

June 14, 2010

This is the print preview: [Back to normal view](#) »

**Dr. Anthony Hassan and Marilyn S. Flynn, Ph.D.**

Posted: May 30, 2010 08:00 AM

## **PBS's 'This Emotional Life': Who Will Provide Mental Health Care to Our Veterans and Their Families**

*This Emotional Life is proud to support military families through a special campaign and toolkit to help families manage the emotional challenges of deployment. Find out more by signing up to receive news on our campaign.*

By now, you have read newspaper articles, listened to radio talk shows, watched television documentaries and maybe even had a conversation over dinner about the challenges confronting our veterans and their families. You can now define the acronym PTSD (Post-Traumatic Stress Disorder) and explain a "surge." It is hard to ignore or deny the impact this war is having on servicemembers, veterans, families, communities and society. The evidence is irrefutable. The number and type of injuries, the frequency of deployments, the nature of our military force, the consequences for family life and children, and the conduct of the war itself have combined to create a crisis for our society.

It is staggering. The number of surviving service members with permanent disabling injuries surpasses that of any previous modern conflict. The invisible wounds of war are even more prevalent. Of the estimated 1.9 million servicemembers sent to battle since 2003, some researchers estimate that more than 500,000 will develop combat stress disorders ranging from severe anxiety to depression. Untreated, these reactions may last a lifetime. Not surprisingly, families and children are profoundly impacted. You have heard the story about the soldier who cannot sleep, turns day into night, reacts with unpredictable irritability, fails to maintain employment, and is unable to concentrate, every family member is thrown out of normal balance. The soldier's children may react with poor school performance, strained family relationships and peer related difficulties, bullying behavior and depression. It should come as no surprise that combat deployment can have a cumulative negative effect on marriages and family stability that remains even after the deployed servicemember returns home. The fact is, the devastating effects of frequent redeployment -- a hallmark of this war -- are now well-documented.

**A Broken System:** The problem of combat stress and reintegration is an old one extending back veterans of the Civil War who we labeled as having "soldier's heart" -- a crushed state of mind that led to withdrawal and dispiritedness. Soldiers from World War I were thought to be "shell shocked." World War II combatants suffered from "combat neurosis." Interventions have included punishment, shaming, and a variety of largely untested treatment methods.

Unfortunately, reports indicate that treatment methods in some community mental health centers, Veteran Centers, Veteran Administration Hospitals, schools, public health clinics, and other venues appear not to reflect state-of-the-art standard of care. The National Institute of Mental Health (NIMH) estimates that the present state of practice in mental health lags about two decades behind the treatment models supported by recent research. Anecdotal evidence based on conversations with military medical commanders and mental health providers suggest that new approaches to treating post-traumatic stress have often been met with resistance from older staff in established military and community mental health clinic settings.

As a consequence, when service members rejoin their communities, they encounter a civilian environment ill-prepared to accommodate them appropriately with mental health and health care, employment readjustment support, or other needed services. In many parts of the country, community mental health care providers for veterans have insufficient capacity and frequently fall short of recommended standards of care.

**Bridging the Gap:** So, who will provide mental health care to our veterans and their families? This dilemma is well-researched and the results strongly argue that a fundamental problem in meeting servicemembers' needs, beyond the stigma of seeking mental health care, is the shortfall in the sheer number of mental health specialty providers with sufficient training in military culture and the most effective treatments. This perspective has been further confirmed by military health care leaders who acknowledge that servicemembers who seek mental health care face a shortage of healthcare providers with a connection to the military and expertise in war-related problems.

This challenge of capacity and competency applies not only to mental health support services within the military, but to civilian programs and agencies as well, including community mental health clinics, universities and colleges, hospitals and other facilities where veterans and their families may seek help. It is not surprising that mental health professionals in community settings have little understanding of the military, the impact of combat, or problems of reintegration. They have been educated in civilian universities to deal with civilian populations. However, these civilian agencies are now much more engaged with patients with combat stress disorders and family members with deployment cycle challenges. For example, Reservists and National Guard members have been deployed more than ever, with almost 40 percent of those in combat coming from our nation's citizen soldiers' ranks. Consequently, community mental health clinics and primary health care programs are absorbing a large portion of care for veterans who, for various reasons, do not utilize the Veteran Administration programs.

The alarm has been sounded. Rapid preparation of appropriately trained mental health professionals is needed and will require a transformation of education and training programs. Moreover, a medical standard of care that ensures our countries mental health workforce is soundly trained to address the needs of wounded service members and their families is urgently needed. Perhaps, a certificate that can be implemented and utilized across training centers and universities nationally, to ensure both consistency and increased fidelity in treatment delivery to our veterans and their families. This certificate can provide the linkage needed to ensure that providers not only receive the required training, but also are supervised and monitored to verify that quality standards are met and maintained over time. Our servicemembers, veterans and

their families deserve the highest quality of care available.

This is a moment in history when appropriate training and a vigorous research is needed within the mental health profession as a critical healing agent in the midst of conflict and the aftermath of trauma. This opportunity should not be lost! We may not get a second chance.