



A young veteran takes one of the four anti-depressants and anti-anxiety drugs prescribed for his post-traumatic stress disorder.

CHRIS HONDROS/GETTY IMAGES

THE WAR WITHIN

The VA takes up the charge
on mental health issues

By Stacey Closser

MICHAEL BRADLEY RETIRED from the Army in 2007 after sustaining injuries from improvised explosive device blasts in Iraq. As he dealt with the repercussions of a traumatic brain injury and severe post-traumatic stress, he struggled to make sense of his civilian life and ultimately retreated into isolation.

"It was easier for me to stay inside than (worry about) someone slamming a car door or be in a group of people and feeling trapped," he said. "I was miserable, and I enjoyed the misery. Nothing could hurt me. Nobody could say anything to scare me or hurt my feelings. I was safe. It wasn't until I had a taste of what I'd given up that I realized, 'This isn't what I want.'"

Bradley, 32, of Silver Spring, Md., had been in medical treatment with the VA

and at Walter Reed National Military Medical Center for years. Healing for his emotional trauma came with the help of a friend he met there, and a kayak. He joined Team River Runner, a nonprofit that works with wounded service members in chapters around the country, and quickly discovered the healing powers of water and camaraderie.

Like so many veterans of military conflict, Bradley's mental wounds lingered much longer than those he sustained physically. But unlike generations past, he and his cohorts receive integrated care through Walter Reed National Military Medical Center, the Department of Veterans Affairs and community-based programs.

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“(We were) not necessarily making it particularly easy for them to get to us. That’s one of the biggest changes. We’re now routinely screening for mental health issues within the primary care setting.”

—Dr. Steven Lindley, director of outpatient mental health at VA Palo Alto Health Care System

Post-traumatic stress disorder (PTSD), traumatic brain injuries (TBI), suicide, substance abuse, sexual trauma and depression are just some of the conditions that fall under the mental health umbrella. They’re conditions associated with the internal war wounds poetically described throughout history as “soldier’s heart,” “shell shock” or “battle fatigue.” Some even point to Homer’s epic tale *The Iliad* as evidence that humans always suffered from stress in times of war.

But today’s policymakers and medical professionals take seriously the crisis of veterans’ mental health. Effective treatments and access to care remain a focus of VA efforts. As a result, today’s returning veterans are receiving better care faster and with less stigma than ever before.

Yet some still slip through the cracks: Former Navy reservist Aaron Alexis, who police say shot and killed 12 people at the Washington Navy Yard on Sept. 16, had enrolled in the VA health care system in 2011, according to a statement from the VA, but sought treatment only for insomnia. Although he told police officers in Newport, R.I., in August that he was hearing voices, doctors never knew.

So the question remains: Are we getting better at helping our veterans?

“We don’t have exactly complementary data sets from these different generations,” said Dr. Sonja V. Batten, acting chief consultant for the VA mental health service. Veterans of World War II and Vietnam were not always aware of the benefits they were eligible for, and many were not comfortable coming to the VA. Thus the VA lacks comprehensive data on those generations, she said.

WHAT WE DO KNOW

► About 15 to 20 percent of the current generation has PTSD, numbers similar to those who served in Vietnam, Batten said.

► The VA reports that suicide rates among veterans as a percentage has decreased, but the number of suicides has increased. The majority of veteran suicides are among those age 50 or older.

► There have been more than 250,000 cases of traumatic brain injury in the military between 2000 and 2012, the majority of which were sustained by those serving in the Army, according to the Armed Forces Health Surveillance Center. Military service members have endured the effects of TBI since the earliest wars, but it’s been only since the wars in Afghanistan and Iraq that doctors have realized the impact of even mild TBI, often caused by blasts from IEDs that appear to leave the soldier outwardly unharmed.



Dr. Steven Lindley, director of outpatient mental health at VA Palo Alto Health Care System in California, works with a patient.

VA PALO ALTO HEALTH CARE SYSTEM

► The number of veterans receiving addiction care from health care providers who specialize in substance abuse treatment has increased 26 percent since 2008.

Though it’s difficult to compare today’s vets to previous generations, there is an unprecedented number of veterans seeking care at the VA so soon after returning from conflict—more than 56 percent. “We see that as good news,” Batten said.

MORE AWARENESS, BETTER CARE

Changing long-held misperceptions of care is fundamental to helping those in need. The VA works to consistently send the message to veterans that help is available and effective.

“From the Vietnam generation and from multiple studies that have been conducted over the last 30 years, (we’ve learned) how to develop and provide treatment for PTSD,” said Batten. Cognitive behavior therapy, a form of talk therapy that helps a patient modify his or her thinking and better cope with trauma and stress, is one

of the top ways.

Outreach is the most visible feature of the VA’s push to improve veterans’ mental health treatment. The Veterans Crisis Line (800-273-TALK) is the backbone of the campaign. The line offers anonymous talk, online chat and texting support for service members and their families who need immediate help and access to resources. The line has received prominent advertising in print, TV, radio, online and social media outlets, and staffing has increased 50 percent since last year.

Per the VA’s policy, anyone who is in a mental health crisis is seen immediately for an initial evaluation, and all veterans should be seen for a full mental health evaluation within 14 days of requesting one.

“That’s a pretty strong standard compared to the private sector,” said Batten. And the organization is close to meeting it. About 66 percent of veterans are seen within that 14-day window. “By and large, for the majority of veterans, we’re doing a good job, but we’re not where we want to be yet,” she said.

All veterans are eligible for five years of free mental and physical health care for anything related to their military service. After that initial period, they are still eligible for services, though the care may require copays. The VA provides all care for military sexual trauma (MST) free of charge, even if the veteran is not eligible for other VA care. (In 2012, 23.4 percent of women and 1.2 percent of men seen by the VA reported having a history of MST, defined as rape or sexual assault, as well as verbal or physical sexual harassment).

The VA has expanded its mental health training opportunities by 30 percent in the last five years, and has hired more than 1,660 new mental health professionals since 2012. Much of the staffing increase is the result of a coordinated response to a 2012 executive order by President Barack Obama. The order requires federal agencies to develop a national research action plan to improve prevention, diagnosis

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and treatment of mental health conditions affecting veterans, service members and their families.

Also in response to the 2012 executive order, the VA has created 24 community-based pilot programs in an attempt to strengthen the partnership with local providers. This is especially important in communities that lack access to mental health treatment.

INTEGRATING TREATMENT

Up until a few years ago, the VA waited for patients to come in for care, said Dr. Steven Lindley, director of outpatient mental health at VA Palo Alto Health Care System in California. "And (we were) not necessarily making it particularly easy for them to get to us. That's one of the biggest changes. We're now routinely screening for mental health issues within the primary care setting."

Mental health professionals and psychologists work in Palo Alto's primary care clinic so they can be readily available to patients. It's referred to as a "warm handoff," and Lindley said there have been times the patient hasn't even realized he's getting mental health treatment.

The change has had an unexpected effect: "The vast majority of PTSD that was getting screened was for Vietnam veterans who hadn't resolved those issues yet," said Lindley. There are even World War II veterans who are identified as needing help.

Like its counterparts around the country, VA Palo Alto has expanded its coverage for mental health issues across the board. They focus, not just on PTSD and TBI, but also family therapy services, substance abuse, women's counseling services and more severe mental illnesses like schizophrenia and bipolar disorder.

ALTERNATIVE THERAPIES

In 2001, the VA Salt Lake City Health Care System became one of the first to address psychological, social, spiritual and physical ailments using complementary and alternative care. The focus is on the whole person—mind, body and spirit.

VA patients in Utah have responded positively to treatments such as massage, acupuncture, hypnosis and neuro feedback. Educational classes focus on stress management and emotional healing; and participation classes teach meditation, visualization, yoga and Qigong.

"The VA system as a whole made a pretty forward-thinking acknowledgement at least 10 years ago (that) what might have been considered complementary approaches should be part of regular care for veterans," said Dr. Sharon M. Weinstein, chief of VA Salt Lake City's holistic medicine department. The idea is to expose veterans to new paths to healing while also maintaining more traditional approaches.

"There is a role for medicine in health and disease treatment as well as in prevention. Our best approach is to find the right



PHOTOS BY VA SALT LAKE CITY HEALTH CARE SYSTEM

Terrie McWhorter (above) leads a group through a meditation exercise at the VA Salt Lake City Health Care System. The clinic also practices acupuncture (right), another way to cope with stress or pain.



combination," said Weinstein. "We're very optimistic of how we can serve veterans. If their conditions aren't curable in the true sense, their quality of life and ability to be active members of society is truly enhanced with this active approach."

In 2010, the VA and the Department of Defense released clinical practice guidelines for the use of complementary and alternative medicine for PTSD. Complementary medicine is now used in 89 percent of facilities, the most common being meditation, stress management and relaxation therapy, progressive muscle relaxation, biofeedback and guided imagery.

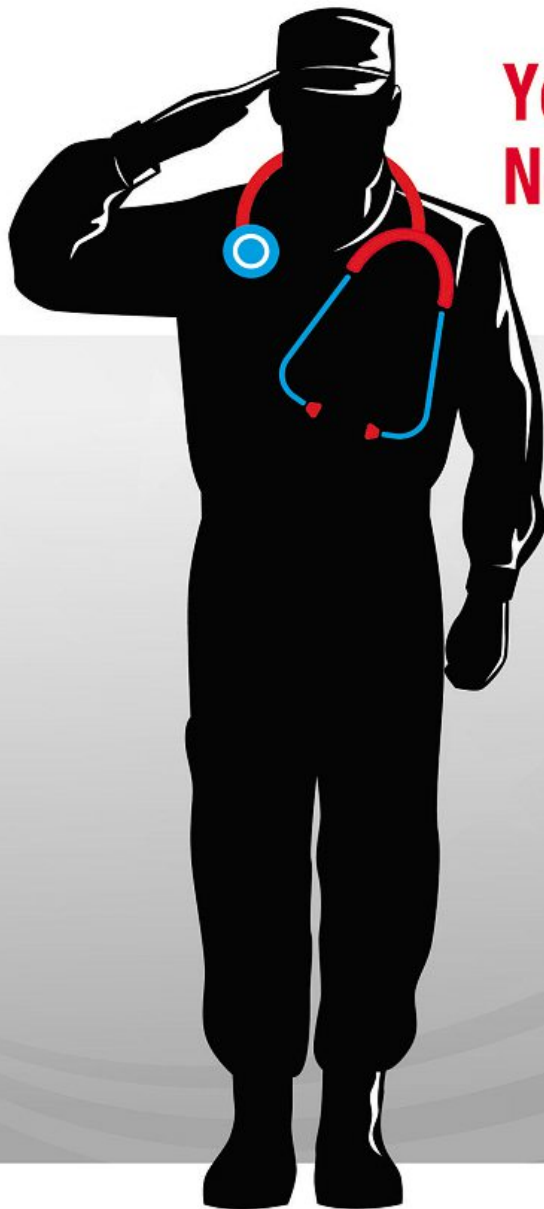
Recreational and art therapy have been favored approaches for returning veterans, too. "It's always a patient's choice what form of therapy they want," said Lindley.

This customized approach to treatment has been gaining ground, said Dr. Lisa Najavits, professor at Boston University School of Medicine and author of *Seeking*

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—Dr. Sharon M. Weinstein, chief of VA Salt Lake City's holistic medicine department

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"Life is awesome. Nothing is impossible, and there are people who care."

— Michael Bradley, veteran and Team River Runner guide



PHOTOS BY TEAM RIVER RUNNER

Veterans Michael Bradley and Alex Neilson served as "warrior guides" for Lonnie Bedwell (center, with flag, and photo at right) as he became the first blind solo kayaker to travel the length of the Grand Canyon on the Colorado River on Aug. 21.

Safety: A Treatment Manual for PTSD and Substance Abuse. "For some people, telling the narrative of the horrific things they've lived through can be very helpful. For others, not so much," she said.

BREAKING DOWN BARRIERS

Of course, for any care to be effective, it first has to be accepted. The stigma of asking for help, though diminished compared to historical levels, remains. Much of the VA's outreach is an attempt to raise awareness and make a connection with those in need before their issues become too severe.

"It's not uncommon for young men to come in when their wife said she's had it and they've been kicked out of the house," said Lindley. "We want to intervene before then."

The flip side of the VA's extensive awareness campaigns is a sense that the civilian population has misperceptions about veterans. "Sometimes there's this assumption that everyone who goes off to war is somehow damaged," said Najavits.

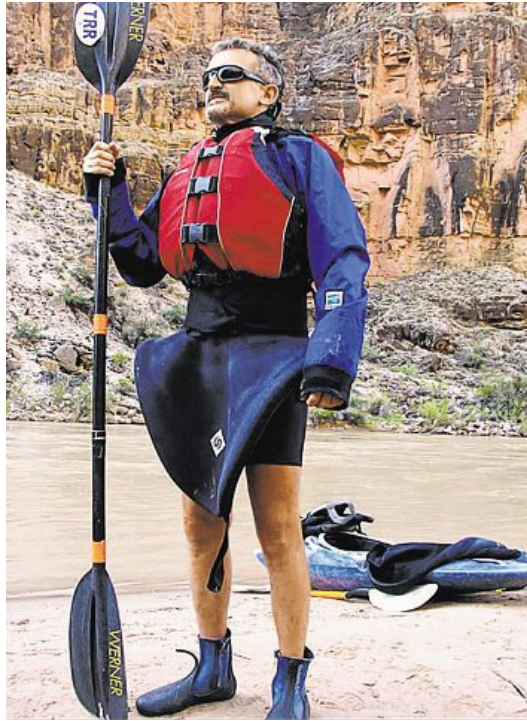
But the majority of veterans, though they may be changed in some ways, will not experience long-term mental health conditions as a result of their service, said

Batten. "I am constantly inspired by what our veterans have to offer. They are incredibly strong and resilient, they know how to focus on a mission and get the job done. They know how to work in teams and how to put the good of the unit in front of their personal achievement," she said.

On Aug. 21, Lonnie Bedwell, 48, of Pleasantville, Ind., a disabled Navy veteran, became the first completely blind solo kayaker to go down the length of the Grand Canyon on the Colorado River. Michael Bradley was one of his three Team River Runner guides.

"Watching Lonnie run that river from the beginning to the end was indescribable. To be part of that is amazing," said Bradley. He recalls how far he's come since 2007: "Life is awesome. Nothing is impossible, and there are people who care," he said.

Bedwell expressed a similar sentiment. "You're thrown behind this great big wall and you feel stuck. Then all of a sudden come people who have a dream or a vision of what's on the other side of the wall for you, and then they come alongside you, open a door and lead you through it to a life that you thought no longer existed. They have the courage to lead you down this road." ●



MENTAL HEALTH RESOURCES

VA Crisis Line

800-273-TALK (1-800-273-8255)
veteranscrisisline.net

Confidential service that connects those in crisis, or their loved ones, with qualified VA responders 24/7/365. Visitors communicate via phone, text (838255) or by chatting online.

National Center for PTSD

ptsd.va.gov

Offers research-based educational materials for veterans, families and care providers.

Give An Hour

giveanhour.org

Provides free mental health services for veterans of Iraq and Afghanistan wars and for their family members.

Make The Connection

maketheconnection.net

A comprehensive public awareness campaign where visitors can explore video testimonials, resources and information about physical and mental health issues and challenging life events.

Coaching Into Care

888-823-7458 (8 a.m.-8 p.m. ET)

Free resource designed by the VA for anyone close to a veteran who needs help encouraging him or her to seek care.

Women Veterans Hotline

855-VA-WOMEN (855-829-6636)

Provides help and information about available VA services and resources to women veterans, their families and caregivers. Agents are also trained to handle crisis situations.

National Call Center for Homeless Vets

877-4AID-VET

Trained counselors offer help to homeless vets or those at risk of becoming homeless.

Start Moving Forward

startmovingforward.org

Interactive web-based life-coaching program that allows for anonymous, self-paced program that can be used independently or as part of mental health treatment.