The Reintegration of Veterans Post Deployment: Developing a Webinar to Increase Awareness of the Mental Health Challenges Facing Veterans and their Families and the Effects on Society

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Abstract

The terrorist attacks on United States (U.S.) soil on September 11, 2001, lead to the deployment of U.S. troops to Afghanistan in 2001 in an operation referred to as Operation Enduring Freedom (OEF). In 2003, U.S. troops were deployed to Iraq in an operation referred to as Operation Iraqi Freedom (OIF).

Approximately 2 million military men and women have been deployed to either Iraq or Afghanistan since the beginning of the new millennium. Many veterans post deployment suffer from treatable psychiatric illness such as post- traumatic stress disorder (PTSD), depression and anxiety. Veterans by nature and training frequently do not report these symptoms to their primary care providers (PCP), nurses, and other members of the healthcare team. Consequently, these acute problems often remain untreated and become chronic illnesses leading to untoward outcomes in this patient population. The negative outcomes of untreated emotional problems have implications for the veterans, their loved ones, and society in general. Many veterans are homeless and have physical injuries causing great loss to productivity and a potential burden to their families and to society. Women who are deployed leave behind small children who are cared for by extended families and friends. There is a shortage of healthcare providers in the VA system, therefore, many seek care from civilian PCP's. Civilian healthcare providers may not feel comfortable caring for this population due to a lack of knowledge and clinical expertise. The purpose of this proposal is to increase awareness of the special needs of the veteran population, and to explore and discuss the issues we face as a society, and as a nation, related to the consequences of war. In addition, it will serve as a guide to the development of Best Practice Guidelines in the form of a teaching module/webinar for nursing students at the bachelor and master's level at Moravian College.

Keywords: women, Veterans, reintegration, primary care, mental health, social justice

Background and Significance

In 2010, the Institute of Medicine (IOM) published phase one of discussions between the Department of Defense (DOD), the Veterans Administration (VA), and the IOM in a report entitled: "Returning Home from Iraq and Afghanistan." This committee work was a preliminary assessment of the reintegration issues faced by veterans of OEF and OIF and their families. The committee conducted an extensive literature search and local town hall meetings revealing several common themes in this population. Mental health concerns related to substance abuse, alcohol abuse, domestic violence, suicide, child abuse, divorce and financial issues were most likely to be reported. The committee also reported a lack of primary care and mental health care providers to meet the demands. Long wait times to see a provider, and concerns about the stigma of mental illness were listed as barriers to health care leading to poor outcomes in this population.

In 2010, the IOM published phase 2, a comprehensive assessment of the physical, psychosocial and economic effects of deployment. Qualitative data were gathered in order to explore the effects of deployment on veterans of OEF and OIF. This assessment revealed that there were unmet needs in mental health care, and a lack of consistent evidenced-based care received at the VA.

Many veterans receive care from civilian PCP's who are not trained in the nuances of the military culture and may not feel comfortable managing the health care needs of veterans (Fredricks and Nakazawa, 2015). A pilot study conducted by Noel, Zeber, Pugh, Finley and Parchman in 2011 focused on primary care provided by civilian PCP's to veterans in clinics

throughout Southern Texas. The aim of the study was to identify the most common diagnoses of veterans, and to assess the comfort level of the providers. The most prevalent diagnoses were PTSD, alcohol and substance abuse, and relationship problems. The providers reported a lack of knowledge related to caring for the mental health needs of veterans.

Veterans receive free healthcare for 5 years post deployment, yet many still receive care from their civilian PCP's. One of the reasons is the stigma attached to mental health (Gibbons,Migliore,Convoy,Greiner and DeLeon, 2014). This was noted in studies conducted by Hoge et al, (2004); Hoge, Auchterlonie and Millilken (2006). Warner et al. (2011) found a 2-fold to 4-fold increase in mental health reporting by veterans when the screening maintained anonymity.

According to Haskell (2011) women account for 15% of the veterans serving in OEF/OIF. A review of the literature from 2001-2012 related to gender differences of post deployment revealed that women and men both suffered equally from PTSD and other mental health concerns (Crum-Cianflone and Jacobson, 2014). Yan et al. (2013) listed interpersonal relationship problems as the most commonly reported concern for women post deployment from OEF and OIF. Women are less likely to receive services from the VA due to a lack of knowledge about the services and the need to protect family and friends from the strain of war. (Mankowski, Haskell, Brandt and Mattocks,2015; Washington, Yano, Simon, Sun, 2006).

In summary, studies have validated the unmet mental health care needs of OEF/OIF veterans. Veterans seek care from civilian PCP's, nurses, and other members of the healthcare team who may not be comfortable in providing the specialized care required by veterans. This is due to a lack of experience and education in the military culture, and the issues that veterans face post deployment. The VA is overburdened with cases leading to long wait times to establish

care. Mental health care has a perceived stigma in society, especially in the military culture. Our country has been at war in the Middle East since 2001. To date, there is no plan to withdraw our troops. Consequently, the already overburdened healthcare system may not be able to adequately provide quality and safe care to this population. It is imperative to educate healthcare providers, especially nurses and physicians, in the special needs of veterans and their families.

Proposal Plan

The grant will support the development of a webinar and teaching module which will be delivered to the undergraduate and graduate nursing students. The webinar will address some of the unique needs of our veterans and their families. Students will be required to read and research the effects of war on society, and the issues and concerns related to the physical and mental health of our veterans, and their families as a result of deployment. The webinar may also be used by other disciplines such as social work, political science, psychology and religion to increase awareness and provide rich discussion throughout the Moravian Community. If there is additional support, consideration would be given to inviting a guest speaker(s) to campus with expertise in veterans' health.

The plan for this proposal is to integrate the webinar into the curriculum of the nurse practitioner graduate students at Moravian College. The students have 3 semesters of theory and clinical practice, and the module will be delivered during their Capstone semester. In this semester, students are in their clinical rotation and care for veterans with chronic disease states, including mental health. The plan is to also integrate the webinar into the undergraduate nursing program in **NURS 315.** In this course, students have clinical experience working with a number of vulnerable populations, including veterans who are homeless, and in the process of recovery. The grant money will be used to pay for editing and production of the webinar, research, and

consulting fees.

In order to engage the entire Moravian College Community, with additional support, consideration may be given to inviting a guest speaker(s) to come to campus in the Fall or Spring. The speaker(s) will have expertise in caring for veterans and be able to engage the community in discussion and dialogue regarding the issues of deployment facing our veterans, their families and society. The proposal is a good fit with the mission and InFocus Center themes related to Health and Healthcare and War, Peace and the Just Society.

Faculty Collaborators

Pamela Adamshick, PhD, RN, PMHCNS-BC

Associate Professor, Helen Breidegam School of Nursing

Dr. Adamshick has advanced practice experience in psychiatric acute care for adult and adolescent populations. She also works with vulnerable populations in the local community and in global partnerships.

Kathleen Gray, DNP, CRNP, FNP-C (Lead Faculty)

Assistant Professor and Director of Nurse Practitioner Programs

Dr. Gray teaches mental health care to nurse practitioner students and provides mental health care to patients as part of her practice as an advanced practice nurse in primary care. In her role as a primary care provider, Dr. Gray has first-hand experience in the care of veterans. This experience was the catalyst for her research and the effects of deployment on veterans and society. It also identified a need to educate nursing students regarding the issues facing veterans and their families.

MORAVIAN GRADUATE

The Reintegration of Veterans Post Deployment: A Webinar to Increase Awareness of the Mental Health Challenges Facing Veterans and their Families and the Effects on Society

Nursing 712 and Nursing 722

Capstone Semester for Nurse Practitioners in Adult Primary and Adult Acute Care

Instructor: Kathleen Gray, DNP, FNP-C

Course Description:

How can **family nurse practitioner** and **medical school programs integrate** the **veteran experience** into the **curriculum** in order to facilitate **best practice** and **positive outcomes** for our Veterans, their families, and our society? This is the question that this module will address. Students will study and understand the brain and the effects of deployment on the mental health of veterans post deployment. Students will understand how to diagnose and treat post traumatic stress and traumatic brain injury in their veteran population and be able to make appropriate referrals to mental health providers. This will be done through lectures, simulation, standardized patients, self-reflection, webinars and interviews with veterans and their families. The module will be integrated into the Capstone semester of the nurse practitioner students.

Course Objectives

- Students will be able to **differentiates** the **mental health concerns** of **Veteran**s versus their civilian patients through the understanding of DSM-5 diagnostic criteria related to PTSD and TBI.
- Students will be able to identify their concerns when treating veterans through the use of self-reflection writing and class discussion.
- Students will be able to increase their comfort level when caring for veterans through the use of Simulation and Standardized Patients
- Students will be able to understand the nuances of military culture though the use of focused interviews with veterans and Department of Justice Webinar.
- Student will be able to identify **the best mental health treatment options** for the **Veteran population** by identifying and making referrals to the appropriate mental health providers.

Module Overview

A. The Interactive Brain

   a. Broca's Area

   b. Cerebellum

   c. Cerebrum

   d. Frontal lobe

   e. Occipital lobe

   f. Olfactory system

g. Parietal lobe
h. Temporal lobe
i. Wernicke's area
j. Brain stem
    i. Description
    ii. Function
    iii. Result of injury of above

B. What is traumatic brain injury
    a. Description
    b. Causes/mechanisms
    c. Manifestations/symptoms
    d. Classifications
    e. Severity
        i. Mild concussion
        ii. Moderate
        iii. Severe

C. Co-occurring behavior conditions
    a. Depression
    b. Anxiety
    c. PTS
    d. Substance abuse
    e. Suicidal ideations
    f. homelessness

D. Caregiver stress
    a. Family members and friends
E. Post traumatic stress disorder (PTSD)
    a. Overview: an anxiety disorder that occurs after exposure to a traumatic event which triggers memories of the traumatic event and is characterized by intense fear and helplessness
    b. 50% of combat exposed military personnel have some degree of PTSD
    c. can occur by witnessing a traumatic event
    d. Manifestations
        i. Guilt, nightmares, flashbacks, anxiety, panic attacks, depression, substance abuse, insomnia
        ii. Usually begins within 3 months of the trauma
        iii. Person cannot live a normal life
        iv. Experiences guilt and shame and withdraws from society
    e. Diagnostic criteria
        i. Exposure to a traumatic event with the following:
            1. Experienced or witnessed and event involving actual or threatened death or serious injury or threat to the physical integrity of self or others;
            2. Response involved intense tremendous fear, helplessness or horror
            3. Re-living the trauma
            4. recurrent upsetting, intrusive memories, thoughts or perceptions
            5. recurrent, upsetting dreams, i.e., they return to the war at night

6. flashbacks, hallucinations, intense physiological distress when exposed to triggers (flashing lights, car horns, loud noises)
7. avoiding reminders of the trauma leading to irritability, withdrawal from social situations, depressed, isolated

ii. two or more of the following persistent symptoms
    1. increased arousal: may have trouble paying attention to conversations, need to be patient
    2. overreact
    3. outbursts
    4. difficulty falling asleep
    5. hyper-vigilant - ready to spring to action
iii. symptoms must last for more than a month
iv. symptoms cause clinically significant distress or impairment in social, occupational, or other areas of functioning
v. acute stress disorder resolves within a month
vi. acute PTSD lasts less than 3 months
vii. chronic PTSD lasts 3 months or more
viii. delayed onset if starts 6 or more months after the traumatic event
ix. patients will mostly be in denial and not link symptoms with the trauma
x. may not talk about it due to the stigma of mental illness and focus on the physical symptoms
xi. Questions to ask in a safe and calm environment:
    1. Were there missions that were life threatening?

2. Were you ever in a situation where you feared for your life?
3. Were you in situations where team members were wounded?
4. Did you ever participate in any situations that involved the loss of life, friendly or enemy?
5. Did you unexpectedly witness a dead body or dead body parts?

xii. Feel tremendous guilt and shame, self-destructive, self-medicate with alcohol or drugs

f. What is the course of PTSD?
   i. Duration of symptoms affected by intensity, duration, subjective interpretation and proximity of the trauma
   ii. Symptoms may come and go
   iii. Average duration of treated patients is 36 months
   iv. Average duration of untreated patients is 64 months
   v. More than 1/3 never recover
   vi. About 50% recover within the first 3 months
   vii. With TBI may see alteration in brain chemistry
g. When to seek help?
   i. Symptoms for more than a month
   ii. Affecting work, relationships
   iii. Self medicating with alcohol, drugs
   iv. Progressively worsening symptoms
   v. Suicidal thoughts
h. What gives a veteran a good prognosis for healing?

i. Early intervention
ii. Early and ongoing social support
iii. Avoidance of re-traumatization
iv. They learn to develop a healthy lifestyle (like prior to trauma)
v. Absence of pre-existing psychiatric, substance abuse problems prior to the trauma

i. What treatments are available?
    i. Psychotherapy
    ii. Marital, family therapy
    iii. Support groups
    iv. Medications if needed
    v. List support groups in the Lehigh Valley*
j. They must have a safe place, an educated place, where the trauma can end and they can live a healthy and productive life.
k. PTSD throughout History
    i. Civil War: Soldiers Heart Cardiac symptoms, irritability, heightened arousal
    ii. WWI: “shell shock” changes in behavior of the soldiers coming home theory of Brain Trauma due to shells exploding
    iii. WWII: “combat neurosis” or “combat fatigue” behavioral changes of the soldiers who came back from war
    iv. Vietnam” group of veterans coming home that lead to the 19080 definition of PTSD.

F. VA/DOD Clinical Practice Guideline for the Management of PTSD – see handouts for provider and patient.

G. Reintegrating into Family Life
    a. Connecting with spouse/significant others
    b. Children
    c. Friends

H. Health Effects of Military Service on Women Veterans
    a. Women's health care
        i. Conception/fertility/pregnancy
        ii. General reproductive health
    b. Mental health
    c. Reintegration of women post deployment

I. Webinar on Mental Health Issues proposed for Spring, 2018 in conjunction with Defense Center of Excellence for Psychological Health and Traumatic Brain Injury. Date TBD.

J. Video interviews of veterans post deployment.

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