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Shared Cost: Communities' Roles and Veteran Transition Stress

Mid-Atlantic and North East Regional Community of Practice
Professional Training Event
June 14, 2021

Welcome & Introductions

Regional Community of Practice Champion

Christy Kenady

Program Director,

ServingTogether, a program of EveryMind

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EveryMind strengthens communities and empowers individuals to reach optimal mental wellness



- Counseling and Case Management for Child, Youth and Families
- Crisis Phone/Text/Chat Line
- Service Coordination for Veterans, Service Members and their Families
- Community Education

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Regional Community of Practice

- EveryMind serves as our Regional Community of Practice Champion for the Mid-Atlantic & North East Regions
 - **ServingTogether**, National Capital Region and Central Maryland Community
 - **Mission United**, South Hampton Roads
 - **PA Serves**, Greater Pittsburgh
 - **RI Serves**, Rhode Island
 - **NYC Veterans | VetConnectNYC**, New York City
- Conducting these trainings based on feedback we receive from you



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Keynote Presenter



Meaghan Mobbs
Columbia University

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The background of the slide features a large American flag. The stars are white on a dark blue field, and the stripes are red and white. In the foreground, there are silhouettes of seven people, likely veterans, standing in a line. They are holding various items like briefcases, bags, and papers. A thin white horizontal line is positioned below the main title.

Shared Cost- Communities' Role and Veteran Transition Stress

Meaghan Mobbs, MA, MPhil
Doctoral Candidate Psychology, Columbia
University

Disclaimer

The views and opinions expressed herein are those of the presenter and do not necessarily reflect the official policy or position of the Department of Veterans Affairs, other government organizations, or parties.

Objectives

Identify &
understand
transition stress

Discuss associated
risk factors during
the transition

Role of community
partners in
increasing well-
being

Recommendations
to help close the
“deadly gap”

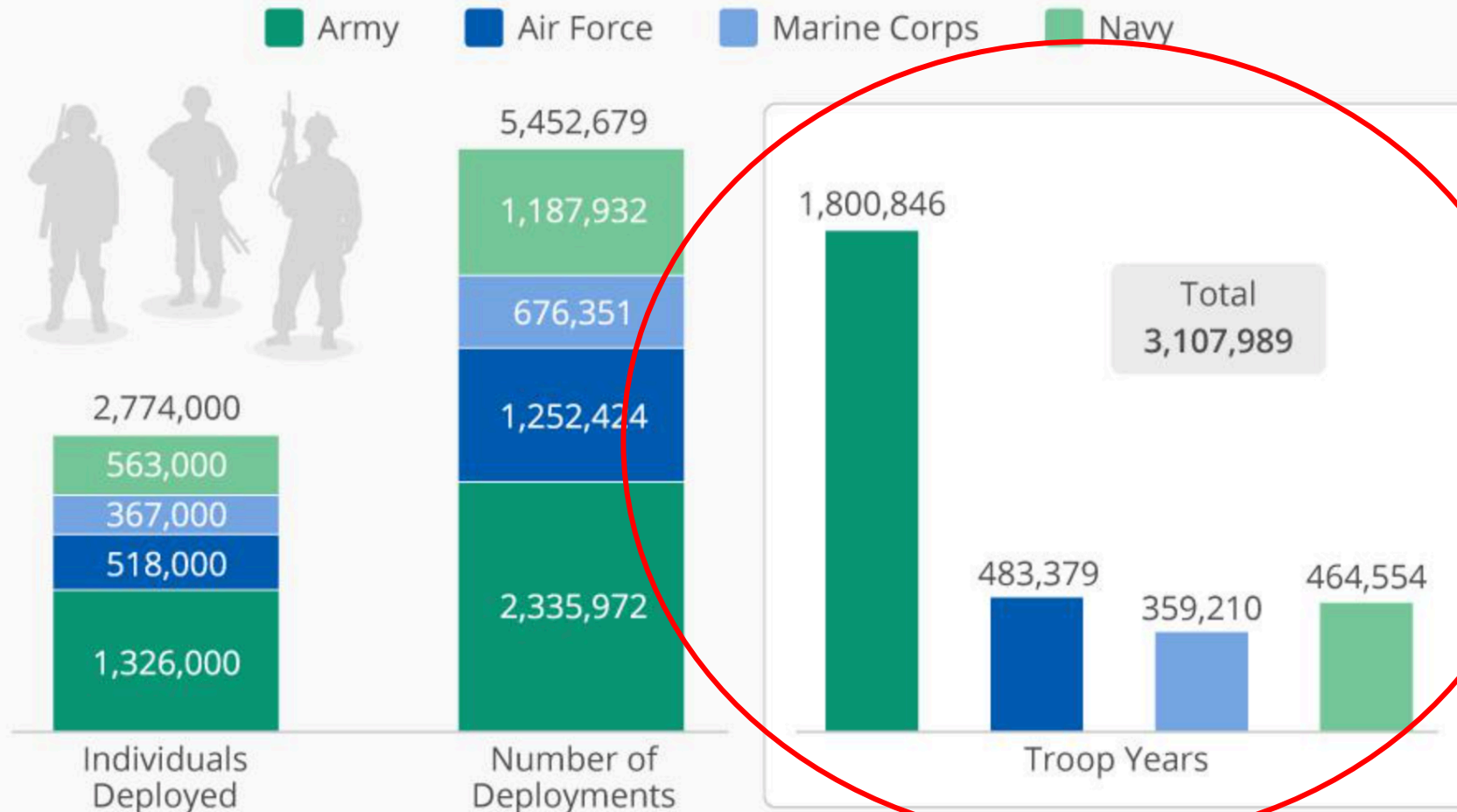
In a post-draft America, who bears the responsibility for transitioning service members back into civilian life?

Current state of veteran affairs

- More than 1.7 million of the 2.6 million soldiers deployed to Iraq and Afghanistan have transitioned back to civilian life
 - another 1 million expected to do so over the next 5 years (Zoli, Maury, and Fay, 2015)
- It will be many years before the full psychological impact of these recent military campaigns is known (Steenkamp & Litz, 2013)
- Protracted military engagements, combined with varying durations of service commitment lengths, make it difficult to discretely identify, track, and compare affected at risk groups during the period of service and beyond (Lineberry & O'Connor, 2012)
- Even more problematic, despite the **uncertainty of future treatment needs**, currently available interventions have **focused narrowly** on extreme psychopathology, and typically only on Posttraumatic Stress Disorder (PTSD)

2.77 Million Service Members Have Deployed Since 9/11

U.S. troop deployments between 9/11 and September 2015



@StatistaCharts Source: Rand Corporation

Treatment Focus

- A large proportion of funded research at academic VAs and MTFs **prioritizes the research of PTSD** (Congressionally Directed Medical Research Programs, 2016) and on optimizing the efficacy and recruitment of Veterans to only PE and CPT (Yehuda & Hoge, 2016).
- VA currently mandates the prioritization of PE and CPT (Freidman, 2006; Institute of Medicine, 2007; VA DoD, 2010; Yehuda & Hoge, 2016)
- VA mental health care providers are highly trained in PE and CPT following a nationwide rollout (Rauch, Eftekhari, & Ruzek, 2012; Smith, Duax, & Rauch, 2013)
 - **Txs are tracked with institutional performance measures** (Yehuda & Hoge, 2016)

And yet....

- Transitioning veterans who might need services often do not seek PTSD treatment
- Reluctance is driven by:
 - i. Concerns about stigmatization (Hoge et al., 2004; Stecker et al., 2007)
 - ii. Beliefs they do not meet criteria necessary to qualify
 - iii. Treatment preference is in conflict with offered or prioritized services (Markowitz et al., 2016)
- A majority continue to suffer elevated symptom levels while dropout rates have remained extremely high (Steenkamp et al., 2015)
 - Urgent need for new types of interventions and supports (Steenkamp, 2016)

PTSD ISN'T THAT COMMON

PTSD Prevalence Rates

PTSD typically occurs in only a relatively small population of returning veterans

Studies of veterans deployed in OEF/OIF have estimated the range of PTSD prevalence between 4.7% and 19.9% (Magruder & Yeager, 2009)

Upper-limit of these estimates is impacted by quality of studies

Methodical rigorous designs consistently document PTSD rates under 10% (Berntsen et al., 2012; Bonanno et al., 2012; Donoho et al., 2017; McNally, 2012)

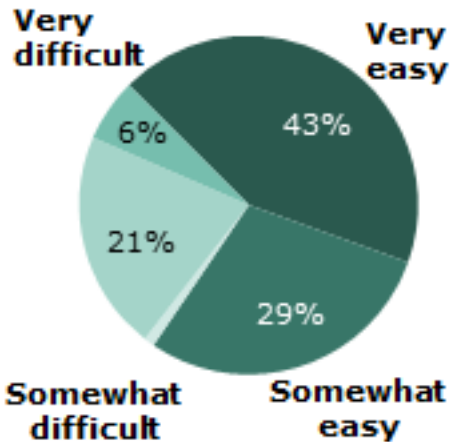


Are we missing something?

Undoubtably...

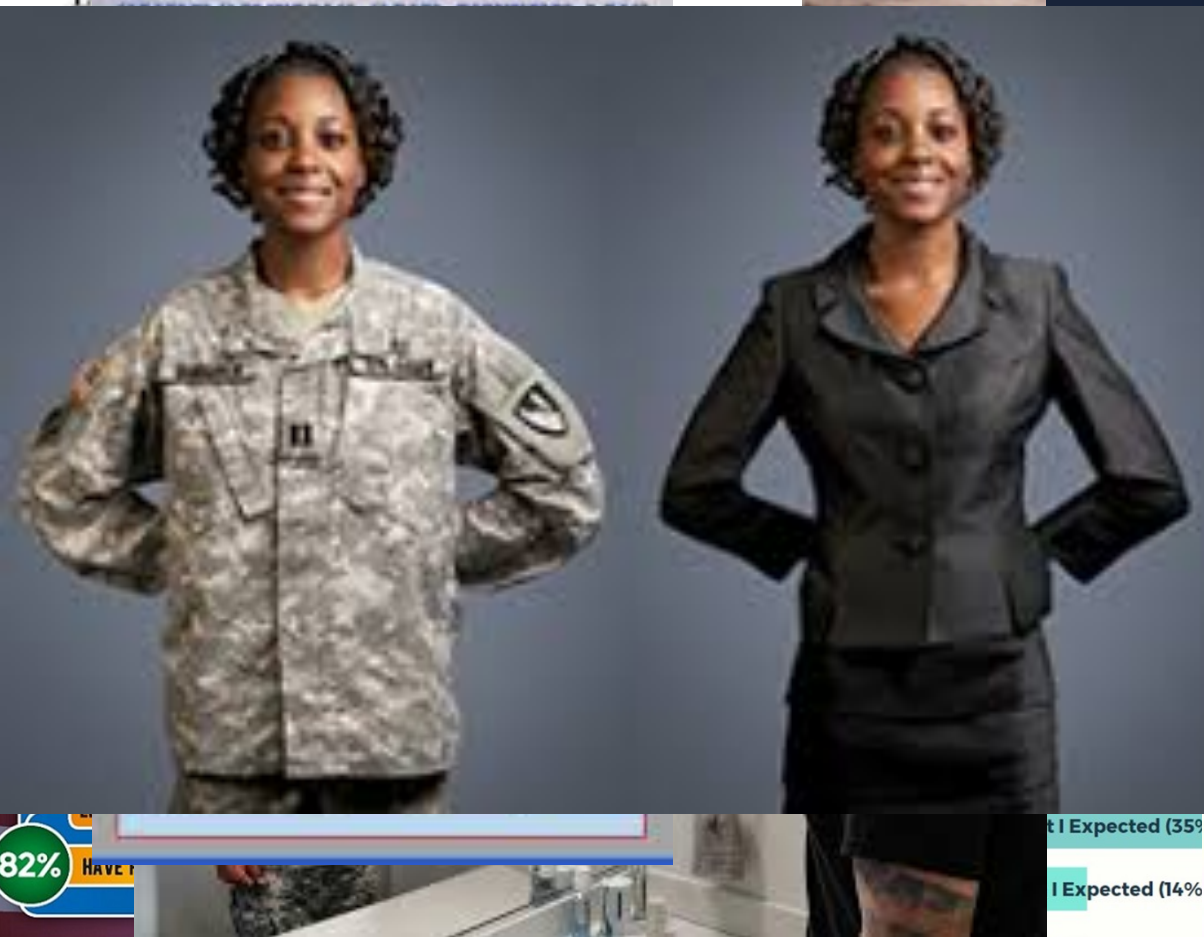
Coming Home

Share of all veterans who say their re-entry into civilian life was ...



Notes: Based on survey of 1,853 veterans. "Don't know/Refused" responses are shown but not labeled.

PEW RESEARCH CENTER



82%

I Expected (35%

I Expected (14%

No Answer (2%)

On Homecoming and Belonging

The cover of the Stars & Stripes Transition Guide magazine, Spring 2017 issue. The cover features a smiling soldier in uniform holding a young child. The title 'Transition Guide' is prominently displayed. Other headlines include 'A FAMILY AFFAIR', 'MILITARY SPOUSES', 'HELP CHILDREN CONQUER THE CHALLENGES OF TRANSITIONAL CHANGE', 'WHAT TO DISCUSS WITH KIDS BEFORE LEAVING ACTIVE DUTY', and 'TAKING THE GUESSWORK OUT OF GOVERNMENT EMPLOYMENT'.

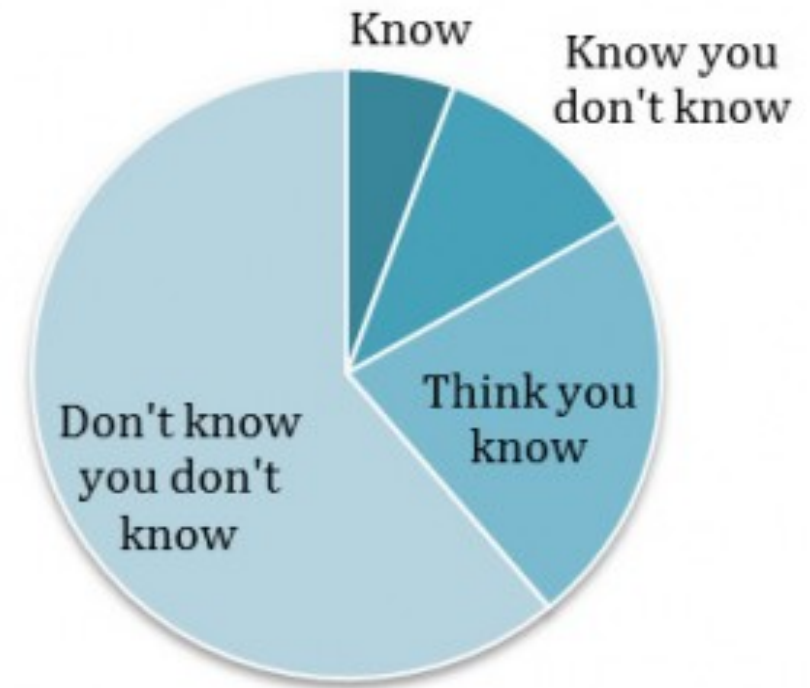


Defining the currently undefinable



Some level of psychological dysfunction or distress that results from a service member leaving active duty and transitioning into the civilian sector.

What causes it?



Prevalence and importance

- Recent population survey studies suggest ***44% to 72% of Veterans experience high levels of stress during the transition to civilian life***
 - difficulties securing employment, interpersonal difficulties during employment, conflicted relations with family, friends, and broader interpersonal relations, difficulties adapting to the schedule of civilian life, and legal difficulties (Morin, 2011)
- Struggle with the transition is reported at higher, more difficult levels for GWOT vets than those who served in any other previous conflict (i.e. Vietnam, Korea, World War II) or in the periods in between (Pew Research Center, 2011)

Transition Stress

Crucially, ***transition stress has been found to predict both treatment seeking and the later development of mental and physical health problems, including suicidal ideation*** (Interian et al., 2012; Kline et al., 2011)

The majority of first suicide attempts by veterans typically occur after military separation (Villatte et al., 2015) with the first year being particularly vulnerable

Risk factors



Reported emotionally traumatic exposure



Enlisted rank



Age



Substance use



Role of Community Partners

Where do they fit in?



Self-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging

friendship, intimacy, family, sense of connection

Safety needs

personal security, employment, resources, health, property

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction

Local government

Veteran Service Organizations

Employers

Colleges and Universities

Closing the 'deadly gap'



Local government

Lead in synchronization
of resources and
opportunities

Create 'no wrong door'
approach

Become critical
epicenters

Veteran Service Organizations

Avoid Mission Creep

Partner and Refer

Utilize Digital
Platforms

Integrate Peer
Support/Mentorship

Employers

1

Push beyond
hiring
initiatives

2

Integrate
strategy and
resourcing

3

Increase
veteran
cultural
competence

4

Create
employee-led
affinity group

Colleges and Universities



Commit to enrolling and graduating



Synchronize internal resources



Collaborate with external resources



Expand multi-cultural competency training for teachers and staff

Complications



Poor impact



Limited understanding

The best recruitment tool for an all-volunteer force is a well-transitioned veteran.

The Impact of Prevention and Where is This Heading?



Gilly Cantor, MPA

Director of Evaluation and Capacity Building,
Institute for Veterans and Military Families

Daniel Perkins, Ph.D.

Principal Scientist,
Clearinghouse for Military Family Readiness
Pennsylvania State University



Megan Andros

Senior Program Officer of Sustainability,
Community and Economic Development,
The Heinz Endowments



Nate Birnbaum

Research and Evaluation Analyst
Institute for Veterans and Military Families



Information from TVMI Data

Presenters: Dr. Daniel F. Perkins

Contributors: Dr. Nicole R. Morgan, Ms. Kimberly J. McCarthy & Ms. Julia A. Bleser

December 16, 2020



PennState

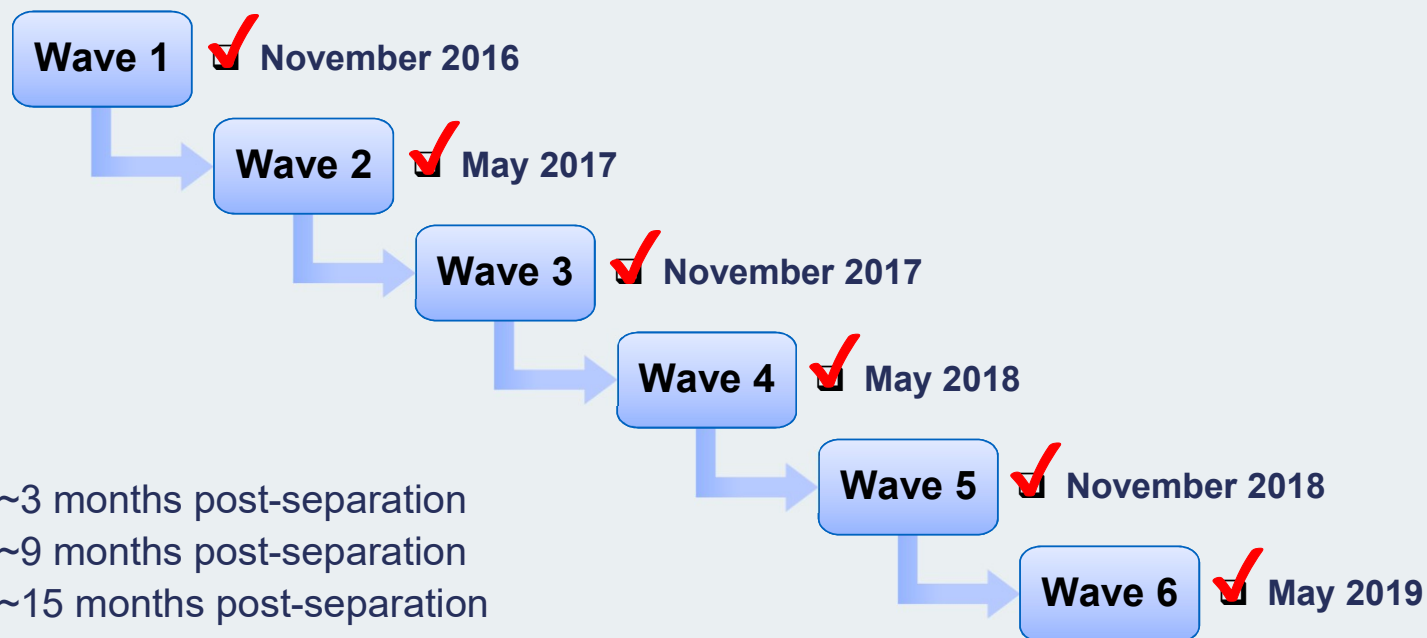
The Veterans Metrics Initiative (TVMI) Sample



Vogt, D., Perkins D. F., Copeland L. A., Finley, E. P., Jamieson, C. S., Booth, B., Lederer, S., & Gilman, C. L. (2018). The Veterans Metrics Initiative study of US veterans' experiences during their transition from military service. *BMJ Open* 8(6), e020734. doi:10.1136/bmjopen-2017-020734 <https://bmjopen.bmj.com/content/8/6/e020734>

- 3-year longitudinal study (public dataset will be available in Summer 2021)
 - Coordinated by the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.
- National sample of 9,566 veterans who completed the survey at Wave 1
 - Participants were recruited in the fall of 2016
 - 23% response rate by newly separated U.S. veterans
- Non-response weights were computed to adjust for gender, rank/paygrade, and branch (full population of 48,695 eligible veterans)

TVMI Data Collection Timeline



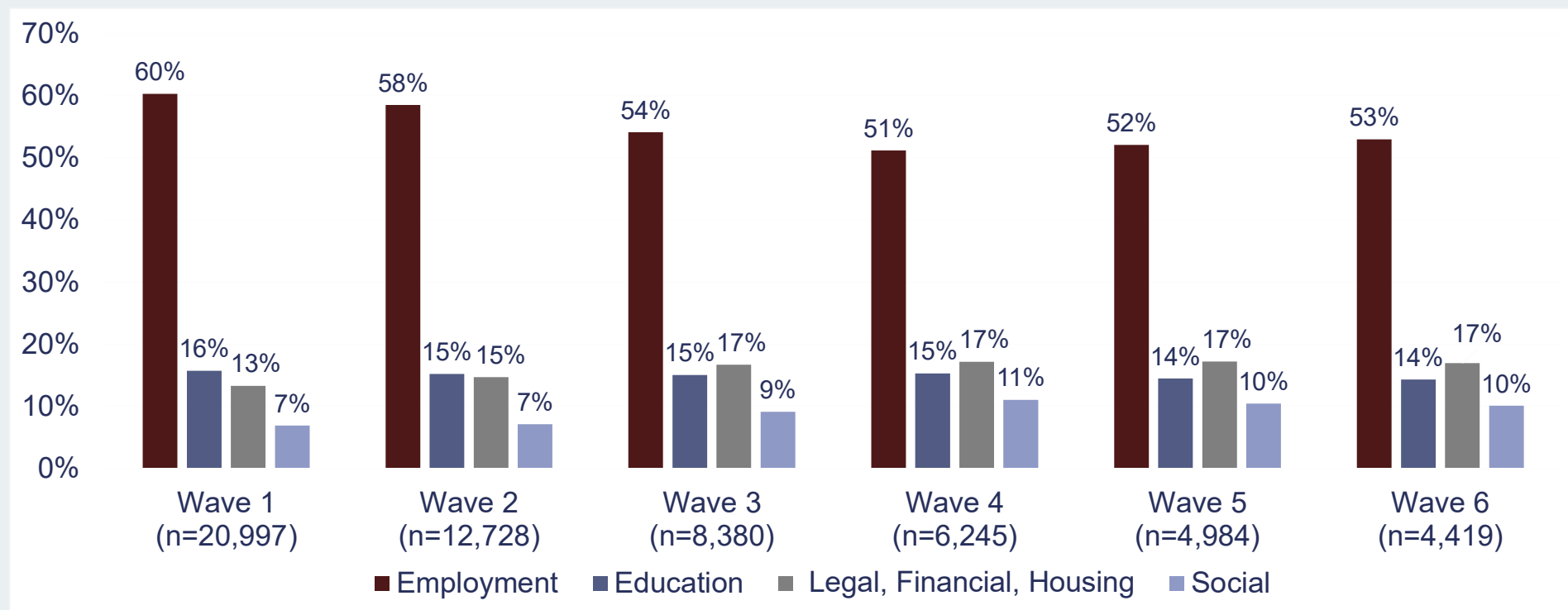
Wave 1 (**W1**): ~3 months post-separation
Wave 2 (**W2**): ~9 months post-separation
Wave 3 (**W3**): ~15 months post-separation
Wave 4 (**W4**): ~21 months post-separation
Wave 5 (**W5**): ~27 months post-separation
Wave 6 (**W6**): ~33 months post-separation

TVMI Study Participants



	Population (n=48,965)	Wave 1 (3 months) (n=9,566)	Wave 6 (33 months) (n=5,258)
Male	84.1%	81.8%	81.5%
Female	15.9%	18.2%	18.5%
Army	32.1%	32.9%	31.0%
Navy	18.8%	19.2%	19.3%
Air Force	13.5%	19.0%	19.9%
Marines	17.2%	15.9%	16.6%
National Guard/Reserve	18.4%	12.9%	12.4%
E1-E4 Junior Enlisted	41.4%	27.5%	28.5%
E5-E6 Mid-Grade Enlisted	29.5%	30.0%	29.9%
E7-E9 Senior Enlisted	13.4%	17.9%	16.7%
W1-W5 Warrant Officers	1.1%	1.6%	1.5%
O1-O3 Junior Officers	6.4%	8.4%	9.0%
O4-O10 Senior Officers	8.1%	14.7%	14.5%

Number of Nominated Programs at Each Wave by Domain



Note: The “n” in this slide refers to the number of nominated programs.
Health programs are excluded.

Reasons for Program Non-Use

Reasons identified for the vocational domain (i.e., no employment or education programs used):

- 37.8% said they had no need
- 15.0% were not sure for what/if they were eligible
- 12.9% had not found a program which met their needs
- 11.1% did not know where to get help



Top 10 Components: Largest Impacts on Outcomes

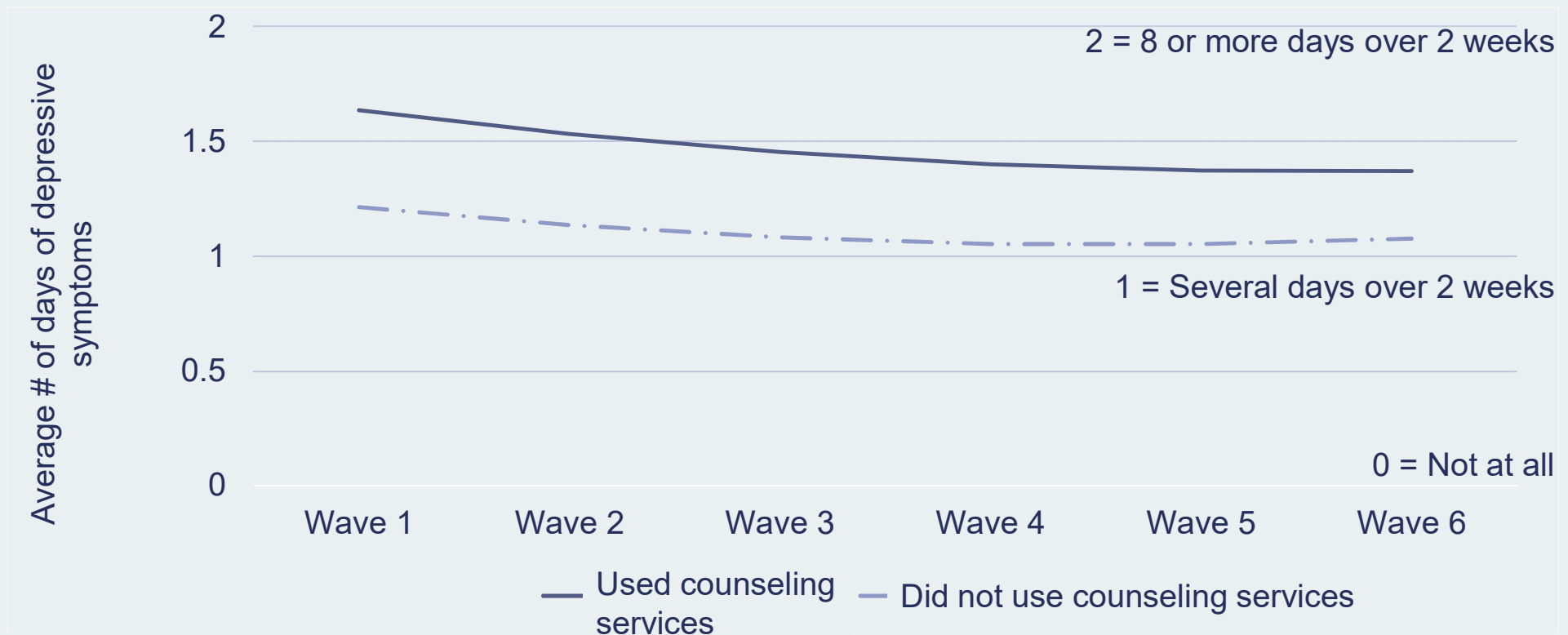
Component (Content and Process)	Odds Ratio Across All Employment Outcomes and Waves (Highest to Lowest)	Outcome
Networking conference	3.0 times	Getting a Job
Interviewing, mentor/coach	2.8 times	Getting a Job
Entrepreneurship, direct instruction	2.6 times	Better Job Opportunity
Resume-writing, mentor/coach	2.3 times	Getting a Job
Translating military to civilian work, mentor	2.2 times	Getting a Job
Career planning, exploration, interactive online	2.0 times	Getting a Job
Virtual seminars	2.0 times	Getting a Job
Job training and certification, direct instruction	98%	Getting a Job
Resume-writing, direct instruction	96%	Better Job Opportunity
Resume-writing, interactive online	87%	Better Job Opportunity

Education Components Predicting Leaving School

	Technical degree	Associate degree	Bachelor's degree	Master's degree
Male gender	47% less likely			2x more likely
Single, no relationship				2.2x more
Problematic financial status			1.7x more likely	
At-risk financial status	62% less			
PTSD symptoms	1.9x more	1.6x more	1.8x more	
Probable depression			1.5x more	
Attended veterans' center + group at Wave 1 vs. neither				
Attended veterans' center + group at Wave 2			31% less likely	
Attended veterans' center + group at Wave 3			34% less likely	

Depressive Symptoms and Counseling Services

Among veterans with mental health symptoms at Wave 1 who were matched for health service use:

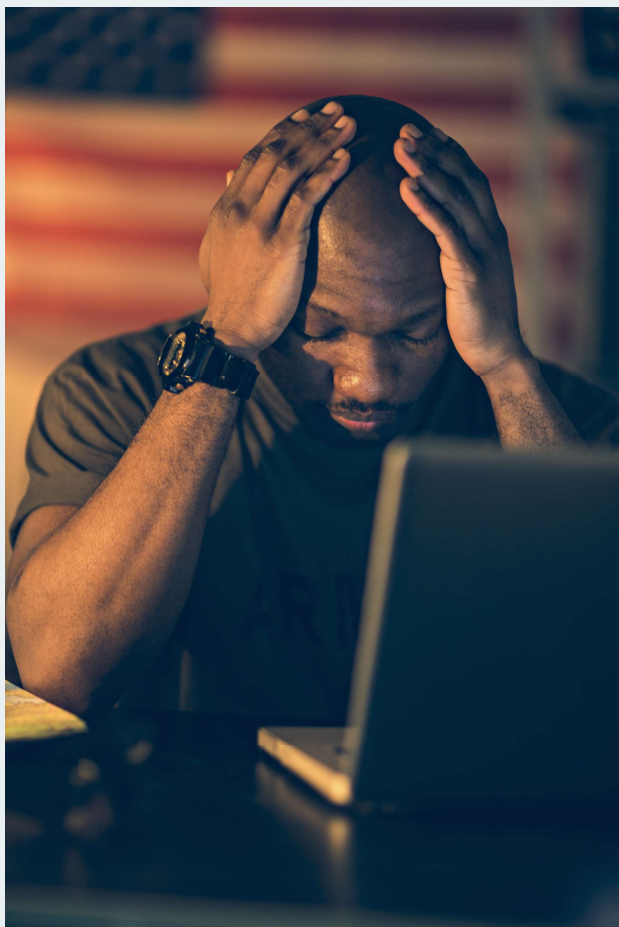


Well-being Recommendation #7 (1 of 2 slides)

Veterans often under-recognize their own mental health problems; destigmatize mental health care, help veterans reflect on their mental health needs, and encourage veterans to be receptive to connecting with needed mental health supports.

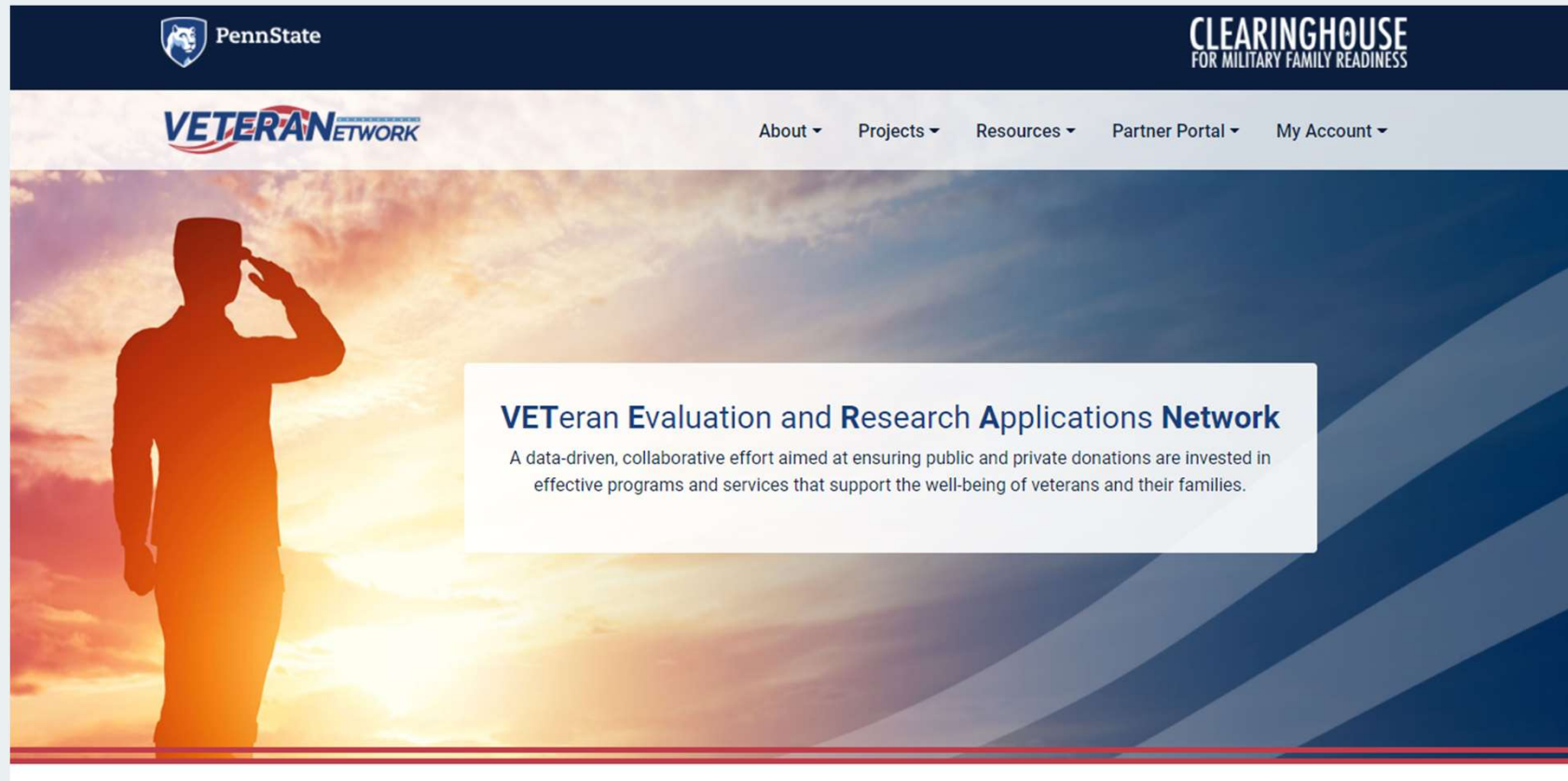
- 40% of veterans reported meeting mental health criteria.
- Only one-quarter of the veterans who screened positive for a mental health problem reported that they had a mental health problem.
- Veterans with ongoing mental health problems were nearly 10 times more likely to have difficulty adjusting during their transition to civilian life.

Well-being Recommendation #7 (2 of 2 slides)



- Only 8% or less of the veterans used any health programs, even when they screened positive for mental health problems.
- Veterans who used counseling services for mental health improved their depression symptoms in the following assessment across the 6 waves.

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FOR MILITARY FAMILY READINESS



Thank You

Contact Us:



militaryfamilies.psu.edu
veteranetwork.psu.edu



VETERANetwork@psu.edu
Dr. Daniel F. Perkins: dfp102@psu.edu



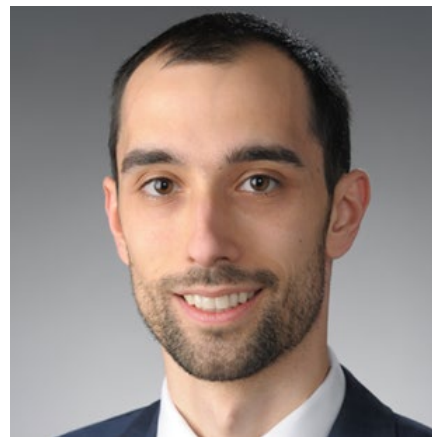
PennState

In Your Community: The Mid-Atlantic and Northeast Discussion



Christy Kenady
ServingTogether

Moderator:
Vincent DelSignore
Institute for Veterans
and Military Families



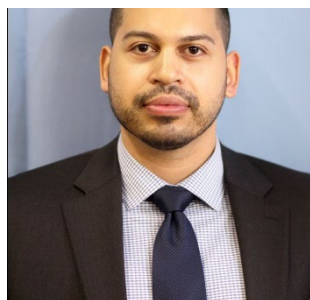
David Dos Reis
RIServes



Natasha Bugey
Mission United
South Hampton Roads



Aaron Melius
PAServes



Amauri Espinal
NYC Veterans

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Closing Remarks

- **ServingTogether**, National Capital Region & Greater Baltimore Community www.servingtogetherproject.org
- **Mission United**, South Hampton Roads unitedwayshr.org/what-we-do/mission-united/
- **PA Serves**, Greater Pittsburgh pittsburgh.americaserves.org/
- **RI Serves**, Rhode Island riserves.org/
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