

# Self-reported Mental Health Status and Needs of Iraq War Veterans in the Maine National Guard

Summary Version



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## Summary Report

The war in Iraq has raised important concerns regarding the readjustment difficulties experienced by Iraq veterans and the service resources that will be required to address the needs of these veterans. Almost 90% of the Maine National Guard has been deployed to Iraq and anecdotal reports have suggested that some Iraq veterans are experiencing significant problems in relationships with family and friends, problems at work, and difficulty in day-to-day functioning.

In 2005, Community Counseling Center initiated a research project to clarify the types of difficulties and challenges that members of the Maine National Guard face after returning from Iraq. Additionally, this study determined the kinds of support and mental health services in which Iraq veterans are interested. Research was conducted in collaboration with the Maine National Guard. This project was developed and conducted by Dr. Elizabeth Wheeler, a clinical psychologist who has extensive research and clinical expertise in the area of trauma and posttraumatic stress. The Survey Research Center at the Muskie School of Public Service at the University of Southern Maine provided consultation on research design, survey development and provided data entry and analysis.

In 2006, surveys were completed anonymously by National Guard members in Maine. A total of 532 Guard members were surveyed, of which 292 were Iraq veterans. Most of the Iraq veterans had returned a year before they completed the survey.

There were not sufficient numbers of veterans from any of these other sites to analyze their data separately or draw conclusions about their mental health issues. When analyzed as a group, National Guard members, who had been deployed to sites other than Iraq, generally reported less severe levels of disturbance than Iraq veterans but greater levels of combat exposure, life stress, posttraumatic stress symptoms and problems with alcohol than Guard members who had not been deployed at all. The results for Iraq veterans are reported below.

## Veterans' Experiences in the War Zone

Over three-quarters of Iraq veterans reported that they had been exposed to life-threatening experiences such as being shot at, going on combat patrol, or other situations in which they were in danger of being injured or killed. Similar numbers also had seen dead bodies and/or had known someone who was killed or seriously injured. The severity of these traumatic experiences is highly significant and is similar to the reported severity of combat trauma among members of the Army deployed to Iraq.

## Posttraumatic Stress Reactions

"Hyperarousal" symptoms were reported by over one-third of Iraq veterans and were the most frequently reported symptoms. These include feeling "jumpy" or easily startled, feeling keyed-up and irritable, having angry outbursts, having difficulty with sleep and concentration, and generally having difficulty relaxing and "letting their guard down." "Re-experiencing" symptoms, reported by approximately one-quarter of Iraq veterans, include experiences such as flashbacks (when upsetting images of the war-zone flash into their mind, making it difficult to think or concentrate), nightmares, and feeling very upset and having physical reactions (such as heart pounding, trouble breathing) when something reminds them of a war zone experience. Feeling emotionally numb was reported by nearly one third of Iraq veterans. This includes feeling unable to have loving feelings for those close to them, feeling distant and cut off from other people and losing interest in activities they used to enjoy.

A diagnosis of PTSD requires that all three of the above types of reactions be strongly present. Our findings indicate that at least 13% of Iraq veterans in Maine would qualify for a diagnosis of PTSD. This is similar to published reports of PTSD for members of the Army and Marines who served in Iraq.

One quarter of Iraq veterans also reported that they drink too much alcohol, which is a common way to avoid upsetting traumatic stress reactions. Unfortunately, alcohol abuse adds to the problems caused by PTSD by interfering with relationships, job performance and other key areas of functioning.

## **Depression**

About one in five Iraq veterans reported significant symptoms of depression. Symptoms included feeling tired and having little energy, not being interested in pleasurable activities, poor concentration and changes in appetite and sleep patterns. Depression sometimes causes people to think about hurting or killing themselves, and one in ten Iraq veterans acknowledged such thoughts. (It should be noted that among Guard members who had not been deployed, one in fourteen reported similar thoughts, which is only slightly higher than the rate for the general population).

## **Effects on Relationships, Work and Personal Life**

Iraq veterans face a variety of challenges in readjusting to life with their families and communities. Our research indicates that a year after returning from Iraq, veterans are having significant problems in relationships with partners and children. Many veterans reported that they experienced significant stress in these primary relationships. In addition to having more interpersonal conflict, many Iraq veterans indicated that they felt disconnected or detached from loved ones and civilian friends. They frequently reported not having fun in life and not being able to relax. Combat stress reactions, such as problems with anger or concentration, having trouble sleeping, or problems relating to people, can also make returning to work very difficult. Large numbers of veterans reported significant stress at work. Significant financial stress and physical health problems were also reported.

## **Interest in Mental Health Treatment**

Very few Iraq veterans had sought help for readjustment problems, although roughly one third of veterans said they were interested in receiving help. Iraq veterans said the kinds of services they were most interested in were support groups with other veterans, individual counseling, education regarding war zone stress and the readjustment process, anger management, and couples' counseling. Iraq veterans also said they thought family members would be interested in services such as couples' counseling, support groups for family members, education regarding readjustment issues and individual counseling.

## **Conclusions**

This study provides the first systematic assessment of members of the Maine National Guard who were deployed to the Iraq war. Our findings indicate that large numbers of Iraq veterans report mental health problems, as well as significant stress in relationships with family and friends and problems at work. These readjustment problems represent predictable and normal reactions to the experience of traumatic stress. Members of the Guard deployed to other sites also report significant but less severe readjustment issues, consistent with their lower level of combat exposure. Our findings establish the need to address the readjustment concerns of Iraq veterans. Fortunately, effective, evidence-based treatments exist and early treatment can prevent worse problems from developing. Needed services include specialized educational support and therapy groups for veterans and their partners, individual and couples therapy, groups for children of veterans, as well as specialized evidenced-based trauma treatments for individuals experiencing significant posttraumatic stress reactions.

To meet the needs of our Maine National Guard citizen soldiers as they return to their families, communities and workplaces, it is extremely important to have a strong network of services available to them in their communities. This network currently exists in Maine and includes the Maine National Guard's Military Adjustment Program, the VA, Vet Centers, and family service and mental health agencies, such as Community Counseling Center.

