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College of Agriculture, Forestry and Life Sciences

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VA



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Veterans Health Administration
Office of Rural Health

4.1 Mental Health Disorders

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Common Mental Health Disorders for Veterans



The most common mental health disorders for Veterans include post-traumatic stress disorder (PTSD), depression, anxiety, stress reactions, suicide, and substance use. In addition to any official diagnosis, isolation and loneliness can lead to substance abuse, relationship problems, and violent behavior for many Veterans. Isolation leading to mental health disorders is of particular concern for rural Veterans (Inoue et al., 2023). The National Center for PTSD states that Veterans using the VA Healthcare System are more likely to be diagnosed with PTSD than those using community health services (Figure 4.1 a).

PTSD IN VETERANS FACTS

7 OUT OF 100 VETERANS WILL DEVELOP PTSD

DEPLOYED VETERANS ARE MORE LIKELY TO
DEVELOP PTSD

VETERANS USING THE VA HEALTH CARE ARE
MORE LIKELY TO BE DIAGNOSED WITH PTSD
THAN THOSE WHO USE COMMUNITY HEALTH
SERVICES



Figure 4.1a

Post-traumatic Stress Disorders Facts in Veterans

Source

Department of Veteran Affairs, 2018; Inoue, 2023

Post-Traumatic Stress Disorder

The American Psychiatric Association defines post-traumatic stress disorder (PTSD) as an anxiety disorder in individuals who have witnessed a life-threatening traumatic situation, events, or circumstances such as assaults, disasters, terror attacks, and war. These situations can affect their mental, physical, social, and/or spiritual well-being. However, it is also plausible to develop PTSD from learning that a close friend or family member had experienced trauma such as a violent threat or accident (Taylor-Desir, 2022).

Since individuals with PTSD may relive the trauma in painful recollections, flashbacks, or recurrent dreams or nightmares, they will try to avoid activities or places that remind them of the traumatic event because reliving it can feel as threatening as the initiating trauma. PTSD can lead to symptoms such as an exaggerated startle response, sleep issues, concentration problems or

remembering, and guilt about surviving the trauma when others did not (Taylor-Desir, 2022) (Figure 4.1 b).

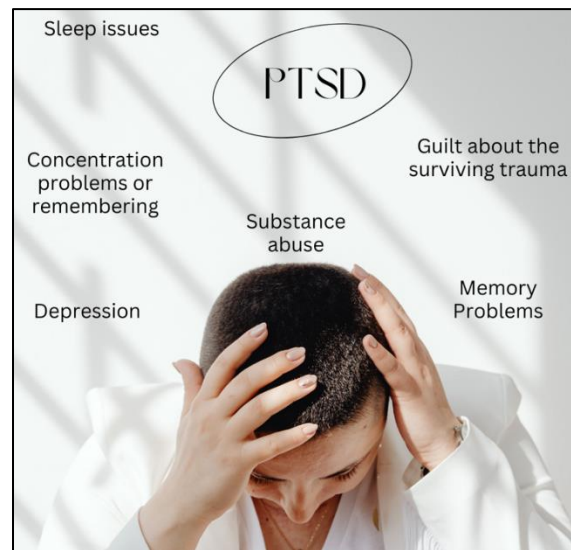


Figure 4.1b
Post-traumatic Stress Disorders Symptoms

Many individuals exposed to a traumatic event may experience similar symptoms. However, to be diagnosed with PTSD, symptoms must last over a month and generate significant problems in the person's daily functioning. Many people develop symptoms within three months of the trauma, but other symptoms may appear later and often persist for months and sometimes years. PTSD usually occurs with other related conditions, such as depression, substance use, memory problems, and other physical and mental health conditions. If those symptoms do not improve over a month, the person is still troubled, and those feelings disrupt their daily life, it is time to consider getting treatment (Taylor-Desir, 2022).

The first step to act would be for a person showing these symptoms to talk with:

- ◆ A primary care provider or a family doctor
- ◆ A mental health professional (therapist or counselor)
- ◆ Someone who works at a local Veterans Administration (VA) facility or Vet Center
- ◆ A close friend or family member who can give you support while finding help
- ◆ A Pastor/Priest or Religious advisor

[Post-traumatic stress disorder \(PTSD\)](https://www.ptsd.va.gov/understand/what/index.a)
<https://www.ptsd.va.gov/understand/what/index.a>

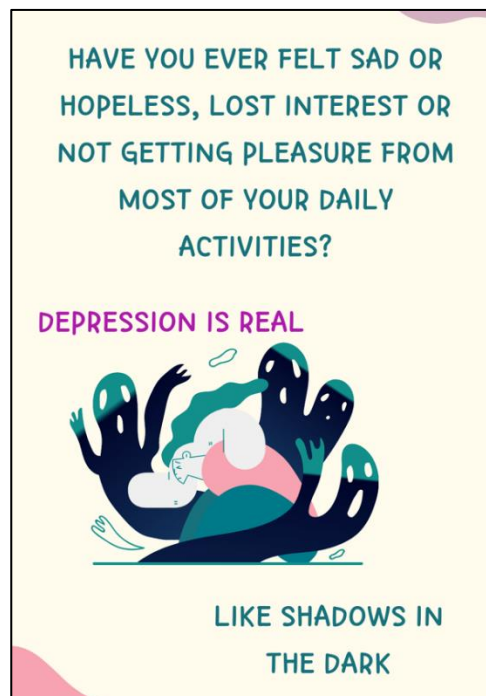
What you need to know about Depression

According to the American Psychiatric Association, major depressive disorder (MDD) is a mood disorder that causes persistent sadness and loss of interest. Major depressive disorder, or clinical depression, affects how an individual feels, thinks, and behaves and can lead to a variety of emotional and physical problems (Torres, 2020). However, being sad or grieving is not the same as being depressed. Therefore, distinguishing between grief and depression is essential and can help people get the support or treatment they need.

A person with depression may have trouble doing day-to-day activities and sometimes feel like life is not worth living. Symptoms of depression include depressed mood, loss of interest in activities, insomnia, weight loss or gain, reduced appetite, fatigue, decreased ability to concentrate and make decisions, thoughts of worthlessness, and/or thoughts of suicide (Torres, 2020) (Figure 4.1c).

Between 80% to 90% percent of individuals with depression will eventually respond well to treatment, while almost all patients gain some relief from their symptoms (Torres, 2020).

Figure 4.1c
Depression symptoms
Source
Torres, 2020



[Depression](https://www.psychiatry.org/Patients-Families/Depression/What-Is-Depression)

<https://www.psychiatry.org/Patients-Families/Depression/What-Is-Depression>

Anxiety vs. Anxiety Disorders

Anxiety is a normal reaction to stress. It can make people alert to dangers and help them be prepared and pay attention. Anxiety disorders, on the other hand, are different from normal feelings of anxiousness or stress and involve excessive feelings of fear and anxiety that can negatively affect people's lives (Black, n.d.).

People with anxiety disorders may have recurring invasive thoughts or concerns. Therefore, they may avoid certain situations out of worry since they can trigger or worsen their symptoms. They may also experience physical symptoms such as sweating, trembling, dizziness, or a rapid heartbeat (Black, n.d.)

Some people's anxiety does not go away and may worsen with time. They can experience symptoms such as nightmares, a racing pulse, and excessive worry or fear. In persistent cases, anxiety disorders such as Post-traumatic stress disorder (PTSD), panic disorders, and phobias may develop (American Psychological Association, 2022).

Most Common Types of Anxiety Disorders

The most common types of anxiety disorders affecting Veterans are generalized anxiety disorder, panic attacks, social anxiety disorder, and specific phobias (Figure 4.1 d).



Figure 4.1d
Different Types of Anxiety Disorders
Source
Veterans Help Group, 2022

Generalized Anxiety Disorder (GAD) People with generalized anxiety feel as if they are continuously worrying about different things related to their everyday activities, including work, school, money, relationships, or their health. They feel they cannot control these, and they cannot control those worries (U.S. Department of Veterans Affairs, 2024). Veterans with GAD will worry consistently and excessively about things that can affect their everyday activities. This feeling is often challenging to control, and veterans can be concerned even without reasoning (Veterans Help Group, 2022).

Panic Attacks People having panic attacks have recurrent, unexpected episodes of intense fear or discomfort. They fear that they are out of control or that their life is at risk. Common symptoms are heart palpitations, difficulty breathing, a racing or pounding heart, trembling, chest pain, stomach distress, dizziness or lightheadedness, and numbing or tingling (U.S. Department of Veterans Affairs, 2024). Panic attacks cause Veterans to experience anxiety attacks unexpectedly (Veterans Help Group, 2022).

Social Anxiety Disorder Some people can feel anxious in social situations, but for people with social anxiety or phobia, it is a strong and long-lasting feeling. Social phobia can keep people from doing things they want (U.S. Department of Veterans Affairs, 2024). Veterans with social phobia experience intense anxiety and/or fear of being judged or rejected in social situations. Physical symptoms include increased heart rate, nausea, sweating, tremors, etc. (Veterans Help Group, 2022).

There are many strategies for dealing with anxiety, and are included in Figure 4.1

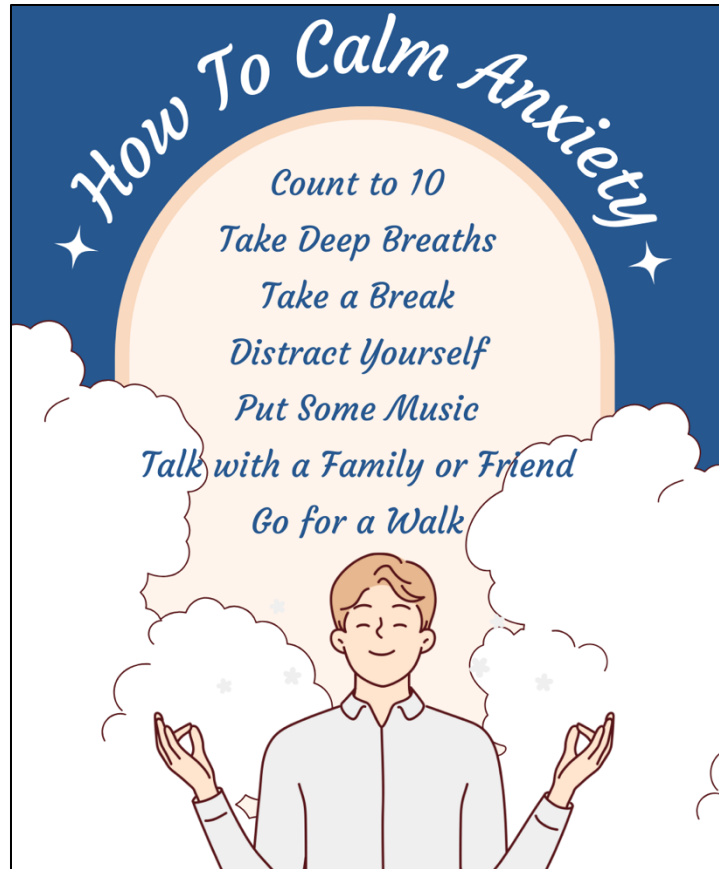


Figure 4.1e
Strategies to cope with anxiety

Specific Phobias: Because of having a phobia, a person may experience intense fear as a response to a particular object or situation— fear of blood or needles, enclosed places, and flying. Specific phobias can intensify or become an issue after a person relocates to an area with a higher risk of encountering what they fear. The key to coping with these phobias is recognizing when they are not allowing people to do their daily activities (U.S. Department of Veterans Affairs, 2024). Veterans with a phobia can fear objects or situations irrationally. Even if they are aware that their phobia is irrational, they have no control over their reactions. The thought of a specific phobia can cause anxiety. Hence, they try to avoid their particular phobia. The most common phobias include animals, insects, heights, germs, driving, flying, a medical procedure, elevators, or public transportation (Veterans Help Group, 2022).

Combat and Operational Stress Reactions



The Department of Defense defines combat and operational stress reactions (COSR) as the physical, emotional, cognitive, and behavioral reactions to exposure to stressful or traumatic events in combat or military operations. Combat stress reactions occur in combat or preparation for combat. On the other hand, operational stress reactions are expected temporary behavioral, cognitive, emotional, and physical changes resulting from the experiences or consequences of repeated exposure to a single stressor or multiple stressors in combat or non-combat operational settings (Health.mil, 2023).

Examples of Combat Stressors. Personal injury, the killing of combatants, witnessing the death of an individual, death of another unit member, and injury resulting in the loss of a limb. Some combat stress reactions a service member may experience include restlessness, panic, irritability, rage, confusion, memory problems, fatigue, insomnia, palpitations, shortness of breath, and dissociation.

Examples of Operational Stressors. Difficult living and working environment (e.g., isolation, extreme climates/surroundings, or sensory stressors), experiencing or witnessing harassment, bullying, or work-related interpersonal conflict, high workload (e.g., long work hours and high task demands), repeated exposure to trauma, danger, and loss, sleep-disrupting work conditions (e.g., shift work, overnight work), and stressful events involving loved ones or friends (e.g., marital problems, illness, or death). Some of the operational stress reactions a service member may experience include anxiety or fear; attention, concentration, or memory deficits; burnout, emotional exhaustion, or being disengaged; depressed mood, sadness, helplessness, or grief; difficulty falling or staying asleep; frustration, irritability, or anger; and PTSD symptoms (Health.mil, 2023).

Suicide

A significant and yet preventable health problem in the U.S. is suicide. Sadly, Veterans comprise nearly a quarter of suicide deaths in the U.S.

The 2022 National Veteran Suicide Prevention Report revealed that in 2020, there were 6,146 veteran suicide deaths, which averages to 17 Veterans dying by suicide every day. Additionally, suicide was the second leading cause of death among Veterans under age 45 and the 13th leading cause for Veterans overall for the same year. The suicide rate for Veterans was 57.3% greater than for non-veteran U.S. adults.

Commonly factors leading to increased suicide risk in Veterans and other populations are:

- ◆ Anger, rage, mood swings, and episodes of anxiety and agitation.
- ◆ Expressing feelings of having no reason to live.
- ◆ Increased alcohol and/or substance misuse.
- ◆ Self-destructive and risky behaviors like driving while impaired (*2022 National Veteran Suicide Prevention Annual Report. 2022*).

Substance Use Disorders

A substance use disorder is a chronic, treatable mental health condition that affects a person's behavior and brain. It is characterized by an impossibility to control the use of a substance or substances such as legal or illegal drugs, alcohol, or marijuana consumption, leading to deterioration in health, social function, and control over substance use (Colon-Rivera & Balasanova, 2020).

The Diagnostic and Statistical Disorder Manual (DSM-5) is a handbook used by mental health professionals in the United States to aid in the diagnosis of many mental health conditions. It is published by the American Psychiatric Association and has been revised in multiple opportunities. It was initially presented in 1952. The most recent version, DSM-5, was presented in 2013 (American Psychiatric Association, n.d.)

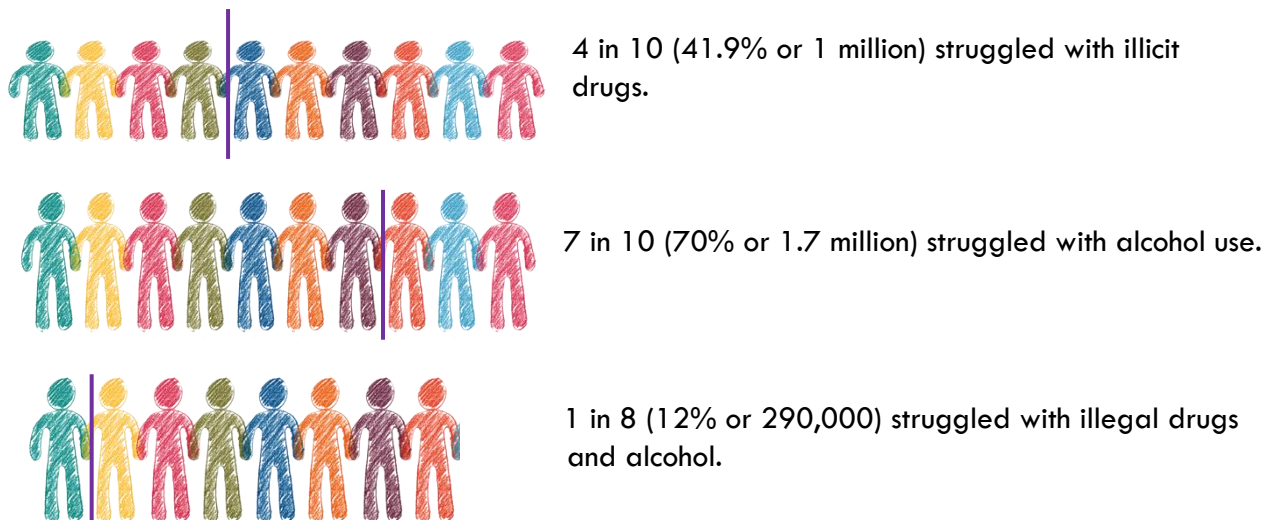
DSM-5 criteria for diagnosing substance use disorders states that it involves patterns of symptoms caused by using a substance that an individual continues taking despite its adverse effects.

Substance use disorders often negatively affect a person’s physical, mental, interpersonal, and employment outcomes.

The DSM provides diagnostic criteria for ten classes of substance use disorders, which, excluding caffeine and tobacco, include:

- ◆ Alcohol use disorder.
- ◆ Cannabis use disorder, also known as marijuana use disorder.
- ◆ Phencyclidine use disorder, a type of hallucinogen.
- ◆ Other hallucinogen-use disorders include hallucinogens other than phencyclidine.
- ◆ Inhalant use disorder.
- ◆ Opioid use disorder.
- ◆ Sedative, hypnotic, or anxiolytic use disorder, which includes substances like benzodiazepines, benzodiazepine-like drugs such as zolpidem (Ambien), carbamates, and barbiturates.
- ◆ Stimulant use disorder, which includes substances like cocaine or methamphetamine.

In 2022, the Substance Abuse and Mental Health Services Administration released the following statistics among Veterans with a substance use disorder:



According to the National Institute on Drug Abuse, report rates of illicit drugs increase after leaving the military. Among Veterans, Cannabis accounts for the vast majority of illegal drug use (3.5%), and 1.7% report the use of illicit drugs other than marijuana during a month. Additionally, Veterans reported they experience pain as a consequence of their military service. More than 9%

reported that they experience severe pain, compared to non-Veterans (6.4%). This situation can place Veterans at higher risk for accidental opioid pain reliever overdoses (National Institute on Drug Abuse, 2019). Veterans are also more prone to drink alcohol (56.6%) compared to their non-Veteran counterparts (50.8%) (National Institute on Drug Abuse, 2019).

After leaving the military, Veterans will experience a period of adjustment and reintegration into civilian life. Environmental stressors, such as deployment, combat exposure and post-civilian reintegration challenges, have been associated with an increased risk for substance use disorders among service members and veterans. Co-occurrence of mental illness and substance use is expected (National Institute of Mental Health, 2024). Veterans aged 18 or older with any mental illness had significantly higher rates of illicit drug, marijuana, and opioid use over the past year than Veterans without mental illness (National Institute on Drug Abuse, 2019).

Moral Injury



Service members face moral and ethical challenges during the war. They may have to act in ways that contradict their moral beliefs. On other occasions, they may experience stress about the unethical behaviors of others. They may experience betrayal from their leadership, others in positions of power, or peers, which can result in adverse outcomes (Norman & Maguen, 2024)

Moral injury occurs when an individual acts or witnesses a behavior that goes against their values and moral beliefs. An example is witnessing an event that conflicts with a moral belief, in which the person failed to act or intervene. That inability to resolve their inaction leads to guilt, shame, anxiety, persistent psychological distress, intrusive thoughts, and avoidance of potential triggers. Examples of potentially morally injury events during war include killing or harming others when

officers must make decisions that affect the survival of others, when medics are not able to care for all who were harmed, or when a servicemember freezes or fails to perform duty during a dangerous or traumatic event.

Mental health implications from moral injury include:

- ◆ Increased risk of self-harm behaviors; examples include poor self-care or self-injurious behavior.
- ◆ Self-handicapping or Self-sabotaging behaviors
- ◆ Undermining successes or feelings of joy and happiness
- ◆ Demoralization: Examples include engaging in a persistent sense of hopelessness or self-loathing (Litz et al., 2009; Noman, 2020).

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