



Psychological Consequences of the Long War

Workshop on Improving the Health, Safety and Well-Being of Young Adults

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OUTLINE

1. Psychological Effects of the Long War
2. Post-Traumatic Stress Disorder
3. Traumatic Brain Injury
4. Suicide in the Army
5. Mitigating Factors
6. Lessons for Civilian World
7. Research Needed
8. Way Ahead



A Very Brief History of Psychological Reactions to War

- World War I--“shell shock”
- World War II--ineffective pre-screening, “battle fatigue”
- The Korean War---initial high rates of psychiatric casualties
Principles of “PIES” (proximity, immediacy, expectancy, simplicity)
- Vietnam
 - Drug and alcohol use, misconduct
 - Post Traumatic Stress Disorder identified later
- Desert Storm/Shield
 - “Persian Gulf illnesses”
 - medically unexplained physical symptoms
- Operations Other than War (OOTW)
 - Combat and Operational Stress Control, routine front line mental health treatment
- 9/11—disaster psychiatry principles

Operation Enduring Freedom/ Operation Iraqi Freedom/Operation New Dawn

- Numerous stressors
 - Multiple and extended deployments
 - Battlefield stressors
 - IEDs, ambushes, sleep deprivation, direct combat
 - Medical
 - Severely wounded Soldiers, injured children, detainees
- Changing sense of mission
- Strong support of American people for Soldiers
- Behavioral health focus of senior military leadership
- Numerous new programs developed to support service members

The military since 9/11

- Volunteer Army
 - Know they are going to war
 - Seasoned, fatigued
 - Large Reserve Component
 - Reserve, National Guard
- Elevated suicide rate
- Wounded Soldiers
 - TBI
 - amputations
- Effects on Families
 - Continuous deployments
 - Families of deceased
 - Families of wounded
- Difficult Economy



Psychological Consequences on Young Adults

- Difficulties with reintegration
- Post-traumatic Stress Disorder
- Depression
- Traumatic Brain Injury
- Suicide



Range of Deployment-Related Stress Reactions

- Mild to moderate
 - Combat Stress and Operational Stress Reactions (Acute)
 - Post-traumatic stress (PTS) or disorder (PTSD)
 - Symptoms such as irritability, bad dreams, sleeplessness
 - Family / Relationship / Behavioral difficulties
 - Alcohol abuse
 - “Compassion fatigue” or provider fatigue
 - Suicidal behaviors
- Moderate to severe
 - Increased risk taking behavior leading to accidents
 - Depression
 - Alcohol dependence
 - Completed suicides



PTSD Diagnostic Concept

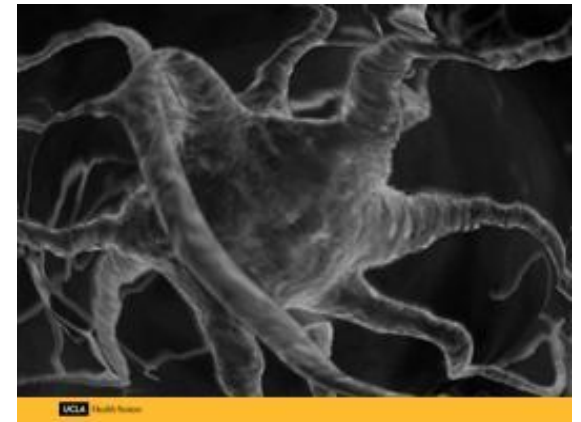
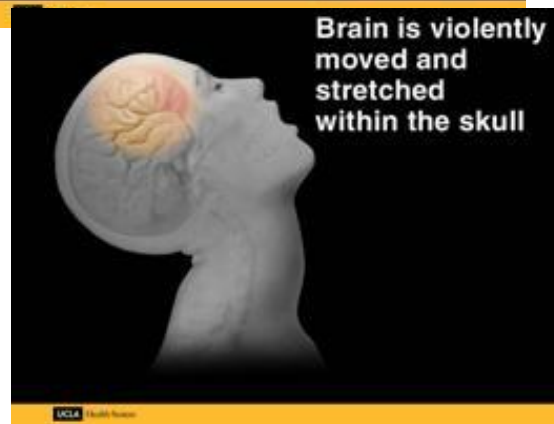
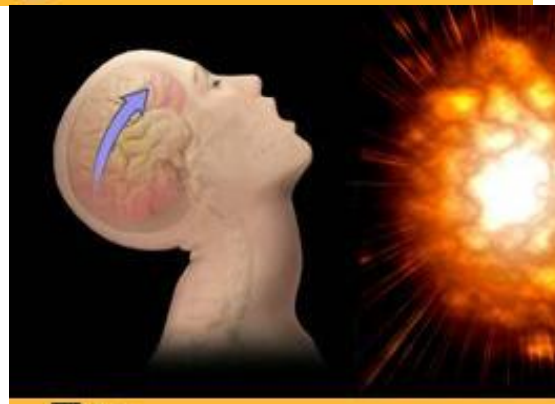


- Traumatic experience leads to:
 - Threat of death/serious injury
 - Intense fear, helplessness or horror*
- Symptoms (3 main types)
 - Reexperiencing the trauma (flashbacks, intrusive thoughts)
 - Numbing & avoidance (social isolation)
 - Physiologic arousal (“fight or flight”)
- Which may cause impairment in
 - Social or occupational functioning
- Persistence of symptoms

mTBI may be associated with PTSD, especially in the context of Blast or other weapons injury

** This criteria is about to be deleted and definition otherwise added to*

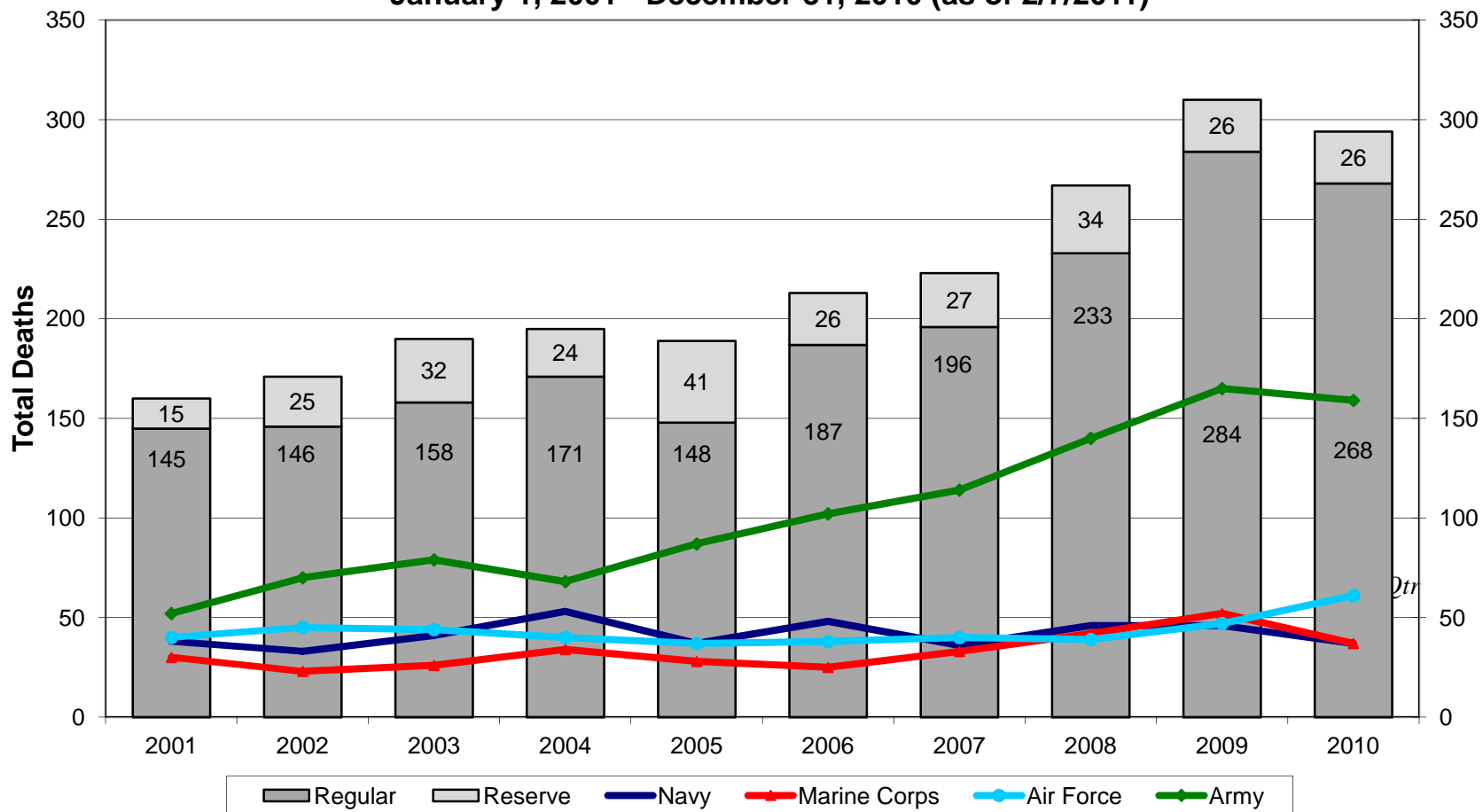
Traumatic Brain Injury (TBI)....



DoD Suicide Deaths/Rates Branch CY 2001-2010

Confirmed and Suspected Active Duty Military Suicides by Component, Branch, and Year

January 1, 2001 - December 31, 2010 (as of 2/7/2011)



Risk Factors for Suicide in Army Personnel

- Major Psychiatric Illness Not a Significant Contributor
 - Adjustment disorders, substance abuse common
- Relationship disruptions
- Legal/Occupational Problems
- Substance Abuse
- Pain/Disability
- Weapons
 - 70% with firearm
- Recent Trends
 - Older, higher rank, more females



*Psychological toxin:
humiliation*

Mitigating Strategies for PTSD

- Evidence Based
 - Psychotherapy
 - Pharmacotherapy
- Evidence Informed
 - Virtual Reality
- New and Promising
 - Yoga
 - Stellate ganglion block
 - Acupuncture
 - Service/therapy dogs



*212th CSC Therapy Dog
SFC Zeke*

Mitigating Factors for Suicide

- Unit cohesion
- Re-integration
- Reduction of pain and disability
- Structure
- Easy access to care
- Stigma reduction
- Means restriction
 - Weapons use “third rail”



Lessons learned from the military that are potentially useful in civilian world

- PTSD: complementary and alternative (integrative) treatment
- TBI: avoid repeat concussions
- Suicide: toxic power of humiliation



Ongoing Research

- Congress generously funded PTSD and TBI research
 - Usually to academic consortiums
- STARRS study with NIMH
- Good cross-sectional epidemiological research by WRAIR
- In early stages
 - Stellate ganglion block
 - Service and therapy dogs
- Lacking in DoD:
 - Treatment studies
 - Longitudinal studies
 - Except for Millennium cohort
 - Studies on female service members



Questions/Discussion

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