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Washington, DC 20420
(202) 461-7600
www.va.gov

Fact Sheet

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VA Services for Post Traumatic Stress Disorder (PTSD)

Posttraumatic Stress Disorder (PTSD) is a condition resulting from exposure to direct or indirect threat of death, serious injury or a physical threat. The events that can cause PTSD are called "stressors" and may include natural disasters, accidents or deliberate human-made events and disasters, including war. Events such as combat and sexual assault or rape are especially likely to lead to PTSD. Symptoms of PTSD include three types of symptoms: re-experiencing the traumatic event through recurring, distressing memories or dreams; avoiding reminders of the event or feeling emotionally numb; and being hyperaroused (e.g., jumpy, anxious, and irritable). Most people experience some of these symptoms after a traumatic event, so PTSD is not diagnosed until all 3 types of symptoms remain severe for at least a month.

In Fiscal Year (FY) 2012, 502,546 Veterans with primary or secondary diagnosis of PTSD received treatment at Department of Veterans Affairs (VA) medical centers and clinics. Of those Veterans treated in FY 2012 for PTSD, 119,482 (24 percent) were Operation Iraqi Freedom/Operation Enduring Freedom/Operation New Dawn (OIF/OEF/OND) Veterans. Between FY 2002 and through third quarter of FY 2012 a cumulative number of 239,094 OEF/OIF/OND Veterans have received a provisional diagnosis of PTSD in VA Medical Centers and clinics.

VA operates an internationally recognized network of more than 200 specialized programs for the treatment of PTSD through its medical centers and clinics. Every VA medical center has outpatient PTSD specialty capability and all of these programs have an addiction specialist associated with the program to address the common co-morbidity of substance use disorders. PTSD programs provide a comprehensive continuum of care from outpatient PTSD Clinical Teams (PCT) through specialized inpatient units, brief-treatment units, and residential rehabilitation treatment programs. In addition, there are increasing numbers of PTSD programs or tracks within PTSD programs to meet special needs, such as programs for Veterans who are survivors of military sexual trauma. Mental health programs, especially those for OEF/OIF/OND Veterans, have ties to the national, regional and local rehabilitation programs for poly trauma and traumatic brain injury.

One of the traumatic stressors a Veteran may experience during his/her military service is military sexual trauma, or MST. MST is the term that VA uses to refer to experiences of sexual assault or repeated, threatening sexual harassment occurring while a Veteran was serving on active duty or active duty for training. VA data indicate that when screened by their VA healthcare provider, about 1 in 5 women and 1 in 100 men respond "yes", that they experienced MST. It's important to note that these data speak only to the rate of MST among Veterans who have chosen to seek VA health care; they do not address the actual rate for all those who serve in

the U.S. Military. Although rates of MST are higher among women, because there are so many more men than women in the military, there are actually significant numbers of women and men seen in VA who have experienced MST.

There is a wide range of reactions that Veterans can have in response to MST. PTSD is one of the conditions a Veteran may develop after experiencing MST; other common conditions include depression and problems with alcohol and drugs. For some Veterans, experiences of MST may continue to affect their mental and physical health in significant ways, even many years later. Because of this, VA has special services available to assist Veterans in their recovery. All Veterans seen for healthcare are asked whether they experienced MST and all treatment for mental and physical health conditions related to MST is provided free of charge. Veterans do not need to be service connected (have a VA disability rating) or have documentation that the MST occurred in order to receive this treatment. They may be able to receive free MST-related care even if they're not eligible for other VA care. For more information, Veterans can speak with their existing VA healthcare provider or the MST Coordinator at their nearest VA Medical Center. Services are also available through Vet Centers. Veterans can also learn more online at www.mentalhealth.va.gov/msthome.asp and see video clips with the recovery stories of Veterans who experienced MST at <http://maketheconnection.net/stories-of-connection/military-sexual-trauma>.

VA has focused efforts on the early identification and management of stress related disorders in order to decrease the long term disease burden on returning troops. Veterans coming to VA for the first time are screened for the presence of symptoms of PTSD, depression and alcohol misuse. The same screening for PTSD, depression, and problem use of alcohol is repeated on a regular basis for new or existing Veterans of any service era. Should the Veteran screen positive for any of these conditions, further evaluation and appropriate treatment are provided.

VA has always had a commitment to provide the most effective, evidence-based care for PTSD. VA has implemented significant training initiatives to ensure that VA clinicians receive training in state-of-the-art treatments for PTSD. As of the end of FY 2012 VA has trained over 47004 VA clinicians in the use of Cognitive Processing Therapy or Prolonged Exposure. Cognitive Processing Therapy and Prolonged Exposure are cited by the Institute of Medicine Committee on Treatment of PTSD as proven to be effective treatments for PTSD.

VA health care for PTSD as well as other mental disorders is driven by a recovery orientation, which includes a focus on the Veteran's needs and preferences in order to help them fulfill their personal goals and live meaningful lives in a community of their choice. An essential part of recovery is working with the Veteran and their loved ones to help the Veteran achieve personal goals. This is vitally important for Veterans with PTSD who often have a sense of isolation from others. VA has started training clinicians in family therapy techniques to assist Veterans and their family members to manage the Veteran's mental health issues. It is useful to recognize that "family support" as defined by VA is different from "caregiver support." Family support describes help by the family to the Veteran to achieve emotional, behavioral and social well being – this is very relevant for PTSD, but is to be distinguished from caregiver support, which implies help provided by the family/ significant others to assist Veterans with activities of daily living that they cannot currently perform independently.

Technology is an increasingly important tool for information sharing, outreach and clinical care for Veterans. VA's National Center for PTSD has had a website (www.ptsd.va.gov) since 1995,

serving as a resource for professionals as well as for patients and families. In FY 2012, the site had 2,347,288 visits plus 55,144 mobile site visits. The site includes the PTSD 101 curriculum of basic and advanced courses on core PTSD subjects with a series of courses covering the VA/DoD PTSD Clinical Practice Guideline. In FY 2011, a national PTSD Consultation Program was established to reach providers who are not a part of VA PTSD specialty care, including primary care providers and other providers, such as case managers, with questions about assessment and treatment services for Veterans with PTSD. By December 2012, 402 consultations were provided.

In April 2011, VA launched the first in a series of mobile smartphone applications, the PTSD Coach. It provides information about PTSD, self assessment and symptom management tools and information on how to get help for PTSD. The PTSD Coach is available as a free download for iPhone or Android devices. It has been downloaded over 85,000 times in over 74 countries as of 11/19/2012. Next year an online version will be launched, to make these tools available to Veterans who do not have smart phones.

VA also recognizes that the stigma associated with mental health problems can deter Veterans in need of care from seeking it. VA is addressing this issue through the web-based Make the Connection campaign (www.maketheconnection.net) that demonstrates how Veterans of all service eras, genders and races, have successfully sought help for emotional problems. This site was launched in November 2011: and has been visited over 1.4 million times. The site's videos have been viewed over 3 million times. The campaign's facebook page has been "liked" over 890,000 times, and the campaign's YouTube channel has over 4900 subscribers. To more specifically focus on PTSD and encourage people to seek effective PTSD treatment and to know they are not alone, the National Center for PTSD created AboutFace (www.ptsd.va.gov/AboutFace) an online video gallery of Veterans talking about living with PTSD and how treatment turned their lives around. This site is averaging 5500 visits per month since its launch in May 2012.

Tele-mental health for consultation between clinicians and for service delivery to Veterans is a growing part of VA's array of service delivery tools. Improved access to PTSD care can be provided by tele-mental health to rural settings such as Indian Health Service or Tribal health care sites and to VA Community Based Outpatient Clinics (CBOCs). In FY2012, as part of VA's major transformational initiative to improve Veterans Mental Health, every Network received funding and developed a plan to expand evidence-based psychotherapy for PTSD via clinical video conferencing.

Web-based resources:

National Center for PTSD: www.ptsd.va.gov

AboutFace: www.ptsd.va.gov/AboutFace

Make the connection: www.maketheconnection.net

MST information: www.mentalhealth.va.gov/msthome.asp