Support Our Troops:
GLS Grantees Working with Service Members, Veterans and Families

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Personal Impact of Suicide

“I will blame myself for the rest of my life for not doing more to help my son...It never goes away”

General Mark Graham  4/09

Son Kevin 21 (ROTC) died by suicide in 2003

Carol and Mark Graham
## Suicide Rate by Service Branch

<table>
<thead>
<tr>
<th></th>
<th>Suicides</th>
<th>Rate 100,000</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>140</td>
<td>20.2</td>
<td>2008</td>
</tr>
<tr>
<td>Air Force</td>
<td>38 (34)</td>
<td>11.5</td>
<td>2008</td>
</tr>
<tr>
<td>Marines</td>
<td>41 (42)</td>
<td>19</td>
<td>2008</td>
</tr>
<tr>
<td>Navy</td>
<td>41 (47)</td>
<td>11.6</td>
<td>2008</td>
</tr>
<tr>
<td>US</td>
<td>34,598</td>
<td>11.5</td>
<td>2007</td>
</tr>
<tr>
<td>White Males</td>
<td>24,725</td>
<td>20.5</td>
<td>2007</td>
</tr>
<tr>
<td>Veterans</td>
<td>+/- 5,000</td>
<td></td>
<td>2007</td>
</tr>
</tbody>
</table>

Airforce times 4/23/09
Suicide by Service Branch 2009

Source: U.S. military branches (2001-09) and Centers for Disease Control and Prevention (latest figures through 2006) Credit: Adrienne Wollman
Army National Guard Suicide Prevention

2002 - 2008 Suicide Demographics

Deployment History

- Never Deployed 89 / 54%
- Previous Deployment 48 / 29%
- Deployed 28 / 17%

Race

- White 137 / 83%
- Black 14 / 8%
- Asian 3 / 2%
- Hispanic 8 / 5%
- Native American 3 / 2%

Marital Status

- Single 86 / 52%
- Married 79 / 48%
- Deployed 28 / 17%

Duty Status

- M-Day 87 / 52%
- Title 32 AD 25 / 15%
- Deployed 24 / 15%
- AD Other 29 / 18%

“One suicide is one too many.”

AS OF 17 Sep 08
Combat Veterans and Suicidal Thoughts/Protective Factors

- Sense of purpose and control
- Connectedness to family and friends
- RECOMMENDATION: Educating family and friends about how their support and readiness to discuss deployment can help decrease suicide risk

Journal of Affective Disorders 2010
Combat Veterans and Suicidal Thoughts

- Related to level of exposure to combat
- Higher rates of PTSD, Depression, Alcohol problems
- Difficulty connecting with family
- Difficulty finding employment
- Perceived stigma (others blame them)
- Report difficulty accessing health care

Journal of Affective Disorders 2010
Rates of Psychological Injury

- 19% probable TBI during deployment
- 14% Major depression (during past 30 days)
- 14% PTSD symptoms (during past 30 days)
- 320,000 total or 1/3 of all deployed troops
- 53% had sought treatment during past year

Rand Report 2008
Impact on Wives

- 18% higher rates of depression than non-deployed wives (deployment of 11 months or less)
- 24% higher rates of depression than non-deployed wives (deployment of more than 11 months)
- Higher rates of Substance Abuse and Anxiety

NE Journal of Medicine Jan 2010
Impact On Children

• Higher rates of behavioral and emotional problems than general population
• Difficulty relating to peers and teachers who have made negative comments about the war
• Children of reserves report parent has more difficulty adjusting post deployment
• Susceptible to press reports
• Positive impacts

Rand 2008
Military Overview

Christina Benton, MPH
Suicide Prevention Manager
Virginia Department of Health
Veterans Affairs

VA Medical Centers
- Traditional hospital based services (including mental health services). Some provide additional services (prosthetics, urology, vision care, organ transplants, etc)
- Employee full time Suicide Prevention Coordinator

Vet Centers
- Provide readjustment counseling and outreach services to all Veterans and their family who served in any combat zone
- Individual and group counseling, bereavement counseling for active duty deaths, military sexual trauma counseling, screening/referral for medical issues such as TBI, depression, etc.
Veterans Affairs

Community Based Outpatient Clinics

- Provide common outpatient services in smaller clinics. Expanding to include more rural communities.

VA Health Center Locator

http://www2.va.gov/directory/guide/home.asp?isflash=1
Veteran Service Organizations (VSO’s)

- Provide advocacy for veterans, advise veterans about their rights, and provide help in applying for VA benefits and claims.

- Many organizations provide an array of programs for veterans.

- Ex. American Legion, Veterans of Foreign Wars, Disabled American Veterans
Navy
Navy Reserve

Air Force
Air Force Reserve
Air National Guard

Army
Army Reserve
Army National Guard

Marine Corps
Marine Corps Reserve

Coast Guard
Coast Guard Reserve
Making Connections

State Interagency Suicide Prevention Committee
- Virginia Wounded Warrior Program
- VA Medical Center

Virginia Military Installations
- DOD training requirements
Services/Collaboration

Army Active Duty/Reserve Training
- 80th Training Command (US Army Reserve Total Army School System)
- Ft. Monroe
- Ft. Lee
- Ft. Eustis

Virginia Wounded Warrior Program
- QPR, safeTALK and ASIST training
- Retreat for veterans suffering PTSD and their families
Observations/Lessons Learned

- Suspicion of non-military?
- Knowing structure, Acronyms, etc.
- National Guard/Reserve resources
- Stigma surrounding help seeking
SUPPORT OUR TROOPS
GLS GRANTEES WORKING WITH SERVICE MEMBERS, VETERANS, AND FAMILIES
College of Health & Human Services
- Behavioral Health & Family Studies Institute (Center of Excellence)
  - Indiana Suicide Prevention Coalition
  - Indiana Cares Youth Suicide Prevention Project (GLS Grantee)
  - Behavioral Health Response Team
  - Area Health Education Center

Military Student Services
- Dr. Kathleen O’Connell, P.I. (Director of BH&FSI)
- Co-supported by Registrar
HOW WE GOT CONNECTED/
INVOLVED WITH VETERANS
OPERATION DIPLOMA

- Conference by Military Family Research Institute from Purdue University (MFRI)
  - What are Indiana Institutions doing to support veterans?
  - Indiana University-Purdue University (IPFW) applied for MFRI (Lilly Endowment) grant
  - Military Student Services Initiative
    - Collaboration with IPFW/Ivy Tech Northeast
    - Military Student Services Coordinator hired (previously at MFRI)
    - Goal is to build and coordinate services on campus
SERVICES PROVIDED TO VETS
MILITARY STUDENT SERVICES

Services Provided

- Awareness of staff/faculty of specific issues of veterans
  - Mental health
  - Advising constraints
- Clearinghouse for information
- Referrals on/off campus
- Act as liaison for vets re: campus services
- Works with area military organizations to educate participants about their educational benefits
- Because of the high incidence of sexual assault of female veterans while “in country”, preference was given to female applicants for the position
OBSERVATIONS ABOUT MILITARY CULTURE
OBSERVATIONS

- Indiana ranks 16th for population and 4th in country for those who have enlisted. *
- Indiana ranks among lowest for access and utilization of veteran benefits and services. *
- Indiana has deployed more service members to Iraq and Afghanistan than any other state (mostly National Guard).
- Although there have been no suicides of veterans reported on the IPFW campus, there is a high incidence of suicide overall for this population.

* 2010 Census
OBSERVATIONS, CONT.

- Don’t ask for help (don’t talk, trust, tell)
- Adapt and overcome obstacles
- Responsible for family
- We take care of our own
LESSONS LEARNED

- Work within system
- Person needs to have knowledge and/or experience with military
- Include suicide prevention as overall program
- Connect with individual units
  - Chaplains
  - FRG (family readiness group)
RESOURCES

- Veteran Services and Medical Centers have hired suicide-prevention specialists who are active in the state-wide suicide prevention efforts.
- These suicide-prevention specialists are reaching out to the community providing education and information about suicide and service members. (i.e. Kevin Hines)
- Military Family Research Institute at Purdue University
- Week-long Strengthening Transitions workshop
  - Supporting and Treating Service Members and Veterans in Communities and on Campuses
  - Featured David Riggs, Ph.D. of the Center for Deployment Psychology
MILITARY FAMILY RESEARCH INSTITUTE (MFRI)

- Support the military infrastructure that sustains families
- Grow the capacity of communities to assist military families
- Generate new knowledge about the experiences of military families
- Influence the policies, programs and practices supporting military families
- Create and sustain a vibrant learning organization
MFRI RESOURCE

Risk and Resilience in U.S. Military Families
Wadsworth, Shelley MacDermid; Riggs, David (Eds.)
1st Edition., 2011, XX, 369 p. 9 illus., Hardcover
ISBN: 978-1-4419-7063-3
Connect
Suicide Prevention Project

An SPRC/AFSP Best Practice Program

Suicide Prevention, Intervention and Postvention for Soldiers, and Family

A collaboration between NAMI NH and the NH National Guard

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Impact of Suicide
Ecological Model

Society

Military

Community

Base

Friends/Family

Warrior
Cultural Considerations

- Personal Inventory
- Access
- Rank
- Acronyms
- Family Supports
- Suspicion of non military?
- Postvention
Point of Contact (POC)

- Suicide Prevention Program Manager
- G1 – Personnel Resource Officer
- J1 – Joint Forces Personnel Officer
- Chaplains
- Family Support Programs
- Yellow Ribbon
Stigma

• We’re only as strong as the weakest link…
• Stigma surrounding mental health problems and suicide can further isolate the person.
• Perceived difference between physical and emotional pain.
• Military personnel may not seek help because of the perceived impact it may have on their career.
• Chaplains are safest people to share info with (ethically mandated to keep info confidential)
Military Culture

• To survive in combat must detach from emotions
• To function at home must deal with emotions
• Death before dishonor
• Warrior Ethos
   – *I will always place the mission first*
   – *I will never accept defeat*
   – *I will never quit*
   – *I will never leave a fallen comrade*
Military Intimacy

• Bonds between combat buddies and unit
• Shared Mission and values
• Shared history and culture
• Life or death moments
• Difficult to replicate intimate relationships in civilian world
• May lead to loneliness/estrangement from family and friends
Collaboration w/NH National Guard

• Begun Summer of 2007 – Subject matter experts
• Involved other state and private agencies including VA and Suicide Prevention Council
• Provided Connect Prevention/Intervention and Connect Postvention training
• Assisted with briefs and protocol/policy development
Outcomes:

• NHNG Suicide Prevention task force evolved into Health Promotion Council
• Legislatively Established SPC with Military/Veteran seat
• Included Military/Vets in State Plan
• MOA with Medical Examiner
• Policy on Military Honors
• Identified as Model Program
  – Senate Armed Services Committee 3/09
  – House Veterans Affairs Committee 2/10
• Defense Authorization Act 2010
Evaluation Results

- Participants from Connect Military Prevention and Intervention trainings demonstrated significant increases in overall suicide and suicide prevention knowledge.
- The number of participants answering correctly increased for all items from pre-test to post-test.
- Possible Score Range: 0-6
- After taking part in a Connect Military Prevention and Intervention trainings, participants report feeling better prepared to respond to suicide incidents. This includes increases in:
  - Confidence in their own knowledge and abilities
  - Comfort with the topic of suicide prevention
  - Understanding of military and civilian resources available
- Possible Score Range: 0-60
Veterans Administration

- Medical Hospitals and Outpatient Clinics
- Have a Suicide Prevention Coordinators
- Have Recovery Coordinators
- Deployed overseas to be eligible (generally)
- Services for Soldiers and Vets
- MOU w/NAMI re: F2F
- DOD has access to all records
Veterans Centers

• Established Post Vietnam Era
• 232 Vet Centers Nationally
• Serve Veterans who served in any combat zone
• Individuals, group or family counseling
• Families can be served for military related issue
• Confidential Services
Family Assistance Programs

- Each Service Branch (state National Guard) has a Family Readiness program
- Very similar to NAMI model
- Offer a variety of services
- Not exclusively for Families in the deployment cycle
Military One Source

- Available to Service Members, Spouse and Family
- Operated by VA
- Confidential
- Extensive services
- 24/7
- 1-800-342-9647
National Suicide Prevention Lifeline
Veterans Call Center

• 1-800-273-8255
• “Press 1” for Soldiers/Veterans Option
• Call center in Canandaigua NY
• Specially trained in Veterans/Military Issues
• Confidential
It takes the courage and strength of a warrior to ask for help.....

If you’re in an emotional crisis call 1-800-273-TALK “Press 1 for Veterans”

www.suicidepreventionlifeline.org