

**HB**

**100**

**<TARGET><BILL>HB 100</BILL><SUBJECT>HB  
100</SUBJECT><COMM></COMM></TARGET>**



# Representative Chris Tuck

## House Majority Leader

Alaska State Legislature

District 23 - Representing Dimond Estates, Foxridge, Taku,  
Campbell, Northwood and Windemere

### MEMORANDUM

January 24, 2018

**TO:** Senator Kevin Meyer  
Chair, Senate State Affairs

**FROM:** Rep. Chris Tuck  
House Majority Leader 

**SUBJ:** Hearing Request for House Bill 100

I respectfully request a hearing for House Bill 100: Post-Traumatic Stress Injury Awareness Day

This legislation would establish June 27 of each year as Post-Traumatic Stress Injury Awareness Day. Raising awareness of the condition and eliminating the stigma may encourage people affected to seek help voluntarily and allow for timely treatment that may prevent suicide. Efforts should continue to make the condition less stigmatizing and more honorable to increase the number of affected people who seek assistance.

Included in the bill packet:

- House Bill 100 version A
- Sponsor Statement
- Support Letters
- Fact Sheet

If you have any questions please feel free to contact me or my staff Kendra Kloster at 465-3579.

Thank you for your consideration.



# Representative Chris Tuck

## House Majority Leader

Serving House District 23 • Dimond Estates, Foxridge, Taku, Campbell, Northwood, and Windemere

### Sponsor Statement House Bill 100 Post-Traumatic Stress Injury Awareness Day

Post-traumatic stress injury (PTSI) can develop following any event that makes you fear for your safety, especially if the event feels unpredictable and uncontrollable. PTSI can affect people who personally experience the threatening event, those who witness the event, or those who pick up the pieces afterwards, such as emergency workers. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event.

It is estimated that almost 260 million people worldwide suffer from PTSI. In the U.S., about 3.5% of adults are diagnosed with PTSI annually. The impact of traumatic events on children is often more far reaching than trauma on adults, not only because the child has fewer emotional and intellectual resources to cope, but also because the child's development is adversely affected. According to one study, more than 60% of children ages 0-17 experienced or witnesses at least one traumatic event.

Between 2000 and 2014, approximately 139,000 active-duty service members were diagnosed with new onset of post-traumatic stress within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The numbers presented reflect only those service members identified by the MHS. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that may discourage them from seeking help.

Referring to a post-traumatic stress injury as a disorder perpetuates the stigma which in turn discourages people seeking proper medical treatment. Raising awareness of the condition and eliminating the stigma may encourage people affected to seek help voluntarily and allow for timely treatment that may alleviate PTSI symptoms and even prevent suicide.

The United States Senate, United State House of Representatives and 27 states have united by bringing national awareness to individuals who are suffering with PTSI. House Bill 100 will establish June 27 as Post-Traumatic Stress Injury Awareness Day in Alaska, providing an opportunity each year to raise awareness and conduct outreach.

Session (January-April):  
State Capitol, Room 204  
Juneau, AK 99801-1182  
Phone (907) 465-2095

Rep.Chris.Tuck@akleg.gov  
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Toll-Free (866) 465-2095

Interim (May-December):  
1500 W Benson Blvd, Ste 217  
Anchorage, AK 99503  
Phone (907) 269-0240

# Fiscal Note

State of Alaska  
2017 Legislative Session

Bill Version:	HB 100
Fiscal Note Number:	1
(H) Publish Date:	3/31/2017

Identifier: HB100-DOA-DGS-03-24-17  
 Title: POSTTRAUMATIC STRESS INJURY  
 AWARENESS DAY  
 Sponsor: TUCK  
 Requester: House Health and Social Services

Department: Department of Administration  
 Appropriation: Shared Services of Alaska  
 Allocation: Facilities  
 OMB Component Number: 2429

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
<b>OPERATING EXPENDITURES</b>	<b>FY 2018</b>	<b>FY 2018</b>					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2017) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2018) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
 If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version:**

Not applicable, initial version

Prepared By:	Kevin Brooks, Director	Phone:	(907)465-4889
Division:	Shared Services of Alaska	Date:	03/24/2017 01:00 PM
Approved By:	Sheldon Fisher, Commissioner	Date:	03/24/17
Agency:	Department of Administration		

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2017 LEGISLATIVE SESSION

**Analysis**

This bill establishes June 27th of each year as Post-Traumatic Stress Injury Awareness Day. The Department of Administration, Division of General Services does not anticipate any fiscal impact from the proposed legislation and therefore submits a zero fiscal note.



February 6, 2017

Office of Rep. Chris Tuck  
Alaska State Capitol, Room 204  
Juneau, AK 99801

Dear Representative Tuck:

Service members who fight for our nation and return home struggling with the effects of an invisible wound should not have to be additionally burdened by a stigma which labels their battle-borne injury a disorder. No one wants to be told they have a disorder, least of all a proud young veteran. Their most instinctive and immediate reaction is to deny it.

Denial interferes with timely treatment which can lead to dangerous, needless, and too often fatal, consequences.

Honor for ALL is dedicated to eliminating the stigma attached to post-traumatic stress, advancing its treatment, preserving the dignity of the injured, and above all, averting impulsive or dangerous behavior leading to suicide. Although we are a veterans organization, our concern is with all who suffer from the psychological and moral injuries now all grouped together under term Post-traumatic Stress Disorder a term crafted 37 years ago by the American Psychiatric Association to commonly understand and treat veterans who had endured severe traumatic combat stress;

Since then, it has been shown through intensive research involving electro-magnetic imaging that post-traumatic stress can actually cause physical changes within the brain. These physical changes more accurately describe an injury than a disorder – a wound not a weakness.

The use of the word “disorder” conveys a negative image which can by its nature discourage some from seeking care and others from caring.

The use of the word “disorder” in relation to combat stress assails the sense of honor that should accompany any wound received by a service member in action against an enemy of the United States. Further, its use demeans the dignity of all affected individuals, to include, but not

be limited to: first responders; victims of abuse and crime; survivors and witnesses of life-threatening accidents and natural disaster; and all the loved ones thereof.

By introducing the word "injury" in lieu of "disorder" in the designation, we can begin to effectively diminish the stigma associated with invisible wounds and their perception as mental illness.

Our campaign, originally started with the help of the Adjutant Generals Association of the United States (AGAUS) and the National Guard Association of the United States (NGAUS), is now in its third year. In 2015 we were able to enlist the support of the US House of Representatives and 8 individual states either by legislative resolution and/or gubernatorial proclamation. In 2016, the House was joined by the US Senate and the number of states went up to 27. In three of those states, South Carolina, Virginia and New Jersey, resolutions were adopted making the assignment perennial. This year we hope to gather the support of the other 23 states to join with Congress in a unified effort to establish a truly national day of recognition and hasten the end of a long overdue indifference to a very old injustice.

Sincerely,

A handwritten signature in black ink, appearing to read 'T Mahany', with a large, sweeping flourish above the name.

Thomas Mahany  
Executive Director  
Honor for ALL



# Posttraumatic Stress Disorder Fact Sheet

## PTSD Numbers

- Based on research findings, it is estimated that up to 20 percent of the more than 2.6 million service members who deployed to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn have or (may develop) symptoms of posttraumatic stress disorder (PTSD)<sup>1</sup>. However, these estimates vary widely across studies depending on sampling procedures and reflect individuals with symptoms rather than formal diagnoses.
- Between 2000 and 2014, approximately 139,000 active-duty service members (including members of the Coast Guard) were diagnosed with new-onset PTSD within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The remaining 27,000 service members diagnosed with new-onset PTSD had not deployed at the time that they met criteria for diagnosis.
- As of late 2014, approximately 2.5 percent of active-duty service members received a diagnosis of PTSD at some point during their military careers. Roughly 4.3 percent of service members who had deployed at least once, and who remained on active duty at the end of 2014, were diagnosed with PTSD during their time in service, compared to only 0.8 percent of service members who had not deployed.
- Numbers presented above reflect only those service members identified by the MHS as meeting criteria for PTSD. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that limit help-seeking.

## What is PTSD?

- The [Diagnostic and Statistical Manual of Mental Disorders, 5th Edition](#), describes PTSD as a clinically significant condition with symptoms continuing more than one month after exposure to a trauma that has caused significant distress or impairment in social, occupational or other important areas of functioning.
- PTSD can occur after someone is exposed to a traumatic event such as combat, a terrorist attack, sexual or physical assault, a serious accident, a natural disaster, childhood sexual or physical abuse, or threat of injury or death. Trauma exposure may happen through directly experiencing the event, witnessing the event, or in certain circumstances, learning the details of traumatic events that happened to others.
- Symptoms are a common response to a stressful event. Many people experience post-traumatic stress symptoms. If symptoms persist for more than one month after a trauma, worsen, cause significant distress or interfere with daily functioning at home and work, then an evaluation by a mental health provider is needed to determine if a diagnosis of PTSD and treatment are appropriate.

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<sup>1</sup> All statistics noted in this section are from Armed Forces Health Surveillance Center.

# PTSD Fact Sheet

- The vast majority of people who experience or are exposed to traumatic events will have a reaction soon after and may experience some initial symptoms, but most will recover over time.
- PTSD can have a delayed onset with symptoms appearing six months to many years after exposure to trauma.
- A person who has sustained a traumatic brain injury (TBI) is at greater risk for PTSD and depression<sup>2</sup>. PTSD may result from the psychological impact of the same incident that caused the TBI, for example: car crash, fall, blast exposure or blunt trauma to the head.

## Screening and Diagnosis

- Early detection of PTSD allows for early intervention. Early treatment maximizes the chances for recovery.
- There is no objective medical test that can definitively diagnose PTSD such as a blood test or X-ray. A person receives a diagnosis of PTSD from a qualified mental health care provider based on a thorough mental health assessment.
- The Defense Department implements a variety of mental health screening initiatives aimed at early detection. The Pre-deployment Health Assessment and the Post-deployment Health Assessment/Reassessment (PDHA/PDHRA) processes include screening for major mental illnesses. The Primary Care Behavioral Health program in the primary care setting also includes mandatory annual screening for depression and PTSD for all Military Health System beneficiaries to include active duty, retirees and family members.
- The clinical tools used for screening purposes are empirically validated and prove reliable for both screening and outcome monitoring. A positive screen on a provider or self-report measure suggests PTSD but does not constitute a definitive diagnosis.
- Individuals who screen positive for PTSD should receive a thorough assessment of their symptoms that includes details such as time of onset, frequency, course, severity, level of distress and functional impairment to guide accurate diagnosis and appropriate decision-making by a health care provider.
- Based on a recent change to how PTSD is diagnosed, the symptoms are now grouped into four, rather than three, main categories: *intrusive* (reoccurring distressing memories, dreams or flashbacks); *avoidance* (of people or places reminiscent of the trauma); *persistent negative mood or thoughts* (such as inability to recall events, excessive blame, fear, guilt or shame; feeling detached from others; inability to experience positive emotions); *arousal or reactivity* (irritable, hypervigilance, difficulty concentrating, self-destructive behaviors).

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<sup>2</sup> O'Donnell, M.L.; Creamer, M. & Pattison, P. (2004). Posttraumatic stress disorder and depression following trauma: Understanding comorbidity. *American Journal of Psychiatry*, 161, 1390-1396.

Ramsawh, H. J., Fullerton, C. S., Mash, H. H., Ng, T. H., Kessler, R. C., Stein, M. B., & Ursano, R. J. (2014). Risk for suicidal behaviors associated with PTSD, depression, and their comorbidity in the U.S. Army. *Journal of Affective Disorders*, 161 116-122.

# PTSD Fact Sheet

## Treatment

- There are many effective treatments for PTSD. Treatment may be broadly divided into two categories:
  - evidence-based psychotherapies or counseling (trauma-focused therapies that include components of exposure and/or cognitive restructuring)
  - evidence-based medication interventions (particularly selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs))
- Adjunctive methods of care including complementary integrative medicine (mindfulness, yoga, acupuncture and others), social support and spiritual support can help those with PTSD as supplements to evidence-based treatment.
- The duration of psychotherapy is contingent on progress, which is gauged by reduction of symptoms, decrease in symptom intensity, or based on the agreed upon goals established by the provider and patient. Treatment generally ranges from four to 15 sessions but may take longer for some people.
- Co-occurring mental health conditions, such as depression and substance use disorders, are very common in PTSD. Physical conditions such as chronic pain and the effects of TBI are also common with PTSD.

## Resources

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury operates a 24/7 outreach center to provide information and resources for PTSD and other psychological health concerns. Access the center via live chat at [realwarriors.net/livechat](http://realwarriors.net/livechat), phone at 866-966-1020, or email at [resources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org).
- The Military Crisis Line (800-273-8255 and press 1) provides free, confidential support for service members and veterans in crisis, and their families and friends.
- The Real Warriors Campaign encourages help-seeking and provides information and resources for PTSD and combat stress. The campaign features video profiles of service members and veterans who have experienced PTSD, sought treatment and are experiencing success in their personal and professional lives.
- AfterDeployment is an online wellness resource that provides information, assessments and resources for service members, veterans and families coping with PTSD and other post-deployment conditions such as depression, anger, sleep problems, substance abuse and stress management.
- The National Center for Telehealth and Technology offers a variety of mobile applications that help manage symptoms of combat stress and can serve as accessories to treatment under the supervision of a health care provider.
- The Department of Veterans Affairs National Center for PTSD provides PTSD information to providers, veterans and the public.

# PTSD Fact Sheet

- Continuity of mental health care is provided by [inTransition](#), a mental health coaching and support program that assists service members receiving mental health services with their transition between health care systems or providers.
- The [Center for the Study of Traumatic Stress](#) provides information and resources for providers, service members and veterans about PTSD and other reactions to traumatic events.
- [National Intrepid Center of Excellence](#) advances TBI and psychological health treatment, research and education.
- [Defense and Veterans Brain Injury Center](#) offers information and resources on the co-occurring symptoms of PTSD and TBI.



# Representative Chris Tuck

## House Majority Leader

Alaska State Legislature

District 23 - Representing Dimond Estates, Foxridge, Taku,  
Campbell, Northwood and Windemere

### MEMORANDUM

April 6, 2017

**TO:** Senator Mike Dunleavy  
Chair, Senate State Affairs

**FROM:** Rep. Chris Tuck  
House Majority Leader 

**SUBJ:** Hearing Request for House Bill 100

I respectfully request a hearing for House Bill 100: Post-Traumatic Stress Injury Awareness Day

This legislation would establish June 27 of each year as Post-Traumatic Stress Injury Awareness Day. Raising awareness of the condition and eliminating the stigma may encourage people affected to seek help voluntarily and allow for timely treatment that may prevent suicide. Efforts should continue to make the condition less stigmatizing and more honorable to increase the number of affected people who seek assistance.

Included in the bill packet:

- House Bill 100 version A
- Sponsor Statement
- Support Letters
- Fact Sheet

If you have any questions please feel free to contact me or my staff Kendra Kloster at 465-3579.

Thank you for your consideration.



# Representative Chris Tuck

## House Majority Leader

Serving House District 23 • Dimond Estates, Foxridge, Taku, Campbell, Northwood, and Windemere

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It is estimated that almost 260 million people worldwide suffer from PTSI. In the U.S., about 3.5% of adults are diagnosed with PTSI annually. The impact of traumatic events on children is often more far reaching than trauma on adults, not only because the child has fewer emotional and intellectual resources to cope, but also because the child's development is adversely affected. According to one study, more than 60% of children ages 0-17 experienced or witnesses at least one traumatic event.

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The United States Senate, United State House of Representatives and 27 states have united by bringing national awareness to individuals who are suffering with PTSI. House Bill 100 will establish June 27 as Post-Traumatic Stress Injury Awareness Day in Alaska, providing an opportunity each year to raise awareness and conduct outreach.

Session (January-April):  
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Phone (907) 465-2095

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Toll-Free (866) 465-2095

Interim (May-December):  
1500 W Benson Blvd, Ste 217  
Anchorage, AK 99503  
Phone (907) 269-0240

**HOUSE BILL NO. 100**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - FIRST SESSION

**BY REPRESENTATIVES TUCK, Kawasaki, Spohnholz, Gara, Parish, Josephson, Tarr, LeDoux, Grenn, Saddler**

**Introduced: 2/1/17**

**Referred: Health and Social Services**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act establishing June 27 of each year as Post-Traumatic Stress Injury Awareness**  
2 **Day."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 \* **Section 1.** AS 44.12 is amended by adding a new section to read:

5 **Sec. 44.12.150. Post-Traumatic Stress Injury Awareness Day.** Post-  
6 Traumatic Stress Injury Awareness Day is established on June 27 of each year to  
7 promote awareness of the people suffering from post-traumatic stress injury and to  
8 encourage people to reach out to their fellow citizens to provide support and eliminate  
9 the stigma associated with this injury. Post-Traumatic Stress Injury Awareness Day  
10 may be observed by suitable observances and exercises by civic groups and the public.

# Fiscal Note

State of Alaska  
2017 Legislative Session

Bill Version:	HB 100
Fiscal Note Number:	1
(H) Publish Date:	3/31/2017

Identifier: HB100-DOA-DGS-03-24-17  
 Title: POSTTRAUMATIC STRESS INJURY  
 AWARENESS DAY  
 Sponsor: TUCK  
 Requester: House Health and Social Services

Department: Department of Administration  
 Appropriation: Shared Services of Alaska  
 Allocation: Facilities  
 OMB Component Number: 2429

### Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2018	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2018 Request	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
<b>OPERATING EXPENDITURES</b>	<b>FY 2018</b>	<b>FY 2018</b>					
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Fund Source (Operating Only)

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

### Positions

Full-time							
Part-time							
Temporary							

### Change in Revenues

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2017) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2018) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

### ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
 If yes, by what date are the regulations to be adopted, amended or repealed?

### Why this fiscal note differs from previous version:

Not applicable, initial version

Prepared By:	Kevin Brooks, Director	Phone:	(907)465-4889
Division:	Shared Services of Alaska	Date:	03/24/2017 01:00 PM
Approved By:	Sheldon Fisher, Commissioner	Date:	03/24/17
Agency:	Department of Administration		

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2017 LEGISLATIVE SESSION

**Analysis**

This bill establishes June 27th of each year as Post-Traumatic Stress Injury Awareness Day. The Department of Administration, Division of General Services does not anticipate any fiscal impact from the proposed legislation and therefore submits a zero fiscal note.



February 6, 2017

Office of Rep. Chris Tuck  
Alaska State Capitol, Room 204  
Juneau, AK 99801

Dear Representative Tuck:

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Denial interferes with timely treatment which can lead to dangerous, needless, and too often fatal, consequences.

Honor for ALL is dedicated to eliminating the stigma attached to post-traumatic stress, advancing its treatment, preserving the dignity of the injured, and above all, averting impulsive or dangerous behavior leading to suicide. Although we are a veterans organization, our concern is with all who suffer from the psychological and moral injuries now all grouped together under term Post-traumatic Stress Disorder a term crafted 37 years ago by the American Psychiatric Association to commonly understand and treat veterans who had endured severe traumatic combat stress;

Since then, it has been shown through intensive research involving electro-magnetic imaging that post-traumatic stress can actually cause physical changes within the brain. These physical changes more accurately describe an injury than a disorder – a wound not a weakness.

The use of the word “disorder” conveys a negative image which can by its nature discourage some from seeking care and others from caring.

The use of the word “disorder” in relation to combat stress assails the sense of honor that should accompany any wound received by a service member in action against an enemy of the United States. Further, its use demeans the dignity of all affected individuals, to include, but not

be limited to: first responders; victims of abuse and crime; survivors and witnesses of life-threatening accidents and natural disaster; and all the loved ones thereof.

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Our campaign, originally started with the help of the Adjutant Generals Association of the United States (AGAUS) and the National Guard Association of the United States (NGAUS), is now in its third year. In 2015 we were able to enlist the support of the US House of Representatives and 8 individual states either by legislative resolution and/or gubernatorial proclamation. In 2016, the House was joined by the US Senate and the number of states went up to 27. In three of those states, South Carolina, Virginia and New Jersey, resolutions were adopted making the assignment perennial. This year we hope to gather the support of the other 23 states to join with Congress in a unified effort to establish a truly national day of recognition and hasten the end of a long overdue indifference to a very old injustice.

Sincerely,

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Thomas Mahany  
Executive Director  
Honor for ALL



# Posttraumatic Stress Disorder Fact Sheet

## PTSD Numbers

- Based on research findings, it is estimated that up to 20 percent of the more than 2.6 million service members who deployed to Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn have or (may develop) symptoms of posttraumatic stress disorder (PTSD)<sup>1</sup>. However, these estimates vary widely across studies depending on sampling procedures and reflect individuals with symptoms rather than formal diagnoses.
- Between 2000 and 2014, approximately 139,000 active-duty service members (including members of the Coast Guard) were diagnosed with new-onset PTSD within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The remaining 27,000 service members diagnosed with new-onset PTSD had not deployed at the time that they met criteria for diagnosis.
- As of late 2014, approximately 2.5 percent of active-duty service members received a diagnosis of PTSD at some point during their military careers. Roughly 4.3 percent of service members who had deployed at least once, and who remained on active duty at the end of 2014, were diagnosed with PTSD during their time in service, compared to only 0.8 percent of service members who had not deployed.
- Numbers presented above reflect only those service members identified by the MHS as meeting criteria for PTSD. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that limit help-seeking.

## What is PTSD?

- The [Diagnostic and Statistical Manual of Mental Disorders, 5th Edition](#), describes PTSD as a clinically significant condition with symptoms continuing more than one month after exposure to a trauma that has caused significant distress or impairment in social, occupational or other important areas of functioning.
- PTSD can occur after someone is exposed to a traumatic event such as combat, a terrorist attack, sexual or physical assault, a serious accident, a natural disaster, childhood sexual or physical abuse, or threat of injury or death. Trauma exposure may happen through directly experiencing the event, witnessing the event, or in certain circumstances, learning the details of traumatic events that happened to others.
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# PTSD Fact Sheet

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## Screening and Diagnosis

- Early detection of PTSD allows for early intervention. Early treatment maximizes the chances for recovery.
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- The Defense Department implements a variety of mental health screening initiatives aimed at early detection. The Pre-deployment Health Assessment and the Post-deployment Health Assessment/Reassessment (PDHA/PDHRA) processes include screening for major mental illnesses. The Primary Care Behavioral Health program in the primary care setting also includes mandatory annual screening for depression and PTSD for all Military Health System beneficiaries to include active duty, retirees and family members.
- The clinical tools used for screening purposes are empirically validated and prove reliable for both screening and outcome monitoring. A positive screen on a provider or self-report measure suggests PTSD but does not constitute a definitive diagnosis.
- Individuals who screen positive for PTSD should receive a thorough assessment of their symptoms that includes details such as time of onset, frequency, course, severity, level of distress and functional impairment to guide accurate diagnosis and appropriate decision-making by a health care provider.
- Based on a [recent change to how PTSD is diagnosed](#), the symptoms are now grouped into four, rather than three, main categories: *intrusive* (reoccurring distressing memories, dreams or flashbacks); *avoidance* (of people or places reminiscent of the trauma); *persistent negative mood or thoughts* (such as inability to recall events, excessive blame, fear, guilt or shame; feeling detached from others; inability to experience positive emotions); *arousal or reactivity* (irritable, hypervigilance, difficulty concentrating, self-destructive behaviors).

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<sup>2</sup> O'Donnell, M.L.; Creamer, M. & Pattison, P. (2004). Posttraumatic stress disorder and depression following trauma: Understanding comorbidity. *American Journal of Psychiatry*, 161, 1390-1396.

Ramsawh, H. J., Fullerton, C. S., Mash, H. H., Ng, T. H., Kessler, R. C., Stein, M. B., & Ursano, R. J. (2014). Risk for suicidal behaviors associated with PTSD, depression, and their comorbidity in the U.S. Army. *Journal of Affective Disorders*, 161, 116-122.

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## Treatment

- There are many [effective treatments for PTSD](#). Treatment may be broadly divided into two categories:
  - evidence-based psychotherapies or counseling (trauma-focused therapies that include components of exposure and/or cognitive restructuring)
  - evidence-based medication interventions (particularly selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs))
- Adjunctive methods of care including complementary integrative medicine ([mindfulness](#), yoga, acupuncture and others), social support and [spiritual support](#) can help those with PTSD as supplements to evidence-based treatment.
- The duration of psychotherapy is contingent on progress, which is gauged by reduction of symptoms, decrease in symptom intensity, or based on the agreed upon goals established by the provider and patient. Treatment generally ranges from four to 15 sessions but may take longer for some people.
- Co-occurring mental health conditions, such as depression and substance use disorders, are very common in PTSD. Physical conditions such as chronic pain and the effects of TBI are also common with PTSD.

## Resources

- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury operates a [24/7 outreach center](#) to provide information and resources for PTSD and other psychological health concerns. Access the center via live chat [at realwarriors.net/livechat](http://realwarriors.net/livechat), phone at 866-966-1020, or email at [resources@dcoeoutreach.org](mailto:resources@dcoeoutreach.org).
- The [Military Crisis Line](#) (800-273-8255 and press 1) provides free, confidential support for service members and veterans in crisis, and their families and friends.
- The [Real Warriors Campaign](#) encourages help-seeking and provides information and resources for PTSD and combat stress. The campaign features video profiles of service members and veterans who have experienced PTSD, sought treatment and are experiencing success in their personal and professional lives.
- [AfterDeployment](#) is an online wellness resource that provides information, assessments and resources for service members, veterans and families coping with PTSD and other post-deployment conditions such as depression, anger, sleep problems, substance abuse and stress management.
- The [National Center for Telehealth and Technology](#) offers a variety of mobile [applications](#) that help manage symptoms of combat stress and can serve as accessories to treatment under the supervision of a health care provider.
- The Department of Veterans Affairs [National Center for PTSD](#) provides PTSD information to providers, veterans and the public.

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- Continuity of mental health care is provided by [inTransition](#), a mental health coaching and support program that assists service members receiving mental health services with their transition between health care systems or providers.
- The [Center for the Study of Traumatic Stress](#) provides information and resources for providers, service members and veterans about PTSD and other reactions to traumatic events.
- [National Intrepid Center of Excellence](#) advances TBI and psychological health treatment, research and education.
- [Defense and Veterans Brain Injury Center](#) offers information and resources on the co-occurring symptoms of PTSD and TBI.