Military and Veteran Culture and Suicide Risk

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Today’s Mission

• Provide **information** on military and Veteran culture
• **Identify** military values and the effects on behavioral health
• **Highlight** unique military stressors
• **Identify** suicide risk and protective factors
• **Understand** the role of the VA Suicide Prevention Program and the Indiana National Guard Crisis Intervention Team
• **Provide** community resources available to Service Members, Veterans and their families
INDIANA’S MILITARY COMMUNITY
Indiana’s Military Population

- Active Duty: 4,978
- National Guard (Army and Air): 13,258
- Reserves (all branches): 5,886
- Veterans: 476,283

www.measuringcommunities.org
Indiana’s Active Duty Population

- Army: 79%
- Air Force: 12%
- Navy: 7%
- Marine: 2%
MILITARY CULTURE
Military culture can be defined as the sum total of all knowledge, beliefs, morals, customs, habits, and capabilities acquired by Service members and their families through membership in military organizations.
KNOW THE DIFFERENCE

Despite our rivalries we’re all family, but no one likes being called by their brother’s name.
Military Culture

American Values and Beliefs:
- Freedom
- Equality
- Democracy

Champion of the little guy
Helper of the oppressed

Beliefs about Military Service:
- Discipline
- Teamwork
- Loyalty
- A higher calling
- Self sacrifice

Hidden:
Ethos, Warrior Values and Beliefs

Salute
Bearing
Rank

Uniform

Service
Creeds

Core
Values

Center for Deployment Psychology. (2016) Military Culture and Terminology, Star Behavioral Health Provider Training
Military Culture

**Active Duty**
- Full time military
- On call 24/7
- Five Branches:
  - Army
  - Air Force
  - Navy
  - Marine Corps
  - Coast Guard

**Reserve Components**
- Part Time Military
  - 2 week Annual Training
  - 1 week-end per month
- National Guard (state)
  - Army and Air
- Reserves (federal)
  - Army, Air Force, Navy, Marines, Coast Guard
- Can be activated to full time status
- Full time
Veteran Attributes MATTER
Military and Veteran Protective Factors

- Strong Leadership
- Social Support
- Sense of belonging
- Effective Coping and Problem-Solving
- Unit Cohesion

- Access to Assistant Services
- Healthy Lifestyle Promotion
- Spiritual Support
- Policies/Culture that Encourage Help Seeking

Veteran Protective Factors

• Social Context Support System
  – Strong interpersonal bonds to family/unit members and community support • Employed • Intact marriage • Child rearing responsibilities • Responsibilities/duties to others • A reasonably safe and stable environment

• Positive Personal Traits
  – Help seeking • Good impulse control • Good skills in problem solving, coping and conflict resolution • Sense of belonging, sense of identity, and good self-esteem • Cultural, spiritual, and religious beliefs about the meaning and value of life • Optimistic outlook - Identification of future goals • Constructive use of leisure time (enjoyable activities) • Resilience

• Access to Health Care
  – Support through ongoing medical and mental health care relationships • Effective clinical care for mental, physical and substance use disorders • Good treatment engagement and a sense of the importance of health and wellness

# Department of Defense Suicide Event Report CY2014

<table>
<thead>
<tr>
<th>Component</th>
<th>Count</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Force</td>
<td>60</td>
<td>13.7</td>
</tr>
<tr>
<td>Army</td>
<td>122</td>
<td>27.9</td>
</tr>
<tr>
<td>Marine Corps</td>
<td>34</td>
<td>7.8</td>
</tr>
<tr>
<td>Navy</td>
<td>53</td>
<td>12.1</td>
</tr>
<tr>
<td>All Reserve</td>
<td>80</td>
<td>18.3</td>
</tr>
<tr>
<td>All National Guard</td>
<td>89</td>
<td>20.3</td>
</tr>
</tbody>
</table>

**438 total**

Indiana National Guard (INNG)

• 13,232 Soldiers in INNG

• Average per year
  • 110 suicidal ideations
  • 25 suicide attempts
  • 5 suicide completions

(Matthew Stephens, INNG Suicide Prevention Program Manager, 8/3/16)
MILITARY
SUICIDE PREVENTION
RESOURCES
National Guard Crisis Intervention Team

- Indiana National Guard (INNG) Crisis Team operates two 24-Hour Crisis Lines for INNG Soldiers:
  - INNG Crisis Intervention Team: 317-247-3114 (CPT Bolin, SSG Brinson)
  - INNG Behavioral Health Access Line: 317-247-3155 (MAJ Edwards, Becca Huttsell, Randy Ballinger)

- www.in.ng.mil
The INNG Crisis Team trains Soldiers/Civilians in Suicide Intervention and strives to encourage help-seeking behavior for all Guard members.

Suicide Intervention Trainings

**ACE (Ask, Care, Escort) ARMY**
- Taught at Unit level, preferably by the unit SIO (Suicide Intervention Officer)
- 90 minute annual requirement for all Soldiers and DOD Civilians

**ACE-SI (Ask, Care, Escort – Suicide Intervention) ARMY**
- Taught by ACE-SI Trainer (27 in State of Indiana)
- 4 hour training for Junior Leaders

**ASIST (Applied Suicide Intervention Skills Training) Living Works**
- Taught by INNG ASIST Trainers (16 in State of Indiana)
- 2-day workshop for Gatekeepers
Additional Resources

- www.starproviders.org
- www.militaryonesource.com
- https://couragebeyond.org/
SUICIDE RISK
Risk Factors/Precipitants

• Psychological Factors
  • Suicide of relative, someone famous, or a peer
  • Loss of a loved one (grief)/relationship (divorce)
  • Loss of status/respect/rank

• Social Factors
  • Acute experiences
    • Break ups, being fired, arrested, evicted, assaulted
  • Chronic Stressors (Ongoing difficulties)
    • Unemployment
    • Unstable housing, homeless
    • Excessive debt, poor finances
    • Legal problems
    • Lack of social support
      • Poor interpersonal relationships
      • Geographic isolation from support
      • Barriers to accessing mental health care

(VA/DaD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide)
Risk Factors/Precipitants (cont.)

- Mental Disorders
  - Mood or affective disorder (major depression, bi-polar)
  - Anxiety (PTSD, Panic)
  - Substance Use Disorder (alcohol, illicit drugs)
  - Trauma (psychological)

- Medical Conditions
  - Hx of Traumatic Brain Injury (TBI)
  - Terminal disease
  - Worsening of chronic illness
  - Physical Symptoms
    - Chronic Pain
    - Insomnia
    - Function limitation

(VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide)
Combat Veteran Specific Risk Factors

• Deployment itself is not a risk factor
  – Types of experience while deployed may be (exposure to death and killing)
• Combat exposure can function as a long term risk factor

• Frequent Deployments
• Deployments to hostile environments
• Exposure to extreme stress
• Physical/sexual assault (MST)
• Length of deployment
• Service-related injury
VETERAN SUICIDE DATA
Veteran Suicide Statistics, 2014

- ~20 Veterans died from suicide each day = 18% of all U.S. adult suicides (decreased from 22% in 2010)
- 6 of the 20 were users of VA services
- ~66% involved a firearm
- ~65% were aged 50 years or older
- Risk of suicide was 21% higher among Veterans compared to U.S civilian adults
  - 18% higher among male Veterans
  - 2.4 times higher among females Veterans

(slide adapted from Department of Veterans Affairs, News Release, “VA Conducts Nation’s Largest Analysis of Veteran Suicide,” July 7, 2016)
2007-2011
751 Indiana Veteran suicides

~10 Indiana Veterans die by suicide each month who have no connection to the VA.

Indiana State Department of Health – Suicide in Indiana Report (Sept. 2013)
Veterans accounted for 18% of U.S. Adult Suicides in 2014 = ~20 per day

- ~14 Non-VHA users per day (70%)
- ~6 VHA users per day (30%)

(slide adapted from Department of Veterans Affairs, Suicide Among Veterans and Other Americans 2001-2014. Office of Suicide Prevention, August 3, 2016.)
Since 2001, suicide rate increased by **23%** for U.S. civilian adults and **32.2%** for Veterans

- Increased by **0.3%** for U.S. civilian **males**
- Increased by **30.5%** for Veteran **males**

- Increased **39.7%** for U.S. civilian **females**
- Increased **85.2%** for Veteran **females**

(slide adapted from Department of Veterans Affairs, Suicide Among Veterans and Other Americans 2001-2014. Office of Suicide Prevention, August 3, 2016.)
Veteran vs. U.S. Civilian Adult
Suicide Rate Increases since 2001

(slide adapted from Department of Veterans Affairs, Suicide Among Veterans and Other Americans 2001-2014. Office of Suicide Prevention, August 3, 2016.)
Both Concerning & Promising Findings…

- Since 2001, the rate of suicide among US Veterans **who use VA** services increased by *8.8%*, while the rate of suicide among Veterans **who do not use VA** services increased by *38.6%*.
  - In the same time period, the rate of suicide among male Veterans **who use VA** services increased *11%*, while the rate of suicide increased *35%* among male Veterans **who do not use VA** services.
  - In the same time period, the rate of suicide among female Veterans **who use VA** services increased *4.6%*, while the rate of suicide increased *98%* among female Veterans **who do not use VA** services. (VA Suicide Data Report, July 2016)
VHA users vs. Non-VHA users
Suicide Rate Increases since 2001

(slide adapted from Department of Veterans Affairs, Suicide Among Veterans and Other Americans 2001-2014. Office of Suicide Prevention, August 3, 2016.)
Male & Female VHA users vs. Non-VHA users
Suicide Rate Increases since 2001

(slid adapted from Department of Veterans Affairs, Suicide Among Veterans and Other Americans 2001-2014. Office of Suicide Prevention, August 3, 2016.)
Promising Findings…

• Decreased suicide rates in Veterans aged 18-29 who are VHA users....This decrease in rates translates to approximately 250 lives per year.
  (National Violent Death Reporting System and VA Serious Mental Illness Treatment Resource and Evaluation Center)

• Among women veterans, those who use VA care have suicide rates as much as 75% lower than those who do not.
  (Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010 . January 22, 2015)
BHAP Data – Identified risk factors


Figure 5: Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percent of VA-Enrolled Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>50.2</td>
</tr>
<tr>
<td>Unsecure Firearm</td>
<td>34.4</td>
</tr>
<tr>
<td>Health Problem</td>
<td>31.4</td>
</tr>
<tr>
<td>Relationship Problem</td>
<td>30.8</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>27.6</td>
</tr>
<tr>
<td>Ability Decline</td>
<td>27.6</td>
</tr>
<tr>
<td>Financial Loss/Strain</td>
<td>20.7</td>
</tr>
</tbody>
</table>
BHAP Data – more identified risk factors


Figure 6: Risk Factors, Continued

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percent of VA-Enrolled Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alienation</td>
<td>15.1</td>
</tr>
<tr>
<td>Sense of Burden</td>
<td>14.0</td>
</tr>
<tr>
<td>Uncooperative w/Care</td>
<td>13.7</td>
</tr>
<tr>
<td>Child-Abuse Victim</td>
<td>10.8</td>
</tr>
<tr>
<td>Legal Problem/Arrest</td>
<td>10.0</td>
</tr>
<tr>
<td>Family History Suicide</td>
<td>8.4</td>
</tr>
<tr>
<td>Family-Member Death</td>
<td>7.2</td>
</tr>
</tbody>
</table>
BHAP Data – Prominent Symptoms


Figure 3: Prominent Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percent of VA-Enrolled Cases</th>
<th>Average Number of Documented Symptoms per Veteran = 3.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed</td>
<td>65.6</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>53.1</td>
<td></td>
</tr>
<tr>
<td>Sleep Problems</td>
<td>44.6</td>
<td></td>
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<tr>
<td>Isolation</td>
<td>31.7</td>
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<tr>
<td>Agitation</td>
<td>26.8</td>
<td></td>
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<tr>
<td>Impulsivity</td>
<td>23.3</td>
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<tr>
<td>Intrusive Memories</td>
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<td></td>
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<tr>
<td>Ruminations</td>
<td>20.2</td>
<td></td>
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<tr>
<td>Guilt/Remorse</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td>Flashbacks</td>
<td>13.7</td>
<td></td>
</tr>
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</table>
VETERAN SUICIDE PREVENTION RESOURCES
VeteransCrisisLine.net
Resource Locator

Locate Information and Resources
No matter what you are experiencing, there is support for getting your life on a better track. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and check the boxes of the programs or topics you are interested in. You can also select the National Resource Directory or the SAMHSA Behavioral Health tab to find additional services.

1. Select a Resource
- Suicide Prevention Coordinators
  - Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.
- Crisis Centers
  - Search for community-based crisis centers in your area.
- VA Medical Centers
  - VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.
- Outpatient Clinics
  - Community-Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.
- Veterans Benefits Administration Offices
  - Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.
- Vet Centers
  - Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.
- All
  - See all VA and community-based services in your area.

2. Choose Location

Choose Location

Search by Zip Code

Search by state
Veterans Crisis Line: 8 years of saving lives

- National Veterans Suicide Prevention Hotline: 2007
- Online chat: 2009
- Text to 838255: 2011
- Increased responders: 2012
- Mobile site: 2013

Nearly 2 million calls
More than 250,000 chats
More than 44,000 texts
More than 320,000 referrals to VA Suicide Prevention Coordinators

More than 53,000 rescues
As of September 2015
Local Suicide Prevention Coordinator (SPC) follow-up outreach (if referred)

Immediate 24/7/365 crisis response at Canandaigua, NY

Link to Mental Health services

Local VA

Veterans Crisis Line
1-800-273-8255
PRESS 1

JOINING COMMUNITY FORCES
VA Suicide Prevention Programs

• “...built on the principles that suicide prevention requires public health activities, ready access to high-quality mental health services, and clinical programs that specifically target individuals at high risk.”
VA Medical Center
Suicide Prevention Team

• Provide Enhanced Care following “high risk” suicidal behavior
  – Maintain a “high risk” list
  – Assign Suicide Prevention Case Manager for 90 days
    • Maintain regular contacts
    • Consult with providers
    • Suicide Risk Assessment and Safety Planning
    • Tracking appointments
    • Follow up with missed appointments
    • Individualized strategies for treatment and means reduction
    • Coordinating referrals & services

• Suicide Prevention Education & Community Outreach
Indianapolis VA Medical Center Suicide Prevention Team

• **Travis Field, LCSW** – Suicide Prevention Coordinator
  Office phone: 317-988-3213

• **Bob Brown, LCSW** – SP Case Manager
  Office phone: 317-988-3365

• **Ashley Maynard, LSW** – SP Case Manager
  Office phone: 317-988-4327
COMMUNITY OUTREACH & GETTING INVOLVED
Spreading the Word About Gun Safety

A suite of online and print materials is being created for supporters to share with their networks.

Online toolkit includes:
- Video
- Social media content
- Fact sheet
- Brochure

Materials are available for download at: VeteransCrisisLine.net/SpreadTheWord
Free Gunlocks at VA Medical Centers

Suicide Prevention Coordinators at VA Medical Centers can provide gun locks to secure firearms in the home.

No questions asked.
MAKE THE CONNECTION
www.MakeTheConnection.net

SHARED EXPERIENCES AND SUPPORT FOR VETERANS
• One of the largest and most engaged Facebook communities in the U.S. Government space.
• Robust dialogue from Veterans encouraging each other and sharing their experiences
• Posts designed to engage Veterans and family members with stories and videos from the website
Give an Hour: The Campaign to Change Direction

www.changedirection.org
www.giveanhour.org
VA Resources

- **Mental Health** – [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov) – VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable people with mental health problems to live a meaningful life in their community and achieve their full potential.

- **Vet Centers** – [www.vetcenter.va.gov](http://www.vetcenter.va.gov) – Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.

- **Coaching Into Care** – [http://www.mirecc.va.gov/coaching/services.asp](http://www.mirecc.va.gov/coaching/services.asp) or call 888-823-7458 to reach a coach. A free, confidential “coaching” service provided by VA that helps Veterans’ family members and friends to recognize when a Veteran needs support and to connect them with local resources.

- **Community Provider Toolkit** – [http://www.mentalhealth.va.gov/communityproviders/miniclinics.asp](http://www.mentalhealth.va.gov/communityproviders/miniclinics.asp) – VA’s Community Provider Toolkit offers Mini-Clinics, an online resource that enables clinicians to easily access information and tools for treating Veteran patients with various mental health conditions. These online “clinics” contain tools for assessing patients for these conditions and training clinicians to treat those patients, as well as educational handouts.

- **PTSD** – [www.ptsd.va.gov](http://www.ptsd.va.gov) – Each VA Medical Center has specialists who provide treatment for Veterans with posttraumatic stress disorder. The PTSD Coach application allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD.