

A MARINE'S PRIVATE HELL

# Soldiers reluctant to seek help for stress disorder

By Richard Ruelas  
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Treating post-traumatic stress disorder among veterans of the Iraq war not only involves getting them into treatment, experts say, but getting them to undergo intense therapy to deal with flashbacks and anxiety.

Both are high hurdles, according to numerous studies.

"The majority of patients opt for no treatment," said Dr. Lori Highberger, chief of psychiatry services at Phoenix's Carl T. Hayden Veterans Affairs Medical Center. "If they do see somebody (who diagnoses the condition,) they feel they want to tough it out on their own."

The RAND Institute estimates, based on its survey, that 300,000 veterans of Iraq and Afghanistan suffer from PTSD or major depression. That's about one out of five soldiers, the study found.

In a 2008 study by the RAND Institute's Center for Military Health, soldiers' fear of damaging their military careers was among their top reasons for not seeking help with mental conditions.

Soldiers feared that their chances of getting security clearances would diminish or that their commanding officers would think less of them once they found out about their condition, said Dr. Lisa Jaycox, a psychologist who co-wrote the RAND study. Some soldiers, Jaycox said in a phone interview, are going outside the VA system to get treatment so it won't be noted on their military records.

But many worry that a rising suicide rate is the result. The Army reported 115 suicides and 935 attempts among active-duty and reserve soldiers in 2007, the highest numbers since it started keeping records in 1990. This year's numbers are on pace to top last year's, the Army said earlier this month.

Some soldiers surveyed by RAND cited the military culture as a reason to avoid PTSD treatment. "Seeking mental-health care or

talking about problems isn't part of that notion of strength," Jaycox said.

About half of all Army soldiers who screened positive for post-traumatic stress disorder did not seek treatment, according to studies done annually by the Walter Reed Army Institute of Research. Dr. Charles Hoge, director of the psychiatry and neurosciences division, said the 2008 study showed an upward trend in the number of soldiers getting help.

Rep. Harry Mitchell, D-Ariz., has looked to change that culture by pushing the Department of Veterans Affairs to find creative ways to reach veterans who may need mental help.

"They were waiting for people to come to them," Mitchell said, "and that's a real failure."

The VA has created public-service announcements for its suicide hotline. The spots feature actor Gary Sinise, also the voice of the Army's recruiting commercials. Reaction to initial airings of the TV spot in Washington, D.C., has been good, Mitchell said.

"If there's a silver lining in all this, it's that we might be able to destigmatize mental health, that it's not a weakness," Mitchell said. "It's a strength."

Mitchell said other institutional fixes can be made. The VA can train families to recognize the signs of PTSD, he said, and the military can allow those seeking mental-health treatment a modicum of privacy, just as they would enjoy in the corporate world.

"It has to be private," Mitchell said. "That's why the suicide rate is so high. People have a stigma."

Getting a soldier into treatment, however, is only half the battle. Once there, few soldiers will agree to therapy sessions, which have been shown to be effective in treating PTSD.

Thus, many veterans are being treated with pills alone, said Highberger, the Phoenix VA doctor. That could lead to multiple pre-

scriptions, she said, as doctors try different pills in different combinations and strengths to make their patients better.

"It's not usually done out of incompetence," said Hightower, who sits on a national panel that governs VA prescription benefits. "All these medications end up in there, and then they're scared to take anything away."

The patient is driving this, too, she said: "Doc, this is working. I need more."

In addition, veterans are not always honest with their doctors about their alcohol use, Highberger said, and there is no mandated screening to monitor it. Alcohol can increase the addictive nature of pills or cause an overdose, she said.

The VA has developed specific, effective therapy programs for PTSD, said Jaycox, the RAND researcher. "We are not sitting there and talking about their feelings about things," she said.

Still, "there's a thinking that friends or family members could be more help than therapists," she said.

Highberger said she sees the resistance as she consults with veterans at the Phoenix VA hospital.

"Every instinct in their body says, 'Don't go talk about this. Get something to help you sleep. Tell them you feel anxious sometimes, but don't tell them the whole thing,'" she said. "When we tell them to go see therapy, their entire body is bucking against it."

Sgt. Robert Bartlett, 35, who was injured in a rocket explosion in Iraq, said therapy has helped him beat back his PTSD.

"You need to talk to other veterans. You need to get it off your chest," he said, following a panel discussion at an American Legion convention in Phoenix.

If his anger and flashbacks controlled his life, Bartlett said, "then the guy who blew me up wins."

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