

## Supporting Our Troops: Understanding the New Parameters of War Innovative Strategies Being Used by Military Mental Health Personnel

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PHOTO

The “war”. I recently used this term to refer to Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) when talking to a store clerk. The clerk looked confused and said, “Oh, I first thought you were referring to World War II.” It is unfortunate that the thousands of returning service members from Washington State are coming home to a public with little awareness of the OIF/OEF war experience and its impact on our neighbors and friends. As social workers, we need to be prepared to meet the unique needs related to OIF/OEF. As with all wars, there are mental, social and physical consequences for the warriors and their families. The new, and thus unique, aspects of this war will be the focus of this article which is the first of two: mental health followed by families and physical health.

### Mental Health

In the area of mental health, for the first time in military history, mental health data has been collected prior to deployment of troops to combat. (Fort Lewis, WA is one of the sites for the study.) For troops deployed overseas, each branch of the military has established programs, which embed mental health providers with units. (The Army has a program- Combat Stress Control and the Navy and Marines have a program named OSCAR.) Mental health issues, i.e. stress reduction, suicide prevention, are being included in military training programs. Along with traditional counseling approaches to stress management/PTSD symptoms, an innovative strategy being used by the military is self-help, Internet based intervention. The Internet is also being used by the Uniformed Services University of the Health Services to offer online fact sheets about issues related to returning home. The impact of Internet counseling on the emotional health of combatants and families will need to be part of future clinical reports and research.

The clinical implications for treating PTSD resulting from OIF/OEF are being actively explored and disseminated by the Department of Defense (DOD) and the Department of Veterans Affairs (VA). Predicting the extent of mental health needs and the resources to meet those needs, is already receiving attention. A few pertinent factors being reported are percent of service members reporting PTSD symptoms, types of combat experience, i.e. persistent, daily threat of attack; visual exposure to death and severe bodily injuries; and the high predictor of PTSD, killing the enemy.

The availability of this kind of information offers clinical social workers the opportunity to refine assessment and treatment techniques for OIF/OEF veterans. From my experience here a few examples of new areas to assess<sup>1)</sup>

pre-deployment and combat mental health education and treatment, 2) how mental health issues were perceived within the military culture of their units, 3) smells associated with stressful situations, in are particular the smell of diesel fuel, 4) the emotional effect of instant access to information about life back home and to the daily war news, as seen by family and friends via the media. Depending on the data produced, different treatment techniques might need to be developed.

With the goal of providing a comprehensive response to our troops, the Department of Defense and the Department of Veterans Affairs have collaborated in unprecedented ways to share knowledge and resources. The VA has a highly lauded social work program called Seamless Transition, whereby VA social workers are stationed at military hospitals and work with returning service members. The VA National Center for PTSD has been involved with pre-deployment research. Special eligibility for VA health care has been established for OIF/OEF returnees and local Vet Centers staffed with OIF/OEF veterans as outreach counselors, are an easily accessible point of entry for service members and their families to learn about the range of VA benefits.

Knowing how and where to get health and mental health assistance is especially important for OIF/OEF warriors. With 70% of the troops fighting this war composed of National Guard and reservist , they will be coming back to many different zip codes .It is logical to conclude that PTSD and family stress symptoms will emerge weeks or months after coming back to Washington's cities, towns and hamlets, not just our military bases. With this scenario, as a consequence of war, all Washington social workers should be educated about the total impact of the war and keep abreast of new information, as it becomes available.

### References:

Report-"Combat Duty in Iraq and Afghanistan, Mental Health Problems and Barriers To Care."

*New England Journal of Medicine (Vol.351, No.1, pages 13-22.)*

Greer, Mark, "A New Kind of War" *Monitor On Psychology (April, 2005, Vol.36, No. 4, pages 38-41)*

Internet –based Counseling, *Professional Psychology Research and Practice, (Vol.35, No. 6, pages 628-634)*

### Resource Websites:

VA

va.gov- home page, click on Iraqi Freedom or Health to find Vet Centers

WA State Dept. of Veterans Affairs

dva.wa.gov- home page

Army

Wblo.org – Well Being Liaison Office, Disabled Soldier Support System  
Active Duty  
military.com – Military Severely Injured Joint Operation Center (1-888-774-1361)  
National Guard & Reserves  
military.com – click on benefits, lots of practical links  
Health Insurance  
tricare.osd.mil – health insurance for military & their families

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Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) and the role of social  
workers in this work. Letters to the Editor are welcome (max. 200 words) as are  
articles (max. 750 words). They should be sent to: [info@nasw-wa.org](mailto:info@nasw-wa.org)