

Honor for Veterans Includes Caring For Them

Julie Cargill, RN, ANP, Retired

I was gratified to see the observance of Veterans Day recently, and found myself realizing the relative ignorance of the issues facing the young men and women when they return home from duty. When I was going to high school and college, the Viet Nam war was raging. Also prevalent were the war protests and the downright scorn that was greeting those that were lucky enough to return. A lot were lost, and those returning had damage that never healed. We as a nation were very slow in realizing the extent of that damage. Post Traumatic Stress Disorder(PTSD) had not been identified until after the Viet Nam. PTSD is a serious mental health problem that some people develop after experiencing or witnessing a life-threatening event such as combat, a natural disaster, a car accident, or sexual assault. Of course, military service commonly is related to combat and other catastrophic events. Military sexual trauma (MST) can be experienced by both men and women in the service (approximately 23% of women report sexual trauma; 38% of men-and higher incidence of women-report military sexual harassment.)

When I started working at the Veterans Administration Health Care System in 1983, PTSD was just starting to be recognized as a Mental Health Syndrome. JUST STARTING! During those years—early and mid-1980s, World War II Veterans were entering their retirement years. I realized that PTSD affected THOSE veterans, and had never been acknowledged. Their whole work and family life and afterward had many times been negatively affected. Could that have been helped? We are now very aware of PTSD, and recognize at least some of the challenges in not only recognizing the signs of PTSD, but accessing the care leading to some resolution of the symptoms and their psychological and social damage. Approximately 15% of Viet Nam veterans have been diagnosed with PTSD, but true incidence is thought to be much higher. Some 12% of Iraqi Freedom, Enduring Freedom, and Gulf War veterans have been diagnosed to date.

Not all, but some of the **social and work complications** include impaired family and general social life functioning. Examples include:

- Homelessness: about one-third of our adult homeless population have served their country in the Armed Services. On any given day, as many as 250,000 veterans (male and female) are living on the streets or in shelters. Perhaps twice as many experience homelessness at some point during the course of a year
- Family violence: researchers have found a link between PTSD and domestic violence. This often surfaces as intimate partner abuse. National estimates in the United States indicate that every 60 seconds, 20 people are physically abused by an intimate partner. This adds up to over 10 million people per year.
- Workplace and social relationships in general: PTSD symptoms can appear at any time after the precipitating event(s), and may not appear until years after the event. These symptoms can cause significant problems in social or work situations and in social settings. They can also interfere with ability to go about normal daily living tasks.

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- Suicide rates are high in veterans suffering from PTSD. One study quotes 6,261 veteran suicides in 2019, with veterans in the 55-74 age group, the largest suicide population subgroup, at 38.6% of Veteran suicide deaths.

Clinical **symptoms of PTSD** may differ in type and intensity, but generally may include:

- diminished emotional response
- avoidance of social contact
- general baseline anxiety
- lack of interest in activities
- poor concentration ability
- sleep disturbances
- mood instability, irritability
- hypervigilance, hyperarousal—being constantly “on guard”
- recurring thoughts or images of the traumatic event(s)
- episodic re-triggering of intense anxiety

Interventions and helpful approaches include providing a safe and empathetic environment for the person.

PTSD is a real illness. Recognize that the veteran’s social and/or emotional withdrawal is due to his or her own issues and not your relationship. A veteran with PTSD will have good days and bad days. Foster relationships with family, friends, and others to stay connected and get support. There are support groups for family and friends of sufferers. Support groups can be found by using your computer search engine and querying your particular geographic locations. Consider encouraging the vet to seek mental health treatment. You can be an on-going support for the veteran by following their progress and staying involved. Some local resources include:

Our local VAMC has a fully qualified mental health department with counselors and programs. The VA has proven treatments for PTSD that help veterans manage their symptoms in all types of environments. Call (928) 445-4860. If the veteran has not enrolled yet at the VA, they can help with that. You can request to be part of the treatment the veteran receives. You can attend appointments and ask questions, take notes, and participate in that way for support. Of course, you must respect the veteran’s preferences in this regard.

If you believe the veteran poses a risk for suicide, stay with the vet and consider arranging transportation to the VA. Call the National Veteran Suicide Crisis number at 800-273-8255 (800-273-TALK).

St. Luke’s has clergy who can step in and offer assistance. There is a Stephens Ministry which can provide valuable care. You can call the office to request assistance, at 928-778-4499. The associated personnel are somewhat in flux until our new rector is found, but there is assistance readily available.

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West Yavapai Guidance Clinic (WYGC) provides mental health intervention by professionals. Phone: (928) 583-6411. Services there are free for persons who qualify for AHCCCS (Arizona's Medicaid). This clinic will help in the process of getting enrolled in AHCCCS. WYGC will also see clients on a sliding scale fee basis if they can't qualify for AHCCCS.

If the veteran is struggling with housing issues, Prescott has a unique service called U.S. Vets. The current contact is Justin Price: 928-583-7207, or jprice@usvets.org. You can also use your search engine to find information about U.S. Vets in Prescott.

Being a support can be both rewarding and hard. You can find more information at www.caregiver.va.gov, including contact information for the VA caregiver support coordinator nearest you. This phone number is 855-260-3274. The Caregiver Support Line is open Monday through Friday, 8:00 am – 11:00 pm ET, and Saturday, 10:30 am – 6:00 pm ET.

As I have said before, recognize that this situation is unfortunately quite common. As I have quoted recent comments by Rev. Susan Schubert: "Remember that you are not alone. Countless others have walked this same journey." The church is here for us all with spiritual support and comradeship.

References: ICD10Data.com (International Classification of Diseases); <https://www.va.gov>; <https://www.brainline.org/article/effects-ptsd-family>; <https://www.verywellmind.com/ptsd-and-domestic-violence>; mayoclinic.com; VA/Health Care/PTSD: National Center for PTSD; National Veteran Suicide Prevention Annual Report/September 2021.