
Mental Illnesses in The Military

Post-Traumatic Stress Disorder, Depression, and Substance Abuse Disorders are one of the many mental illnesses that affect the military. The DSM-5 is the Diagnostic and Statistical Manual of Mental Disorders. It defines and classifies each of the mental illnesses (American Psychiatric Association, 2018). To be diagnosed with a mental illness, you must have the symptoms listed on the DSM-5. With these three disorders, the symptoms may overlap each other, making it difficult to decipher which one is affecting the military. Fortunately, there are a variety of treatment options available for the veterans. One of the mental illnesses that strongly affects military involvement is PTSD, or Post Traumatic Stress Disorder. Post-Traumatic Stress Disorder is a crippling mental illness that is brought on after a traumatizing experience. Those who serve in the military are at a higher risk for PTSD because of the atmosphere of the work, environment and situations that one affected are exposed to. Veterans work in war zones, and see a variety of troubling sights.

When veterans return home, the slightest noises can set the soldiers into shock. From the sound of the ceiling fan reminding the soldiers of the beating helicopter wings, to hearing an infant crying out sounding like their comrade crying out in pain after being shot to someone simply knocking on a door startling the soldier. Soldiers suffering with PTSD might experience nightmares, memories, or flashbacks of events similar to what is experienced in battle (Garske, 2011). Other symptoms of PTSD include numbness emotionally, and hyperarousal (Garske, 2011). Veterans become unattached to their surroundings and the people that surround one suffering. Often times, ones affected will push loved ones away without intentionally do so. Soldiers will experience bouts of hyperarousal such as irritability, difficulty concentrating, hypervigilance, and easily being startled (Garske, 2011). A Mental Health Assessment Team in the U. S Army found a strong correlation between number and length of deployments and mental health risk. The more times, and the longer the deployment is, the higher the chances of developing mental illnesses (Garske, 2011). Most veterans will not go out and seek treatment for Post-Traumatic Stress Disorder. Ones affected believe that it will hinder their careers, and avoid treatment. Those who do seek treatment are often prescribed oral medications. These medications may include an antipsychotic, and or an antianxiety (Garske, 2011).

In the last ten years, treatment for PTSD has changed, and doctor prescribe SSRIs. There are two different SSRIs, and both are considered antidepressants (Garske, 2011). The medications help improve the quality of life for those who suffer from PTSD, and help suppress the symptoms. Often times, medicine and therapy will be combined to help suppress and treat the symptoms and return life to normality (Garske, 2011). VRE therapy, or virtual reality exposure therapy, allows soldiers to be in the environment that causes fear, but be able to successfully ease their fears in safe surroundings (Garske, 2011). Another type of therapy is EMDR. Eye movement desensitization and reprocessing is a relatively new therapy that is seeing positive outcomes (Garske, 2011). The patient will imagine a time that causes pain, and an emotion that relates to it. The rapid eye movements during the therapy are considered a vital part of the process. Another mental illness that heavily affects the military is Depression. Depression is considered a period of time of constant low mood that is not just usual sadness. It is one of the most under looked mental illness, but can cause severe psychiatric problems (Bryan & Heron, 2015). A lot of the times, depression will go unnoticed because of a lot of the symptoms mimic

PTSD. Those who suffer from depression tend to lose interest, and withdraw from society. There is a link between depression and belongingness (Bryan & Heron, 2015).

There is a purpose when the military are deployed. That there is a sense of pride when one is fighting for their country. The Veterans are helping and fighting for others. When one gets out from being deployed, the sense of purpose is gone. The veterans are no longer fighting for others, or helping others. Ones affected by depression will start to seclude oneself from others, and become sad. Depression will often show up later than other mental illnesses (Bryan & Heron, 2015). It may take some time to develop the symptoms. Symptoms may include inability to sleep, hopelessness, hyperarousal, and sadness (Bryan & Heron, 2015). Reducing symptoms, or preventing symptoms of depression start with belongingness and social support (Bryan & Heron, 2015). Group therapies or one on one therapies may help the individual find the sense of belonging again. There are also medications that can be prescribed to help reduce the symptoms, and restore the brain chemical imbalance. It is believed that if symptoms for depression are prevented, that it could help prevent the onset of PTSD (Bryan & Heron, 2015).

Since a lot of Post-traumatic stress disorder symptoms mimic other mental illness, if one can prevent the start of one mental disorder than it snowballing into other illnesses is reduced. Lastly, substance abuse disorder, or substance use disorder is another frequent illness that affects the military. Veterans come back from being deployed, and do not understand a different coping mechanism. The military start heavily drinking, or taking drugs. The most common types of substance abuse disorder is binge drinking, and heavy tobacco use. (Teeter, Lancaster, Brown, & Back, 2017). Those are often the most accessible drugs in our society. SUB is most likely to affect young males who are not married than women (Teeter et al. , 2017). Though, males under the age of twenty-five make up majority of the military population. Substance abuse disorder can be caused from exposure of gruesome battlefields, stress from coming out of the military, or it can be a secondary reasoning. SUB can be caused from Post-traumatic stress disorder or depression, and it is how one copes to deal with the symptoms (Teeter et al. , 2017). Symptoms of Substance abuse disorder is the overuse and dependence of alcohol and drugs. Treatments of substance abuse disorders include therapies and prescription medicine (Teeter et al. , 2017). SBIRT, or Screening, Brief Intervention, and Referral to Treatment, is to help veterans with binge drinking problems before it escalates into SUB, or to refer one in the right direction if one already suffers from it (Teeter et al. , 2017). Therapies include cognitive-behavioral therapy, and motivational therapy.

The first therapy is done to recognize and change the thoughts and ideas that are associated with substance abuse disorder (Teeter et al. , 2017). That includes the cravings and learning how to remain sober. The other therapy is to encourage the veterans to get help, and to remain sober. The other form of treatment is taking prescription medicine to manage the withdrawal symptoms (Teeter et al. , 2017). There are many different types of mental illnesses that can affect the military. Post-Traumatic Stress Disorder, Depression, and Substance abuse disorder are only a few of the mental disorders. The symptoms tend to mimic other mental illnesses making it hard to pinpoint which disorder, or disorders the veteran may be struggling from. The cause of the illnesses tend to be from the same triggers, the work environment that the military are placed into, to the sights that are seen during deployment. Though, there is treatment to help suppress the symptoms and cope with the thoughts. There are therapies to retrain your mind to think more positive. In all, mental illness are not uncommon in the military.