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Smashing the Stigma: Promoting Mental Health and Resilience among Veterans

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Veteran Suicide, Mental Health, Resilience, Prevention, Stigma, and Social Change.

Smashing the Stigma: Promoting Mental Health and Resilience among Veterans

Goal Statement: This portfolio aims to bring awareness and identify strategies and interventions to reduce veteran suicide rates by starting with the problem's source.

Significant Findings: This portfolio focuses on the high rate of U.S. veteran suicide, with 16.8 suicides per day and 51% more likely to die by suicide than non-veterans ("National Veteran Suicide Prevention Annual Report," 2022; Vincent-Roller, 2022). Key findings highlight the complexity of suicide risk across various levels. The portfolio recommends enhancing mental health services, destigmatizing mental health, strengthening social support, and providing tailored interventions like peer support and trauma-informed care for transitioning veterans (Hester, 2017; Holloway, 2004;). Advocacy efforts are crucial for funding, policy support, and awareness campaigns to promote veterans' mental health and resilience (Toporek et al., 2009).

Objectives/Strategies/Interventions/Next Steps: Enhance veteran mental health services by expanding telehealth options, reducing wait times, and offering evidence-based therapies in collaboration with veterans' networks. Implement a comprehensive transition program for separating veterans, including culturally sensitive peer support groups and trauma-informed counseling. Raise awareness and destigmatize mental health in the military through targeted campaigns with veteran organizations and community-based mental health agencies. Advocate for policy changes and increase funding for veteran mental health services in collaboration with policymakers, veteran advocacy groups, and community leaders. Establish supportive social networks for veterans by partnering with veteran service organizations and local mental health agencies to facilitate peer-to-peer support and community-based activities.

INTRODUCTION

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In three months in 2021, I received three phone calls letting me know a veteran had committed suicide. Two of these gentlemen were special forces on the same team as my brother-in-law, less than a year post-retirement. Veterans are 51% more likely to die by suicide than other non-veteran U.S. adults (Vincent-Roller, 2022). Veterans present a unique challenge and an urgent need for effective interventions. Bolstering focused and accessible mental health services, improved social support networks, destigmatization, and enhanced transition support are crucial to reducing veteran suicide at the source.

PART 1: SCOPE AND CONSEQUENCES

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While the rate of veteran suicide has dropped since its peak in 2018, it still averages 16.8 per day ("National Veteran Suicide Prevention Annual Report," 2022). In 2019 the Maryland Department of Veterans Affairs (2022) reported 99 deaths by suicide among veterans. Maryland has also started raising awareness of local veteran resources to promote wellness within the veteran community Maryland Department of Veterans Affairs 2022 Annual Report. (2022). While it is excellent that resources are available after active-duty military become veterans, I believe we should start earlier and focus on prevention, including more resources and interventions during active service, including extra attention post-deployment and throughout the first year of separation.

The consequences of veteran suicide include emotional, social, and economic connotations. On an individual level, there is immeasurable grief and trauma inflicted upon loved ones. Families are left to support themselves while struggling with loss and guilt. This guilt can extend to friends and fellow service members who may develop PTSD, survivor's guilt, or become a suicide risk themselves (Peterson et al., 2021). As a society, veteran suicide represents the loss of potential and disrupts the fabric of local communities. Economically, the loss of veterans diminishes the workforce and puts additional burdens on survivors. This portfolio aims to bring awareness and identify strategies and interventions to reduce veteran suicide rates by starting with the problem's source.

PART 2: SOCIAL-ECOLOGICAL MODEL

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The social-ecological model helps understand the complex levels of influence involved in active military and veteran suicide risk. Recognizing the individual's well-being can be influenced by multiple factors, including individual, relationship, community, and societal levels, allows us to succeed (Substance Abuse and Mental Health Services Administration (SAMHSA): Risk Protective Factors, 2019). We can see areas to focus on within the levels by applying this model to veterans and service members. At the individual level, potential risk factors include low self-esteem, past suicide attempts, predisposition to mental health concerns, access to lethal weapons, substance abuse, and fewer coping mechanisms. In contrast, potential protective factors include positive coping skills, a sense of purpose, mental health access, mindfulness training, and healthy self-esteem. The relationship level's potential risk factors could be tense family and friend relationships, inadequate social encouragement, interpersonal abuse/violence, no one to talk to, and isolation. Versus relationship level protective factors could be supportive

family and friends, strong social relationships and emotional support, successful communication, de-escalation, and conflict resolution skills. At the community level, we may see risk factors such as exposure to community suicide, the severe stigma surrounding mental health, substance abuse culture, limited access, and other barriers to mental healthcare and support services. While potential protective factors could consist of accessible multicultural classes supporting mental health services, community support through the engagement of social networks and veteran groups, and training Chaplains in trauma-informed counseling care. Lastly, the societal level may introduce risk factors like ineffective political policy supporting active and retired military, insufficient funding for mental health support, military culture discouraging seeking help, and societal views on war, military, and veterans. However, potential protective factors may be comprehensive policies supporting veterans' mental health needs, research into the core of the systemic problems, increased funding for veteran care, and awareness movements to destigmatize mental health and social views on veterans (Lubens & Bruckner, 2018).

The social-ecological model highlights risks and protective factors for different levels affecting active military members and veterans at risk for suicide. Comprehensive interventions addressing each unique individual are crucial to unlocking suicide prevention and positively contributing to military members' well-being (Substance Abuse and Mental Health Services Administration (SAMHSA): Risk Protective Factors, 2019).

PART 3: THEORIES OF PREVENTION

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The Theory of Planned Behavior (TPB) is an established guide that predicts behavior, including suicide prevention (Rimer & Glanz, 2005). TPB focuses on individual attitudes,

subjective norms, and perceived control to gain predictive power, enabling researchers to specify effective interventions and target specific variables (Steinmetz et al., 2016). The theory of Planned Behavior applies to diverse populations, including veteran suicide. Using the Theory of Planned Behavior, Engelhardt et al. (2022) found that mental health providers' reputations, service wait times, easy access to care, and supervisors' permission all affected Air Force members seeking help. Using TPB more broadly could allow mental health providers to reduce veteran suicide by predicting behaviors and patterns limiting service members from seeking services. The theory of Planned behavior will improve veterans' perceived control by providing access to resources, reducing mental health stigmas, and developing a more comprehensive suicide prevention program (Rimer & Glanz, 2005).

The U.S. Department of Veterans Affairs comprised a list of several current evidence-based therapies (EBTs) currently offered by their healthcare facilities and listed the mental health conditions they are used to treat (Mental Health- Evidence-Based Treatment, 2022). The VA lists Cognitive Behavioral Therapy (CBT) as a treatment for PTSD in veterans by learning new communication skills, addressing avoidance, and beliefs related to trust (Mental Health- Evidence-Based Treatment, 2022). CBT has also shown promise in reducing suicide attempts, suicidal ideation, and hopelessness compared to treatment as usual (TAU) when treating at-risk veterans (D'Anci et al., 2019).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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Within the veteran population, specific subgroups are at higher risk for suicide. One at-risk subgroup is veterans recently separated from the military and acclimated to civilian life (Ravindran et al., 2020). Stanley et al. (2022) found that veterans were likelier to commit suicide within the first five years post-separation. When service members separate from the military, they face many challenges. These challenges include loss of identity, employment, housing, relationship issues, mental health, limited support networks, etc. Leaving the military can lead to losing their strong sense of self, causing a spiral into other problems, including mental health or substance abuse.

Based on my research, additional care for transitioning veterans could reduce the number of veteran suicides. Addressing each separating veteran with a unique plan, including peer support, informed trauma care, and culturally sensitive elements, is crucial for the success of transitioning veterans (Ravindran et al., 2020). Counselors must also respect veterans' newly regained autonomy when introducing new programs by gaining informed consent. American Counseling Association (2014, Section A.2.a) emphasizes informed consent during the counseling process, allowing veterans to choose their path after being given all relevant information. It is essential to address subpopulations' unique experiences and challenges, provide transparent information about therapy, and be sensitive to potential triggers when presenting informed consent. (American Counseling Association, 2014). Create a supportive environment, address concerns, and involve them in treatment planning when addressing stakeholders (Reese & Vera, 2007). Confidentiality requires counselors to discuss guidelines, limits, and legal and ethical obligations to maintain privacy and trust (American Counseling Association, 2014). When introducing a new prevention program, counselors must engage appropriate individuals

like veterans, veteran families, community leaders, and veteran organizations. Involving these individuals will help promote success within the prevention program (Reese & Vera, 2007).

PART 5: ADVOCACY

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Identifying institutional, community, and public policy barriers is crucial to adequately address the problem (Toporek et al., 2009). I will address some of these barriers below.

1. Institutional Barriers: At the Institutional level, barriers are limited access to mental health facilities, inadequately trained staff, and stigma surrounding seeking help (Hester, 2017).
2. Community Barriers: Barriers at the community level include mental health stigmas, military values, and fear of repercussions for seeking help (Acosta et al., 2014). Military culture promotes mental toughness, self-sacrifice, and collectivism over mental health (Bryan et al., 2012).
3. Public Policy: Current public policies addressing veteran suicide are underfunded and have significant gaps in timely access to appropriate mental healthcare for veterans (Holloway, 2004).

The barriers to public policy and veteran suicide are multifaceted and lack a universally applicable solution. The issue of veteran suicide is inherently complex and necessitates tailored interventions that address the individual's unique circumstances. However, it is regrettable that the U.S. Military, accustomed to prioritizing overarching objectives, may sometimes overlook individual soldiers' specific needs and well-being in this context. At the institutional level, educating the military and staff on the warning signs of suicide may

reduce stigma and introduce intervention before a veteran attempts suicide (Hester, 2017). Community leaders are raising awareness and encouraging military members to seek mental healthcare (Acosta et al., 2014). Lastly, at a policy level, states are limiting access to lethal means of suicide, providing education to firearm retailers, and funding programs for suicide prevention training (Reed, 2021). Taking advocacy action at each level is necessary to provide a comprehensive solution to an ever-growing problem (Toporek et al., 2009). To prevent and understand veteran suicide, counselors must investigate the issue at the source by advocating with veterans and attempting to know from the service member's perspective (Bryan et al., 2012). Promoting mental health, self-care, physical and social health, and coping mechanisms to address the stress of military life is vital to preventing veteran suicide. Military members see and participate in activities likely to cause mental distress. Counselors only succeed by preparing service members to navigate military stress better and adjust once transitioning out of the military.

REFERENCES

- Acosta, J. D., Becker, A., Cerully, J. L., Fisher, M., Martin, L. T., Vardavas, R., Slaughter, M. E., & Schell, T. L. (2014). Mental health stigma in the military. In *RAND Corporation eBooks*. <https://doi.org/10.7249/rr426>
- American Counseling Association. (2014). *Ethical & Professional Standards*. Retrieved July 5, 2023, from <https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

Mental health- Evidence based treatment. (2022, September 9). U.S. Department of Veterans Affairs. Retrieved July 12, 2023, from <https://www.mentalhealth.va.gov/get-help/treatment/ebt.asp>

Multicultural and Social Justice Counseling Competencies. (2015). Retrieved July 12, 2023, from <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>

National Veteran Suicide Prevention Annual Report. (2022). In *VA.Gov*. U.S. Department of Veterans Affairs. Retrieved June 7, 2023, from <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

Peterson, A., Bozzay, M., Bender, A., Monahan, M., & Chen, J. (2021). Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families. *Death studies*, 46(5), 1176.
<https://doi.org/10.1080/07481187.2020.1802628>

Ravindran, C., Morley, S., Stephens, B., Stanley, I. H., & Reger, M. A. (2020). Association of Suicide Risk With Transition to Civilian Life Among U.S. Military Service Members. *JAMA Network Open*, 3(9), e2016261.

<https://doi.org/10.1001/jamanetworkopen.2020.16261>

Reed, J. (2021, April 22). *Preventing military veteran suicides: state policy options*. National Conference of State Legislatures. Retrieved July 12, 2023, from <https://www.ncsl.org/military-and-veterans-affairs/preventing-military-veteran-suicides-state-policy-options>

- Reese, L. E., & Vera, E. M. (2007). Culturally Relevant Prevention. *The Counseling Psychologist*, 35(6), 763–778. <https://doi.org/10.1177/0011000007304588>
- Rimer, B. K., & Glanz, K. (2005). Theory at a glance: a guide for health promotion practice (Second edition). In *National Cancer Institute*. The U.S. Department of Health and Human Services. <https://cancercontrol.cancer.gov/sites/default/files/2020-06/theory.pdf>
- Stanley, I. H., Ravindran, C., Morley, S. W., Stephens, B. M., & Reger, M. A. (2022). Analysis of Methods of Suicide Among U.S. Military Veterans Recently Separated From Military Service. *JAMA Network Open*, 5(5).
<https://doi.org/10.1001/jamanetworkopen.2022.10731>
- Steinmetz, H., Knappstein, M., Ajzen, I., Schmidt, P., & Kabst, R. (2016). How Effective are Behavior Change Interventions Based on the Theory of Planned Behavior? *Zeitschrift Fur Psychologie-journal of Psychology*, 224(3), 216–233. <https://doi.org/10.1027/2151-2604/a000255>
- Substance Abuse and Mental Health Services Administration (SAMHSA): Risk Protective Factors*. (2019). SAMHSA.gov. Retrieved June 12, 2023, from <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling and Development*, 87(3), 260–268. <https://doi.org/10.1002/j.1556-6678.2009.tb00105.x>
- Vincent-Roller, N. (2022). Misinformation | 22 Veteran Suicides a Day. *Policy Research Associates*. <https://www.prainc.com/22-veteran-suicides-a-day/>
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