POST-DEPLOYMENT MENTAL HEALTH

POPULATION

Active duty, National Guard, and Reserve servicemembers who have been deployed in Iraq or Afghanistan and veterans of these wars.

Many servicemembers returning from deployments in Iraq and Afghanistan have been shown to be at risk for mental health problems, especially PTSD (Post Traumatic Stress Disorder). Servicemembers are at even greater risk if, before they were deployed, they were experiencing mental health issues, they used psychiatric drugs, and/or they were facing life stressors.

Combat servicemembers with severe physical injuries frequently develop PTSD or depression later, and veterans with PTSD are more than four times as likely to become preoccupied with thoughts of suicide than their peers who do not have PTSD. Servicemembers who misuse alcohol or are aggressive after deployment may also be depressed or have PTSD.

Veterans with traumatic brain injury (TBI) are also at greater risk for PTSD, depression, other mental health disorders, and substance abuse.

Co-occurring conditions can affect the post-deployment reintegration and readjustment needs of military personnel and their families. Research on reintegration has found that 44% of active duty and 35% of National Guard report reintegration stresses a year after OIF/OEF deployment.

Some examples of co-occurring conditions are:

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KEY INGREDIENTS FOR TREATMENT SUCCESS

- Leadership support
- Involvement of key stakeholders
- Understanding of military culture
- Systematic training and ongoing supervision in the interventions
- Adequate access to resources for the up-front costs of implementing and sustaining the interventions
- Flexibility in adapting to meet the needs and circumstances of servicemembers, veterans, and their families

BEST PRACTICES WITHIN THE MILITARY AND VETERANS AFFAIRS FACILITIES

Screening: The Primary Care PTSD Screen (PC-PTSD) is a 4-question screening tool used in primary care and medical settings, including Veterans Affairs (VA) facilities. For more information, visit: http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp.

Assessment: Once a patient is screened for PTSD, assessment is required. The VA lists 13 trauma exposure measures for adults that vary in length and administrative time. For details on each measure, refer to: http://www.ptsd.va.gov/professional/assessment/te-measures/index.asp.

Treatment: The VA/Department of Defense Clinical Practice Guidelines include the following evidence-based treatments—Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) therapy for PTSD, and Eye Movement Desensitization and Reprocessing (EMDR) http://1.usa.gov/1edelVe.

Manuals are available here: http://1.usa.gov/1EhjPDp, and companion mobile apps used in conjunction with specific interventions can be found by visiting: http://1.usa.gov/1L60rhL.
A brief description of each therapy follows:

- **CBT** is a manualized treatment for clients seeking to change maladaptive thinking and behavior by focusing on a problem (e.g., anxiety, depression, substance abuse) and identifying strategies for dealing with the problem effectively. It can be used for both genders, all races, and in both individual and group therapy. For more information, visit: [http://1.usa.gov/1GmiilB](http://1.usa.gov/1GmiilB)

- **Cognitive Processing Therapy (CPT)** is a manualized cognitive-based therapy offered in 12 sessions. Clients complete worksheets and homework assignments to gain further understanding and insight about past traumatic events. For details about CPT, visit [http://www.ctsd.va.gov/public/pages/cognitive_processing_therapy.asp](http://www.ctsd.va.gov/public/pages/cognitive_processing_therapy.asp).

- **Prolonged Exposure Therapy** for Post-traumatic Stress Disorders is a cognitive behavioral treatment program for adult men and women who have experienced trauma and have PTSD. Clients engage in individual therapy designed to help them process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety. For additional information, visit: [http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=89](http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=89) and [http://www.sciencedirect.com/science/article/pii/S027273581000070X](http://www.sciencedirect.com/science/article/pii/S027273581000070X).

- **EMDR** is offered on a one-to-one basis by a trained EMDR therapist to relieve symptoms associated with trauma-related stress, anxiety, and depression. The therapist works with the individual to identify a traumatic memory, which is then paired with a motor task, such as following the therapist’s finger moving from side to side. This is repeated in 30-second intervals in 60 to 90-minute sessions until the individual no longer feels discomfort when thinking about the traumatic memory. For more information: [http://1.usa.gov/1PTH6lt](http://1.usa.gov/1PTH6lt)

**TRAINING / RESOURCES**

- For more information on PTSD, substance abuse and mental health providers are directed to: [http://www.ptsd.va.gov/professional/](http://www.ptsd.va.gov/professional/).
- The Center for Deployment Psychology has developed a four-part online course to help providers reach military cultural competency ([http://www.deploymentpsych.org/why-know-about-military-culture](http://www.deploymentpsych.org/why-know-about-military-culture)).
- The Center for Deployment Psychology has developed two 75-minute online courses—on CPT and on PE ([http://deploymentpsych.org/online-courses](http://deploymentpsych.org/online-courses)).

**RESEARCH OUTCOMES**

- Treatment results in a significant reduction in severity of PTSD symptoms over time.
- Those who complete treatment experience significant improvement in outcomes and overall social adjustment.
- The positive effects of CPT extended beyond PTSD symptoms to include improvements in frequently co-occurring symptoms of depression and general anxiety, affect functioning, guilt, distress, and social adjustment.

**Our Focus for Success in North Carolina**

**Mission** – Partnering in support of veterans and their families by promoting evidence-based practices in the screening, assessment, and treatment of active and reserve components, veterans, and military family members in North Carolina.

**Vision** – A referral network of services that will comprise a system through which servicemembers, veterans and their families will have access to assistance during all stages of the deployment cycle in North Carolina.

**Action** – Articulation and Implementation of an integrated continuum of care that emphasizes access, quality, effectiveness, efficiency, and compassion. Emphasis placed on principles of resilience, prevention, and recovery with state-of-the-art clinical services as part of a balanced public health and behavioral health approach.

For more information, visit: [www.ncveteransworkinggroup.org](http://www.ncveteransworkinggroup.org).