



OREGON PSYCHIATRIC PHYSICIANS ASSOCIATION

Date: February 7, 2018

To: The Honorable Laurie Monnes Anderson, Chair
The Honorable Alan DeBoer, Vice-Chair
Members of the Senate Health Care Committee

From: Jonathan Betlinski, MD, President
Oregon Psychiatric Physicians Association
Maya Lopez, MD, and Craig Zarling, MD, Co-Chairs
Oregon Psychiatric Physicians Association Legislative Committee

RE: Position statement on SB 1548

Chair Monnes Anderson, Vice Chair DeBoer and members of the Senate Health Care Committee:

The Oregon Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, was established in 1966. OPPA serves as the organization for medical doctors (psychiatrists) in Oregon working together to ensure humane care and effective treatment for persons with mental illness, including substance use disorders, and compassion for their families.

OPPA supports the intent of SB 1548, which seeks to promote both awareness of veterans who have suffered severe combat operational stress and investment in their lasting physical, mental and emotional well-being. During the hearing on Monday, questions arose related to the American Psychiatric Association definition of Post-Traumatic Stress Disorder (PTSD). Here is how the APA defines PTSD:

“Posttraumatic stress disorder (PTSD) is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other violent personal assault.

PTSD has been known by many names in the past, such as “shell shock” during the years of World War I and “combat fatigue” after World War II. But PTSD does not just happen to combat veterans. PTSD can occur in all people, in people of any ethnicity, nationality or culture, and any age. PTSD affects approximately 3.5 percent of U.S. adults, and an estimated one in 11 people will experience PTSD in their lifetime.”

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The Fifth Edition of the APA's Diagnostic and Statistical Manual of Mental Disorders delineates the nine diagnostic criteria for PTSD, but that's probably less helpful to this conversation.

Perhaps the most important part of the conversation is this:

In an effort to combat stigma, SB 1548 uses the term “posttraumatic stress injury” rather than the use of the word “disorder.” In the field of mental health, the phrase “mental illness” or “mental disorder” denotes a mental health condition in which changes in an individual's brain function result in difficulties with thinking, emotions or behavior that in turn interfere with that individual's ability to carry out major role obligations, participate in enjoyable activities, and engage in satisfying relationships—in short, their ability to live, laugh and love. Where health is concerned, the word “disorder” denotes “a disturbance in physical or mental health function,” and just as easily refers to a stomach disorder as it does to Posttraumatic Stress Disorder. Nowhere in the DSM does the manual imply that PTSD is somehow due to “a pre-existing flaw of character” nor that the condition is inevitably permanent. In fact, with proper care and other resources, people can and do achieve recovery.

While we welcome and support the intent of SB 1548—and the general shift from “What's wrong with you?” to “What's happened to you?”—we at the OPPA have some concerns that use of the terms “Posttraumatic Stress Injury” or even “Posttraumatic Stress” make the conversation less clear, and may dilute the awareness and destigmatization this bill promotes.

Thank you for the opportunity to provide testimony on this bill and to support recognition of Oregonians with PTSD.