

## A system of mental health care for the Veterans of the United States in the context of people affected by MST

### Original article

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### Abstract

**Objectives:** The research purpose of this article is to describe the mode of operation of the mental health care system for veterans in the United States, in particular the treatment of people suffering from MST.

**Methods:** The main method used in this study is a systematic review of international literature and websites on the US Department of Veterans Affairs health care system in the context of people affected by MST.

**Results:** The analysis allowed to determine the importance of the health care system in the US Department of Veterans Affairs, in particular those suffering from MST.

**Conclusions:** The highly developed system of psychiatric care for ill veterans in the United States is the result of the enormous international activity of one of the most powerful armies in the world. The American army achieved its status mainly through participation in peacekeeping and military operations abroad. Due to the high involvement of American soldiers in various types of missions, the vast number of cases related to psychological trauma in particular of MST. It became reasonable to introduce legal regulations and create an extensive healthcare system for people with veteran status. In order to care for a group of nearly 19 million people, the United States created an integrated state system of care for veterans and their families.

The article presents two clinical cases that highlight the problem of MST mental health disorders that affect not only the veterans, but also their families.

## **Introduction**

The end of the twentieth century is a time of significant changes in the matter of armed conflicts and challenges of international security. An important and effective instrument for prevention and elimination of such challenges, were the armed . Their started being employed in peacekeeping and military operations outside the country's boards. As the nature of armed conflicts changed, the manner of conducting missions and operations also underwent some transformations. The changing conditions of the operation forced the armed forces to conduct more and more dangerous operations, including during the combat. The consequence of the increased involvement of states in settling armed conflicts carried out outside their borders was the higher number of injured, wounded and fallen soldiers. Worth noting are the operations in Iraq and Afghanistan. During those conflicts many soldiers were wounded or died (Schwarzgruber et. al., 2012).

The conflict situations cause more mortality and disability than any serious illness. War destroys communities and families, and often disrupts the social and economic development of nations. The effects of war include long-term physical and psychological damage to both adults and children, and also cause a reduction in material and human capital. One of the most common disorders that affects people involved in armed conflicts is MST (military sexual trauma).

According to the official website of the United States Department of Veterans Affairs (hereinafter referred to as the VA; [www.va.gov](http://www.va.gov)), the veterans' health care system is the largest integrated health care system in the U.S. Caring for veterans is a job that is both satisfactory and challenging. Veterans, suffering from mental disorders, including MST, constitute a unique types of patients whose treatment requires a multilateral and interdisciplinary approach. In choosing the American health care system, the author took into account the vast experience of this country in participating in international missions and operations and in caring for veterans which results from the country being one of the founders of NATO. The research purpose of this paper is to present the functioning of the psychiatric health care system for veterans in the United States, in particular the treatment of people suffering from MST. In addition, author attempts to define the term a“veteran” in American law, bringing closer the basic concepts related to this area and assessing its meaning. This article is mainly based on foreign scientific publications and information contained on websites.

### **1. Regulation and entities responsible for the psychiatric health care system of The United States Department of Veterans Affairs**

The United States Armed Forces are one of the most powerful, expensive and modern armies in the world. *The size of the army there reaches 1,370,000 soldiers. In addition, 850,000 reservists should be taken into account, which gives the US armed forces at the level of over 2 million people* (Forsal.pl, 2021). Such a powerful army translates into the number of veterans as well as the need of taking care of them and their families. As the U.S. military's involvement in combat and peacekeeping missions has increased, so has the number of wounded and injured soldiers and veterans, as well as their families. The participation in wars in Korea, Vietnam, Iraq and Afghanistan had not only physical but also, and more importantly, psychological impact on the soldiers. According to data from 2017 published in the *National Center for*

*Veterans Analysis and Statistics*, the veteran population counts to 18.6 million (U.S Department of Veterans Affairs, 2023). Statistics show how huge the number of veterans in the USA is and how extensive the aid system must be. Due to the growing number of people in need of psychological, medical or social assistance among soldiers and their families, the governments of countries whose members take part in international military operations saw the need to create legal regulations, giving mission and operation participants a separate status and related rights. The great need to surround such people with care and assistance from the state has led to the creation of an integrated system of care for veterans and their families. The legal basis for the definition and care of veterans is the *United States Code U.S.C.*, which is a body of federal law in force in the United States. Veterans issues are covered by Chapter 38 of the *Veteran's Benefits Code*, established on September 1, 1985.

In the United States, the veterans' care system is a government structure. Its main institution is the Department of Veterans Affairs (VA). This department was established in 1989 as an executive body under *the Department of Veterans Affairs Act 38 U.S.C.A § 201*. It should be emphasized that this is not an institution within the structures of the Ministry of Defense, but has the character of a separate ministry (competences of American departments correspond to those of ministries in other countries). Each state in the U.S. has its own laws, including those regarding veterans. For instance, each state has power to define its own definition of the term “veteran” and determine the benefits a veteran is entitled to. However, these regulations must be consistent with federal regulations. To fulfill President Lincoln's promise to *care for the one who will bear the battle, his widow and his orphan* (U.S Department of Veterans Affairs, 2023), through service and honoring men and women who are veterans of America, the VA performs four specific missions, namely (U.S Department of Veterans Affairs, 2023):

- *Veterans Health Administration (VHA)* - is the largest integrated health care system in America, providing support in 1298 facilities, including 171 medical centers and 1113 outpatient care centers of varying complexity, serving 9 million enrolled veterans each year,
- *The Veterans Benefits Administration (VBA)* - Veterans can get a range of benefits to help them return to civilian life in the country they fought to defend. Through *the Veterans Benefits Administration (VBA)*, the VA assists soldiers in leaving military service by assisting with education, home loans, life insurance, etc.;
- *The National Cemetery Administration (NCA)*, whose job is to make sure those who served the nation are never forgotten. The NCA provides appropriate funeral services for veterans and eligible family members, maintains more than 150 cemeteries as national shrines, and provides digital commemoration at the Veterans Legacy Memorial to commemorate their legacy, service, and sacrifice to the nation;
- The VA's "fourth mission" aims to improve the nation's readiness to respond to war, terrorism, national emergencies, and natural disasters. Is accomplished by developing plans and taking action to provide ongoing assistance to veterans, as well as supporting national, state, and local emergency management, public health and homeland security efforts.

At the state level, veteran policy is the responsibility of the governors who report to the *VA Regional Benefit Office*. In addition to government structures and entities responsible for helping veterans and their families, non-profit associations and charities working for the benefit of the above-mentioned area also play a huge role.

## **2. Veteran in American law**

According to the U.S.C. Code, the term "veteran" denotes a person who has served in active military, maritime, air or space service and who has been discharged under conditions other than disgraceful (Cornell Law School, 2023). It means that veteran status is granted to any former soldier who has completed their service in the army in accordance with the law. Soldiers who serve in international military operations or peacekeeping missions can apply for veteran status only after leaving the army.

In the United States, in addition to veteran status, one can also obtain the status of a *veteran of (any) war* (Cornell Law School, 2023). This status depends on the specifics of their service and activities.

An important criterion that distinguishes individual definitions of a veteran is the distinction between military service in peacetime and in time of war.

In order for veterans to receive the benefits they are entitled to, Congress established eight war periods. Veterans who served during these periods were classified as "serving during the war" even when their service was not in a combat zone:

- *Indian Wars* from 01.01.1817 to 31.12.1898 r.;
- *Spanish-American War* from 21.04.1898 to 04.07.1902 r.;
- *Mexican Border Period* from 19.05.1916 to 05.04.1917 r.,
- *World War I* from 06.04.1917 to 11.11.1918 r. (extended to later dates),
- *World War II* from 07.12.1941 to 31.12.1946 r. extended to 25.07.1947 r.,
- *Korean Conflict* from 27.04.1950 to 31.01.1955 r.,
- *Vietnam Era* from 05.08.1990 r. to 07.05.1975 r., (begins on 28.02.1961 for veterans serving in the Republic of Vietnam);
- *Persian Gulf War* from 02.08.1990 r. to 03.03.1991 r.

Periods that have not been defined by Congress as "war period" are considered peacetime.

## **3. Psychiatric health care system at The U.S Department of Veterans Affairs**

The veterans' health care system is the largest integrated health care system in the United States. It includes 1298 institutions in 50 states, as well as in Puerto Rico, Guam, the American Samoa, the Virgin Islands and the Philippines (U.S Department of Veterans Affairs, 2023). It includes specialist hospitals, clinics, medical aid centers and cemeteries. Mental health-oriented care is a priority part of the system. Particular attention is paid to the care of people suffering from PTSD, including MST, as well as to suicide prevention. The main area of work within the VA mental health departments is the emphasis on recovery (for instance, for victims of sexual

trauma). This action-includes helping veterans overcome life's difficulties and enabling them to lead the most fulfilling life possible (U.S Department of Veterans Affairs (2023).

The Department of Veterans Affairs offers a wide range of services and benefits to veterans of the United States Armed Forces as well as their family members. VA provides free assistance, providing advice and directing for consultations or specialist treatment.

The following is the range of services and programs that the VA offers in the field of mental health:

- each VA health care facility has an MST coordinator the contact person for related matters. An initial referral to an MST coordinator can shorten the waiting for treatment, especially for those with a newly diagnosed disorder;
- MST-related outpatient psychiatric help, available at every VA medical center and many VA community clinics. Services are organized differently depending on a setting, MST-related care is available even if the facility does not have a specific treatment for disorders related to that area;
- local veterans centers providing MST-related outpatient counseling and referral services in a non-medical setting;
- treatment of disorders associated with the use of psychoactive substances;
- hospitalization, nursing homes;
- programs for homeless veterans;
- suicide prevention programs;
- crisis hotline.

For those in need of more intensive support, the VA also provides MST-related mental health treatment at home or in a hospital. Since people who have experienced MST are not comfortable with mixed-sex treatment settings, some facilities have separate programs for men and women. All full-time programs have separate sleeping places for men and women (U.S Department of Veterans Affairs, 2023). Mental health services also include psychological assessment, as well as individual and group psychotherapy. Treatment for MST-related physical illnesses is also available.

#### **4. Military sexual trauma**

Military sexual trauma is an experience, not a diagnosis, that has negative mental health effects. It is a term used by the VA to refer to sexual assault or sexual harassment experienced by soldiers during military service. It can occur in the base or elsewhere where the veteran was on duty. In any case, the identity of the perpetrator does not matter.

The definition of MST comes from federal law, where it is described as *psychological trauma, diagnosed by psychiatrists belonging to the VA system, which results from a physical sexual assault, violation of bodily integrity of a sexual nature, or sexual harassment that occurred while performing military service* (Cornell Law School, 2023).

MST covers any type of sexual activity in which a person has been engaged against their will. A person affected by MST could be:

- physically coerced into sexual acts, e.g. with threats of consequences or promises of rewards;
- forced to have sexual contact without consent, including during sleep or under the influence of alcohol;

MST may include:

- threatening and offensive remarks about a person's body or sexual activities;
- unwanted sexual advances that are considered dangerous;
- unwanted touching or grasping in a sexual way that made the person uncomfortable, including during "haze" experiences (Bell et. al., 2013).

Like other types of injuries, MST can negatively affect both veterans' mental and physical health, even for many years. Among VA healthcare users, typical mental health diagnoses associated with MST are:

- PTSD,
- anxiety disorders,
- depressive disorders,
- bipolar disorder,
- drug and alcohol abuse,
- schizophrenia and psychosis.

Other mental health issues common among survivors of sexual trauma generally include:

- eating disorder,
- dissociative disorders,
- somatization disorder.

Common symptoms and problems that veterans experience are:

- Reliving and strong reactions to reminders,
- suicidal thoughts or behavior,
- self-harm,
- difficulty with attention, concentration and memory,
- feeling depressed or numb,
- alcohol or drug abuse with intention to numb oneself or escape negative feelings,
- difficulty with anger, irritability or other strong emotions,
- self-doubt, self-blame or decreased self-esteem,
- sleep problems, nightmares.

Military sexual trauma or sexual assault and/or harassment that occurred during military service affects a significant proportion of veterans (both women and men). About 41.5% of women and 4.0% of men who served during Operation Enduring Freedom and Iraqi Freedom (OEF/OIF) report MST (Barth, Kimerling and Pavao J, 2016, pp. 77-86). Data from the Veterans Health Administration (VHA) users in 2020 indicate that 32.4% of women (141,365)

and 1.9% of men (77,309) report their MST experiences (Department of Veterans Affairs, 2021). MST experiences are associated with an increased risk of chronic and mental illness, post-traumatic stress disorder (PTSD) and depression (Gibson, Maguen, Xia, Barnes, Peltz and Yaffe et. al., 2020). MST survivors often report feelings ashamed or embarrassed. They also fear negative reactions from others. The latter is often referred to as "secondary victimisation for institutional staff such as military command, law enforcement or health professionals, as their approval of a negative social pattern can be particularly toxic/harmful. As a result, concerns about blaming or being seen as responsible are especially relevant for survivors of MST treatment.

The results of the study conducted by C. L. McLean, J. A. Turchik and R. Klimerling show that of the 1185 veterans with a perceived need for MST-related psychiatric care, (88.8%) gained access to MST-related psychiatric care one year after MST was detected. The access was equally high among both women and men. 85.0% of subjects participated in at least one medical visit, 81.8% participated in individual psychotherapy, and 36.0% participated in group psychotherapy. Most veterans participated in more than one treatment: 25.3% used only one form of care, 44.1% used two of these forms of care, and 30.6% used all three. The majority of individuals (71.9%) received MST-related psychiatric care within the first 30 days after screening (McLean, Turchik, and Kimerling et.al., 2022). These results show excellent access to MST-related mental health care in the United States. Given the intimate nature and negative social reactions associated with sexual assault, concerns about disclosure lead many survivors to delay or forgo custody. These concerns appear justified because negative social responses to exposure of assault lead to persistence or exacerbation of mental health symptoms (Dworkin, Brill and Ullman et. al., 2019).

## **5. Eligibility Criteria for MST-Related Care**

Data from the VHA from 2020 indicate that 63.4% of women and 53.6% of men with newly detected MST gained access to MST-related health care (Department of Veterans Affairs, 2021). MST services are available to people with veteran status, that is, to people who have served in one of the military areas such as the army, navy, air forces or coast guard and have left the service on conditions established by law. Access to care is also available to former service members with non-honorary or uncharacterized discharge.

At local VA centers, current soldiers (including members of the National Guard and Reserves) can receive MST-related mental health counseling, regardless of gender or length of service. No referral from the *Department of Defense (DoD)* is required, and all services are confidential. Individuals do not need to report MST experiences at the time of their occurrence or have other documentation to prove the occurrence. In addition to the services or programs listed above, the Department of Veterans Affairs also provides a number of benefits: (U.S Department of Veterans Affairs, 2023):

- *Disability Compensation* - a tax-free cash benefit paid to veterans with disabilities that are the result of illness or injury sustained or aggravated during active military service. Compensation may also be paid for off-duty invalidity which is considered to be related to or secondary to a disability occurring in the course of service and for disability

presumed to be related to circumstances of military service, even if they may arise after the service. Certain degrees of disability are also intended to compensate for the significant loss of working time caused by exacerbations of illnesses;

- *Special Monthly Compensation (SMC)* - an additional tax-free benefit paid to veterans, their spouses and parents. For veterans, special monthly compensation is a higher rate of compensation paid due to special circumstances, such as the need for help and presence of another person or a specific disability. In the case of surviving spouses, this benefit is commonly referred to as assistance and care and is paid on the basis of the need for assistance and care of another person;
- *Dependency and Indemnity Compensation (DIC)* - a tax-free cash benefit generally paid to the surviving spouse, child or parent of military service members who died while on active duty, active training or inactive service training; DIC for parents is an income-dependent benefit.

The support is funded by a separate, independent body, *the Veterans Benefits Administration (VBA)*. Obtaining a pension is a process that often takes several months or even several years. Veterans with highest degree of 100% service-related disability, have more health care options compared to other veterans. Those options include such as free transportation, free medication, etc. (Gędzior and DePry 2013, p.1078). Additionally, the VA provides veterans with disabilities with grants for adapted housing, disability insurance, and veterans' mortgage insurance.

## 6. MST treatment and support

As with other forms of trauma, MST can affect individuals in different ways. Regardless of what veterans experience, VA offers a range of available treatments and resources that will contribute to positive MST treatment. To promote access to care for MST-related conditions, the VHA has implemented universal screening for MST and provides care for related conditions.

For people who have mental health diagnoses such as PTSD or depression associated with MST experience, *evidence-based therapies (EBTs)* are among the most effective treatments. In many cases, they are available at your local VA medical center. In most definitions in evidence-based therapies, the emphasis is on the need to use scientific methods and accumulate knowledge from experimental and observational studies. The definition is used to describe those types of therapies that have been scientifically tested and clinically evaluated and as a result have been found to be effective and safe for treating an individual, population or problem/disorder.

Evidence-based therapies have been shown to improve various mental health conditions and overall well-being. Treatments are tailored to each veteran's needs, priorities, values, preferences, and goals. EBTs often work quickly and effectively, sometimes during a period of several weeks or months, depending on the nature or severity of the symptoms.

The most commonly used therapies by VA are (U.S Department of Veterans Affairs, *Mental health*, 2023):



- *Acceptance and Commitment Therapy for Depression (ACT-D)* - a therapy that aims to improve the lives of people experiencing depression. It is achieved by the process of improving relationships with oneself, others and the world. Through this therapy, individuals learn to accept their thoughts and emotions, to choose and engage in activities that are in line with their own values, and to take action to achieve what is most important to them;
- *Behavioral Activation (BA)* is a therapy that relieves or resolves symptoms of depression. Therapy helps individuals engage more in activities that can improve their mood. The BA teaches how to build satisfying daily activities and how to identify and achieve the things patients value and enjoy in life;
- *Behavioral Family Therapy (BFT)* is a family therapy for veterans who have complex, long-term mental illnesses, such as schizophrenia or bipolar disorder. It also includes persons who, often experience psychosis;
- *Cognitive Behavioral Conjoint Therapy (CBCT)* is a therapy that helps treat PTSD. This type of therapy is carried out together with a family member of a veteran or another loved one. Some veterans want their family to be involved in their treatment because of the impact that PTSD has had on the quality of their relationships and social lives;
- *Cognitive Behavioral Therapy (CBT)* - is recommended for veterans struggling with stimulant disorders. This therapy focuses on the relation of thoughts, feelings, behaviors and helps veterans build skills to change the unwanted behaviors and achieve their goals;
- *Cognitive Behavioral Therapy for Depression (CBT-D)* is a type of therapy that has proven to be an effective treatment for depression. CBT-D therapies often focus on identifying and changing unhelpful thought patterns and behaviors that contribute to or worsen symptoms of depression.

## **7. Clinical case examples of people suffering from MST**

To illustrate how the VA health care system works, the following are case reports that do not involve any particular patient, but present information about common cases in VA facilities (Central California Health Care System, 2023).

### **Case 1**

A 28-year-old man, a former Air Force soldier who served two eight-month missions in Afghanistan during his service, reported to one of the VA facilities for help in connection with alcohol abuse, caused by military sexual trauma he experienced during his missions. He claimed that he did not drink much before leaving for Afghanistan, but during his first mission he began to do so regularly. The reason was the desire to deal with recurring thoughts about what he had experienced from his senior colleague. Many times he received unwanted sexual advances, which - even then - he considered dangerous. In consequence, he was physically forced to perform sexual acts. After completing his service and returning home, his family noticed huge changes in his behavior. He drank more and more, was aggressive and quarrelsome. He would lose every new job after a few weeks due to scuffles and quarrels. After a few months, his family managed to persuade him to consult in one of the VA facilities. After reporting to the

emergency room, he was physically examined, laboratory tests were done: morphologies, biochemical tests, liver tests, plasma alcohol level and others. During one of the tests, the patient showed nervous reflexes, especially when touched by a doctor. He had an elevated heart rate and was very hyperactive. During the visit, the patient said that he had been drinking the night before, admitting that since returning home after leaving the service, he has been drinking every day. When he tried to stop, withdrawal symptoms appeared in the form of anxiety, sweating, muscle pain and nausea. He explained that he started drinking to cope with the traumatic experiences he had experienced in Afghanistan. During the visit, the patient denied the presence of any psychotic and manic symptoms earlier (before the mission) and previous experiences with a negative assessment of mental status or psychiatric treatment. In the medical center, was asked about screening for psychological trauma after the mission. The examination is performed on the basis of the assessment form DD 2796, a detailed questionnaire filled in by soldiers, concerning, the history of service, facilities in which it was performed, history of medical visits, symptoms, injuries suffered, etc. (Navy Medicine, 2023).

The patient underwent detoxification. Afterwards, the levels of mood disorder were evaluated. He continued to experience nightmares, heightened wakefulness, and intrusive memories. During hospitalization, the patient began to take part in various activities in the ward and was increasingly more involved and connected with other people.

Finally, met with the drug treatment program team and agreed to treatment. It was determined that once the treatment process was stabilized, the patient would be re-examined and enrolled in a PTSD treatment program

## **Case 2**

Another patient is a 67-year-old veteran diagnosed with unspecified MST-related psychosis paranoid schizophrenia and co-occurring alcohol dependence. The patient was found walking on the street, among moving cars. He was brought to the hospital, where preliminary examinations were carried out. During these examinations, he was diagnosed with difficulties in the thinking process and overt delusional disorder. The patient was neglected, had crumpled clothes, claimed that aliens were attacking one of the national parks. He called the park guard several times, warning of the danger. During the visit, it was found that the patient had a history of visits to emergency rooms and subsequent hospitalizations in psychiatric wards for veterans. The patient was examined and routine laboratory tests and examination of the physical condition were performed. He was admitted for treatment without consent on the basis of legal regulations concerning endangerment of others and serious disability. After finding a suitable facility, the patient was referred for long-term treatment to further stabilize his mental state.

## **Summary**

The highly developed system of psychiatric care for sick veterans in the United States is primarily the result of the high international activity of one of the most powerful armies in the world. This activity manifests itself, mainly through participation in peacekeeping and war operations abroad. The consequence of such a high involvement of American soldiers in various types of missions around the world is the vast number of cases related to psychological trauma

(often arising from sexual origin), which many veterans struggle with for a long time after the end of the mission. Moreover, it should be emphasized that often the mental problems of the veterans themselves affect their families and loved ones, too.

Due to the above, it became necessary to introduce legal regulations and create an extensive care system related to the veteran status. To care for and assist a group of nearly 19 million people, the United States has created an integrated state system of care for veterans and their families, whose primary entity is the Department of Veterans Affairs, established in 1989 as an executive body under the *Department of Veterans Affairs Act*.

The paper explains the concept of MST and discusses the functioning of the psychiatric health care system in the United States Department of Veterans Affairs. Later, it presents two clinical cases that highlight the problem of MST mental health disorders not only in veterans but also in their families. Not only veterans but also active soldiers and civilian army personnel affected by trauma or negative sexual experiences require the attention of clinical doctors. The care should be provided not only in the U.S. but in all countries that have participated in military and peacekeeping missions. It is also necessary to provide assistance to such people, both in material terms and in the matter of further education or change of career, so that they can return to an active life.

The scope of the presented problem in this area requires further research. The obtained results and observations form part of an extremely efficient system of assistance and care for soldiers returning from various types of missions with damage to mental and physical health in the United States. In Poland, such results and observations can serve as an introduction to research on the effectiveness of the system aimed at engaging people with disabilities in the Polish Armed Forces. Taking into account the change in the nature of warfare in the present times (greater use of modern technologies, including IT), it is reasonable to include people with disabilities in the structures of the army. By comparison and analysis of the experience and implemented solutions in the above-mentioned area in the United States Army, it is clear that the Polish Armed Forces would greatly be benefitted from such a solution.

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