Developing a Health Advocacy Campaign

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Developing a Health Advocacy Campaign

Advocacy is a set of actions in support of a cause and a political process involving the change of existing practices and the redistribution of power and resources. The American Nurses Association (ANA) refers to advocacy as having three inherent values: preservation of human dignity, patient equality and freedom from suffering (ANA, 2015). Approximately 3.1 million nurses advocate on a small scale during their practice as the America's most trusted profession (Riffkin, 2014). The application of advocacy campaigns on a larger scale involves influence and policy making.

Population Health Issue: PTSD

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder classified by the American Psychiatric Association (APA) and published in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (Morrison, 1995/2006). A person may develop PTSD after experiencing or witnessing an extreme and overwhelming traumatic event. They often have feelings of intense fear and helplessness when death or serious injury occurs. The dominant features of PTSD are emotional numbing, hyperarousal and re-experiencing the event.

Methods utilized to evaluate persons with suspected PTSD include structured interviews and questionnaires (Weathers, 2014). Criteria for the diagnosis of PTSD includes: 1) exposure to a traumatic event that involved actual or threatened death or injury to the patient or others *and* the patient felt intense fear, horror, or helplessness, 2) re-experiencing the event, 3) avoidance of similar events and emotional numbing, 4) hyperarousal, 5) symptoms have been present greater than 30 days, 6) a clinically significant functional impairment (Morrison, 1995/2006).

Population Affected by PTSD

World War I veterans experienced *shell shock* related to their military combat experience while Korean and Vietnam War veterans dealt with *combat stress reaction*. PTSD replaced both

terms in 1980 when it was made a formal psychological diagnosis by the APA (U.S. Department of Veterans Affairs, 2014). Statistics reveals that PTSD affected the military war veterans similarly. Vietnam War veterans had the highest rate of diagnosed PTSD at 15%; however, studies show that 30% reported PTSD at some point in their life. Between 11% and 20% of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) veterans developed PTSD in any given year. Approximately 12% of Gulf War veterans were diagnosed with PTSD. Throughout history, terminology has changed; however, the invisible wounds remained the same.

Risk Factors, Implications, and Treatment

Persons who join the military are at a higher risk of experiencing a traumatic event when engaged in combat situations during a war. The development of PTSD is multifactorial and depends on the extent of the event and the person. Men experience more traumatic events; women are more likely to develop PTSD (Fontana, 2010). Several additional risk factors include ethnic minority, education status, combat specialization, the number of deployments, adverse life events, previous trauma exposure, prior psychological problems, and the degree of social support on return from duty (Xue, 2015). PTSD also increases the risk of developing other conditions such as clinical depression, additional anxiety disorders, substance abuse, and chronic pain. Implications of PTSD include criminality, higher unemployment rates, health and relationship problems (American Association for Marriage & Family Therapy, 2014), homelessness, a decreased quality of life, and suicide (Ramchand, 2015).

Primary clinical treatment for PTSD includes psychotherapy and medications (National Institute of Mental Health, 2014). Numerous modern and traditional psychotherapies (Counselling Resource Mental Health Library, 2015) are available to veterans. The core elements of Exposure Therapy (ET) include virtual reality exposures to trauma in controlled environments (Botella, 2010). Eye Movement Desensitization and Reprocessing Therapy

(EMDR) is an eight-phase method that utilizes information processing therapy and allows more effective coping of the traumatic memories (http://www.emdr.com/, May 3, 2015). Safety treatment includes suicide and homicide prevention, reduction of risky behaviors and coping skills.

Advocacy Programs

Web-based PTSD advocacy programs such as *Make the Connection* (MTC) and *PTSD Foundation of America* engage veterans online and empower them to participate actively in the recovery process with assistance from other veterans. The MTC site ("Make the Connection," 2015) uses a customized approach to enhance the viewer's personal experience by answering questions regarding gender, the branch of the military served and combat exposure. It delivers the most comprehensive and relevant information for veterans and their families and is one of the most succinct and resourceful websites available.

Social networking and capabilities have expanded roles and has become the entertainment and information modality of choice in today's society (Milstead, 2013). Worldwide, there are over 500 million Facebook members who actively follow and engage social and support groups. PTSD Foundation of America uses these statistics to an advantage in increasing the awareness and acceptance of PTSD and provides resources and support groups through social networking and social media which engage veterans of all ages ("PTSD Foundation of," 2015). Social support for veterans who engaged in combat has been shown to protect against PTSD and other stress-related mental health issues (Money, 2011). Public events, service and faith-based organizations, individual and group counseling are available for veterans as well. In addition, the Foundation offers a 90+ day intensive residential treatment program, *Camp Hope* for veterans. Families of veterans are encouraged to participate and support their loved one. In combination, these two advocacy programs complement one another and would be

highly recommended for primary external support systems and exceptional resources for any veteran who has experienced PTSD.

Attributes of Successful Advocacy Campaigns

A successful advocacy campaign has structure and function. The problems of the targeted population are identified and defined. The mission, goals, and objectives statements for the campaign clearly state and reflect the commitment and vision of advocates. Proposed community and system changes to be implemented and actions that facilitate successful results are included in the campaign design. Accountability of monies and resources in a quantitative analysis and the impact of the policy change are given to all parties involved. These transparencies facilitate a level of trust to stakeholders and encourage continued support.

The communication of messages should incorporate both social and media marketing strategies. Advocacy campaigns can be opportunistic and be introduced just prior to or shortly after elections, or during the period when the issue receives attention from the media. Chris Kyle was an accomplished OEF/OIF Navy SEAL, who was murdered by another military service member who suffered from PTSD. The docudrama "American Sniper" (http://www.chriskyleamericansniper.info/, May 1, 2015) was based on actual events. The effects of PTSD have received extensive media attention since its debut on January 16, 2015. Simultaneously, in the media, the VA was being investigated for increased suicide rates among its veterans. Spokespersons should be someone who understands the issue, have credibility, be accustomed to public speaking and project a sincere passion about PTSD and veterans. Subsequently Chris Kyle's wife has been advocating for veterans and their access to mental health services. The movie had a significant impact on the nation and has prompted even more investigations and advocacy campaigns concerning mental health issues, especially PTSD.

Advocacy campaigns recognize barriers to receiving proper services the targeted population are entitled to (Schwartz, 2015).

Networking with individuals and organizations who are willing to assist and support the campaign will strengthen the debate on policy changes. Networks provide political platforms and share ownership of the goals and change. They provide diversity and allow different groups to share their perspectives on the impact. Collaboration with other organizations that support the cause is a cost-effective method of reaching the targeted population about proposed change.

Media strategies include newspapers, radios, television, billboards, newsletters, internet websites, and blogs. The internet is the most influential and successful tool in advocacy campaigns (World Health, 2006). Although some people may lack a personal computer, public libraries offer the use of their computers at little to no cost. Community outreach connects veterans to appropriate care and services. Public events and workshops are useful, structured, informative, inspiring and allow group cohesiveness.

Legislation

It is estimated that 300 Medical Centers and 800 Community-Based Outpatient Clinics provided mental health services to 2.1 million veterans from 2006 to 2010 (United States, 2011). Access to necessary mental health resources is challenging. Even more challenging is the limited time available for counseling and treatment sessions by a qualified mental health professional. The Department of Veterans Affairs (VA) estimates that 18 to 22 veterans commit suicide every day (Kemp, 2012). "Among persons (veterans) who committed suicide, the majority have had one or more mental disorders, making psychiatric problems one of the strongest risk factors of this outcome (Tanielian, 2008)." Ethical considerations are revisited when veterans did not receive services in a timely manner and when there was a considerable amount of time between evaluations. The Jacob Sexton Military Suicide Prevention Act was

signed by President Obama in December 2014 and requires that veterans receive a yearly mental health assessment (Leonard, 2015). Subsequently, in February 2015, Obama signed a Suicide Prevention Bill for veterans, allowing them greater access to mental health services.

Health Advocacy Campaign: Plan Development

Approximately 90% of adults in the United States have a cell phone; 64% of those are smartphones (Pew Research Center, 2015). The first use of mobile healthcare technology was with out-of-clinic patient use software applications and peripheral hardware connecting to a smartphone or tablet (Batista, 2013). The goals of mobile therapy include actively engaging patients, alleviating symptoms and increasing the effectiveness of traditional therapies (Boschen, 2008). Many patients have difficulty in applying coping strategies learned in the clinical setting; this increases frustration and can lead to feelings of hopelessness, powerlessness, and depression. Researchers believe (Crow, 2009) that mobile therapy will improve the effectiveness of treatment and support the increased adherence to self-monitoring methods and alleviate suffering. Furthermore, mobile therapy decreases long-term costs associated with traditional face-to-face treatments in a wide range of disorders, including mental health.

Health Advocacy Campaign: Mobile Therapy for Veterans with PTSD

Mobile Therapy (MT) is a state-of-the-art mobile and web-based platform for mental health professionals and is available on both, iOS and Android systems ("Mobile Therapy," 2015). This application (app) empowers clinicians and case managers to provide a faster mental health diagnosis by tracking specific metrics and assessments of mental states over a selected period. Triggers are more easily identified, correlated and monitored. Clinicians have details of what has occurred and can bring up this information with the patient. Information gaps are filled, and variability between sessions examined. MT allows enhanced treatment plans, engages patients, and produces better outcomes.

The MT app conforms to all Health Insurance Portability and Accountability Act (HIPAA) digital and physical security protocols. The database and access to the web application are Secure Sockets Layer (SSL) secured and encrypted to meet Advanced Encryption Standards (AES). Additional measures to protect privacy include the requirement of strong passwords, data backups, firewalls, and limited access to only those necessary.

MT's smartphone app uses Proprietary Linguistic Analysis, via the Linguistic Inquiry and Word Count (LIWC) algorithms developed by the University of Texas. The LIWC analyzes the patient's texts and social networking postings to generate a score of emotional sentiment. Phone sensors and brief surveys are actively and passively utilized to gather information about the patient's emotions, behaviors, movements and interpersonal interactions.

Data is collected, analyzed and presented to clinicians via a web-based dashboard. It provides insightful, simplistic, and visually enhanced reports that can be filtered and reviewed in minutes. Medication compliance is also available to filter cross comparisons over the date, activity, location, situation and emotional sentiments reported via the LIWC; also serving as a reminder for patients to take their medications. The dashboard includes an easy note taking interface that allows clinicians to organize and store psychotherapy notes permanently online.

The clinician registers on MT's website and creates an account. The fee for this service is $50 per month, includes full access to all services and clinicians are unlimited in the amount of clients they register. Mental and behavioral health modules guides were crafted by expert psychologists to aid the clinician in collecting relevant data and customized for each patient. In addition to *PTSD*, module-specific disorders include *anxiety and phobias*, *depression*, *chronic pain*, *behavioral disorders*, *alcohol and substance abuse* and *relationship issues*. Once the modules are customized by the clinician and frequency intervals set, they send an invitation to

the patient via email. The *SelfEcho* app is then installed on their smartphone and immediately available for its use.

As soon as the patient registers, the app collects data continuously and is sent to the clinician's dashboard in real-time and conveyed in simple reports. The clinician then reviews the dashboard prior to each face-to-face counseling session and gains insight on the patient; allowing a more efficient and productive course of therapy with their patients. The patient is empowered and is more engaged and invested in their treatment, and the clinician has more accurate information with which to understand and guide the patient.

Ethical Considerations

Inherent security risks and breaches of patient confidentiality issues should be considered when implementing smartphones and web-based platforms into treatment modalities. There is also a potential of disrupted or distorted communication should a virus infect the devices being used. Governmental policies regarding health care information technologies are centered on security and access. Health Information Technology for Economic and Clinical Health Act (HITECH) in 2009 and HIPAA in 1996 are the two most recent legislative actions addressing information technology security and access (Milstead, 2013).

Patients who use MT may become over dependent and feel helpless when they are in anxiety-provoking situations and their smartphone is not available or accessible (Eonta, 2011). Texting while driving has potentially devastating health and legal consequences to users and innocent victims. Texting while driving is illegal in 39 States, and drivers are prohibited to use handheld cell phones in 10 States. In 2011, the National Highway and Transportation Safety Administration reported that 23% of motor vehicle collisions (MVCs) involved simultaneous cell phone use and was 6 times more likely to cause an accident than drinking (4) alcoholic beverages. The National Safety Council reported that texting while driving contributes to 1.6

million MVCs and causes 330,000 injuries per year and 11 teen deaths per day ("DWI: Driving While," 2015).

Conclusion

PTSD affects veterans of all military branches and war eras, especially when additional risk factors are present. PTSD is a treatable mental health disorder that has the potential for devastating consequences if not treated appropriately and efficiently. Lack of access to mental health services within the VA, and a link between PTSD and suicide has prompted new legislation in efforts to formally and publicly address the issues. There is little research and evidence that provide methods for the prevention of PTSD; however, modern technological advances in health care should be accepted, welcomed, and utilized in mental health applications.

Mobile Therapy empowers veterans who use their smartphones to take an active role in their recovery process and fill pertinent information gaps between therapy treatment sessions. Clinicians now have the ability to gauge emotional sentiments and monitor medication compliance in real time and provide evidenced-based subjective and objective data to evaluate and modify treatment plans accordingly from unbiased and scientific algorithms. MT, in combination with the advocacy program websites of MTC and PTSD Foundation of America, will positively serve to provide today's veterans with exceptional resources and support. Our veterans deserve the most imaginable, most efficient, most modern and advanced treatment modalities available to ensure the best possible outcomes and allow a veteran-centered mental health systems approach.

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Educational Flyer

Post-Traumatic Stress Disorder

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Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder (American Psychological Association, 2010). A person may develop PTSD after experiencing or witnessing an extreme and overwhelming traumatic event. They often have feelings of intense fear and helplessness when death or serious injury occurs. The dominant features of PTSD are emotional numbing, hyperarousal and re-experiencing the event.

Persons who join the military are at a higher risk of experiencing a traumatic event when engaged in combat situations during a war. The men experience more traumatic events; however women are more likely to develop PTSD (Fontana, Rosenheck, & Desai, 2010). Additional risk factors include ethnic minority, education status, combat specialization, the number of deployments, adverse life events, previous trauma exposure, prior psychological problems, and the degree of social support on return from duty (Xue, et al., 2015).

PTSD increases the risk of developing other conditions such as clinical depression, additional anxiety disorders, substance abuse, and chronic pain. Implications of PTSD include criminality, higher unemployment rates, health and relationship problems, homelessness, a decreased quality of life, and suicide (Ramchand, Rudavsky, Grant, Tanielian, & Jaycox, 2015).

Included in the paper is an educational brochure designed to target military veterans that may have concerns about PTSD. Having experience in an Emergency Department, within the Department of Veterans Affairs, PTSD, and suicidal ideations are the most prevailing issues of patients seeking mental health treatment. Many of these veterans are homeless or have no access to the internet; some have been illiterate. It is paramount the patients receive educational tools in the educational format best suited for them (McGonigle & Mastrian, 2012).

Combat Soldiers

- One in every three are diagnosed with PTSD.
- It affects everyone differently.
- P.T.S.D. can be treated.
- There is HOPE.

YOU ARE NOT ALONE

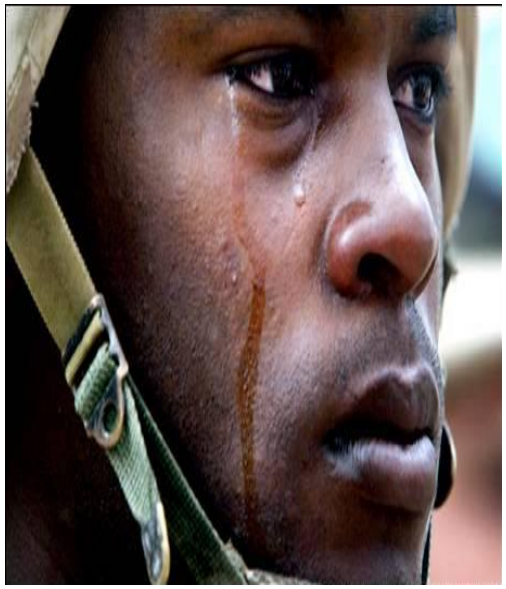
WHAT IS P.T.S.D.?

- ANXIETY
- DEPRESSION
- IRRITABILITY
- RESENTMENT
- ANGER
- FEAR
- SHAME
- GUILT
- CONFUSION
- NIGHTMARES
- SOCIAL AVOIDANCE
- HYPER-VIGILANCE
- SLEEP PROBLEMS
- SUBSTANCE ABUSE
- MARITAL PROBLEMS
- LOSING CONTROL
- SUICIDAL THOUGHTS? CALL 911 NOW !!

Are you suffering from P.T.S.D. ?

Post-Traumatic Stress Disorder

It isn't about what's *wrong* with you...



It's about what *HAPPENED* to you...

PTSD & SUICIDE

- 22 Veterans commit suicide every day
- 5 Veterans attempt suicide every day

DON'T BE A STATISTIC

SHELTER TO SOLDER

VETERANS CRISIS HOTLINE

1-800-273-8255 PRESS 1

Text "HELP" to 838255

ONLINE CHAT @ www.veteranscrisisline.net

"…Every day felt surreal…"

"…I was so tired all of the time…"

"…I felt like I was watching from the sidelines…"

"…My mind seemed to switch off when I needed it most…"

"…My legs would start to tremble and giveaway…"

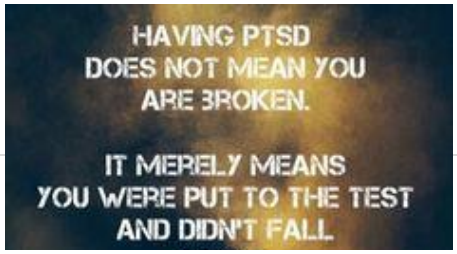
"…Sometimes I would become so angry. Why did this have to happen to me?"

"…It was as though I wasn't there…"

"…time was standing still…"

"…I felt like I was watching things from above…"

"…I couldn't keep eye contact. I had to know what was happening around me…"



HOW IS P.T.S.D. TREATED?

- THERAPY
- MEDICATIONS
- SUPPORT GROUPS

ADDITIONAL RESOURCES

- www.ptsd.va.gov
- www.maketheconnection.net
- www.pstdinfo.org
- www.pstdalliance.org
- www.healmyptsd.com
- http://www.aaptsdassn.org/

THERE IS HOPE…

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