

Vets' readjustment issues may spur PTSD treatment

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Squad leader Sgt. Isaac Haseley
US Army Photo: Sgt. Travis Zielinski.

Family stressors -- not psychiatric symptoms -- lead some to seek help, study says.

(HealthDay)—The stress of readjusting to civilian life is a major reason some U.S. soldiers seek treatment for post-traumatic stress disorder, a new study finds.

Many veterans who require mental-health care do not receive it, and a great deal of previous research has focused on barriers to treatment. The new study was conducted to identify characteristics and factors that motivate veterans to seek mental-health treatment.

The researchers surveyed National Guard soldiers with post-traumatic stress disorder (PTSD) three months after they returned from Iraq. Of those soldiers, 34 percent had a mental-health visit during the three-month post-deployment period, and 23 percent had been prescribed mental-health medications.

The percentage seeking treatment was higher than the rate in the U.S. general population, where an estimated 7 percent of people with PTSD seek care within the first year after they begin having symptoms.

The study was published in the September issue of the journal [Psychiatric Services](#).

For older soldiers with family and job responsibilities, readjustment issues related to their marriage, finances or family were associated with seeking help for PTSD more than actual symptoms of the disorder or depression, the researchers said in a journal news release.

Signs of PTSD include [nightmares](#) related to the experience, frequently feeling on guard or feeling numb and detached from others, according to the Department of Veterans Affairs. Early treatment aids long-term recovery, according to the department.

Two other studies reported in the same issue of the journal found that the use of mental-health services by veterans is lower in [rural areas](#) than [urban areas](#), that veterans from Iraq and Afghanistan use fewer mental-health services than those from previous wars, and that veterans may overuse [emergency care](#) and underutilize specialty mental-health services.

More information: The U.S. National Institute of Mental Health has more about [post-traumatic stress disorder](#).

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