The July 2013 issue of *Psychiatric Annals*, guest edited by Col Mark D. Packer, USAF, MC, MD, and Victoria Tepe, PhD, has focused on the important issue of traumatic brain injury (TBI) and post-concussion syndrome (PCS). This issue is brought to the fore by the huge increase in numbers of military individuals affected by blasts, and other physical trauma in Iraq and Afghanistan wars, as well as a growing stream of information about the deleterious effects of repeated brain injury involving a much smaller, but highly visible group of professional football players in the National Football League (NFL).

We learn some important facts about the incidence and scope of TBI, namely that 20% of returning military have experienced at least mild TBI, up to 20% of whom have developed PCS. We also learn that 13% to 16% of service members have experienced an acute stress syndrome (ACS) and 14% have screened positive for posttraumatic stress disorder.

The range and effect on everyday functioning of symptoms produced by TBI (damage to the brain) and PTSD (damage to the mind) is enormous, ranging from emotional symptoms of anxiety, depression, inability to relate, irritability, fear of attack, emotional numbing, to poly-sensory symptoms such as dizziness, hearing loss, tinnitus, and visual symptoms that can drastically effect the capacity to live a meaningful and productive life.

Healing for this disorder uses techniques ranging from pain management, stress reduction, medication treatment of anxiety and depressive symptoms, as well as specialized forms of psychotherapy and mindfulness training, some of which are discussed in this issue.

Recent stories in the news tell us about the possibility of an artificial pancreas to regulate our insulin and blood sugar levels; we have artificial kidneys, and can transplant other organs, kidneys, livers, even hearts. But brains and minds, whether damaged by physical trauma or experiential trauma, we can imagine replacing, but it’s a long stretch. We have to nurture and heal our brains and minds, since they ultimately control how we experience life.

Our methods of healing range from surgical interventions to medications to re-learning techniques, to mindfulness. We need them all, most often in combinations of ways to promote healing. Figuring out what will help in the individual case, and getting the treatment delivered effectively to a patient is an exercise in mystery and problem solving.

Jan Fawcett, MD, is a Professor with the Department of Psychiatry at the University of New Mexico School of Medicine. He was chairperson of the DSM-5 Mood Disorders Task Force.

Contact Dr. Fawcett via email: Psychiatry@Healio.com.

doi: 10.3928/00485713-20130703-01

---

*Figuring out what will help in the individual case, and getting the treatment delivered effectively to a patient is an exercise in mystery and problem solving.*