

Project Helps Military Families

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education for military families and children, because it can provide a framework for families to understand and talk about deployment, reunions, and transitions during multiple deployments, Dr. Broder said. Soldiers returning home may be changed by combat-related medical conditions or become impatient or withdrawn, while family dynamics can change as children and spouses adapt to fill the void of the missing parent. The uncertainty of whether a soldier will be redeployed is unique to this war and particularly stressful for children and spouses, with many soldiers shutting down as a way to cope with the uncertainty.

"We're often told he became an ice-man, but that's what many have to do to go back into conflict," she said.

If the slow, painstaking work of psychoanalysis, which Sigmund Freud once likened to archaeological excavation, sounds like an odd match for tight-lipped, action-oriented soldiers, Dr. Broder said the approach is actually well-suited. She suggests that in some fundamental way the basic character of many of the young men and women who have served has been shattered, and that this type of wound may be difficult to reach by the more widely used cognitive-behavioral therapy (CBT) with its systematic, goal-oriented approach to influencing dysfunctional behaviors and emotions.

"This isn't just about reaching the triggers of anxiety, but it's about rebuilding

a shattered structure of the self," she said. "In most cases, it has very little to do with the excavation of the past, even though the stereotype is that we're going to talk about their mothers."

In some cases, the volunteer physicians opt to prescribe medication to the returning soldiers. They do this in addition to providing psychotherapy, she said.

The specific credentials of the therapists tend to be less of an issue than the "proximity of the volunteer's office to the referral request and the time availability," she said.

"We pride ourselves on finding therapists who are close to the people making the request," she said. "This has to do with the fact that many of the traumatized veterans cannot drive freeways or be in a car or bus for extended periods, as serving in Iraq often exposed them to hidden explosives or rocket-propelled grenades."

In addition, the volunteer therapists try to help the soldiers obtain medications through the VA, since the soldiers must pay for the medication out of pocket if they get them privately.

"Unfortunately, among the people we see, there tends to be a great distrust of the VA for complex reasons," Dr. Broder said. "But we may go as far as physically escorting them to the VA to help them through what they experience as traumatic so that they get what they are entitled to." ■

APsaA Offers Mental Health Program For Military Families With Children

With a program similar to The Soldiers Project, the American Psychoanalytic Association is shining its spotlight on the mental health needs of military families and the estimated 1.4 million children with actively serving parents.

The association started its own "Soldiers and Veterans Initiative" last year as a way to highlight unique aspects of this public health care crisis and to provide information and resources to its roughly 3,500 members, said APsaA president Prudence L. Gourguechon. The group's Web site (www.apsa.org) includes everything from a link to Sesame Street's "Talk, Listen, Connect" bilingual outreach program for military families with children aged 3-5 years (www.sesameworkshop.org) to a position paper on gay, lesbian, and bisexuals in the military.

The mental health needs of this latter population may not be mainstream fodder, but deserves special attention because the inability to disclose sexual orientation sets up additional stressors for gays and lesbians and isolates them from loved ones during specific times of stress, according to Dr. Gourguechon, who is

in private practice in Chicago.

The two core issues of the initiative are: military families and children because of the risk of intergenerational transmission of trauma, and the need for and access to long-term treatment. The 2008 "Invisible Wounds of War" study by the RAND Corp. showed that 300,000 veterans or nearly 20% of military service personnel who returned from Iraq or Afghanistan reported symptoms of posttraumatic stress disorder or major depression, yet only slightly more than half have sought treatment.

Dr. Gourguechon noted that after the Vietnam War, veterans had access in the mid-1970s to mental health services through the VA and a now-dismantled outpatient community mental health system that offered services based on a sliding fee scale. Yet despite this, studies suggest that nearly 50% of America's homeless veterans served in Vietnam.

"Without that community mental health system as a safety net and fewer people being insured, I can imagine an epidemic of homelessness and drug and alcohol abuse," she said.

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Mental Health Costs Rise Steeply

For a decade, the cost of treating mental illness in the United States rose more quickly than that for any other major chronic condition, the Agency for Healthcare Research and Quality reported. The agency said that in 1996, it cost \$35 million to treat conditions such as depression and bipolar disease, but by 2006, that figure had risen to \$58 billion, with 36 million Americans receiving treatment. In contrast, heart disease spending increased from \$72 billion to \$78 billion, cancer spending rose from \$47 billion to \$58 billion, and asthma costs grew from \$36 billion to \$51 billion—according to the Medical Expenditures Panel Survey. The per-patient cost for treating mental disorders fell from \$1,825 to \$1,591.

Middle Aged, Elders Are Bingeing

A survey of 11,000 adults age 50 or older has determined that binge drinking is common. Fourteen percent of men and 3% of women over age 65 reported having five or more drinks in a day within the past 30 days. Among 50- to 64-year-olds, binge drinking was reported by 23% of men and 9% of women. The study, published online in the American Journal of Psychiatry (doi: 10.1176/appi.ajp.2009.09010016), analyzed data from the 2005 and 2006 installments of the National Survey on Drug Use and Health. Binge drinking in the over-50 male cohort was associated with higher income and being separated, divorced, or widowed. In both men and women, bingeing tracked with the use of tobacco and illicit drugs. The authors reported that binge drinking was not typically associated with psychological stress, so it might not be detected by typical alcohol screens. "Clinicians who work with this age group would be well advised to ask specifically about binge drinking," coauthor Dr. Dan G. Blazer of Duke University said in a statement.

1 in 5 Teens Shares Prescriptions

Interviews with almost 600 children aged 12-17 years found that 1 in 5 (122 of 592) said that he or she had loaned or borrowed a prescription drug, according to a study published online in the Journal of Adolescent Health by researchers from Academic Edge Inc. (doi:10.1016/j.jadohealth.2009.06.002). Allergy medications and pain drugs were among the types loaned most often, followed by antibiotics and acne medications, including isotretinoin. The young people also borrowed and loaned birth control pills. Among those who loaned prescriptions, 47.5% said they passed along printed instructions and 55.7% reported providing verbal instructions. Results were similar across racial groups.

Postdisaster Care Is Cost Effective

Giving comprehensive mental health care to a population after a natural disaster would have substantial public health benefits, according to a study in the August issue of Archives of General Psychiatry (2009;66:906-14). Researchers from various universities and foundations estimated the costs and effects of mental health screening, assessment, treatment, and care coordination for 11 million people after a disaster, such as those affected by Hurricanes Katrina and Rita in 2005. They assessed a medium-term response—that is, 7 months after an event—because fewer care strategies address that period than deal with the immediate postdisaster care. The team estimated that comprehensive care cost \$1,133 per person, a total of \$12.5 billion, during the 7-24 months after such a disaster.

Faulty Off-Label Prescribing?

A survey of 250 physicians—135 psychiatrists and 115 primary care doctors—found them lacking in knowledge of many drugs' approved indications. The study was published online in Pharmacoepidemiology and Drug Safety (doi: 10.1002/pds.1825). The authors queried the physicians about several combinations of medications and how they prescribe them. A large minority of physicians were mistaken that drugs were approved for uses they prescribed. For instance, 33% of respondents said they'd prescribed lorazepam for chronic anxiety believing that it was approved for that, when in fact, the Food and Drug Administration warns against that use. Psychiatrists tended to be more accurate than primary care physicians.

Macho Matters Medically

Middle-aged men who strongly idealize masculinity are only about half as likely as other men to seek preventive health care, according to a study presented at the American Sociological Association's annual meeting. However, among the macho men, those in blue-collar jobs were more likely to report obtaining care than were white-collar workers with strong masculinity beliefs. Presuming that jobs such as truck driving and farm work are more dependent on maintaining good health, the blue-white-collar difference suggests that the "masculinity threat of seeking health care is less concerning than the masculinity threat of not performing their jobs," said lead investigator Kristen Springer, Ph.D., of Rutgers University. The study looked at the likelihood of men obtaining three preventive services: a complete physical exam, a flu shot, and a prostate exam.

—Alicia Ault