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Wait for PTSD, TBI treatment shows system 'overwhelmed'

By [Cid Standifer](#) - Staff writer

Posted : Thursday Sep 15, 2011 10:05:04 EDT

Despite the Pentagon's high-profile efforts in recent years to address a rising tide of post-traumatic stress disorder and traumatic brain injuries, Sgt. Henry Lanius said the Army's system for dealing with mental health issues is still broken.

When Lanius, assigned to the 4th Brigade, 82nd Airborne Division at Fort Bragg, N.C., returned from his most recent deployment to Afghanistan, he went through mental health screening like most returning troops these days. But, he said, "It's a one-time thing by a guy who's screening 40 to 100 people" who have been back home "for like two days."

PTSD symptoms can take months or years to develop after a traumatic event. It wasn't until six months after Lanius got back that he was effectively diagnosed with PTSD and began to seek treatment.

Military Times poll

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Lanius is one of an increasing number of service members who told Military Times in its 2011 survey that it took more than a year to get treatment for mental health problems.

Of 102 active-duty respondents who said they had been diagnosed with PTSD or another mental health issue and sought treatment, 24 percent said it had taken more than a year to receive help — up 12 percentage points from last year.

Meanwhile, the number of people who said they received treatment in less than a month dropped to 34 percent, a slide of 14 percentage points from 2010.

Sgt. Ralph Demaree said he has seen this trend for himself in his job as an Army medic. He said wait times have lengthened for patients, which he attributes to a lack of follow-up after screening and a shortage of doctors.

That doesn't surprise Rene Campos, a PTSD expert with the Military Officers Association of America.

Delay in obtaining treatment "seems to be increasingly a source of frustration, and I don't know what's causing it, especially when you hear that resources are increasing," she said. "The only thing we can attribute that to is just the number of folks coming back, and the numbers ... of folks seeking treatment. It's just a sign the systems are overwhelmed."

Career concerns

Despite the Pentagon's efforts to lessen the stigma associated with mental health treatment, the Military Times survey shows that the percentage of people diagnosed with PTSD or other mental health problems who said they feared a potential negative effect on their careers continues to rise. The increase from 2010 was 3 percentage points — statistically negligible — but since 2008, the figure has gone up 11 points.

Maj. Henry McCain, an Army chaplain who has deployed twice to Iraq and once to Afghanistan and has been diagnosed with both PTSD and traumatic brain injury said he delayed getting diagnosed and treated for as long as possible, even after he realized that he had a major problem.

He finally did seek treatment, and continues to get counseling. He still has occasional panic attacks, insomnia and

flashbacks, but he believes he is more effective than ever in his work.

After he was diagnosed, he deployed to Afghanistan, where he was responsible for counseling hundreds of troops. He said experiencing PTSD and TBI made it easier for him to recognize and empathize with soldiers in the field who suffered from the same invisible wounds.

“I can see into the minds of these people that are having these problems because I have these disorders,” he said.

But to function both downrange and back home, McCain said he takes a slew of prescription medications, including Zoloft, an antidepressant. He said he tried to go off Zoloft at one point, but withdrawal symptoms included a three-day panic attack.

“Once you start taking these medications, you really can’t stop taking them,” he said.

Antipsychotic meds rising

McCain is also one of a growing number of troops who said they were prescribed antipsychotic drugs for mental health issues.

Of 124 survey respondents who said they had been prescribed psychotropic medications for a mental health or combat stress problem, 13 percent said they had been prescribed antipsychotics, up from 5 percent last year.

Using antipsychotics for PTSD treatment has come under fire after a study published in early August showed they were not clinically effective for veterans with PTSD who did not have psychotic symptoms and were not responding to antidepressants.

Dr. John Krystal, the study’s lead author, said there are legitimate combat stress-related uses of second-generation antipsychotics, including for insomnia as an alternative to more addictive drugs such as Ambien and Lunesta.

They also may be effective for treating psychotic symptoms that accompany PTSD in a minority of cases, such as hallucinations and paranoid delusions.

But he said one reason antipsychotic prescriptions might be increasing for combat veterans is that more have gone through a first attempt at treatment without success, and now their doctors are resorting to antipsychotics on top of antidepressants — which his study concluded is not notably effective.

Despite the negative aspects of his experience, McCain said his treatment has done him good.

Still, he acknowledges that “it’s ... going to be a long battle.”

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Heather Moates · [Subscribe](#)

As a wife and fulltime caregiver for my husband who suffers from severe PTSD, mTBI and other issues there is NO support for us especially those whose wounded warriors are still active duty..my husband has been overmedicated, ignored, and pretty much slipped through the cracks in the Army's "medical" treatment..the more soldiers that come home with this the more you're going find caregiver burn out and if we don't get help soon its going to cause more problems for the vets and their families.

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Works at FamilyOfaVet.com - PTSD, TBI, & Life After Combat

Same with Reserve and Guard members. You might as well not exist! Five years waiting on an MEB? Ridiculous! Fortunately, the VA has diagnosed his TBI and PTSD, both of which the Army denied while he lived in med hold. Now to save money the Army wants to board it all as mental health. He's legally blind due to multiple blasts causing a TBI which he sustained in the combat zone where they stationed him, not due to PTSD.

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Completely agree Melissa...when we get told everyday that everything is PTSD is related its ridiculous..we shouldn't have to fight every day to get what our vets deserve..they deployed multiply times, they fought everyday to come home alive and now they're fighting to have respect from their commarads and superiors..I've watched people that my husband helped get promoted, went out drinking with and had their backs til all this happened and now they have nothing to do with him..watching them turn around and walk away like they don't know him kills me..

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Lisa Holtzberg Krohnke · Northwood High School

Ladies- Whenever anyone is up for a roadtrip to DC to have our own march on Washington let me know. I am in!

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Kevin Nasky · [Subscribe](#) · Ohio

"They also may be effective for treating psychotic symptoms that accompany PTSD in a minority of cases, such as hallucinations and paranoid delusions."

If the patient is having hallucinations and paranoid delusions, then you're not treating PTSD anymore, but rather a psychotic disorder. PTSD doesn't have a psychotic variant. When symptoms merge into the psychotic realm, you're not talking about "just PTSD" anymore.

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