

# Mental Health Problems of Returning Iraq War Veterans

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# Health Costs of War – U.S.

- Casualties
  - » 4000 dead
  - » 60,000 injured
  - » 300,000 psychiatric casualties
- Lifetime cost of health care and disability benefits estimated at up to \$660 billion (Bilmes)
- Unemployment, divorce, family violence

# Psychiatric Casualties: The Hidden Wounds of War

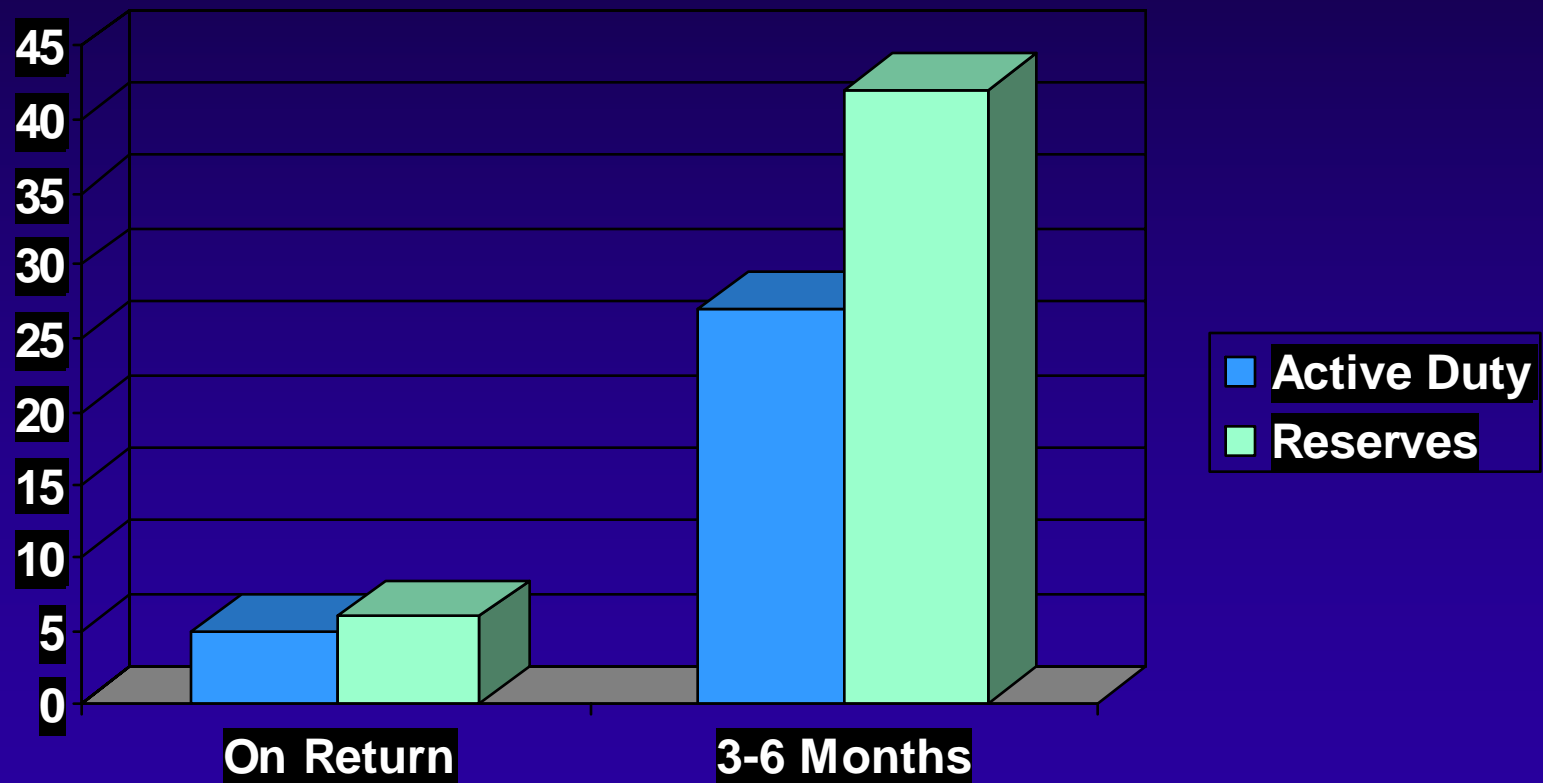
- Study of >100,000 veterans seen at VA facilities after returning from Iraq and Afghanistan
- 25% received mental health diagnoses
- 56% of these had 2 or more MH diagnoses
- Most common: PTSD, substance abuse, depression
- Younger veterans more likely to have MH diagnoses

Seal et al., Arch Intern Med 2007

# Demand for Services

- 35% of Iraq vets used mental health services in year following deployment – Walter Reed study
- Of >225,000 Iraq and Afghanistan vets seeking care at VA through 12/06, 37% reported concerns indicating possible mental health problems (17% PTSD)

# Postdeployment Assessments Mental Health Concerns



# Posttraumatic Stress Disorder

- Best estimate for rate of PTSD in veterans returning from Iraq 12-20% (National Center for PTSD)
- >1,500,000 deployed as of 7/07
- 52,375 treated by VA for PTSD as of 7/07

# Posttraumatic Stress Disorder Symptoms

- Reexperiencing: intrusive memories, nightmares, flashbacks, triggered distress
- Avoidance: isolation, withdrawal, emotional numbing, detachment, memory gaps
- Hyperarousal: insomnia, irritability, anger outbursts, poor concentration, hypervigilance, exaggerated startle



# Associated Features: Poor Occupational and Social Function

- Depression, suicidal ideation
- Alcohol and drug abuse
- Guilt, shame
- Unable to trust, overcontrolling
- Few or no close relationships, extreme isolation
- Unemployment
- Divorce
- Domestic violence and child abuse

“...untreated PTSD can devastate life and incapacitate its victims from participation in the domestic, economic, and political life of the nation. The painful paradox is that fighting for one’s country can render one unfit to be its citizen.”

Jonathan Shay, MD  
“Achilles in Vietnam”

# Suicide

- 2006 suicide rate in U.S. Army was highest ever recorded in 26 years of record keeping.
- Veterans of all wars are twice as likely to die of suicide as non-veterans in general population.  
(Kaplan et al. 2007)

# Multiple Deployments

- >500,000 with 2 or more deployments
- Most important risk factor is intensity and duration of trauma (dose response)
- Increased risk of PTSD and increased severity of symptoms

# The War at Home

- More marital problems
- More behavioral problems in children
- More family violence - generational
- Vietnam veterans with PTSD compared with those without PTSD
  - » Three to six times as likely to get divorced
  - » Partners reported markedly reduced satisfaction in their lives and greater demoralization

# Social Problems

- 9% of all unemployment
- 8% of all divorce or separation
- 21% of all spouse or partner abuse

are attributable to combat exposure

Prigerson, Maciejewski, Rosenheck. Am J Public Health 2002. Used data from National Comorbidity Survey (1990-92)

“The cost of war is often measured in the physical destruction...in the number of dead. But probably worse is the psychological and spiritual toll. This cost takes generations to heal. It cripples and perverts whole societies...”

Chris Hedges

“War is a Force that Gives Us Meaning”





# Iraq and Vietnam - Similarities

- Not knowing who the enemy is
- Feeling like you have been lied to
- Front line is everywhere
- Inadequate training or preparedness
- Civilian casualties
- Friendly fire

# Iraq and Vietnam - Differences

- Supportive homecoming
- Greatly improved understanding of readjustment problems and traumatic stress disorders
- Early recognition and effective treatment

# Barriers to Seeking Care

- Stigma of mental illness
- Distrust, avoidance, denial
- Military careers
- Unaware of benefits
- Misconceptions about treatment

# Access to Care

- Walter Reed scandal
- Questions about whether the VA system is prepared to absorb the influx of new veterans
- GAO report - VA used “unrealistic assumptions, errors in estimation and insufficient data” to project 2005 and 2006 budgets resulting in a \$3 billion shortfall
- Geographic inequities in VA system
- Services unavailable or long waiting lists
- 1.8 million veterans and 3.8 million family members uninsured – PNHP study 12/07

# Benefits Crisis

- Average 6 months to process disability claim, 2 years for appeal, backlog of 400,000 cases
- No coherent philosophy, no use of measures for lost wages or quality of life
- Dole/Shalala Commission and Institute of Medicine conclude complete overhaul is needed
- Nearly half of all claims for disability rating increases are from WWII, Korea, and Vietnam vets. Still see Vietnam vets with severe PTSD presenting for the first time after 35 years.

# Readjustment and Reintegration

- Most combat stress reactions do not progress to full-blown PTSD
- All veterans are profoundly changed
- Recovery is a gradual process that comes with integration back into familiar roles over months to years

# Post-Deployment Readjustment

## Changes in Attitude and Outlook:

- Preoccupation with news about the war
- Worry about friends still deployed overseas
- Miss excitement of combat, urges to return
- Confused about direction and meaning in life
- Blaming self for actions in war zone
- Loss of “innocence” and belief in former values
- Feeling alienated from others and society (“I don’t fit in any more!”)

# Successful Coping - What to Avoid

- Drugs/alcohol to relax or cope with war memories
- Isolation from friends and social supports
- Stopping involvement in formerly pleasant activities and recreational pursuits
- Using anger to push away or control others
- Becoming a “workaholic” to distract yourself



# Successful Coping – What Works

- Limit exposure to news coverage of war
- Schedule recreational, pleasant activities into daily routines
- Attend to physical needs (exercise, sleep, good diet)
- Spend time with other people while respecting needs for solitude and privacy
- Resume familiar routines (regular dinner time with family)
- Limit intake of alcohol, caffeine, & drugs
- Re-connect with spirituality or church organizations
- Give clear signals about when you want to share feelings about your deployment and when you don't

**Guides for: Military Personnel  
Families  
Clinicians**

**National Center for PTSD**

**[www.ncptsd.org](http://www.ncptsd.org)**

**Battlemind Training**

**[www.battlemind.org](http://www.battlemind.org)**

“Learn the psychological damage that war does, and work to prevent war. There is no contradiction between hating war and honoring the soldier.”

Jonathan Shay, MD  
“Achilles in Vietnam”