

Mental Health Crisis in the US

Military

Addressing the need for more extensive psychological resources

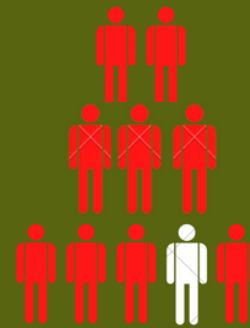
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What's the issue?

Active service members and veterans of the US military face a drastically increased chance of experiencing mental illness. As a result of a general lack of psychological resources, as well as a strong stigma against receiving treatment, service members are at extreme risk for PTSD and suicide.

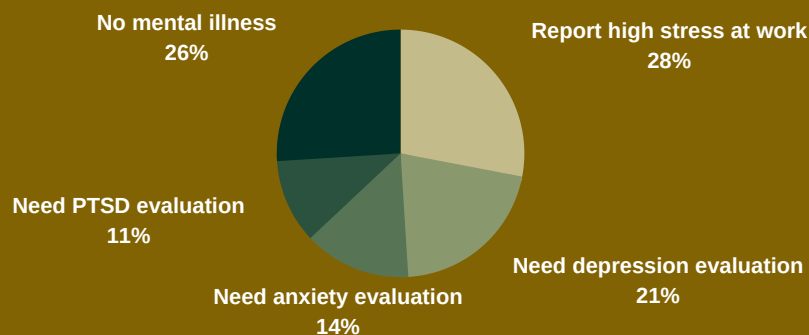


9 out of 10 returning service members experienced a psychological stressor

A problem exacerbated by stigmas

A major barrier that prevents service members from receiving care is the stigma present about psychological treatment within military culture. It is seen as "weak" and "unnecessary" to seek treatment, which leads to service members with a mental illness **2x** as likely not to seek treatment.

The severity of mental illness: Percent of service members in need



Currently, there are two federal programs seeking to address this military mental health crisis, the USAF Comprehensive Suicide Prevention Program, and the Army STARRS Program. The Comprehensive Suicide Prevention Program consists of community and health care components that have been proven to cause a **33%** decrease in suicide. The Army STARRS is a research program used to better understand psychological resilience, psychological health, and risk for self-harm among soldiers.

Myths about treatment

- The first myth involves the stigma around seeking treatment. This stigma makes those in need feel treatment won't help their condition, leading to only **31.5%** receiving professional care when **41.5%** indicated an interest in receiving help.
- Another common myth is that TRICARE, the federal military insurance plan, doesn't cover psychological treatment. This is not the case, as TRICARE will actually cover up to 2 psychotherapy sessions per week.
- Lastly, one of the most harmful myths is that service members exaggerate their condition. This harmful stereotype leads to a lack of new policy to provide resources to service members in need.

The 3 Step Solution

1. Impose policy that establishes guidelines to educate service members on current resources and insurance coverage

To address the stigma present about mental health in the military, as well as many service members not knowing about the details of TRICARE coverage, a bureaucratic policy change needs to be made that requires service members to take a course to educate them on mental health and available resources. This would be instrumental in removing the stigma while also ensuring service members are aware of TRICARE coverage for psychological treatment.

2. Make current bureaucratic programs inter-branch so all armed service members can have access

Based on the success of current programs, another major policy solution is to make the USAF CSP Program and Army STARRS become inter-branch programs that the Navy, Army, and Marines can also use to lower suicide rate, increase mental health treatment, and provide more accurate research centered on mental health and future solutions.

42% 
Decrease in family violence after USAF CSP was established

3. Support policy that provides non-clinical support for mental illness

Scholars agree that non-clinical methods of treatment, such as service dogs, and medical marijuana, can greatly reduce the effects of mental illness. For this reason, the **Puppies Assisting Wounded Servicemembers (PAWS) Act** and the **Veterans Equal Access Act** should both be made into law to provide suffering service members and veterans with these options for treatment.

References

- Bray, R. M., Pemberton, M. R., Lane, M. E., Hourani, L. L., Mattiko, M. J., & Babeu, L. A. (2010). Substance Use and Mental Health Trends Among U.S. Military Active Duty Personnel: Key Findings From the 2008 DoD Health Behavior Survey. *Military Medicine*, 175(6), 390–399. doi: 10.7205/milmed-d-09-00132
- Denning, L. A., Meisnere, M., & Warner, K. E. (2014). Preventing psychological disorders in service members and their families: an assessment of programs. Washington, D.C.: National Academies Press.
- Eftekhari, A., Ruzek, J. I., Crowley, J. J., Rosen, C. S., Greenbaum, M. A., & Karlin, B. E. (2013). Effectiveness of National Implementation of Prolonged Exposure Therapy in Veterans Affairs Care. *JAMA Psychiatry*, 70(9), 949. doi: 10.1001/jamapsychiatry.2013.36
- Frueh, B. C., Grubaugh, A. L., Elhai, J. D., & Buckley, T. C. (2007). US Department of Veterans Affairs Disability Policies for Posttraumatic Stress Disorder: Administrative Trends and Implications for Treatment, Rehabilitation, and Research. *American Journal of Public Health*, 97(12), 2143–2145. doi: 10.2105/ajph.2007.115436
- Greene-Shortridge, T. M., Britt, T. W., & Castro, C. A. (2007). The Stigma of Mental Health Problems in the Military. *Military Medicine*, 172(2), 157–161. doi: 10.7205/milmed.172.2.157
- Jaeger, K. (2020, March 12). Congressional Committee Approves Marijuana Bills For Military Veterans. Retrieved from <https://www.marijuanamoment.net/watch-live-first-congressional-marijuana-votes-of-2020/>
- Mills-Gregg, D. (2019, December 16). Bill Would Cover Cost of Service Dogs for Veterans with PTSD. Retrieved March 22, 2020, from <https://www.military.com/daily-news/2019/12/16/bill-would-cover-cost-service-dogs-veterans-ptsd.html>
- Tanielian, T., & Jaycox, L. H. (2008). Invisible Wounds of War Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery: Summary. *PsycEXTRA Dataset*. doi: 10.1037/e527612010-001
- Xue, C., Ge, Y., Tang, B., Liu, Y., Kang, P., Wang, M., & Zhang, L. (2015). A meta-analysis of risk factors for combat-related PTSD among military personnel and veterans. *PloS one*, 10(3), e0120270. <https://doi.org/10.1371/journal.pone.0120270>