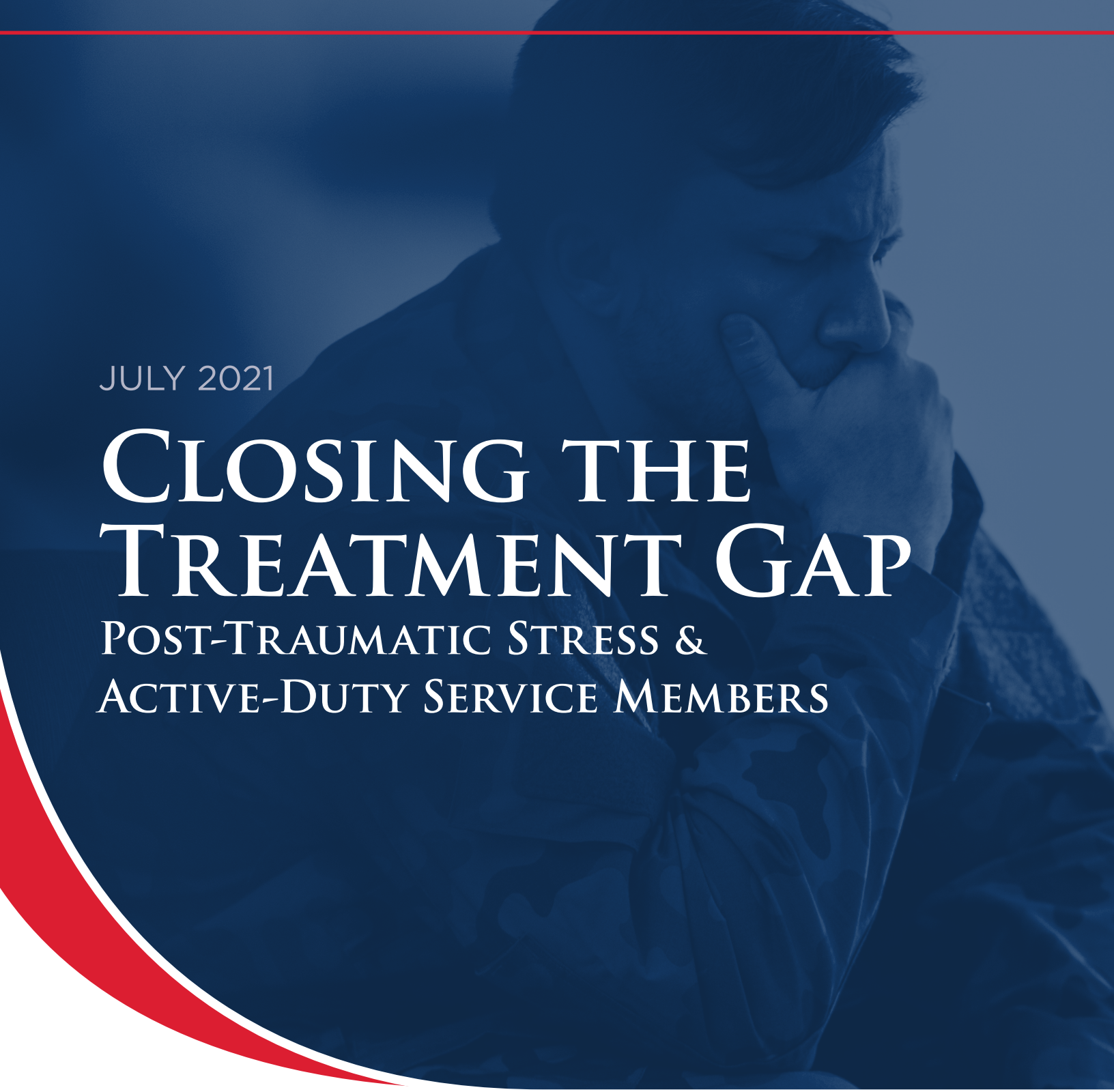

JULY 2021

# Closing the Treatment Gap

## Post-Traumatic Stress & Active-Duty Service Members

SoldierStrong Access

# Introduction

Suicides among active-duty military members reached a six-year high in 2019.[1] Then, amid the psychological toll of pandemic isolation, incidence rose even higher, with the U.S. military seeing a 20% increase in suicides in 2020.[2]

One contributing factor is post-traumatic stress, the trauma-triggered mental health condition that has haunted service members for decades.[3]

PTS and other mental health conditions related to military service are treatable. But many service members forego treatment, leaving themselves vulnerable to the potential longterm dangers of untreated PTS.[4,5,6,7]

In recent decades, the Department of Defense has updated policies and launched initiatives to prioritize the mental health care of men and women in uniform. But fears persist among service men and women that disclosing mental health symptoms could cost them the respect of their peers and superiors, their security clearance, or even their careers.[8]

Given the grave consequences of stubborn stigma and misinformation, it is time to more closely examine the problem of PTS treatment gaps.

# Post-Traumatic Stress & Military Service

*Shell shock. Battle fatigue. Soldier's heart.*

Even before PTS was clinically classified in 1980, the condition's unofficial names conveyed its close association with military service.[9]

The link persists today. Service members are 15 times more likely than civilians to suffer PTS, and approximately 500,000 veterans returning from Afghanistan and Iraq have already been diagnosed.[10,11] Most of those have suffered major depression, which only compounds their already elevated risk of suicide.[12,13]

PTS materializes as anxiety, sleep disruptions, intrusive memories and overwhelming guilt – symptoms that can worsen over time.[14,15] Neglecting care can further exacerbate those symptoms and the damage they inflict on service members' lives in the form of substance abuse, marital dysfunction or self-harm.[16,17,18]

PTS is treatable. And the Department of Defense makes mental health resources available to active-duty personnel and their families. The military employs more than 6,000 mental health professionals and works to make them accessible even when troops are on deployment.[19] Furthermore, the Pentagon has launched programs like the Health Centers of Excellence and the mental health services component of Military OneSource to reach those who might need help.[20,21]

Yet 60-70% of military personnel with mental health symptoms do not seek help.[22] This epidemic of neglected care, combined with the potential for worsening symptoms over time, presents a challenge to civil and military leaders.

Unless leaders and policymakers close the active-duty PTS treatment gap, today's negative trend may turn into tomorrow's full-blown crisis.

# Barriers to Treatment

Closing the treatment gap requires lowering barriers to care that service members must overcome when PTS symptoms arise.

Those barriers take several forms, as identified by the University of Southern California's Albert "Skip" Rizzo, PhD, in his work with military PTS patients.[23] Prominent among the barriers are:

- The issue of **acceptability**, which leads service members to question whether peers and superiors will still trust them if they admit symptoms.
- The issue of **anticipated benefit**, where service members wonder whether seeking treatment will help or hurt.
- The issue of **accessibility**, where service members are uncertain whether they can access treatment at convenient times and places.

The military is aware of these challenges and works to overcome them. Nevertheless, these barriers continue to deter service members from seeking care.

## ACCEPTABILITY

The stigma of weakness falsely associated with mental health conditions can feel acute to those in uniform. Service members are often reluctant to acknowledge their own symptoms because they are so committed to the military's "tough it out" culture.[24] Even among service members who want help, many fear that seeking it will cost them the respect of peers or commanders.[25]

According to Major Mike Mobbs, Infantry, another contributing factor today is social media, which may heighten the risk for mental health challenges. "This is a different generation of soldiers," Maj. Mobbs says, "who can be hyper-focused on other people's perceptions of them."[26] Social media's impact on feelings of self-worth may exacerbate the stigma related to PTS.[27]

Despite persistent efforts to reshape cultural perceptions of mental health, Skip Rizzo, PhD, says, "Stigma is always there, no matter

what."[28] According to the Health Center of Excellence, it is the barrier to treatment most frequently reported by the troops.[29]

## BENEFITS & REPERCUSSIONS

Closely connected to stigma is the fear – admitted by 35% of military personnel – that seeking help would harm their careers.[30] Beyond just concern about being treated differently by leaders, some service members fear that admitting PTS would cost them their security clearances or even get them discharged.[31]

This fear persists even though revoking military security clearances solely on the basis of mental health counseling has been illegal for more than 25 years.[32]

Meaghan Mobbs, a former Army captain and clinical psychology predoctoral fellow at Columbia University says, "The fear is not based on reality anymore."[33] According to the Defense Logistics Agency, 99.98% of Army personnel who disclosed mental health treatment on their application for security clearance retained or received it – and the 0.02% who did not were disqualified for other reasons.[34] To help correct this persistent misunderstanding, the security clearance application was even rewritten in 2016.[35]

## ACCESSIBILITY & FRUSTRATIONS

Some service members simply question the value of seeking treatment at all. The story told by a career Army veteran speaks for countless others:

> *"When I sought a specialist about my sleeping troubles, I saw firsthand what the solider experience was. Any solider who says 'I need help' has to go to the behavioral health clinic. From there, the military practically ships the soldier off to the nearest hospital or inpatient care facility, regardless of whether that's what they want or need. Soldiers are very frustrated by this."*[36]

If service members think seeking treatment could mean forcible separation from their units – whose tight bonds of trust and camaraderie could be a valuable source of wellness – that alone could deter them from pursuing needed care.

Meanwhile, military life itself can be an obstacle to effective treatment. Transfers and deployments make it difficult for service members to develop relationships with mental health professionals, who stay in one place. And even when a service member has the opportunity for sustained treatment, civilian therapists may seem out of touch. As one officer said, "Active duty personnel or vets may look at psychologists and say, 'What do you know about war?'"[37]

# Room for Improvement

Changing the culture of institutions that have served our nation for more than 200 years is a difficult and delicate challenge. But if 60-70% of men and women in uniform who need help aren't seeking it, that challenge must be met.

The epidemic of untreated PTS in the military today demands a holistic response – not just top-down policies or bottom-up initiatives, but universal buy-in. The goal should be to improve the quantity and quality of mental health resources available to active duty service members and build service-wide recognition of its importance.

"Mental health is a leadership issue, not a clinician issue," says Meaghan Mobbs, an Afghanistan veteran herself.[38] "Seeking treatment for PTS needs to be accepted all the way up – creating a new culture around it. It needs to be something ingrained in every leader."[39]

Kim Moros, a U.S. Army Reserve colonel, agrees. "Commanders and leadership have to be intuitive enough to figure out when one of their own is having an issue," she says, "and to reach out."[40]

## POLICY OPTIONS

Policymakers have a critical role to play in bridging the gaps in PTS treatment. A fullscale solution would incorporate a range of measures.

### INCREASING MENTAL HEALTH SPECIALISTS

The most straightforward piece of the puzzle is increasing the number of mental health professionals in uniform. "They're overburdened and have limited time to spend with service members," Meaghan Mobbs says.[41]

"A team-based approach would also be helpful," Mobbs adds.[42] One example of success is the Special Operations Command's Preservation of the Force & Family Initiative.[43]

The initiative integrates psychological, behavioral and cognitive wellness training and testing into Special Operations Forces' regular routine. The program frames mental wellness as part of the rigorous expectations of being in the Special Operations Forces.

## EMBEDDING SPECIALISTS

To improve accessibility, specialists also have to be where service members are.

One solution would be to embed mental health specialists so that they're part of individual units rather than part of a clinic. The shift would give leaders an asset, a member of their staff who can provide a behavioral health perspective from the outset of an exercise through after-action.

Ideally, the Armed Services would formally amend their Tables of Organization and Equipment – official lists of personnel and gear that units require for field exercises – to authorize an operational psychologist for every battalion-sized organization.

## MENTAL HEALTH TRAINING

Integrating mental health professionals and mandatory psychological check-ups as new units are trained would help normalize mental health and reduce stigma.[44] Skip Rizzo, PhD, says military training should communicate "the idea that emotional stress takes a toll" and, if left untreated, can get worse.[45]

But culture change cannot come from trained mental health specialists alone. U.S. service members all learn how to provide basic medical assistance to wounded comrades. This traditional "buddy aid" training should also include basic mental health and mental resilience training, similar to the Psychological First Aid program used by the Red Cross and World Health Organization.[46,47] That way close peers, who are often the first to notice PTS symptoms, will be better able to help.

The success of the U.S. Navy's Special Psychiatric Rapid Intervention Teams has already shown the potential value of basic mental health and resilience training for personnel who don't have immediate access to professional therapists.[48]

Past experience injecting new values into military culture strongly suggest an emphasis on non-commissioned officers, Meaghan Mobbs notes. Tactical and first-line leaders would have enormous influence on military culture's embrace of mental health training – and so should be a priority in any such initiatives.

## COMMUNICATING COURAGE

Structural and policy changes can go a long way. But to prioritize PTS treatment throughout the Armed Services, leaders must pursue a comprehensive cultural shift. The Pentagon needs to redouble its communication to all military personnel that seeking help for PTS and other mental health problems is a sign of strength, not weakness.

Past initiatives, such as the anti-stigma effort launched by the Defense Department in 2009, have laid the groundwork. But reversing stubborn, decades-old stereotypes still requires more work, more awareness and more targeted communication.

The slow process of reducing stigma is onerous. With clear, targeted and sustained communication, however, service members can come to think of mental health treatment as something that will benefit them, their unit and their performance – not something that can hurt their careers.

# Conclusion

Psychological trauma and heightened risks for PTS are unavoidable hazards of military service. Barriers to treatment, however, are not. Service members should not fear stigma or punishment. Nor should they suffer without access to trained, trusted professionals.

Targeted, evidence-based policy change could reduce barriers to care for active-duty service members. They could increase the quality, quantity and accessibility of mental health treatment. And they could help replace the false stigma surrounding mental health problems with a badly needed military culture of holistic wellness.

History has proven that, between the logistical genius of America's military leaders and the courage and grit of rank-and-file service members, the U.S. Armed Forces can accomplish any mission. Those resources are needed now to heal the invisible wounds of their suffering brothers and sisters in arms.

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