

Breaking the Silence

Post-Traumatic Stress Disorder



Before returning home from Iraq last year and Afghanistan before that, Mike Johnson* attended several briefings designed to help make the transition easier. A survey sent out at one such briefing centered on mental health, and how to recognize when one might need help.

While this concern was appreciated by Johnson, a career Army officer who also has seen action in Panama and the first Gulf War—when no such assistance was offered—he admits he would not seek mental health care while still in the military.

BY SARA GRAVES AND JENNIFER WILLIAMS

“Even if I felt I needed help, if I sought it, I think it would jeopardize my career,” he says. “Like it or not, there’s a stigma when it comes to

mental health.”

Johnson says no one has ever told him not to seek help for mental issues to keep his military career on track, but he still feels the pressure.

“It’s more of a self-assessment,” he says. “Like when you look at the form to renew your security clearance and it asks you if you’ve sought mental health treatment, that tells me I could lose my clearance, and subsequently, hurt my career.”

And his reaction is common—most military personnel who return from deployment likely will never seek help for Post-Traumatic Stress Disorder (PTSD) or any other mental health problems they may have.

A study published by the *New England Journal of Medicine* indicated a very high proportion of Iraq War veterans would likely suffer from PTSD and other related health disorders. Army Col. Charles Hoge, chief of psychiatry and behavior services

** Name changed to conceal the identity of the source.*

Photo / SFC Johancharles Van Boers

at the Walter Reed Army Institute of Research, recently told the Committee on Veterans Affairs' Health Subcommittee that while there's been a "substantial increase" in Operation Iraqi Freedom veterans seeking mental health care, the same factors that prevent many civilians from seeking mental health care apply to service members as well.

And studies show that like Johnson, many soldiers and Marines are concerned that they'll be singled out unfairly in their units if they pursue mental health treatment. The study also showed that men were less likely to seek mental health help than women, Hoge said.

Recognizing that soldiers are more likely to report mental health problems three to four months after a deployment than when they first return, the DoD has expanded its post-deployment health assessment program. The department also is evaluating interventions such as psychological debriefing, and is developing training modules to help better educate soldiers, leaders and health-care providers, Hoge said.

Army LTC Charles Engel, director of the Department of Defense Deployment Health Clinical Center, told the subcommittee that as these efforts move forward, it's critical that adequate mental health and operational stress control services are available to service members, while in the combat environment as well as after redeployment.

Engel added that in order for service members to offer realistic accounts of their experiences, they must be able to trust their statements will remain confidential. If that trust is not provided, Engel told the subcommittee, "Those in need will reject our services and keep their personal problems to themselves until they balloon out of control."

"Our records are completely confidential," says Dave Bayard, director of Veteran Affairs Public Affairs Office. The VA, who helped identify PTSD as a syndrome, is instrumental in treating it.

Bayard added that if a service member is diagnosed with PTSD, they can receive treatment for it at a VA or certified clinic or they can go to therapy sessions at veteran centers across the country.

Johnson says that while the military "has done a good job of offering more services and offers for help," they need to "do more to defray concerns that seeking mental health help will adversely affect a soldier's career."

For example, he says, the mental health surveys he and his fellow soldiers filled out while in Iraq had each service member's

name on them, something that likely skewed the answers given. "If your name is on something like that, how honest are you going to be?" he asks. "You don't know who's going to read this or how it will be used."

Sheldon Smith, an Army Public Affairs specialist who returned in mid-December from a deployment to Iraq and who experienced PTSD-like symptoms upon his return, believes the fear of being singled out unfairly is unrealistic.

"It's a fear, but not a well-founded fear,"

says Smith, who served as a D.C. National Guardsmen working with the Joint Area Support Group in Baghdad as a convoy escort.

Smith, who turned out not to have PTSD after all, is confident that the Army won't use his experience against him.

"I had a problem, but got help," he says. "A lot of people that get help can resume normal lives."