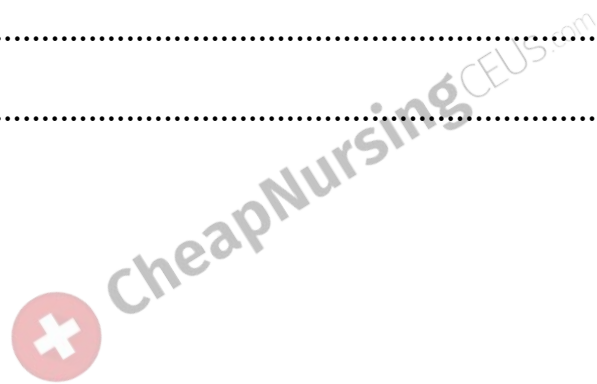


# Mental Health Care for Veterans



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# Introduction

Research presented by the U.S. Department of Veterans Affairs suggests that military veterans may suffer from a variety of mental health conditions. The question is, what types of mental health conditions may affect military veterans, and what should health care professionals consider when assessing military veterans for mental health conditions? This course will answer that very question, while highlighting military veteran care recommendations.

## Section 1: Mental Health Conditions

### Case Study 1

A 32-year-old military veteran, named Ethan, reports to a health care facility with complaints of lower back pain. Ethan reports that he "hurt his back while serving in combat, and it has not been the same since." Ethan goes on to say that his lower back pain "is always there" and feels "throbbing" at times. Ethan also reveals that "sometimes" his lower back pain prevents him from "sleeping through the night." A medication reconciliation reveals that Ethan is prescribed Ambien 10 mg at bedtime. Ethan reports that he often "runs out" of his Ambien because he "uses it more often" than he should.

Additional questioning from a health care professional reveals that Ethan is "feeling detached," and is having trouble remembering events that occurred while on active duty. Ethan explains that he first noted his "memory problems" when a friend pointed them out "a while back." Ethan goes on to say that he tries not to think about his memory problems or his service, and "games" for hours to "take his mind off things." Ethan also reports that he drinks "at least a twelve pack a week," and often "goes out drinking with his friends" to "blow off steam." Ethan then asks the health care professional if he should be on Zoloft or Prozac.

## Case Study 2

A 26-year-old military veteran, named Sam, reports to a health care facility. Upon questioning from a health care professional, Sam reports that he is feeling tense, on edge, stressed, and angry at times. Sam also reports that he is having trouble sleeping due to recurring nightmares. Sam then reports that one particular nightmare keeps him up "most nights." Sam reveals that the nightmare is about him "returning to combat, and fighting a battle that just will not end." Sam goes on to report that he also recently had an "odd experience" that was triggered by ambulance sirens. Sam tells the health care professional that upon hearing the ambulance sirens he felt like he was "transported back to active duty." Sam also reports that avoids some of his "friends occasionally" because they remind him of "some terrible events." Upon further questioning from the health care professional, Sam reports that he does not "currently take any medications." Sam then adds he does eat "two to three edibles a day to take the edge off."

After documenting relevant information, the health care professional asks Sam to complete a Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5). Sam answers Yes to all five questions included on the PC-PTSD-5. After completing the PC-PTSD-5 Sam tells the health care professional that he often feels guilty. Sam goes on to say that he wonders why some of his friends died during combat, and he did not. Sam then tells the health care professional that he often thinks about death, and wonders how long he can continue to "go on like this."

## Case Study 3

Becky, a 29-year-old military veteran, reports to a health care facility. A physical exam reveals that Becky is slightly underweight. Upon questioning from a health care professional, Becky reports that she does not "have much of an appetite," and "at times, does not feel like eating." Becky also reports that she often experiences abdominal pain so she only eats "specific types of food." Additional questioning reveals that Becky often feels "a little down." Becky also reports that

she has trouble sleeping due to nightmares involving a "few incidents" that happened to her during active combat. Becky goes on to say that an individual made "many sexual advances" towards her, and often sent her "nude pictures." Becky also reports that the same individual grabbed her in an "inappropriate manner" a "few times." As Becky continues to discuss her experiences during active combat, the health care professional begins to consider the possibility of military sexual trauma (MST).

The case studies presented above include military veterans that may be suffering from a mental health condition. The question that remains is, what types of mental health conditions may affect military veterans, and what should health care professionals consider when assessing military veterans for mental health conditions? This section of the course will answer that very question. The information found within this section of the course was derived from materials provided by the National Institute of Mental Health unless, otherwise, specified (National Institute of Mental Health, 2022).

## **Who is considered to be a military veteran?**

The term military veteran may refer to any individual who served in the armed forces (e.g., U.S. army).

## **What is a mental health condition?**

The term mental health condition may refer to a condition that affects mood, thinking, behavior, and daily functioning.

## **What are the risk factors for mental health conditions among military veterans?**

- **Trauma** - the trauma associated with military combat may lead to a mental health condition. Trauma may refer to an emotional response to an event and/or a traumatic event. Health care professionals should note the

following signs/symptoms of trauma: mood swings, flashbacks, and social isolation.

- **Military sexual trauma (MST)** - military sexual trauma (MST) may lead to a mental health condition (note: military sexual trauma [MST] may refer to sexual assault, sexual harassment, and/or sexual abuse experienced during military service; MST can affect individuals of all genders, ages, sexual orientations, racial, and ethnic backgrounds, and branches of service) (U.S. Department of Veterans Affairs, 2023). Health care professionals should note the following examples of MST: being pressured or coerced into sexual activities; being pressured or coerced into posing for nude pictures; sexual contact or activities without consent; being overpowered or physically forced to have sex; being touched or grabbed in a sexual way; comments about sexual threatening activities; unwanted threatening sexual advances (U.S. Department of Veterans Affairs, 2023).
- **Traumatic event** - a traumatic event (e.g., the death of a fellow soldier) may lead to a mental health condition. The term traumatic event may refer to an event, or series of events, that cause a moderate to severe stress reaction.
- **Stress** - the stress or continued stress of military service can lead to a mental health condition. Stress may refer to a factor that causes emotional, physical, or psychological tension. Health care professionals should note the following signs/symptoms of stress: disbelief and shock; tension and irritability; fear and anxiety about the future; difficulty making decisions; feeling numb; sadness and other symptoms of depression; loss of interest in normal activities; loss of appetite; nightmares and recurring thoughts about an event; anger; increased use of alcohol and drugs; feeling powerless; crying; sleep problems; headaches; back pains; stomach problems; trouble concentrating (CDC, 2023).



- **Grief** - grief, such as the grief resulting from the death of a fellow soldier or military veteran, may lead to a mental health condition. Grief may refer to deep sorrow and/or distress that is caused by a traumatic event. Health care professionals should note the following signs/symptoms of grief: feeling angry; being unable to concentrate or focus; nightmares or intrusive thoughts; feeling deep loneliness; feeling distrustful of others; feeling unable to maintain regular activities or fulfill responsibilities; feeling bitterness about life (CDC, 2022).
- **Traumatic brain injury (TBI)** - a traumatic brain (e.g., an injury to the head resulting from combat) may lead to a mental health condition. The term traumatic brain injury (TBI) may refer to damage to the brain that is typically caused by sudden trauma (CDC, 2022). Health care professionals should note the following signs/symptoms of a TBI: dizziness; balance problems; headaches; nausea; vomiting; vision problems; sensitivity to light; sensitivity to noise; fatigue; drowsiness; problems with attention and/or concentration; feeling foggy and/or groggy; problems with short- or long-term memory; trouble thinking clearly; anxiety; nervousness; irritability; easily angered; heightened emotional reactions; feelings of depression; trouble falling asleep; sleeping less than usual; sleeping more than usual (CDC, 2022).
- **Abuse** - abuse while serving in combat (e.g., abuse from a fellow soldier) may lead to a mental health condition. Abuse may refer to any act that intentionally harms or injures another individual. Health care professionals should note the following forms of abuse: physical abuse, verbal/emotional abuse, psychological abuse, sexual abuse, and financial exploitation/abuse (CDC, 2021).
- **Alcohol abuse** - alcohol abuse can lead to a mental health condition. Health care professionals should note the following signs/symptoms of alcohol abuse: frequent intoxication; frequent blackouts related to alcohol



consumption; alcohol cravings; shakiness; impaired coordination; mood swings; anger; aggression; hostility; compulsive behavior; risk taking (CDC, 2022).

- **Drug abuse** - drug abuse can lead to a mental health condition. Health care professionals should note the following signs/symptoms of drug abuse: bloodshot eyes; pupils larger or smaller than usual; changes in appetite, sleep patterns, physical appearance; unusual smells on breath, body, or clothing; impaired coordination; drop in attendance and performance at work or school; engaging in secretive or suspicious behaviors (e.g., avoiding specific individuals); sudden change in friends; unexplained change in personality; unexplained change in attitude; sudden mood swings; angry outbursts; fearful, anxious, and/or paranoid; risk taking (e.g., engaging in unprotected sex); neglecting responsibilities (Department of Mental Health and Substance Abuse Services, 2023).
- **Sleep deprivation** - sleep deprivation may lead to a mental health condition. Sleep deprivation may refer to a lack of sufficient sleep (i.e., an individual does not get enough sleep). Health care professionals should note the following signs/symptoms of sleep deprivation: daytime tiredness; daytime fatigue; decreased energy; trouble concentrating; trouble focusing; mood swings.

## **What are the signs that may indicate a military veteran is suffering from a mental health condition?**

The signs that a military veteran may be suffering from a mental health condition include the following:

- Anhedonia (note: anhedonia may refer to a loss of interest in previously enjoyable activities)
- Depressed mood

- Extreme mood changes
- Excessive anxiety
- Anger outbursts
- Irritability
- Aggression towards others
- Hostility towards others
- Trouble concentrating
- Trouble focusing
- Difficulty perceiving reality
- Social isolation
- An inability to maintain relationships
- Self neglect
- Substance abuse
- Frequent headaches
- Muscle tension
- Changes in sleeping habits
- Changes in eating habits
- Changes in sex drive
- Changes in weight
- Changes in school performance



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- Changes in work performance
- Inability to carry out daily activities
- Talking about suicide

## What are the mental health conditions that may affect military veterans?

### *Post-traumatic stress disorder (PTSD)*

- PTSD may refer to a psychiatric disorder characterized by intense physical and emotional responses to thoughts and reminders of a traumatic event(s) (e.g., the death of a loved one).
- The risk factors associated with PTSD include the following: experienced a traumatic event; witnessed a traumatic event; a close family member or friend experiences a traumatic event; social isolation after a traumatic event; the sudden, unexpected death of a loved one; history of mental illness; history of substance abuse; stress; prolonged periods of unrelenting stress; consistent feelings of horror or extreme fear; consistent feelings of helplessness.
- PTSD may lead to re-experiencing symptoms, avoidance symptoms, arousal and reactivity symptoms, and cognition and mood symptoms.
- **Re-experiencing symptoms** - re-experiencing symptoms may refer to symptoms that force or trigger a person to re-experience a traumatic event. Re-experiencing symptoms include the following: nightmares; fearful thoughts; guilty thoughts; flashbacks (note: the term flashback may refer to the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds).

- **Avoidance symptoms** - avoidance symptoms may refer to symptoms that force an individual to alter his or her daily routines. Avoidance symptoms include the following: avoids thoughts related to a traumatic event; avoids feelings related to a traumatic event; avoids individuals related to a traumatic event; avoids places, events, or objects related to a traumatic event.
- **Arousal and reactivity symptoms** - arousal and reactivity symptoms may refer to symptoms that cause long-term feelings of rage, anger, and stress. Arousal and reactivity symptoms include the following: rage; anger; anger outbursts; feeling stressed; feeling tense; feeling on edge; easily startled; problems sleeping.
- **Cognition and mood symptoms** - cognition and mood symptoms may refer to symptoms that impact an individual's ability to think, reason, apply logic, and perceive reality that are not related to injury or substance use. Cognition and mood symptoms include the following: forgetfulness; inability to remember important aspects of a traumatic event; negative and distorted thoughts about oneself and others; negative and distorted thoughts about feelings and emotions; negative and distorted thoughts about reality; anhedonia.

### ***Dissociative amnesia***

- Dissociative amnesia may refer to a condition characterized by problems remembering important information about one's self (National Alliance on Mental Illness, 2023).
- The risk factors associated with dissociative amnesia include the following: trauma, experiencing a traumatic event, military combat, and abuse (National Alliance on Mental Illness, 2023).

- The onset for an amnesic episode associated with dissociative amnesia is typically sudden, and can last for minutes, hours, days, months, or years (National Alliance on Mental Illness, 2023).
- The signs/symptoms associated with dissociative amnesia include the following: memory loss; a sense of being detached from one's self; a sense of being detached from emotions; a distorted perception of reality (National Alliance on Mental Illness, 2023).

### ***Depression***

- A depressive disorder may refer to a mental health disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life.
- The risk factors associated with a depressive disorder include the following: family history, unresolved grief, and trauma.
- One of the most common forms or types of depressive disorders is major depressive disorder.
- Major depressive disorder may refer to a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The signs/symptoms associated with major depressive disorder include the following: depressed mood, anhedonia, appetite changes, weight changes, sleep difficulties, psychomotor agitation or retardation, fatigue or loss of energy, diminished ability to think or concentrate, feelings of worthlessness or excessive guilt, and suicidality.

## **Anxiety**

- An anxiety disorder may refer to a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (note: in regards to an anxiety disorder, excessive worry may refer to worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation).
- The risk factors associated with an anxiety disorder include the following: family history, stress, and trauma.
- One of the most common forms or types of anxiety disorders is generalized anxiety disorder.
- Generalized anxiety disorder may refer to a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least six months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Signs/symptoms of a generalized anxiety disorder include the following: excessive anxiety, excessive worry, restlessness, persistent feelings of being keyed up or on edge, easily fatigued, difficulty concentrating, mind feeling blank at times (mind going blank), irritability, muscle tension, and sleep difficulties.

## ***Obsessive-compulsive disorder (OCD)***

- Obsessive-compulsive disorder (OCD) may refer to a mental health condition characterized by uncontrollable, reoccurring thoughts

("obsessions") and/or behaviors ("compulsions") that may repeat over and over.

- Military veterans with OCD may appear to be obsessive and/or compulsive; military veterans with OCD may have trouble maintaining relationships.
- Military veterans with OCD may attempt to avoid situations or individuals that trigger their obsessions and/or compulsions.
- Risk factors associated with OCD include the following: genetics, environmental factors, and brain structure.
- The signs/symptoms of OCD include the following: obsessions (e.g., aggressive thoughts towards other residents; everything must be symmetrical); compulsions (e.g., excessive cleaning); performing rituals (e.g., tapping a light switch three times before turning it off); doesn't get pleasure when performing rituals.

### ***Bipolar disorder***

- Bipolar disorder may refer to a mental health condition characterized by unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks.
- There are three types of bipolar disorder (e.g., bipolar I disorder, bipolar II disorder, and cyclothymic disorder); all three types of bipolar disorder involve clear changes in mood, energy, and activity levels (note: cyclothymic disorder is defined by recurrent hypomanic and depressive episodes; the term hypomanic episode may refer to a less severe manic episode).
- Risk factors associated with bipolar disorder include the following: genetics, environmental factors, and brain structure.
- The signs/symptoms of bipolar disorder include the following: feeling very up, high, elated, or extremely irritable or touchy; feeling jumpy; decreased



need for sleep; fast speech; restlessness; over indulgence in pleasurable activities (e.g., eating too much); feeling down; feeling anxious; trouble concentrating or making decisions; lack of interest in almost all activities.

## ***Schizophrenia***

- Schizophrenia may refer to a mental health condition that affects how an individual thinks, feels, behaves, and perceives reality.
- Military veterans with schizophrenia may seem like they lost touch with reality.
- Risk factors associated with schizophrenia include the following: genetics, environmental factors, and brain structure.
- The symptoms of schizophrenia can make it difficult for patients to participate in usual, everyday activities.
- The signs/symptoms of schizophrenia include the following: hallucinations; delusions; illogical thinking and speech; abnormal body movements (e.g., repeating the same movement); trouble anticipating and feeling pleasure in everyday life; low energy; trouble processing information to make decisions; trouble using information immediately after learning it; trouble focusing; trouble paying attention.

## ***Anorexia nervosa***

- Anorexia nervosa may refer to a condition characterized by the following: avoiding food, restricting food, eating small quantities of only certain foods, and repeatedly checking one's weight.
- Military veterans with anorexia nervosa may see themselves as overweight when they are underweight.
- Anorexia nervosa can be fatal.

- Risk factors associated with anorexia nervosa include the following: genetics, environmental factors, and weight stigma.
- The signs/symptoms associated with anorexia nervosa include the following: extremely restricted eating; emaciation (note: emaciation may refer to extreme thinness); a relentless pursuit of thinness; reluctance to keep a normal or healthy weight; phobia of gaining weight; distorted self-esteem; denial about low body weight; thinning of the bones; mild anemia; muscle wasting; fragile hair and nails; dry and yellowish skin; the growth of fine hair all over the body; irregular bowel movement; low blood pressure; hindered breathing, slowed pulse; damage to the structure and function of the heart; brain damage; multiple-organ failure; drop in internal body temperature; lethargy, sluggishness, or feeling tired all the time; weakness; infertility.
- Restrictive anorexia nervosa is a subtype of anorexia nervosa; individuals with restrictive anorexia nervosa typically severely limit the amount and type of food they consume.
- Binge-purge anorexia nervosa is a subtype of anorexia nervosa; individuals with binge-purge anorexia nervosa typically severely limit the type and amount of food consumption; they may also have binge-eating and purging episodes characterized by eating large quantities of food in a short amount of time subsequently leading to vomiting to get rid of what was consumed. Laxatives or diuretics are also used to help get rid of what was just consumed.

### ***Avoidant restrictive food intake disorder (ARFID)***

- Avoidant restrictive food intake disorder (ARFID) may refer to a condition characterized by the limitation of the amount and/or type of food eaten.

- Unlike with anorexia nervosa, individuals with ARFID do not have a fear of gaining weight or a distorted body image.
- The signs/symptoms associated with ARFID include the following: restriction of the types or amount of food eaten; lack of appetite; lack of interest in food; rapid loss of weight; stomachache, abdominal pain, or other gastrointestinal issues; limiting the types of foods to eat (e.g., picky eating).

### ***Bulimia nervosa***

- Bulimia nervosa may refer to a condition characterized by recurrent and frequent episodes of binge-eating followed by behaviors that compensates for binge-eating, such as: vomiting, use of laxatives, use of diuretics, fasting, excessive exercise, or a combination of the aforementioned behaviors (note: binge-eating may refer to eating large amounts of food while feeling a lack of self-control).
- Military veterans with bulimia nervosa may be slightly underweight, normal weight, or over overweight.
- Risk factors for bulimia nervosa include the following: genetics, environmental factors, and weight stigma.
- The signs/symptoms associated with bulimia nervosa include the following: chronically inflamed and/or sore throat; swollen salivary glands in the neck and jaw area; worn tooth enamel and increasingly sensitive and decaying teeth as a result of exposure to stomach acid; acid reflux disorder; intestinal distress and/or irritation from laxative abuse; dehydration from purging of fluids; electrolyte imbalance (e.g., too low or too high levels of sodium, calcium, potassium, and other minerals).

## ***Binge-eating disorder***

- Binge-eating disorder may refer to a condition characterized by a loss of control over eating with recurrent episodes of binge-eating.
- Unlike with bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting.
- Individuals with binge-eating disorder are often overweight or obese.
- Binge-eating disorder is the most common eating disorder in the U.S.
- Risk factors for binge-eating disorder include the following: genetics, environmental factors, stress, and weight stigma.
- The signs/symptoms associated with binge-eating disorder include the following: eating when full or not hungry; eating fast during binge episodes; eating until one is uncomfortably full; eating in secret to avoid embarrassment; feeling distressed, ashamed, or guilty about eating; frequently dieting, with or without weight loss.

## **How may military veterans present with symptoms of mental health conditions?**

- Military veterans may present with a variety of symptoms (e.g., excessive anxiety; anhedonia; anger outbursts; irritability). Also, military veterans may use different language or wording to describe their symptoms or specific mental health condition. When evaluating military veterans for mental health conditions, health care professionals should note any patient language that may describe symptoms of mental health conditions. Examples of the type of language/wording patients may use to describe their symptoms may be found below.
  - I am irritable.

- I feel angry all of the time.
- I am on edge.
- I had a flashback.
- I feel guilty.
- I cannot sleep.
- I cannot sleep because I am having nightmares.
- I cannot concentrate.
- I cannot focus.
- I feel detached.
- I feel depressed.
- I am not sure what is wrong with me. I feel depressed all of the time.
- I feel low.
- I am in a dark place.
- All I want to do is sleep.
- I am anxious.
- I am worrying about everything.
- I have racing thoughts.
- My mind goes blank at times.
- I am tense.
- I am having mood swings.

- Sometimes I feel full of energy, other times I feel very low.
- I lost my appetite.
- I do not feel like eating.

## **What are the assessment tools that may be used to help identify a military veteran with a mental health condition?**

The assessment tools that may be used to help identify a military veteran suffering from a mental health condition include the following: Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder Scale (GAD-7), and the Mental Health Screening Form-III (MHSF-III). Specific information regarding the aforementioned assessment tools may be found below. The information found below was derived from materials provided by Psych-Mental unless, otherwise, specified (Psych-Mental, 2022).

- **The Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5)** - the PC-PTSD-5 is a 5-item screen that was designed to identify patients with probable PTSD in primary care settings; the measure begins with an item which assesses lifetime exposure to traumatic events; if a patient denies exposure, the PC-PTSD-5 is complete with a score of 0; however, if a patient indicates that he or she had any type of lifetime exposure to trauma, the patient is instructed to respond to five additional yes or no questions about how that trauma exposure affected him or her over the past month (U.S. Department of Veterans Affairs, 2023). The five questions from the PC-PTSD-5 may be found below (U.S. Department of Veterans Affairs, 2023).
  - In the past month, have you had nightmares about the event(s) or thought about the event(s) when you did not want to?
  - In the past month, have you tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

- In the past month, have you been constantly on guard, watchful, or easily startled?
  - In the past month, have you felt numb or detached from people, activities, or your surroundings?
  - In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
- **Patient Health Questionnaire (PHQ-9)** - the PHQ-9 is a tool that can help identify patients suffering from depression. The PHQ-9 instructs patients to select the best answer for each of the questions found below (note: the PHQ-9 provides the following options for patients to select from when answering the questions: not at all; several days; more than half the days; nearly every day).
    - Over the last two weeks, how often have you been bothered by any of the following problems: little interest or pleasure in doing things?
    - Over the last two weeks, how often have you been bothered by any of the following problems: feeling down, depressed or hopeless?
    - Over the last two weeks, how often have you been bothered by any of the following problems: trouble falling or staying asleep, or sleeping too much?
    - Over the last two weeks, how often have you been bothered by any of the following problems: feeling tired or having little energy?
    - Over the last two weeks, how often have you been bothered by any of the following problems: poor appetite or overeating?



- Over the last two weeks, how often have you been bothered by any of the following problems: feeling bad about yourself, or that you are a failure or have let yourself or your family down?
- **Generalized Anxiety Disorder Scale (GAD-7)** - the GAD-7 is a tool that can help identify patients suffering from anxiety. The GAD-7 instructs patients to select the best answer for each of the questions found below (note: the GAD-7 provides the following options for patients to select from when answering the questions: not at all; several days; more than half the days; nearly every day).
  - Over the last two weeks, how often have you been bothered by any of the following problems: feeling nervous, anxious, or on edge?
  - Over the last two weeks, how often have you been bothered by any of the following problems: not being able to stop or control worrying?
  - Over the last two weeks, how often have you been bothered by any of the following problems: worrying too much about different things?
  - Over the last two weeks, how often have you been bothered by any of the following problems: trouble relaxing?
  - Over the last two weeks, how often have you been bothered by any of the following problems: being so restless that it's hard to sit still?
  - Over the last two weeks, how often have you been bothered by any of the following problems: becoming easily annoyed or irritable?
  - Over the last two weeks, how often have you been bothered by any of the following problems: feeling afraid as if something awful might happen?

- **Mental Health Screening Form-III (MHSF-III)** - the MHSF-III is a tool that can help identify patients suffering from mental health conditions. The MHSF-III instructs patients to answer the yes or no questions found below.
  - Have you ever talked to mental health professional about an emotional problem? Mental health professionals can include psychiatrist, psychologist, therapist, social worker, or counselor
  - Has anyone ever suggested that you get help for your emotional problems or felt yourself that you should seek help?
  - Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?
  - Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?
  - Have you ever heard voices no one else could hear or seen objects or things which others could not see?
  - Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself? Did you ever attempt to kill yourself?
  - Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?
  - Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?

- Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?
- Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior?
- Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner?
- Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up?

## Section 1 Summary

The term mental health condition may refer to a condition that affects mood, thinking, behavior, and daily functioning. Health care professionals should be aware that military veterans may suffer from mental health conditions. Health care professionals should work to identify military veterans with mental health conditions.

## Section 1 Key Concepts

- The signs that a military veteran may be suffering from a mental health condition include the following: anhedonia; depressed mood; extreme mood changes; excessive anxiety; anger outbursts; irritability; aggression towards others; hostility towards others; trouble concentrating; trouble focusing; difficulty perceiving reality; social isolation; an inability to maintain relationships; self neglect; substance abuse; frequent headaches;

muscle tension; changes in sleeping habits; changes in eating habits; changes in sex drive; changes in weight; changes in school performance; changes in work performance; inability to carry out daily activities; talking about suicide.

- The mental health conditions that may affect military veterans include the following: PTSD, dissociative amnesia, depression, anxiety, OCD, bipolar disorder, schizophrenia, anorexia nervosa, ARFID, bulimia nervosa, and binge-eating disorder.
- The assessment tools that may be used to help identify a military veteran with a mental health condition include the following: Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder Scale (GAD-7), and the Mental Health Screening Form-III (MHSF-III).

## Section 1 Key Terms

Military veteran - any individual who served in the armed forces

Mental health condition - a condition that affects mood, thinking, behavior, and daily functioning

Trauma - an emotional response to an event and/or a traumatic event

Military sexual trauma (MST) - sexual assault, sexual harassment, and/or sexual abuse experienced during military service (U.S. Department of Veterans Affairs, 2023)

Traumatic event - an event, or series of events, that causes a moderate to severe stress reaction

Stress - a factor that causes emotional, physical, or psychological tension

Grief - deep sorrow and/or distress that is caused by a traumatic event

Traumatic brain injury (TBI) - damage to the brain that is typically caused by sudden trauma

Abuse - any act that intentionally harms or injures another individual

Sleep deprivation - a lack of sufficient sleep

Anhedonia - a loss of interest in previously enjoyable activities

Post-traumatic stress disorder (PTSD) - a psychiatric disorder characterized by intense physical and emotional responses to thoughts and reminders of a traumatic event(s)

Re-experiencing symptoms - symptoms that force or trigger a person to re-experience a traumatic event

Flashback - the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds

Avoidance symptoms - symptoms that force an individual to alter his or her daily routines

Arousal and reactivity symptoms - symptoms that cause long-term feelings of rage, anger, and stress

Cognition and mood symptoms - symptoms that impact an individual's ability to think, reason, apply logic, and perceive reality that are not related to injury or substance use

Dissociative amnesia - a condition characterized by problems remembering important information about one's self (National Alliance on Mental Illness, 2023)

Depressive disorder - a mental health disorder characterized by a persistent depressed mood and/or anhedonia, which ultimately causes significant interference in daily life

Major depressive disorder - a form of depression that occurs most days of the week for a period of two weeks or longer leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning

Anxiety disorder - a mental health disorder characterized by prolonged periods of persistent, excessive worry about a number of events or activities, which cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Excessive worry (in regards to an anxiety disorder) - worrying when there is no specific reason/threat present or in a manner that is disproportionate to the actual risk of an event, activity, and/or situation

Generalized anxiety disorder - a mental health disorder characterized by excessive anxiety and worry occurring more days than not for at least six months, about a number of events or activities (such as work or school performance), which is difficult to control and leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning

Obsessive-compulsive disorder (OCD) - a mental health condition characterized by uncontrollable, reoccurring thoughts ("obsessions") and/or behaviors ("compulsions") that may repeat over and over

Bipolar disorder - a mental health condition characterized by unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks

Hypomanic episode - a less severe manic episode

Schizophrenia - a mental health condition that affects how an individual thinks, feels, behaves, and perceives reality

Anorexia nervosa - a condition characterized by the following: avoiding food, restricting food, eating small quantities of only certain foods, and repeatedly checking one's weight

Emaciation - extreme thinness

Avoidant restrictive food intake disorder (ARFID) - a condition characterized by the limitation of the amount and/or type of food eaten

Bulimia nervosa - a condition characterized by recurrent and frequent episodes of binge-eating followed by behaviors that compensates for binge-eating, such as: vomiting, use of laxatives, use of diuretics, fasting, excessive exercise, or a combination of the aforementioned behaviors

Binge-eating - eating large amounts of food while feeling a lack of self-control

Binge-eating disorder - a condition characterized by a loss of control over eating with recurrent episodes of binge-eating

## **Section 1 Personal Reflection Question**

How can health care professionals effectively identify a military veteran suffering from a mental health condition?

## **Section 2: Military Veteran Care Recommendations**

This section of the course will highlight military veteran care recommendations. The information found within this section was derived from materials provided by the National Institute of Mental Health unless, otherwise, specified (National Institute of Mental Health, 2022).



## Military Veteran Care Recommendations

- **Acknowledge military veterans** - some military veterans may openly discuss their military service. When patients openly discuss their military service, health care professionals should consider acknowledging military veterans in order to promote communication. Health care professionals can acknowledge military veterans by asking them questions about their service; listening to military veterans as they discuss their service; and expressing empathy or compassion, when applicable.
- **Treat each military veteran like an individual** - each military veteran is an individual, and, therefore, should be treated like an individual. Health care professionals can work towards treating a military veteran like an individual by learning the military veteran's name; personally greeting a military veteran by his or her preferred name; referring to military veterans individually; learning about the military veteran's culture; making an effort to effectively communicate; engaging in eye contact when communicating; and expressing empathy and compassion, when appropriate.
- **Work to identify military veterans that have special needs and/or requirements** - health care professionals should work to identify military veterans that have special needs and/or requirements. Some military veterans may have special needs and/or requirements due to various health conditions and diseases. Health care professionals should work to identify such residents to ensure their needs and requirements (e.g., a specific diet; walking aid) are met.
- **Remain calm when engaging with military veterans with mental health conditions** - health care professionals should remain calm when engaging with military veterans with mental health conditions. Remaining calm can have a positive effect on patients, and may deescalate disturbances that may occur (e.g., a patient acts aggressively toward a health care

professional). Examples of methods health care professionals can use to maintain calm include the following: do not yell or scream; do not speak with an aggressive tone; do not make aggressive hand gestures (e.g., wave a fist at a patient; wave an open hand at a patient); take deep breaths; ask for assistance from other health care professionals if assistance is required; act professionally at all times.

- **Possess insight into the 988 Suicide and Crisis Lifeline** - some military veterans with mental health conditions may require information regarding the 988 Suicide and Crisis Lifeline. Therefore, health care professionals should be familiar with the 988 Suicide and Crisis Lifeline. Specific information regarding the 988 Suicide and Crisis Lifeline may be found below. The information found below was derived from materials provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023).
  - 988 Suicide and Crisis Lifeline offers access to trained crisis counselors available 24/7, who can help individuals experiencing suicidal thoughts, substance use, and/or a mental health crisis, or any other kind of emotional distress.
  - 988 Suicide and Crisis Lifeline - you can call, text, and chat from anyone who needs support for suicidal thoughts, substance use, and/or a mental health crisis.
  - When calling 988, callers will be sent to a voicemail where the call will be routed based on the callers carea code. Then, a trained crisis counselor will answer the phone, listen to callers, obtain information to understand what their problem is, how it is affecting them, offer support and give them resources if needed. If the local crisis center cannot take the call, callers will be routed to a national backup

crisis center. The lifeline crisis center provides these services in English and Spanish and also has a translation service with over 250 additional languages for people who need them in other languages.

- Individuals seeking chat services are provided a pre-chat survey before connecting with a counselor, who identifies the main area of concern.
- When individuals text messages to 988, they are responded to by a group of Lifeline crisis centers that answer both chats and texts; once connected, a crisis counselor listens, works to understand how a problem is affecting the individual, provides support, and shares resources that may be helpful. Health care professionals should note that, currently, texting is available in English only.
- All Lifeline crisis centers adhere to the Lifeline's Imminent Risk Policy - meaning that crisis center staff work through active engagement to provide support and assistance for people at risk in the least restrictive setting possible.
- **Possess insight into the Veterans Crisis Line** - some military veterans with mental health conditions may require information regarding the Veterans Crisis Line. Therefore, health care professionals should be familiar with the Veterans Crisis Line. Specific information regarding the Veterans Crisis Line may be found below. The information found below was derived from materials provided by the Veterans Crisis Line (Veterans Crisis Line, 2023).
  - If a military veteran is experiencing a crisis he or she can contact the Veterans Crisis Line by dialing 988 and then pressing 1.
  - The Veterans Crisis Line is free and available 24/7.
  - The Veterans Crisis Line is confidential.

- After dialing 988 and pressing 1, a qualified responder will answer the military veteran's call.
  - The responder will ask the military veteran questions regarding his or her immediate danger or risk for suicide.
  - If the veteran is in danger, the responder will help the veteran get through the crisis and then connect the veteran with the services he or she needs, either from the local VA medical center or elsewhere; if the veteran decides to share contact information, the suicide prevention coordinator at the nearest VA medical center will contact the veteran by the next business day.
  - If the veteran is in crisis but not at imminent risk for injury or suicide, the responder will listen, offer support, and help the veteran make a plan to stay safe.
  - Finally, the veteran may be connected with his or her local suicide prevention coordinator, who will contact the veteran the next business day for continued support.
  - Veterans can go to [VeteransCrisisLine.net/Chat](https://VeteransCrisisLine.net/Chat) to start their confidential chat.
  - Veterans can also text 838255 for support.
- **Possess insight into resources for military veterans** - health care resources are available to military veterans. Therefore, health care professionals should possess insight into such resources in order to build awareness among military veterans. Specific information on resources available to military veterans may be found below. The information found below was derived from materials provided by the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services, 2022).

- Military OneSource - The Department of Defense provides a free service to all service members and their families which helps with a wide range of issues, including possible mental health problems; to reach Military OneSource, individuals can call 1-800-342-9647 anytime, 24 hours a day, seven days a week.
- The Psychological Health Center of Excellence (PHCoE) - this is another resource for service members and their families which provides consultation and expertise for psychological research. To reach PHCoE individuals can call 1-866-966-1020 anytime, 24 hours a day, seven days a week.
- Traumatic Brain Injury Center of Excellence (TBICoE) - this resource provides traumatic brain injury care for veterans, service members, and their families.
- The United States Department of Veterans (VA) Mental Health - This is a resource that helps connects veterans to mental health service. Health care professionals should note that all mental health care provided by the VA supports recovery; the programs aim to enable patients with mental health problems to reintegrate in their communities and achieve their full potential.
- Vet Centers - community based Vet Centers can provide counseling, outreach, and referral services to eligible military veterans in order to promote health.
- The National Center for Post-Traumatic Stress Disorder - The National Center for Post-Traumatic Stress Disorder's goal is to improve the well-being and understanding of military veterans who experienced traumatic events.

- National Call Center for Homeless Veterans - the National Call Center for Homeless Veterans provides resources to ensure homeless veterans or veterans at risk for homelessness have access to trained counselors 24/7. Health care professionals should note that the National Call Center for Homeless Veterans' goal is to assist homeless veterans, their families, VA medical centers, federal, state and local partners, community agencies, service providers, and others in the community.
- National Resource Directory (NRD) - the NRD connects wounded warriors, service members, veterans, and their families with national, state, and local support programs. Health care professionals should note that the NRD is a partnership among the Departments of Defense, Labor, and Veterans Affairs.
- Moving Forward - Moving Forward is a free, online educational and life coaching program that teaches problem-solving skills to help individuals so they are better able to handle life's challenges. Health care professionals should note that Moving Forward is designed to be especially helpful for veterans, service members and their families.
- **Possess insight into resources for military veterans who experienced MST -** military veterans who experienced MST may require specific resources. Therefore, health care professionals should possess insight into resources for military veterans who experienced MST. One such resource is the Beyond MST Mobile App. Health care professionals should note the following: the Beyond MST Mobile App is a free, secure, and private self-help mobile app created specifically to support the health and well-being of military veterans who experienced MST; the Beyond MST Mobile App has over 30 specialized tools and other features to help MST survivors cope with challenges, manage symptoms, and improve their quality of life; users do not need to create an account or be in treatment to use the app; any

personal information entered in the app is not shared with anyone, including the VA (U.S. Department of Veterans Affairs, 2023).

- **Identify military veterans who may be abusing alcohol and/or drugs** - as previously mentioned, alcohol and drug abuse are risk factors for mental health conditions. Therefore, health care professionals should work to identify military veterans who may be abusing alcohol and/or drugs. Health care professionals can work to identify military veterans who may be abusing alcohol and/or drugs by looking for relevant signs/symptoms, such as: frequent intoxication; frequent blackouts; alcohol cravings; drug cravings; shakiness; impaired coordination; mood swings; anger; aggression; hostility; compulsive behavior; risk taking; sudden mood swings; angry outbursts; fearful, anxious, and/or paranoid behavior; risk taking (e.g., engaging in unprotected sex); neglecting responsibilities (CDC, 2022).
- **Identify military veterans who may be suffering from delirium** - alcohol and drug abuse may lead to delirium (note: delirium may refer to a rapid change in cognition). Therefore, health care professionals should work to identify military veterans who may be suffering from delirium. Health care professionals should note the following signs of delirium: changes in cognition, poor memory, trouble writing, trouble speaking, rambling speech, and not knowing where one is.
- **Identify military veterans who may be suffering from cognitive impairment** - in addition to delirium, health care professionals should work to identify military veterans who may be suffering from cognitive impairment (note: cognitive impairment may refer to impairment characterized by poor memory, and problems with learning and making decisions). Health care professionals should note the following signs of cognitive impairment: memory loss; frequently asking the same question; changes in mood or behavior; trouble exercising judgment.

- **Identify military veterans who may be at risk for suicide** - research presented by the CDC suggests that suicide is one of the leading causes of death for military veterans. Therefore, health care professionals should work to identify military veterans who may be at risk for suicide. Health care professionals should note the following signs a military veteran may be considering suicide: talking about wanting to die; talking about wanting to kill oneself; looking for a way to kill oneself; talking about feeling hopeless or having no reason to live; talking about feeling trapped or in unbearable pain; talking about being a burden to others; increasing the use of alcohol or drugs; acting anxious or agitated; behaving recklessly; sleeping too little or too much withdrawing from others; feeling isolated; showing rage; talking about seeking revenge; displaying extreme mood swings; displaying signs of depression (U.S. Department of Health and Human Services, 2022).
- **Health care administrators and health care professionals should be aware that some military veterans may experience hallucinations and/or delusions** - some military veterans may experience hallucinations and/or delusions due to conditions, such as schizophrenia; hallucinations and/or delusions may, subsequently, lead to irritability, aggression, hostility, and confusion. Health care professionals should acknowledge when a military veteran is experiencing a hallucination or a delusion because health care professionals may have to take steps to ensure the military veteran's safety, other patients safety, and their own safety. Health care professionals should note the following: the term hallucination may refer to a perception of seeing, hearing, touching, tasting, or smelling something that is not present; the term delusion may refer to a belief that is not rooted in reality.
- **Possess insight into the non-pharmacological treatment options that may be used to treat mental health conditions** - health care professionals should possess insight into the following non-pharmacological treatment options that may be used to treat mental health conditions: psychotherapy,



cognitive behavioral therapy, and support groups. Health care administrators should note the following: psychotherapy may refer to a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior; cognitive behavioral therapy may refer to a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior; support groups may refer to a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice.

- **Possess insight into the pharmacological treatment options that may be used to treat mental health conditions** - health care professionals should possess insight into the following pharmacological treatment options that may be used to treat mental health conditions: selective serotonin reuptake inhibitors (SSRIs); benzodiazepines, mood stabilizers, and antipsychotics. Health care professionals should note that some of the most commonly prescribed medications for mental health conditions include: sertraline (Zoloft), fluoxetine (Prozac), citalopram (Celexa), and lorazepam (Ativan).

## Section 2 Summary

Military veteran care recommendations can help health care professionals optimize patient care. Health care professionals may use military veteran treatment recommendations to optimize patient care. Health care professionals can also use such recommendations to develop and update organizational policies and procedures to reflect the specific needs of patients.

## Section 2 Key Concepts

- Military veteran care recommendations can help health care professionals optimize patient/resident care.

## Section 2 Key Terms

Delirium - a rapid change in cognition

Cognitive impairment - impairment characterized by poor memory, and problems with learning and making decisions

Hallucination - a perception of seeing, hearing, touching, tasting, or smelling something that is not present

Delusion - a belief that is not rooted in reality

Psychotherapy - a type of talk therapy that is characterized by the process of helping an individual identify and change troubling emotions, thoughts, and behavior

Cognitive behavioral therapy - a type of psychotherapy that is characterized by the process of helping an individual change negative patterns of thought and behavior

Support group - a group of people, led by a health care professional, that attempt to help each other through sharing, encouragement, comfort, and advice

## Section 2 Personal Reflection Question

How can health care professionals use the above recommendations to safely and effectively care for military veterans?

## Section 3: Case Studies

The case studies at the beginning of the course are presented in this section to review the concepts found within this course. A case study review will follow each case study. Each case study review includes the types of questions health care professionals should ask themselves when engaging with military veterans. Additionally, reflection questions will be posed, within each case study review, to

encourage further internal debate and consideration regarding the presented case study and military veterans. The information found within the case studies and case study reviews was derived from materials provided by the National Institute of Mental Health unless, otherwise, specified (National Institute of Mental Health, 2022).

## **Case Study 1**

A 32-year-old military veteran, named Ethan, reports to a health care facility with complaints of lower back pain. Ethan reports that he "hurt his back while serving in combat, and it has not been the same since." Ethan goes on to say that his lower back pain "is always there" and feels "throbbing" at times. Ethan also reveals that "sometimes" his lower back pain prevents him from "sleeping through the night." A medication reconciliation reveals that Ethan is prescribed Ambien 10 mg at bedtime. Ethan reports that he often "runs out" of his Ambien because he "uses it more often" than he should.

Additional questioning from a health care professional reveals that Ethan is "feeling detached," and is having trouble remembering events that occurred while on active duty. Ethan explains that he first noted his "memory problems" when a friend pointed them out "a while back." Ethan goes on to say that he tries not to think about his memory problems or his service, and "games" for hours to "take his mind off things." Ethan also reports that he drinks "at least a twelve pack a week," and often "goes out drinking with his friends" to "blow off steam." Ethan then asks the health care professional if he should be on Zoloft or Prozac.

## **Case Study 1 Review**

### ***What patient details may be relevant to mental health conditions?***

The following patient details may be relevant to mental health conditions: Ethan is a 32-year-old military veteran; Ethan reports to a health care facility with complaints of lower back pain; Ethan reports that he "hurt his back while serving

in combat, and it has not been the same since;" Ethan goes on to say that his lower back pain "is always there" and feels "throbbing" at times; Ethan reveals that "sometimes" his lower back pain prevents him from "sleeping through the night;" a medication reconciliation reveals that Ethan is prescribed Ambien 10 mg at bedtime; Ethan reports that he often "runs out" of his Ambien because he "uses it more often" than he should; Ethan reports he is "feeling detached," and is having trouble remembering events that occurred while on active duty; Ethan explains that he first noticed his "memory problems" when a friend pointed them out "a while back;" Ethan goes on to say that he tries not to think about his memory problems or his service, and "games" for hours to "take his mind off things;" Ethan reports that he drinks "at least a twelve pack a week," and often "goes out drinking with his friends" to "blow off steam;" Ethan asks the health care professional if he should be on Zoloft or Prozac.

*Are there any other patient details that may be relevant to mental health conditions?*

***How are each of the aforementioned patient details relevant to mental health conditions?***

Each of the previously highlighted patient details may be relevant to mental health conditions. The potential relevance of each patient detail may be found below.

Ethan is a 32-year-old military veteran - the previous patient detail is relevant because it provides context for the patient's assessment and potential treatment.

Ethan reports to a health care facility with complaints of lower back pain; Ethan reports that he "hurt his back while serving in combat, and it has not been the same since;" Ethan reveals that "sometimes" his lower back pain prevents him from "sleeping through the night" - the previous patient details are relevant because they provide context for the patient's assessment and potential treatment. The previous patient details are also relevant because military veterans

may suffer from chronic pain. Health care professionals should note that chronic pain may refer to pain that lasts longer than 12 weeks.

A medication reconciliation reveals that Ethan is prescribed Ambien 10 mg at bedtime - the previous patient detail is relevant because it provides context for the patient's assessment and potential treatment. Health care professionals should consider conducting medication reconciliations when assessing patients (note: the term medication reconciliation may refer to a process of comparing the medications an individual is taking [or should be taking] with newly ordered medications) (Joint Commission, 2023). Health care professionals should also possess insight into Ambien, which is a common medication used in sleep management. Specific information regarding Ambien may be found below. The information found below was derived from materials provided by the National Library of Medicine (National Library of Medicine, 2023).

## **Ambien**

- *Medication notes* - Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. A typical adult dose of Ambien is 5 - 10 mg once daily immediately before bedtime. The most common adverse reactions associated with Ambien include the following: drowsiness, dizziness, and diarrhea.
- *Safety notes* - contraindications associated with Ambien include hypersensitivity to zolpidem or to any of the inactive ingredients in the formulation. Warnings and precautions associated with Ambien include the following: severe anaphylactic and anaphylactoid reactions may be possible; use if insomnia persists after 7 to 10 days; abnormal thinking and behavioral changes may be possible; abnormal thinking, behavioral changes, and complex behaviors may include “sleep-driving” and hallucinations; immediately evaluate any new onset behavioral changes; worsening of depression or, suicidal thinking may occur; withdrawal symptoms may occur

with rapid dose reduction or discontinuation; use can impair alertness and motor coordination; dose reductions may be needed due to addictive effects; do not use with alcohol.

- *Considerations for special patient populations* - a lower dose of Ambien is recommended for older adult patients due to the potential for impaired motor function, cognitive performance, and increased sensitivity (note: the term older adult may refer to an individual 65 years or older).

Ethan reports that he often "runs out" of his Ambien because he "uses it more often" than he should - the previous patient detail is relevant because it may be an indication of misuse of prescription drugs (note: misuse of prescription drugs may refer to the action of taking a medication in a manner or dose other than prescribed; using another individual's prescription medication; or taking a medication to feel euphoria [e.g., to get high]) (National Institute on Drug Abuse, 2020). Health care professionals should note the following classes of medications that are most commonly misused: opioids, central nervous system (CNS) depressants (e.g., tranquilizers, sedatives, and hypnotics), and stimulants (National Institute on Drug Abuse, 2020).

Ethan reports he is "feeling detached," and is having trouble remembering events that occurred while on active duty; Ethan explains that he first noticed his "memory problems" when a friend pointed them out "a while back" - the previous patient details are relevant because they are signs/symptoms of dissociative amnesia. Health care professionals should note the following signs/symptoms associated with dissociative amnesia: memory loss; a sense of being detached from one's self; a sense of being detached from emotions; a distorted perception of reality (National Alliance on Mental Illness, 2023).

Ethan goes on to say that he tries not to think about his memory problems or his service, and "games" for hours to "take his mind off things" - the previous patient detail is relevant to the patient's overall care. Health care professionals should

note that some military veterans may over indulge in activities such a gaming to occupy their attention and thoughts (note: the term games [otherwise referred to as gaming] may refer to the act of playing an electronic video game). Health care professionals should be aware of such activities, and how they are affecting patients' mental health. .

Ethan reports that he drinks "at least a twelve pack a week," and often "goes out drinking with his friends" to "blow off steam" - the previous patient detail is relevant because alcohol abuse is a risk factor for mental health conditions.

Ethan asks the health care professional if he should be on Zoloft or Prozac - the previous patient detail is relevant to patient education. Health care professionals should look for opportunities to provide patient education, when applicable. Health care professionals should also possess insight into Zoloft and Prozac, which are common medications used to treat mental health conditions. Specific information regarding Zoloft and Prozac may be found below. The information found below was derived from materials provided by the National Library of Medicine (National Library of Medicine, 2023).

## Zoloft

- *Medication notes* - Zoloft is a selective serotonin reuptake inhibitor (SSRI) indicated for the treatment of major depressive disorder (MDD), obsessive-compulsive disorder (OCD), panic disorder (PD), post-traumatic stress disorder (PTSD), social anxiety disorder (SAD), and premenstrual dysphoric disorder (PMDD). A typically adult starting dose for Zoloft treatment is 25 mg daily. Zoloft should be administered once daily, either in the morning or evening. The most common adverse reactions associated with Zoloft include the following: nausea, diarrhea/loose stool, tremor, dyspepsia, decreased appetite, hyperhidrosis, ejaculation failure, and decreased libido.
- *Safety notes* - contraindications associated with Zoloft include: hypersensitivity to Zoloft or any of the inactive ingredients in Zoloft;

concomitant use in patients taking MAOIs; concomitant use in patients taking pimozide; Zoloft oral concentrate is contraindicated with disulfiram (Antabuse) due to the alcohol content of the concentrate. Warnings and precautions associated with Zoloft include the following: antidepressants increase the risk of suicidal thoughts and behaviors in pediatric and young adult patients, closely monitor for clinical worsening and emergence of suicidal thoughts and behaviors; mental health may change in unexpected ways when taking Zoloft or other antidepressants even if individuals are over 24 years of age; individuals may become suicidal, especially at the beginning of treatment and any time that doses are increased or decreased; individuals should call a doctor right away if they experience any of the following symptoms: new or worsening depression; thinking about harming or killing yourself, or planning or trying to do so; extreme worry; agitation; panic attacks; difficulty falling asleep or staying asleep; aggressive behavior; irritability; acting without thinking; severe restlessness; and frenzied abnormal excitement; increased risk of serotonin syndrome when co-administered with other serotonergic agents; increased risk of bleeding when used with aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), other antiplatelet drugs, warfarin, and other anticoagulants may increase risk; screen patients for bipolar disorder due to activation of mania/hypomania; use with caution in patients with seizure disorders and avoid use of antidepressants, including Zoloft, in patients with untreated anatomically narrow angles.

- *Considerations for special patient populations* - the use of Zoloft in patients with liver disease should be approached with caution.

## **Prozac**

- *Medication notes* - Prozac is a SSRI indicated for acute and maintenance treatment of major depressive disorder (MDD); acute and maintenance treatment of obsessive compulsive disorder (OCD); acute treatment of



panic disorder, with or without agoraphobia. A typical adult starting dose for Prozac is 20 mg daily. The most common adverse reactions associated with Prozac include the following: nausea, diarrhea, tremor, dry mouth, sweating, headaches, dizziness, and weakness.

- *Safety notes* - contraindications associated with Prozac include: hypersensitivity to Prozac or any of the inactive ingredients in Prozac; concurrent use of (monoamine oxidase inhibitors) MAOIs intended to treat psychiatric disorders with Prozac or within five weeks of stopping treatment with Prozac; do not use Prozac within 14 days of stopping an MAOI intended to treat psychiatric disorders; do not start Prozac in a patient who is being treated with linezolid or intravenous methylene blue; do not use Prozac with pimozide or thioridazine; do not use thioridazine within five weeks of discontinuing Prozac. Warnings and precautions associated with Prozac include the following: increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants; monitor for worsening and emergence of suicidal thoughts and behaviors; mental health may change in unexpected ways when taking Prozac or other antidepressants even if individuals are over 24 years of age; individuals may become suicidal, especially at the beginning of treatment and any time that doses are increased or decreased; individuals should call a doctor right away if they experience any of the following symptoms: new or worsening depression; thinking about harming or killing one's self, or planning or trying to do so; extreme worry; agitation; panic attacks; difficulty falling asleep or staying asleep; aggressive behavior; irritability; acting without thinking; severe restlessness; and frenzied abnormal excitement.
- *Considerations for special patient populations* - lower or less frequent dosing may be appropriate in patients with cirrhosis. Prozac should only be used during pregnancy if the potential benefit justifies the potential risks to the fetus. Breastfeeding is not recommended.

*What other ways, if any, are the patient details relevant to mental health conditions?*

***Is it possible that Ethan is suffering from a mental health condition?***

Based on the information presented in Case Study 1, it may be possible that Ethan is suffering from a mental health condition, specifically dissociative amnesia.

*How can health care professionals gather additional patient information to help confirm the possible presence of a mental health condition?*

## **Case Study 2**

A 26-year-old military veteran, named Sam, reports to a health care facility. Upon questioning from a health care professional, Sam reports that he is feeling tense, on edge, stressed, and angry at times. Sam also reports that he is having trouble sleeping due to recurring nightmares. Sam then reports that one particular nightmare keeps him up "most nights." Sam reveals that the nightmare is about him "returning to combat, and fighting a battle that just will not end." Sam goes on to report that he also recently had an "odd experience" that was triggered by ambulance sirens. Sam tells the health care professional that upon hearing the ambulance sirens he felt like he was "transported back to active duty." Sam also reports that avoids some of his "friends occasionally" because they remind him of "some terrible events." Upon further questioning from the health care professional, Sam reports that he does not "currently take any medications." Sam then adds he does eat "two to three edibles a day to take the edge off."

After documenting relevant information, the health care professional asks Sam to complete a Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5). Sam answers Yes to all five questions included on the PC-PTSD-5. After completing the PC-PTSD-5 Sam tells the health care professional that he often feels guilty. Sam goes on to say that he wonders why some of his friends died during combat, and he did not. Sam then

tells the health care professional that he often thinks about death, and wonders how long he can continue to "go on like this."

## **Case Study 2 Review**

### ***What patient details may be relevant to mental health conditions?***

The following patient details may be relevant to mental health conditions: Sam is a 26-year-old military veteran; Sam reports that he is feeling tense, on edge, stressed, and angry at times; Sam reports that he is having trouble sleeping due to recurring nightmares; Sam reports that he recently had an "odd experience" that was triggered by ambulance sirens; Sam tells the health care professional that when he heard ambulance sirens he felt like he was "transported back to active duty;" Sam reports that he avoids some of his "friends occasionally" because they remind him of "some terrible events;" Sam reports that he eats "two to three edibles a day to take the edge off;" the health care professional asks Sam to complete a Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5); Sam answers Yes to all five questions included on the PC-PTSD-5; Sam reports that he feels guilty; Sam tells the health care professional that he often thinks about death, and wonders how long he can continue to "go on like this."

*Are there any other patient details that may be relevant to mental health conditions?*

### ***How are each of the aforementioned patient details relevant to mental health conditions?***

Each of the previously highlighted patient details may be relevant to mental health conditions. The potential relevance of each patient detail may be found below.

Sam is a 26-year-old military veteran - the previous patient detail is relevant because it provides context for the patient's assessment and potential treatment.

Sam reports that he is feeling tense, on edge, stressed, and angry at times - the previous patient details are relevant because they are signs/symptoms of post-traumatic stress disorder (PTSD).

Sam reports that he is having trouble sleeping due to reoccurring nightmares - the previous patient detail is relevant because it is a sign/symptom of PTSD.

Sam reports that he recently had an "odd experience" that was triggered by ambulance sirens; Sam tells the health care professional that when he heard ambulance sirens he felt like he was "transported back to active duty" - the previous patient details are relevant because they describe a potential flashback. Health care professionals should note the following: a flashback may refer to the re-emergence of memories associated with a traumatic event that manifest a collection of overwhelming sensations, such as emotionally disturbing images and sounds; a flashback is a re-experiencing symptom of PTSD; military veterans may experience flashbacks that result in disturbing images and sounds of combat.

Sam reports that he avoids some of his "friends occasionally" because they remind him of "some terrible events" - the previous patient detail is relevant because it is a symptom of PTSD.

Sam reports that he eats "two to three edibles a day to take the edge off" - the previous patient detail is relevant to the patient's potential treatment. Health care professionals should note that the term edible may refer to a food product infused with or containing marijuana. Health care professionals should note the following: military veterans may choose to consume marijuana products as a means to self-medicate; health care professionals should be aware of patients' marijuana use when prescribing medications to treat mental health conditions.

The health care professional asks Sam to complete a Primary Care PTSD Screen for DSM-5 (PC-PTSD-5); Sam answers Yes to all five questions included on the PC-PTSD-5 - the previous patient detail is relevant to the patient's assessment. Health care professionals may use assessment tools, such as the PC-PTSD-5, to help

identify a military veteran suffering from a mental health condition. Health care professionals should score such tools and document relevant information to help with the diagnostic process.

Sam reports that he feels guilty - the previous patient detail is relevant because it is a sign/symptom of PTSD.

Sam tells the health care professional that he often thinks about death, and wonders how long he can continue to "go on like this" - the previous patient detail is relevant to the patient's suicide risk. Health care professionals should note any patient language or wording that may indicate suicidal ideation (note: suicidal ideation may refer to thoughts of suicide and/or thoughts of planning suicide). Health care professionals should note the following examples of patient language or wording that may indicate suicidal ideation: I want to die; I am thinking about ways to kill myself; I wish I was dead; why am I alive; I wish I died in combat; I cannot go on any more; I wish it was over; I wish I could go to sleep, and not wake up; I hope the end is near; the end is near; I am going to end it all.

*What other ways, if any, are the patient details relevant to mental health conditions?*

***Is it possible that Sam is suffering from a mental health condition?***

Based on the information presented in Case Study 2, it may be possible that Sam is suffering from a mental health condition, specifically PTSD.

*How can health care professionals gather additional patient information to help confirm the possible presence of a mental health condition?*

### **Case Study 3**

Becky, a 29-year-old military veteran, reports to a health care facility. A physical exam reveals that Becky is slightly underweight. Upon questioning from a health care professional, Becky reports that she does not "have much of an appetite,"

and "at times, does not feel like eating." Becky also reports that she often experiences abdominal pain so she only eats "specific types of food." Additional questioning reveals that Becky often feels "a little down." Becky also reports that she has trouble sleeping due to nightmares involving a "few incidents" that happened to her during active combat. Becky goes on to say that an individual made "many sexual advances" towards her, and often sent her "nude pictures." Becky also reports that the same individual grabbed her in an "inappropriate manner" a "few times." As Becky continues to discuss her experiences during active combat, the health care professional begins to consider the possibility of military sexual trauma (MST).

### **Case Study 3 Review**

#### ***What patient details may be relevant to mental health conditions?***

The following patient details may be relevant to mental health conditions: Becky is a 29-year-old military veteran; a physical exam reveals that Becky is slightly underweight; Becky reports that she does not "have much of an appetite," and "at times, does not feel like eating;" Becky reports that she often experiences abdominal pain so she only eats "specific types of food;" Becky reports that she often feels "a little down;" Becky reports that she has trouble sleeping due to nightmares involving a "few incidents" that happened to her during active combat; Becky reports that an individual made "many sexual advances" towards her, and often sent her "nude pictures;" Becky reports that the same individual grabbed her in an "inappropriate manner" a "few times."

*Are there any other patient details that may be relevant to mental health conditions?*

#### ***How are each of the aforementioned patient details relevant to mental health conditions?***

Each of the previously highlighted patient details may be relevant to mental health conditions. The potential relevance of each patient detail may be found below.

Becky is a 29-year-old military veteran - the previous patient detail is relevant because it provides context for the patient's assessment and potential treatment.

A physical exam reveals that Becky is slightly under weight - the previous patient detail is relevant to a potential eating disorder.

Becky reports that she does not "have much of an appetite," and "at times, does not feel like eating;" Becky reports that she often experiences abdominal pain so she only eats "specific types of food" - the previous patient details are relevant because they are signs/symptoms ARFID. Health care professionals should note the following signs/symptoms associated with ARFID: restriction of types or amount of food eaten; lack of appetite; lack of interest in food; weight loss; upset stomach, abdominal pain, or other gastrointestinal issues with no other known cause; limited range of preferred foods that becomes even more limited (e.g., picky eating).

Becky reports that she often feels "a little down" - the previous patient detail is relevant to MST. Health care professionals should note that MST may lead to or contribute to the following: feeling numb; feeling depressed; irritability; anger; anger outbursts; an inability to feel safe; sleep disturbances; social isolation; substance abuse; suicidal ideation (U.S. Department of Veterans Affairs, 2023).

Becky reports that she has trouble sleeping due to nightmares involving a "few incidents" that happened to her during active combat; Becky reports that an individual made "many sexual advances" towards her, and often sent her "nude pictures;" Becky reports that the same individual grabbed her in an "inappropriate manner" a "few times" - the previous patient detail is relevant to MST.

*What other ways, if any, are the patient details relevant to mental health conditions?*

### ***Is it possible that Becky is suffering from a mental health condition?***

Based on the information presented in Case Study 3, it may be possible that Becky is suffering from a mental health condition, specifically ARFID. Also, based on the information presented in Case Study 3, it may be possible that Becky experienced MST.

*How can health care professionals gather additional patient information to help confirm the possible presence of a mental health condition?*

### **Section 3 Summary**

Health care professionals should work to optimize the care of military veterans. Health care professionals should ask military veterans questions to obtain relevant details that may help optimize the assessment process, as well as potential treatment. Finally, health care professionals should look for opportunities to provide relevant education, and to discuss treatment options, when applicable.

### **Section 3 Key Concepts**

- Health care professionals should work to obtain relevant patient information when assessing military veterans.

### **Section 3 Key Terms**

Chronic pain - pain that lasts longer than 12 weeks

Older adult - an individual 65 years or older

Misuse of prescription drugs - the action of taking a medication in a manner or dose other than prescribed; using another individual's prescription medication; or taking a medication to feel euphoria (National Institute on Drug Abuse, 2020)

Games (otherwise referred to as gaming) - the act of playing an electronic video game



Edible - a food product infused with or containing marijuana

Suicidal ideation - thoughts of suicide and/or thoughts of planning suicide

### **Section 3 Personal Reflection Question**

What questions should health care professionals ask military veterans when assessing mental health?

## **Conclusion**

Military veterans may suffer from a variety of mental health conditions, such as: PTSD, dissociative amnesia, depression, anxiety, OCD, bipolar disorder, schizophrenia, anorexia nervosa, ARFID, bulimia nervosa, and binge-eating disorder. Health care professionals can identify military veterans suffering from mental health conditions by assessing patients for risk factors, signs, and by using assessment tools, such as the following: Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5), Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder Scale (GAD-7), and the Mental Health Screening Form-III (MHSF-III). Finally, health care professionals should consider military veteran care recommendations when caring for military veterans with mental health conditions in order to optimize patient care.

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