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Critical Components for Understanding Veterans with Serious Mental Illness

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The Veterans Health Administration is the primary provider of healthcare for eligible veterans in the United States and includes care for mental health. Some recent policies, including the Veterans Choice Act of 2014 and the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, expanded care of veterans to community providers. Yet many of them may lack expertise in how to provide care for this complex and unique population.

Given the demanding nature of military service and the early age at which many veterans begin their careers, there is a heightened vulnerability to serious mental illness (SMI), which includes major depression, schizophrenia, and bipolar disorder.¹ These challenges are exacerbated by the unique stressors that veterans face, such as combat-related trauma, the complexities of multiple deployment tours, and the intricacies of transitioning from military to civilian life.² These experiences complicate the onset and treatment of SMI and may lead to substantial functional impairment, impacting roles as a parent, partner, student, and/or employee. Living with active symptoms of SMI can increase the risk of suicidal ideation, suicidal behavior, and death by suicide.³



Left unaddressed, these conditions present significant hurdles to veterans' daily functioning and affects their ability to secure housing, maintain long-term employment, foster healthy relationships, and sustain overall well-being.⁴ It is critical to recognize the intricate nature of SMI in veterans and emphasize the need for comprehensive strategies that specifically address the unique challenges that these mental health conditions pose for this population.

There is a significant need for specialized and culturally competent care for veterans.⁵ A tailored, trauma-informed approach that considers the military culture, the impact of service-related trauma, and the importance of camaraderie is essential to effectively care for veterans who have SMI.⁶

This guide highlights critical components for understanding veterans who have SMI.



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Understanding Symptom and Treatment History

In the military, service members may not fully comprehend or recognize their mental health symptoms, often prioritizing the mission over their own needs.⁷ Consequently, service members frequently decline higher-level treatment options to avoid diverting time from their unit or jeopardizing their military careers.⁸ It is crucial to understand a veteran may have trouble enumerating their symptoms and when those started. Functioning may not have been disrupted and treatment may have been avoided.

Understanding Stressors and Supports

After active-duty military life, veterans encounter distinctive challenges. The close bonds formed with battle buddies, who often become friends, are frequently disrupted as these connections may not be local. The intense camaraderie experienced with fellow service members dissipates. This transition from active duty to civilian life involves a significant readjustment period, where military rank, once crucial, loses its importance and familiarity. Rebuilding relationships with loved ones, including spouses and children, can become a daunting task. These unique stressors compounded, make it challenging for veterans to establish a robust support system.⁷

Awareness of Suicide Rates and Weapon Expertise

Veterans exhibit higher suicide rates than their civilian counterparts, and veteran suicides are more prone to involve firearm injuries.⁹ While among the general population around 50% of all suicides involve the use of firearms, this statistic increases to nearly 70% among veterans. Implementing safe storage practices, such as keeping firearms locked and unloaded when not in use, is imperative as a potential strategy to decrease suicide risk by limiting access during moments of distress.¹⁰

Communicating with Primary Care Team

Active duty often takes a physical toll on the body. Collaborative care, involving medical professionals such as primary care providers and mental health clinicians, adopts a holistic approach by addressing mental illness symptoms and physical health concerns simultaneously. Collaborative care has been shown to enhance outcomes, including for people who have SMI.¹¹ This comprehensive strategy contributes to improved overall well-being, enhanced symptom management, and increased life expectancy, while emphasizing the importance of seamless communication, especially in civilian healthcare.¹²



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While the Department of Defense (DoD) and Veterans Affairs (VA) medical systems are designed for seamless communication, in the civilian sector, it falls on the provider to facilitate crosstalk and ensure veterans sign appropriate consents for information sharing. In addition, providers can empower veterans with information about their care and treatment and encourage them to communicate to each care team about their whole health.

Recognizing Stigma

Veterans have grappled with stigma since their time served on active duty. Approximately 60% of military personnel who face mental health problems choose not to seek professional help, despite potential benefits.⁸ Reasons for avoiding help-seeking include concerns about harming one's career or being perceived as weak, reflecting the influence of group dynamics, military culture, masculinity ideals, self-sufficiency, and stigmas related to seeking support.⁸

The need for operational readiness may feel in conflict to help seeking within the military, forcing service members to choose between disclosing mental health problems for care and potential negative impacts on operational effectiveness and their careers. Consequently, military objectives, healthcare structures, and cultural factors collectively created barriers to seeking help for mental health issues, leading some individuals to opt against self-disclosing their mental health challenges.⁸

Combining physical and mental health care reduces the stigma associated with seeking support for SMI.¹ When mental health services are seamlessly integrated into primary care, veterans are more likely to seek help for their mental health concerns, as they are less likely to face the stigma or discrimination that can sometimes be associated with standalone mental health services.¹

Considering Treatment

Veterans' attitudes toward mental health treatment, including medications or psychosocial interventions, can vary. Some view them as vital for symptom management while others may harbor reservations that they can "pull themselves up by their bootstraps".⁷ Mental health providers can support consistent treatment engagement by fostering open communication, addressing concerns, and engaging veterans in shared decision-making.¹³ Ongoing education about the role of various treatments can contribute to veterans' adherence and a more positive outlook on care.¹⁴



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Involving Family

Integrated care models often involve families in the treatment process. This helps them understand veterans' needs and provide a support system for individuals. Family participation can result in a more comprehensive approach to caring for veterans who have SMI, as the family can address signs that healthcare providers may not be privy to.¹ Loved ones provide emotional support, routine check-ins, help with daily tasks, and a sense of purpose. Families can assist with medication adherence, identify early warning signs of challenges, and collaborate for treatment planning. Families also serve as a source of encouragement and understanding for veterans who have SMI.¹⁵

Strengthening Self-Care & Coping Strategies

Veterans commonly struggle with maladaptive cognitive coping strategies and experiential avoidance, associated with heightened psychological distress and suicidal ideation.¹⁶ Moreover, people who have SMI face increased health issues and the absence of self-care skills in individuals with SMI compounds social and societal challenges.¹⁷

Recognizing Spirituality

Veterans who are managing SMI often turn to religious and spiritual approaches. This is particularly prevalent in rural areas. These strategies are associated with improved health-related quality of life and reduced depression levels. They even extend beyond coping and can influence overall mental well-being. Recognizing the significance of spirituality in addressing post-service challenges, mental health professionals can be open to discussing religion and spirituality and leveraging available religious resources to effectively support veterans.¹⁸

Leveraging Physical Activity as Coping

In response to mental health challenges post-deployment, veterans often adopt coping strategies like running and yoga to address the impact of violence exposure. These activities not only serve as effective coping mechanisms but also contribute to enhanced cardiovascular health, offering a cost-effective and accessible support avenue.¹⁸

Building Resilience Resources

Resilience plays a crucial role in enhancing the well-being of veterans who are managing SMI. Research consistently underscores its significance as a protective factor against the adverse effects of SMI, leading to improved relationship building, social skills, and overall quality of life.¹¹ This trait empowers veterans to adapt and recover from the challenges associated with SMI, and fosters a sense of empowerment and hope – an identity strongly tied to their military training.⁷



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Resources for Veterans



References

1. Wastler, H., Lucksted, A., Phalen, P., & Drapalski, A. (2020). Internalized stigma, sense of belonging, and suicidal ideation among veterans with serious mental illness. *Psychiatric Rehabilitation Journal*, 43(2), 91–96. <https://doi.org/10.1037/prj0000386>
2. Burton, C. Z., Abraham, K. M., Grindle, C. M., Visnic, S., Hack, S. M., McCarthy, J. F., & Bowersox, N. W. (2018). Outreach to veterans with serious mental illness who are lost to care: Predictors of outreach contact. *Psychological Services*, 15(1), 40–44. <https://doi.org/10.1037/ser0000140>
3. Aslan, M., Radhakrishnan, K., Rajeevan, N., Sueiro, M., Goulet, J. L., Li, Y., Depp, C., Concato, J., & Harvey, P. D. (2020). Suicidal ideation, behavior, and mortality in male and female US veterans with severe mental illness. *Journal of Affective Disorders*, 267, 144–152. <https://doi.org/10.1016/j.jad.2020.02.022>
4. Sprong, M. E., Hollender, H., Paul, E., Gilbert, J., Weber, K., Garakani, A., & Buono, F. D. (2022). Impact of substance use disorders on employment for veterans. *Psychological Services*. <https://doi.org/10.1037/ser0000690>
5. Carrola, P., & Corbin-Burdick, M. (2015). Counseling military veterans: Advocating for culturally competent and holistic interventions. *Journal of Mental Health Counseling*, 37(1), 1–14. <https://doi.org/10.17744/mehc.37.1.v74514163rv73274>
6. Bloom, S. L. (2013). *Creating Sanctuary: Toward the Evolution of Sane Societies*. Routledge.
7. Bein, L., Grau, P. P., Saunders, S. M., & deRoon-Cassini, T. A. (2019). Military mental health: Problem recognition, treatment-seeking, and barriers. *Military Behavioral Health*, 7(2), 228–237. <https://doi.org/10.1080/21635781.2018.1526147>
8. Sharp, M.-L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic Reviews*, 37(1), 144–162. <https://doi.org/10.1093/epirev/mxu012>

9. U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2022). National Veteran Suicide Prevention Annual Report. https://www.mentalhealth.va.gov/suicide_prevention/data.asp
10. Karras, E., Stokes, C. M., Warfield, S. C., Barth, S. K., & Bossarte, R. M. (2019). A randomized controlled trial of public messaging to promote safe firearm storage among U.S. military veterans. *Social Science & Medicine*, 241, 112205. <https://doi.org/10.1016/j.socscimed.2019.03.001>
11. Abraham, K. M., Mach, J., Visnic, S., & McCarthy, J. F. (2018). Enhancing treatment reengagement for veterans with serious mental illness: Evaluating the effectiveness of SMI re-engage. *Psychiatric Services*, 69(8), 887–895. <https://doi.org/10.1176/appi.ps.201700407>
12. Buck, B., Nguyen, J., Porter, S., Ben-Zeev, D., & Reger, G. M. (2020). Focus Mhealth Intervention for Veterans with Serious Mental Illness in an Outpatient Department of Veterans Affairs Setting: Feasibility, Acceptability, and Usability Study (Preprint). <https://doi.org/10.2196/preprints.26049>
13. Aoki Y, Yaju Y, Utsumi T, Sanyaolu L, Storm M, Takaesu Y, Watanabe K, Watanabe N, Duncan E, Edwards AGK. Shared decision-making interventions for people with mental health conditions. *Cochrane Database of Systematic Reviews* 2022, Issue 11. Art. No.: CD007297. DOI: 10.1002/14651858.CD007297.pub3
14. Kahl, K. G., & Correll, C. U. (2020). Management of patients with severe mental illness during the coronavirus disease 2019 pandemic. *JAMA Psychiatry*, 77(9), 977. <https://doi.org/10.1001/jamapsychiatry.2020.1701>
15. Aldersey, H. M., & Whitley, R. (2014). Family influence in recovery from severe mental illness. *Community Mental Health Journal*, 51(4), 467–476. <https://doi.org/10.1007/s10597-014-9783-y>
16. Pietrzak, R. H., Russo, A. R., Ling, Q., & Southwick, S. M. (2011). Suicidal ideation in treatment-seeking veterans of Operations Enduring Freedom and Iraqi Freedom: The role of coping strategies, resilience, and social support. *Journal of Psychiatric Research*, 45(6), 720–726. <https://doi.org/10.1016/j.jpsychires.2010.11.015>
17. Goldberg, R. W., Reeves, G., Tapscott, S., Medoff, D., Dickerson, F., Goldberg, A. P., Ryan, A. S., Fang, L. J., & Dixon, L. B. (2013). “move!”: Outcomes of a weight loss program modified for veterans with serious mental illness. *Psychiatric Services*, 64(8), 737–744. <https://doi.org/10.1176/appi.ps.201200314>
18. Barnett, T. M., Smith-Osborne, A., & Barnett-Braddock, F. (2016). Systematic Review of veterans’ coping strategies: How can rural veterans improve their quality of life? *Contemporary Rural Social Work Journal*, 8(2). <https://doi.org/10.61611/2165-4611.1119>