Post-Traumatic Stress Disorder (PTSD) in the Veteran Population

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Abstract

Prevalence: Posttraumatic stress disorder (PTSD) affects one in every third person which is approximately 3-6% of the overall population. Military personnel and veterans are categorized into significant PTSD subgroups, with Vietnam veterans accounting for 19-30% of cases and Iraq and Afghanistan veterans accounting for 12-25% of the veteran population. Veterans with PTSD are 80% more likely to suffer from other debilitating mental health disorders. Veterans seek healthcare through the veteran's association (VA) or private sector providers and may face multiple healthcare access obstacles. Comparing PTSD civilians, veterans and transgender veterans are disproportionally affected by PTSD and withstand several care access barriers. The veteran population is prevalent, and vulnerability exists through unequal care opportunities. ***Purpose:*** This paper will discuss systematic health data, gaps between disadvantaged and privileged groups, underlying social inequalities, policies and interventions, and a theoretical model addressing PTSD aiming towards healthcare equality and optimal patient outcomes. ***Interventions:*** Veterans commonly seek care through private sector organizations, influencing the Veterans Access, Choice, and Accountability Act proposing care expansion outside the VA. Veterans seeking VA services need policy updates involving routine mental health screening and early interventions before returning to civilian life. Incorporating a 30-day period post deployment offering job counseling, drug prevention education, housing support, and counseling could also decrease PTSD disparities among veterans. Closing transgender gaps, the Deguire model alleviates minority stress associated with combat related trauma. Enhancing policy use and decreasing PTSD prevalence remains a priority involving physicians and rural nurse practitioners.

Keywords: Posttraumatic stress disorder, veterans, healthcare equality

Post-Traumatic Stress Disorder (PTSD) in the Veteran Population

Serious mental trauma is a dire health condition affecting one in every third person (Kozyra et al., 2020). According to Kozyra (2020), 10-20% of individuals suffer from Post-Traumatic Stress Disorder (PTSD), which is approximately 3-6% of the overall population. Crytzer (2019) found that individuals with PTSD are 80% more likely to meet the criteria for mental health disorders such as depression, chronic pain, and substance use disorder. Additionally, PTSD increases the risks for suicidal ideation, neurocognitive impairment, and poor health behaviors. Veterans and minority veterans face multiple disadvantages when accessing mental healthcare through the Veterans Affairs (VA) medical system or private-sector healthcare providers (Cheney et al., 2018). Theoretical models alleviate transgender healthcare disparities such as unequal care opportunities (Kozyra et al., 2020). This paper discusses veterans with PTSD, including systematic health data, gaps between disadvantaged and privileged groups, underlying social inequalities, policies and interventions, and a theoretical model addressing inequality aiming towards effective, efficient, and equitable patient outcomes.

Systematic Health Data

According to Cogen et al. (2018), vulnerable populations, such as veterans suffering from mental health disorders, withstand several healthcare obstacles. Therefore, healthcare inequities create medical care access disadvantages increasing vulnerability to mental health disorders such as PTSD. Military personnel and veterans are categorized into significant PTSD subgroups, with Vietnam veterans accounting for 19-30% of cases and Iraq and Afghanistan veterans accounting for 12-25% of the veteran population (Moore et al., 2021). The U.S. Department of Veteran Affairs (2020) reveals 30.9% of men and 29.9% of women suffers from PTSD. Additionally, 11-20% of Operations Iraqi Freedom and Enduring Freedom veterans have PTSD each year.

According to the U.S. Department of Veterans Affairs (2020), during a Vietnam veteran's lifetime 30% were diagnosed with PTSD. Thus, the veteran population is prevalent, and vulnerability exists through unequal care opportunities.

Gaps Between Disadvantaged and Privileged Groups

Many disadvantages contribute to PTSD including mental health history, employment status, and financial strain (Levhavot et al., 2020). According to Hester (2017), gaps exist between war-related PTSD causes and other civilian causes of traumatic violence. Therefore, military personnel with untreated mental health disorders have an increased risk of returning to everyday civilian life with PTSD. After military discharge, unemployed or homeless veterans pose a greater risk of PTSD and other mental health conditions resulting from financial strain post deployment (Hester, 2017). Compared to civilians, veterans are more likely to develop mental health disorders following war-zone exposure (Levhavot et al., 2020). Outlining disadvantages, veterans are disproportionately affected by mental health disorders, such as PTSD.

According to Holland-Deguire (2021), transgender veterans compared to cisgender veterans have higher PTSD diagnosis rates. Additionally, the VA diagnosing veterans with gender identity disorder (GID) recently doubled reinforcing healthcare access significance. The VA provides gender-affirming care and offers supportive therapeutic treatment programs (Holland-Deguire, 2021). Holland-Deguire (2021) discussed that despite program efforts, transgender veterans have a higher risk of mental health disorders and worsening symptom severity. Furthermore, GID veterans are 20 times more likely to commit suicide than cisgender veterans. GID veterans are less likely to utilize the VA for mental health services, increasing overall population disparities (Holland-Deguire, 2021). Holland-Deguire (2021) outlines the

importance of VA treatment plans and establishing culturally component care. Moreover, trust between the provider and patient establishes a solid treatment plan foundation. Combining veteran status and gender diversity requires a complex treatment plan centering around physical and mental needs (Holland-Deguire, 2021).

Underlying Social Inequalities

When determining PTSD risk, Kozyra et al. (2020) discussed how continuous daily stressors and traumatic war events affect service member's mental health. Health conditions and determinants impacting veterans with PTSD involve physical, cognitive, emotional, environmental, and social stressors (Kozyra et al., 2020). Kozyra et al. (2020) outlined physical health determinants involving temperature extremes and lack of air conditioning. Additionally, military personnel experience cognitive stressors, including inadequate information, information overload, and mission change. The most critical emotional stressors include fear, guilt, powerlessness, and insufficient duty fulfillment (Kozyra et al., 2020). Lack of family communication and isolation affects social health determinants (Kozyra et al., 2020). Intensifying PTSD likelihood, the mentioned health determinants are common and chronic, leading to physical and mental weakness (Kozyra et al., 2020).

Present Policy

Veterans with PTSD seek medical care through the Veterans Affairs (VA) medical system or private-sector healthcare providers (Cheney et al., 2018). Only 30% of veterans seek care through the VA services; therefore, governing bodies focus on establishing healthcare access through expansion efforts (Cogen et al., 2018). Under the Affordable Care Act, policy weakness coincides with health benefit packages not requiring mental healthcare coverage mandates (Hester, 2017). Employer-sponsored healthcare plans create financial burdens due to

excessive mental health coverage costs; therefore, American veterans lack adequate mental healthcare treatment (Hester, 2017). Veteran policies involving the VA Medical System and private healthcare sectors are effective; however, coverage gaps create inefficient care and lack policy fairness (Hester, 2017).

President Obama signed into law The Suicide Prevention for American Veterans Act of 2015 providing community support VA programs and a website on information concerning mental healthcare (Hester, 2017). In turn, the VA collaborated with non-profit mental health organizations on suicide prevention efforts (Hester, 2017). According to Crytzer (2019), President Trump signed the VA Mission Act in September of 2018, replacing the Veteran's Access, Choice, and Accountability Act expanding private healthcare options outside the VA. The policy changes incorporated healthcare coverage within the local community and private sectors, creating accessible treatment opportunities (Crytzer, 2019).

Proposed Change Interventions

Veteran mental health inequities are prevalent, and interventions correcting disparities may improve overall vulnerable population health (Crytzer, 2019). Gender and cultural factors influence health inequities and restrict veteran's mental healthcare access (Crytzer, 2019). According to Crytzer (2019), female and ethnic minorities underutilize VA health for mental health conditions, and veterans with higher education and private health insurance coverage frequently utilize non-VA health services. Closing policy gaps, the Veterans Access, Choice, and Accountability Act, proposed care expansion, including care coverage benefits outside the VA to private sector organizations (Crytzer, 2019). VA policies for routine mental health screening and early intervention for all service members before returning to civilian life could decrease veteran mental health disparities (Crytzer, 2019).

Hester (2017) proposed developing a strategy decreasing negative mental health consequences and improving veteran population health. The strategy involves incorporating a 30-day period post-deployment offering job counseling, drug prevention education, housing support, and counseling decreasing PTSD veteran disparities (Hester, 2017). Establishing emergency mental healthcare inpatient bed access and mobile crisis response teams in VA facilities decreases negative veteran outcomes, such as suicide (Hester, 2017). The proposed policy incorporates veteran disadvantages and proposed change increasing overall veteran mental health.

Models Addressing PTSD Health Equality

According to Holland-Deguire (2021), the prevalence of PTSD increases among the transgender veteran population. Alleviating gaps, providers utilize theoretical models understanding PTSD development and coping mechanisms for transgender veteran populations (Holland-Deguire, 2021). Holland-Deguire (2021) highlights how previous PTSD models use cognitive behavioral theories analyzing thoughts, feelings, and behaviors. Therefore, the cognitive processing theory suggest that post deployment veterans develop object reminders such as situations and people, meaning, and fear responses. Holland-Deguire (2021) explain that negative thoughts, feelings, and behaviors result in unwarranted traumatic stress. Additionally, the social cognitive theory focuses on avoiding negative self-efficacy coping mechanisms. Moreover, both theories address avoiding aggravating stimuli that worsens PTSD symptoms, resulting in sustained condition alleviation.

Past theories engage developers to study the Deguire model alleviating minority stress associated with veteran GID combat related stress (Holland-Deguire, 2021). The model believes that transgender veterans develop traumatic stress due to event reminders after returning to

everyday life (Holland-Deguire, 2021). Veterans commonly use maladaptive responses to decrease traumatic stress feelings (Holland-Deguire, 2021). The Deguire model realizes maladaptive responses and decreases bias among transgender veterans increasing social support and impacting coping mechanisms following traumatic events (Holland-Deguire, 2021). The model incorporates social support importance, thus decreasing veteran identity and expression discrimination (Holland-Deguire, 2021). Holland-Deguire (2021) outlines how the Deguire model aids providers in understanding gender diverse veterans and influences PTSD likelihood following a traumatic event. Therefore, the model outlines decreasing minority stress by increasing social support following traumatic exposure.

Community Outreach Studies

Achieving the absence of health disparities involves community outreach and keeping social health determinants a priority (Frasso et al., n,d.). According to Crytzer (2019), an interprofessional approach to veterans with PTSD, including methods such as group therapy, community reintegration programs, homeless support programs, and social work services, improves positive coping mechanisms. Furthermore, social involvement among PTSD veterans can be a protective factor (Kintzle et al., 2018). Joining supportive communities provides veterans a social connection during the transition from service to everyday life (Kintzle et al., 2018). Programs spreading support for the vulnerable veteran population increases PTSD awareness (Kintzle et al., 2018).

Conclusion

The PTSD veteran population is prevalent, and vulnerability exists through unequal care access opportunities. Creating effective, efficient, and equitable care begins with the Veterans Administration developing care access opportunities and private sectors promoting benefits

integrating VA benefit packages with private-sector care strategies. Several healthcare gaps contribute to PTSD and determinants affect overall population health. Social health determinants remain a priority through community outreach and models focusing on increasing mental healthcare access. Creating accessible treatment, the VA Mission Act expanded private healthcare options outside the VA.

Although previous policy updates improve population health, gaps continuously persist. VA mental health screening policies and early PTSD treatment interventions decreases healthcare access gaps. As PTSD transgender population prevalence increases, awareness offers culturally competent veteran care and decreases disparities. Policymakers focusing on improving population vulnerability and decreasing disparities remains a priority. Veterans suffering PTSD rely on private sectors and rural nurse practitioners engaging in policy change awareness, creating optimal population outcomes.

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