Education key to overcome PTSD stigma

Oct 8, 2009

By **J.D. Leipold**

WASHINGTON (Army News Service, Oct. 8, 2009) -- All Soldiers need to receive standard training about mental-health issues if the Army is to overcome the stigma of seeking treatment, according a white paper rolled out Wednesday at the Association of the U.S. Army's annual meeting.

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Collateral Damage: How Can the Army Best Serve a Soldier with Post-Traumatic Stress Disorder?

The author of "Collateral Damage: How Can the Army Best Serve a Soldier with Post-Traumatic Stress Disorder," spoke about the recommendations he made in his paper that he hopes will aid in better understanding how to treat mental-health problems for Soldiers and their families.

A 32-year veteran, Col. Rich B. O'Connor spent three years researching PTSD with three objectives in mind. First, as a squadron commander with the 3rd Armored Cavalry Regiment in Iraq from 2005 to 2006, he was responsible for the health and welfare of more than 1,000 Soldiers of which more than half were on their second tours. He needed to learn more about PTSD and traumatic brain injury because he had no training in what it really was.

Once he had a better handle on what PTSD and TBI were, his second objective was to understand how to best support Soldiers suffering from either or both and remove any stigma associated with them.

His third objective was personal: His son, Pfc. Ryan O'Connor, a cavalry scout with the 4th Infantry Division, had experienced on a daily basis intense combat while operating in Diyala Province just north of Baghdad. Ryan lost brothers-in-arms and on five occasions his vehicle hit improvised explosive devices. Aside from the outward injuries he now bears, Ryan is also recovering from inward injuries of TBI and PTSD.

"One of the things I learned as an Army leader, as an officer, is if you want to learn about something, go to your Soldiers, talk to them," O'Connor said. "And so I went out to Fort Carson, a Warrior Transition Unit and I spent some time talking to Soldiers. I asked them a host of questions ... about their experience, training and treatment for PTSD. I didn't want this research to be a medical document, but a paper focused on how well the Army was doing in taking care of Soldiers with PTSD.

O'Connor said the "gold nuggets" in his paper were the Soldier testimonies which he took from two female and two male Soldiers representing combat arms, combat support, combat service support. Each had PTSD:

-- one was served divorce papers while deployed and had to continue day-to-day combat operations

-- another witnessed a suicide vehicle-borne IED that was driven into a bus loaded with children while she was visiting a village giving medical checkups

-- The other female Soldier had been raped by a fellow Soldier

-- And the fourth Soldier said he would freeze in combat situations and after arriving home on leave would wake up in the middle of the night with his wife in a chokehold.

Training prior to deployment, testing before and after deployments and not being afraid to ask for help were the commonalities on suggestions each of the Soldiers made to O'Connor.

Several were critical of Combat Stress Teams because they did not seem to appreciate what the Soldier had been through. All felt their experiences at the WTU were excellent and responsive to their situations.

Next O'Connor visited the chief of the psychology department who had been treating Soldiers for combat stress for more than 11 years.

"I asked her - 'what is the biggest problem?'" he said. "She replied, 'stigma'. Stigma is the major impediment that Soldiers face in getting help. The psychologist also told him she didn't believe the commanders cared a great deal about PTSD.

"I can tell you, that's probably true," O'Connor said, speaking as a squadron commander. "I was focused on taking care of the Soldier; focused on getting him trained so he would be effective in combat. I didn't take into consideration the importance of mental health training. I will when I take command of a brigade next summer ... I can guarantee you that."

The colonel believes education and training are key. It goes back to stigma and identifying the problem, and then reducing stigma by putting all Soldiers through the same training and testing, he said.

Another part of O'Connor's paper includes an April 2008 Rand Corporation study on mental health and cognitive needs of returning veterans. The three key findings from the survey of 1,965 servicemembers concluded 18.5 percent returning from Iraq and Afghanistan have PTSD and 19.5 percent reported experiencing TBI during deployment. And, the study revealed that about 50 percent of servicemembers who need treatment for PTSD seek it, but many of those receive less than adequate care.

He also said military health assessment teams which have done multiple rotations in Iraq and Afghanistan had done a lot of work on identifying, diagnosing, treating and "fixing things that they knew were broken."

"What do we do? First of all, I'm not a clinician, but what I understood was every time I asked somebody, what is PTSD, may it be a Soldier, psychiatrist or psychiatrist, I always got a different answer," O'Connor said. "One said, 'I don't think it's a disorder; I think it's an illness.' If we don't know what it is, how do we effectively treat it?"

O'Connor wrote that his first recommendation is to develop a gold standard to diagnosing, treating and tracking PTSD within the Army or even in the other services. He believes military mental health care clinicians should clarify the definition of PTSD - disorder or illness?

"The next thing I believe strongly about is improving the training program. 'Battlemind' is great, resiliency training will be great, but we need to keep going," he said. "We need to take the combat stress teams, take that information, populate it to others and leverage our technology into something like a 'telehealth' service."

"Telehealth" would be a continental U.S.-based psychiatrist paired with each combat stress team to assist in diagnosing and treating PTSD on the battlefield or validating the need to return the Soldier to the U.S. for treatment.

He also recommended the Army streamline administrative paperwork associated with out-processing Soldiers diagnosed with PTSD so they can transition quickly and efficiently from active duty into the Veterans Administration system for follow-on treatment.

O'Connor would also like to see the defense department and VA formally encourage civilian mental health providers to work with returning Soldiers. He believes DoD must develop a reliable method to track and document status of care and maintain a tracking and documentation system that is consistent across the services.

"In summary, writing this paper is clearly exceeding my expectations in learning and understanding the significance of PTSD. One in four Soldiers have the signature wounds from Iraq or Afghanistanin - PTSD, TBI or both," he said.

"Are we doing all we can? If you ask your Vietnam veterans would they tell they were taken care of -- probably not, so let's not repeat that mistake," he said.

"We've got the care; we've got the capability; we've got the leadership in place. We've just got to get it out, get the Soldiers aware, reduce the stigma and take care of our Soldiers, Sailors, Airman and Marines."