Welcome to 2019 NAMI National Convention

Workshop Panel: The Military Culture-Checking Your Cultural Competence
Who We Are

Moderator:

Brenda LaVar, Ph.D. – Provider

Panel Members:

• Margaret Gallagher, Ph.D., RN (retired)
• Holly Provance Doggett, MSML – Veteran Partner
• Ovi Rivera, MSIS - OIF & OEF Veteran
Who YOU Are

What is your connection to mental health?

☐ Provider of mental health services

☐ Family member of friend of a person living with a mental health condition

☐ A person with experience living with a mental health condition

☐ None of the above
Who YOU Are

Is your experience with the military culture:

☐ The family member or close friend of an active duty service member
☐ Currently serving as active duty in the military or guard unit
☐ The family member or close friend of an military veteran
☐ A veteran who served in one of the five branches of the military or guard
☐ None of the above
Cultural Competency

We must understand:

- The military language (lingo)
- Military structure
- Why they join
- Their commitment to mission
- The role of honor and sacrifice
War - By the Numbers

The Aftermath of 10 Years of War (2013)

- DoD = 3.6 million individuals
  - 42,000 Coast Guard
  - 1.1 million Ready Reserve
  - 21,000 Retired Reserve
  - 21,000 Standby Reserve
- 921,000 Civilian Personnel
- 1.4 million Active Duty Military
- 40% Army/23% Navy/23% Air Force/14% Marines

- 1.4 million Service Members + 726,000 Spouses + 1.4 million Children (77% <12)
In the United States today:

- There are an estimated 5.5 million military caregivers.
- Nearly 20% (1.1 million) are caring for someone who served after the terrorist attacks of September 11, 2001.
- Post-9/11 military caregivers are:
  - Younger (40% are between ages 18 and 30)
  - Caring for an individual with a mental health or substance use condition
  - Nonwhite
  - A Veteran of military service
  - Employed
  - Not connected to a support network

http://www.rand.org/pubs/research_reports/RR499.html
The REAL Cost

The world will be at war as long as the mind is at war with itself. If we can’t find peace within ourselves, where is the hope for peace in the world?

Byron Katie
Joining Forces Initiative

The initiative Joining Forces was launched in 2011 to help to bridge the gap between civilian health care providers, specifically behavioral health providers, and individuals with military backgrounds needing care.

https://obamawhitehouse.archives.gov/joiningforces
DOD-Military Health System

Its primary mission is to maintain the health of military personnel, so they can carry out their military missions.

• Deliver health care during wartime.

• Maintain a medical readiness mission,
  • Medical testing & screening of recruits
  • Emergency medical treatment of troops involved in hostilities
  • Maintenance of physical standards of those in the armed services.

• Where space is available, to dependents of active duty service members, to retirees and their dependents, and to some former spouses.
The Veterans Health Administration

America’s largest integrated health care system.

• Providing care at
  • 1,250 health care facilities
  • 172 medical centers
  • 1,069 outpatient sites of care of varying complexity
• Serving 9 million enrolled Veterans each year.
We Need YOU!

- The DOD & Veterans Administration cannot meet the growing demands for military/veteran care!

- Community partners with military cultural competency are needed!

- Treatment WORKS; lives are SAVED!
Caregivers Play a Vital Role

NAMI Homefront is a free, 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions.

www.nami.org/homefront
Seeking Help

Why might some service members/veterans seek help from civilian providers or clergy rather than from the DOD or the VA?

- Stigma, fear, scrutiny, and mistrust
- Lack of knowledge
- Fact vs Fiction
- Cultural competence vs cultural humility
- Cultural dissidence creates distance between Veteran and provider
Does a person change during basic training and after working in the military? There are traumatic conditions associated with military life.

Even stateside military personnel are working in unsafe situations around weapons and explosives, among other things. There is constant hyper-vigilance, the expectation of perfection and the issue of not feeling good enough. Additionally some live with survivor’s guilt. There is a need to talk about their experiences, but they also do not want to brag or appear to make too much of 'small things,' after all others gave with their lives.

- S.E.E. (Significant Emotional Event)
- Basic Combat Training (Phases)
- Career Path
- OPTEMPO (Operations Tempo)
- Deployments
# Battlemind Skills in Combat

<table>
<thead>
<tr>
<th>Skills</th>
<th>Description</th>
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<tbody>
<tr>
<td>Buddies (cohesion)</td>
<td>Battle buddies depend on each other to survive; they share the load and watch each other’s back.</td>
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<tr>
<td>Accountability</td>
<td>All personal items are important; maintaining control of gear and weapons is necessary for survival.</td>
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<td>Targeted aggression</td>
<td>Anger can keep one alert, awake and alive; one must be ready at all times to make split second decisions in order to survive.</td>
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<tr>
<td>Tactical awareness</td>
<td>Awareness of surroundings at all times is necessary, as well as being ready to react immediately to sudden changes.</td>
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<tr>
<td>Lethally armed</td>
<td>A weapon must be carried at all times; it’s a matter of life or death.</td>
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<tr>
<td>Emotional control</td>
<td>Managing or suppressing emotions during combat is critical to the success of a mission and quickly becomes second nature.</td>
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<tr>
<td>Mission Operational Security (OPSEC)</td>
<td>Missions are discussed only with those who need to know; during combat, experiences are only discussed within the unit.</td>
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<tr>
<td>Individual responsibility</td>
<td>Each person is accountable for their own survival; everyone does their best to keep their Battle Buddy alive.</td>
</tr>
<tr>
<td>Non-defensive (combat) driving</td>
<td>Service Members are trained to drive fast and unpredictably, to straddle the middle line, to keep other vehicles at a distance and to change lanes rapidly to avoid IEDs (Improvised Explosive Devices) and VBIEDs (Vehicle-Borne IEDs).</td>
</tr>
<tr>
<td>Discipline and ordering</td>
<td>Following regulations, protocol, discipline and obeying orders are essential for survival.</td>
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Battlemind Skills at Home

Small Group Activity: What Battlemind Skills Look Like at Home

**Activity Instructions:**
Describe what the assigned Battlemind Skills look like at home
Choose a scribe and a presenter

**How it will work:**
You’ll be randomly assigned to a breakout, which will have separate audio
We’ll broadcast time alerts
If you have questions or problems, use Main Chat

10 minutes
The Impact of Moral Injury

Moral injury is the damage done to one’s conscience or moral compass when that person perpetrates, witnesses, or fails to prevent acts that transgress one’s own moral beliefs, values, or ethical codes of conduct.

- Using deadly force in combat and causing the harm or death of civilians, knowingly but without alternatives, or accidentally
- Giving orders in combat that result in the injury or death of a fellow service member
- Failing to provide medical aid to an injured civilian or service member
- Returning home from deployment and hearing of the executions of cooperating local nationals
- Failing to report knowledge of a sexual assault or rape committed against oneself, a fellow service member, or civilians
- Following orders that were illegal, immoral, and/or against the Rules of Engagement (ROE) or Geneva Convention
- A change in belief about the necessity or justification for war, during or after one’s service
Moral Injury and Treatment

“Deployment trauma and seeking treatment for PTSD in US soldiers”
Lauren Paige, Keith D. Renshaw, Elizabeth S. Allen & Brett T. Litz

- Male soldiers who were married (n = 600) completed online surveys that assessed posttraumatic stress disorder (PTSD), willingness to seek treatment for PTSD, actual receipt of PTSD treatment, and the frequency of exposure to 4 types of potentially traumatizing warzone experiences: committing a moral injury, observing a moral injury, threats to life, and traumatic loss.

- Soldiers who reported greater exposure to moral injury experiences (committed or observed) were less likely to be willing to seek treatment, regardless of PTSD symptom severity.
There IS Hope!

A real-world story – that’s still being written
The Military Culture

Above the waterline:
- Uniforms
- Medals
- Ranks
- Ceremonies

Transition zone:
- Service creeds
- Core values
- Oath of office

Hidden below the waterline:
- Discipline
- Self-sacrifice
- Fighting spirit
- Loyalty
- Teamwork
- Warrior Values
- Warrior beliefs
- Warrior ethos
Uniforms
Military Medals

General Mattis
U.S. Air Force Ethos and Values

Ethos:
• The foundation of what it means to be an Airman. It takes a strong mind, body, and spirit to be Air Force warrior. The Air Force warrior demonstrates a moral and physical courage, placing service before self, answering the nation’s call, and being faithful to a tradition of honor and a legacy of Valor. An Air Force warrior defends the country with his life. We never leave an Airman behind; we never falter; we never fail.

Core Values:
• Integrity first
• Service before self
• Excellence in all we do
Hidden Strengths and Vulnerabilities

**Loyalty**
- **Strength**: Committing to accomplishing missions and protecting comrades in arms
- **Vulnerability**: Feeling survivor guilt and complicated bereavement after losing friends

- **Strength**: Displaying toughness and ability to endure hardships without complaint
- **Vulnerability**: Not acknowledging significant symptoms and suffering after returning home

**Moral Code**
- **Strength**: Following an internal moral compass to choose right over wrong
- **Vulnerability**: Feeling frustrated and betrayed when others fail to follow a moral code

**Excellence**
- **Strength**: Becoming the best and most effective professional possible
- **Vulnerability**: Feeling ashamed of (or not acknowledging) imperfections
Recognizing When Help Is Needed

- Excessive worrying or fear
- Feeling excessively sad or low – Hopelessness - Becomes the daily routine
- Feeling that there is now reason to live
- Confused thinking or problems concentrating and learning- Anxiety
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria and desperate lows
- Prolonged or strong feelings of irritability (rage)or anger
- Avoiding friends and social activities
- Difficulties understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits such as increased hunger or lack of appetite
Effective Interventions

- Engagement, Engagement, Engagement
- Peer Support, AA, NA, SMART Recovery, Family Support
- Supported Housing Options
- Exercise
- Motivational Interviewing
- Motivational Enhancement Therapy
- Cognitive Behavioral Therapy
- Brain Stimulation Therapies
- Psychopharmacological Interventions
- Alternative Interventions
- Inpatient Treatment
- Employment and Education Supports
Community and the Michael Debakey VA Hospital

- Fast access to mental health and suicide prevention services
- Begun as a part of the Mayors Challenge
- Developed a Memorandum of Understanding with the Harris Center (Local Mental Health Authority)
- Allows Veterans who can not or do not wish to be seen at the VA locally to be seen not just referred at one of the branches of The Harris Center.
- Currently expanding to cover all of the 9 clinics across the Greater Houston area including the other LMHA’s – Texana and Tri-County
The Issue of Suicidality

- No discussion of Military/Veteran Mental Health is complete without a mention of the high risk of suicide among veterans.
- Treatment works for most IF and only if the situation is recognized and the individual is willing to participate.
- People can get past the grief and black periods when thoughts of suicide seem reasonable.
Help vs Hindrance

• The military culture both HELPS and HINDERS accessing and engaging in treatment
  • How is the culture helpful to service members seeking treatment?
  • How does the culture hinder treatment seeking for service members?
  • What about the families?
Risk

The highest risk being both in the post discharge period and later in life when one takes stock of their lives.

Risk factors we hear most about are isolation, depression, access to firearms, suicidal thoughts and refusal to get help for mental health conditions. It is important to get treatment for depression and PTS symptoms, even for older veterans like those from the Vietnam era.

- Loss of identity
- Camaraderie is no longer there
- Decrease of power base
- Structured vs unstructured environment
- Comfort zone
NEVER LEAVE A WARRIOR BEHIND.

There is help.
There is hope.
You are not alone.

September is Suicide Prevention Awareness Month
SHOW YOUR SUPPORT AND PASS IT ON.
Additional Reading

Additional Resources

- **Coaching Into Care**
  Family members and friends who are seeking care or services for a Veteran can call VA’s Coaching Into Care national telephone service at 888-823-7458. Licensed psychologists and social workers help each caller find appropriate services at a local VA facility or elsewhere in the community.

- **Suicide Prevention: A Guide for Military and Veteran Families**
  Family members are often able to tell when a loved one is in crisis because they know that person best. If you think a loved one is suicidal, you may be feeling scared and helpless — but there are ways you can help. This guide will help you recognize when someone is at risk for suicide and understand the actions you can take to help. *(Developed by the Rocky Mountain MIRECC)*

- MOU Development Information- Clifton (Brent) Arnspiger
  Clifton.Arnspiger@va.gov
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