



## FOCUSING ON CALIFORNIA'S SERVICEMEMBERS, VETERANS AND MILITARY FAMILIES

*As we begin 2011 and our military begins its 10th year of operations in Afghanistan and Iraq, California continues working to ensure returning servicemembers, veterans, and their families have access to the help they need. National, state, and local military and civilian agencies have made dramatic improvements in mental health services and supports while grassroots organizations have also emerged to meet the growing need.*

### THE PROBLEM OF SUICIDE AMONG VETERANS AND SERVICEMEMBERS

According to the [2010 Army Health Promotion, Risk Reduction, and Suicide Prevention Report](#), rates of suicide among the military were historically lower than in the general population. However, since 2004 that trend has reversed, particularly in the Army and Marine Corps. When accidental deaths due to high risk behaviors and suicides are combined, more troops have died by their own actions than in combat in recent years. Many factors may influence this disturbing trend, including trauma and stress related to combat and deployments as well as economic stress and high rates of unemployment after returning to civilian life. The latter may disproportionately affect members of the National Guard and Reserve Components.

The good news is that military agencies have developed a range of programs to address this problem. These include stepping up research and surveillance to understand the problem; changes in policies and procedures to promote wellness, help-seeking, and stigma reduction; education and training for leaders and servicemembers; implementation of suicide prevention and intervention programs throughout the nation; and launching the [Veterans Suicide Prevention Hotline](#). Many of these programs are modeled on the success of the [Air Force Suicide Prevention Program](#), a comprehensive, public health approach that demonstrated a reduction in suicide among Air Force members.

For more information see the [2010 U.S. Department of Defense \(DoD\) Task Force Report](#) and the U.S. Department of Veterans Affairs (VA) 2009 publication "Strategies for Suicide Prevention in Veterans", which reviews the evidence-base for various programs. Finally, please visit the [U.S. Department of Veterans Affairs Suicide Prevention Home Page](#) and the [DoD/VA Suicide Outreach](#) web site.

### WHAT CALIFORNIA IS DOING TO HELP

In 2010, the [California Department of Veteran Affairs](#) launched [Operation Welcome Home](#) (OWH), a statewide information and referral network that connects veterans to a range of benefits and services, including employment, education, health mental health, and VA benefits. Through OWH, veterans who submit reintegration forms are contacted beginning at two weeks through 6 months after entering the system to ensure their needs are being met over time. As of December 2010, 37,725 reintegration forms have been received. The Department of Mental Health (DMH) is a key partner in this endeavor through support provided by Mental Health Services Act (MHSA) administrative funds.

The [California National Guard](#) (CNG) is partnering with [TriWest](#) to implement an embedded behavioral health pilot project that offers services and supports around deployments. With support from DMH and MHSA administrative funds, CNG has also launched a [Behavioral Health Outreach Liaison](#) program that reaches out to hundreds of Guard members every year to educate them about mental health, assess service needs, and connect them with local mental health services. The program is also enhancing the capacity of the local mental health system by providing training in military culture.

California is one of only three states that offer a [Veterans Network of Care](#),



which provides information about local veteran-specific resources and mental health services for veterans and their families.

For more information, please see the DMH [Resources for Veterans webpage](#), or the Resources for Veterans & Families section on Page 3.

### The Vision of the California Office of Suicide Prevention

To implement & support a full range of strategies, from *prevention through crisis intervention and postvention* to prevent suicide and suicidal behaviors in California.



## ANNOUNCEMENTS & BREAKING NEWS

[Mental health visits among young children rise as parent deploys.](#) The New York Times recently reported that young children in military families are about 10% more likely to see a doctor for a mental health difficulty when a parent is deployed than when the parent is home.

[Army National Guard Leader Stresses a “New Norm”](#) The ‘New Norm’ is the expectation that our soldiers, families and employers speak up and ask for assistance when they face a challenge that they cannot resolve themselves.

[Don’t let the enemy defeat you at home; stay strong in body, mind and spirit.](#) In their own words, Congressional Medal of Honor recipients encourage America’s military by reminding them that seeking help is a courageous act.

[Wartorn 1861-2010.](#) On Veterans Day, HBO aired a documentary on the historical perception of PTSD and the real impact that military service has on the lives of returning servicemembers.

## LOCAL ACHIEVEMENTS

[Kings County Behavioral Health](#) has a robust partnership with their County Veterans Service Office (CVSO) that has led to enhanced outreach and education for veterans and families; post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) training for clinicians and case managers; and memorandums of understanding (MOUs) between county agencies to promote more seamless services. A list of California CVSOs can be found [here](#).

**Veterans Courts** are under way or in development in [Orange](#), [Santa Clara](#), [San Diego](#), [Contra Costa](#), and [Tulare](#) Counties. Veterans courts offer a therapeutic alternative and support services to military service personnel who become involved with the criminal justice system, and who are in need of mental health treatment.

[The Pathway Home, Yountville, CA:](#) A residential recovery program for veterans of the Global War on Terror. The program is based on the principles of recovery and resiliency, peer support, and state-of-the-art approaches to the complex medical, physical, psychological, spiritual, and transitional issues facing New Warriors.

[Citrus College Veterans Network:](#) A campus-based network that assists veterans in the transition to student life. Activities include campus peer veteran support programs, a book fund scholarship, and community events that honor military service.

## RECENT RESEARCH FINDINGS

*Badley SC, et al. (2010). [A Systematic Review of Suicide Prevention Programs for Military or Veterans.](#) *Suicide and Life-Threatening Behavior*, 40(3): 257-265.*

A review of the literature found seven (five in the U.S.) studies of services for military personnel that may reduce the risk of suicide.

*Matthieu MM, et al. (2010). [Is Veteran Status and Suicide Risk Assessed in Community Long-Term Care? A Review of the States’ Assessment Instruments.](#) *Suicide and Life-Threatening Behavior*, 40(2): 125-132.*

A review of state level long-term assessment instruments indicated that over two thirds of the states in this review included questions about suicide and veterans in their assessments. Community-based elder serving agencies may serve an important role in identifying and referring older adult veterans at risk for suicide.

*National Public Radio California Report. (November 10, 2010). [Veterans at Higher Risk of Suicide.](#)*

This audio report presents new data and information about the disproportionately high rate of suicide among veterans, particularly veterans of World War II and those over the age of 50.

*McFarland BH, et al. (2010) [Datapoints: Self-Inflicted Deaths Among Women With U.S. Military Service: A Hidden Epidemic?](#) *Psychiatric Services* 61:1177.*

Analyses of National Health Interview Survey and National Death Index data found that women with past military service were more likely to complete suicide than women without this background. These findings suggest a hidden epidemic of suicide among younger women with military service.

*Passemato, K et.al. (September 2010). [The impact of PTSD, depression, and substance use disorders on disease burden and health care utilization among OEF/OIF veterans.](#) *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(3): 218-223.*

Results of this study found that PTSD, depression, and substance use disorders are associated with increased medical disease burden and mental health care utilization, but not increased medical health care utilization; the associations are strengthened over time. These data suggest that veterans with PTSD may be at risk for increasingly poorer physical health over time.



## RESOURCES FOR VETERANS AND FAMILIES

**Military Home Front:** Department of Defense website for official Military Community and Family Policy program information and guidance for troops and their families, leaders, and service providers.



**Army OneSource** & **Military OneSource:** An online community network that connects servicemembers and military family to interactive forums, local services, and military benefits.

**The Soldier's Project:** Network of licensed mental health professionals that offer free counseling services for OEF/OIF servicemembers, veterans, and their families.

**National Guard's Family Support Programs:** Committed to enhancing the quality of life for National Guard members, their families, and the communities in which they live.

### The National Resource Directory:

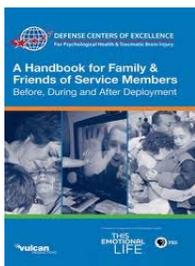
Provides access to services and resources for servicemembers, veterans, and families at the national, state and local levels that support recovery, rehabilitation and community reintegration.



### National Suicide Prevention Lifeline Veterans Resource Locator:

Assists users with locating Veterans Health Administration services by zip code and state. Services include suicide prevention coordinators as well as general inpatient and outpatient psychiatric services at medical centers and community-based outpatient clinics.

**National Alliance on Mental Illness (NAMI) Veterans Resource Center:** Information about NAMI programs that may benefit military families as well as specific information about mental health stigma and supports.



### A Handbook for Family & Friends of Service Members: Before, During and After Deployment:

Reference guide to help families and friends navigate the deployment cycle that includes helpful tips, educational materials, and resources to know when and where to seek help.

## TRAINING OPPORTUNITY HIGHLIGHTS

For a full listing, visit the [OSP Training Opportunities website](#) and the [DMH Veterans Resources home page](#).

**PTSD 101: Understanding Military Culture in Treating PTSD** presents information for clinicians about military demographics, branches, rank, status, and stressors and introduces useful terminology and visuals. Programs that help service members prevent and manage combat and operational stress are described, including Army Battlemind and Marine Corps Combat Operational Stress Continuum.

**Veterans' Network of Care – Free Trainings to Support Vets and People in the Military** The Network of Care partnered with Alliant International University to produce online clinician trainings that are specifically designed to provide a foundation for understanding and treatment PTSD.

### Treating the Invisible Wounds of War, Series 1-3

This three part training series offers service providers an awareness of the culture in which Veterans and their families live and work. The courses provide best practices for identifying, assessing and treating mental health problems that result from the trauma of war.

**The Defense Centers of Excellence 2011 Monthly Webinar Schedule:** Free webinars in 2011 that address veteran and military mental health issues:

- January 27<sup>th</sup>: Peer-to-Peer Support Model
- February 24<sup>th</sup>: Compassion Fatigue
- March 24<sup>th</sup>: Mild Traumatic Brain Injury and Co-occurring Psychological Health Disorders
- April 28<sup>th</sup>: Indirect Neurotrauma – the Impact of War on Children
- May 26<sup>th</sup>: Operational Stress and In Theater Care
- June 23<sup>rd</sup>: Anatomical/Physiological Changes Secondary to PTSD
- July 28<sup>th</sup>: Reintegrative Medicine – Focusing on Family and Clinical Perspective and Adaptation Following Incident
- August 25<sup>th</sup>: PTSD and Natural Disasters
- September 22<sup>nd</sup>: Neuropathophysiology and mild TBI
- October 27<sup>th</sup>: generational PTSD and post traumatic growth
- November 17<sup>th</sup>: Holidays Apart from Family