



Suicide Prevention and Intervention Strategies for Veterans Outside VA Health Care Services

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Introduction

Over 60% of all Veterans do not access VA health care benefits, potentially compromising their access to veteran-specific resources and treatments. Veterans who may be struggling with traumatic stress, social isolation, anxiety, depression and other life challenges place them at risk for suicide.



PFC Joseph P. Dwyer from Long Island
(served in Iraq post-9/11)

Suicide Data (US Dept. of VA)

- An average of **20.6** veterans or active duty military per day in US (2015).
- Veterans **age >55** accounted for **58.1%** of suicide deaths in 2015.
- Veterans accounted for **14.3%** of US deaths by suicide in 2015.
- **69%** of veteran deaths by suicide involved firearms in 2016.
- Risk for suicide was **22%** higher for veterans than non-veterans in 2015, after accounting for sex and age.

Veteran Data (US Census Bureau, 2015)

New York State:

Population: 912,499

Veteran Unemployment rate: 5.6%

of homeless Veterans: 2,542

United States:

Population: 21,369,602

Veteran Unemployment rate: 7.3%

of homeless Veterans: 49,865

New York Suicide Data (US Dept of VA, 2016)

Age Group	New York Veteran Suicides	New York Total Suicides	National Total Suicides
TOTAL	153	1,615	43,427
18-34	23	408	11,997
35-54	37	598	15,467
55-74	58	470	12,162
75+	35	139	3,801

Methods

- Qualitative study design
- Data from an evaluation of a statewide program aimed at preventing suicide for Veterans.
- Individual interviews with veterans in 11 county programs.
- Audio recorded and transcribed verbatim
- Data analysis focused on the use of peer support interventions.

Joseph P. Dwyer Program Characteristics

- Funded by NY Senate and State Office of Mental Health - started in 2012.
- Originated in 4 counties; Since expanded to 23 counties around state.
- Support services delivered through county VSAs, MHAs, and/or private non-profits
- Counties given flexibility to design peer support programs relevant to local areas.

Methods

Demographics	% (n=154)
Age	
25-34	16.7
35-44	12.7
45-54	29.3
55-64	20.0
65-older	21.3
Gender	
Male	81.6
Female	18.4
Race	
Caucasian	74.7
African American	19.3
Latin/x	2.7
Native American	1.3
Asian	0.7
Bi-racial	1.3

Military Status	% (n=154)
Combat Status	
Non-combat	42.8
Combat	57.2
Branch	
Air Force	4.6
Army	34.4
Coast Guard	2
Marine Corps	11.3
Navy	10.6
Army National Guard	5.3
Air National Guard	0.7
Reserves	2.6
Multiple Branches	28.5
Length of Service	
Less than a year	1.3
1- less than 5	43.3
5-less than 10	26.7
10-less than 15	10.0
15-less than 20	4.0
20 or more	14.7

Peer Support as Intervention

- Delivered by veterans
- Non-clinical
- Program & intervention heterogeneity
- Fluidity vs. fidelity
- Paid vs. volunteer
- “Experts by experience” – the power of lived experience
- Long tradition in other fields (mental health, health, substance abuse, etc.)

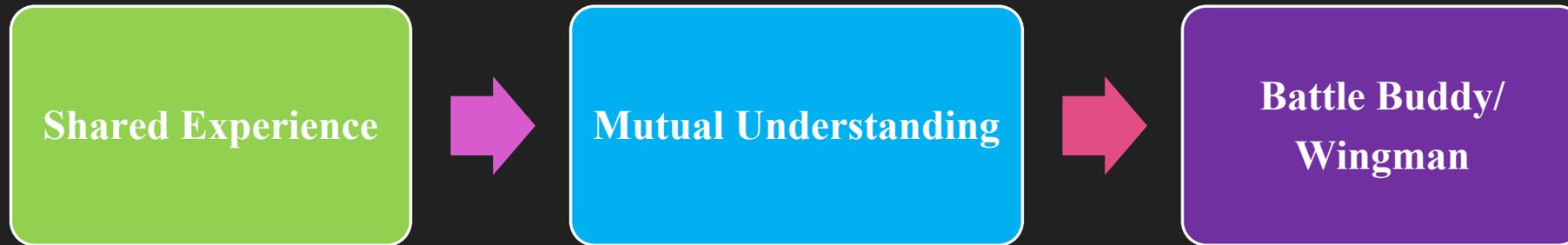
Veteran Peer Support: Some Core Principles

- Inclusivity
- Voluntary participation, low demand environment
- Non-traditional approaches to outreach
- Non-clinical interventions
- Community-engaged and focused
- “Whatever it takes” approach

Peer Support: Benefits

- Engagement in prosocial activity
- Connection/networking
- Community building
- Hope
- Empowerment
- Access to resources and information linkage
- Role modeling
- Replication of military bonds and “unit cohesion” feel
- Mission, meaning and purpose
- Mutually reciprocal relationships

Peer Support between Veterans



The new “battle” is to **survive** and succeed in one’s civilian life, to find meaning.

Results

Support intervention

Paired Mentorship
Support Groups
Social Activities
Outreach/Education
Volunteerism
Art/Creative Outlets

Outcomes

Increased connection
Decreased isolation
Capability
Hope
Personal Growth
Recovery

Outcomes

Increased willingness to
access traditional support
service systems
Decreased risk for
suicide

Results: Factors Motivating Veterans to Engage in Peer Support Programs

- Disconnection
- Dissatisfaction with prior services
- Emotional/psychological need
- Concrete need
- Desire to serve others/help/give back
- Encouragement from family/significant others
- Program culture and climate is critically important in engagement.

“Just like if you’re in the military. You might have a best buddy and you’re going out there. It’s just you and him. You just met this man from nowhere... He trusts you and you trust him. This is the way I take these programs.”

“Those were your peers, those were your buddies, those were your brothers and sisters, you know, it’s a family. We have our family we’re born into and we have our family we support into. And that’s what they’re trying to establish and connect and make connections because some veterans return home with not great deal of support or not a lot of connections in the community for whatever the reason might be and that was one of the goals too was to-- not just a suicide prevention or posttraumatic stress, was that sense of community and belonging...”

You speak the same language you have the same you know whatever reason why you joined the army- you joined the army...It's you find that camaraderie...It is it really is...Cause, cause regular Joe Schmo civilian doesn't really you know they flipped on the TV they knew that something was going on...You know 2004 was the deadliest year in Iraq...And so people you know they know that you've been to war but they don't really know what that means...Unless you have actually been there...Done that and to have someone who shares that same mindset that same skill set really its, its healing.

“He’s watching me and I’ve got to watch him. I’ve got to watch you. You know, we’ve got to help ourselves out of this thing. You know, that’s what it’s really all about”.

“... where it wasn’t clinicalized. It was basically, you know, a place you could send them home, you know what I mean, like in AA, NA they say you got a home group. You got a home group. Of course, you can feel like home. You can go put your problems out there on the table. You don’t have to be ridiculed. You don’t have to be judged. You don’t have to be any of those things.”

*“...He is a great guy. Like he-- It’s not just about numbers with him or, you know,-- ...statistics with him. He actually is concerned and cares, you know. And he wants to see me do better, which, you know, he calls and checks on me, make sure I’m okay. Asks me if I need anything,-- you know, which really makes me feel good--because he just showed that **somebody really cares,--**”*

“...That opens up a whole lot of different doors, you know. That unlocks some emotional things that they wouldn't say sitting on a couch.”

This program helps both the Peer Mentor and the peer, for it is a give and take. Both become better people and whole because of that bond. We are Soldiers both in and out of the uniform

I'm interested in you, and I will do whatever I can to help you. And that's military to military, peer to peer, veteran to veteran - to do the best you can to help someone out who needs it. Because it's part of your family

'Cause it's like an unspoken bond that you have like we all know what other people have been through, you know. Like when you meet somebody, a civilian, you have no idea what their experiences are, you know. But you meet a vet, you automatically know they have a background and something similar to what you have a background in 'cause you've been through the same training and--I don't know. It just makes you a little more comfortable with them I guess.'

“Going to see, say, a social worker/counselor, when you see some of them people, they’re fresh out of school or they’re interns especially with the VA a lot of them are interns... They don’t have a fucking clue of what you’ve been through. They don’t know what a bullet sounds like. They don’t know what a human that just got blown up screaming at the top of their lungs sounds like. They don’t know the smells-- or the sights, you know, or even the emotional feelings that you feel. So, you talk to ‘em and they say, oh, I understand. No, you don’t. Don’t tell me you understand because you don’t. To where peer to a peer, if you’re talking, you know, and you say this is what I’m feeling and they say, yeah, I know exactly what you’re talking about, they know.”

“They’re warriors and to say I’m broken or I’m hurt, they’re gonna fight hurt, fight through it. They’re not gonna say, ‘I’m gonna cut a lead and come and get help.’ If they know that the person they’re seeking out is a battle buddy, someone who’s been through it and not some-- and this is not meant to be negative, but some mental health worker who’s never been on the field, doesn’t know olive green from navy blue, and they’re just gonna listen.”

Challenges

- Outreach and engagement
- Professionalization of peer support
- Resistance in the community
- Use of host settings
- Supervision and support
- Stigma around receiving help/participation

Conclusion

- **Peer support** is a creative and effective means to reach Veterans in the community, **reducing social isolation, offering hope, building networks and community, and reducing suicide risk.**
- These strategies are critical in suicide prevention for **Veterans who are not already VA service-connected.**
- Providers working with Veterans should seek opportunities to maximize the use of **peer support** and to collaborate with Veterans providing these services.
- Veterans with shared lived experience play a key role in identifying **risk factors** for suicide.
- Peer support can bridge concepts of **intervention** and **prevention.**

Thank you!