



CDP Research Update -- March 20, 2012

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<http://www.sciencedirect.com/science/article/pii/S0020138312000642>

Mental health following traumatic physical injury: An integrative literature review.

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Injury

Available online 10 March 2012

Aim

To investigate the state of knowledge on the relationship between physical trauma and mental health in patients admitted to hospital with traumatic physical injury.

Background

Adults who sustain traumatic physical injury can experience a range of mental health problems related to the injury and subsequent changes in physical health and function. However early screening and

identification of mental health problems after traumatic physical injury is inconsistent and not routine during the hospital admission process for the physically injured patient.

Methods

Integrative review methods were used. Data were sourced for the period 1995–2010 from EMBASE, CINAHL, MEDLINE and PsycINFO and hand searching of key references. Abstracts were screened by 3 researchers against inclusion/exclusion criteria. Forty-one papers met the inclusion criteria. Data were retrieved, appraised for quality, analysed, and synthesised into 5 main categories.

Results

Forty-one primary research papers on the relationship between mental health and traumatic physical injury were reviewed. Studies showed that post-traumatic stress disorder, depression and anxiety were frequent sequelae associated with traumatic physical injury. However, these conditions were poorly identified and treated in the acute hospital phase despite their effect on physical health.

Conclusion

There is limited understanding of the experience of traumatic physical injury, particularly in relation to mental health. Greater translation of research findings to practice is needed in order to promote routine screening, early identification and referral to treatment for mental health problems in this patient group.

<http://www.ncbi.nlm.nih.gov/pubmed/22422018?dopt=Abstract>

Psychiatr Serv. 2012 Mar 15. [Epub ahead of print]

Recent Trends in the Treatment of Posttraumatic Stress Disorder and Other Mental Disorders in the VHA.

Hermes ED, Rosenheck RA, Desai R, Fontana AF.

Abstract

OBJECTIVE:

This study proposed to evaluate Veterans Health Administration (VHA) specialty mental health care workload for treating posttraumatic stress disorder (PTSD) and other mental disorders between 2005 and 2010 in comparison with results from 1997 to 2005. The 2005-2010 time frame represents a period of increased utilization of services by recently returning veterans and of program expansion within VHA.

METHODS:

VHA administrative databases were queried for all veterans receiving specialty mental health treatment annually between 2005 and 2010. Veterans were categorized by military service era (WWII or Korea, Vietnam, post-Vietnam, Persian Gulf War [including operations in Iraq and Afghanistan], and peacetime or other), diagnosis (PTSD or a non-PTSD mental disorder), and deployment to Iraq or Afghanistan.

RESULTS:

The total number of veterans served per year increased by 623,326 (117.6%) between 1997 and 2010. Veterans with PTSD increased at a greater rate since 2005 compared with veterans with other mental disorders. Vietnam veterans constituted a majority of all veterans treated for PTSD or for other mental disorders, and the number of Vietnam veterans treated for PTSD continues to grow. The number of visits per veteran with PTSD increased between 2006 and 2010, reversing previous trends. The rate of increase has been highest for Iraq and Afghanistan veterans.

CONCLUSIONS:

Both the number treated and treatment intensity have increased for veterans with PTSD who served in current conflicts, which might be expected, and in the Vietnam era, now 30 years past. A reversal of past declines in treatment intensity coincides with an increase in PTSD treatment funding and program expansion since 2005. (Psychiatric Services in Advance, March 15, 2012; doi: 10.1176/appi.ps.201100432).

http://ir.stthomas.edu/cgi/viewcontent.cgi?article=1007&context=caps_gradpsych_docproj (full text)

The effect of war-deployment on at-home spouses and partners: A support group manual for group facilitators.

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War deployments are stressful events for the at-home spouse of a deployed soldier (Faber, Willerton, Shelley, Clymer, MacDermid, & Weiss, 2008; Demers, 2009; Chapin, 2009). Approximately two million military personnel had been deployed to the current wars in Iraq and Afghanistan as of August 2009 (Center for Deployment Psychology, 2010). Spouses of National Guard and Reserve members of the military are uniquely affected by deployments (Tollefson, 2008; Slone, Pomerantz, & Friedman, 2009; Huebner, Mancini, Bowen, & Orthner, 2009). They do not belong to a military base, and therefore, do not have access to base resources, such as medical and mental health services attuned to the unique issues facing military personnel and their families (Tollefson, 2008; Slone, Pomerantz, & Friedman, 2009; Huebner, Mancini, Bowen, & Orthner, 2009). The literature documents stressors associated with war deployments for the at-home spouse, such as concern about their soldier's safety and wellbeing, loneliness, and increased responsibilities at home, such as single parenting (Faber et al., 2008; Demers, 2009; Chapin, 2009). Furthermore, research has found increased levels of mental health problems, such as depression and anxiety, among spouses of deployed soldiers (Mansfield, Kaufman, Marshall, Gayned, Morrissey, & Engel, 2010; Lawler, Flori, Volk, & Davis, 1997). Healthy coping strategies and resilience are instrumental in successfully navigating deployments (McCubbin, Dahl, Lester, Benson, & Robertson,

1976; Wiens & Boss, 2006), and support groups are widely recommended in the literature as one way of coping with the deployment of a spouse (Tollefson, 2008; Black, 1993; Huebner et al., 2009). This doctoral project has used the research literature as a guide to develop a support group manual for non-deployed spouses and partners; specifically those of National Guard or Reserve personnel. The topics proposed in the manual were derived directly from suggestions found in the research literature.

<http://www.emeraldinsight.com/journals.htm?articleid=17021837&show=abstract>

Despite the evidence – why are we still not creating more trauma informed mental health services?

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Purpose – Despite evidence that exposure to traumatic events can be an important antecedent to a range of serious and chronic mental health problems – it appears that within the British National Health Service at least, this is still not fully understood nor acted upon. This paper aims to examine this evidence and asks why these findings have not been fully implemented in terms of updating practice.

Design/methodology/approach – A literature search was undertaken alongside relevant British DH policy. This resulted in a subsequent policy analysis.

Findings – Although there have recently been changes in recommendation in clinical practice (e.g. CPA guidance) and policy (No Health without Mental Health) it appears that although some knowledge in this area has been changed into policy, its implementation remains “patchy”.

Practical implications – This short paper outlines some of the evidence, examines current issues and highlights a possible pathway which might be of value in addressing this.

Originality/value – This short paper highlights traumatic exposure as an important antecedent to a range of mental health issues and highlights ways in which this may be assessed and, where relevant, addressed.

<http://www.dtic.mil/cgi-bin/GetTRDoc?AD=ADA555287> (full text)

Social Sciences Support to Military Personnel Engaged in Counter-Insurgency and Counter-Terrorism Operations.

Final Report of the NATO-Russia Human Factors and Medicine Research Task Group 172.

Published November 2011

A joint NATO-Russia and Human Factors and Medicine Panel (NATO RTO HFM-172) Workshop entitled, “Social Sciences Support to Military Personnel Engaged in Counter-Insurgency and Counter-Terrorism Operations” was held in St Petersburg, Russia, June 18-20, 2009. The purpose of this Workshop was to engage the NATO-Russia relationship once again to bring together experts from NATO Nations and from Russia to discuss participants’ understanding of how social scientists can support militaries engaged in counter-insurgency and counter-terrorism operations. It attempted to define the problems related to such operations, share results from related research and identify opportunities for future collaboration. The meeting also served to establish new contacts and strengthen existing interactions between NATO (including Belgium, Germany, Netherlands, Norway and the United States,) members and their Russian and Ukrainian stakeholders including experts and practitioners, analysts, and social scientists.

Top researchers in the field were present at the Workshop including government and NATO officials as well as some of the leading scholars in the field who lead counter-terrorism and security initiatives. Talks were given on studies assessing resilience and the incidence of Post Traumatic Stress Disorder (with studies focused on Afghanistan and Chechnya), the importance of understanding culture in counter-terrorism operations, training programs to foster resilience, de-radicalization programs and resilience research.

There was strong interest in broadening the scope of the NATO-Russia interaction on counter-terrorism to include civil as well as military operations (e.g., emergencies/first responders) as well as in helping to define a follow-up activity to the Human Factors and Medicine Panel Research Task Group (RTG) focused on terrorism, especially radicalization, de-radicalization and resilience, HFM-140.

http://journals.lww.com/practicalpsychiatry/Abstract/2012/03000/Psychiatrists_Emootional_Reactions_to_Patient.4.aspx

Psychiatrists’ Emotional Reactions to Patient Suicidal Behavior.

SCOCCO, PAOLO MD; TOFFOL, ELENA MD; PILOTTO, ELISA MD; PERTILE, RICCARDO PhD

Journal of Psychiatric Practice:

March 2012 - Volume 18 - Issue 2 - p 94–108

doi: 10.1097/01.pra.0000413275.09305.d5

Background

Psychopathology is a risk factor for suicidal behavior. It is likely that psychiatrists will have to deal with an attempted or completed suicide by a patient at some point in their careers. The goal of this study was to assess psychiatrists’ emotional reactions to patients’ suicidal behavior.

Methods

Data were collected using a questionnaire that was administered to psychiatrists after a completed or attempted suicide by one of their patients.

Results

Thirty-four psychiatrists participated in the study and reported on 62 attempted suicides and 11 completed suicides. All of the participants reported at least one emotion following the event. After an attempted suicide, trainees were more likely than consultants to experience psychological pain, guilt, self-doubt, and frustration. Being a trainee was also associated with psychological pain, guilt, fear, self-doubt, and frustration in regression analysis. Shock, disbelief, fear, self-doubt, and embarrassment were associated with completed rather than attempted suicides.

Conclusions

Attempted and completed suicides have a significant impact on psychiatrists. The impact of an attempted suicide is usually less severe. The patterns of reaction differ between consultant and trainee psychiatrists. (Journal of Psychiatric Practice 2012;18:94–108).

Links of Interest

War veterans and civilians seek common ground in difficult life transition

http://www.washingtonpost.com/lifestyle/style/war-veterans-and-civilians-seek-common-ground-in-difficult-life-transition/2012/03/16/gIQAp2vIHS_story.html

UNH researcher: Gulf, Balkan wars add new dimensions to war trauma

http://www.eurekalert.org/pub_releases/2012-03/uonh-urg031912.php

Army works to improve women's health

http://www.army.mil/article/75918/Army_works_to_improve_women_s_health/

South Florida warriors team up to fight PTSD, war's invisible wound

<http://www.sun-sentinel.com/news/broward/fl-battleground-ptsd-20120314,0,1628157.story>

Giving Our Troops Their Lives Back, One Dog at a Time

http://www.huffingtonpost.com/irwin-stovroff/ptsd-veterans-dogs_b_1346075.html

Fort Bliss institutes stricter standards for service dogs

<http://www.wfaa.com/news/health/Fort-Bliss-institutes-stricter-standards-for-service-dogs-142717545.html>

Physicians, health care providers urge veterans' families to know signs of TBI

<http://www.hillsdale.net/living/x299877531/Physicians-health-care-providers-urge-veterans-families-to-know-signs-of-TBI>

RCMP stops plans for program to help officers with PTSD

<http://www.globalnews.ca/exclusive+rcmp+stops+plans+for+program+to+help+officers+with+ptsd/6442601138/story.html>

PTSD Affects Soldiers Long After Homecoming

http://www.myfoxphoenix.com/dpp/news/war_room/ptsd-affects-soldiers-long-after-homecoming-3-12-2012

Helping Military Families Prepare for Reunions

<http://www.todayparentusa.com/site/2012/03/helping-military-families-prepare-for-reunions/>

TBI Warrior and Wife Blog to Help Others

http://www.health.mil/News_And_Multimedia/News/detail/10-10-18/TBI_Warrior_and_Wife_Blog_to_Help_Others.aspx

Traumatic Brain Injury: Hidden Peril of U.S. Soldiers in Combat

<http://www.time.com/time/world/article/0,8599,2109277,00.html>

Employment Situation of Veterans 2011 (Bureau of Labor Statistics)

<http://www.bls.gov/news.release/vet.nr0.htm>

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