



Health officials chip away at PTSD stigma

By Kelly Kennedy - Staff writer
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The concept of getting rid of a stigma can be a little nebulous, but experts on a post-traumatic stress disorder panel offered up some concrete changes that could help people overcome years of stereotypes.

“Mental health issues are in many ways the top issue of veterans of our generation. It needs to be treated like a pulled hamstring,” said Paul Rieckhoff, founder of Iraq and Afghanistan Veterans of America, at a forum sponsored by the Military Officers Association of America and the U.S. Naval Institute.

And he said he thinks the military is ready for that change.

“Beyond all the macho and hard-headed culture, I think we understand we have to perform,” Rieckhoff said.

If service members get the help they need, they’ll perform much better on the battlefield, he said. But convincing them that a trip to mental health won’t ruin their careers can be the toughest issue.

Marine Col. Keith Pankhurst, Combat/Operational Stress Control Program Coordinator for the 4th Marine Aircraft Wing, said it wasn’t very long ago that he believed Marines who had PTSD just didn’t have what it takes to serve.

“I would have been the first to say, ‘What kind of weakness is that?’” He said. “It took a lot of education to overcome that attitude.”

But upon seeing a rise in alcohol abuse, drug use, domestic violence, misconduct and high-risk behavior that can lead to things like car accidents, he said, he realized there was a problem.

“We felt, as leaders, there was something we could do about this problem,” he said.

All the services have educated troops about what PTSD is, what to look for in a buddy, and the basics of being a warrior — including ethics classes involving more than fighting. But the education had to be specific to a bunch of 19-year-old guys who like outdoor sports and weapons.

“It doesn’t go over too well to have Marines turn to each other and say, ‘How are you feeling?’” he said. Still, talking to peers can be the best course.

“There’s nothing like your peers saying, ‘I know, I get this, I know what you’re going through,’” he said.

Navy Capt. Morgan Sammons, special assistant for mental health/PTSD issues at the Navy Bureau of Medicine and Surgery, said he expects the wars in Iraq and Afghanistan to change the way the U.S. thinks about mental health.

“We are at a truly epical moment in history right now,” Sammons said. “In no prior conflict has any society paid as much attention to the behavioral health care of fighting men and women as we are today.”

However, he said that if health care workers continue to label mental health issues as a “disorder,” the stigma won’t go away.

Moreover, the problems ultimately are about adjustment, family and work problems, and abuse issues.

“It’s essential to address those,” he said.

Leaders could help by telling the troops PTSD is not a sign of weakness, as well as integrating mental health care into the general health care process — rather than have it in a stand-alone building.

Rieckhoff said leaders who have PTSD need to talk about it.

“It can make you stronger, just like any other injury,” he said.

It’s also important to educate civilians about PTSD, he said.

“It’s ... not just this young soldier and his family,” Rieckhoff said. “We can pay for it now or pay for it later. We can start building jail cells and get ready for the homeless centers, or we can learn from what happened after Vietnam.”

After the Vietnam War, thousands of veterans with mental health issues went undiagnosed and have suffered ever since. Research has shown the sooner PTSD is addressed, the more likely people are to recover.

Charles Gittins, a former Marine who is now an attorney, represents service members fighting inappropriate military discharges. He said service members fear asking for help because they know that so many have been discharged for personality disorders or bad behavior, and they face losing health benefits related to PTSD or trying to find employment with a bad mark on their DD214s.

He talked about service members discharged from the military for behavior problems such as driving under the influence or becoming belligerent with a senior NCO.

“You start scratching the surface and you find they suffered some kind of trauma in Iraq or Afghanistan,” he said. “That relatively minor misconduct separates them from the ability to receive veterans’ care.”

He does not argue that those service members shouldn’t be punished for bad behavior — only that the discharge policy should be rethought, especially if the service member has no prior history of bad behavior. For example, one commander allowed a Marine to resign in lieu of a discharge.

“It generally takes an enlightened commander to understand” that PTSD can cause behavior problems, he said.

And the plethora of “personality disorder” discharges is also troubling, he said.

“Whenever I see personality disorder, it’s immediately suspect,” he said. “You know that it’s wrong when you see the person has been in combat recently.”

Another Marine helped collect the remains of a friend after he was killed in Iraq, Gittins said.

“He was the guy everyone said they wanted on the [Squad Automatic Weapon] watching their backs,” he said. “Then he began talking to his rifle.”

He made three visits to the mental health professionals but was not diagnosed with any mental health issues. Soon after, he killed an Iraqi police officer. He is being tried this week.

He has since been diagnosed with PTSD and major depressive disorder.

“He’s going to have to serve some time in jail,” Gittins said. “But he’s not getting a dishonorable discharge because his commander understands he needs his [health care] benefits.”

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