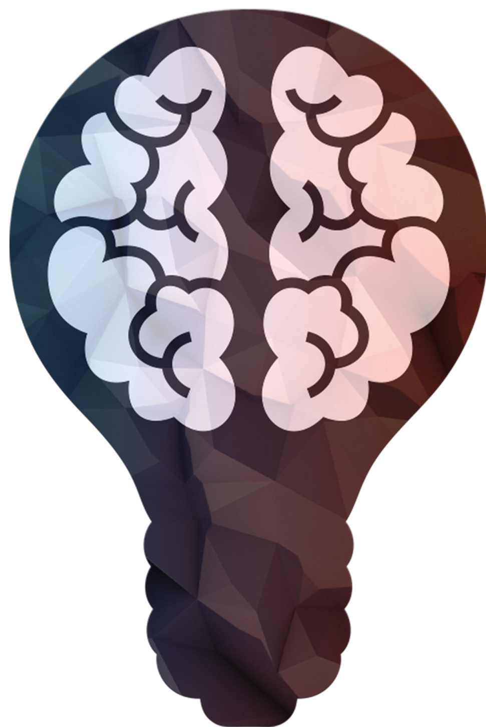
Mindful
Continuing Education

Mental Health for Veterans



Introduction 2
The Veteran Experience 2
Post-Traumatic Stress Disorder and Treatment 5
Veterans and Suicide 8
Assessing for Mental Health Needs in Veterans 11
PTSD 11
Substance Use 15
Depression 15
Case Management 16
Programs to Support Veterans 16
Mental Health 17
Homelessness and Job Supports 19
Closing 20
Case Studies 20
Anthony 20
Carmen 21
Arthur 22
Jaclyn 22
Resources 23

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Introduction

The mental health experience of veterans has been an important area of research in the field of psychology and other helping professions. It is widely known that the early history of research and development of diagnosing and treatment for Post-Traumatic Stress Disorder (PTSD) can be dated back to the Vietnam War and even before. Because so many veterans were returning home alive but experiencing significant impacts of the trauma of war, it became an important area of focus in medical and mental health.

While the general percentage of the veteran population in the United States is declining, approximately 1 in 10 adults are veterans (Bialik, 2017). This percentage may seem small, but in 2016 this percentage represented 20.6 million Americans. Because veterans are an at-risk population, mental health professionals must be familiar with specific courses of treatment and ways to establish trust with their patients who have military experience or who were raised in military families. Military culture is in itself an important culture to understand for mental health professionals.

This course reviews the mental health experience, diagnosis and treatment of PTSD, and how best to support veterans with their mental health.

The Veteran Experience

Before mental health professionals can effectively diagnose and treat veterans with mental illness, they must understand military culture. Understanding military culture allows professionals to do the following:

- Relate and support veteran patients (US Department of Veterans Affairs, 2020)
- Have a deeper understanding of the symptoms of the patients
- Treatment plan more effectively, especially within the US Department of Veterans Affairs (VA)
- Understand the structure of the system to better support macro-level work
- Better communicate with patients because there is a common understanding of the language

Mental health professionals need to understand the core values of the patients' military experience. The core values will speak to professionals as to why their patients chose the

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specific branch of the military that they belonged to. The core values based on the branch are as follows:

Army core values: loyalty, duty, respect, selflessness, honor, integrity, and personal courage

Army mission: "to fight and win our Nation's wars by providing prompt, sustain land dominance across a full range of military operations and spectrum of conflict in support of combatant commanders"

Navy core values: honor, courage, and commitment

Navy mission: "to maintain, train, and equip combat-ready Naval forces capable of winning wars, deterring aggression, and maintaining freedom of the seas"

Air Force core values: integrity first, service before self, and excellence in all

Air Force mission: "Fly, fight, and win… in air, space, and cyberspace"

Marine Corps core values: honor, courage, and commitment

Marine Corps mission: "the seizure or defense of advanced naval bases and other land operations to support naval campaigns; the development of tactics, techniques, and equipment used by amphibious landing forces; and other duties as assigned by the President"

Coast Guard core values: honor, respect, and duty

Coast Guard mission: "to protect important interests of the United States – the personal safety and security of our population; the marine transportation system and critical infrastructure; our natural and economic resources; and the territorial integrity of our nation – from both internal and external threats, natural and man-made. To protect these interests in U.S. ports and inland waterways, along the coasts, on international waters, and in any other maritime region where they may be at risk. The Coast Guard has three broad roles: maritime safety, maritime security, and maritime stewardship" (US Department of Veterans Affairs, 2020).

For mental health professionals to understand the values and mission that their patients were taught in military service will be a strength because there will be a deeper understanding of what may be important to patients. This is especially true for those who may have had a longer-standing military service than others. It is also important

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that mental health professionals understand the difficulty that veterans have when transitioning out of the military and into civilian life.

The US Department of Defense (2017) explains some of the ways that veterans struggle to transition into civilian culture:

- There is a significant difference in language. For example, it is common for veterans to curse in the workplace but this is not common or generally accepted in civilian life
- Email etiquette is different in civilian life as the military writes directly and actively – this and the above example make finding and keeping employment difficult
- Rank no longer matters in civilian life
- The general community is not trauma-informed nor may understand what triggers veterans (US Department of Defense, 2017)
- How the general public responds to aggression or volatile community members is very different than how military members are trained to (University of Southern California, 2017)
- Abruptly having to be financially responsible for paying rent and other bills that veterans had paid during their service (US Department of Defense, 2017)
- The stigma around mental health treatment prevents veterans from accessing supports during and after military service (Kaplan, 2019)

Finally, mental health professionals must understand the stigma associated with accessing mental health services in the military. Several reasons for this stigma include the following:

- **Confidentiality issues** – because military members are often treated by other military members, they often worry about others becoming aware of their internal struggles. This is especially true for veterans who are victims of trauma such as physical and sexual assault
- **Career issues** – military members fear not being offered advances in rank as related to seeking treatment
- **Hope** – military members have often heard that treatment is difficult to access or not effective

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- **Patient-centered care** – often mental health professionals outside of military culture do not have an understanding of it and so struggle to effectively support military patients (Kaplan, 2019)

Mental health statistics across all military service members show the need for mental health professionals to understand veterans' health needs. As of 2016, 20% of active duty military members qualify for a mental health disorder (Deployment Health Clinical Center, 2017). Additionally, 11-20% of veterans from Operations Iraqi Freedom and Enduring Freedom operations have PTSD; 12% of Gulf War veterans have PTSD; and 15% of Vietnam veterans have PTSD (US Department of Veterans Affairs, 2018).

Post-Traumatic Stress Disorder and Treatment

When mental health professionals are working with veterans, they must be able to easily recognize the signs and symptoms of PTSD. PTSD is a disorder that individuals who have directly experienced trauma may present with. The disorder triggers the body's fight or flight response to situations that don't often warrant it because of past trauma (National Institute of Mental Health, 2020). This is common for people to experience immediately after trauma, however, individuals with PTSD will experience this long after trauma if they do not receive treatment.

To be diagnosed with PTSD, patients must present with all of the following for at least one month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

These are defined as:

Re-experiencing symptoms	Flashbacks Bad dreams Frightening thoughts

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Avoidance symptoms	Staying away from places that remind patients of the trauma Avoiding thoughts or feelings related to the trauma
Arousal and reactivity symptoms	Being easily startled Feeling on edge or tense Having difficulty sleeping Having outbursts of anger
Cognition and mood symptoms	Trouble remembering key events of the trauma Negative thoughts about self or world Distorted feelings of guilt or blame Loss of interest in pleasurable activities

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Veterans are one of the at-risk groups for PTSD. Other groups who are specifically at risk are children and people who have experienced accidents, abuse, or assault (National Institute of Mental Health, 2020). If individuals are both a veteran and have experienced trauma, they might experience PTSD in a more extreme way. This is especially important for mental health professionals to know because 23% of women report sexual assault during military service, 55% of women report sexual harassment during military service, and 38% of men report sexual harassment during military service (US Department of Veterans Affairs, 2018). Additionally, many women (and presumably men) who experience sexual assault are encouraged to not report the assault and they fear professional repercussions if they do report (Torres, 2020). This culture and stigma are important for mental health professionals to understand.

Additional risk factors for PTSD include:

- Being injured during the trauma that occurs (National Institute of Mental Health, 2020)
- Seeing another person get injured
- Seeing a dead body

- Having little social support after the event
- Dealing with extreme stress after the event

This list of risk factors appears to directly speak to military members who are actively at war. They are often witnessing death and injury and experience injury themselves. They are unable to communicate regularly with family, friends, and spouses back home. And finally, they continue to be in the war zones, despite potentially witnessing daily trauma. Based on this list, it is easy to understand why the percentage of veterans with PTSD is so high.

Treatment for PTSD often includes a combination of therapy and medication management. The most commonly prescribed medications are antidepressants and/or anti-anxiety medication. The medications help to reduce symptoms such as sadness, anger, worry, and hopelessness (National Institute of Mental Health, 2020). Common medications for PTSD include Sertraline (Zoloft), Paroxetine (Paxil), Fluoxetine (Prozac), and Venlafaxine (Effexor) (US Department of Veterans Affairs, 2020). These medications are reported to be the most effective for PTSD treatment.

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It is important to understand that PTSD recovery does not necessarily mean that symptoms are non-existent. The main goals for PTSD therapy are: improving symptoms, teaching skills to address symptoms, and restoring self-esteem (WebMD, 2020). The following non-medication treatments are highly effective in supporting a reduction in PTSD symptoms and re-integration into civilian communities:

1. **Cognitive Processing Therapy** – CPT is generally a 12-week treatment plan that addresses the traumatic event, thoughts associated with it, and the impact it has had on the patients' lives. Patients will examine, through writing, the impact of their trauma and the lack of control they felt, and they will learn that the trauma was not their responsibility or fault.

2. **Prolonged Exposure Therapy** – PET helps patients to confront the situations that they have been avoiding as a result of their trauma. They will learn emotional regulation strategies and develop plans to be exposed to what was/is triggering to them. There will be homework and many months of this type of support to address quality of life and reduce triggers.

3. **Eye Movement Desensitization and Reprocessing** – EMDR is generally a three-month program with weekly sessions that processes trauma through eye movement stimulation. Patients will imagine their trauma and allow the brain to reprocess it

through external stimulation to be less triggered by the trauma. New neural networks are formed to allow for less distress when thinking about the trauma that occurred.

4. **Stress Inoculation Training** – SIT is a form of CBT. Patients learn emotional regulation and relaxation strategies to use when experiencing trauma-related stress. Examples include breathing techniques, self-massage, stopping negative thoughts, and relaxing the mind (WebMD, 2020).

Veterans and Suicide

Veterans are unfortunately at a higher risk for suicide than the general population. Nearly a quarter of all annual suicide deaths in the United States are by veterans (American Addiction Centers, 2020). Female veterans are 1.5 times more likely to die by suicide than non-veteran females. Older veterans are more likely to die by suicide than younger veterans. 58% of all veterans who die by suicide are over the age of 55 years. Additionally, veterans with substance use disorders were two times as likely to die by suicide as those without a substance use disorder.

Veterans are at an increased risk for suicide because of the following:

- Increased anger and rage
- Increased anxiety and agitation
- Feeling as though there is no reason to live
- Increased substance use
- Increased risk-taking behaviors
- Acute psychological stress
- Insomnia
- PTSD
- Death of peers/friends during service
- Feeling trapped – as if there is no way out
- Recent discharge from military service
- History of abuse

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- Co-morbid health issues
- Brain disorders or other service-related injuries (American Addiction Centers, 2020)

The following veteran protective factors are essential to decreasing suicide risk:

- Positive coping skills (US Department of Veterans Affairs, 2018)
- Feeling a sense of purpose
- Feeling connected to others
- Access to mental health care
- Being connected to former military unit members
- Resilience

Mental health professionals should be prepared to identify both risk and protective factors for their veteran patients. This will help them develop effective treatment planning and risk protection.

The VA is working to prevent veteran suicide through initiatives that are implementing the following practices:

- Increasing mental health services for female veterans
- Promoting telehealth programs
- Developing mobile apps to increase connection
- Improving access to mental health screening at VA centers
- Using telephone coaching to assist families and patients

Mental health professionals should be prepared to assess for suicide with veteran patients. This is especially important because of the increased risk and likelihood for veterans to die by suicide. The VA states the following process is important when assessing for suicide for veterans:

1. Look for the warning signs such as threats, talking about suicide, looking for access to methods, etc.
2. Assess for specific risk and protective factors that either increase or decrease the risk for suicide

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3. Ask the following questions:
    - Are you feeling hopeless about the present/future?
    - Have you had thoughts about taking your life?
    - When you have these thoughts do you have a plan to take your life?
    - Have you ever had a suicide attempt?
4. Respond to suicide risk by referring for immediate treatment/hospitalization as necessary, informing people close to the patients, limiting access to lethal means for suicide, and increasing contact with patients during acute crisis/risk

The VA has veterans-specific crisis support lines that mental health professionals should be aware of and that they can provide to clients as needed. These are:

Veterans Crisis Line at 1-800-273-8255 (Press 1); for Deaf/Hard of hearing assistance contact 1-800-799-4889; and access confidential chat by texting 838255 or visiting VeteransCrisisLine.net

A 2018 study at Columbia University developed 20-40 minute safety planning interventions for suicidal patients that the VA has been adopting and implementing in emergency rooms nationwide (Novotney, 2020). These safety planning conversations offer patients coping strategies and help establish follow-up treatment for suicidal ideation/planning. Patients who received this intervention in the study were 45% less likely to attempt suicide within 6 months after being discharged with a safety-plan as compared to patients who simply have follow-up care established. Mental health professionals working with suicidal patients should ensure that an effective safety plan has been established (Novotney, 2020). Such a safety plan would include the following six-step process:

1. Warning signs for suicide risk are identified (Stanley, Brown, & Brenner, 2018)
2. Internal coping skills are identified to distract from suicidal thinking/planning
3. Friends and family who can be supportive through distraction are identified and contacted
4. Individuals who can provide immediate support are identified and contacted
5. Mental health professionals and urgent care services to contact during a crisis are identified and contacted

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6. Lethal means counseling to ensure a safer environment has occurred

If patients are hospitalized as a result of suicidal ideation, within 72 hours of discharge, this model states that mental health professionals will make contact with them, complete a brief risk assessment and mood check, review the safety plan and make changes as necessary, and facilitate treatment as needed. Weekly outpatient support will occur as well (Stanley, Brown, & Brenner, 2018).

Another commonly used tool for assessing suicide risk in veterans (Novotney, 2020) is the Columbia-Suicide Severity Rating Scale. This tool identifies the following:

- Thoughts the patient has wishing to be dead
- Non-specific but active suicidal thoughts
- Active suicidal ideation without intent to act
- Active suicidal ideation with intent to act but without a clear plan
- Active suicidal ideation with a plan and intent to act

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Assessing for Mental Health Needs in Veterans

PTSD

When working with veterans, clinicians must be able to accurately assess for mental health needs. It is especially important to identify and diagnose PTSD because this is the most commonly experienced mental illness for veterans (Hoerster, Jakupcak, Stephenson, Fickel, Simons, Hedeen, Dwight-Johnson, Whealin, Chaney, & Felker, 2015). There are many different assessment tools that professionals can adopt, however, there are a few more supported for veteran use.

The first is The Clinician-Administered PTSD Scale for DSM-5 (Reisman, 2020). This is a 30-item assessment tool that is administered in a one-on-one interview. It takes approximately 30-60 minutes to deliver (Reisman, 2020). The 2018 version of the assessment tool can be seen HERE. The tool reviews the following:

- An overview of the event (National Center for PTSD, 2018)
- The experience of recalling memories
- If individuals ever feel as though they are re-experiencing the event

- How they feel when reminded of the event
- Ways in which they avoid the memories, if at all
- How effectively they can remember the event
- Their beliefs about their identity
- If they feel blame for the event
- Any experience of strong, negative feelings
- Any experience with no longer enjoying activities
- If they are distant from social supports
- If they can experience positive feelings
- If they feel irritable
- If they engage in self-harming behavior
- If they feel alert
- How strong their reactions are
- Their ability to concentrate
- Their experience with sleep
- How bothered they are by their symptoms
- How bothered their relationships are by their symptoms
- Any experience with dissociative symptoms (National Center for PTSD, 2018)

The next tool that Reisman (2020) identifies is the PTSD Checklist for DSM-5. This is a self-reported tool that is commonly used by the Veterans Association when treating patients with PTSD. It is a 20 question assessment that can be completed in under ten minutes (Reisman, 2020). This assessment can be found HERE. It assesses for the following:

- Unwanted memories of the event (National Center for PTSD, 2018)
- Disturbing dreams

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- Feeling as though the event is happening again
- Experiencing disturbing feelings
- Experiencing physical reactions
- Avoiding behavior
- Difficulty recalling the event
- Negative beliefs about self
- Blaming self
- Loss of interest in pleasurable activities
- Distance from psychosocial supports
- Difficulty experiencing positive feelings
- Irritable behavior
- Alertness
- Concentration
- Ability to sleep (National Center for PTSD, 2018)

Finally, Reisman (2020) references the Mississippi Scale for Combat-Related PTSD. It is a 35-item questionnaire that patients can complete independently. To access this assessment tool, mental health professionals need to request a copy from the Veterans Administration.

PTSD ratings are also often quantified by the VA to determine eligibility for disability benefits (Dejesus, 2020). The ratings are identified below:

0%	Patients with a 0% rating will have a diagnosis of PTSD but they will not experience symptoms significant enough to decrease their work performance or functioning in social situations
10%	Patients with a 10% rating will have mild impairments in social and work settings that may decrease their efficiency and work performance but only during periods of high stress. These patients are often taking medications to manage their symptoms

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30%	Patients with a 30% rating will have both work and social impairments. They will have weekly symptoms consisting of panic attacks, sleep impairments, and memory difficulties
50%	Patients with a 50% rating will have social and work-related impairments and reduced reliability. They will have the following symptoms more than once per week: flat affect, stereotyped speech, panic attacks, difficulty understanding and following commands, memory impairments in both short and long-term memory, impaired judgment, impaired abstract thinking, disturbances in motivation and mood, and difficulty establishing and maintaining relationships
70%	Patients with a 70% rating will have impairments in most areas of their life such as work, school, family, and thinking. They will likely experience suicidal thoughts, obsessive rituals that impact functioning, illogical speech, constant panic, depression that impacts functioning, lack of impulse control, difficulty maintaining personal hygiene and activities of daily living (ADLs), difficulty navigating stress, and the inability to establish and maintain healthy and effective relationships
100%	Patients with a 100% rating will have total impairments in work and social situations. They will have gross impairments with thought, communication, and they might have delusions and hallucinations on a persistent basis. They will have grossly inappropriate behavior, anger, and the inability to perform daily activities. They will be a danger to themselves and others. They will be disoriented to time and place, memory, and people. (Dejesus, 2020)

Mental health professionals who are diagnosing and treating patients may be required to help provide such a rating to the VA to assist with determining disability eligibility and benefits.

Assessing for PTSD symptoms will help professionals to identify the best course of treatment with their patients. Patients who have severe symptoms may require inpatient hospitalization. This is appropriate for patients who have suicidal ideation and planning or homicidal behavior.

Once clinicians diagnose patients with PTSD, it is important to refer to programs within the VA that aim to support recovery.

Substance Use

Mental health professionals should also be prepared to assess for co-morbid substance use disorders. More than 10% of veterans have been diagnosed with a substance use disorder, which is slightly higher than the general population according to the National Institute on Drug Abuse (2019). Military deployment is associated with higher smoking use, drug use, and unhealthy drinking behaviors. It has also been associated with increased risk-taking behaviors (National Institute on Drug Abuse, 2019).

Mental health professionals can use tools such as the TAPS (Tobacco, Alcohol, Prescription medication, and other Substance use Tool) or the CAGE Questionnaire to assess for severity (National Institute on Drug Abuse, 2018).

The TAPS tool assesses for:

- Tobacco use
- Days spent drinking more than 5 drinks of alcohol
- Drug use
- Prescription medication drug use

The CAGE Questionnaire assesses for:

- If patients feel they should cut down on drinking
- If patients have been criticized for their drinking behavior
- If patients feel guilty about their drinking
- If patients drink first thing in the morning (National Institute on Drug Abuse, 2018)

Depression

If patients are not struggling with either PTSD or substance use and are simply presenting depression, it is important to be able to assess the situation accurately. Professionals can utilize a PHQ-9 (Patient Health Questionnaire 9) tool to assess for depression. Mental health professionals need to understand that often depression is one of the conditions where veterans may qualify for disability services. The VA therefore will rate a veteran’s depression from 0-100 (Dejesus, 2020). A 0% rating would be assigned when patients have no impairment from their depressive symptoms. A 100% rating would be assigned when patients cannot function at work or in their interpersonal

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relationships. The more impaired a person's work or relationships become by their depression, the higher their rating will be (Dejesus, 2020).

Case Management

Veterans are a unique subset of the population because of their significant exposure to trauma. Once discharged from the military, however, veterans are required to navigate the civilian world like anyone else. Many veterans struggle with this and subsequently have a difficult time securing employment and housing.

Mental health professionals should be prepared to help support veterans with referrals to state and federally funded programs for employment, housing, and other case management needs.

The following statistics identify the importance of mental health professionals to refer to case management support:

- Approximately 11% of homeless individuals are veterans (National Coalition for Homeless Veterans, 2020)
- 50% of homeless veterans have a serious mental illness
- 70% of homeless veterans have a substance use disorder
- 51% of homeless veterans have a disability
- 50% of homeless veterans are over the age of 50 years old (National Coalition for Homeless Veterans, 2020)

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Programs to Support Veterans

Many people believe that veterans have the best access to insurance benefits that this nation offers. This is not entirely true. While there are many programs available to support veterans through the US Department of Veterans Administration and new programs are being developed every day, there are still more patients who need care than available providers. Before the Affordable Care Act, approximately 1 million veterans went uncovered for health insurance (Boddy, 2017). Almost half of the veterans are enrolled in VA benefits, while others get insurance through Medicare or their employer. Many veterans simply do not know what benefits they have (Boddy, 2017). This is another reason why mental health professionals should be prepared to refer to or

act as, a case manager: to support veterans in understanding their medical benefits to access appropriate mental healthcare.

Mental Health

Veterans Administration

According to the VA benefits page, the following mental health services are available for veterans who are insured through the military:

- Inpatient care (US Department of Veterans Affairs, 2020)
- Residential Care
- Outpatient care
- Homelessness programs
- Programs for incarcerated veterans
- Specialized PTSD programs
- Military sexual trauma programs
- Recovery services
- Substance use programs
- Suicide programs
- Geriatric mental health services
- Violence prevention programs
- Psychotherapy programs
- Mental health disaster response (post-deployment support)
- Veterans crisis lines (available to all veterans, regardless of enrollment status) (US Department of Veterans Affairs, 2020)

Wounded Warrior Project

The Wounded Warrior Project is a national organization that offers a variety of mental health and other supports to veterans. They offer interactive programs to support

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recovery from PTSD, rehabilitative retreats, and other group and individual programs (Wounded Warrior Project, 2020). The project is partnered with several academic medical centers nationally to provide psychosocial and medical supports to veterans who feel their needs are not being met elsewhere. These institutions are Rush University Medical Center in Chicago, IL; Massachusetts General Hospital in Boston, MA; UCLA Health in Las Angeles, CA; and Emory Healthcare in Atlanta, GA. They also support families of veterans in accessing mental health services and in learning to be strong advocates and allies for their family members (Wounded Warrior Project, 2020).

TIDES model

One of the common programs that veterans have access to through the VA is the TIDES program. TIDES stands for Translating Initiatives for Depression into Effective Solutions (Hoerster, et al., 2015). The TIDES program is a collaborative care model that offers veterans with PTSD case management. It consists of the following: nurse-delivered telephone calls to assess for psychiatric symptoms, medication management adherence, side effects, and provides psychoeducation to patients regarding their diagnosis. It also provides social support and referrals as needed.

A TIDES team consists of the case manager nurse, the primary care provider, a mental health therapist, a psychiatrist who supervises treatment, and any other providers as needed. The program offers a comprehensive approach to treatment and uses modalities such as Cognitive Behavioral Therapy and behavioral activation. The TIDES model receives high satisfaction ratings from patients who utilize it consistently and providers find that it improves program and treatment adherence promoting recovery.

One of the most important components of the TIDES model is the case management piece. This ensures that patients are always connected to their care team. Because the program uses consistent phone-based support, patients who are located in rural areas have consistent interface with their providers. Depression ratings and PTSD symptoms were reduced by the TIDES model as found in clinical data.

Because TIDES has been so successful, research teams have proposed offering it to active duty military members who are currently deployed (Hoerster, et al., 2015).

Coaching into care

This program is intended to support the family members of veterans and not veterans themselves. Often because veterans may feel the stigma associated with accessing treatment for mental health, they might avoid it until the situation becomes dire. If

professionals are not working with the veteran directly, but rather the family member, they might refer to the Coaching Into Care program. This program is a phone-based service provided by the VA to educate, support, and empower family members who are seeking care, services, or support for veterans (US Department of Veterans Administration, 2020). The program offers coaching to family and friends of veterans to support a better transition into civilian life. It is provided by social workers and psychologists free-of-charge. They can coach these supporters to discuss accessing services with veterans helpfully and appropriately (US Department of Veterans Administration, 2020).

Veterans choice program

Although many veterans are eligible for VA services, they may not be easy to access. Because of this, the VA Choice Program is offered. The VA Choice program allows patients to access mental health services from outside community providers instead of providers within the VA health system (US Department of Veterans Affairs, 2017). Patients are eligible for the program if they are notified they have to wait longer than 30 days to access a service; reside more than 40 miles from a VA medical facility; reside in a state without a full-service VA hospital; or face an unusual burden in traveling to the closest VA facility. This program is helpful for patients who live in rural areas or experience a disability that makes it difficult for them to travel long distances.

Homelessness and Job Supports

VASH program

The HUD-Veterans Affairs Supportive Housing (VASH) program offers rental assistance to homeless veterans with case management and other mental health support being provided by the VA (National Veterans Foundation, 2020).

National Coalition for Homeless Veterans

This program serves as a resource and technical assistance center for community-based service providers. They offer emergency housing, food services, health services, job training, legal aid, and case management to homeless veterans.

VA’s compensated work therapy program

In this national program, sheltered workshops, transitional work, and supported employment are offered to veterans. Veterans in this program are paid at least the federal/state minimum wage.

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Feed our Vets

This program offers food assistance to more than 20,000 veterans and their families every year (National Veterans Foundation, 2020).

There are hundreds of other programs offered nationally to support veterans. It is recommended that mental health professionals research programs in their local area to understand how to best support and refer to appropriate care for veteran patients.

Closing

Regardless of the mental health disorder, symptoms, or experience that veterans present with, it is essential that mental health professionals are available and adequately trained to support them. Because veterans have unique experiences compared to civilians, it will be important to work in cross-systems ways with the local VA and other military-specific providers. Referrals to state/federally-funded programs and/or private programs to support veterans will be important for mental health professionals to facilitate.

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Case Studies

Anthony

Anthony is a 27-year-old man who recently returned from deployment in the Middle East. He experienced the loss of several of his peers and he suffered an injury that required medical discharge. Anthony now utilizes a wheelchair for mobility and is having a difficult time processing the transition to both civilian life and life with a disability.

Anthony was married before his deployment and had a child on the way. He now resides with his wife and infant daughter and is experiencing depression, anxiety, and PTSD symptoms. He is having a difficult time bonding with his daughter and his wife recently admitted she "does not feel comfortable leaving my daughter with me alone because she does not think that I am emotionally capable of meeting her needs." Anthony was referred to outpatient mental health services for navigating his depression.

Together, Anthony and his therapist identify immediate treatment goals:

- Reducing anxiety symptoms and depression symptoms
- Identifying goals related to non-military employment

- Identifying social supports with other veterans with disabilities

Anthony and his therapist use a combination of medication management and CBT therapy to develop strategies for reducing anxiety and depression. Within three months of treatment, his PHQ-9 scores are reduced from moderate to mild depression. He reports having daily anxiety but no panic attacks. His therapist helped him find a local support group for veterans with physical disabilities and he is making friends and identifying ways he can still be employed and be an active parent while using a wheelchair.

Within six months, Anthony reports that his marriage and parenting skills have greatly improved and his wife feels comfortable and safe with him being alone with their daughter for short periods. He states, "I feel like I can function again."

Anthony's case study is an example of how medication management, therapy, and case management are effective when used together to support veteran mental health.

Carmen

Carmen is a 55-year-old veteran who spent 30 years in the Army. She recently retired and has done well transitioning into civilian life. She reports this is because she has a strong family and friend supports. Carmen has never married but has two children. Recently she has been presenting with symptoms related to a sexual assault that occurred by a military member approximately 25 years ago. She chose to see a therapist to process this.

Carmen reported to the therapist that she never reported the assault because of a fear of retaliation and being passed over for opportunities to promote. Carmen reports to the therapist that her PTSD symptoms are making it difficult to date and she states, "If I'm being honest I probably have had a hard time trusting men and dating because of this past assault."

Carmen and her therapist decide to utilize EMDR to process the past assault. Within several months of using EMDR, she is having fewer triggers when she considers dating. She does not feel ready to date yet but she is having fewer nightmares and less fear. Carmen and her therapist also discuss ways to communicate about her potential fears and anxieties about people she might feel like dating in the future. This makes her feel empowered and more comfortable so that when she feels she meets someone who might be a significant person in her life, she can self-advocate for her needs and boundaries where sex and intimacy are concerned.

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Almost one year after Carmen completed EMDR, she reports almost no distress daily where sexual assault trauma is concerned. Carmen's case is a good example of the impact of military sexual assault and how to navigate it.

Arthur

Arthur is a 74-year-old veteran who recently became homeless. He was stable in his housing for several years but recently stopped taking medication for his bipolar disorder. He began drinking and forgot to complete his annual paperwork for Medicaid coverage. Arthur has been unsuccessful in homeless shelters because of the mental health symptoms he experiences including mania and disruptive behaviors.

Arthur was referred to a free mental health clinic through the Wounded Warrior Project where he meets a therapist and case manager. The case manager helps him to do the following:

- Complete his annual Medicaid paperwork
- Have him seen by primary care to get back on medication
- Find temporary group housing for veterans

Getting Arthur housed and back on medication helps him to be able to do more intensive work with a therapist. Together they focus on identifying warning signs that he might be having a manic or depressed episode so he can advocate for his needs.

After several months of being back on medication and finding group housing, Arthur is functioning well enough to begin living independently again. He continues to visit his new friends from the group housing and see his therapist every week in outpatient therapy.

Arthur's case is an example of how the combination of case management and mental health services is essential to treating the whole patient instead of focusing on one aspect of the individual's health.

Jaclyn

Jaclyn is a 29-year-old veteran. She was in the military for 8 years and recently discharged. Upon discharge, she was staying with a relative until she was able to find employment and independent housing. The relative she was staying with introduced her to drinking and drugs. She became addicted to alcohol and started using heroin.

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She was stable on her own for several months before losing her job because of unexcused absences. Jaclyn is still in her apartment but is struggling with how to find employment as related to her heroin use. She is unable to pass a drug screening and no longer has reliable transportation. She sold her vehicle to pay her rent last month.

Jaclyn was referred to a substance use program at the VA and is now in individual therapy. The therapist and Jaclyn identify that she has experienced depression for many years and started using drugs and alcohol as a way of avoiding the pain she felt. Jaclyn and the therapist begin using a CBT approach for her care and realize that her experience with depression relates back to her childhood and feelings of abandonment. Her father left her family when she was five and she has always felt a sense of worthlessness because she "never felt chosen."

After six months of individual therapy and six months in a group rehabilitation program for substance use, Jaclyn is able to maintain sobriety, begins attending Alcoholics and Narcotics Anonymous meetings, and finds and maintains employment. Jaclyn's depressive symptoms are greatly reduced and she reports "feeling the best she's ever felt as an adult."

Jaclyn's case is a good example of how CBT can be supportive of depression symptoms while patients access additional programs for substance use.

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Resources

Boddy, J. (2017). *Many veterans gained health care through the affordable care act.* Retrieved from https://www.npr.org/sections/health-shots/2017/04/19/524751540/many-veterans-gained-health-care-through-the-affordable-care-act

Dejesus, A. (2020). *VA disability rating for depression explained.* Retrieved from https://www.hillandponton.com/depression-and-the-va/

Deployment Health Clinical Center. (2017). *Mental health disorder prevalence among active duty service members in the military health system.* Retrieved from https://www.pdhealth.mil/sites/default/files/images/mental-health-disorder-prevalence-among-active-duty-service-members-508.pdf

Hale, J. (2017). *Translating military culture to the civilian workplace.* Retrieved from https://www.defense.gov/Explore/News/Article/Article/1213804/translating-military-culture-to-the-civilian-workplace/

Hoerster, K. D., Jakupcak, M., Stephenson, K. R., Fickel, J. J., Simons, C. E., Hedeen, A., Dwight-Johnson, M., Whealin, J. M., Chaney, E., & Felker, B. L. (2015). A pilot trial of telephone-based collaborative care management for PTSD among Iraq/Afghanistan war veterans. *Telemedicine journal and e-health: the official journal of the American Telemedicine Association*, *21*(1), 42–47. https://doi.org/10.1089/tmj.2013.0337

Kaplan, D. (2019). *Reducing military mental health stigma to improve treatment engagement: Guidance for clinicians.* Retrieved from https://www.pdhealth.mil/news/blog/reducing-military-mental-health-stigma-improve-treatment-engagement-guidance-clinicians

National Center for PTSD. (2018). *Clinician-administered PTSD scale for DSM-5.* Retrieved from https://www.ptsd.va.gov/professional/assessment/documents/CAPS_5_Past_Week.pdf

National Center for PTSD. (2018). *PTSD checklist for DSM-5.* Retrieved from https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.PDF

National Coalition for Homeless Veterans. (2020). *Background and statistics.* Retrieved from http://nchv.org/index.php/news/media/background_and_statistics/

National Institute on Drug Abuse. (2019). *General risk of substance use disorders.* Retrieved from https://www.drugabuse.gov/publications/drugfacts/substance-use-military-life#:~:text=More%20than%20one%20in%20ten,higher%20than%20the%20general%20population.&text=One%20study%20found%20that%20the,all%20ages%20were%20examined%20together.

National Institute on Mental Health. (2020). *Post-traumatic stress disorder.* Retrieved from https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

National Veterans Foundation. (2020). *Veterans resources.* Retrieved from https://nvf.org/veteran-resources/

PEW Research Center. (2017). *Looking forward at the changing profile of the U.S. veterans.* Retrieved from https://www.pewresearch.org/fact-tank/2017/11/10/the-changing-face-of-americas-veteran-population/#:~:text=There%20were%20around%2020.4%20million,how%20this%20population%20is%20changing.

Reisman M. (2016). PTSD Treatment for Veterans: What's Working, What's New, and What's Next. *P & T: a peer-reviewed journal for formulary management*, *41*(10), 623–634.

Stanley B, Brown GK, Brenner LA, et al. Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. *JAMA Psychiatry.* 2018;75(9):894–900. DOI:10.1001/jamapsychiatry.2018.1776

Torres, E. (2020). *Military sexual assault victims say the system is broken.* Retrieved from https://abcnews.go.com/US/military-sexual-assault-victims-system-broken/story?id=72499053

University of Southern California. (2017). *Service members speak out of difficulties of transitioning to civilian life.* Retrieved from https://msw.usc.edu/mswusc-blog/transitioning-out-of-the-military/

U.S. Department of Veterans Affairs. (2018). *National strategy for preventing veteran suicide.* Retrieved from https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and- Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

U.S. Department of Veterans Affairs. (2020). *PTSD: National Center for PTSD.* Retrieved from https://www.ptsd.va.gov/understand/common/common_veterans.asp#:~:text=The%20number%20of%20Veterans%20with,PTSD%20in%20a%20given%20year.

U.S. Department of Veterans Affairs. (2020). *Understanding military culture.* Retrieved from https://www.mentalhealth.va.gov/communityproviders/military_culture.asp#:~:text=The%20overarching%20values%20of%20military,well%20one%20serves%20others%20selflessly.&text=In%20addition%20to%20the%20above,set%20of%20values%20and%20mottos.

U.S. Department of Veterans Affairs. (2020). *MIRECC/CoE.* Retrieved from https://www.mirecc.va.gov/coaching/

WebMD. (2020). *What are the treatments for PTSD?.* Retrieved from https://www.webmd.com/mental-health/what-are-treatments-for-posttraumatic-stress-disorder#3

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