

PTSD & SUICIDE RATES FOR VETERANS POST 9/11

The Fight Continues



Presentation by Eric Hollen: Staff to Joint Alaska State Legislative Veterans Caucus

To the House Military and Veterans Affairs Committee, March 17, 2015

Veterans: Suicide and PTSD

- PTSD: Post-Traumatic Stress Disorder
- 2.2 million U.S. service men and women deployed in OIF/OEF.(1)
 - 20.3% active duty experience serious symptoms of PTSD.
 - 42.4% National Guard/reserve experience symptoms of PTSD
 - More deployments  more likely to have PTSD.
 - Physical injury  TWICE as likely to have PTSD.
- Secondary PTSD is experienced by the loved ones of the Active service member/Veteran and is a growing source of family suffering.

Veterans: Suicide and PTSD

- Combat veterans are susceptible to forms of self-directed violence (dangerous activities). The CDC estimates veterans account for approx. **22% of the deaths from suicide in the U.S.**
- Applying these proportions to the 2010 deaths of 38,600 means **22 veterans die each day from suicide.**
- Each month there are **950 veterans** being treated nationally at the Veterans hospitals for suicidal ideation. Studies that have examined PTSD and suicide while controlling for comorbid disorders such as depression or other mood disorders indicate a significant relationship between suicide and PTSD.

Veterans: Suicide and PTSD

- When the war comes home: 1 in 5 OIF/OEF veterans have been diagnosed with PTSD: that's nearly 300,000 of the 2.2 million active duty and veterans that have served overseas since 9/11, at an estimated cost of \$2 Billion for treatment. **SO FAR....**
- Symptoms of PTSD have been described in veterans of war since ancient Greece. Understanding the impact of war on the psyche dates back to the battle of Marathon, when a soldier went blind after seeing his best friend killed, **fast-forward** to the Civil War (Soldiers Heart,) WWI (Shell shock,) WWII (Combat Fatigue,) Vietnam War to present day (PTSD.)

Veterans: Suicide and PTSD

PTSD and Stigma.

- ***The Warrior Culture:*** U.S. Military Culture is characterized by its preparation and engagement in combat. It is the purpose for which the military exists. Military structures and forces are built around the concept of war, ground combat divisions, fighter air wings, naval air craft carriers and battle groups.
- Another key element of the military's culture paradigm is the masculine-warrior image. The warrior culture of the U.S. Military is one that values strength, individual resilience, courage, and personal selfless sacrifice. Mental toughness is valued, and emphasis is placed on individual resilience in overcoming injury and illness.

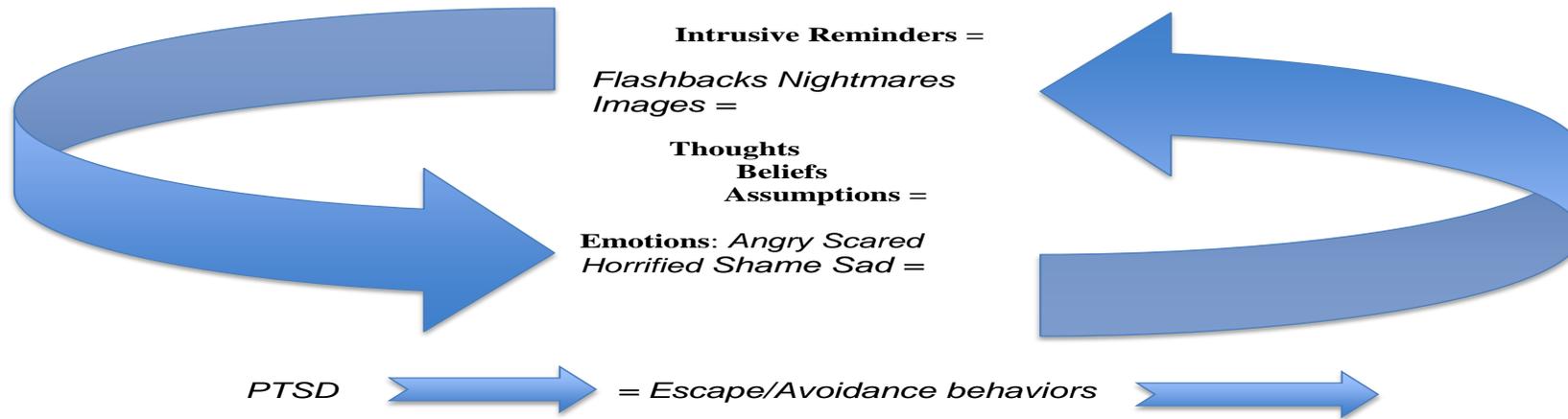
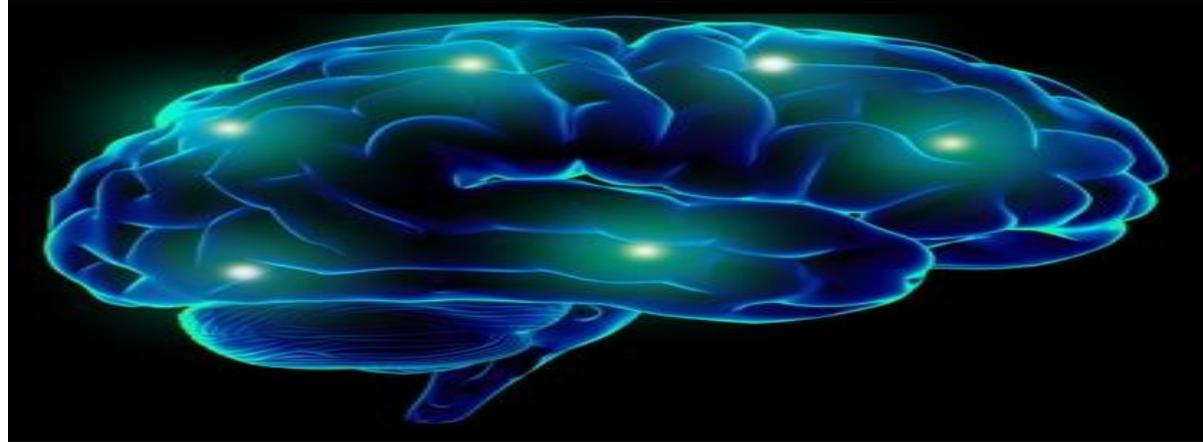
Veterans: Suicide and PTSD

Fighting the Stigma.

This warrior culture trains soldiers to integrate mental toughness with physical toughness. Pain and discomfort are endured as testaments to a soldier's ability to "**suck it up;**" rarely has a distinction been made between expected mental toughness, and horrors which exceed the limits of a psyche. Because of this unspoken expectation, it is easy to see how a warrior who admits to having a mental health problem might view himself and these actions as evidence of weakness.

APPENDIX II

Post-trauma Reactions That Lead to PTSD



Avoid thoughts, behaviors, Suppress emotions, Aggression: **Harmful behavior=**
Substance abuse, Disassociation, Binging, Social withdrawal, Reduced activities

Generalized Psychological Vulnerability | Generalized Biological Vulnerability

Experienced of Trauma.

True Alarm
(Or alternative intense basic emotion, such as anger or distress)

Learned Alarm (Or strong mixed emotions)

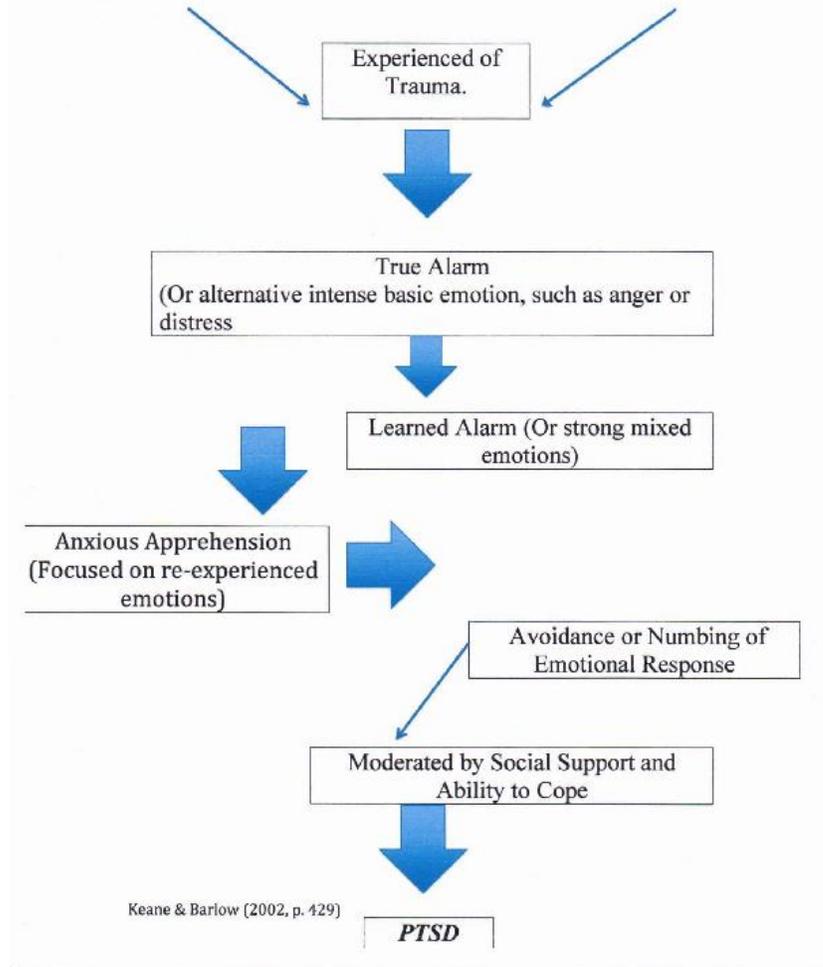
Anxious Apprehension
(Focused on re-experienced emotions)

Avoidance or Numbing of Emotional Response

Moderated by Social Support and Ability to Cope

Keane & Barlow (2002, p. 429)

PTSD



Citations

- Calhoun, P., Beckham, J., Feldman, M., Barefoot, J., & Haney, T. (2012). Partners' ratings of combat veterans' anger. *Journal of Traumatic Stress*, 25(2), 133-139.
- Department of Veterans Affairs. (2013, March 14). *VA History*. Retrieved from U.S. Department of Veterans Affairs: http://www.va.gov/about_va/vahistory.asp
- Pierce Ph.D, L. L., Pierce LSW, Scott, & Gies RN, C. E. (2013, March/April). Choices: Anger and anger management in rehabilitative care. *Rehabilitative Nursing*, 38(2), 80-87. doi:10.1002/rnj.71
- Sayer, N., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdock, M. (2010, June). Reintegration Problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, 61(6), 589-597.