


*VETERANS:
MENTAL
HEALTH,
SUBSTANCE USE
AND SUICIDE*



About Me

Aaron is an Airforce Veteran and
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What we will talk about Today:

- Who is a veteran
 - Common Mental Health Challenges
 - Substance Use Among Veterans
 - Veterans and Suicide
 - Q & A breakout session with VA Peer Specialists
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Warning: Today we will be discussing some very intense subject matter including suicide and watching a video depicting PTSD in a very realistic manner. Please take care of yourself, if you start to feel activated and/or reach out for help if needed.



*What is your definition
of a **VETERAN**?*

Federal and State Definitions



Federal Definition

FEDERAL DEFINITION: under Federal Law a VETERAN is any person, who served honorably on active duty in the armed forces of the United States. (Discharges marked GENERAL AND UNDER HONORABLE CONDITIONS also qualify.)



State Definition

State definitions of VETERANS vary state by state...



Oregon State Definition of a VETERAN

2017 ORS 407.087¹

Definition of “veteran”

Related Statutes

Definition of “veteran.” (1) As used in Article XI-A, section 3, of the Oregon Constitution, “veteran” means a person who:

(a) Served on active duty with the Armed Forces of the United States:

(A) For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released from active duty under honorable conditions;

(B) For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions;

(C) For 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability;

(D) For 178 days or less and was discharged or released from active duty under honorable conditions and has a disability rating from the United States Department of Veterans Affairs; or

(E) For at least one day in a combat zone and was discharged or released from active duty under honorable conditions;

(b) Received a combat, expeditionary or campaign ribbon or medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or

(c) Is receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

(2) As used in subsection (1) of this section, “honorable conditions” has the meaning given that term in rules adopted by the Department of Veterans’ Affairs. [Formerly 407.090 (Reassigned)]

Note: [407.087 \(Definition of “veteran”\)](#) [formerly 407.090 (Reassigned)] was enacted into law but was not added to or made a part of ORS chapter 407 or any series therein by law. See Preface to Oregon Revised Statutes for further explanation.

Types of Discharges

Honourable Discharge- Received a good or excellent rating for their service time of discharge

Other Than Honourable- The most severe type of administrative discharge, usually connected with larger infractions.

Bad Conduct Discharge (BCD)- Received as punishment from court-martial.

Dishonourable Discharge- Military considers service members actions to be reprehensible (exp. Murder or sexual assault) court-martial can consider dishonourable discharge.

Officer Discharge- Officers cannot receive bad conduct discharges or dishonourable but will receive a Dismissal Notice instead

Entry Level Separation (ESL)- Leaves military before completing 180 days service. Can happen for lots of reasons (medical, administrative, etc.) May prevent some people from receiving state veteran classification.



Other Veteran Classifications

Veteran- under Federal Law a VETERAN is any person, who served honorably on active duty in the armed forces of the United States. (Discharges marked GENERAL AND UNDER HONORABLE CONDITIONS also qualify.)

Disabled Veteran- Generally talking about someone who became disabled while still in military service. Veteran may or may not have received a medical discharge.

Combat Veteran- A veteran who served in an active combat zone.



*COMMON
MENTAL
HEALTH
CONDITIONS*




Traumatic Brain Injury (TBI)

According to Dr. Daniel Amen the most common wartime injury are TBIs (Traumatic Brain Injury) ¹

- Causes of TBIs
 - Repetitive blast exposures are the most common cause of modern wartime injuries
 - Shock waves travel through the head
 - Brain rattling around in skull
 - Smaller blasts can cause cumulative damage
 - One physician described the problem like this, “Body Armor is getting so advanced that we can keep the body in one piece, but we cannot protect the mind.”
 - Training or work related accidents
 - This can include vehicle accidents
 - Servicemembers can be hit by equipment
 - Combat training
 - Climbing, carrying and fighting
 - Alcohol, drug use, smoking and other lifestyle choices can exaggerate symptomology


Mental health issues associated with TBIs

- Impulse control issues
 - Memory and retention problems
 - Sleep challenges
 - Confusion and disorientation
 - Headaches that won't go away
 - Loss of coordination
 - Mood swings including anger
 - Depressed mood
 - Many other associated symptoms...
 - Symptomology often mirrors PTSD symptomology
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Military Sexual Trauma (MST)

- Military Sexual Trauma (MST) is sexual assault or sexual harassment that occurred during a Veteran's military service (examples include)
 - Being pressured into sexual activities, such as with threats
 - Sexual activities without consent, such as when asleep or intoxicated
 - Being physically forced to have sex
 - Being touched in a sexual way that made someone uncomfortable
 - Repeated comments about a servicemembers body or sexual activities
 - Threatening and unwanted sexual advances
 - 1 IN 4 Female Veterans said that they experienced MST in the military
 - 1 in 100 Male Veterans reported experiencing MST
 - Nearly half of all Veterans who experienced MST were men
 - Due to the stigma surrounding sexuality and sexual assault these numbers are believed to be vastly under-reported
 - Veterans of all backgrounds have experienced MST, regardless of factors such as physical size, age, race, or sexual orientation.
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Mental health issues associated with MST

- Poor psychological and physical health²
 - Greater incidence of substance use and addiction²
 - Higher lifetime rates of PTSD²
 - For benefits and care purposes classified as PTSD due to MST
 - 65% in men and 45.9% in women
 - 38.8% in men following combat exposure
 - Much higher rates of major depressive disorder²
 - Trauma may have many expressions
 - Some people throw themselves into work
 - Others might isolate and cut themselves off
 - Substances are commonly used to mask feelings of pain and shame
 - Others might feel and express excessive anger
 - Someone who has a history of trauma might have exaggerated symptoms
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Post Traumatic Stress Disorder (PTSD)

- Historically speaking also called “Shell Shock” and “Combat Fatigue”
 - How Common is PTSD amongst veterans?
 - Operation Iraqi Freedom (OIF) and Enduring Freedom (OEF) –Between 11-20%³
 - Gulf War (Desert Storm) –Around 12%³
 - Vietnam War –30% of veterans experience PTSD symptoms in their lifetime (840,000)³
 - Between 1 quarter and one third (nearly 1 million ex-service personnel) displayed symptoms of PTSD at one time or another⁴
 - Self medication can lead to other than honorable or dishonorable discharge status
 - (Roughly 16%) Can be a major barrier to getting help⁴
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- Having a really hard time sleeping at night
 - Veterans report having regular intense nightmares
 - Report flashbacks at night and acting out attacks
 - Veterans have reported experiencing night terrors
 - Veterans report feeling hypervigilant
 - Feeling constantly on guard and anxious
 - Feeling extremely sensitive and overwhelmed
 - Having frequent panic attacks
 - Finding crowds and crowded spaces extremely challenging
 - Some veterans have reported having waking flashbacks and blacking out under stress
 - Self medication with alcohol and other drugs is common
 - Can be a major influencer on addiction disorders
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*Some of the
biggest
challenges
that veterans
talk to me
about*





WRITTEN AND PERFORMED BY
VINCENT VARGAS

THE LONG WAY BACK

AN OFFSET FILM



- Military members who face mental health challenges may avoid seeking help
 - Military members face stigmatization for seeking help⁴
 - Prevailing view that psychiatric symptoms indicate weakness of character or cowardice
 - Soldiers needing help avoid it out of embarrassment
 - Seeking help often blocks access to promotions and leadership roles
 - May be a product of being young and uninformed
 - Veterans also report that traumatic events are often covered up
- Military related trauma can lead to a number of mental health issues including addiction disorders
 - Among Afghanistan and Iraq veterans, 63% diagnosed with substance abuse disorders also met criteria for PTSD⁵

Military members may use substances or non-military approved behaviors to cope

VETERAN'S AND ADDICTION

Or, trauma in three acts

JUDGING FROM WHAT I HAD
SEEN IN EUROPE AND SINCE,
THE POWER OF GOD IN HUMAN
AFFAIRS WAS NEGLIGIBLE, THE
BROTHERHOOD OF MAN A
GRIM JEST. IF THERE WAS A
DEVIL, HE SEEMED THE BOSS
UNIVERSAL, AND HE
CERTAINLY HAD ME. *—BILL W, WWI
VETERAN AND FOUNDER OF ALCOHOLICS
ANONYMOUS⁶*


Alcohol Use & The Military

- More than 1 in 10 veterans have been diagnosed with a SUD⁷
- Alcohol abuse is the highest reported substance used by veterans⁷
 - 65% of veterans entering treatment claim alcohol as their DOC
- Military life glorifies and encourages alcohol consumption
 - Many ceremonies and rituals centered around alcohol consumption
 - Drug use can lead to imprisonment and early discharge
- Veterans may mitigate mental health challenges with alcohol
 - Veterans tell me that it helps with sleep disorders and nightmares
 - Can be helpful to veterans suffering with chronic pain
 - Two thirds reporting that they experience pain⁷
 - Nearly 9% of veterans reported experiencing severe pain⁷

Opiates & Veterans

- Opiates have traditionally been heavily prescribed to military service people and veterans
 - Military physicians wrote 3.8 million pain med prescriptions in 2009⁴
 - 40% of service members injured in combat received Opiate prescriptions
 - 25% received for extended period (7% developed SUD)⁷
 - 35% of military members reported using heroin while deployed to Vietnam⁸
 - Only 7% said that they used after returning from deployment⁸
 - In 2010 the DOD and VA issued new guidelines aimed at reducing opioid prescriptions⁷
 - Military and VA prescribers pressured to reduce prescriptions of opioids
 - Addicted service members & vets turned to streets for medications
 - Many reported having turned to heroin as a cheaper alternative
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Trauma and Addiction

- Gabor Maté describes addiction as a result of Trauma⁹
 - My interpretation is that trauma causes neural miswiring
 - Trauma can express itself in many forms
 - Some veterans talk about combat related trauma
 - Many of the veterans I work with have lived through severe childhood trauma
 - BIPOC veterans may have faced race based trauma that expresses itself through addiction
 - LGBTQIA+ veterans may have had uniquely traumatic military experiences
 - It has been important for me to learn that even for veterans, addiction has many roots
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Creating Spaces for Healing

- Create safe spaces for veterans to share pain and explore discomfort
 - Give veteran room to share around their own journey
 - Ask veterans to describe what they want their future to look like
 - Utilize a reflective, non-judgmental approach
 - Lean into discomfort rather than trying to “rescue” a hurting veteran
 - Encourage a veteran to find community
 - 12 Step programs
 - Some have veteran focus
 - Alternative groups like SMART or Dharma
 - Faith based resources like church or temple memberships
 - Groups like NAMI and Folk Time have non-substance focused veteran support groups
 - Taking care of yourself so that you can be there for them
 - Vicarious trauma can be difficult to navigate
 - Important to notice signs of burnout
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*VETERANS
AND
SUICIDE*



Some of the Numbers

- Rates of Suicide amongst male Veterans is 1.5 times higher than the general population¹⁰
 - The rate for 2017 was 2.2 times higher among female Veterans¹⁰
 - Males between the ages of 18 – 34 experienced the highest rates of suicide¹⁰
 - Males 55 and older experienced the highest **counts** of suicide¹⁰
 - 70.7% of male veteran suicides and 43.2% of female Veteran suicide deaths were from firearms¹⁰
 - Veterans are much more likely to own and have experience with firearms.
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Veterans Crisis Line/Chat/Text

- **1-800-273-8255 and Press 1**
- [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net)
- Text to **838255**

VA Suicide Prevention Coordinators

- Each VA Medical Center has a Suicide Prevention Coordinator (SPC) to make sure Veterans receive needed counseling and services.
 - Find your local SPC at [VeteransCrisisLine.net/ResourceLocator](https://www.VeteransCrisisLine.net/ResourceLocator)
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Mental Health

- VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
- For more information on VA Mental Health Services, visit www.mentalhealth.va.gov

Vet Centers

- Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
 - For more information about Vet Centers and to find the Vet Center closest to you, visit www.vetcenter.va.gov
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Make The Connection

- ***MakeTheConnection.net*** is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit [MakeTheConnection.net](https://www.maketheconnection.net) to learn more.
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*NOW IT IS
TIME FOR
YOUR
QUESTIONS!!!*

For more information

- Find tips on choosing a PTSD Therapist
 - <https://www.ptsd.va.gov/gethelp/find%2otherapist.asp>
- National Center for PTSD
 - www.ptsd.va.gov
- DOD Safe Helpline (for current service members)
 - www.safehelpline.org
- VA Facility List
 - www.va.gov
- Make the Connection (stories from survivors)
 - www.maketheconnection.net

References

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⁴"War and Military Mental Health: The US Psychiatric Response in the 20th Century." US National Library of Medicine, National Institutes of Health, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2089086/>.

⁵"Substance Use and Military Life DrugFacts." National Institute on Drug Abuse, National Institutes of Health, <https://www.drugabuse.gov/publications/drugfacts/substance-use-military-life>.

⁶Wilson, B. (1939). *Alcoholics Anonymous*. Alcoholics Anonymous World Services, Inc.

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⁸Robins, Lee, N. "How Permanent Was Vietnam Drug Addiction?" *American Public Health Association*, Davis, Darlene H., Nurco, David N., Vol. 64, December, 1974. *National Institute on Drug Abuse, National Institutes of Health, Alpha Publications* https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.64.12_Suppl.38.

⁹Maté, G. (2010) *In the Realm of Hungry Ghosts*. North Atlantic Books.

¹⁰"2019 National Veteran Suicide Prevention Annual Report." *Office of Mental Health and Suicide Prevention*, U.S. Department of Veterans Affairs, https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf.
