Post-Traumatic Stress Disorder: A Reflection

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It would be easier to quantify those unaffected by a form of stress secondary to a traumatic or stressful event, than those who have been. Flashbacks, nightmares and avoidance of a place, taste or smell: they don't leave anyone indifferent. Yet, if these events persist for over a month and are accompanied with a few more symptoms such as social or occupational impairment, congratulations, you get the label of post-traumatic stress disorder, affectionately called PTSD.

Before you judge a man (or a woman!), walk a mile in his/her shoes. Being a strong believer in this saying, it dawned on me that the better way to understand mental health challenges, short of falling ill myself, was to learn from those who have experienced it, whether in combat or in civilian life. The following milestones in my journey won't lead to a step-by-step guide to eradicating PTSD. They will however highlight some important features that permeate seemingly unrelated fields, with the hopes of elucidating lessons learned from these experiences.

The brave warriors of the Veteran's Hospital

My curiosity and introduction to the world of medicine can be traced back to volunteering at hospitals and retirement homes. As a teenager, time was one of most precious, seemingly endless resources one could offer to those who were isolated from their families and those who lost their friends. The hospital I chose to volunteer at during that period was quite unique in that it welcomed predominantly veteran populations and was essentially geared toward long-term stay. Truth be told, many fell for the satisfaction of making a difference in this population of patients. I, on the other hand, could not believe how lonely some of these wonderful people were.

Chatting to the veterans on a weekly basis was no small feat: some just wanted to be left alone, while other's hearing was severely affected. In a matter of minutes on my first day, I had to become an excellent listener. Each patient had their own very unique story to tell, yet each one told theirs with the same burning passion and smile on their faces. It made me wonder how previous generations tackled such tremendous opponents and prevailed, supposedly unscathed.

Many of my attempts to ask about the challenges the veterans faced were frequently met with a solemn "we did what we had to do, everyone was doing it [going to war], we just dealt with it". It sounded too good to be true: I remember wondering whether time truly and fully heals, even combat related stress. This almost nonchalant approach baffled me, as I was reading quite the opposite in modern literature concerning the mental health challenges of soldiers returning from recent conflicts. Perhaps the intergenerational gap that I was experiencing had more to it than a shift in fashion and technology.

Thus, volunteering at the city's renowned veteran hospital lit a curiosity in me to continue to seek answers and understanding of the post combat military experience. Reading article after article, the disconnect between the target audience and the authors grew even further: I didn't want these to be another pile of studies read and put aside, forgotten.

In the centre of the action

Soon, what started off as a volunteering experience led me to pursue an elective research project while in my fourth year at the University of Toronto, on the topic of traumatic brain injuries (TBI) in the military context. This was no longer simply a matter of academically dissecting an article in hopes of diving further into the pathophysiology of the matter: my team and I wanted an open conversation with the research team who published these complex papers we were reading. We wanted to understand the motivations, the process, the hurdles that were faced when conducting neurophysiological studies on patients affected by PTSD.

Hence, my two colleagues and I flew down to Boston to meet with the researchers heading the Translational Research Center for Traumatic Brain injury and Stress Disorders team (TRACTS). Those were, of course, pre-pandemic times! Beyond their desire to help veterans, their publications made their tasks look so simple. In reality, the researchers let us in on their secret of juggling with time constraints on experiments, a limited sample of patients, an extensive list of inclusion and exclusion criteria, just to name a few. Understanding the limitations, particularly in the eligibility of patients, was key to my subsequent discussion in a presentation of this project to the local military medical unit and further, a teaching conference at the University of Toronto. I

was then able to highlight and relay the importance of proper medical protocols and documentation, particularly of patients affected by TBIs and their consequences, as these revealed to be essential for including more patients to research protocols and attaining more significant trends and results.

By then, I had enrolled in the Canadian Army Reserves as a medic, bringing me closer to those regularly affected by the stresses of combat missions. After mandated training, I had a chance to follow infantry units on local training exercises as their designated medical staff and deploy on national efforts, again as a medic, supporting soldiers both on the ground and in stationed clinics.

The nature of military operations is very often centered around unpredictable events, and soldiers need to adapt to ever-changing situations, even during those on home soil such as the control of floods and wildfires. Medics coming back from deployments overseas would often tell me about incalculable timings of casualties arriving in their treating bays: this was quite far from the calm, controlled environment I've experienced working within the country, even outside my comfort zone. Moreover, essential things like sleep and dining routines were fairly constant, at least in my experience within the country: again, this is not always the case on international operations. Research has found that a lack of sleep is both a risk factor for developing PTSD and a delaying factor in the recovery from PTSD and TBIs (Gilbert et al, 2015). Coupled with the demands of everyday tasks, I could see the recipe for disaster, especially if soldiers weren't given adequate support when coming home. And when interacting with those coming back from deployments overseas, I could not help but notice that they were different: understanding and validating their experiences was my key to gaining that patient trust that I was so meticulously taught during my training and assisting them in taking the path to recovery.

As a medical professional, raising awareness of trauma-associated PTSD and destigmatizing seeking help for mental health issues was incredibly important, as patients suffering from PTSD are not only at risk of suicide, but also of depression and divorce (O'Donnell, Logan and Bossarte, 2018). According to the U.S. Veterans Affairs National Veteran Suicide Prevention Annual Report, the United States alone are losing **upwards of 6,400** veterans to suicide every year, **nearly triple** the casualty toll the country's army took during its involvement in

Afghanistan between 2001 and 2014, as confirmed by the U.S. Department of Defense Casualty Status Report! These were men and women who fought for their country: surely, they deserved better treatment. Systematic stigmatization cannot be cured overnight, which meant one thing for sure: the shift had to start from the bottom up and the role of medics was not to be dismissed.

In short, my experience as a medic deployed on national efforts has had a powerful contribution to my professional growth; it enlightened me about the lifestyle and challenges military members face when they are away from home, some of which may contribute to developing PTSD in predisposed individuals. It is important to note that these lifestyle conditions are **inevitable** and **inseparable** from the beast of being on operation. It may be more relevant to educate and provide more support both before and after missions, using a biopsychosocial approach to those affected by mental health conditions as we do for physical injuries.

Another stressful environment?

Transitioning to medical school, I couldn't help but notice that this was yet another reality mimicking a high stress and output environment I encountered as a military medic. Some challenges were similar, such as the lack of sleep, the endless working hours and the constant pressure to perform, while others were undeniably different in nature. The perception was that they still required a highly functioning individual who wasn't allowed to fall short of the task at hand, whether it be an examination or a patient encounter. Fellow classmates would joke about their regular mental breakdowns: the culture normalized struggling. It is so widely accepted that stress is part of the process and that it pushes performances to a new level, and while I agreed with the latter, I couldn't help but wonder where the hazing and mistreatment fit in.

According to the Association of American Medical Colleges Graduation Questionnaire data from 2020, **nearly 40%** of America's graduating medical students have experienced public humiliation or have been discriminated against based on gender, race or ethnicity and **21.2%** of students have been occasionally publicly embarrassed (AAMC, 2020). These behaviours have been identified to predominantly stem from their interactions with interns, residents and clerkship faculty. After years of mistreatment by the system, coupled with the endless hours and

imposter syndrome, no wonder the mental health of physicians wasn't at its best. In fact, these alarming statistics support the need to shift the culture in the medical setting to a reduction in these behaviours, along with more reasonable working hours. This could strongly contribute to reducing mental health issues among healthcare professionals.

Rounding on patients during my free time, I learned that there are so many aspects that simply could not be covered during the allocated doctor-patient history taking time slot. The biopsychosocial approach that we are so avidly taught requires building trust with our patients, who feel the pressure and the rush as we go from one to another in order to meet the quota. This way, physician burnout affects not only the physician himself, but also all the patients he/she's treating and the staff he/she interacts with. There must be something better we can offer our patients and our staff.

Reaching for a better future

If there's anything I've learned from my patient encounters and working as part of a medical team, it's that as healthcare professionals, we are so excellent at providing care to patients that we often forget to take care of ourselves properly. A recent review of the literature revealed that there is a growing interest in understanding mental health challenges and burnout among healthcare professionals, a lack of longitudinal studies to examine potential interventions and considerable barriers to seeking help (Mihailescu & Neiterman, 2019). Being aware of these issues should certainly be the first step of every medical student.

This is where the paths between military-related and physician-related stresses diverge. Although the conditions on military operations cannot be changed, those in the medical environment can be modified to minimize the mistreatment, burnout and mental health struggles. We need to have more open conversations about mental health in the medical field as part of the medical school curriculum. Teaching faculty should be discouraged to partake in the behaviours described above, which should be banned from all institutions and replaced by constructive experiences. On the flip side, the mindfulness techniques and coping strategies already taught in most medical schools would still be useful, but in dealing with patient related situations. The medical setting

already requires physicians to be at the top of their game, there is no practical need to make the learning process and working environments harder than they should be.

I was astonished to experience similar environments in medical school and the military. While it is warranted and dictated by the situation in the latter, it surely isn't necessary in the former. In both environments, from newly minted veterans to worried residents, I found it key to initiate sincere conversations around mental health in order to make more people comfortable with the topic.

It cannot be the elephant in the room anymore.

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