

To Prevent Suicide, It Is Time to Identify PTSD and TBI as the Injuries They Are

James Stewart Hooker

To the Editor—In 2015, Dr. Daniel Moore, then head of rehabilitation medicine at Vidant Hospital, and I, a retired member of the US Navy and advocate for wounded Veterans, authored a piece for the *North Carolina Medical Journal* about traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) among our state's Veterans [1]. A key issue we raised was the ineffective care provided by the US Department of Veterans Affairs (VA) for these injuries, treating them instead as “mental illness,” which applies a particular stigma among members of the military and their families.

In the July/August 2023 issue of the journal, Dr. Harold Kudler's article, “Preventing Firearm-Related Deaths Among Service Members and Veterans,” notes: “Veterans are often reticent to self-identify in clinical settings out of concern that civilian doctors won't understand their military experience” [2]. In most cases, this is not the issue; the issue is that TBI and PTSD are treated as mental illness, via DSM-5, and no military man, woman, or family wants to be identified as such. In North Carolina, we have over 800,000 active-duty and Veteran families, who represent about 30% of the state's population of 10 million [3, 4]; many of these families suffer from these injuries.

Dr. Kudler's article also implies that because over half of our Veterans are not in the VA system, suicide prevention depends on “health care through community practices.” I believe this is flawed on two bases: 1) VA health care has had no effect on suicide prevention for the past 20 years; the rate of suicide for Veterans remains 57.3% higher than that of their non-Veteran peers [5]. Further, VA suicide prevention plans do not address causes of suicide, and do not therefore link to prevention action; 2) Despite spending billions in the last decade on suicide prevention [6], the US Department of Defense and the civilian medical community have no proven suicide prevention strategy.

Instead, many medications not approved by the US Food and Drug Administration for treatment of TBI and PTSD are nonetheless prescribed for symptoms of these injuries. Many

of these drugs carry with them warnings of side effects, including suicide. It may be time for a close look at what causes military family suicide. If TBI/PTSD “mental illness” treatments have been unsuccessful for the last 20 years, examining the potential to treat TBI as an “injury” instead of a “mental illness” may open the door to a successful suicide prevention therapy. As we know, such a therapy is sought by every knowledgeable medical provider, politician, and concerned family member. *NCMJ*

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References

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