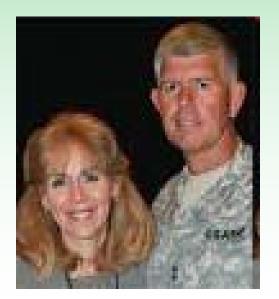
Support Our Troops: GLS Grantees Working with Service Members, Veterans and Families

Christina Sloan Benton, MPH – Virginia Department of Health M. Peggy Jones, LCSW, LMFT – Indiana – IPFW Kenneth Norton LICSW – NAMI NH



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

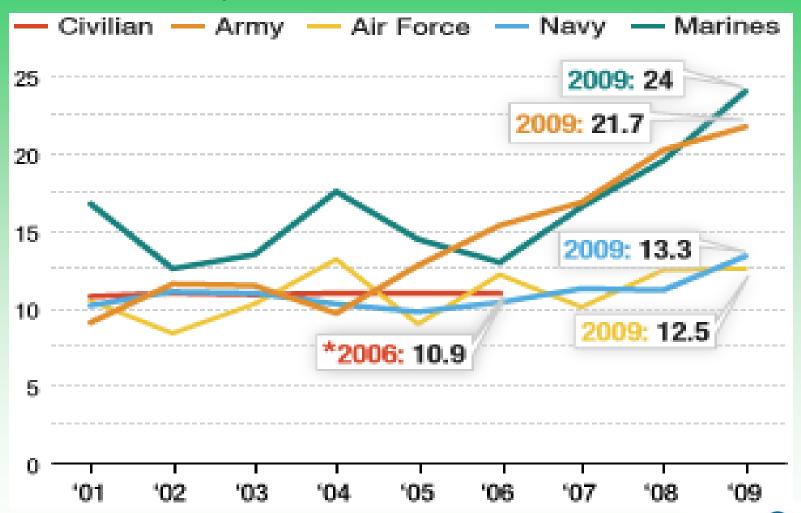


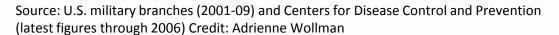


Suicide Rate by Service Branch

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

Suicide by Service Branch 2009





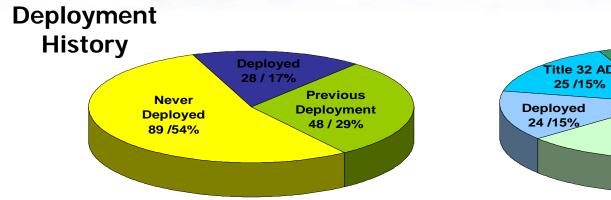


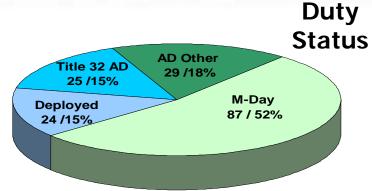


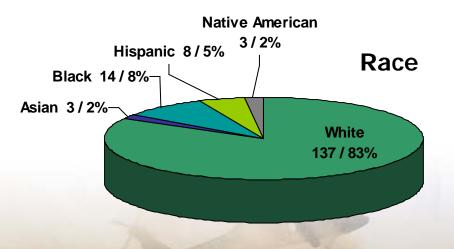
Army National Guard Suicide Prevention

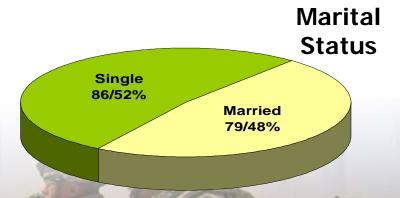
2002 – 2008 Suicide Demographics

Unclassified/FOUO









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



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

Connect

Training Professionals & Communities in Suicide Prevention & Response

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



Military Overview

Christina Benton, MPH
Suicide Prevention Manager
Virginia Department of Health





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



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 out patient services is 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



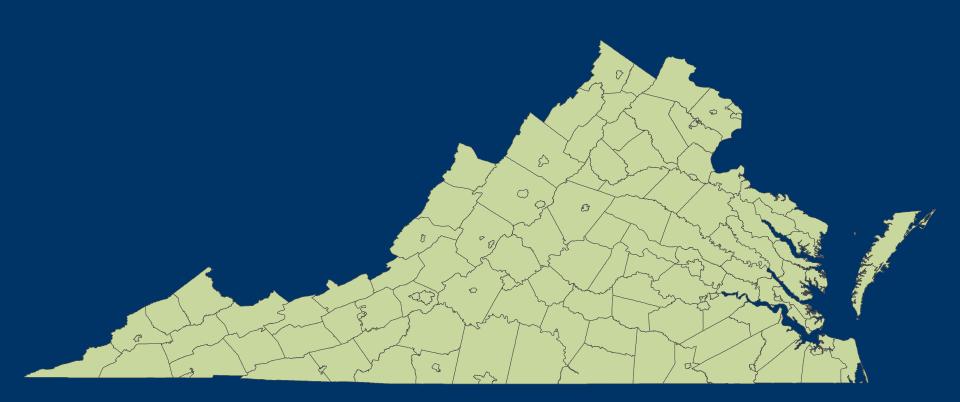
Marine Corps
Marine Corps Reserve



Coast Guard Coast Guard Reserve



Virginia





Making Connections

State Interagency Suicide Prevention Committee

- o Virginia Wounded Warrior Program
- o VA Medical Center

Virginia Military Installations

o DOD training requirements



Services/Collaboration

Army Active Duty/Reserve Training

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

Virginia Wounded Warrior Program

- o QPR, safeTALK and ASIST training
- o Retreat for veterans suffering PTSD and their families



Observations/Lessons Learned

- o Suspicion of non-military?
- o Knowing structure, Acronyms, etc.
- National Guard/Reserve resources
- o Stigma surrounding help seeking



Contact Information

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College of Health &

SUPPORT OUR INTERNAL REST. TO BENTLE STATE OF THE REAL PROPERTY. THE REAL PROPERTY OF THE PROP

INDIANA UNIVERSITY - PURDUE UNIVERSITY FT. WAYNE

- 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





College of Health & **Human Services**

HOW WE GOT CONNECTED WITH WE LERANS

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
 - oMilitary 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





College of Health &

SERVICES PROVIDED TO VETS

MILITARY STUDENT SERVICES

- Services Provided
 - OAwareness of staff/faculty of specific issues of veterans
 - Mental health
 - Advising constraints
 - Oclearinghouse for information
 - oReferrals on/off campus
 - OAct as liaison for vets re: campus services
 - Oworks with area military organizations to educate participants about their educational benefits
 - oBecause of the high incidence of sexual assault of female veterans while "in country", preference was given to female applicants for the position





College of Health & Human Services

OBSERVATIONS ABOUT

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
 - OChaplains
 - oFRG (family readiness group)





College of Health & Human Services

RESOURCESININDIANA

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

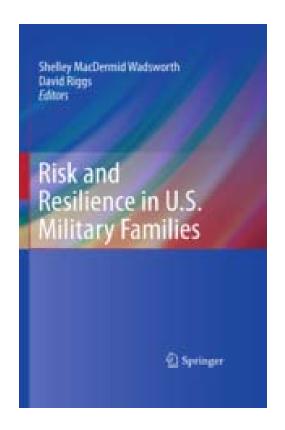


MILITARY FAMILY RESEARCH INSTITUTE (MFRI)

- 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



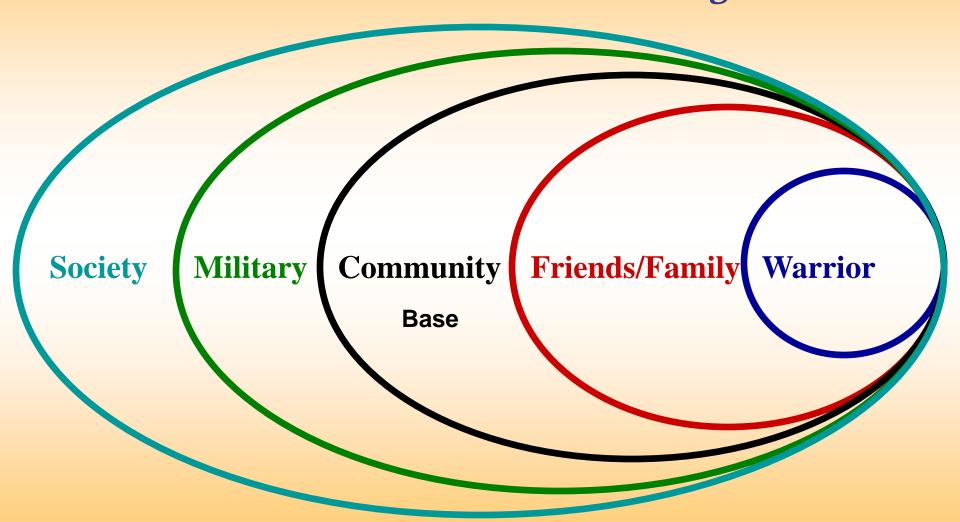
Suicide Prevention, Intervention and Postvention for Soldiers, and Family

A collaboration between NAMI NH and the NH National Guard





Impact of Suicide Ecological Model



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:

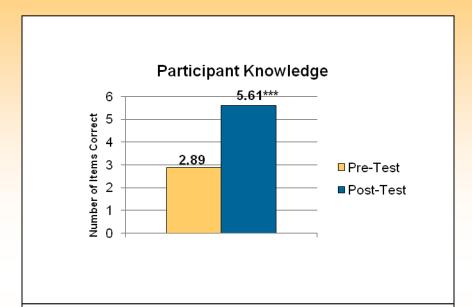
- NHNG Suicide Prevention task force evolved into Health Promotion Council
- Legislatively Established SPC with Military/Veteran seat
- Included Military/Vets in State Plan
- MOA with Medical Examiner
- Policy on Military Honors
- Identified as Model Program
 - Senate Armed Services Committee 3/09
 -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

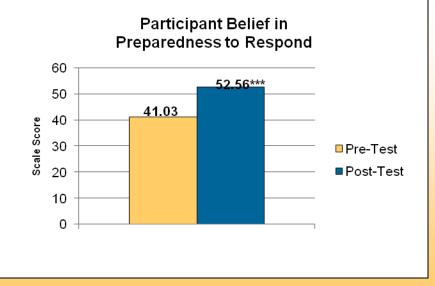




Evaluation Results

- 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







Ken Norton LICSW (603) 225-5359

knorton@naminh.org

www.theconnectproject.org



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

