Iraq and Afghanistan. A *Washington Post* article noted that as of March 2011, more than 202,000 veterans have been seen for potential post-traumatic stress disorder (PTSD). And a study quoted by NAMI reported that nearly a third of veterans who

seek care through Department of Veterans Affairs (VA) health centers receive mental health diagnoses. *(Editor's note: In May 2012, the Army announced that it plans to review how soldiers with potential PTSD are evaluated and will review diagnoses back to late 2001. Top Army officials said they will work to ensure that soldiers get the treatment they need. At the same time, a new report by the Armed Forces Health Surveillance Center says that more active-duty troops – 21,735 – were hospitalized as a result of behavioral health disorders in 2011 than for any other major illness. Admissions for mental health issues grew 50 percent over the last five years, according to the report.)*

THE MENTAL HEALTH TOLL
Veterans are prone to specific mental health issues that, left unchecked, can lead to homelessness, divorce, incarceration and emotional havoc for spouses and families.

TIPS AND STRATEGIES

Do you suspect either you or your loved one are coping with mental health issues related to military service such as PTSD, depression, anxiety, or drug or alcohol abuse? The following are some tips and strategies for assessing the problem and finding help:

- If you are thinking about harming yourself or others, dial 911.
- Take a self-help screening. The Military Mental Health Screening Program (<http://www.MilitaryMentalHealth.org>) offers a series of anonymous questionnaires that can help you assess your condition. (The screening does not provide a diagnosis, but it can help you pinpoint what's going on and refer you to appropriate services.)
- Try the PTSD Coach mobile app. The app, available at www.ptsd.va.gov/public/pages/PTSDCoach.asp, offers reliable information on PTSD and treatments that work, as well as tools for screening and tracking your symptoms, skills for managing stress, and direct links to support.
- Look for peer support: Visit websites such as Make the Connection (www.maketheconnection.net), Vets 4 Vets (www.vets4vets.us), and Vet to Vet USA (<http://www.vet2vetusa.org>) to get some real-life stories and guidance from veterans in similar situations.

Among the mental health conditions most commonly associated with military service is post-traumatic stress disorder (PTSD). PTSD is characterized by intrusive memories (flashbacks, disturbing dreams); avoidance and emotional numbing (memory problems, hopelessness, difficulty concentrating and connecting to others); and/or anxiety and emotional arousal (irritability and anger, guilt, shame, trouble sleeping and being easily startled).

"There are varying estimates but many people believe that 15 percent of returning combat veterans experience some symptoms of PTSD," said Dr.

Julia Hoffman, clinical psychologist and mobile apps lead of the VA National Center for PTSD. "The good news is that there are two evidence-based treatments that have been rolled out nationally – cognitive processing and prolonged exposure therapy – and they work. In the past, people believed that PTSD was something you just had to struggle with; but now we know that there are good options for treatment."

Traumatic brain injury (TBI) has been associated with the blast and bomb injuries of combat. TBI can lead to a broad spectrum of symptoms and disabilities, usually categorized into mild and severe forms. Mild TBI can cause headache, dizziness, drowsiness, difficulty thinking, memory problems, attention deficits, mood swings and frustration. Severe cases can impair cognitive function, limit movement, and create other emotional problems. In many cases, TBI overlaps with PTSD, making it difficult to diagnose and treat.

Eighteen veterans die by suicide every day, according to a 2010 article in Army Times; and the suicide rate for veterans is twice that of other Americans, according to 2005 figures analyzed by the Epidemiology and Biostatistics Department at the University of Georgia. Feelings of helplessness, hopelessness, worthlessness, or the sense that life is too painful to bear are typical signs of suicidal inclinations. Depression, chronic pain, traumatic events such as seeing a friend die, enduring abuse or violence, and facing setbacks upon homecoming such as divorce or unemployment can all put a veteran at risk for suicide. Warning signs such as suicide plans, talk about death, engaging in risky and violent behaviors, giving away prized possessions, seeking access to firearms or other means of harm, or "putting affairs into order" demand immediate attention; in the presence of such signs, veterans and their loved ones should seek help right away in the form of counseling, medication and work with peers.

Drug and alcohol abuse remains high among veterans, with a higher risk of abuse after deployment. Signs that you might be dependent on drugs or alcohol include not being able to quit

or control how much you use, trying to hide use from others, giving up other activities so you can drink or use drugs, feeling sick when you stop, and having blackouts. Substance abuse takes its toll on physical and mental health, family and relationships, and can interfere with employment, housing and financial stability. Self-help groups such as veterans' substance abuse programs, mental health professionals, the local VA center, residential facilities and spiritual advisors can help treat substance use problems.

Another problem many veterans face, often associated with PTSD, is a driving need for a "rush" or adrenaline stimulation created by danger-seeking activities and reckless behaviors. If you recognize this behavior in yourself or a loved one, visit a doctor, therapist or local VA Center for support. John Henry Parker's son was killed in a motorcycle accident he believes was a direct result of this condition. "We need to create awareness that we are losing our veterans after they survive homecoming," Parker said. "It's not enough for them to come home. We need to take care of them after they come home."

BARRIERS TO CARE

A recent survey by the National Council for Community Behavioral Healthcare found that veterans still face significant barriers to accessing mental health and substance use treatment. Some of the biggest barriers to treatment are access to care, including long delays to get initial appointments for people in crisis; long distances to travel to service providers from rural areas; lack of family involvement, including spouses and parents; and reluctance to seek treatment due to the discrimination and prejudice associated with mental health conditions.

"One problem we see is that people may be returning to jobs or family responsibilities that interfere with the complex immersive process of standard face-to-face therapy," Dr. Hoffman said. "Another major issue is that many people don't have good problem recognition. They need education to understand that what they are facing is a problem and that it's something that can be treated."

Another issue is the military mindset, which promotes self-reliance, strength

and stoicism. "Some of these young men and women think they are invincible," said Theresa McCabe. "Until they recognize they need help and ask for it, they will not be able to recover. You just can't do it on your own."

When someone is in the depths of depression, PTSD or substance abuse, their behaviors can be isolating; this is another obstacle to finding treatment. "I had zero self-worth," Adam McCabe said. "People would try to help me and I would tell them they didn't understand what I was going through. I wasn't ready to talk about what had happened or put the work into it. So I pushed everyone away and I thought I would just hole myself up alone and kill myself. For me personally, I couldn't do what I needed to do until I got off the drugs and alcohol."

FINDING HELP

The good news is that there are many resources for veterans who suspect they may be encountering mental health issues such as PTSD, suicidal thoughts, or difficulty readjusting to life after homecoming. First and foremost, veterans are advised to start their search with a health care professional or the local VA Center.

There are also increasing numbers of resources online. At the Department of Veterans Affairs, Dr. Hoffman has been instrumental in developing the PTSD Coach mobile application, which helps users identify and assess their symptoms with a checklist (it is not meant to be used in place of a professional diagnosis, only as an educational reference); and it includes reminders, resources (such as local VA services in the user's area) and coping tools. Hoffman and her team are working on rolling out a suite of other applications, including one for family members. "In no way can these replace real work with a trained behavioral specialist but they can provide help for people who are looking for more information, need guidance or are struggling with something to do in between sessions," she said.

Parker's organization Purple Star Veterans and Families is a project of The Veterans and Families Foundation

and is a prevention, bereavement and support network for families, friends and communities who have lost an active duty or homecoming veteran to suicide, motorcycle accidents, and/or drugs and alcohol. He is now working on a website with more confidential resources, including lifelines for veterans, online buddy groups and online groups for families, as well as developing local chapters of the Purple Star. "The goal of the online resources is to help veterans create a lifeline and safety net for when they find themselves triggered and withdrawing from family and friends," Parker said. "Helping veterans to recognize what triggers them more quickly allows them to interrupt the common cycles of their traumatic episodes, which has a direct correlation to their quality of life."

Another organization that helps veterans is Vet to Vet USA, a consumer/provider partnership that uses veterans in recovery from mental health conditions as peer counselors to help other veterans. It also provides a six-week, peer-facilitator training program that teaches veterans how to facilitate peer group sessions. Vet to Vet is administered by veterans who themselves have been consumers of VA mental health services. "The wars are ending; the troops are coming home. Many are in need of compassionate care. Our job is to work with the troops," said Moe Armstrong, MBA, MA, CPS, the organization's founder.

There may be no one single approach to care but there is always hope for healing and recovery. Ultimately, Adam McCabe was accepted into Jaywalker Lodge, an immersive drug and alcohol rehabilitation program in Colorado, as its first client with PTSD. He works a 12-step program for both his sobriety and his PTSD and now volunteers at the Lodge working with peers, sponsors others in AA and has been certified in trauma releasing exercises (TRE). He still has nightmares but he manages his feelings through meditation and prayer. "There isn't any one trick, pill or class that will fix it for you; it just takes a lot of trial and error and work," he said. "I'm building a beautiful life for myself and years ago I did not think that could be possible."

RESOURCE LINKS

American Veterans with Brain Injuries: <http://www.avbi.org>

Give an Hour: www.giveanhour.org

Make the Connection: Shared Experiences and Support for Veterans: <http://www.maketheconnection.net>

Mental Health Self-Assessment Program® Screening for Vets and Families: <http://www.militarymentalhealth.org>, 877-877-3647

NAMI's Veterans Resource Center: <http://www.nami.org/veterans/>

National Call Center for Homeless Vets: 877-4AID-VET

National Resource Directory: <http://www.nationalresourcedirectory.gov>

National Veterans Foundation: <http://www.nvf.org>, 888-777-4443

PTSD Coach (mobile app): <http://www.ptsd.va.gov/public/pages/PTSDCoach.asp>

Purple Star: Veterans and Families Coming Home: <http://www.veteransandfamilies.org>

Returning Veterans Project (Oregon and Southwest Washington): www.returningveterans.org

VA Suicide Prevention: http://www.mentalhealth.va.gov/suicide_prevention/

Vet2Vet Veterans Crisis Hotline: 877-VET2VET

Vets 4 Vets: <http://www.vets4vets.us>

Vet to Vet USA: <http://www.vet2vetusa.org/>

"We worry about Adam every day," Theresa McCabe said. "It's just not something that goes away. My advice to other people in this situation is, don't give up. If you're a family member, make sure your soldier knows that you are there for them and you'll be there to help them when they're ready." ■



The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at www.cdsdirectory.org, is searchable

by location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

Apply online at www.cdsdirectory.org/ contact, via fax at 215-636-6312, or by phone at 800-553-4KEY (4539). To receive an application by mail, write to info@cdsdirectory.org or NMHCSH Clearinghouse, 1211 Chestnut Street, Suite 1100, Philadelphia, PA 19107.

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