

Overstressed military mental health system examined

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- [By EMILY MULLIN, Scripps Howard News Service](#)
- [washington](#)

In the aftermath of the Fort Hood shootings last week, the spotlight is suddenly on the military's overstressed mental health care system.

Questions are emerging about how a few hundred military mental health counselors are treating thousands and thousands of men and women in the armed forces in Afghanistan and Iraq.

According to official Army figures, 308 military psychiatrists serve 1.4 million active-duty members. On average, 200 behavioral-health personnel - including psychiatrists and other mental-health counselors - are deployed in Iraq and about 30 in Afghanistan.

Dr. Nancy Sherman, a military ethicist at Georgetown University, said the military and mental health care systems in general are "very stressed."

"We are a military fighting two wars at once with a non-drafted army," she said.

Sherman said there has been a shortage of military doctors throughout the wars in Iraq and Afghanistan and likely a scarcity of military psychiatrists and therapists.

A 2008 study by the Rand Corporation found that nearly 20 percent of service members who have returned from Iraq and Afghanistan, or 300,000 people, suffer symptoms of PTSD or major depression.

The shooting at Fort Hood that left 13 dead, raising questions about how military psychiatrists and therapists deal with the daily stresses and emotional issues of their jobs as they counsel others about the horrors of war. The alleged gunman, Maj. Nidal Hasan, was a military psychiatrist who was reportedly distraught about an imminent deployment and other possible issues.

"I think a lot of times you want to make sure that people have a level of self-awareness of what impact their work has on their psychological well-being," said Dr. Mary Helen Davis, a psychiatrist at the Kentucky Physicians Health Foundation. She has treated post traumatic stress disorder and other behavioral disorders.

Active-duty service members are often deployed for several tours in Iraq and Afghanistan, sometimes with a quick turnover, Davis said.

From 2001 to 2007, some service members were redeployed less than a year after their previous tours, according to an Army spokesman. In 2007, the Department of Defense enacted a policy that prohibited redeployments after less than a year without authorization.

Another stress factor for service members is that many of them are young and have significant others, marriages or young families.

"There's a lot of stress and trauma that soldiers carry with their families," Sherman said.

Sherman said military psychiatrists also act as family counselors as well as treating soldiers who have lost limbs, been disfigured, have trouble sleeping at night or feel stigmatized by their mental or behavioral problems.

Even though military psychiatrists are trained to counsel people with these issues, Davis said that doesn't mean they're immune to emotional, mental or behavioral problems themselves.

"They are still vulnerable to the same types of stresses that the general population is," she said.

Davis and Sherman said military therapists may develop secondary trauma because of the volume of patients they treat.

Training for military psychiatrists and therapists varies, Sherman said, and some may not undergo psychoanalysis before becoming military psychiatrists.

"As is the case for all soldiers returning from deployment, military psychiatrists undergo several iterations of screening," said Maria L. Tolleson, spokeswoman for the U.S. Army Medical Command and Office of the Surgeon General, in a statement.

All members of the military, including military psychiatrists, go through a health assessment at the time of deployment and another assessment three to six months after they return, when stress symptoms may surface.

"Like all other health-care providers, shortly after return from deployment military psychiatrists should sit down with their supervisors and discuss their experiences while deployed, indicate any challenges they are having," Tolleson said.

Tolleson said the Army's Provider Resiliency Training program teaches health-care providers how to recover emotionally from stress related to their duties and home station environments. According to a fact sheet on behavioral health care released by the Army, several other programs are available for soldiers who have mental and behavioral health problems.

"There's probably room for improvement in both recognizing these disorders and providing treatment for them as well as improving access to that treatment," Davis said.

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She said the military has been better about developing programs in the past few years to help service members deal with behavioral problems but said many soldiers may go untreated or seek help from community or private mental health facilities outside the military.

Some service members fear having mental-health treatment in their records could hurt their careers. But civilian therapists may not be trained to treat the types of issues that arise from combat deployments.

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