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Preventing Veteran Suicide in Berkeley County, SC

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COUN 6785: Social Change in Action:
Preventing Veteran Suicide in Berkeley County, SC

Social Change Portfolio

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OVERVIEW

Keywords: Veteran, Military, Suicide, Prevention, Social Cognitive Theory, Community

Organizing Theory

Preventing Veteran Suicide in Berkeley County, SC

Goal Statement: I want to reduce veteran suicide in Berkeley County South Carolina by developing a program based on Social Cognitive Theory and Community Organizing Theory which fosters relationships among veterans and helps them integrate within the civilian community.

Significant Findings: Suicide is a leading cause of death in the United States, and is particularly prominent in the military veteran community which experiences a suicide rate 1.5 times greater than the civilian population (US Department of Veteran Affairs (VA), 2022). As of the 2022 US census, Berkeley County, SC is home to over 20,600 and can expect to have approximately 7 veteran suicides in 2023. The consequences of veteran suicide extend beyond the loss of life with negative impacts on personal connections like friends and family members, community upheaval and cost, and institutional burdens. It is important for helping and prevention professionals to view suicide as a downstream result of numerous upstream challenges which can be identified and mitigated to prevent suicidality among the veteran population. Challenges that exist in the veteran population exist at the personal, interpersonal, community, and societal levels and are fortunately often counterbalanced by strengths.

Objectives/Strategies/Interventions/Next Steps: In order to prevent veteran suicide in Berkeley County, SC a program can be developed which utilizes strengths that exist at the personal, interpersonal, community and societal levels combined with Social Cognitive Theory

and Community Organizing Theory to relieve or mitigate the stress associated with upstream challenges and prevent veterans from experiencing suicidality. The intent of the program would be to gather veterans together in order to use the natural processes of social learning so that protective skills and abilities developed by veterans can be propagated amongst the veteran community. For example, a veteran who has overcome the challenges of navigating the Department of Veteran Affairs health care system may provide insight and hope to a veteran who is just starting out on their own process. Additionally, evidence-based programs like the Warrior Progressive & Alternative Training for Helping Heroes (Warrior PATHH) can be deployed and supported in Berkeley County to jumpstart the efforts to prevent upstream challenges which lead to veteran suicide.

INTRODUCTION

Preventing Veteran Suicide in Berkeley County, SC

The United States (US) Center for Disease Control (CDC) recognizes suicide as one of the leading causes of death in the US while highlighting the disproportionate impact felt in the veteran community (CDC, 2022). Historically, suicide rates for military service veterans have been higher than the general population of the United States as shown by the *2022 National Veteran Suicide Prevention Annual Report* which indicates veterans turn to suicide at a rate 1.5 times higher than the civilian population (US Department of Veteran Affairs (VA), 2022). Among the US veteran population, there are approximately 31.7 suicides for every 100,000 veterans (VA, 2022). At the national level the scope of this problem may seem insurmountable, but acting locally may present an opportunity to have an outsized impact on preventing suicidality of veterans within our communities. For example, according to the 2022 US Census,

Berkeley County, South Carolina was home to 20,652 veterans which indicates approximately 7 veterans out of the local county population are likely to die by suicide (US Census Bureau, 2023). This information can help advocates focus their efforts on identifying and helping the most at risk and vulnerable members of the veteran population through focused prevention efforts.

Suicide is often seen as a downstream result of unresolved upstream challenges and factors which offer an opportunity for prevention through intervention and advocacy. According to the VA, veteran suicide is influenced by a combination of factors that include both risk-increasing and protective factors. These factors range from individual to societal and include mental health conditions, substance dependency, economic stability, connection to the community, and access to lethal means of inflicting self-harm (CDC, 2022). While the ability to respond to veterans in crisis is a key factor in intervening and protecting veterans with suicidal ideations or suicidal intentions, the capability and capacity for helping organizations to intervene in the challenges faced by veterans is a significant factor in overall prevention. For example, the Veterans Health Administration (VHA) has documented a significant decrease in suicide rates when veterans are enrolled in, and receiving care through the VHA (VA, 2022). While the VHA provides a glimpse into how access to healthcare can be a protective factor for veterans, there are still other opportunities for advocacy and help. The primary factor which will be explored in this portfolio are ways in which veterans can build and integrate with their communities in order to reduce suicidality.

PART 1: SCOPE AND CONSEQUENCES

Preventing Veteran Suicide in Berkeley County, SC

Veterans who lack strong connections with other veterans and their local communities may be at increased risk of suicide. As with the general population, loneliness has been assessed as a contributing factor to suicidal risk (Loneliness, 2023). When assessing the veteran population, it is important to consider the transient nature of military assignments. Military members often move every 2-3 years leaving behind family and friends. As a result, many veterans likely find themselves removed from traditional communities and, upon separation from the military, may find themselves even more isolated as they begin the challenge of transitioning into their new civilian life. As a consequence of this loss of community some veterans may face social challenges due to lack of close interpersonal relationships, economic challenges stemming from the lack of support networks to assist with job searches, and exacerbated mental and physical health conditions as their fundamental social need for connections are not met. A potential prevention goal would be to develop interventions and programs which facilitate the development and sustainment of community ties between veterans and their local communities.

As stated above Berkeley County, SC is home to over 20,000 veterans. Some of these veterans likely receive medical and mental health treatment from the Ralph H. Johns VA Medical Center, located in Charleston SC but others may be dependent upon other state, county, city or local agency support. Berkeley County also spans from urban and suburban to agricultural and rural communities. These factors influence both the scope of the challenge and the complexity of planning and executing upstream prevention programs.

Consequences often associated with suicide exist at both the individual and more broadly at the community level. Aside from the tragic ending of an individual's life, those left behind may be impacted by economic challenges, emotional and mental health issues, and stigmatization. At the community level the cost of suicide can also include increased economic

costs, increased demand for mental healthcare services, and negative impacts on the social welfare of the community.

While treatment and crisis response options exist to help veterans that are in need of immediate intervention, these services are not preventing, or treating suicide at the last possible moment and are not engaging in upstream issues that increase the risk of suicidality.

Goal: I want to reduce veteran suicide in Berkeley County South Carolina.

Intervention: Develop a program based on Social Cognitive Theory and Community Organizing Theory which fosters relationships among veterans and helps them integrate within the civilian community.

PART 2: SOCIAL-ECOLOGICAL MODEL

Preventing Veteran Suicide in Berkeley County, SC

In order to more effectively engage in suicide prevention within the veteran population it is important to assess both the risk factors and protective factors associated with the military community. The Social-Ecological Model is an effective approach to identifying and understanding these influences at the individual, relationship, community, and societal levels (Substance Abuse and Mental Health Services Administration (SAMHSA), 2013). It is also important to note that each veteran also has a unique set of risk and protective factors which are derived from their lived experiences (psychosocial and physiological) outside of the context of their military service, which counselors must layer into their efforts to meet the veteran where they are when working to prevent suicidality.

At the individual level, factors include age, education, income, substance use, and personal experiences (SAMHSA, 2013). Individual risk/protective factors include the quality of a veteran's psychological and physical health, aspects of the military culture adopted by the

veteran, personal demographics, access to lethal means, and the capability and capacity of a veteran to be productive (Elnitsky, et. al., 2017 and CDC, 2022). Additionally, habituation to pain as a result of exposure to war and violence, and the veterans own perceived burdensomeness have been identified as individual factors which contribute to suicidality at the individual level (Brenner, et. al., 2008). It is not surprising that these factors can either represent a risk or a strength to a veteran. For example, a veteran with poor mental health (i.e.: anxiety, depression, or exposure to trauma) who also suffers from a military related injury is at higher risk than a veteran who is has good mental health and is injury free.

The relationship level encompasses interpersonal relationships with close peers, partners, and family (SAMHSA, 2013). Relationship factors can also be viewed as both risk increasing or protective based on their situational context. These factors include connections with veteran friends, the status of family ties, connection to a spouse or partner, and the veterans children (Elnitsky, et. al., 2017). Another significant factor is failed belongingness, or the extent to which the veteran struggles to build and develop interpersonal relationships (Brenner, et. al., 2008). A veteran would be at higher risk for suicide if they had weak ties to other veterans, but that risk could be mitigated by close friendships with other veterans. If a veteran and their family are able to sustain a close relationship, they would be at less risk than a veteran with strong family ties.

The community level includes the places and institutions in which relationships develop such as the work place, schools, churches, neighborhoods, and social organizations (SAMHSA, 2013). Community risk/protective factors include access to health care systems, employment and education prospects, the extent to which the veteran can integrate with the civilian community, and interactions with the legal system (Elnitsky, et. al., 2017). Again, we can see the potential for these factors to play either a supportive or disruptive role. For example, a veteran with service-

connected disabilities may have access to VA medical services. On the other hand, if the veteran has medical or mental health conditions, but has not been able to secure a service connection for those conditions then they will not be able to utilize VA medical care. On one hand access to the VA medical system helps reduce the veteran's risk of suicide, while on the other lack of access to medical care increases the risk of suicidality for the veteran.

At the societal level influences include social and cultural norms as well as the state of health, economic, educational, and policy issues (SAMHSA, 2013). Two of the largest societal factors that impact veterans are the policies of the Department of Defense (DoD) and the VA (Elnitsky, et. al., 2017). DoD policies are tied directly to the lived experiences of military members while the VA is responsible for developing and sustaining the systems which provide services and care to veterans once they leave the service. For example, if the DoD adopts a policy that restricts service members from obtaining security clearances if they are being treated for a mental health condition then that policy may strengthen stigmas within the military community regarding seeking care. From the perspective of the VA, if policies and procedures are adopted that help veterans apply for and receive benefits then more veterans may be able to gain access to care.

Each veteran presents their own unique constellation of individual, relationship, community, and societal risk and protective factors. By focusing on both the presence and nature of these factors, counselors can come to better know and understand the veteran community and more effectively advocate for changes that support the prevention of veteran suicide.

PART 3: THEORIES OF PREVENTION

[Building Community Ties to Prevent Veteran Suicide in Berkeley County, SC]

It is helpful to establish a theoretical approach to help orient change agents and advocates towards a helpful means of addressing an issue like suicidality among veterans. Two specific theories which can be applied to the upstream prevention efforts needed to mitigate veteran suicide are Social Cognitive Theory and Community Organization Theory. Developing a deeper understanding of the role of these two theories can help prevention advocates develop and execute programs that are more effective within the veteran communities they are seeking to serve.

Social Cognitive Theory is derivative of Social Learning Theory which established that learning occurs not only through personal experience but also through observations of others (National Cancer Institute (NCI), 2005). The key addition to Social Cognitive Theory is the inclusion of Self-Efficacy, which is the extent to which an individual is confident in their capability and capacity to overcome challenges (NCI, 2005). The theory centers around the interaction between the interactions between a person and the environment based on their behaviors (reciprocal determinism), a personal knowledge and understanding of their own capabilities and capacity (behavioral capability), the potential outcomes stemming from behaviors (expectations), personal confidence (self-efficacy), learning through watching others and assess the outcomes (observational learning/modeling), the presence of response which increase/decrease the likelihood of repeating the behavior (reinforcements) (NCI, 2005). In the context of upstream suicide prevention for veteran populations, Social Cognitive Theory shows us that interactions with other veterans who have successfully navigated life challenges can be an effective way to transfer healthy coping mechanisms and problem-solving skills within the veteran community.

Community Organization Theory is another lens through which we may find avenues to set upstream interventions to prevent veteran suicide. The theory is organized around three pillars: Locality Development, Social Planning, and Social Action (NCI, 2005). Locality Development focuses on establishing cohesion and group identity which would include the identification of veterans in the local community and bringing them together in an organized manner (NCI, 2005). Social Planning and Social Action establish the processes and tasks which are required in order to bring about positive interventions and goal attainment (NCI, 2005). In Berkeley County, SC Community Organizers may be social service providers from the state or local governments, religious organizations, or private groups and non-profits. These groups would work towards bringing the veteran community together and developing interventions that increase veterans' capability and capacity to solve problems and engage in healthy coping behaviors.

One evidence-based practice which may serve as an effective example of the role of Social Cognitive Theory and Community Organization Theory is the Warrior Progressive & Alternative Training for Helping Heroes (PATHH) program developed by the Boulder Crest Foundation. Warrior PATHH is modeled on the concept of post-traumatic growth and is delivered via a peer-led 7-day workshop of trained combat veterans and first responders, with a 90-day online follow-up training and interaction program (Boulder Crest Foundation, 2023). Efficacy studies have shown the Warrior PATHH curriculum to have reduced Post Traumatic Stress Disorder symptoms by 56%, lessened the effects of anxiety by 57%, reduced general stress by 52%, and lead to a 58% increase in posttraumatic growth (Boulder Crest Foundation, 2023). The deployment of a program like Warrior PATHH in Berkeley County would provide

veterans with the chance to come together as a community and learn from each other in ways that could mitigate and prevent suicide.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Preventing Veteran Suicide in Berkeley County, SC

The veteran population is a diverse cross-section that mirrors the population and demographics of the United States. Because of this, it is a critical ethical imperative to consider the problem of veteran suicide through a contextual lens which includes the diversity profile of the veteran population. For example, suicide rates are higher (44.9/100,000) for veterans who reside in a rural/highly rural setting as compared to veterans who lived in a suburban setting (38.8/100,000) (VA, 2023). This is a trend that mirrors the overall population of the United States and highlights the need for prevention advocates to focus attention in these areas (CDC, 2022). Specific interventions designed to address specific needs and challenges of veterans who live in a rural setting will be crucial to the success of intervening in upstream issues that lead to veteran suicidality. A specific challenge is simply ensuring access to VA medical and mental health treatment for veterans who may not live within a reasonable range of VA medical facilities. To address this issue, the VA has developed a Community Care model that allows veterans without direct/routine access to VA medical centers or clinics to be referred quickly and efficiently to local medical facilities. While this may be beneficial in some cases, it may still leave gaps in coverage which could be filled by mobile state and/or county resources.

Gender differences also must be included as a consideration when attempting to prevent veteran suicide. According to the VA Annual Suicide Statistics, female veterans die by suicide at a rate of 15.8/100,000 (VA, 2023). Female veterans face unique challenges when seeking

medical and mental health care which include harassment, lack of childcare, insufficient training of medical staff in gender-specific interventions, and gender bias (Monteith et al, 2022). These barriers to care certainly block or prevent some female veterans from receiving critical care both upstream and during moments of suicidal crisis. To be effective for female veterans, considerations must be made to ensure that prevention programs address the unique needs and specific barriers faced by women seeking help.

When considering the diverse needs presented by the veteran population of Berkeley County, SC it is helpful to refer directly to the American Counseling Association 2014 Code of Ethics. The Code helps us view and address potential challenges related to stakeholder collaboration, informed consent, and confidentiality. The ultimate stakeholder in any intervention is the client, and Section A.2.c specifically calls on counselors to develop cultural sensitivity through collaboration with our clients (ACA, 2014). Section A.2.b outlines the requirement levied on counselors to explain why specific elements of information are essential in the formulation of treatment interventions so that clients can make qualified and informed disclosure decisions (ACA, 2014). Having detailed demographic allows counselors to make better selections of evidence-based practices that can best help their clients. Finally, helping someone navigate through the challenges presented by suicidality can be complicated as the counselor may be challenged by the conflict between their duty to warn and to protect the privacy of their clients. Thankfully, section B.1.d address this potential conflict directly by highlighting the necessity of explaining the limitations of confidentiality to a client (ACA, 2014). Additionally, Section B.1.a establishes that counselors must make this disclosure in a way that takes into account their client's specific cultural concerns and perspectives (ACA, 2014).

PART 5: ADVOCACY

Preventing Veteran Suicide in Berkeley County, SC

This section will focus on institutional, community, and public policy barriers which the are faced by the veteran population when seeking mental healthcare for suicide prevention along with advocacy actions which can be taken by counselors. According to the Multicultural and Social Justice Counseling Competencies (MSJCC), the institutional level consists of social institutions within a society such as schools, churches, or other community organizations (MSJCC, 2015). The Community level is comprised of the “spoken and unspoken norms, values, and regulations that are embedded in a society” (MSJCC, 2015). The Policy level is made up of the local, state, and federal laws, policies, and regulations that impact human growth and development (MSJCC,2015).

Barriers at the Institutional, Community, and Public Policy Levels

The societal structure for veterans has some unique considerations at the institutional level that may present unique barriers not present in other segments of society. These include branch of service, military units of assignment, and occupational grouping. There are also special considerations to attend to at the Community level such as the customs and courtesies practiced within the profession of arms, a person’s status as either an officer or enlisted servicemember, or someone’s deployment history, combat experience, and era of service. At the Policy level veterans have lived under the Uniform Code of Military Justice, have adhered to strict standards of military policy and procedure, and have given up many of their personal freedoms. Some may even be legally bound by non-disclosure agreements requiring them to protect classified information which can restrict their ability to share details about their service history.

Advocacy Actions at the Institutional, Community, and Public Policy Levels

At the institutional level counselors seeking to advocate for veterans should work to address inequities by working with their clients to explore how institutions can support or constrain growth and development and work to connect their clients with those who provide assistance (MSJCC, 2015). This could take the form of listening to the client explain challenges they may be experiencing with the VA and then helping them to connect with a person inside the VA that can help them navigate their challenges. At the Community level counselors work with clients to explore the impact of the values and norms held by the community to understand their impacts (MSJCC, 2015). Counselors can work with veteran clients to understand how their unique experiences with deployments, combat, and occupational specialty are viewed within the wider veteran community in order to develop a mutual understanding of how those valuations may be impacting the client's ability to grow or develop. Finally, at the Policy level counselors should work to ensure that local, state, and federal laws and policies are equitable (MSJCC, 2015). A counselor may find it necessary to advocate that a new program being developed at the VA is funded appropriately so that it can benefit both veterans who live in an area with direct access to the services, in addition to veterans who may live in more rural environments or may be outside a reasonable commuting distance.

Specific institutions within Berkeley County which may present opportunities for cooperation and advocacy for veterans include the Berkeley County Office of Veteran Services, The Berkeley Community Mental Health Center, The Goose Creek VA Medical Clinic, Joint Base Charleston Air Force Base and Naval Weapons Station, and veteran support organizations and non-profits that serve Berkeley County area like the American Legion Post 166, Veterans of Foreign Wars Post 10256, Warrior Surf Foundation, Send Me Outdoors, The Big Red Barn, and Heroes on the Water. Advocates can also collaborate with their state and national legislative

representatives, the South Carolina Department of Veterans Affairs (SCDVA), or the VA directly.

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