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Mental Illness and Mental Health Care in Veterans: The Struggle with PTSD

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ABSTRACT

Background: Veterans exhibit high rates of developing post-traumatic stress disorder (PTSD), substance use disorder, and severe depression. Suicide percentages in the US veterans are much greater than the national average. **Purpose:** The purpose of this review was to explore the aspects of mental illness and mental health care in veterans. **Method:** This was a review of the literature, which includes a case study, as well as evidence-based studies. **Findings**: The most common theme found was PTSD. Their response to medical and therapeutic interventions are also included. **Conclusion:** Strong evidence exists that veterans with PTSD experience comorbid psychiatric diagnosis and benefit from anxiety and depression treatment.

1. INTRODUCTION

A common problem with veterans and mental illness is the lack of receiving care. Male veterans are known to avoid mental health care because of masculinity norms and can contribute to more severe post-traumatic stress disorder (PTSD) (see Figure 1). Female and male veterans are mentally tough by controlling and restricting emotion, leading to a decrease in people willing to seek help [1]. There is concern that mental health treatment and recognition of prevalence are not being addressed, leading to a decrease in veterans' targeted mental health care. Understanding the incidence and prevalence of psychiatric disorders in veterans will increase their targeted mental health care [2]. The National Alliance on Mental Illness (NAMI) addresses that one in five veterans returning home from Iraq and Afghanistan suffer from PTSD or depression, and 20% of veterans from The Vietnam War, experiences PTSD. NAMI estimates an average of 20 veterans dying by suicide per day. While 9 million veterans use The Veterans Health Administration (VHA), private insurances do not provide adequate, evidence-based care for veteran mental health [3]. The purpose of this review was to explore the aspects of mental illness and mental health care in veterans and their struggle with PTSD.

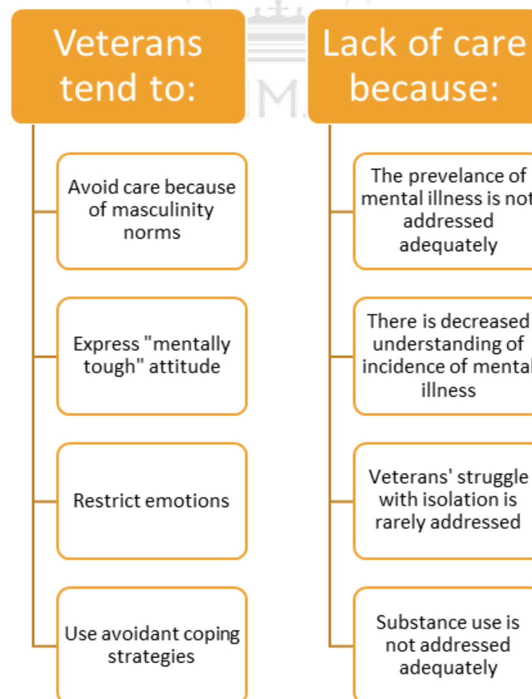

Figure No. 1: The lack of receiving care as a common problem in veterans and mental health care.

2. CASE STUDY

Common maladaptive coping mechanisms for PTSD and depression in veterans include substance abuse. Alcohol abuse and PTSD are highly comorbid, and there is a greater link of alcohol over-valuing in those with PTSD [4]. Many veterans use substances to cope with their stress, and they are in denial about having a problem. In the health care setting, they exhibit feelings that drinking alcohol is normal and that they do not have a problem. Some believe alcohol is a proper and healthy coping mechanism and do not see that substance use can be a negative coping mechanism.

Drugs are commonly used for coping as well and is an unhealthy coping mechanism. PTSD is seen frequently in the health care setting with veterans. Characteristics of PTSD include anger and irritability with quick movements and noises. Anger management is suggested for these patients, as it can improve how they react to their environment. One veteran reported having nightmares and insomnia in the past with PTSD. Flashbacks, reliving experiences, and psychological reactions to triggers are common symptoms [5]. While PTSD and alcohol use are comorbid, so are PTSD and depression. PTSD and depression seem to influence each other and exhibit evidence of being mutually exclusive disorders [5].

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One patient was seen for PTSD, depression, and a suicide attempt. After drinking alcohol one night, the patient took a large dose of blood pressure medications. The patient indicated that drinking worsens depression and would not have a problem with suicide attempts if they did not drink. This patient prefers isolation but has goals of moving to be around friends and family. Coping mechanisms for this patient include drinking alcohol, cooking, and playing musical instruments. Other than treating depression and anxiety, therapy is centered around substance use, impaired social interaction, ineffective coping skills, impaired family processes, and risk of injury (see Figure 2).

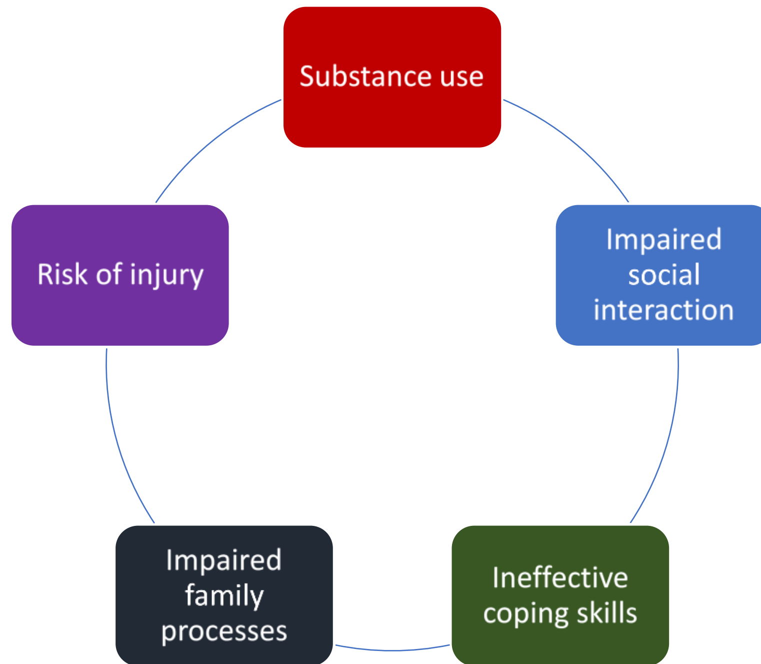

Figure No. 2: Nursing interventions in health care are centered around several approaches

3. METHODS

The research used was found in searches performed via the university library system, including Elsevier, PubMed, ProQuest, and ScienceDirect. During the searches, the key search terms used were veterans, coping, stress, mental illness, mental health, interventions, and treatment. The results were further narrowed down by publication date, full-text articles, and if a peer-reviewed journal had published the research.

4. LITERATURE REVIEW

The purpose of this literature review was to analyze and look further into the existing research on the topic of mental illness and mental health care in veterans. The study highlights interventions used to cope with PTSD, both adaptive and maladaptive, mental illnesses associated with PTSD, and other life factors affected by PTSD. These articles consisted of qualitative research studies, retrospective studies, cross-sectional studies, interviews, and surveys/questionnaires. These studies used veterans from all times and types of deployment.

4.1 Adaptive and Maladaptive Interventions

Reyes *et al.* [6] focused on using positive and negative coping mechanisms to deal with modulating intrusions. The participants of this study were students at a university, and they stated that these intrusions included recurring vivid images of traumatic events, nightmares, persistent feelings of guilt or depression, and stressful situations [6]. The researchers first looked at the cascading-curating strategies. Cascading strategies refer to the veteran using the same mode of coping regardless of its effectiveness. Continued use of this method can exacerbate anxiety instead of eliminating it all together [6]. Curating, an adaptive coping strategy, involves reinforcement, usually from a therapist, that the veteran receives that lets them know their coping mechanism is effective and that changes in their behavior and mental state are seen [6].

4.1.1 Adaptive Interventions

The next strategies are resisting and releasing. Resisting, which is a maladaptive coping mechanism, refers to limiting triggers by avoiding them, which can progress into isolation from others and society. Releasing is an adaptive coping strategy that refers to letting go of the pain. This means the veteran can separate the traumatic event from reality, and they can express their feelings and let go of the pain and stress that a specific event brings them. The last strategy comparison was between the strategies of transmitting and transcending. Transmitting, a maladaptive strategy of coping can be defined as disassociating from pain caused by an intrusion and projecting that pain outward [6]. This strategy leads to individuals not taking responsibility for their own emotions and projecting their feelings of pain outward. In the adaptive coping mechanism of transcending, veterans could contextualize their feelings and understand the effect these intrusions have on their daily lives. The study results concluded that the participants who utilized the adaptive coping strategies had an easier time managing their PTSD symptoms and modulating intrusions during their daily lives [6].

4.1.2 Mindfulness Interventions

The next study focuses on mindfulness interventions that help veterans with their PTSD. During this study, the exercises used include body scan meditation, mindful breathing, slow breathing without mindfulness training, and sitting listening quietly to an audiobook, which was the control

group [7]. The study participants reported that these mindfulness interventions were helpful, and they experienced senses of calm that did not trigger symptoms of their PTSD. Six core themes emerged from this study among the participants. These themes included enhanced present moment awareness, increased nonreactivity, increased non-judgmental acceptance, decreased physiological arousal and stress reactivity, increased active coping skills, and greater relaxation. These results are compatible with other studies completed with this research topic, and researchers found that the qualitative findings were congruent to the quantitative findings of the parent study [7].

4.1.3 Coping Mechanisms

Another study focused on Roy's Adaptation Model (RAM)-guided education coping strategies of veterans who have experienced a lower extremity amputation. This study consisted of 2 individual and group methods. The individual interventions were two 30-minute sessions using the question and answer method, and the group sessions were done using lecture methods to teach adaptive coping mechanisms [8]. The researchers concluded that the RAM-guided strategies effectively taught adaptive coping mechanisms than if veterans were to find coping mechanisms independently. The control and the intervention group had no significant differences in coping strategies before the intervention was implemented. However, after the intervention was implemented, there was a significant difference in ineffective coping mechanisms between the two groups. This same result was also found in similar studies [8].

4.1.4 Post-Traumatic Growth

In a final study, the researchers looked at the post-traumatic growth that can occur when a patient/veteran has positive and adaptive coping mechanisms. Post-traumatic growth (PTG) is when positive psychological change is experienced after a highly stressful life circumstance [9]. The researchers found a positive correlation between PTG and the severity of trauma experienced by an individual. Depending on the severity of the trauma, an individual could have a harder time coping with the events, and it may take a longer recovery time for a more traumatic event. This study looked at the relationship between PTSD symptom severity, PTG, and personality styles with coping strategies. They used questionnaires and interviews to evaluate the participants coping styles and personalities. The results showed that an individual with a negative

personality was more likely to use maladaptive coping mechanisms, such as alcohol and substance use. In contrast, an individual with a positive personality was more likely to use adaptive coping mechanisms and be active in coping strategies instead of inactive and not dealing with the trauma (see Figure 3). The researchers found that the personality factors of optimism, agreeableness, extraversion, and openness were all aspects that led to a more active and positive coping ability for individuals [9].

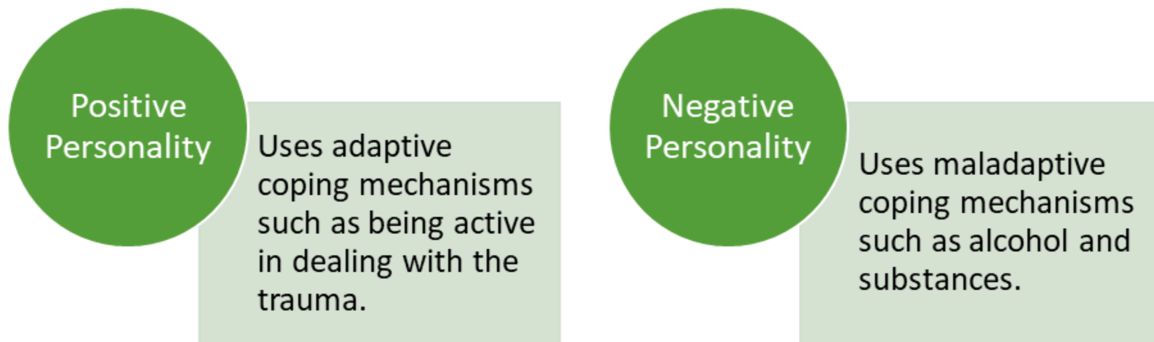

Figure No. 3: Post-traumatic growth in veterans with positive and negative personality.

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4.2 Substance Use Disorder and PTSD

The connection between substance use and PTSD is unquestionable. The prevalence of substance use among veterans also is high. How an individual responds to therapy depends on how they process their memories and begin the healing process.

4.2.1 Creating Change and Seeking Safety

Najavits *et al*. [10] looked at the effect of past-focused and present-focused interventions to help reduce substance use in veterans with PTSD. Before their study was conducted, it was found that the prevalence of substance use in veterans with PTSD was extremely high. The researchers looked at the programs of "Creating Change" (CC) and "Seeking Safety" (SS) and decided to combine them to see if having both present-and-past-focused interventions would help veterans overcome their needs for substance use. In present-focused interventions, the participants were taught adaptive coping strategies for their trauma. In past-focused interventions, the participants explored their past trauma and memories to process them and begin the healing process. This

study showed that both CC and SS had the same therapeutic value for finding more effective coping mechanisms. They found that both interventions could be used together if safety precautions were put into place to protect the participants [10].

4.2.2 CPT-Based Interventions

Peck *et al*. [11] also looked at the relationship between substance use and PTSD. They found that PTSD was frequently comorbid with substance use. They found that veterans have a higher risk of developing substance use disorders (SUD) with PTSD than other individuals. These individuals with PTSD and SUD often reported having depression, higher substance use levels, and psychological distress after using substances. This study included a 6-week cognitive processing therapy treatment hypothesized to reduce the participants' PTSD symptoms and substance cravings. After the 6-week program, the participants reported having decreased symptoms of PTSD and a decrease in cravings. This was the first study of its kind to evaluate the effect of cognitive processing therapy (CPT). The study focused on CPT-based interventions on PTSD-related substance cravings. Further analysis of the subject needs to be evaluated. Still, the results indicated that CPT-based interventions effectively diminish substance cravings in veterans with PTSD and SUD [11].

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4.3 Mental Illnesses

4.3.1 Comorbid Conditions in Women

Many veterans suffer from different forms of PTSD; either they are fully diagnosed with it or have subthreshold symptoms of PTSD [12]. Subthreshold PTSD is when significant symptoms of PTSD are present, but an individual does not meet the full diagnostic criteria. Mota *et al.* [12] researched the prevalence of subthreshold PTSD. They found that it was more prevalent in women, and it is associated with comorbid conditions such as major depression, social anxiety, generalized anxiety disorders, and suicidal ideation.

4.3.2 Life-Limiting Physical Injuries

In another study, Garrido *et al*. [2] found that veterans who suffer from life-limiting physical injuries are at high risk for developing psychosocial disorders. This study focused on the

prevalence of depression and anxiety, which were the most common diagnosis in these veterans, and other mental illnesses such as schizophrenia spectrum disorder, bipolar disorder, and other psychosis or delusions, which were also present in some of the participants in this study. The study focused on the prevalence of these diseases before and after deployment. They found that most participants did not receive these diagnoses until after they returned home from deployment. The researchers emphasized the need for closer evaluation of comorbid mental illnesses in clients who have life-limiting physical injuries. This could lead to early intervention and result in better outcomes [2].

4.3.3 Depressive Symptoms and Resilience

The risk for depression is very significant in the military due to exposure to stressful life experiences, such as combat exposure [13]. This study focuses on resilience factors that can influence the onset of depression and maladaptive coping strategies in combat exposed veterans. The factor investigated was the resilience factor, psychological hardiness. Hardiness resembles the resilience that an individual encompasses when they are faced with stressful life events. It was found that an individual who had a great level of hardiness was less likely to experience avoidance coping and that hardiness functions as a protective factor against depressive symptoms. The researchers found that a lack of hardiness was directly related to avoidance coping, non-active coping strategies, and depressive symptoms. Individuals who had a high level of hardiness were more likely to cope with stressful situations actively and have a faster recovery time [13].

4.4 Psychosocial Factors

Blackburn [14] conducted a qualitative study to understand veterans' struggles before and after deployment. The study focuses on psychosocial factors, such as social, personal, family, medical, financial, academic, and occupational factors. A problem that many veterans face is the sense of isolation. This can make them withdraw from society, family, and friends. By isolating, they are hindering their ability to grow after they return home from deployment. Blackburn [14] also looked at how veterans can have trouble with their medical needs. Baseline reports indicated that most of the study participants did not report any significant physical health changes once they returned home. A few participants complained of knee and back pain that they developed while

deployed. However, they found it challenging to find a physician who could ensure medical follow-ups with the veterans [14].

Academic, financial, and occupational stressors were also studied to determine their impact on veterans' lives during the transition to civilization. Academically, none of the participants had any hardships other than having to readjust to the classroom setting [14]. Financially, most participants did not face any problems, but 4 participants reported a drop-in income and needed to make adjustments to make ends meet at the end of the month. Occupationally, the majority of the participants again had no trouble returning to the workforce. Three participants, however, were unable to return to the workforce because of medical reasons and three other participants were unable to find a job that took their qualification from their military service [14].

4.5 Summary of Findings

Veterans can be considered a vulnerable population when they return home from deployment because of the multiple stressors and traumas that may have been exposed to during their time serving (see Figure 4). Blackburn [14] analyzed different areas of a veteran's life that can be altered, such as, stress and trauma that they bring home from deployment. Stress and trauma can lead to many challenges in an individual's life, like a diagnosis of PTSD and even a SUD. There is a high correlation between PTSD and SUD. Individuals with these conditions need to adopt positive coping mechanisms to make progress in their treatment and ultimately develop ways to actively deal with their traumas during everyday life [6]. When dealing with these diagnoses, an individual can have either maladaptive or adaptive coping mechanisms. Maladaptive mechanisms can lead to more severe signs of depression and other psychosocial disorders, and it can lead to substance use disorder, which is very prevalent in veterans with PTSD [9]. However, suppose an individual develops adaptive coping mechanisms, and they are active in their treatments, they will have less severe signs of depression and other psychosocial orders, and they are at a much lower risk of developing any substance use disorders [9].

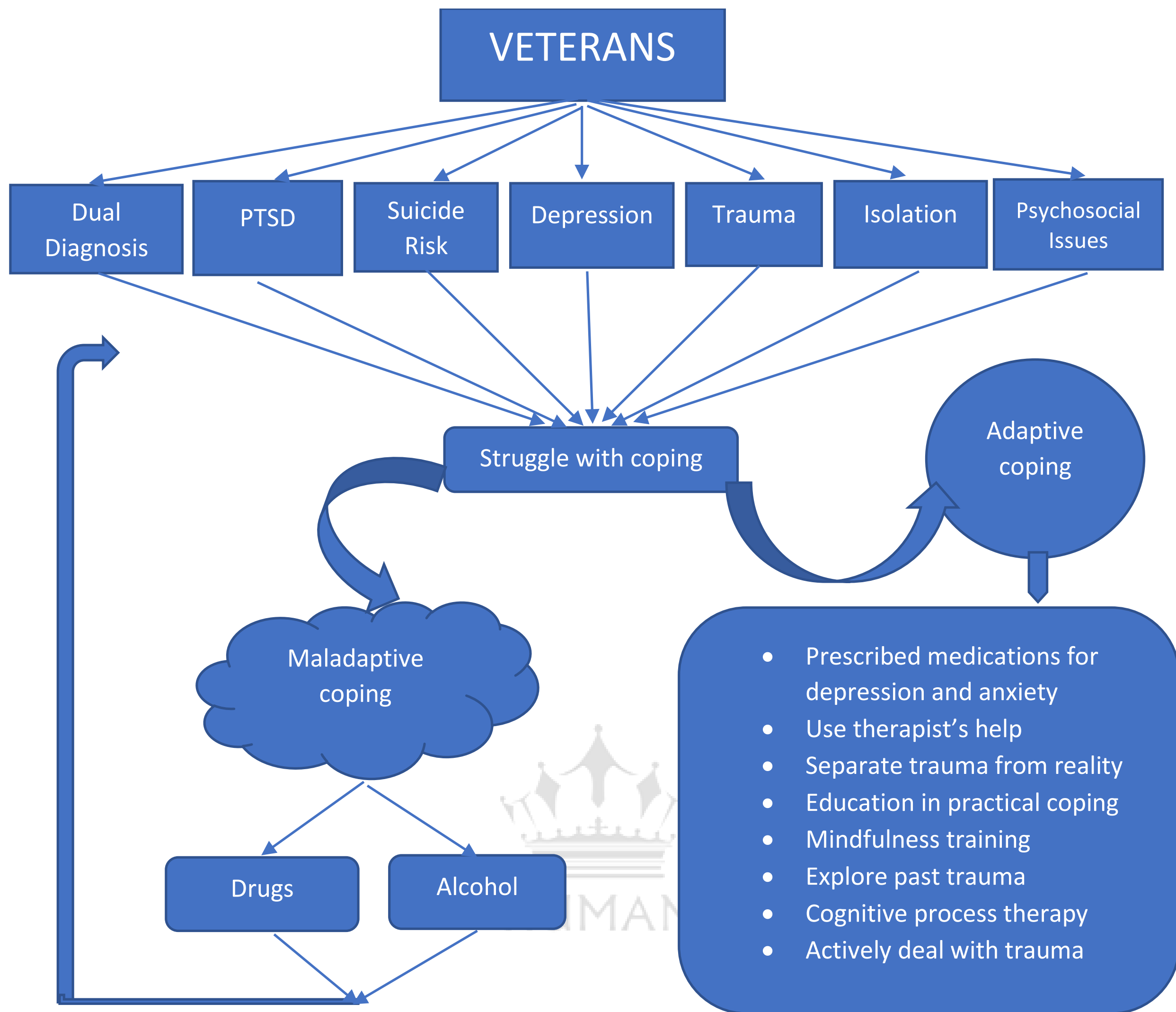

Figure No. 4: Potential problems of veterans returning from deployment and coping strategies.

5. DISCUSSION

Veterans need support and help in receiving treatment after returning home from deployment. The evidence presented shows that some veterans are struggling with coping mechanisms every day. Certain coping mechanisms have proven to be effective in dealing with PTSD and SUD. One way for veterans to gain positive coping skills is through the use of a therapist. The therapist can give them helpful coping skills that have been effective in the past. They can identify whether the coping strategies the veteran already has is effective or not. The therapist can guide the veteran in the right direction to promote healing. Another positive intervention used is

releasing. It allows the veteran to separate the trauma from reality and helps them to focus on real life. Nurses in mental health care can help veterans focus on reality to promote effectiveness.

Education on proper coping mechanisms is also essential for veterans. Some veterans try to develop their coping mechanisms without the help of others. These coping strategies tend to be using substances, such as alcohol and other drugs, or avoiding feelings of PTSD, leading to isolation. Substance use and isolation are maladaptive coping strategies that can produce harm to the veteran. When the veteran can seek help from a licensed professional, they can understand that their coping strategies are ineffective. If they are unable to receive assistance, the PTSD, depression, or substance use continue to worsen. Licensed professionals can help educate on effective coping mechanisms, such as meditation, mindful breathing, and exploring the past trauma. It was proven that teaching veterans coping mechanisms was more effective in treating PTSD than finding their coping mechanisms. Another positive strategy for dealing with mental illness was the use of cognitive processing therapy. This type of treatment helps to decrease the symptoms and repercussions of PTSD and substance use disorder. Cognitive processing therapy should be provided for veterans to help them work through the painful memories of their traumatic experiences. Positive coping strategies are needed to encourage healing in veterans.

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6. RECOMMENDATION

Based on the evidence reported in this review, it is recommended that mental health should be provided for every veteran. Some veterans need more help than others and should have access to that care through insurance. Mental health is not as widely known as other illnesses, but it is just as crucial for each veteran. Their PTSD, depression, and substance use disorders can cause detrimental effects on their daily life. These veterans should be given support and help for their mental health after everything they have been through. Health insurance should provide coverage for seeking healthcare for mental health. Education needs to be addressed for healthcare professionals as well. They need to be educated on proper coping mechanisms that improve mental health for veterans. Professionals with more education can help to inform veterans and make a difference in their daily lives. Mental health nurses should be included in education, as well. They can help to reinforce these interventions and coping strategies for the veterans.

Overall, more education is needed for veterans, healthcare professionals, and health insurance companies to improve veterans' mental health daily.

7. CONCLUSION

Veterans go through traumatic experiences when in combat. Their mental health suffers from it. They suffer from post-traumatic stress disorder, substance use disorder, depression, and many other mental illnesses. The care provided to them is not nearly adequate for their needs. They should receive more education on practical coping skills instead of coming up with their own. The veterans need support through their complete mental health recovery. Interventions such as therapy, meditation, mindful breathing, and exploring past trauma have been proven helpful in improving the veterans' mental health. Continuing the use of these interventions will continue to improve their overall health. The use of alcohol, drugs, or isolation is maladaptive strategies that have been used to cope with mental illness. These coping mechanisms are harmful to the veteran and do not improve their condition. The interventions seem to make mental health worse for the veteran. Insurance needs to cover the cost to teach healthy coping mechanisms to veterans. Improving all factors of mental health care for these individuals will significantly enhance the veterans' overall condition. They make a difference for this country, and healthcare should make a difference for them.

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