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The Mental Health + Physical Health Field Guide

Understanding How Mental Health Can Affect Physical Health

Mental health does not exist separately from the rest of the body. Stress, trauma, anxiety, depression, disrupted sleep, changes in behavior, and medications can all interact with physical health in different ways. At the same time, physical symptoms can have many possible causes, which is why recognizing a pattern is only the beginning.

This guide is designed to help you notice what you are actually experiencing, understand some of the possible mind-body connections, and organize your personal health history more clearly.

01 Notice

02 Understand

03 Organize

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Every section stands on its own. Read straight through, or jump to the page you need — each entry below is a link.

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CREATED BY ESSENTIAL VETERAN SERVICES

Veteran-led, independent psychological evaluations that document the connection between military service and mental health — clearly, honestly, and in the language the VA expects.

Start With Your Experience

Before thinking about diagnoses, medical terminology, or whether one condition caused another, start with what has actually been happening in your life. Check the experiences that feel familiar.

MY EXPERIENCE CHECKLIST

- ☐ I experience recurring headaches or migraine attacks that interfere with work, concentration, sleep, driving, social activities, or everyday responsibilities.

Learn more: [Migraines — Page 8](#)

- ☐ My headaches seem more likely to occur or become worse during periods of high stress, poor sleep, anxiety, depression, or increased PTSD symptoms.

Learn more: [Migraines + symptom patterns — Page 8](#)

- ☐ I regularly experience heartburn, reflux, regurgitation, nausea, throat irritation, or other upper digestive symptoms.

Learn more: [GERD — Page 10](#)

- ☐ My digestive symptoms seem more noticeable or difficult to manage when I am under significant stress.

Learn more: [Mental health + gastrointestinal functioning — Pages 5 and 10](#)

- ☐ I experience recurring abdominal pain, bloating, diarrhea, constipation, urgency, or unpredictable bowel movements.

Learn more: [IBS + the gut-brain connection — Page 11](#)

- ☐ Digestive symptoms affect where I go, what I eat, how I travel, how long I can stay somewhere, or how comfortable I feel leaving home.

Learn more: [IBS + functional impact — Page 11](#)

- ☐ I have been told that I snore loudly, stop breathing during sleep, gasp, choke, or seem to struggle to breathe while asleep.

Learn more: [Obstructive Sleep Apnea — Page 12](#)

- ☐ I wake with headaches, dry mouth, or significant fatigue even after spending enough time in bed.

Learn more: [Obstructive Sleep Apnea — Page 12](#)

- ☐ I have trouble falling asleep, staying asleep, waking too early, or getting restorative sleep.

Learn more: [Insomnia — Page 13](#)

My Experience Checklist

- ☐ Stress, anxiety, hypervigilance, depression, or intrusive thoughts make it difficult for me to sleep.
Learn more: [Insomnia + mental health — Page 13](#)
-
- ☐ My sexual functioning has changed over time, including changes in erection, arousal, physical response, orgasm, desire, comfort, or sexual satisfaction.
Learn more: [Sexual functioning — Page 14](#)
-
- ☐ Changes in my sexual functioning began or became worse during a period when my mental health symptoms were also changing.
Learn more: [Sexual functioning + possible contributing factors — Page 14](#)
-
- ☐ I noticed physical symptoms after starting, stopping, or changing a medication.
Learn more: [Medication considerations — Pages 5, 14 and 16](#)
-
- ☐ My weight, activity level, eating habits, sleep, substance use, or other health behaviors have changed since my mental health symptoms began.
Learn more: [Possible pathways + other risk factors — Pages 5 and 18](#)
-
- ☐ My physical symptoms seem to become worse during periods when my mental health symptoms are also worse.
Learn more: [Looking for the pattern — Page 16](#)
-
- ☐ I know something has changed physically, but I have never really stopped to map out when the symptoms began or what else was happening at the time.
Learn more: [Build Your Health Timeline — Page 20](#)

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START HERE

The three experiences that stood out most to me were:

01

02

03

The physical symptom I most want to understand is:

The Mind and Body Are Not Separate Systems

Mental health conditions are experienced in the brain, but their effects are not confined to thoughts and emotions.

When the body responds to stress, it activates biological systems designed to help us respond to challenge or danger. Heart rate and breathing can change. Muscles tense. Stress hormones are released. Sleep may become disrupted. Digestion can change. Pain can feel more intense or become more difficult to manage.

Occasional activation of the stress response is normal, but the picture becomes more complicated when stress or mental health symptoms are persistent.

WHAT THE RESEARCH DESCRIBES

Research reviewed by the VA National Center for PTSD describes several possible pathways connecting PTSD and poorer physical health, including biological stress processes, changes in sleep, depression, health behaviors, weight and metabolic changes, substance use, and other factors. Importantly, these relationships are complex and do not mean that PTSD automatically causes a particular medical condition. The National Institutes of Health similarly notes that long-term stress may contribute to or worsen problems involving digestion, headaches, sleep, and other physical symptoms.

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REFLECTION

When my mental health symptoms become worse, I notice these physical changes:

Some of the Connections Worth Considering

The stress response

Long-term activation of stress systems may affect the body differently than a brief period of stress.

Sleep disruption

Mental health symptoms can interfere with sleep, while inadequate or disrupted sleep can also worsen mood, concentration, pain, fatigue, and overall functioning.

Gastrointestinal functioning

The brain and digestive system communicate continuously. Stress and emotional states can affect this interaction, particularly in conditions involving gut-brain functioning.

Pain + headaches

Stress, sleep disruption, muscle tension, and other factors may influence headache or pain patterns in some people.

Sexual functioning

Stress, anxiety, depression, trauma, relationship factors, medical conditions, hormones, and medications can all influence sexual functioning.

Medication effects

Some medications used to treat mental health conditions can affect sleep, weight, digestion, sexual functioning, or other physical systems.

Behavioral changes

Mental health symptoms may change eating habits, exercise, sleep patterns, substance use, health-care engagement, or weight, each of which may have its own effect on physical health.

REFLECTION

The physical symptoms I experience most consistently are:

A Possible Relationship Is Not the Same as a Proven Relationship

A **secondary service-connected condition** is a separate disability that is linked to a condition VA has already determined is service connected. VA guidance explains that a secondary claim generally requires evidence of a new physical or mental condition and evidence connecting that condition to an already service-connected disability. Medical records or medical opinions are often used to establish that link. VA also recognizes situations in which a service-connected disability causes or worsens another disability.

For a Veteran with a service-connected mental health condition, the question may be whether a separately diagnosed physical condition is connected through a medically supportable pathway.

THAT PATHWAY MIGHT INVOLVE

Physiological effects

Chronic stress processes

Sleep disruption

Behavioral changes

Weight changes

Medication effects

Another clinically supported mechanism

Aggravation of an existing physical condition

But association is not the same thing as causation. Research showing that two conditions frequently occur together does not prove that one caused the other in a particular Veteran; and that is why an individualized evaluation looks beyond the diagnostic labels.

QUESTIONS THAT MATTER

- 01 Which condition or symptoms appeared first?
- 02 When was each condition diagnosed?
- 03 How did symptoms progress?
- 04 Are changes in one condition associated with changes in the other?
- 05 What medications were being taken?
- 06 Are there other recognized medical risk factors?
- 07 What does the Veteran's medical history show?
- 08 What does current research support?
- 09 Are there other reasonable explanations?

IMPORTANT

The purpose of this guide is not to decide for yourself that one condition caused another. It is to help you organize your history so that an appropriately qualified professional can evaluate the complete picture.

A connection should be supported by evidence, and not simply assumed because two conditions exist at the same time.

More Than “Just a Headache”

Migraine is a neurological disorder involving abnormal activity among nerves, chemical signals, and blood vessels in the brain.

Migraine attacks may involve significant head pain, but they can also include nausea, vomiting, sensitivity to light or sound, visual or sensory disturbances, fatigue, and difficulty concentrating. Some people experience migraine with aura, which can involve visual changes, sensory symptoms, or changes in speech before or during an attack.

Migraine triggers vary considerably between individuals. NIH identifies factors including stress, too much or too little sleep, bright or flashing lights, strong smells, skipped meals, weather changes, some medications, and hormonal changes. Anxiety, depression, fatigue, and difficulty sleeping can also occur in people living with migraine.

This does not mean stress, PTSD, anxiety, depression, or sleep disturbance automatically caused a migraine disorder; and the useful question is whether there is a meaningful pattern in the individual Veteran’s history.

MY MIGRAINE PATTERN

When did my headaches or migraine attacks first begin?

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How often do they occur?

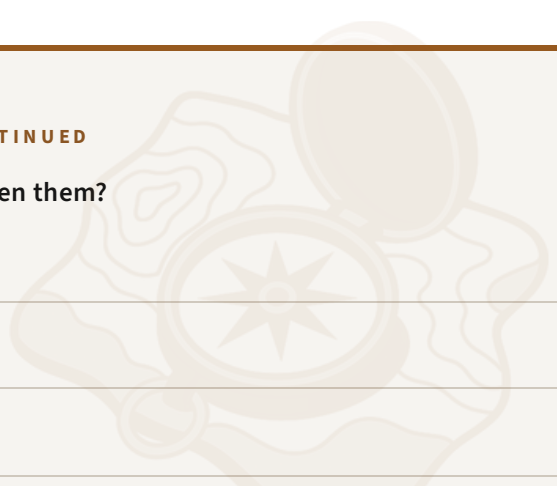
How long does a typical episode last?

What Do I Experience?

- | | |
|---|---|
| ☐ Head pain | ☐ Visual changes |
| ☐ Throbbing or pulsing | ☐ Aura |
| ☐ Nausea | ☐ Dizziness |
| ☐ Vomiting | ☐ Difficulty concentrating |
| ☐ Light sensitivity | ☐ Need to lie down |
| ☐ Sound sensitivity | ☐ Other: _____ |

MY MIGRAINE PATTERN, CONTINUED

What seems to trigger or worsen them?



Have they changed during periods when my mental health or sleep became worse?

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How do migraine attacks affect my work, driving, family responsibilities, social activities, or ability to function?

The Digestive System Has Its Own Story

GERD Gastroesophageal Reflux Disease

GERD occurs when stomach contents repeatedly flow back into the esophagus. Common symptoms include heartburn and regurgitation, but GERD can also involve nausea, chest discomfort, swallowing problems, chronic cough, or hoarseness. GERD commonly develops when the lower esophageal sphincter becomes weak or relaxes when it should not.

Stress and mental health symptoms may influence how gastrointestinal symptoms are experienced or managed, but GERD has recognized physical mechanisms and other risk factors that also need to be considered.

MY GERD PATTERN

Symptoms I experience:

- | | |
|--|--|
| ☐ Heartburn | ☐ Difficulty swallowing |
| ☐ Acid or food coming back into my throat | ☐ Chronic cough |
| ☐ Nausea | ☐ Hoarseness |
| ☐ Chest discomfort | ☐ Other: _____ |

When did these symptoms begin?

When was GERD diagnosed?

Have my symptoms changed during high-stress periods or changes in mental health?

Irritable Bowel Syndrome

IBS involves recurring abdominal pain along with changes in bowel movements, which may include diarrhea, constipation, or both.

Importantly, IBS is considered a disorder of gut-brain interaction. The NIH explains that problems in the way the brain and gut communicate may affect bowel movement, sensitivity, and symptoms. Anxiety, depression, and stressful experiences are among several factors associated with IBS, but experts recognize that different factors may contribute in different people.

MY IBS PATTERN

- | | |
|--|--|
| ☐ Abdominal pain | ☐ Bloating |
| ☐ Diarrhea | ☐ Urgency |
| ☐ Constipation | ☐ Feeling that a bowel movement is incomplete |
| ☐ Alternating diarrhea and constipation | |

When did these symptoms begin?

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Do stress or mental health symptoms seem to affect the pattern?

Have symptoms changed how I work, travel, eat, socialize, exercise, or leave home?

Not All Sleep Problems Are the Same

Sleep problems are common, but difficulty sleeping and sleep apnea are not interchangeable conditions. Understanding the difference matters.

OBSTRUCTIVE SLEEP APNEA: OSA

Obstructive sleep apnea occurs when the upper airway becomes blocked during sleep, repeatedly interrupting normal breathing. Possible signs include:

- Loud or frequent snoring
- Breathing that repeatedly starts and stops
- Witnessed pauses in breathing
- Gasping or choking during sleep
- Significant daytime sleepiness or fatigue
- Morning headaches
- Dry mouth
- Problems with concentration or reaction time
- Sexual dysfunction or decreased libido

A sleep study may be needed to diagnose sleep apnea.

IMPORTANT DISTINCTION

Mental health conditions and OSA can coexist, and a Veteran's complete history may include pathways involving medications, sleep disruption, weight changes, health behaviors, or other factors.

However, PTSD, anxiety, or depression should not automatically be assumed to cause obstructive sleep apnea. OSA has recognized risk factors that include age, family history, anatomy, weight, lifestyle factors, other medical conditions, and certain substances or medications.

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MY OSA HISTORY

Has anyone observed snoring, gasping, choking, or pauses in my breathing?

Have I completed a sleep study?

☐

YES

☐

NO

If yes, when?

What were the findings?

Insomnia

Insomnia involves difficulty falling asleep, staying asleep, or getting good-quality restorative sleep despite having an adequate opportunity to sleep.

IT MAY INVOLVE

- Taking a long time to fall asleep
- Frequently waking during the night
- Difficulty returning to sleep
- Waking earlier than intended
- Waking feeling unrested
- Daytime sleepiness or fatigue
- Difficulty concentrating
- Irritability

Stress and worry are recognized risk factors for insomnia, and sleep difficulty can also occur alongside anxiety, depression, PTSD, pain, medications, medical conditions, and other factors.

MY INSOMNIA PATTERN

My biggest sleep difficulty is:

When did it begin?

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What happens when my mental health symptoms increase?

How does poor sleep affect me the following day?

Physical and Psychological Health Can Both Matter

ED Erectile Dysfunction

Sexual functioning involves the brain, nervous system, hormones, circulation, physical sensation, emotional safety, relationships, medications, and overall health — and that means that changes in sexual functioning can have more than one contributing factor.

Erectile dysfunction, or ED, involves difficulty getting or maintaining an erection that is firm enough for sexual activity.

ED can have physical, psychological, medication-related, and behavioral contributors. Recognized considerations include cardiovascular disease, diabetes, hormone changes, neurological conditions, weight, medications, smoking and other health behaviors, as well as anxiety, depression, stress, and other emotional concerns. Some antidepressants and other medications can also affect erectile functioning.

MY EXPERIENCE

- | | |
|--|--|
| ☐ Difficulty getting an erection | ☐ Changes in sexual desire |
| ☐ Difficulty maintaining an erection | ☐ Changes in orgasm or ejaculation |
| ☐ Erections are less reliable than they once were | ☐ Sexual anxiety or worry about performance |

When did I first notice a change?

What else was happening with my physical or mental health at the time?

Had any medications recently started or changed?

Female Sexual Interest and Arousal Changes

Changes in female sexual functioning may involve decreased sexual interest, difficulty becoming or staying physically aroused, reduced genital response or sensation, difficulty reaching orgasm, discomfort, or other changes in sexual experience.

Many factors can contribute, including anxiety, depression, stress, trauma history, relationship factors, hormonal changes, menopause, chronic illness, fatigue, medications, and other physical conditions.

Some antidepressants — particularly medications that affect serotonin — may also cause changes in desire, lubrication, erection, orgasm, or sexual satisfaction in some people.

Medication should never be stopped or changed without discussing it with the prescribing professional.

MY EXPERIENCE

What has changed in my sexual functioning?

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When did I first notice the change?

Were there changes in mental health symptoms, medication, hormones, physical health, or relationships during that period?

How has this affected me personally or within my relationship?

What Came First, and What Changed Next?

When considering a possible connection between mental and physical health, timing matters. A diagnosis date is useful, but the diagnosis date may not necessarily be the same as the date symptoms actually began; and this is where your personal history becomes important.

START WITH THESE QUESTIONS • 1 OF 2

When did my mental health symptoms first begin?

When was my mental health condition diagnosed?

When did the physical symptoms first appear?

When was the physical condition diagnosed?

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Did physical symptoms change when my mental health symptoms became better or worse?

Did I start, stop, or change medications during that period?

Start With These Questions

START WITH THESE QUESTIONS • 2 OF 2

Did my sleep change?

Did my weight change significantly?

Were there other major health changes?

When did treatment for the physical condition begin?

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LOOK FOR PATTERNS, NOT PROOF

A pattern might be clinically relevant, but it is not automatically proof of causation. For example:

“My migraines became much more frequent during the same period my PTSD symptoms and sleep problems significantly worsened.”

IS AN OBSERVATION

“My PTSD caused my migraines.”

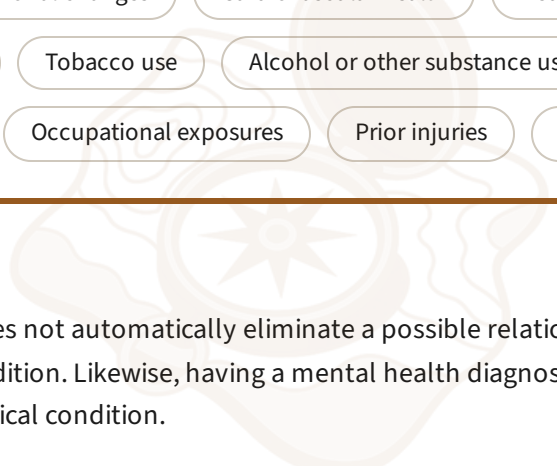
IS A MEDICAL CONCLUSION

Your job is to accurately describe the first statement, whereas determining whether the evidence supports the second requires individualized clinical analysis.

Your Complete Health History Matters More Than a Single Explanation

Physical health conditions often have more than one contributing factor and a careful evaluation should consider the entire picture rather than beginning with a conclusion and looking only for evidence that supports it.

DEPENDING ON THE CONDITION, RELEVANT FACTORS MAY INCLUDE



Age

Weight or significant weight changes

Family history

Genetics

Anatomy

Other medical diagnoses

Hormonal changes

Cardiovascular health

Neurological conditions

Medications

Sleep patterns

Tobacco use

Alcohol or other substance use when clinically relevant

Nutrition

Physical activity

Occupational exposures

Prior injuries

Other lifestyle or health factors

WHY THIS MATTERS

Finding another risk factor does not automatically eliminate a possible relationship with a service-connected mental health condition. Likewise, having a mental health diagnosis does not automatically establish that it caused a physical condition.

Sometimes several factors may be relevant at the same time; and the question is not: “Can I find one possible connection?” but rather “When my complete individual history is considered, what explanation is medically supportable?”

MY OTHER HEALTH FACTORS • 1 OF 2

Other medical conditions I have:

Significant weight or health changes:

My Other Health Factors

MY OTHER HEALTH FACTORS • 2 OF 2

Relevant family history:

Medications I currently take or previously took:

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Other factors I think a clinician should know:

Sometimes the Pattern Becomes Clearer on Paper

Health histories are rarely neat. Symptoms can begin years before someone receives a diagnosis. Medications change. Mental health symptoms improve and worsen. New physical problems develop. Life events happen in between.

Trying to remember all of that during one appointment can be difficult, and a solid timeline can help organize the story.

EVENTS WORTH INCLUDING — CONSIDER MARKING

Mental-health symptom onset

Mental-health diagnosis

Physical symptom onset

Physical diagnosis

Major medication start, stop, or dose change

Significant health or weight change

Period when symptoms significantly worsened

Period when symptoms improved

Current treatment began

You do not need perfect dates and approximate months, years, duty stations, deployments, jobs, moves, or major life events can sometimes help anchor your memory.

MY MIND-BODY HEALTH TIMELINE

APPROXIMATE DATE	WHAT HAPPENED?	MENTAL HEALTH	PHYSICAL HEALTH	MEDICATION / TREATMENT

Specific Examples Are More Useful Than Broad Labels

When someone asks how a medical condition affects you, it is easy to answer with the diagnosis.

“I have migraines.” · “I have IBS.” · “I don’t sleep well.”

Those statements may be accurate, but they do not tell the full story. Concrete examples describe the frequency, severity, progression, treatment, and real-life impact much more clearly.

INSTEAD OF

“I get migraines.”

CONSIDER

I experience two to three migraine attacks most weeks. During a severe attack I need to lie in a dark room for several hours and cannot safely drive or work on a computer.

INSTEAD OF

“My stomach acts up when I’m stressed.”

CONSIDER

During periods of significant anxiety, I notice more frequent abdominal cramping and urgent diarrhea, and I plan errands around access to a bathroom.

INSTEAD OF

“I’m always tired.”

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I sleep for seven or eight hours but wake feeling exhausted, and my spouse has told me I snore loudly and sometimes appear to stop breathing.

The next page gives you room to build your own example.

Build a Complete Example

BUILD A COMPLETE EXAMPLE

What symptom occurs?

How often?

How severe is it?

How long does it last?

What treatment do I use?

Has it changed over time?

What can I not do (or what becomes harder) when it happens?

Remember: describe what actually happened — do not exaggerate, do not minimize, do not diagnose your own causation. Accuracy is more useful than trying to make the story fit a conclusion.

Put the Pieces Together

Use this page to summarize what you have noticed throughout the guide.

SUMMARY • 1 OF 2

The physical condition or symptom affecting me most is:

I first noticed it around:

During that period, my mental health looked like:

Since then, the physical condition has:

☐ Remained relatively stable

☐ Gradually worsened

☐ Improved

☐ Improved and worsened at different times

☐ Changed significantly after another health event

☐ Changed after a medication change

☐ Other: _____

My current treatment includes:

My current medications include:

Put the Pieces Together

SUMMARY • 2 OF 2

This condition affects my everyday life by:

Work or school:

Relationships or family:

Sleep:

Travel or social activities:

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Daily responsibilities:

A connection or pattern I want to better understand is:

Records Can Help Fill In the Timeline

You do not need to remember every appointment or every medical detail yourself. Records can help establish when symptoms were documented, how they progressed, what clinicians observed, which treatments were attempted, and what other health factors may have been present.

DEPENDING ON THE CONDITION BEING EVALUATED, USEFUL INFORMATION MAY INCLUDE

- Current medical diagnoses
- Mental health treatment records
- Primary-care records
- Medication history
- Specialty treatment records
- Neurology records
- Migraine or headache logs
- Gastroenterology records
- Sleep studies
- Sleep-medicine records
- Urology or sexual-health records
- Gynecology records when relevant
- Weight history when clinically relevant
- Laboratory or diagnostic testing
- Treatment history
- Statements from a spouse, partner, family member, or another person who has directly observed relevant symptoms
- Your own written symptom history or health timeline

MY RECORD CHECKLIST

I already have:

I may need to locate:

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The oldest record that may help establish when my symptoms began is:

DO NOT WORRY IF YOUR RECORDS ARE NOT PERFECT

Medical records are one part of the picture. Veterans may have experienced symptoms long before they sought care, may have received treatment in different locations, or may not have known that a symptom was medically important at the time; and that is one reason a complete history considers both available documentation and the Veteran's individual account.

A Possible Connection Deserves an Individualized Evaluation

Recognizing that two conditions appeared around the same time, or that one seems to worsen when the other worsens, can be worth exploring; but recognizing a possible relationship does not establish medical causation.

A THOUGHTFUL SECONDARY EVALUATION CONSIDERS

- Your confirmed diagnoses
- Your mental health history
- Your physical health history
- The timing and progression of symptoms
- Relevant medical records
- Medication history
- Potential physiological or behavioral pathways
- Current medical research
- Other recognized risk factors
- Alternative explanations
- Whether the available evidence supports a relationship in your individual case

That individualized analysis is what separates a medically supported opinion from an assumption.

ESSENTIAL VETERAN SERVICES

Essential Veteran Services is a Veteran-led, independent practice providing psychological and secondary medical nexus evaluations for Veterans.

EVS currently offers Secondary Medical Nexus Evaluations involving conditions including:

Migraines

GERD

IBS

Sleep Apnea

Insomnia

Sexual Dysfunction

The evaluation examines whether the Veteran's service-connected mental health condition and separately diagnosed physical condition may be connected based on the Veteran's individual medical history, records, clinical presentation, relevant research, and alternative risk factors.

NEXT STEPS

Ready to Understand the Full Picture?

Start your evaluation with Essential Veteran Services.

Visit [EssentialVeteranServices.com](https://essentialveteranservices.com) and select “Start My Evaluation,” or email info@essentialveteranservices.com with questions.

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Essential Veteran Services

EVALUATIONS & NEXUS LETTERS

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