

A Study of Post Traumatic Disorder and Mental Health Challenges among Retired Veterans

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Abstract

Post-Traumatic Stress Disorder (PTSD) and other mental health conditions disproportionately affect military veterans due to sustained exposure to combat and traumatic experiences. These disorders not only impair individual well-being but also hinder successful reintegration into civilian life. This paper explores the prevalence, causes, and impacts of PTSD and related mental disorders among veterans. It also assesses coping mechanisms, support systems, and treatment modalities used globally, with emphasis on disparities between developed and developing nations. A review of peer-reviewed literature and empirical data was conducted, drawing on studies from both developed and developing regions. The analysis included exploration of government policies, therapeutic interventions, and family support dynamics. Findings reveal a significant prevalence of PTSD among veterans, particularly those with combat exposure. Factors such as military culture, stigma, and delayed help-seeking contribute to worsening outcomes. Veterans in developing countries face added barriers due to limited healthcare infrastructure. Despite existing therapies like CBT and EMDR, utilisation remains suboptimal due to cultural and systemic challenges. Addressing veteran mental health requires an integrated approach combining medical treatment, social support, policy reform, and stigma reduction. Cross-national collaboration and investment in veteran-focused infrastructure are essential to reduce the global mental health burden in military populations.

Keywords: Post-Traumatic Stress Disorder, Mental disorder, Veterans, therapeutic interventions, Depression, Anxiety

1. Introduction

Military services have a significant psychological toll on both serving soldiers and veterans. The psychological toll is much more manifested in the retirement stage of soldier's life which could be a significant reason for a higher rate of Post-Traumatic Stress Disorder (PTSD) and other mental disorder among military veterans than many other occupation due to their exposure to combat and other life threatening situations in the battle front (Moore et al., 2023). Outcomes from empirical studies have revealed that veterans tend to have poorer mental health conditions when compared to civilians (Pompili et al., 2013). PTSD was observed to be high among veterans, alongside other mental health conditions such as depression and substance abuse disorder (Elnitsky et al., 2017; Betancourt et al., 2021). Similarly, Murphy and Bursuttil's (2020) study also revealed the statistics of the increase of Post-traumatic stress disorder among soldiers and veterans. In their study, three waves of data were collected, with the most recent in 2018, and the study highlighted an increase from 4% to 6% soldiers diagnosed with PTSD. When the statistics were restricted to veterans who had combat exposure, the percentage rose to 17.1% which is indicative of the fact that PTSD is increasing among veterans.

Despite the measures put in place by the governments of most nations to improve the mental health conditions of both their soldiers and veterans. There persist a significant challenge when it comes to the diagnosis and treatment of mental disorders among veterans, which is attributed to the poor habit of most veterans in seeking help as it pertains to their mental stability, and most times, it gets to the point of crisis before they reach out for help (Randles et al., 2022). The delay in seeking help was further reiterated in a study conducted by Murphy et al. in 2017, which noted that veterans may endure 12 years of psychological pain before seeking medical attention (Murphy et al., 2017). As such, questions on why veterans are not seeking medical attention for their psychological traumas are being asked, considering that the last two decades have witnessed a significant increase in the number of wars and conflicts.

Some of these conflicts range from the first and second World Wars, the Korean War, Vietnam War, the war in Afghanistan, the Iraq war, and other conflicts across the globe. These conflicts have ensured the deployment of military officers, as such, there is also an increase in the number of veterans with combat exposure. The increase in veterans with combat exposure could further have an impact on the number of veterans that have been psychologically burdened with the psychological weight of these conflicts, hence, contributing to a higher percentage of veterans with PTSD and other mental conditions.

Therefore, this study delves into the subject of Post-traumatic stress disorder and other mental health conditions among veterans. Specifically, the study would look into the most common mental health disorder among veterans, their causes and contributing factors, the impacts of mental illness on the veterans and their family, as well as the coping strategies and support systems that could be employed to reduce the psychological toll of these conditions.

2. Methodology

The study's methodology is centred on a review to explore the prevalence, causes, impacts, and treatment strategies related to Post-Traumatic Stress Disorder (PTSD) and other mental health conditions among military veterans. The approach was selected to provide a comprehensive and integrative understanding of the psychological burden experienced by veterans globally, with comparative attention to both developed and developing nations.

2.1 Data Sources and Selection Criteria

The data analysed in this study were sourced from **peer-reviewed journals, governmental and institutional reports, and academic databases**, including PubMed, Google Scholar, JSTOR, and ScienceDirect. A targeted search strategy was employed using keywords such as: "*PTSD in veterans*", "*military mental health*", "*veteran suicide*", "*combat trauma*", "*veteran reintegration*", "*mental health treatment for veterans*", and "*veteran support systems*". Literature from **2010 to 2025** was prioritised to ensure the inclusion of both foundational studies and recent developments. The inclusion and exclusion criteria for selecting literature are as summarised in Table 1 below:

Table 1. Inclusion and Exclusion Criteria

Inclusion Factor	Exclusion Factor
Studies focused on veterans or military personnel transitioning to civilian life.	Non-peer-reviewed editorials
Articles presenting empirical findings, meta-analyses, or systematic reviews	Non-English studies without translation
Research addressing PTSD, depression, anxiety, substance use disorder, or suicide among veterans	literature lacking a direct focus on veterans or mental health
Publications in English-language peer-reviewed journals or institutional reports	

2.2 Analysis of Literature

A **thematic synthesis** was employed to analyse and interpret the data. This involved identifying recurring themes across selected studies, categorising findings under predefined domains: (i) prevalence and symptoms, (ii) contributing factors, (iii) psychological and social impacts, (iv) available support systems, and (v) therapeutic and medical interventions.

3. Common Mental Health Disorders Among Veterans

Studies conducted by both medical and academic scholars have shown that veterans are more prone to mental disorders as a consequence of exposure to combat (Elnitsky et al., 2017;

Betancourt et al., 2021; Randles et al., 2022). These mental disorders have a massive influence on the quality of life of veterans and their families. Post-Traumatic stress disorder is one of the major mental disorders that plagues retired soldiers. This disorder occurs in response to exposure to a traumatic situation on the battlefield, which in other words can be termed as trauma-induced mental disorder (Ancarani et al., 2025). In countries such as the US, Canada, and Australia, PTSD was reported as the highest mental-related condition that veterans seek medical assistance (Thompson et al., 2016; Van-Hooff et al., 2018; Mark et al., 2019; Murphy & Bursuttil, 2020).

Aside from PTSD, other mental disorders such as depression, alcohol and substance abuse, anxiety and traumatic stressors have also been identified with veterans (Paat et al., 2025). The impact of these psychological and mental challenges affects the successful reintegration of war veterans into civilian lifestyle (Paat et al., 2025). As such, many veterans tend to turn to the abuse of substances and alcohol, which to them serves as a coping strategy to the psychological toll of the war on them. It is no surprise that the rate of suicide among veterans is higher when compared to the suicide rate of civilians (Keplan et al., 2012). The chart (Figure 1) below reflects the most common mental disorder among veterans based on U.K. patients' primary healthcare (PHC) medical records:

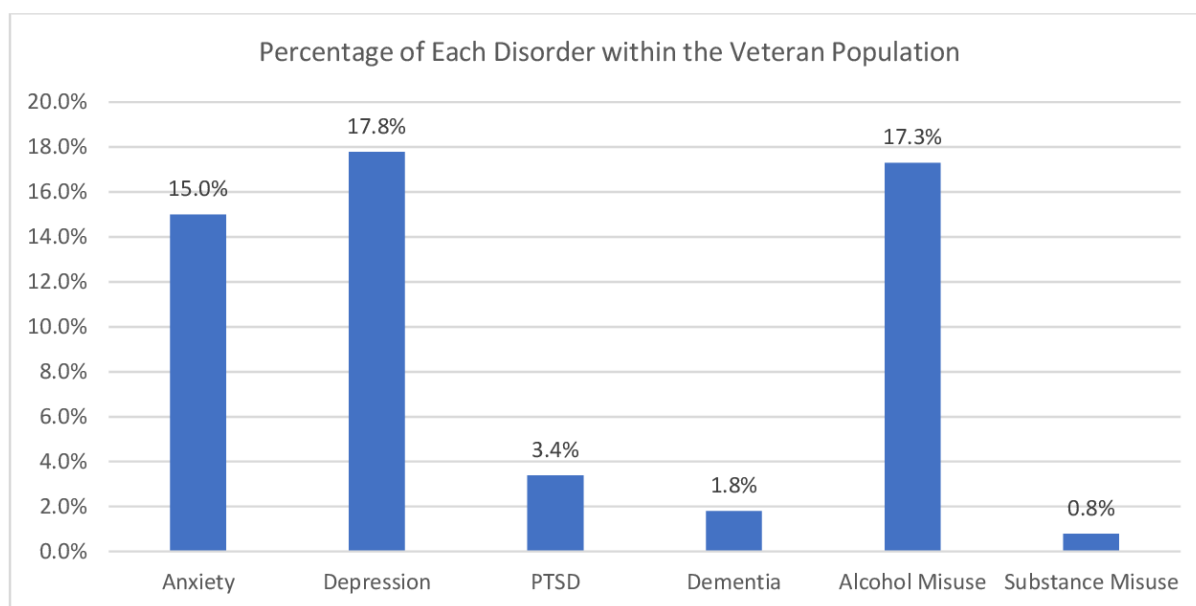


Figure 1. Percentage of Mental disorder among veterans in U.K. primary healthcare

Source: Finnegan and Randles (2022)

4. Prevalence and Symptoms of PTSD

Military personnel deployed to war zones often face a wide range of traumatic experiences, placing them at significant risk for post-traumatic stress disorder (PTSD) and related readjustment challenges (Marmar et al., 2015). The prevalence of PTSD and other mental health disorders has been studied by different scholars across different regions, specifically,

in war-ravaged regions. For instance, Williamson et al. (2017) meta-analysis provides a review into the prevalence of mental health disorders among older veterans. Their study reveals a prevalence rate of 8.7% for PTSD, with age being a predominant factor that establishes the rate of prevalence of the studies involved in their analysis (Williamson et al., 2017). The studies with lower prevalence rate of PTSD had lower ratio of male to female ratio. Other mental disorder with higher prevalence highlighted includes alcohol and substance abuse, depression, and anxiety. However, since the study is among elderly veterans, other severe mental disorders such as schizophrenia and dementia also recorded higher prevalence rates (Williamson et al., 2017).

Several other studies have also been conducted on PTSD and other mental disorders among veterans in developed nations such as America, the UK, Canada, Russia and Australia. However, it is also imperative to state the prevalence rate of these disorders in developing nations that have limited structure in place as support for veterans with PTSD. For instance, Nwoye and Nweke's study of PTSD and depression among South-Eastern veterans in 2024. Their study predicted a high incidence of PTSD among war veterans, and recommended that the Nigerian Government should build a military veteran rehabilitation centre in each state to support the treatment of retired military officers (Nwoye & Nweke, 2024). Chukwuemeka et al. (2024) reported that veterans with a high support system recorded lower PTSD symptoms. The general symptoms of PTSD are captured in the picture (Figure 2) below:

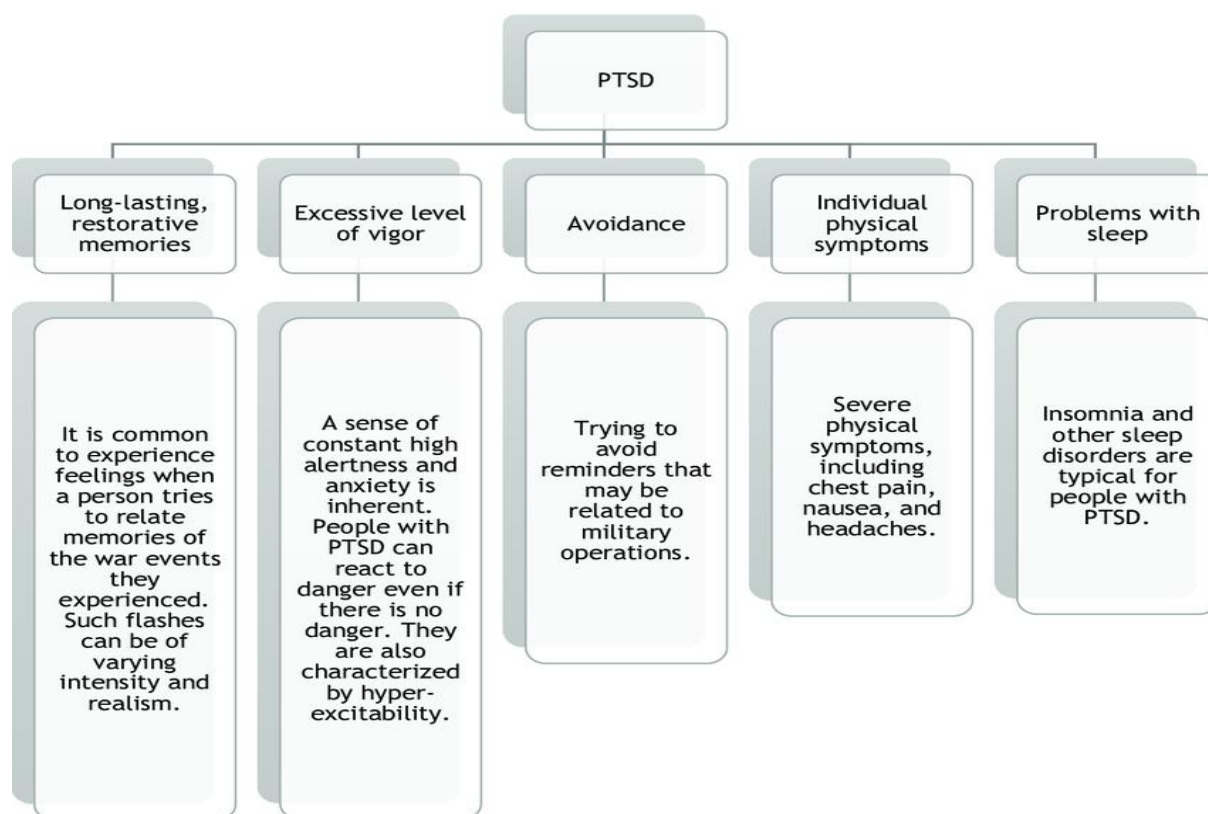


Figure 2. Key symptoms of PTSD

Source: Klymenko et al., 2024

5. Causes and Contributing Factors of Mental Disorders among Veterans

Mental disorder is a real and growing challenge among veterans. Pickett et al.'s (2015) study highlights the prevalence of mental disorders, with their statistics revealing that between 2002 and 2014, an estimated 1.16 million veterans had registered for Veterans Affairs (VA) health care. Among the veterans registered for VA health care, 57% (662,722) of them have received a minimum of a provisional mental health diagnosis, which reflects the alarming rate of mental diagnosis among veterans with PTSD being the most encountered mental diagnosis, while other diagnosis such as depressive disorder and anxiety flowing suit (Pickett et al., 2015). Several factors are specifically responsible for these disorders among veterans, despite studies that have generally tied mental disorders among veterans to prolonged exposure to combat.

The prolonged exposure to a chaotic war environment has severe manifestations in the reintegration of active military officers into a civilian lifestyle. Long and irregular work hours, sleep deprivation, rapid deployments, and constant exposure to high-stress environments strain the psychological resilience of serving soldiers, with the resulting impact more felt during their retirement stage. A study conducted by Paat et al. (2025) reveals an interview session conducted with veteran on how military involvement has taken a toll on their mental status. One of the veterans claimed that she had seen much death during her deployment, which causes her to be anxious, have flashbacks and even fear leaving her house. Another veteran claimed that military life had an immense impact on her mental health as they were active for at least 18 hours daily, and the shift from Military to civilian lifestyle affected her sleep (Paat et al., 2025).

Another significant contributory factor in the increased incidence of PTSD and other related mental conditions among veterans lies in the culture of emotional and physical toughness that has been built into the lives of veterans over the years of service. Despite the culture of strength having significant importance to active soldiers in times of war, it still comes at a price of military personnel and veterans suppressing their emotional vulnerability. As such, Veterans are discouraged from acknowledging or addressing their mental struggles and have to endure several years of psychological pains without seeking treatment due to perceived stigma, fear of appearing weak, and in most cases, the situation around their mental health worsens before they seek treatment (Murphy et al., 2017).

Additionally, the Military's high-pressure and pace-forward, mission-first orientation culture further contributes to heightened levels of anxiety. Paat et al (2025) noted that in a bid for some veterans to suppress the heightened anxiety, they turn to the abuse of alcohol and other substances. More so, the guilt from war crimes has also been found to exacerbate the issue of PTSD among veterans (Pompili et al., 2013). This guilt often becomes deeply internalised, creating a cycle of self-blame and emotional turmoil that fuels the onset or worsening of PTSD. Overall, the structured, high-pressure, emotionally suppressive, and future-oriented culture of military life collectively contributes to the development and persistence of mental health challenges and PTSD among veterans.

6. The Impacts of Mental Illness on Veterans and Their Families

The psychological toll of PTSD and other mental illnesses not only affects the well-being of soldiers but also that of their family members. The impacts are mostly felt during the transitional period from Military to civilian. The psychological scars as a direct consequence of war have a significant impact on the lives of veterans, and some of these impacts are manifested in the following ways:

6.1 Increase suicidal tendency: Post-traumatic stress disorder impacts the lives of soldiers as some of the veterans involved in the study of Paat et al., in 2025, claimed to relive often or have flashbacks of some of the traumatic experiences from war, most especially, during the transitional period from military to civilian life. Shen et al. (2016) reported that the rate of suicide tendency of veterans in the first year of their transition from Military to civilian life doubles the rate of the general veteran population and that of active serving military officers. The trauma from war could be a consequence of war guilt experience due to overactions taken or not taken during combat, which can create deep psychological scars that persist long after the battlefield is left behind. As such, suicidal thoughts and behaviour are significantly increased among veterans. The Department of Veterans Affairs reported that despite veterans constituting 8% of the United States population in 2018, they still accounted for 13.8% of suicides among adults in the same year (Department of Veterans Affairs, 2020; Sokol et al., 2021)

6.2 Family Relationship Struggles: The families of veterans are primarily on the receiving end of the impact of PTSD and other mental disorders of veterans. Many veterans have reported a feeling of estrangement and emotional disconnection from their family as a direct consequence of a perceived notion that their family might not understand what they are going through. This often stems from a reluctance to share their challenges, driven by a fear of causing undue worry or a belief that their families cannot truly comprehend their experiences. PTSD have been reportedly responsible for marital conflict among couples with a veteran's spouse (Gros et al., 2019).

Additionally, families of veterans with PTSD are also faced with the challenge of constantly providing support to them as a consequence of relieving the trauma from war, the depression, paranoia, anger and anxiety, which could strain the relationship in the family and put them in harm's way (Nash & Litz, 2013). Ultimately, PTSD, when not adequately treated, can have significant impacts ranging from communication difficulties and emotional distance to self-isolation and, notably, an intergenerational effect on their children (Nash & Litz, 2013).

6.3 Lack of motivation: Lack of motivation was reported as one of the symptoms of depression, which often leaves some of these veterans not wanting to leave their bed, hence, affecting their ability to function effectively in daily life. One of the most frequently reported manifestations is a profound lack of drive which impacts the ability to pursue life goals, maintain employment, and engage in social or familial relationships (Paat et al., 2025).

7. Programs and Support Systems for Veterans with PTSD

One of the biggest challenges that veterans face is the issue of their reintegration into civilian life. Veterans with significant losses during the transition from military to civilian life face a complex process. Some of these losses include: their military identity, culture, employment and income, housing and social network, coupled with the mental trauma from combat exposure, pose a threat to the psychological stability of veterans (Elnitsky et al., 201; Romaniuk & Kid, 201; Maguire et al., 2022). Therefore, family, friends, fellow veterans, or other support groups play a huge role in ensuring the successful integration of Military personnel, most especially those with PTSD. Contained in Wright et al.'s (2013) systematic review, 7 studies showed a relationship between lack of social support mechanisms and PTSD, while 3 studies also showed the lack of family support and PTSD, hence underscoring the role of support mechanisms in increasing the rate of PTSD.

Due to the various support that veterans require to ensure sound mental health, the governments of different developed nations are putting in place various support programmes and facilities to ensure the treatment of veterans with PTSD and other mental disorders. Among the various support mechanisms, Veteran support groups, in particular, provide a safe space to share experiences and coping strategies with others who have faced similar challenges. For instance, the United States Department of Defence program (DOD) have established 300 veteran centres and 80 mobile centres for community-based readjustment counselling of veterans (DOD, 2015 cited in Pickett et al., 2015). The significance of this initiative lies in the fact that veterans comprise over 70% of the staff in veteran centres. This makes it easier for veterans to open up to their fellow veterans, as they believe they understand what they are going through (Pickett et al., 2015). Aside from providing readjustment counselling, the program also provides outreaches to the families of veterans, hence, providing the necessary support they may need in their reintegration. Other campaigns include; “Real Warriors” campaign that is geared towards stigmatisation reduction and also encourages veterans to seek medical attention when needed, peer-support integration into VHA to help facilitate the recovery of veterans with mental challenges with staff of the peer-support being also veterans that have experience and been treated for mental conditions (Pickett et al., 2015). The U.K.'s armed forces covenant provides educational and employment support during reintegration, prioritising the housing of veterans.

8. Treatment of Mental Disorders in Veterans

The impact of PTSD and other related mental disorders not only medically affects the wellbeing of veterans but also carries immense social and societal implications, such as divorce, substance abuse, homelessness, and suicide. To ensure the wellbeing of veterans, there is a need for evidence-based treatment strategies for veterans carrying internalised scars as a result of exposure to combat. Some of the treatment measures available are summarised below:

Therapeutic approaches

- a. **Cognitive behavioural therapy (CBT):** CBT is one of the widely used treatment strategies in the treatment of veterans with PTSD (Andrade et al., 2024). It is based on the principle that our thoughts, feelings, and behaviours are interconnected, and that changing negative thoughts and behaviours can lead to improvements in emotional wellbeing (Klymenko et al., 2024). This treatment strategy relies on the gradual exposure of the veteran to the trauma memories or situation in a safer manner. The gradual exposure of patients to trauma enables them to change dysfunctional beliefs and negative thoughts that are related to trauma, hence enabling PTSD patients to cope with the traumatic situation (Feitosa et al., 2021).
- b. **Eye movement desensitisation and reprocessing (EMDR) therapy:** EMDR therapy aids in reducing the emotional effects of traumatic situations on veterans. This therapy relies on the movement of the eyes (left and right) while recalling the trauma, as such making the individual's brain "**reprocess**" traumatic memories, making the traumatic incident feel less disturbing over time (Klymenko et al., 2024). Beyond addressing trauma, EMDR also aims to **strengthen internal coping mechanisms, which in turn enables the patient to build a positive image of themselves** (Klymenko et al., 2024).
- c. **Other therapeutic approaches:** Mindfulness-Based Therapies and Group Therapy are other therapeutic approaches that have yielded considerable results in the treatment of PTSD (Klymenko et al., 2024). Mindfulness based therapies is structured based on helping the patient connect with their current moment through helping the patient accept their prior traumatic situations in a non-judgemental manner. This would aid patient to manage certain situation that are beyond their control as such, these situation should be accepted rather than trying to avoid them (Polusny et al., 2015). Mindfulness based therapies have proven successful in emotional regulation, stress management and enabling individual with PTSD have better connection and relationship with other people (Schure et al., 2018). While group therapy has also proven successful in helping veterans deal with war traumas. Group therapies provides a platform for veteran to share their traumatic situations with other veteran, hence, adding their better adjustment to civilian lifestyle as well as reducing the symptoms associated with PTSD (Klymenko et al., 2024).

Medication

Medication can be used alongside therapy for the treatment of PTSD. Patient with PTSD manifest symptoms such as poor sleeping, fatigue, headaches, sweating at night, difficulty in remaining focus and memory challenge with these symptoms associated with their *re-experiencing* of previous trauma (Alexander, 2012). The **only medications officially approved** for treating post-traumatic stress disorder (PTSD) are two **selective serotonin reuptake inhibitors which are; Sertraline** (with the brand name Zoloft) and **Paroxetine hydrochloride** (brand name *Paxil*) (Alexander, 2012). These medications aid in reducing the symptoms associated with PTSD and other mental conditions such as depression and anxiety (Vujanovic et al., 2011).

9. Discussion

Post-Traumatic Stress Disorder (PTSD) and related mental health disorders among veterans present a critical public health concern, particularly given their often-invisible nature compared to physical injuries. Several veterans carry psychological scars as a result of their participation in active combat, hence, exposing them to more traumatic situations that increase their chances of developing PTSD and other mental disorders such as depression, anxiety, substance and alcohol abuse, e.t.c. The negative consequences of PTSD have led several developed nations of the world to begin to put in measures, support programs that are geared towards early detection of these mental disorders and also their treatment.

PTSD remains one of the most prevalent and debilitating conditions among veterans, often co-occurring with depression, anxiety, substance abuse, and suicidal ideation. The evidence overwhelmingly shows that veterans are disproportionately affected by mental illness. For instance, while veterans represented only 8.1% of the US adult population in 2018, they accounted for 13.8% of suicides in the same year (Sokol et al., 2021). The increase in suicide rate could be attributed to the delay by veterans in seeking medical attention for their psychological trauma and eventually waiting till their situation becomes more alarming. Goldberg et al. (2019) noted that the delay in veterans seeking medical attention is attributed to the stigmatisation, not wanting to be labelled as "crazy" and also holding on to the macho label that is usually given to the Military. This reluctance to seek treatment not only worsens the symptoms but also contributes to severe outcomes such as marital breakdown, job loss, social isolation, and suicide.

Furthermore, while developed nations such as the US, the U.K., and Canada have initiated structured support systems for veteran mental health through systems such as community-based reintegration centres, peer-support networks, and awareness campaigns, there persists a gap in providing solutions to the delayed diagnosis as a consequence of stigmatisation. In contrast, many developing countries, including Nigeria, lack structured systems altogether, leaving vulnerable veterans without access to adequate mental health care or reintegration services (Nwoye & Nweke, 2024; Chukwuemeka et al., 2024).

Despite the availability of treatment modalities such as Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), and mindfulness-based approaches, the subscription to these treatments has not been entirely encouraging, even with the significant success of these treatments in reducing trauma-related symptoms and improving quality of life. As such, the successful treatment is contingent on early intervention and continued adherence, which require the elimination of institutional and cultural barriers to care.

In conclusion, while strides have been made in identifying and treating PTSD among veterans, much work remains. Effective responses must address not only clinical treatment but also cultural, social, and systemic barriers that prevent veterans from accessing and benefiting from available care.

10. Conclusion

The study establishes the prevalence of PTSD and other mental disorders among veterans, with the symptoms associated with these mental disorders having a profound impact on the wellbeing of veterans worldwide. Exposure to combat, traumatic events, and the often abrupt transition from Military to civilian life exacerbate psychological stressors, resulting in high rates of depression, substance abuse, and suicide. While therapeutic and pharmacological treatments exist and have proven efficacy, stigma, delayed help-seeking behaviour, and insufficient support structures, particularly in developing nations, have limited the impact of these treatments. Therefore, an integrated approach is necessary: one that includes early diagnosis, robust support systems, public education, and destigmatisation efforts. Only through such an integrated strategy can the mental health crisis among veterans be effectively mitigated.

11. Direction of Further Research

Future research should broaden the scope of PTSD studies among veterans to include community-based approaches for the successful reintegration of veterans, particularly in developing nations. In addition, longitudinal studies are needed to examine the impact of guilt and shame on veterans' willingness to seek help. Such studies would provide valuable insights into mental health trajectories over time and contribute to more effective treatment and management of PTSD among veterans.

12. Strength and Limitation

This study assessed coping mechanisms, support systems, and treatment modalities used globally, with emphasis on the disparities between developed and developing nations which represents an important strength of the research. However, a key limitation is that most of the findings were drawn from peer-reviewed literature and empirical studies conducted in developed countries such as the United States, the United Kingdom, and Russia. This highlights the need for more empirical research in developing and underdeveloped regions to capture diverse veteran experiences.

13. Recommendation

The impact of PTSD and other mental health conditions on veterans' well-being cannot be overemphasized, as these conditions affect not only the veterans but also their families and loved ones. Therefore, the following recommendations are proposed to address the challenges of combat-related mental illness among veterans:

1. Establishment of mental health support centers in both urban and rural areas to promote psychological well-being among military personnel.

2. Policy enactment to ensure routine mental health evaluations for military personnel prior to retirement, aiding in early diagnosis and timely interventions.
3. Provision of employment opportunities for veterans to support their smooth transition into civilian life, accompanied by a monitoring system to track their long-term well-being
4. Regular mental health campaigns for active-duty personnel to reduce stigma and emphasize that seeking mental health care does not undermine masculinity. Such initiatives would help normalize mental health checks and encourage help-seeking behaviors.

References

- Ancarani, F., Añaños, P. G., Gutiérrez, B., Pérez-Nievas, J., Vicente-Rodríguez, G., & Marco, F. G. (2025). The Effectiveness of debriefing on the mental health of rescue Teams: a Systematic review. *International Journal of Environmental Research and Public Health*, 22(4), 590. <https://doi.org/10.3390/ijerph22040590>
- Alexander W. (2012). Pharmacotherapy for Post-traumatic Stress Disorder In Combat Veterans: Focus on Antidepressants and Atypical Antipsychotic Agents. *P & T: a peer-reviewed journal for formulary management*, 37(1), 32–38.
- Betancourt, J. A., Granados, P. S., Pacheco, G. J., Reagan, J., Shanmugam, R., Topinka, J. B., Beauvais, B. M., Ramamonjiarivelo, Z. H., & Fulton, L. V. (2021). Exploring Health Outcomes for U.S. Veterans Compared to Non-Veterans from 2003 to 2019. *Healthcare*, 9(5), 604. <https://doi.org/10.3390/healthcare9050604>
- Chukwuemeka, N. A., Ifeagwazi, C. M., Chidebe, R. C. W., Ozor, O. T., Aliche, C. J., Mgbeanuli, C. C., Erojikwe, I., & Chukwuorji, J. C. (2024). Fifty Years After Nigerian Civil War: Social Support Is Associated with PTSD Symptoms Through Increased Self-Efficacy Among Biafran Veterans. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/08862605241262239>
- Department of Veterans Affairs (2020). VA Solid Start. Retrieved from <https://www.benefits.va.gov/benefits/solid-start.asp>.
- Elnitsky, C. A., Blevins, C. L., Fisher, M. P., & Magruder, K. (2017). Military service member and veteran reintegration: A critical review and adapted ecological model. *American Journal of Orthopsychiatry*, 87(2), 114–128. <https://doi.org/10.1037/ort0000244>
- Feitosa, J. B. M. F., Silva, N. L. D., Lemos, R. F., Melo, D. J. S., & Ramos, F. W. S. (2021). Depressão,risco de suicídio e transtorno de estresse pós-traumático em policiais militares de Maceió, Alagoar, Brasil. *Brazilian Journal of Development*, Curitiba, 7(12), 115370-115391.

- Finnegan, A., & Randles, R. (2022). Prevalence of common mental health disorders in military veterans: using primary healthcare data. *BMJ Military Health*, 169(6), 523–528. <https://doi.org/10.1136/bmjmilitary-2021-002045>
- Fulton, L.V. (2021). Exploring health outcomes for US veterans compared to non-veterans from 2003 to 2019. *Healthcare*, 9, 604.
- Goldberg, S. B., Simpson, T. L., Lehavot, K., Katon, J. G., Chen, J. A., Glass, J. E., Schnurr, P. P., Sayer, N. A., & Fortney, J. C. (2019). Mental Health Treatment delay: A comparison among civilians and veterans of different service eras. *Psychiatric Services*, 70(5), 358–366. <https://doi.org/10.1176/appi.ps.201800444>
- Gros, D. F., Lancaster, C. L., Teves, J. B., Libet, J., & Acierno, R. (2019). Relations between post-deployment divorce/separation and deployment and post-deployment stressors, social support, and symptomatology in Veterans with combat-related PTSD symptoms. *Journal of Military Veteran and Family Health*, 5(2), 125–135. <https://doi.org/10.3138/jmvfh.2018-0015>
- Kaplan, M. S., McFarland, B. H., Huguet, N., & Valenstein, M. (2012). Suicide risk and precipitating circumstances among Young, Middle-Aged, and older male veterans. *American Journal of Public Health*, 102(S1), S131–S137. <https://doi.org/10.2105/ajph.2011.300445>
- Klymenko, I., Tverdokhlib, N., Zlobin, O., Karachynskyi, O., & Kononenko, O. (2024b). PTSD in military personnel: diagnosis, treatment and support. *Revista Amazonia Investiga*, 13(74), 286–298. <https://doi.org/10.34069/ai/2024.74.02.24>
- Klymenko, I., Tverdokhlib, N., Zlobin, O., Karachynskyi, O., & Kononenko, O. (2024). PTSD in military personnel: diagnosis, treatment and support. *Revista Amazonia Investiga*, 13(74), 286–298. <https://doi.org/10.34069/ai/2024.74.02.24>
- Maguire, A. M., Keyser, J., Brown, K., Kivlahan, D., Romaniuk, M., Gardner, I. R., & Dwyer, M. (2022). Veteran families with complex needs: a qualitative study of the veterans' support system. *BMC Health Services Research*, 22(1). <https://doi.org/10.1186/s12913-021-07368-2>.
- Mark, K.M., Murphy, D., & Stevelink, S.A.M. (2019). Rates and associated factors of secondary mental health care utilisation among Ex-Military personnel in the United States: a narrative review. *Healthcare*, 7. <https://doi.org/10.3390/healthcare7010018>
- Marmar, C. R., Schlenger, W., Henn-Haase, C., Qian, M., Purchia, E., Li, M., Corry, N., Williams, C. S., Ho, C., Horesh, D., Karstoft, K., Shalev, A., & Kulka, R. A. (2015). Course of post-traumatic stress Disorder 40 years after the Vietnam War. *JAMA Psychiatry*, 72(9), 875. <https://doi.org/10.1001/jamapsychiatry.2015.0803>
- Moore, M. J., Shawler, E., Jordan, C. H., & Jackson, C. A. (2023). Veteran and Military Mental Health Issues. In *StatPearls*. StatPearls Publishing.
- Murphy, D., Ashwick, R., Palmer, E., & Busuttil, W. (2017). Describing the profile of a population of UK veterans seeking support for mental health difficulties. *Journal of Mental Health*, 28(6), 654–661. <https://doi.org/10.1080/09638237.2017.1385739>

- Murphy, D., & Busuttil, W. (2020). Understanding the needs of veterans seeking support for mental health difficulties. *BMJ Mil Health*, 166, 211–213.
- Nash, W. P., & Litz, B. T. (2013). Moral Injury: a mechanism for War-Related Psychological trauma in military family members. *Clinical Child and Family Psychology Review*, 16(4), 365–375. <https://doi.org/10.1007/s10567-013-0146-y>
- Nwoye, S. E., & Nweke, G.E. (2024). Trauma Exposure and Hopelessness as Predictors of Post-Traumatic Stress Disorder and Depression among War Veterans in South-East Nigeria. *Cyprus Turkish Journal of Psychiatry & Psychology*, 6(2), 147-155.
- Paat, Y., Dorado, A. V., Myers, N. W., Martinez, A., & Scully, S. (2025). Mental health challenges and barriers to veterans' adjustment to civilian life on the U.S.–Mexico border. *Healthcare*, 13(3), 220. <https://doi.org/10.3390/healthcare13030220>
- Pickett, T., Rothman, D., Crawford, E. F., Brancu, M., Fairbank, J. A., & Kudler, H. S. (2015). Mental health among military personnel and veterans. *North Carolina Medical Journal*, 76(5), 299–306. <https://doi.org/10.18043/ncm.76.5.299>.
- Polusny, M. A., Erbes, C. R., Thuras, P., Moran, A., Lamberty, G. J., Collins, R. C., Rodman, J. L., & Lim, K. O. (2015). Mindfulness-Based stress reduction for posttraumatic stress disorder among veterans. *JAMA*, 314(5), 456. <https://doi.org/10.1001/jama.2015.8361>
- Romaniuk, M., & Kidd, C. (2018). The psychological adjustment experience of reintegration following discharge from military service: a systematic review. *J Mil Veterans Health*, 26(2), 60–73.
- Shen, Y. C., Cunha, J. M., & Williams, T. V. (2016). Time-varying associations of suicide with deployments, mental health conditions, and stressful life events among current and former US military personnel: a retrospective multivariate analysis. *Lancet Psychiatry*, 3(11), 1039–1048. [https://doi.org/10.1016/S2215-0366\(16\)30304-2](https://doi.org/10.1016/S2215-0366(16)30304-2)
- Schure, M. B., Simpson, T. L., Martinez, M., Sayre, G., & Kearney, D. J. (2018). Mindfulness-Based Processes of Healing for Veterans with Post-Traumatic Stress Disorder. *Journal of alternative and complementary medicine (New York, N.Y.)*, 24(11), 1063–1068. <https://doi.org/10.1089/acm.2017.0404>
- Sokol, Y., Gromatsky, M., Edwards, E. R., Greene, A. L., Geraci, J. C., Harris, R. E., & Goodman, M. (2021). The deadly gap: Understanding suicide among veterans transitioning out of the Military. *Psychiatry Research*, 300, 113875. <https://doi.org/10.1016/j.psychres.2021.113875>
- Thompson, J. M., VanTil, L. D., Zamorski, M. A., Garber, B., Dursun, S., Fikretoglu, D., Ross, D., Richardson, J. D., Sareen, J., Sudom, K., Courchesne, C., & Pedlar, D. J. (2016). Mental health of Canadian Armed Forces Veterans: review of population studies. *Journal of Military Veteran and Family Health*, 2(1), 70–86. <https://doi.org/10.3138/jmvfh.3258>

US Department of Veterans Affairs (2015). Vet Center program. US Department of Veterans Affairs website. http://www.vetcenter.va.gov/Vet_Center_Services.asp. Updated June 3, 2015. Accessed July 15, 2015.

Van Hooff, M., Lawrence-Wood, E., Hodson, S., Sadler, N., Benassi, H., & Hansen, C. (2018). Mental health prevalence, mental health and wellbeing transition study. Canberra The Department of Defence and the Department of Veterans' Affairs.

Vujanovic, A. A., Niles, B., Pietrefesa, A., Schmertz, S. K., & Potter, C. M. (2011). Mindfulness in the treatment of posttraumatic stress disorder among military veterans. *Professional Psychology Research and Practice*, 42(1), 24–31. <https://doi.org/10.1037/a0022272>

Williamson, V., Stevelink, S. A., Greenberg, K., & Greenberg, N. (2017). Prevalence of Mental Health Disorders in Elderly U.S. Military Veterans: A Meta-Analysis and Systematic Review. *American Journal of Geriatric Psychiatry*, 26(5), 534–545. <https://doi.org/10.1016/j.jagp.2017.11.001>

Wright, B. K., Kelsall, H. L., Sim, M. R., Clarke, D. M., & Creamer, M. C. (2013). Support Mechanisms and vulnerabilities in relation to PTSD in Veterans of the Gulf War, Iraq War, and Afghanistan Deployments: A Systematic Review. *Journal of Traumatic Stress*, 26(3), 310–318. <https://doi.org/10.1002/jts.21809>

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