

My name is Erika and I am a prior Naval Hospital Corpsman Second Class. The Navy has always been an important factor in my life because my father is a retired Chief Petty Officer and my husband is a Logistics Specialists Second Class. I have served from 2006 to 2013 starting from Great Lakes, Illinois to USNH Yokosuka, Japan, then onboard the USS Ronald Regan and lastly Naval Base San Diego. While serving, I have worked in various health care settings from large hospitals to smaller clinics, sick call on a ship, a labor and delivery ward, medical records, and even staff education and training. I have a passion for medicine and now that I am separated I am also passionate about helping Veterans. With that being said, it is very exciting for me to be able to announce the new military focused section of our newsletter! We will be providing the latest news articles, treatments, and even hotlines to contact when in need of help. When serving you are constantly reminded of the importance of looking out for each other and becoming a civilian again should not make it any different.

To start off, if you or a Veteran you know is going through a crisis, you can call 1-800-273-8255 and press 1. You can also chat online at www.veteranscrisisline.net or send a text message to 838255. This will connect you with a qualified Department of Veterans Affairs responder. This is confidential and also toll-free. According to their website, after launching in 2007 they have already answered approximately 2 million phone calls.

A recent study published Jan 01, 2016 by Journal of Affective Disorders discusses the importance of primary care and suicide prevention in veterans. They conducted a study involving people with depression psychosis, mania, PTSD, anxiety and illicit drug users. The results of this study conclude that veterans with mental health disorders were associated with high severity suicidal ideation but not suicide attempt. It also states that illicit drug use was not associated with suicidal ideation but was the only variable associated with suicide attempt. With studies such as this one, we may be able to catch the signs of suicide early enough to prevent it. If you are interested in reading the article, you can find it here: [http://www.jad-journal.com/article/S0165-0327\(15\)30126-9/abstract?cc=y](http://www.jad-journal.com/article/S0165-0327(15)30126-9/abstract?cc=y).

There are many programs and services provided by the VA including treatments for various mental health illnesses such as depression, PTSD, anxiety, schizophrenia, and bipolar disorder. Two examples I will be discussing include Cognitive Behavioral Therapy (CBT) and Prolonged Exposure Therapy (PE). CBT is designed to help people diagnosed with schizophrenia (and other mental health illnesses) better understand the relationship and differences between their thoughts, feelings and behaviors. It also helps the individual learn new thought patterns to help support positive feelings and positive thoughts to eventually produce healthier behaviors and beliefs. PE is helpful for individuals with PTSD. It is designed to help decrease distress felt by the individual from thoughts and memories of past trauma. It is done by helping to approach the trauma related thoughts and feelings rather than avoiding them. Talking through traumatic events is thought to help people learn how to cope with the stressful event that occurred. To get more information on CBT or PE, please contact your nearest VA facility and

talk to your primary care physician or go to <http://www.mentalhealth.va.gov/schizophrenia.asp> and click the “Programs & Services” tab.