

POST TRAUMATIC STRESS DISORDER

Written for Haig by Combat Stress, November 2020

How PTSD develops

It is important for family members and wellbeing workers to understand the nature of mental health problems that may arise in veterans. Many former servicemen and women served on operations in their military career and may have developed mental health conditions such as post-traumatic stress disorder (PTSD), alcohol problems, and depression.



These three are a very common combination. PTSD results when somebody is exposed to a horrific experience where they feel their life is threatened or they witness somebody else's life being threatened.

At the time of exposure, the mind does not form any long-term memories, rather it just functions to survive either to help the individual counteract the threat or to run away from it. Later, however, the mind will try to file what has happened into a long-term memory – the facts, the emotions and the sensations of what happened. When this happens, the veteran starts to re-experience the traumatic event by having nightmares or reliving it when they're awake (flashbacks), which are action replays of what happened.

In addition, they can suffer intrusive memories of the traumatic event. This is where the mind tries to file the memory but for some reason cannot, so it carries on playing the traumatic material like a broken record.

These raw unprocessed memories are really frightening. The veteran can feel on edge and hyperaroused at all times: they find it difficult to concentrate; they're irritable and angry; they find it hard to sit still; they're jumpy if there's a loud bang; and they may suffer from anxiety with physical symptoms, for example palpitations and sweating. If they are hypervigilant, they look for signs of danger and threat all the time. They'll also find that they feel emotionally numb and have difficulty connecting with their feelings.

Veterans can find that the easiest way to cope with all of this is to avoid anything to do with the trauma, and then avoidance becomes the main coping mechanism. They find that they feel better avoiding company or confrontation or any kind of stress and that avoidance is the easiest way to cope with life in general. They also avoid their thoughts and feelings related to the original trauma and reminders of it.

Of course, the more they avoid things – especially anything that reminds them of their trauma – the more likely it is that they will never properly process what has happened. As a result, they continue to suffer nightmares, more flashbacks and more intrusive memories.

Avoidance can be enhanced by using alcohol – heavy drinking is part of the military culture. Others might use cannabis. Emotional numbing is very difficult to deal with, so

veterans may turn to legal and illegal drugs to feel alive. This can include nicotine from smoking cigarettes, caffeine from consuming lots of tea, coffee, chocolate or soft drinks, or drugs like amphetamines, ecstasy and cocaine.

When veterans avoid anything to do with their trauma, they start to isolate themselves. This can cause difficulties in their relationships with families and friends. The more a veteran isolates themselves, the more likely they are to develop depression, have low self-esteem, lose their energy drive and develop a poor appetite or comfort eat. Their sleep may worsen, and they may feel they have let themselves or others down. Some veterans have suicidal thoughts and may act on these.

PTSD commonly comes in a package with drug and/or alcohol misuse and depression.

So how do we notice that somebody is suffering from these mental health conditions?

Well, sometimes somebody has suffered from these conditions for many, many years but nothing untoward has been noticed. The individual has just soldiered on as it were. They may have tried to come to terms on their own with what has happened, too scared, perhaps, to get help or admit they have a problem.

Of course, there's a lot of stigma that is associated with the veteran culture. Most soldiers are trained to look after themselves and to solve their own problems, so they're not going to easily go ahead and look for help or even ask for it.

Therefore, how would we notice that somebody has a problem? Well, some veterans have a second exposure to a trauma or a stressful situation. The death of a loved one, even getting married or moving to a new house can bring out more obvious symptoms of PTSD, depression and alcohol misuse. The loss of support or a valued relationship may precipitate more severe symptoms and make them more obvious to see.

One example is if a veteran has an argument with someone. That could bring out a lot of these symptoms that have perhaps been bottled up or somehow controlled over a long period of time. Changes in the veteran could include them appearing to be detached, irritable, perhaps angry and abrupt. They may have difficulty concentrating, won't be able to focus very well when you're talking to them, and their eyes might glaze over if they're having a flashback.

It's very important to spot this behaviour. If you're able to, ask the veteran whether they need help; there is a lot of help out there.

How to help

The first port of call would perhaps be the veteran's GP, but you or they can also call the Combat Stress 24-hour Helpline 0800 138 1619. This is a free confidential service that provides advice and support. Veterans can also self-refer into Combat Stress services and be signposted to the most appropriate treatment.

Treatment itself is quite straightforward, but the biggest problem with PTSD is admitting you have a problem and putting yourself forward to be assessed. Engaging in treatment can be a problem for veterans. They aren't very good at asking for help,

so it can be challenging for doctors, nurses, even psychologists, to provide treatment especially if they have no military background or understanding of the veteran culture. Veterans engage much more easily with charities like Combat Stress because we are veteran savvy and many of our staff have served in the military so are familiar with the military culture.

So, what does treatment involve? Well, some of it is about educating the veteran on their symptoms – why they occur and what PTSD is. Understanding what is happening to them and what is going on in their brain can be hugely reassuring.

Therapy also includes teaching new skills to veterans. Coping techniques can help them to deal with anxiety, irritability, stressful situations and how to respond to nightmares and flashbacks. By explaining why a veteran has intrusive memories, it can provide reassurance and help them to manage the situation.

Once the veteran has a good understanding of what is going on, they need to process the trauma – something they're unlikely to have ever done before. This is done in one to one therapy at Combat Stress with a psychologist, psychotherapist or even a psychiatrist who they have built a rapport with. One proven technique that can help individuals to confront what happened is by talking about it: what happened; what it felt like; what it tasted like; what they smelled, heard and saw; what their emotions were at the time and what they are now. All of this helps to process the raw memories into a safe place in the mind, so they become far less of a problem and the symptoms stop or reduce.

If people feel that they cannot talk about their trauma, there are other techniques to help process traumatic information, such as writing, art therapy and using eye movements to stimulate the brain while thinking about the trauma.

So, is post-traumatic stress disorder treatable?

Yes, of course it is. The difficulty for a veteran is recognising the symptoms and then accepting they have a problem. Taking that first step to getting help can be quite a barrier to overcome, but if they can do it they will begin the journey to recovery. Sticking to a treatment programme can be challenging at times, especially if they have issues with avoiding anything to do with the traumatic experience.

If a veteran has depression and alcohol misuse, these conditions might require treatment, but this can be relatively easy if the PTSD is also treated.

Understanding what the problem is, how the mind works and why people get mental health problems is half the challenge solved. Many people just don't understand what the matter is. They don't ask for help; they just think their personality has changed as a result of their military service. PTSD is treatable and people can go on to lead normal lives, especially if their treatment is managed by expert services that are culturally savvy in relation to military health.

I strongly encourage veterans and their families to call the **Combat Stress 24-hour Helpline on 0800 323 4444**. It's a great starting point.