

Shinseki Emphasizes Addressing Mental Health Issues Early

By Donna Miles
American Forces Press Service

WASHINGTON, April 8, 2010 – Close collaboration between the Defense and Veterans Affairs departments, plus proactive military screening policies, are helping to identify and treat mental-health issues in returning combat veterans before they escalate into more serious, long-term problems, Veteran Affairs Secretary Eric K. Shinseki told American Forces Press Service.

Shinseki credited Defense Secretary Robert M. Gates' leadership in addressing mental-health concerns early, before they spill over into the VA health care system.

"We know that if we diagnose things like [post-traumatic stress] and treat it early, people generally get better," Shinseki said. "That's opposed to waiting until 20 years later, when a youngster comes in and says, 'I have a problem.'"

Nearly everyone returning from a combat deployment has at least some symptoms of post-traumatic stress, Shinseki said. The trick, he said, is to deal with it before it becomes PTSD, post-traumatic stress disorder.

"If we can diagnose and treat it, you never get to the 'd,' the disorder," he said. "Because that's what causes the problem. And the disorder oftentimes sets in later, after it goes ignored and unrecognized. That's what we are trying to get beyond."

Shinseki called the military's mental-health screening process a big step in the right direction.

Every servicemember about to deploy gets a medical readiness assessment that addresses any mental-health care services received in the year before their departure, explained Cynthia Smith, a Pentagon spokeswoman. During this predeployment assessment, troops are asked privately about any health concerns. Those with mental-health concerns or a history of receiving mental-health care get evaluated by mental health providers for their fitness to deploy.

Within seven days of returning from a deployment, servicemembers get a global health assessment that addresses mental-health as well as physical issues associated with the deployment. A medical provider reviews each assessment and refers troops to follow-on care, if needed.

Recognizing that some mental-health issues and physical symptoms may not develop for several months after redeployment, the Defense Department also instituted troop health reassessments three to six months after they return from combat theaters.

In addition, embedded mental health support teams provide immediate psychological first aid for troops who experience traumatic events, both in the combat theater and in garrison. Trauma patients routinely receive psychiatric consultations to detect and treat

any related psychological difficulties.

Shinseki, who rose to become Army chief of staff during his 38-year military career, compared the principle behind this screening process to the one the military uses to protect its forces from everything from smallpox to the flu.

“When we want to ensure we protect our formations from the flu each year, we line everybody up and they all go through [the inoculation process] and get the flu shot,” he said. “A company will go through, with the company commander leading and the first sergeant as the last person. And by 9 o’clock, everybody has been inoculated against the flu.”

This may be a bit simplistic for addressing combat stress, traumatic brain injuries and other combat-related mental-health issues, Shinseki conceded. “But I think we ought to have the same attitude about protecting our people and making sure they have the early read,” he said.

That early read “will begin to show us folks who would benefit from some early attention,” he added.

One major hurdle, Shinseki acknowledged, is to get more troops and veterans to recognize when they need help, and to seek mental-health services available to them.

“I have sat in a room with 15 or 20 [combat] veterans and told them, ‘You are carrying baggage,’” he said. “And I get the Heisman from them,” a reference to the football player on the prestigious college trophy, his hand extended, palm out, in a defensive posture.

“‘Not me’” Shinseki said the veterans tell him. “And I say, ‘Yes, you are.’ So I take them through the routine that all combat-experienced veterans have gone through. It’s anger management. It’s hyper-vigilance. It is less mental acuity during certain hours of the day, and it is super alertness during other hours of the day, ... such as the middle of the night.

“If that is the reality,” he continued, “getting them to say, ‘You know, I have probably got some of those issues’ will go a long way toward helping them make the transition,” Shinseki said. “If they accept that they are carrying baggage, they will do something about it. If they never accept that they are carrying baggage, then it becomes everybody else’s problem.”

Ultimately, Shinseki said, it’s up to the system to ensure combat veterans “who went off and did the most unbelievable things” get the mental-health support they need after they’ve returned home.

There’s “tremendous opportunity” for VA and the Defense Department to work together to provide that support, he said, noting promising strides already under way.

Both departments have worked to improve the quality, access and value of mental-health care for their members, and their fiscal 2011 budget requests provide for more mental-health staff and services.

“I just can’t thank Bob Gates enough for the early commitments he’s made, kept and

continued to work at," Shinseki said.

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