

6 screening questions for military veterans

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'Stop-loss' can cause disenchantment, especially when military personnel begrudgingly choose to re-enlist

Of the >1.6 million military personnel deployed to Iraq and Afghanistan since 2001, an estimated 300,000 have experienced major depression or post-traumatic stress disorder.¹ Consequently, psychiatrists and mental health providers outside the Veterans Administration (VA) and Department of Defense likely will encounter veterans with psychiatric symptoms related to military service.

These 6 questions can help you:

- take a thorough mental health history
- demonstrate a basic familiarity with common military terminology and issues when treating veterans or veterans' family members.

1 Did you experience traumatic events while deployed?

War without front lines or a clearly identified opposing force is referred to as a "low intensity conflict on an asymmetric battlefield." This description epitomizes military operations in Iraq and Afghanistan, where random warfare with improvised explosive devices, sporadic firefights, suicide bombings, and rocket attacks are the norm. This type of warfare can put every deployed individual—not just combat soldiers—in harm's way.

2 What was your job in the military?

"Military occupational specialty" (MOS) refers to an individual's job in the military. In the Army, for example, an 11B is an infantryman, 88M is a truck driver, 68W is a medic, and 60W is a psychiatrist. The code itself is unimportant, but recognizing

the term MOS shows familiarity with the military and provides potentially valuable information. An infantryman who was assigned to security and engaged the enemy regularly while on patrol is more likely to have experienced traumatic events than a soldier supporting the fight from an air-conditioned office in a fairly secure area.

3 Were you stop-losses?

Stop-loss—a program created by Congress after the Vietnam War—is the involuntary extension of a service member's active duty to retain the individual beyond the initial expiration of term of service (ETS) date. At a certain time before a unit departs for deployment—usually 90 days—the roster is "locked-in." If an individual is deemed essential and his or her ETS date occurs after the lock-in date, that person can be stop-losses and required to deploy—an involuntary prolonging of military service.

Most military personnel accept this practice, but it can cause disenchantment, especially when individuals who were looking forward to leaving the military think they will get stop-losses and begrudgingly choose to re-enlist to receive financial and/or occupational perks.

4 Did you receive mental health care downrange?

The term "downrange" is commonly used in the military and is synonymous with "theater of operations," "Iraq," or "Afghanistan." Mental health teams of psychiatrists, psychologists, social workers, nurse practi-

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tioners, and mental health technicians have been deployed with fighting forces since the conflicts began in Afghanistan and Iraq. These teams have a well-established doctrine, concepts of operation, and access to a formulary of somatic interventions to meet clinical demand.

Military personnel can seek mental health services from the “CSH” (pronounced “cash” and stands for combat support hospital); “CSC team” (combat stress control, which are mobile outreach services); or “the BHO” (brigade behavioral health officer). Interventions include but are not limited to:

- time-limited psychotherapies using supportive, expressive, cognitive-behavioral, or psychoeducational methods
- medications, such as low-dose selective serotonin reuptake inhibitors or brief trials of zolpidem or trazodone for sleep, anxiety, and mood symptoms.

If military personnel do not respond to treatment downrange or are deemed too acute or severely ill, they are air-evacuated and returned to their duty station for ongoing care.

5 How did you exit the military?

Generally, there are 4 ways to leave the military:

Retirement. Military personnel in good standing are eligible to retire after 20 years of service and must obtain a waiver to serve for more than 30 years. A retiree receives a pension, health care, and other benefits.

Completion of service obligation is commonly referred to as “meeting ETS.” When an individual signs a contract to enlist for a specific number of years and chooses to leave the military after completing those years, that person has “ETS’d.” These individuals may be eligible for VA services

and military alumni programs, such as the Montgomery GI Bill, but they are not retirees and do not receive the same benefits.

Administrative separation. Following regulations,² a commander can separate individuals from the military for a variety of reasons such as unsatisfactory performance, misconduct, pregnancy, and—with comprehensive input from mental health professionals—personality disorder.

Medical evaluation board (MEB) is a medical retirement from the military. A service member can get a MEB for physical and/or psychiatric conditions. If a soldier can no longer function in the military because of injuries or mental health disorders sustained while on active duty as defined by regulation,³ an “MEB packet” summarizing the case is prepared and sent to a review board. The board returns a rating that grants a severance package or permanent disability retirement and determines the final day of military service, often called the “final-out.” An individual who receives a MEB also can apply for a disability rating from the VA, regardless of the military’s decision.

6 Have you enrolled in the VA?

Every service member receives information on VA services during outprocessing from the military. Most—if not all—are eligible for some VA services. The individual is responsible for negotiating the process, which begins with an administrative visit and review of all of military documents at a local VA medical facility.

References

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3. Army Regulation [AR] 40-501. Standards of medical fitness, (Headquarters, Department of the Army [HQDA], Washington, DC, 14 December 2007).