Veteran Mental Health Challenges and Solutions
Picture This: Veteran Mental Health Challenges and Solutions
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Researching health issues can be as basic as finding resource articles on the Internet or as complex as delving into public policy and the philosophical positions of interest groups. Most important are the perspectives of individuals and groups who, for one reason or another, commit extensive resources—including professional and personal time—to a particular cause.

This publication results from formal meetings of leaders from the U.S. Department of Veterans Affairs with other experts in the field of Veteran mental health, Veteran support services, and public health. Numerous individuals and organizations provided insight into the complex issues concerning these topics, culminating in Picture This: Veteran Mental Health Challenges and Solutions.

We would like to thank the National Association of Broadcasters and its president, Sen. Gordon Smith, for hosting the Picture This: Veteran Mental Health Challenges and Solutions meeting. We would also like to thank our entertainment media panelists: T.D. Mitchell, writer, Army Wives; Carl Weathers, director and actor; Steve Katz, producer; D.W. Moffett, actor; and our Picture This facilitators: Rick Zimmerman, Ph.D., professor, Department of Communications, George Mason University; Cathleen A. Lewandowski, Ph.D., professor/chairwoman, Department of Social Work, George Mason University; Jerry Glasow, student, George Mason University; and Todd Flournoy, Entertainment Industries Council Inc.
Special thanks to our collaborator and sponsor, the U.S. Department of Veterans Affairs.

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A Special Message to the Creative Community

Letter from Brian Dyak

Despite consistent increases in treatment options and society’s understanding of mental health issues, questions and feelings of isolation and uncertainty still remain in the minds of those affected. The media has the unique ability to settle fears and uncertainty by understanding the connections that can be made between real and fictional stories in order to enlighten viewers.

With no group more deserving of a reprieve from these uncertainties than our nation’s Veterans, the Entertainment Industries Council Inc. (EIC) is proud to partner with the U.S. Department of Veterans Affairs (VA) to promote the accurate depiction of Veteran mental health challenges in media and entertainment. The goal being that through these depictions more Veterans will feel encouraged to seek help in transitioning back into everyday life.

We would like to express our gratitude to Sen. Gordon Smith, president and CEO, the National Association of Broadcasters (NAB), and his team for their continued support of EIC’s efforts and for serving as our hosts for Picture This: Veteran Mental Health Challenges and Solutions in Washington, D.C. This forum brought together leaders in Veteran mental health and Veterans Affairs to reach consensus on those issues that will make a difference in the way Veterans, their families, and their communities perceive and understand these issues.

This action strategy resulted directly from the Washington, D.C., forum and has been crafted in order to assist you, the creator, in your mission to depict this topic with the utmost dedication to creativity and accuracy. Read on for the priority topics that were reached during the discussions that took place that day and suggestions to help inspire your creative process.

We appreciate your commitment to the ART of Making a Difference!

Sincerely,
Brian Dyak
President, CEO, and Co-Founder
Entertainment Industries Council Inc.
Letter from Sonja V. Batten, Ph.D.

Telling True Stories: for the Audience and for the Community

I would like to thank all of you for your desire to learn more about the mental health challenges and issues some of our former military Service members face when they return to civilian life. I consider myself exceptionally fortunate to work daily with our nation’s Veterans and am grateful so many of them—and their loved ones—are sharing their personal stories of strength through the Department of Veterans Affairs’ Make the Connection campaign. Without their contributions, both in the military and to the campaign, we would not have been able to learn from their experiences and craft this written guide for distribution throughout the entertainment industry.

Veterans currently comprise nearly 10 percent of the U.S. adult population, and when unaddressed, the challenges they face reverberate throughout their circles of family, friends, neighbors, and colleagues. Truly, when we speak about Veteran mental health, we are also speaking of community health nationwide, across all parts of the country and all demographic groups.

Your audiences look to you to tell stories that entertain, enrich, and enlighten. And they look to you to do so in a way that reflects—even in fiction—the realities of people’s daily lives. You can serve your audience and, in particular, our nation’s Veterans, by allowing the real stories they share in Make the Connection to inform and inspire your work. By doing so, you will not only respectfully serve those who served our country, you will also serve your industry by creating a better product.

Make the Connection was launched to reach Veterans who may be facing mental health issues, whether or not those issues stem from their time in the military. Some experiences such as time spent away from home and family during deployments, challenges readjusting to civilian life, and military-specific life events are particularly relevant to Veterans. Relevant, too, are the particular strengths that first led many to choose the military life, and are then nurtured in their military training and service. Resilience, courage, perseverance, leadership, mission-focus, the ability to work in teams: These strong qualities come naturally to Veterans, and are tremendous assets in overcoming both physical and mental health challenges. However, conditions or symptoms such as sleeplessness, PTSD, anxiety, or problems with alcohol resonate well beyond the Veteran community.
At the heart of the *Make the Connection* campaign are many individual testimonials from Veterans and their family members. As you will see on the website ([www.MakeTheConnection.net](http://www.MakeTheConnection.net)), these stories of successful recovery offer compelling reasons for others, especially Veterans, to seek treatment. We need your help in overcoming the national stigma associated with mental health conditions and mental health treatment. We also need your help in combatting preconceived notions with facts: Not all Veterans are challenged by these conditions after leaving the service, and for those who are, treatment is available and effective.

This publication includes written accounts of Veterans who have faced and successfully overcome hurdles in order to live healthier lives, which we hope will assist you in creating accurate and compelling depictions of Veteran mental health challenges. As powerful as these testimonials are on the page, however, written accounts cannot compare to hearing firsthand from the Veterans themselves. I encourage you to visit [MakeTheConnection.net](http://MakeTheConnection.net) and watch the true stories of our Veterans. You will meet their families, see them in their homes and communities, and hear the emotion in their voices as they talk of positive changes treatment and other sources of connection can bring.

By sharing their stories, these Veterans have done a tremendous public service. It is now up to you to answer the same call.

With deep gratitude,
Sonja V. Batten, Ph.D.
Deputy Chief Consultant for Specialty Mental Health
U.S. Department of Veterans Affairs
A Resource for Creators…

*Picture This: Veteran Mental Health Challenges and Solutions* is a guide to portraying mental health issues experienced by some Veterans. This publication was developed by mental health experts, Veterans, advocates, policymakers, the entertainment industry, and others who are committed to honoring the service of Veterans and helping them overcome challenges and live well.
Service members of all branches complete their military commitments and return to complex civilian lives. Many have children to raise, families to love, elderly parents to care for, communities to support, and degrees or careers to pursue. While responding to these universal challenges, they must also deal with unique situations. Careers and educations put on hold can seem daunting to take up again. Following deployments, friends and family members once close may seem distant, separated by experiences hard to convey in words. Difficult memories, fresh or long buried, may be brought to the surface by headlines about current conflicts, accidents, natural disasters, or crimes that occur every day.

Unfortunately, it is often the very society Veterans sacrificed for that struggles to embrace and assist them in their times of need. Simply thanking returning members of the Armed Forces is easy. Being willing to confront and alter the social narrative that stereotypes Veterans facing mental or physical challenges can be much more difficult. It is important to remember that most Veterans 

lead in the workplace, in their communities, and at home by using the skills they have learned and perfected during their service. Too often, Veterans are portrayed as having serious mental or physical challenges or depicted and viewed as “weak,” “dangerous,” or “unstable;” equally problematic, however, are how these negative caricatures discourage Veterans from acknowledging a need for support and seeking it out. When we fail to recognize the unique strengths and skills of Veterans; when we do not work to understand the issues they face; and when we lack the capacity to give a bit of ourselves to ease their burden, we dishonor the men and women who are true assets to our country. We fail to fight for those who fought for us.

Fortunately, negative stereotypes about Veterans are not the end of the story. Today’s Veterans return to unprecedented levels of respect, support, and services. VA provides cutting-edge, evidence-based treatments for physical and emotional wounds and leads the nation’s research community in developing and fostering a fuller understanding of the causes of mental health issues and symptoms. By calling on this support, many men and women who have served our country are finding ways to deal with and overcome their challenges and live well. Untold numbers of Veterans have discovered it is their strengths—in reaching out for help, in being mission-driven, in supporting one another—that are helping them heal and thrive.
Today is a unique time in our nation’s history, ripe for telling compelling stories of authentic Veteran experiences. Hundreds of thousands of Service members are returning from deployment to face arguably the most challenging economic environment of the last 60 years. Larger numbers than ever are women who have experienced the rigors and stress of combat situations and environments—as well as extended separation from young children. At the same time, Vietnam Veterans are going through life transitions, including becoming grandparents, retiring, and aging.

As entertainers and creators, you can tell these stories in a way that is respectful, interesting, and faithful to the truth. You can dig into the topic of Veteran mental health in ways that transcend stereotypes and present a more honest, compelling, and powerful product. And you can do it by letting Veterans’ own voices guide you. So many of them are eager to share their realities with the world. You can make their experiences resonate with viewers throughout the country. You can provide a service that is good for your industry, our Veterans, and our nation.

Veterans have done their part. Now you can do yours. By taking the time to better understand Veterans’ strengths and challenges, you can help drive the evolution of a more positive and accurate social narrative around Veterans’ experiences—as well as the value and benefits of seeking support and treatment. So take advantage of the resources available to help you improve your product, build your audience, and inspire your stories.

The Reality

To begin increasing awareness and understanding of mental health challenges and dispelling myths about our nation’s Veterans, it is important to have facts about the realities of being a Veteran.

- Most Veterans honorably serve their country, complete military service, and successfully transition into civilian life. They have the ability to lead in the workplace, in their communities, and at home by using the skills they have learned and perfected during their service.
- Just like those who never served in the military, Veterans may experience mental health issues and difficult life events that are unrelated to their service. However, the difficulties of service, such as combat, noncombat training exercises, other traumatic military experiences, and repeated deployments, may complicate their efforts to deal with those issues.
- Many currently returning Service members have been deployed multiple times and exposed to more combat than were Veterans of previous generations. They include Service members of all-volunteer Armed Forces, approximately half of whom were Reservists and members of the National Guard who left behind their civilian lives to tackle incredibly difficult tasks.
- Older Veterans, such as those who served in Vietnam, comprise one-third of American Veterans. They have transitioned or soon will be transitioning into retirement. When they returned to civilian life years ago, they were busy raising families and working, during an age when mental health issues were not a priority for discussion. Now, at the same time they are facing new life changes, many of these Veterans are confronted with issues they may have tried to bury—for the good of their families and themselves—long ago.
- Veterans and others who see the benefit of using mental health services may be unaware of resources tailored specifically to Veterans’ needs. Because of their unique experiences, Veterans often can benefit more from services designed for them and others in the Veteran community.
- Veterans’ loved ones also face unique challenges and can benefit from making the connection with others who have had similar experiences. Military service can temporarily separate families, and readjustment can be tough. Family members can explore treatment and support options for themselves and the Veterans in their lives that build resilience and strengthen their families. VA and other community-based resources offer options for loved ones of Veterans seeking assistance and the means to help those they care about.
- Many Veterans seek help and support for mental health challenges. In fact, more than 1.3 million Veterans received mental health care at VA in 2011.
- Veterans are often willing to offer assistance to others. Many Veterans are involved in peer-to-peer support for their fellow Veterans and their families, and in their communities.
Make the Connection is VA’s public awareness and Veteran outreach campaign that connects Veterans and their friends and family members with information, resources, and solutions related to issues affecting their health, well-being, and relationships. For the creative community, the campaign’s website, MakeTheConnection.net, can inspire and inform story development and character research.

MakeTheConnection.net is packed with information on mental health signs, symptoms, conditions, and treatment options. But what makes this resource unique are the hundreds of true stories told in the words of Veterans and their loved ones that can lend authenticity to the entertainment industry’s plot lines and character development. The site is designed to help users easily find testimonials and information that is most relevant to them, searching by:

- Gender
- Branch and era of service
- Life experiences, such as “transitioning from service” or “retirement and aging”
- Signs of mental health challenges, such as “feeling on edge”
- Mental health conditions, such as PTSD or depression

Storytellers can search for specific topics to hear actual Veterans and their loved ones share accounts of the challenges they faced and the steps they took to overcome these challenges and lead healthier lives. The entertainment industry is in a unique position to help Veterans nationwide see that they are not alone in their experiences and recognize that treatment and support are available. MakeTheConnection.net provides resources for storytellers to depict powerful stories of Veteran strength, building on the actual language real Veterans use to describe their experiences.
On the following pages, you will find stories from actual Veterans and their loved ones, in their own words. They represent only a fraction of the hundreds of testimonials that are available on MakeTheConnection.net—and can serve as inspiration to the creative community that strives to tell true stories, make a difference, and have a positive impact. The men and women who share their stories all chose to speak about their challenges and successes in the hopes of helping others who may have similar experiences and concerns.
Courage is the ability to face adversity, even if it’s within yourself.

Bryan’s Story

U.S. Marine Corps
2003–2008

A Recent Combat Veteran

My name is Bryan. I was born and raised in Houston, Texas. Everybody knew me as just the happiest dude. Even in the Marine Corps, I was always making everybody laugh. But there was a time when there was just no laughing. On my second deployment, I got hit three times. Four bombs hit my vehicle. In order for me to survive in that environment, under those extreme emotional conditions where I was just living in fear, living with anxiety, I had to go emotionally numb.
I didn’t realize how messed up I was until I got back to America. I started having pretty horrible nightmares. Eventually, I just couldn’t focus on anything. I was having constant flashbacks. The whole time I was awake I was miserable. I was angry. I couldn’t feel any excitement about life; I stopped listening to music; I stopped talking to my friends; I completely isolated myself. I would just stay in my room all day, and just drink.

I knew I had PTSD, but I had no idea it would be severe enough to make me scared to drive on a simple American road. I became suspicious of everything—from mounds of trash to dead animals—always expecting everything to be booby-trapped. When you start thinking like that, like everything seems like a threat in your environment, it kind of makes you go nuts.

In the military it can be very difficult to admit your own weaknesses, because it’s completely contrary to the military philosophy: There’s an idea that when you are experiencing PTSD or any other type of emotional stress, you just have to suck it up and move forward.

At home, everyone around me encouraged me to get help. I actually moved in with my brother, who also had been in combat, when I got back from the Marine Corps. He understood me very well, and he was very patient with me. I was isolating myself and exhibiting other signs of PTSD and he was there for me.

I’ve been to one-on-one psychologists at the VA. I’ve been to multiple different forms of therapy. It just starts with saying, “You know what? I want to fix this.” It takes a lot of courage to go against that military training and admit that there’s something that’s broken inside you and you need to fix it. But that is the very first step to taking full advantage of the resources available.

When I started to get better, I felt like I was reborn, like I was given a second chance at life. I live every day to the fullest. I enjoy every single day, and I just want other people to be as happy as I am, and it’s not hard. For me, it started with going to the VA, where there is a whole community of Veterans that just want to help you out, people that have been in your same shoes, that know what you’re going through, and have already overcome this. A community where you can just reach your hand out and connect to somebody else that knows what you’re going through and knows how to help you. That’s all it takes.

Hear Bryan’s story at www.MakeTheConnection.net/BryanEIC
Nicole’s Story

U.S. Army, U.S. Air Force Reserve
A Desert-Era Combat Veteran

My name is Nicole. I was a medic in the U.S. Army and was deployed to Bosnia and Afghanistan. Being a medic in a combat zone means that you see so many terrible things that you can’t always believe what you’ve seen. One of the first things I dealt with happened when we were on a convoy, and my young lieutenant decided that he needed to get out to take a break. I said to him, “Hey, stay on the road, though, you know.” And he didn’t. So we ended up having to patch him back together, because in Bosnia they had homemade mines everywhere. From that moment on I became a little detached from everything, just to be able to survive. I brought that detachment back with me after the deployment was over.
My husband is also in the military and we both were deployed to Bosnia at the same time. We had children with no one to watch them, so I contacted my mother. She moved in, and she just kind of stepped in where we left off. But I didn’t realize at the time some of the impacts that deployment had on my children. They tell me now that they just felt like we were never there, and they didn’t understand why we were never there. Honestly, in a dual military family, somebody is always in harm’s way, and that’s stressful for anybody no matter the age.

It was hard on me, too. There are things about them that I simply just do not know. There are stories that they have that they can laugh about with my mom that I don’t get because I wasn’t there. After I had my last daughter I had to go to Korea when she was 6 months old, and when I came back she didn’t know me. I understood why, but it was gut-wrenching. I’ve never been afraid of being shot at, but this felt worse.

So we had to deal with our family issues and my combat stress and my husband’s survivor’s guilt. That has really impacted our life and our marriage a lot. But we learned how to talk about it, to seek therapy, to get those feelings out. That, I think, is most important. When we started actually owning them or acknowledging that they were real is when we started being able to climb out of the holes we were in.

I actually sat down and started listening to the people who loved me tell me, “You know, this is what you’re doing. This is how this is coming out.” When you listen to those voices that you’re affecting that you love, then you don’t have any choice but to at least go find out if there is a problem that can be rectified. The VA and the professionals there, I’ve had nothing but success. I’ve had nothing but love and a personal, you know, connection with them.

Isolation breeds fear. It breeds sadness. But if you take the opportunity to surround yourself with love, with understanding, with the people who really care about you or people who relate to what it is that you are feeling, then only good can come from that. No one can do this alone. We went where we went as a team, as a platoon, as a squad, and we did it together. So the only way to overcome what we did together is to continue to work together to do that.

Hear Nicole’s story at
www.MakeTheConnection.net/NicoleEIC
Chaunte’s Story

2000–Present

A Recent Combat Veteran

I was active duty Air Force for 10 years. I’m now a United States Air Force Reservist. My whole family is Air Force. It was embedded in my blood.

I was part of a Combat Logistics Support Squadron. I was chosen to be a combat lifesaver, and I didn’t even know what a combat lifesaver was. But, you know, as an airman in the United States Air Force, you do what’s asked of you. I found I was good at it.
When you first get out of the military it’s very hard to know what you want to do. When I was deployed I worked 12-hour shifts. You’re always busy when you’re active duty, so I was used to the “go-go-go” lifestyle. Back home, I found myself waking up at 4:30, getting to the gym by 5. I’d start working immediately, and I wouldn’t get home until 9 or 10 o’clock at night. I was continuously working and doing all that I could just to erase the pictures that I had in my head.

I would come home and I would make sure every dish was clean. I would pack lunches. I would want everything in a specific place. My bed was made every morning. And my parents would say one thing to me, and I would just start crying, I would break down. I almost went back to childhood behavior.

Those moments when I would settle down are when it got difficult. The things that civilians—even my friends—were concerned with kind of seemed trivial to me. I started feeling anger build up inside, but I still wouldn’t share it with anybody.

I had nightmares. You’re in a dream and you wake up and you see faces or you see images. With me, it was the images of the soldiers coming back from Iraq—the dirty, tired, sad faces, and just remembering how worn-out they looked. Those images just haunted me.

I went on like this for a while until certain things started to hit me. My parents said, “Baby girl, you’re getting tired, you’re doing a lot.” I was blessed to be raised in a family with other Veterans. I realized I needed to get back around the circle of military people who would understand me. I got involved with different organizations where I felt needed, where I felt secure: the VA, charitable groups, my church.

I fell in love with the medical career field, which led me to cross-train into being a medical technician in the Air Force. I just finished my bachelor’s in business and now I’m actually starting my RN program.

Being in the military made me a stronger woman. Over there, when you’re tired and you don’t want to get up—but you get up and you’re fighting in the sandstorms—you’re still getting the mission accomplished. When you get back home, you realize that nothing is out of your reach. You always remain mission-focused.

Hear Chaunte’s story at www.MakeTheConnection.net/ChaunteEIC
Jack’s Story

U.S. Marine Corps
1963–1967
A Vietnam-Era Combat Veteran

I was in the Marine Corps from 1963 to 1967, and in Vietnam in 1965 and 1966. Now I work with the kids at the Naval Hospital in San Diego. I love them. They’re the real deal. When a kid gets out of the service, it is enormously disorienting for that young man. So what I try to do at the hospital is share my story.
When I came back to the States, I had no idea what I was feeling. It was like I had freeze-dried my emotions. They sent us into combat December 10, 1965. And as we started down into the landing zone, the ground fire was so intense, everybody pulled off except for the helicopter I was in. Immediately, as I got out of the helicopter, I was shot. We were sitting ducks and we lost some men that night.

The next 12 years of my life was a gestation period that I didn’t understand. Basically, drugs and alcohol are what I used to try to self-medicate until I ended up in a psychiatric hospital. It was then that I knew I had to stop what I was doing or I wasn’t going to be alive. Somehow inside, I realized that the kids that I’d lost overseas were as old as they were going to get, and if they could talk to me, they would say, “Hey, come on, you’re living for me now.”

December 7, 1979, there was a sort of a bigwig meeting, talking about opening the Vet Center in San Diego. I went to that and it was my first rap group, one that basically saved my life. I got into that room, and I was able to exhale. I realized, somehow or another, we had found each other—one by one—just like in the rice paddy.

Together we had all this energy that we needed to use for something positive. So that Vet Center experience allowed us to find each other and then we were guided skillfully into doing productive things and a fantastic program and lots of good has come out of that. It’s a place of miracles.

To me, the most important healing comes from each other. The Veterans my age did not have a lot of older guys telling us it’s going to be OK. After fighting in WWII or Korea, Veterans kind of had to figure out transitioning to civilian life on their own. If it’s a Vietnam-era Veteran, it’s been so many years now it is very hard for them to talk about their experiences and how they feel. They probably don’t even recognize their feelings and they don’t know how to make the first step. However, once we figured it out we knew that this is an important component in moving forward and we took the initiative to hand the torch to the next group of guys. I love the kids at my Vet Center and I love going there because I know that once they get on top of this, there’s nothing they can’t do. It’s a completion of the circle.

Hear Jack’s story at www.MakeTheConnection.net/JackEIC
He realized the right thing to do was to get some help.

He realized the right thing to do was to get some help.

Veterans can overcome a lot; so many of them have overcome so much already. But we all need help sometimes and it doesn’t make you any less of a Marine, in his case, or any less human. That’s what humanness is, supporting one another and working through those really traumatic situations so that you can power through and move forward with a much more pleasant, healthy kind of life.

And we’re getting there.

Fiancée of a U.S. Marine Corps Veteran

My name is Tiffany and my fiancée, Reagan, served in Iraq. He’s adopted my children as his own. It wasn’t until a few months into the relationship that I started seeing some tendencies. I knew he had an extensive military history and served our country in the most honorable way, and had gone through hell and back. But I had no inclination of what that really looked like until he really started opening up. He really didn’t talk about it to anyone.
When he did start opening up it was very graphic and quite scary. He allowed himself to be vulnerable at very small moments. **Sometimes those overwhelming emotions that he dealt with on his own would storm out of him.** That’s when I knew I was in for more than what I realized in the beginning.

We recently started counseling—for him, for me, and for us—because it’s a trickle-down effect. It’s not just about him anymore. We have two children involved. At first he thought it was just about him. He’d say, “This isn’t about you or the boys, Tiff; it’s about me.” He then began to see the effects on the whole family and he knew something had to change. He wants the very best for his family. **He realized the right thing to do was to get some help.**

Veterans can overcome a lot; so many of them have overcome so much already. But we all need help sometimes and it doesn’t make you any less of a Marine, in his case, or any less human. That’s what humanness is, **supporting one another and working through those really traumatic situations so that you can power through and move forward with a much more pleasant, healthy kind of life.** And we’re getting there.
In order to support the rehabilitation and recovery of every Veteran with a mental health condition, VA has identified recovery as a guiding principle for its entire mental health service delivery system. Recovery is a journey that involves developing hope, self-direction, empowerment, respect, and peer support.

- Some Veterans do not realize they are dealing with the symptoms of a mental health condition for years. And even if they recognize symptoms, some Veterans are not aware that treatment is available and effective—or they may believe they have waited too long to seek treatment. In fact, many Veterans receive treatment for a mental health issue 10, 20, even 30 years after service. It is never too late.

- VA takes an integrated approach to serving the nation’s Veterans, offering a variety of services and programs, including treatment for physical and mental concerns, education support, and employment services.

- Mental health treatment is tailored to each individual and may involve counseling, medication, or a combination of both. Some treatment options begin to be effective within just a few weeks. For many symptoms and conditions, therapy and other services can help Veterans experience significant improvements within nine to 12 weeks.

- VA provides services to all eligible Veterans, regardless of age, gender, era of service, or ethnicity. In fact, VA even has programs tailored to specific groups, including women and recent Veterans.
Signs and Symptoms of Veterans Experiencing Mental Health Challenges

Identifying mental health issues can often be difficult. Accurately portraying these challenges in fiction can also be tough. The following signs and symptoms are among early warning signs of mental or emotional issues. Writers and actors looking to depict Veterans dealing with such challenges should be aware of some of these possible indicators:

- Changes in sleep, appetite, or weight
- Decreased energy, motivation, or interests
- Problems with attention, concentration, or memory
- Uncharacteristic irritability, anger, or “short temper”
- Feelings of guilt, worthlessness, helplessness, or hopelessness
- Unhealthy behaviors, such as reckless behavior and problems with alcohol or drugs
- Thoughts of suicide
- Problems functioning at home, work, or school

Some Veterans face challenges that can contribute to mental health issues, such as stress caused by transitioning from service to civilian life; reintegrating back into family, relationships, and routine; or other significant life events, such as:

- Loss of a loved one
- Major life changes, such as retirement
- Job loss
- Exposure to another traumatic event, such as an accident or criminal act

Specific mental health conditions may include:

- Anxiety disorders, including post-traumatic stress disorder (PTSD)
- Depression or bipolar disorder
- Alcohol or drug problems
- Schizophrenia

Barriers to Treatment

Veterans may not access mental health treatment because of a variety of real or perceived barriers to care. Although Veterans often cite physical barriers such as clinic hours and distance as reasons for not seeking mental health treatment, perceived barriers such as negative beliefs about mental health care also have a significant impact.

Common barriers to seeking mental health treatment include:

- **Lack of understanding about the signs and symptoms of mental illness.** Some Veterans may write off the signs and symptoms of mental health challenges as an inevitable and unchangeable result of their military service.

- **Perceptions of weakness or failure.** Veterans experiencing mental health conditions often express feelings of embarrassment or fear of being viewed by their peers as weak or having failed, which may prevent them from seeking appropriate treatment.

- **Misconceptions about the necessity and efficacy of treatment.** Because some mental health challenges, such as PTSD, have only recently become fully understood and defined, many Veterans do not realize they are experiencing real problems that can be successfully treated.

- **Lack of familiarity with treatment regimens and resources.** Treatment for mental health issues has advanced over the years, encompassing evidence-based psychotherapies that successfully treat various conditions and do not necessarily involve taking medications. However, many older Veterans view treatment as unending, and younger Veterans may believe all treatment involves pharmaceuticals—causing them to avoid seeking treatment.

- **Belief that treatment is not available to them, or they don’t deserve support.** Service members are trained to look out for their buddies and put the good of the unit before themselves. Veterans retain these attitudes about caring for others first and themselves second, and therefore may believe treatment should be reserved for those who may need it more than they do. They also may think that because they did not see combat—or because their fellow Service members saw more intense action—they are not deserving of the resources available to them.
Treatment Works

Showing signs of mental health challenges does not mean a Veteran has to live with these issues forever. VA and other resources offer support for confronting and overcoming whatever holds Veterans back from leading fulfilling lives. The entertainment industry can present stories that resonate with audiences and directly impact the lives of Veterans and their loved ones when characters and storylines include seeking treatment for emotional and mental health symptoms and portraying the positive outcomes of treatment.

The type of mental health treatment to be provided is highly dependent on the individual and the condition being treated. There is no one-size-fits-all treatment and there are no magic pills. For almost every condition, there are various effective treatments that can help Veterans cope with symptoms and greatly improve their quality of life. Treatments can involve counseling, medication, or a combination of both.

It is important to remember that treatment is often a finite process: Veterans and others who seek assistance with mental health-related issues, as with other health issues, need not remain in treatment forever. They can get help, get well, and return to their normal routines.

Treatment Settings

The setting for treatment usually depends on both the Veteran and his or her specific condition. Some settings available to Veterans include:

- **Outpatient Care:** Most treatment is offered through visits to local primary care offices, psychiatrists, psychologists, mental health clinics, or community centers, and is designed to help Veterans during a difficult time. Telemedicine may be used in specific cases.

- **Intensive Outpatient Care:** This option involves several hours per week of treatment to help address more significant symptoms of mental health conditions.

- **Supported Work Settings:** These settings provide resources, services, and assignments to assist Veterans who are re-entering or integrating into the workforce.

- **Residential Care:** This can be used to support treatment for a wide range of mental health conditions and is designed for people who may benefit from living in a structured environment for a limited period of time.

- **Inpatient Care:** 24-hour care may be initiated as the result of a severe or life-threatening mental health condition. Just as with mental health treatment for civilians, this level of care is not necessary for most Veterans who seek treatment.
**Picture This: Veteran Mental Health Challenges and Solutions**

We asked our *Picture This* experts this question: If Veteran mental health challenges were addressed on television or in film, what would be the most important aspects of these challenges to communicate to audiences? Listed here are the main points our experts identified for your consideration in the development of authentic and compelling characters and storylines.

1. For Veterans and other strong characters, the first step in living a fulfilling and healthy life is proactively addressing any type of mental health issue through treatment that works. Veterans, their families, and their communities are all involved in the mission of treatment and recovery.

   a. When developing characters that will eventually experience mental health challenges related to their service in the Armed Forces, consider including the sequence of events and people that lead characters to seek out help. This demonstrates the reality that not all Veterans experience cataclysmic events before taking steps to find appropriate support. No matter the catalyst, the first step to diagnosing and treating any type of mental health challenge is to recognize help is needed.

   b. By being proactive about their mental health, Veterans can avoid the long-term complications and consequences of an unmanaged mental health challenge. Your storylines may benefit from showcasing the screening and evaluation methods used by the U.S. Armed Forces and VA to proactively assess the mental health needs of Service members and Veterans. Such routine assessments may help your character find reasons behind unexplained behavior and accept support and treatment.

   c. Consider showcasing characters engaging in and finding solutions from therapies tailored specifically for Veterans. Your storylines can add interest by demystifying treatment and countering negative perceptions of outdated forms of therapy with information on new and effective (but not experimental) treatment options that work.

   d. In your storylines concerning Veteran mental health, consider depicting situations within families and positive encounters in the community where understanding and persistent encouragement lead your characters to discover the support and help that is available. Mental health problems can affect all those surrounding the person experiencing the immediate signs and symptoms of a given condition.
2. Veterans may feel isolated, but they do not live in isolation. Nor should Veteran characters. Following the transition from military service, whether immediately or years later, Veterans may experience difficulties in their relationships, work, or everyday lives, but they are not alone in dealing with these issues; support is available.

a. Your characters can show the inner strength necessary to make the decision to seek support and treatment; the benefits of that decision in the Veteran’s work life and relationships; and the benefits to the Veteran’s family and friends as well. Veterans may feel they’re the only ones experiencing mental health issues and may consider it a sign of weakness to seek help and discuss their problems with those around them. Showcasing the strength and initiative it requires to take action and seek treatment and guidance adds opportunities for dramatic dialogue and plot development.

b. When depicting characters seeking treatment and support, you can add depth to your stories by referencing available programs and advocacy groups and showing how they provide support for Veterans and their families.

c. When depicting support groups and other forms of treatment, consider highlighting the camaraderie and friendships formed among members of the groups. The bond between Veterans and professionals—who are often Veterans themselves or are specially trained to work with Veterans—can be a compelling thread to your storylines. Your stories also may explore how experiencing mental health challenges can lead a Veteran to feel alone and misunderstood. Depicting interactions within personal relationships can contribute to your audience’s investment in your characters while highlighting that once help is found, feelings of isolation and loneliness may be replaced with feelings of friendship and understanding.

3. Entertainers can help eliminate the misconception that all Veterans are experiencing debilitating mental health challenges. Consider depicting a variety of characters that reflect the diversity of Veterans’ experiences but share the common threads of strength and perseverance.

a. Through your characters, consider debunking stereotypes that suggest all Veterans experiencing mental health challenges appear to be “crazy,” violent, or unpredictable. You can add complexity by showcasing characters that return home with a renewed strength and purpose due to their experiences during their deployment. Contrary to common perceptions, many Veterans excel both professionally and socially despite experiencing a mental health issue.

b. Due to their military training and experiences during service, Veterans often return home with a new and powerful skill set, making them ideal candidates as professionals and students. Qualities such as perseverance, adaptability, discipline, team focus, and the commitment to carry out tasks to completion are potential areas to deepen character interest in television and movies. Veterans have the training and experience to be highly effective leaders in any setting. When depicting Veteran characters, consider exploring how they may use these skills and characteristics to be leaders or successfully reintegrate into their communities upon leaving the military.

c. When possible, showcase Veteran characters who use their experience in the military as a way to engage other Veterans who may be facing problems following their service. Such characters will help your audience understand that not all Veterans experience mental health challenges, and it will give you an opportunity to build stories that explore the powerful bonds among former members of the military.
Questions to Ask of Your Characters and Storylines Involving Veteran Mental Health

- Does your story explore the full identity of your Veteran characters? A Veteran’s history can shed light on his or her present. In addition to questions like “when and where did they serve,” “for how long,” and “in what branch,” there are personal factors that can help flesh out your character. Was the Veteran character exposed to combat? Did he or she have a difficult separation from family? Are other positive aspects of the character’s life explored? Do we see him or her caring for children, being a good colleague at work, or using skills honed in the service in civilian life?

- Does your storyline explore themes related to reintegration and how community, family, and friends reacted to the Veteran after deployment or military service? Was it tough for the character to find employment or go to school upon returning to civilian life? Does your story show that Veterans are more than their military branch? Does it show they have unique interests and passions?

- Do your characters explore positive aspects of their military service and the strengths gained from that service, along with the difficult aspects and what or whom they miss from their military life since returning home?

- If your characters are experiencing mental health issues, does your storyline allow them to explore their opinions/fears of treatment and whether or not they think it will work for them?

- Does your storyline explore how the characters tried to handle their symptoms/experiences on their own prior to seeking treatment?

- Does your storyline explore what effective treatment looks like and what steps are taken to manage mental health challenges and improve the quality of life for the Veterans and their families?

- Does your story offer an outcome that counters stereotypes surrounding mental health issues by showing treatment is successful and available and that seeking it out is a sign of strength, not weakness?
Sample Characters: Symptoms and Treatments

A Veteran’s course of treatment depends on his or her needs and desires, in consultation with a health care provider or other expert. Treatments vary and may involve counseling, medication, or a combination of the two.

It’s important to realize that treatment varies not only by individual, but also by condition. For instance, the treatment for bipolar disorder usually involves medications and often some form of counseling. By contrast, treatment for PTSD often involves one of two types of Cognitive-Behavioral Therapy (counseling) — either cognitive processing therapy or prolonged exposure therapy.

The following examples may be helpful in depicting treatments your Veteran characters pursue. The quotes included are the unscripted words of Veteran contributors to the Make the Connection campaign.

Symptom:

After leaving military service, a Veteran may frequently feel on edge and experience hypervigilance. He is always “on guard” against possible danger. Once-simple tasks, such as driving under an overpass, bring back warzone or training behaviors, like scanning for threats and performing swerving maneuvers. He may have physical symptoms such as a pounding heart or an upset stomach, and relaxation can be difficult. Because of the way he feels, he isolates himself from the people and activities he used to love.

“When I went out for dinner, I always wanted to have my back to the wall and be able to see the door from where I was sitting.”

Sample Treatment:

Cognitive-Behavioral Therapy (CBT). Talking with a cognitive-behavioral therapist, he is able to recognize those thoughts or situations that are making him anxious, afraid, or upset. He learns new skills and practices, and new behaviors to channel his response to these thoughts and situations into more productive ways to move beyond symptoms and live well. CBT also includes relaxation techniques or breathing exercises to help improve sleep and daily functioning, such as exercising and socializing with family and friends.

“Large crowds still bother me a bit. But now that I understand better why that is, I can cope better with my anxiety, and I can do a lot of the fun things I used to miss out on.”
**Symptom:**

Upon retirement, a Vietnam War Veteran is burdened with memories he tried to put behind him long ago. Now that he has more time on his hands, he finds himself dreaming and thinking of those who didn’t make it back home, and the combat he lived through when he was younger. He worries that there were things he did but should not have done—or things he once failed to do.

“It took me a long time to accept that I wasn’t responsible, but I still see his brand-new boots and his shiny dog tags.”

**Symptom:**

A Veteran has strong feelings of anxiety after returning to civilian life. She feels a fullness in her chest or throat, has difficulty concentrating, and worries about ordinary decisions for several days in a row. All of a sudden, planning a long weekend away with her kids becomes too much of a burden. The logistics of packing, arranging for lodging, and even putting the newspaper delivery on hold become overwhelming. What was once a summer ritual is now fraught with tension.

“Honestly, I kind of liked the fact that I was hyperaware after I got back from my deployment. I figured that it was a good thing since it helped me stay alive over there. But as time went by I noticed it was just too much for my life here. It prevented me from enjoying even the simplest activities.”

**Sample Treatment:**

Acceptance and Commitment Therapy (ACT). ACT provides individuals with the skills needed to overcome struggles with emotional pain, allowing them to recognize and achieve what they define as important. The ACT therapist may use metaphors (e.g., if you’re trying to get out of a hole, the first step is to put down the shovel and stop digging) to help the Veteran recognize that some of the strategies that he has been using may, in fact, be part of the problem.

“The folks at the VA helped me to understand I wasn’t in control of everything that went on around me in Vietnam and that bad things happen to good people. Even when you do everything right, really bad things can happen. They helped me to learn that it’s OK to think about these things and to remember these things.”

**Sample Treatment:**

Group Cognitive-Behavioral Therapy (CBT). Group CBT helps the Veteran identify thoughts that may be making her feel anxious while readjusting after a deployment. With the support of other Veterans in the group and the CBT therapist, she learns new skills and behaviors to change her response to these thoughts and situations into more positive and productive ones.

“Through group therapy and meeting with other Veterans I found a common bond, that camaraderie, that esprit de corps we’re taught while we wear that uniform. It is still available outside of the military. Connecting with other Veterans means the world to me.”
Appendix

About Picture This: Veteran Mental Health Challenges and Solutions

EIC and VA joined together to engage diverse experts in mental health, the entertainment creative community, and news media to discuss mental health topics and challenges Veterans and their families may face and to reach consensus about how to strengthen the public’s understanding of them.

While a great many Americans are Veterans themselves or are touched by Veterans in some way, others do not have close contact with former Service members. Because the entertainment industry has an enormous influence over public thought and perception, it is important that fictionalized depictions of Veterans in popular culture accurately reflect the Veteran experience. The men and women who served in the U.S. Armed Forces deserve to have their stories told with respect, and based in fact. Inaccurate or stereotypical portrayals can isolate Veterans from the rest of society, and even hinder them from seeking assistance with any challenges they face that may be related to their military service. There is also a larger societal cost when inaccurate portrayals lead employers not to hire Veterans or cause subtle discrimination in other settings. At the same time, authentic portrayals of Veterans can be more compelling, complex, interesting, and powerful than caricatured depictions.

Many Veterans, advocates for Veterans, health experts, and leaders in entertainment have expressed an interest in working together to disseminate information and authentic stories about Veterans. While providing content audiences can enjoy, entertainers can simultaneously contribute to the health of Veterans—and society as a whole.
The effort to share real stories from Veterans is a collaboration that began with a national *Picture This* forum held at the National Association of Broadcasters (NAB) in Washington, D.C. A group of 43 nationally recognized experts engaged a panel of entertainment industry professionals about Veteran mental health communication priorities. Building on the D.C. forum, leaders in the entertainment industry gathered in Los Angeles with VA leaders and Veteran participants in the *Make the Connection* campaign to discuss how writers, actors, directors, producers, and executives can learn from real Veteran stories and use them to inform their characters and storylines.

The following statements, made by participants at both events, reflect a range of familiarity with and reflection on the challenges our Veterans face and the strengths with which they can tackle them.

**Sen. Gordon Smith, President, National Association of Broadcasters (NAB)**

“I am confident that our work today will greatly advance the cause of paying our military the respect it deserves. Every day, soldiers, sailors, airmen, guardsmen and women, and Marines go out and risk their lives to protect the freedom that creators, moviemakers, and television broadcasters especially enjoy: our freedom of speech. Your focus on accurately portraying our servicemen and women through fiction is a wonderful thing. There are no greater contributors to our society than our Veterans, who give so much so that we can enjoy the freedoms we do. We at NAB are anxious to help put into people’s ears and eyes the content that you will produce.”

**Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, Department of Veterans Affairs**

“Our mission at the U.S. Department of Veterans Affairs is to serve those who have served our country. There has never been a time in history when so many Veterans were eligible for care and have come to VA so soon after they have left the service.

It is important to realize that not all Veterans require mental health services. But for those who do, excellent care is available. Improving Veterans’ mental health is one of the highest priorities at VA. Last year, about a quarter of the Veterans who came to a VA Medical Center were seen, among other things, for mental health conditions. But there is still more to be done in service to those who served our country. We need to be careful about balancing our messages: Most Veterans honorably serve their country, complete military service, effectively transition into civilian life, and are able to successfully work through any mental health or readjustment challenges that they may have. And those who do have mental health challenges should not be defined solely by that aspect of their lives.

For us to responsibly depict mental health issues and the Veterans who face them, we also need to depict the strengths and unique abilities of our Veterans with respect to discipline, team focus, ability to carry out a mission, adaptability, and perseverance. Veterans have amazing stories. We owe it to them to tell their stories in a fuller context, and show the positive steps they take to improve their own lives, as well as what they do for their own families and communities.”
Veterans, VA mental health professionals, and members of the entertainment industry gathered at the First Draft: Veteran Mental Health Challenges forum at the Writers Guild of America, West. From left to right: VA’s John Tatarakis, U.S. Army Veteran Don Mackey, U.S. Army Veteran and U.S. Air Force Reservist Nicole Ramirez, VA’s Dr. Sonja Batten, EIC’s Larry Deutchman, U.S. Marine Corps Veteran Mike Dolphin, and actor and Veteran John Huertas.

John Tatarakis, Local Recovery Coordinator, VA New York Harbor Health Care System

“The one word I really think of is ‘hope.’ That’s what treatment represents. Among some Veterans of previous eras, there was an idea that when you entered VA you never left. But at VA, the doors don’t close behind you when you come in. It’s like a college campus. No one stays in college forever, and when you go to VA, you get treatment and skills, get better, and get back to your community to live a meaningful life.”

Jon Huertas, Actor, U.S. Air Force Veteran, and First Draft Moderator

“As a Veteran, I know how multifaceted the experience of having served in the Armed Forces is. And as an actor, I know how important it is to have role models on which to base your performance. When my fellow Veterans share their stories of facing and overcoming mental health and other challenges that may be related to their military service, they provide the entertainment community with true examples of the effects—positive and negative—of service and the strengths we can use to lead fulfilling lives.”
T.D. Mitchell, Writer, Army Wives

“The biggest challenge as a writer of scripted drama is how to impart information to our audience without sounding like a public service announcement. Coming across as preachy is a turnoff to audiences, and they can smell a lecture a mile away. These issues must be a genuine part of a story or of a conflict. We rarely throw in a medical issue as a last-minute thing. The usual time between when we talk through the beats for ideas for the story and the time we write and lock in the script and start shooting is a maximum of seven weeks, but it can happen in as little as one week or less. Due to that time crunch, compressing time and simplifying steps in a formal process are the necessary sins most often engaged in.”

Steve Katz, Producer

“Television is all about characters and personalities, interesting characters and interesting situations. But no matter how interesting the situation is, if the characters are not interesting, the audience really will not care. The reason we in television often must revert to stereotypes is because of the time crunch. If information is not easily at hand, we have to go with what we find online or use shorthand. The challenge, and, I hope, what will be taken away from this, is how do you provide us with easy access to these issues as simply as possible? It is also important to trust the ability of the people you are working with to handle that information, because the more we know about an issue, the better we will be able to present it to the public.”

Carl Weathers, Actor and Director

“As you talk about mental illness or mental health issues post-deployment, I think it’s really important to keep in mind that these are human beings. Mental health and Veterans is not just a generic issue that we can make movies or television shows about. As people are watching our work, what touches them is the humanity. So when you’re talking about individuals who are experiencing something, one has to explore: How does it affect the people around them? How does it affect their family members? How does it affect their wives and children? One word that stands out to me is ‘mission,’ and maybe one of the ways to look at this is not just to make it a mission to deal with people who have been on missions in the military, but also a mission for our communities, all of our communities, family, the country. We can make it a mission to come together to help those who served our country.”

D.W. Moffett, Actor

“This is an amazing opportunity because these are stories that are just starting to get told in the entertainment industry. And you have the ability to not necessarily shape how they will be told, but to provide the information that will ensure they are told well. As actors, we base our characters on two things: research and observation. Oftentimes, research can be very dry and very packaged. Most actors predominantly base their portrayal on observation. Good actors tell the truth, and they base that truth on observation. If they don’t have real people to observe, they are going to make it up based on the portrayals of other actors. And that’s the problem, if people are going to tell these stories they have to have access to the truth.”
Discussion Highlights from *Picture This*: Table Facilitators

During the *Picture This: Veteran Mental Health Challenges and Solutions* forum in Washington, D.C., participants gathered in small groups at four tables, and each table facilitator led a discussion to encourage consensus in the development of priority topics for the entertainment community. Following the discussion, a representative of each group presented highlights from their discussion to the room of participants, guests, and media panelists.

These findings and suggestions may be useful in creating compelling Veteran characters that resonate with audiences.

“First off, we need to be sensitive to the fact that most people have significant reactions, even if they do have symptoms, to being diagnosed with a mental illness. So the message needs to be about strength and hope; where recovery is a responsibility for Veterans, families, and the larger community. There also needs to be a message specifically directed towards Veterans that conveys help is available and addresses what help is out there and where they can find it.”

“We wanted to come up with a message that would incorporate everything that we wanted to say. Our message was that you and your community have strengths that you can rely on to accomplish your next mission of recovery. Veterans are not alone in dealing with mental health issues and we as advocacy groups are here for them so that they can move forward.”

“One of the ideas we came up with was the idea of the mission. That is something that resonates with both the military community and nonmilitary community in terms of the importance of a mission—the mission in this case includes recovery. There is the mission of the Service member, the individual mission of recovery. The mission of the community to reintegrate individuals once they come back, and the importance of sending the message promoting the resources, the capabilities of health practitioners and Veterans themselves, and the treatments that are available.”

“We spend a great deal of time talking about the many resources that are available and that is very fortunate. We have all of the ingredients. What we need now is to have enough stories being told, so that you can start educating individuals as to where to reach out.”
First Draft Veteran Contributors

Three Veteran contributors to VA’s Make the Connection campaign traveled to Los Angeles to share their stories with representatives from the entertainment industry. Their biographies as of the time of the forum, with links to their actual video testimonials, are provided below.

Don Mackey, U.S. Army Veteran; Vietnam War Era

Don Mackey served as an avionics technician and aircraft gunner for the Army’s 1st Cavalry Division in Vietnam. Don married his high school sweetheart and went to college as an adult—20 years after leaving Vietnam. The tragic events of Sept. 11 triggered long-buried feelings of guilt and horrific memories. He was surprised to learn he had symptoms of PTSD. His wife, family doctor, and VA helped him face his issues and lift the burden of combat stress. A husband, father, grandfather, and retired computer technician and LAN administrator, he now works with his area Veterans of Foreign Wars as the webmaster and editor of its paper. He also enjoys volunteering and spending time with his grandkids. Don tells his story at www.MakeTheConnection.net/DonEIC.

Nicole Ramirez, U.S. Army Veteran, U.S. Air Force Reserve; Desert Era, OEF, OIF

Nicole Ramirez served as an active duty combat medic for the Army during the Gulf War, Operation Enduring Freedom, and Operation Iraqi Freedom, and at present is an Air Force Reservist. Nicole’s husband served in the Army for eight years as a combat engineer, and his duties included infantry patrols in Kuwait and Iraq. Nicole and her husband reached out for support for themselves and to find effective ways to raise their children while managing the unique requirements of a dual-spouse military family. She is currently weeks away from completing her bachelor’s degree. Listen to Nicole share her family’s story at www.MakeTheConnection.net/NicoleEIC.

Mike Dolphin, U.S. Marine Corps Veteran; OIF

Mike Dolphin served as a sergeant and military police officer in the U.S. Marine Corps for multiple deployments during Operation Iraqi Freedom. Mike’s duties included serving as a convoy escort and keeping watch for insurgents or explosive devices. After returning from deployment and spending time alone dealing with a difficult transition back into civilian life, he decided to reach out for help. Through counseling, Mike found ways to get his life back on track. He now assists other Veterans with their legal needs, and was a strong advocate for and supporter of the establishment of the Veterans Court program in Minnesota. He is currently finishing law school. Hear Mike tell his story at www.MakeTheConnection.net/MikeEIC.
A Commitment to the Nation’s Veterans: About the U.S. Department of Veterans Affairs and Its Advances in Mental Health Services

The United States has the most comprehensive system of assistance for Veterans of any nation in the world.

In 1930, the VA health care system totaled 54 hospitals. Today, it includes more than 150 medical centers; more than 350 outpatient, community, and outreach clinics; and 300 Vet Centers. VA health care facilities provide a broad spectrum of medical, surgical, and rehabilitative care. Through treatment and accessible resources, VA provides Veterans with the tools necessary to lead fulfilling lives following their selfless service to our country. These tools are geared specifically toward Veterans and are delivered in a way that makes them and their loved ones most comfortable. VA has experience working with all Veterans—from the oldest to those from recent conflicts—and has several services and programs geared toward specific groups, including women and recent Veterans.

A Commitment to Treatment

VA specializes in the care and treatment of Veterans. In recent years, research from around the world has dramatically increased our understanding of mental health conditions and how to treat them. Several million Veterans have received treatment for mental health conditions and found solutions for improving their lives. They have learned what all Veterans should know: Treatment works and recovery is possible.

A Commitment to Resource Awareness

VA is at the forefront of creating new ways to help Veterans and their families identify resources and treatment options that are tailored for them. But it is not enough to offer these resources: VA is committed to performing local and national outreach so all Veterans realize the support that is available to them. Many Veterans are affiliated with a VA Medical Center, a Veterans Service Organization, or other community organizations and may be well aware of their options for health care, including mental health services and support. For those who do not, VA is taking the message of treatment availability and effectiveness to the public sphere.

VA’s Make the Connection public awareness campaign highlights candid, personal testimonials from Veterans and their families and provides resources to help them discover ways to improve their lives. MakeTheConnection.net helps Veterans recognize that they are not alone—there are people out there like them who are going through similar experiences, overcoming challenges, reaching positive outcomes for treatment and recovery, and finding paths to fulfilling lives. These messages are conveyed through the most credible source of all—the voices of other Veterans. The Make the Connection campaign encourages Veterans and their families to “make the connection”—with information and resources, with the strength and resilience of Veterans like themselves, with other people, and with available sources of support, including mental health treatment.
U.S. Veterans: Did You Know?

How many Veterans are there?

According to the National Center for Veterans Analysis and Statistics (November 2010), there are an estimated 22.7 million Veterans in the United States; 92 percent of those Veterans are men and 72.5 percent are aged 50 or older.

Who are they?

- As compared to Veterans from the Vietnam era, recent Veterans are generally more diverse in gender, race, and ethnicity.
- Today’s Veteran population is fast approaching retirement age, with 72.5 percent aged 50 or older and 55 percent aged 60 or older.
- One-third of all U.S. Veterans (7.5 million) served during the Vietnam era.
- Since September 2001, more than 2 million members of the U.S. Armed Forces have been deployed. Of those, 1.48 million Veterans returned home as of the second quarter of 2012, making them eligible for VA services.
- 70 percent of Veterans are married.
- 14.5 percent of Veterans are divorced or separated.
- 31 percent of Veterans have one or more dependent children.
Veteran Populations in the United States

Source: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projection Model (VetPop), 2007
Additional Information and Resources:

- U.S. Department of Veterans Affairs
  - www.va.gov
  - www.mentalhealth.va.gov
- Make the Connection
  - www.MakeTheConnection.net
- National Center for PTSD
  - www.ptsd.va.gov
- Veterans Crisis Line
  - www.veteranscrisisline.net
  - www.militarycrisisline.net
- Defense and Veterans Brain Injury Center
  - www.dvbic.org
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
  - www.dcoe.health.mil
- National Resource Directory
  - www.nationalresourcedirectory.gov
- National Suicide Prevention Lifeline
  - www.suicidepreventionlifeline.org
- Substance Abuse and Mental Health Services Administration
  - www.samhsa.gov/militaryfamilies
Language and Terminology:
Adapted from MakeTheConnection.net, NLM.NIH.gov, Medicinenet.com

- **ACT**: Acceptance and Commitment Therapy. An effective type of talk therapy for depression, anxiety, and substance use problems. ACT helps people move beyond their struggles with emotional pain and worries. It teaches them to recognize, commit to, and achieve what’s important to them, rather than making choices due to avoidance of painful or uncomfortable experiences.

- **Acute**: Of abrupt onset, in reference to a disease. Acute often also describes an illness that is of short duration, rapidly progressive, and in need of urgent care.

- **Antidepressant**: A medication used to treat depression. The available antidepressant drugs include SSRIs, or selective serotonin reuptake inhibitors, MAOIs, or monoamine oxidase inhibitors, tricyclic antidepressants, tetracyclic antidepressants, and others.

- **Anxiety**: An experience characterized by episodes of intense fear or exaggerated worry and tension most of the time or in everyday social situations. Experiences of anxiety may be accompanied by physical symptoms like heart pounding, trouble breathing, trembling, sweating, or being easily startled.

- **Bipolar disorder**: A mood disorder in which an individual may experience extreme shifts in mood, energy, and activity levels. The individual can go from feeling almost supercharged with tremendous energy to feeling so down that it may be hard for him or her to find the energy to do much of anything. These extreme mood swings can happen over a short period of time or over several months, and there may be periods of “normal” moods in between. Bipolar disorder can make it very difficult to function at work or in social settings. It can also lead to strain on family and personal relationships.

- **CBT**: Cognitive-Behavioral Therapy. A type of talk therapy effective for depression, anxiety, and PTSD. CBT helps people learn new patterns of thinking and practice new positive behaviors.

- **Chronic pain**: A condition characterized by the experience of pain in one or more areas of the body for a prolonged period of time. The pain may be nagging or severe and often seems worse than short-term pain because of its duration. General wear and tear from aging as well as different types of illnesses and injuries can cause chronic pain.

- **CPT**: Cognitive Processing Therapy. A type of cognitive behavioral talk therapy effective for PTSD. CPT helps people learn new patterns of thinking so their memories of trauma do not interfere with their daily lives. CPT uses some exposure therapy (see definition of “PE: Prolonged Exposure Therapy”).

- **Dementia**: Loss of memory and intellectual capacity that is severe enough to limit a person’s ability to function. Alzheimer’s disease is one common type of dementia.

- **Deployment**: The movement of Armed Forces and their logistical support infrastructure around the world. During deployments, men and women leave their families and homes with other Service members and travel to another location for a set period of time.

- **Depression**: Feelings of sadness or hopelessness that last for more than a few weeks or seriously impact one’s life. Depression is a common problem that affects people in different ways. It not only affects a person’s mood, but also affects a person’s body, actions, and thoughts. Depression can interfere with daily life and normal functioning.

- **Dissociation**: A feeling of detachment from one’s immediate experiences, surroundings, or even from the body. Dissociation is characterized by a sense of the world as a dreamlike or unreal place and may be accompanied by memory problems.

- **Domiciliary or Residential Rehabilitation Treatment Program**: A safe, homelike facility where Veterans live for a short time while they “get back on their feet.” Such programs provide state-of-the-art, high-quality residential rehabilitation and treatment. Here, Veterans can receive services that help them get a job, return to school, improve social skills, and address physical and mental health problems.
• **Fatigue**: Fatigue can result in a lessened capacity for work and reduced efficiency of accomplishment. Fatigue is usually accompanied by a feeling of weariness and tiredness. It can be acute and come on suddenly or be chronic and persistent.

• **Flashback**: The feeling of re-experiencing a traumatic event. Individuals might remember everything about the event as if they were going through it again—vividly recalling the sights, sounds, smells, and other details while losing contact with their current surroundings. They might even have the same feelings or physical sensations that they had at the time of the event.

• **GAD**: *Generalized Anxiety Disorder*. GAD is characterized by six months or more of chronic, exaggerated worry and tension that is unfounded or much more severe than the normal anxiety most people experience. People with this disorder usually expect the worst; they worry excessively about money, health, family, or work, even when there are no signs of trouble. They are unable to relax and often experience insomnia. Many people with GAD also have physical symptoms, such as fatigue, muscle tension, headaches, or stomach pain.

• **Insomnia**: A common sleep disorder characterized by trouble falling asleep, staying asleep, or both. It can be acute (short term) or chronic (ongoing). Acute insomnia lasts for days or weeks, while chronic insomnia lasts for a month or longer. Most cases of chronic insomnia are secondary, meaning they arise as a symptom or side effect of a medication or another mental or physical illness.

• **MST**: *Military Sexual Trauma*. MST is sexual assault or sexual harassment during military service. It includes uninvited sexual advances or contact or forced sex while in the military and happens to men and women. MST can be associated with mental and physical problems. Every VA facility provides free MST-related care and has a designated MST Coordinator who serves as a contact person for MST-related issues.

• **OEF/OIF/OND**: Acronyms for Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

• **Panic attack**: A sudden onset of intense fear or terror, often associated with feelings of impending doom. During these attacks, there are symptoms such as shortness of breath or smothering sensations; palpitations, pounding heart, or accelerated heart rate; chest pain or discomfort; choking; and fear of losing control.

• **PE**: *Prolonged Exposure Therapy*. An effective treatment for PTSD, PE therapy helps people slowly become more comfortable with sights, sounds, and smells that remind them of the trauma. The therapist helps the individual relive traumatic memories in a safe environment. The memories become less troubling and interfere less with the person’s daily life as the person repeatedly contacts the difficult memory. Other approaches to exposure therapy may use methods such as writing about the traumatic event.

• **PTSD**: *Posttraumatic Stress Disorder*. An anxiety disorder that may sometimes result when a person experiences a potentially traumatic event. PTSD symptoms can disrupt daily life. They include re-experiencing the trauma through intrusive thoughts or nightmares and distancing from other people or feeling emotionally numb. Other symptoms include being irritable or quick to anger and having trouble sleeping or feelings of anxiety.

• **Schizophrenia**: A mental health disorder characterized by feelings of fear and paranoia that make it very hard to trust others, having a significant effect on personal relationships. Schizophrenia may get in the way of one’s ability to make good decisions. Research shows many people with schizophrenia can recover when correctly diagnosed and treated. Note that schizophrenia is not the same as dissociative identity disorder or multiple personality disorder.
• **Substance use disorders:** The excessive use of a substance, especially alcohol or a drug. Substance use problems can impair an individual's ability to function and can lead to complications including, but not limited to, liver disease, harm to unborn children, high blood pressure, mood swings, and neglect of personal responsibilities and appearance.

• **TBI:** *Traumatic Brain Injury.* TBI can occur when something outside the body hits the head with significant force, and can cause changes in a person's ability to think, control emotions, walk, or speak. It can also affect sense of sight or hearing. TBI can be mild to severe. Mild traumatic brain injury or concussion refers to brief changes in or loss of consciousness. Severe traumatic brain injury or concussion refers to longer periods of unconsciousness and memory loss around the event. Note that TBI is not a mental health condition.

• **Telemedicine, or telemental health:** A cutting-edge technology that allows a clinical provider to care for a patient from a remote location, using a camera and special TV that allow the patient and provider to see and hear each other. Telemental health can be used to perform assessments and conduct individual or group psychotherapy and medication management.

• **Traumatic experience:** A traumatic experience is an event that causes physical, emotional, or psychological distress or harm. It is an event that is perceived and experienced as a threat to one's safety or to the stability of one's world. At the time of a traumatic event, the person experiencing the event might feel numb and, therefore, not know how to respond. Later on, memories of the trauma can bring out feelings of helplessness, fear, and even horror—as if the person were reliving the trauma all over again.
End Notes:


Gallup, “Listening to the Voices of Veterans, Focus Group Report for the Substance Abuse and Mental Health Services Administration” (March 2010).


U.S. Department of Veterans Affairs, Office of Public Health and Environmental Hazards, “Analysis of Health Care Utilization Among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) Veterans” (December 2010).


Women In Military Service For America Memorial Foundation Inc., “Statistics on Women in the Military” (February 2011).