# A Four Prong Approach to Reducing Veteran Suicide

## 1. Solution Description

This proposal presents a four prong approach to reducing veteran suicide: Veterans for Veterans, Service Had a Purpose, Lifelong Friendships, and You Are Not Alone; based on research into short- and long-term life events with correlation towards increased risk of suicide, and historical suicide rates among veterans.

Veterans for Veterans focuses on providing means for veterans to give aid to their fellow comrades, and to receive support in kind. Service Had a Purpose relates to helping veterans see the value of their military life, its positive impact on society, and on themselves. Lifelong Friendships speaks to the camaraderie among those in combat situations, the crumbling institutions that used to provide that connection in civilian life, and repairing or toughening those connections through in-person social involvement. Finally, You Are Not Alone deals with the abandonment sensation, both socially and militaristically, that can often infect veterans, and raising awareness that somebody cares, that support is available, and that the VA wants to provide that support for those in need.

Veteran for Veterans has been chosen because: veterans consistently describe each other using more positive verbiage and descriptors than those outside the military, some of the most successful organizations related to veteran life expectancy and community involvement have been veteran organized, and significant numbers of post-9/11 veterans report the government provided little preparation or support for civilian life.

The goals of the Veteran for Veterans subsection are: get veterans job skill training for in-demand position in the support community, get veterans jobs directly caring for veterans, and help veterans connect with NGO's that specifically target veteran support.

Service Had a Purpose has been chosen because hopelessness is highly correlated to suicidal ideation, many of the primary influences of hopeless deal with a negative personal narrative, one of the largest penalties for successful veteran reintegration with society is lacking comprehension of mission or assignments, and post-9/11 veterans are returning from two wars where both the veteran and societal perception of mission and success is persistently negative.

The goals of the Service Had a Purpose subsection are: creating opportunities for veterans to tell their stories in books, television, movies, news, games, music, and art as meaningful benefit their service achieved; providing instruction and opportunity for former military in storytelling and narrative construction; and providing work opportunities for veterans helping active duty better comprehend their missions.

Lifelong Friendships has been chosen because loneliness has the strongest correlation with suicidal ideation across races, genders, and ages; individuals cut off from friendships and support networks are at dramatically higher risk of suicide attempts; the most meaningful part of service, the surrogate family, is severed when many leave the service;

former family and friends often represent the opposite of positive support when veterans return; and post-9/11 veterans report that societies meant to provide the camaraderie of military after service like the American Legion or Veterans of Foreign Wars are out of touch or unwelcoming.

The goals of the Lifelong Friendships subsection are: increase VA partnering with veteran societies; encourage veteran society conversion to modern approaches; promote active community service within these organizations; dramatically expand the Veteran Community Partnerships (VCP) program and higher standards for activities per year that affect suicide rates; develop achievements and awards for service similar to US Meritorious and Distinguished Service Awards; and promote veteran involvement with similar youth organizations to provide veterans with post-military life purpose.

You Are Not Alone has been chosen because the VA and fellow veterans need to have awareness of veterans not being cared for to provide proper services, yet less than 50% of eligible veterans are enrolled with the VA, meaning the VA has limited location or contact information for timely crisis intervention, and an obvious social need for veterans to be able to find veterans exists due numerous pay sites providing these services.

The goals of the You Are Not Alone subsection are: identify veterans who've "fallen off the radar"; establish a veterans database with last time of contact, whether a veteran used a VA service or interacted with a veterans association in the last year, and when/where they vanished; a reduction in unknown unknowns related to veterans (we don't notice they're missing); a VA group that specifically tries to reinitiate contact and continuous dialogue with lost veterans; an optional ability for veterans to request check-ins and contact info updates; and a technological platform to enable veterans to check-in with the VA similar to services like FB Check-Ins, Google Latitude, or Foursquare.

# 2. Veteran Impact

Veterans for Veterans' target demographic are veterans in need of jobs, veterans facing challenges transitioning to civilian existence, and veterans needing care from caregivers who comprehend veteran issues. The expected impact will be: an increase in the number of veterans with the skills necessary to become a part of the caregiver workforce, thereby reducing the number of veterans feeling useless or lost after military life; an improvement in workforce availability among the medical profession; and an increase of workers with the military comprehension necessary to help veterans facing suicide and lethal self harm.

Service Had a Purpose's target demographic are: veterans who face difficulties understanding the purpose their own service had; veterans who recognize the value their service had, yet without the skills or opportunities to communicate that message; and veterans who are interested in helping active duty cope with often vague mission goals. The expected impact of these policies will be: more veterans who can reflect on their military experience, clearly articulate objectives of those missions, and communicate the benefit it had for themselves and the nation; an increase in positive veteran messaging and storytelling in all forms of popular media; and an increase in the number of veterans willing and able to work with active duty to help them understand their mission and phrase a positive personal narrative of their own service.

Lifelong Friendships' target demographic are those veterans who have become cut off from the camaraderie and social support of military life after their civilian transition and feel alone or adrift in society without the most meaningful part of the military. The expected impact of these policies will be: an increase in enrollment among veterans' social organizations, especially among recently transitioned veterans of Iraq and Afghanistan most at risk of suicide (15% worse civilian re-entry experience than prior wars); an improvement among the structure and activities of those societies themselves with a focus on active social work and modern approaches to recruiting; an expansion of the VA's own partnership and outreach work with a corresponding increase in the number of activities directly related to lowering veteran suicide rates; a framework of awards and achievements toward rewarding positive social contributions and reductions of veteran suicide; and an increase in the number of veterans sharing positive leadership roles with youth organizations to provide a sense of lifelong purpose.

You Are Not Alone's target demographic are veterans who have fallen through the cracks or become lost to the post-military network. The expected impact of these policies will be a high accuracy database of veterans with information on location and time of last contact; a department within the VA that maintains a continuos veterans census, verifies information related to veterans, and reinitiates contact with those that have vanished; an optional service similar to a neighborhood watch to regularly check-in with veterans and ensure they have adequate living conditions; and a technology platform to enable veterans to easily check-in with the VA similar to current social media offerings.

### 3. Evidence Framework

## 3.1 Veterans for Veterans

**Evidence:** Based on providing veterans with the skills and opportunities to care for other veterans, one of the first pieces of evidence is the verbiage veterans use to describe each other. Outside phrases common to military service such as "Patriotic", "Disciplined", and "Loyal", where views among veterans and civilians are rather aligned [1][53], veterans and civilians often significantly differ or oppositely rate each other in both positive and negative descriptors [1]. This is especially important in caring for the suicide prone, because these point to an underlying bias among those who are providing the care.

A 2019 study found that civilians and veterans are almost completely opposed in views of each other on several important ideas. While veterans describe each other positively with phrases like "Tolerant" and "Independent Thinkers", they describe civilians as worse, far less tolerant and independent. However, when the civilian population was surveyed, they gave opposite results, that veterans rank low on "Tolerant" and "Independent Thinker", while giving the civilian population much better ratings for these same criteria than the veteran evaluation. These biases extended to negative descriptors with similar results. Veterans rate themselves as being less "Rigid and Inflexible", "Emotionally Unstable", and "Prone to Violence" than civilians rate them while conversely veterans view civilians as worse in these three descriptors than civilians rate themselves. [1]

In the context of suicide prevention, this means that civilian social workers with little military experience may approach care of veterans with significant unconscious bias. They may believe the veterans are "Patriotic" and "Loyal" yet also harbor belief veterans are "Inflexible", "Unstable", and "Prone to Violence." This appears to be supported by works such as a 2020 paper, where veterans interviewed "expressed beliefs that the civilian population neither understood nor cared about their personal military experiences" and described events of trying to interact with mental health professionals as "pointless, and so upsetting. The thing that didn't help [was] talking to someone who had no experience." This was further elaborated as a chasm caused by lack of shared experience between the civilians and veterans where "they don't understand what that soldiers' talking about, [the soldier]'ll get up and walk out, because they'll know that [the counselor] don't understand what they're talking about." Within this same report is also offered evidence for the benefit of Veterans for Veterans as several interviewees expressed "regret after service for not offering or being able to provide support to someone in [their] Army unit who needed his help."[16] Veterans realize they are having problems coping, but formal support is thought of as hard to find, not available, not offered or denied to veteran and family members alike. [16][55][60]

Finally, as support for offering job training and placement within the mental health community, 2011 and 2018 articles both note that "as many as 50% of [post-9/11] veterans experience significant difficulty acclimating with a third developing mental health problems including PTSD, anxiety disorders and depression."[1][2][22] ~50% face unemployment for four months or longer after leaving the military, [32] ~45% leave their initial job in less than a year, [53] ~40% report unemployment and finances as their prime stress, [7] and ~50% are "Not in labor force."[10] Further noted "there is an acute shortage of services, trained clinicians, and lack of expertise in evidence-based treatments", that "treatments for trauma-related mental health disorders [...] have yet to be proven effective for large populations of war veterans" and veterans face "logistical, cultural, and professional barriers [which] may interfere with care access and delivery." [7][22][55]

In summary, Veterans for Veterans is based on evidence that civilian mental health professionals often face a chasm that can be documented in social bias of descriptor differences between civilians views of soldiers and those soldiers own views. [1] This is supported by testimony from soldiers that civilian counseling is pointless because they have no idea what the soldiers are talking about. [16] There is a severe lack of even civilian qualified mental health professionals [9][22][55] and that many soldiers express a need for work and desire to be there for other veterans. [7][16][32][53] The need for highly trained workers, that could ideally be drawn from the ranks of veterans, is only exacerbated by the post-Covid shortage, where a 2021 article and survey note that 20% of health care workers have quit since the pandemic, 12% have been laid off [23][45], and as noted in a 2022 report, 47% are attempting to leave within the next 2 to 3 years. [9]

Success: Veterans for Veterans will be considered successful when the VA has an educational department providing job skill training for in-demand position in the support community; when the VA can demonstrate multi-year growth in jobs of veterans directly

caring for veterans; and when the VA has a department that directly helps veterans connect with NGO's specifically targeting veteran support.

## 3.2 Service Had A Purpose

**Evidence:** With the goal of enabling veterans to communicate goals and objectives of their missions and phrase a positive mental narrative for themselves, one of the first pieces of evidence to consider is the primary causes of suicide and their relation to hopelessness. Within the Beck Depression Inventory, a commonly used measure of hopelessness, 5-6 of the questions deal primarily with the personal narrative. Questions include topics such as "having nothing to look forward to", "only seeing failure", "guilt about life choices", "punishment for life choices", "seeing only mistakes", and "disappointment with themselves." All deal directly with the person's personal narrative and feelings of value about their existence.

Hopeless itself is then highly correlated to suicidal thoughts, and suicidal actions, including successful lethal harm. In survey among 10,000 respondents in Taiwan, Thailand, and the Philipines, it was found that ratings of hopeless were 30% higher among those who had ever attempted suicide. [14] Further, in a military that is heavily skewed male, males also have a much greater percentage chance of following through on suicide, supported by numerous studies. [46][47][48] These correlations hold across age, genders, and cultures. [39]

Therefore, with only a 30% shift in hopelessness being necessary<sup>[14]</sup>, and approximately ¼ of the concepts related to a personal narrative feeling of failure<sup>[6]</sup>, such an issue can rapidly develop among military who look back at their service and either lack belief of value, or compression of its purpose. This appears to be corroborated by a survey that reports a 10% penalty in successful reintegration for the military if they lacked comprehension of their mission, or assignments.<sup>[2]</sup> This can be further seen when looking at differences between officers and enlisted, where officers with information and a feeling that they could influence a situation felt the military prepared them well to return, while Non-Commissioned Officers and Enlisted reported a 15-20% reduction in their feeling of preparedness for rentry.<sup>[1][2]</sup>

These issues can be exacerbated in cases such as Iraq or Afghanistan, where the majorities and their leaders did not perceive the interests and principles at stake to be important. As noted by 2021 surveys, 62 percent of Americans thought Afghanistan wasn't worth fighting achieved its goals and 52 percent disapproved of how the withdrawal happened. Such an situation leads to a double issue for veterans, where the public feels the wars were unnecessary and failures, and the veterans themselves echo this belief. Veterans face a critical population on their return, asking question of their value, and the veterans have little of a positive personal narrative, because they felt devalued by the [Armed Forces] institution itself. More bluntly by author Phil Klay who states I quote a sergeant [...] asked about the purpose of the of the war, and what it was, and he just said, This war is stupid. Italian as Iraq or Afghanistan, where the majorities at stake to be important.

Therefore, Service Had a Purpose is proposed to allow veterans to clearly communicate their service purpose to themselves and others because post-9/11 veterans face a highly critical public questioning their societal value<sup>[29][49][50][51][52]</sup>, the veterans hold negative thoughts about the war and feel devalued by the Armed Forces<sup>[16][28]</sup>, many of the criteria related to hopelessness deal with feeling guilty or a failure about your life<sup>[6]</sup>, and hopelessness itself is highly correlated to suicide with only a 30% change in responses.<sup>[14]</sup>

**Success:** Service Had a Purpose will be considered successful when the VA can demonstrate: a network of sponsored veterans writers groups focusing on positive narrative of active duty service, a network of supported media advisors program with successful placement in television, movies, advertising, and other media; and a network of sponsored veteran advisors to active duty focusing on mission comprehension.

## 3.3 Lifelong Friendships

*Evidence:* With the goal of repairing and increasing enrollment in veteran related organizations the first piece of evidence to consider is the effect of loneliness on suicide rates. Loneliness has been found as a significant predictor of depression<sup>[36]</sup>, anxiety<sup>[37]</sup>, substance abuse<sup>[38]</sup>, suicide ideation, and suicide attempts<sup>[39][40][41][42]</sup>. In interviews in Southeast Asia, loneliness was found to be most strongly correlated variable with single and multiple suicide attempts.<sup>[14]</sup> In several other papers, loneliness has been cited as the most frequent cause of suicide, finding that in 47% of the adults with a history of suicide ideation, loneliness was the cause, and that loneliness exacerbated dysmorphia and self lethal thoughts.<sup>[11][63][64][65]</sup> Lonely elderly were found to be twice as likely to have suicidal thoughts<sup>[43]</sup> and examinations of suicide notes have found that loneliness is one of the primary themes in all notes.<sup>[44][18]</sup>

Veterans face several loneliness issues, particularly post-9/11 veterans, as many have been deployed almost as long as they knew their families before leaving. [3] Commonly serving multiple tours of duty<sup>[1][3]</sup>, a veteran that left for the Iraq War in 2003, and returned after the fall of Kabul in 2022 would have been away for ~20 years. If that veteran had just gotten married and had a child, their child would be old enough to serve when they returned. Indeed, in 2017 U.S. News wrote how many parents were now having to deal with their own children being deployed. [35]

As noted by SAMHSA, reintegration can be perhaps the most challenging time of a deployment. Spouses set high reunion expectations, and often have them dashed, adding disappointment to stress. Further, people are often desperate to "get back to normal", except only show interest until the initial excitement wears off, and veterans are left wondering if they will ever fit in with friends and family again. This can be magnified by the long deployment, since over 50% say their deployments changed their personalities and priorities. The effect can be perhaps the worst for married veterans, reporting a 15% penalty for successful reintegration compared to single veterans. This on top of an existing 15% penalty simply for being a post-9/11 veteran. [1][30]

Veterans from prior wars used to have alternatives for social support, as organizations like the American Legion or Veterans of Foreign Wars offered a space to reconnect with the surrogate family<sup>[1][16][30]</sup> of the military. However, now many veterans report feeling

abandoned by the Armed Forces family<sup>[16][30]</sup>, and simultaneously the Legion and VFW appear to be crumbling.<sup>[33][34]</sup> Return veterans describe them as "unwelcoming and out of touch" or "old man fraternities."<sup>[34]</sup> A VFW focus group in 2021 of veterans under 50, labeled the venues as "bingo halls with bars."<sup>[33]</sup> Some are changing, such as posts in New Orleans, by abandoning many of the rules that have been turning off young veterans and becoming far more involved in their communities.<sup>[15]</sup> However, membership in both organizations is declining rapidly and not being replaced, with both the Legion and VFW losing ~one million members each in the last 20 years.<sup>[33]</sup>

Finally, many returning post-9/11 veterans (nearly 50%) report feeling that the military prepared them "Not Too Well" or "Not Well at All"<sup>[1]</sup>, and about the same percent report a "Difficult" or "Very Difficult" reentry transition.<sup>[1][2]</sup> Nearly this same percent (43%) reports the military gave them "Less Help" than they needed, and a similar percent (42%) say the skills of the military were "Not Useful" for life afterward, with this number being heavily skewed (2 to 1) among Enlisted and NCOs.<sup>[1]</sup>

Therefore, Lifelong Friendships is proposed to repair enrollment in veteran related organizations, because post-9/11 veterans have been deployed for the longest American wars in history, returning home to families who are often the opposite of positive support and find the veterans priorities and personalities have changed. Significant numbers report the military did not prepare veterans to return, their surrogate military families of a decade or longer have been separated, and the institutions that used to exist for veterans from WWII, Korea, and Vietnam are described as out of touch, "cliquey", and "unwelcoming." Effectively leaving many newer veterans to deal with their loneliness by themselves — no original family, no surrogate family, and no replacement family — while having supportive family is one of the best protection against loneliness and loneliness is one of the most highly correlated factors involved in suicide. And lonelines and network available to recent veterans, and in limited cases where this has happened, veterans report an increase in purpose and inclusion.

Success: Lifelong Friendships will be considered successful when – a demonstrable multi-year increase in post-9/11 Legion and VFW veteran enrollment is shown, a demonstrable change in Legion and VFW perception with an increase in outreach and community involvement in shown, a system of awards and achievements exists to incentivize and reward learning effective intervention work and outreach, the VA's own VCP shows multi-year over year expansion of outreach work focused on reducing suicides, and a multi-year increase in veteran involvement with youth groups such as BSA / GSUSA / YMCA can be shown.

#### 3.4 You Are Not Alone

*Evidence:* With the goal of finding veterans who have fallen through the cracks of society and reconnecting them with a support network, one of the first pieces of evidence to consider is current VA enrollment. With approximately 20 million veterans eligible, only 9 million are currently using VA services, [10][31][54][55] and 1 in 10 veterans has no form of health care. [58] How can the VA prevent suicide with veterans who are not even engaged? Many veterans also only use word of mouth for references. [59] Transitioning

between the DoD and VA many veterans simply vanish for a variety of factors. [60] This is enough of an issue groups like the Missing In America Project and Veteran DOE exist to try and identify veterans who have died without being identified. Although there are extensive records personally available for active duty from the National Personnel Records Center (NPRC), there is only limited current information or contact data available for veterans. An obvious interest exists, as pay sites VetFriends.com and TogetherWeServed.com offer opt-in contacts for ~2 million veterans each. As noted earlier, loneliness and abandonment are some of the strongest correlations for suicide, [14][18] and other than method removal, one of the most effective suicide reduction strategies is having a caring adult and regular support calls. [11][12][56][57] Measured across 448 subjects, having a support person and receiving weekly telephone calls from trained professionals for 3 months, reduced suicide risk by a factor of 6. [56]

Therefore, You Are Not Alone is proposed to find veterans who have fallen through the cracks of society and reconnect them with a support network, because the VA needs to have awareness of veterans that are not being cared for to provide proper service in the prevention of suicide. Less than 50% of veterans are enrolled with the VA, the VA has limited current location or contact information to enable timely crisis intervention, and an obvious social need for veterans to be able to find veterans exists. A veterans census and contact / welfare database along with gap identification and filling, as well as neighborhood watch and check-in programs would allow the VA to identify veterans most in need of critical support to limit suicide, provide a tangible reminder to those veterans that somebody does care about them, and provide better clarity about the situation modern veterans are facing.

*Success:* You Are Not Alone will be considered successful when a department exists with the goal of locating and contacting veterans, a veteran database exists that can describe the living state and contact info for 80% of veterans, and veterans have an opt-in method to provide and update their location and contact info to the VA / other veterans.

# 4. Implementation Plan

Veterans for Veterans will be implemented by: establishing an educational department in the VA that provides veterans job skill training for in-demand positions in the support community; establishing specialist training facilities or programs within existing facilities to provide these skills; in concert with the You Are Not Alone sub-segment, identifying veterans that could be potential candidates; and coordinated with the Lifelong Friendships sub-segment, establishing a department to connect veterans with NGO's specifically targeting veteran support, verify those NGO's outcomes, and coordinate efforts on veteran related NGO responses.

Veterans for Veterans would scale and attain community involvement by: partnering with armed forces branch Human Resource Commands to identify potential candidates for training; partnering with existing training programs and universities to develop Veteran for Veteran specific paths / specializations; working with the You Are Not Alone census sub-segment to identify prior retirees as potential candidates for training or care needs; and partnering with NGO's to identify community needs and provide trained caregivers.

Service Had a Purpose will implemented by: establishing a network of sponsored veterans writers groups focusing on positive narrative of active duty service; establishing a network of media advisors programs; promoting to television, movies, advertising, and other media that the VA offers this service; and establishing a network of sponsored veteran advisors to work with active duty focusing on mission comprehension.

Service Had a Purpose would scale and attain community involvement by: partnering with existing writing groups; partnering with existing media groups within government such as the DoD's Film Liaison Unit, the armed forces branch Liason Units, and the Combined Arms Center's Virtual & Gaming group; partnering with existing businesses in these fields such as PB Military Technical Advisor to Film and TV Ltd., Musa Military Entertainment Consulting, and 1 Force Inc.; partnering with news outlets to provide knowledgeable, verified, and conversant commentators for new stories; and partnering with existing veteran advisory groups for the government.

Lifelong Friendships will implemented by: establishing a national program to coordinate the activities of the VA with the American Legion's and VFW's programs of services (similar to valegion.org); creating an initiative within this program to change perception while increasing enrollment; creating a similar or merged initiative to increase yearly VCP activities per VCP branch focused on reducing suicides; creating a similar or merged initiative to increase veteran involvement with youth groups such as BSA / GSUSA / YMCA; and creating a national system of awards and achievements to recognize individual and unit contributions to veteran quality of life and suicide reduction similar to other cabinet level department awards for distinguished or meritorious service.

Lifelong Friendships would scale and attain community involvement by: offering services and support to American Legion, VFW, BSA, Girl Scout, and YMCA groups that already desire to reform or improve operations; offering best practice examples, suggestions, and success stories for what has worked for other groups; working with news outlets to highlight success stories in local communities; and actively and publicly rewarding achievements and progress with national level awards for achievement.

You Are Not Alone will implemented by: establishing a VA department with the goal of locating and contacting all living veterans; creating a census initiative within this department to obtain up-to-date information on all living veterans; establishing a veteran database that can describe the living state, contact information, and nearest neighbor contacts for veterans; creating a neighborhood watch and check-in initiative to identify and contact veterans most in need of critical support to limit suicide; and creating an easy, opt-in method for veterans to provide / update location and contact info while specifying whether they would like to be contactable / searchable by other veterans.

You Are Not Alone would scale and attain community involvement by: building off the VA's existing database of enrolled veterans; partnering with organizations like the American Legion and VFW that already collect this information; partnering with groups such as Vet Friends, Together We Served, the Wounded Warrior Project, and social

media groups that already collect this information; and creating low friction and effort opt-in methods for veterans to provide this information.

### 5. Needs Identification

Per several studies, implementation barriers have a variety of causes, including: opposition from stakeholders, inadequate resources, lack of clarity, conflicts with existing policies, lack of coordination and collaboration, or lack of motivation. [5][61][62]

Since the VA is actively requesting suggestions for improvements to policy, opposition from stakeholders and lack of motivation appear to be low risk barriers. Establishment of a national system of VA awards could encounter stakeholder opposition due to its need for executive level directives establishing the awards. Lack of Clarity also appears low risk, as Mission Daybreak provides an 8-week accelerator offering tailored support and resources to improve any clarity issues. There also appear to be no conflicts with existing VA policies. However, the VA is a vast organization with nearly 400,000 employees, where even many veterans have little transparency into the policies. Such policy conflict issues would also be a primary target of refinement during the 8-week accelerator.

In dealing with inadequate resources and lack of coordination / collaboration barriers, it is expected that several Full Time Equivalents (FTE) would be required. The Veterans for Veterans subsegment would initial require 2-3 Full Time Equivalents (FTE) for coordination and organization of training programs, with probably expansion to a larger number of FTE based on uptake or success of the program. The Service Had a Purpose subsegment would initially require 2-3 FTE to organize partnerships with existing media groups, businesses, news outlets, and military advisory groups. The Lifelong Friendships subsegment would initially require 3-4 FTE to build organizational structure; collect best practices; establish working partnership relationships with the American Legion, VFW, Boy Scouts, Girl Scouts, and YMCA – including their subgroups; as well as work toward the establishment of a national VA award structure (Distinguished, Meritorious, ect... Service). It is expected this would further expand to require appointed or volunteer advisory councils to maintain these relationships. Finally, You Are Not Alone would likely require 4-5 FTE initially to build relationships with veteran networks; to survey and collect the veteran information currently available; to identify gaps and missing veterans in the nearest neighbor network; and to build a low-friction, yet secure method for the VA and veterans to access this information. It would likely also require a contract for development of an opt-in technology to allow veterans to provide their information, modify their information, and find the information of others. Several Commercial Off The Shelf technologies already incorporate these ideas, so a slight modification or specialization of an existing technology might be all that is necessary.

# 6. Team Description

*Gabriel Putnam*; Contract Manager; *All Points Logistics / NASA MSFC*; human resources, systems engineering, and risk mitigation / management

Other Contributors / Reviewers / Partners / Team Members

## **Appendix 1: Citations**

- 1. Parker, K., et al. "The American veteran experience and the post-9/11 generation." *Pew Research Center* (2019).
- 2. Morin, R.. "The difficult transition from military to civilian life." Washington, DC: *Pew Research Center* (2011).
- 3. Berghammer, L., et al. "Annual warrior survey." Wounded Warrior Project (2021).
- 4. Stein, J., et al. "Reorganizing a hospital ward as an accountable care unit." *Journal of Hospital Medicine* 10.1 (2015): 36-40.
- 5. Susanty, A., et al. "Designing the interventions to mitigate the barriers of coordination in handling food security: Insight from Central Java Province." *Journal of Food Quality* 2022 (2022).
- 6. Beck, A. T. and Beamesderfer, A. "Assessment of depression: The depression inventory." *In P. Pichot (Ed.), Psychological measurements in psychopharmacology. Modern problems in pharmacopsychiatry (Vol. 7).* Basel, Switzerland: Karger (1974).
- 7. Blue Star Families. "Military and veteran families' financial needs." *Blue Star Families* (2021).
- 8. Larson, E. V. "Casualties and consensus: The historical role of casualties in domestic support for US military operations." *RAND Corporation* (1996).
- 9. Goodchild, L., et al. "The clinician of the future." Elsiever Health (2022)
- 10. Bureau of Labor Statistics (BLS). "Employment situation of veterans: 2021." *United States. Department of Labor*. (2022).
- 11. Chang, E. C., et al. "Family support as a moderator of the relationship between loneliness and suicide risk in college students: Having a supportive family matters!." *The Family Journal* 25.3 (2017): 257-263.
- 12. Dunst, C. J. "The family support scale: Reliability and validity." *Journal of Individual, Family, and Community Wellness* 1.4 (1984): 45-52.
- 13. Jones, A. L., et al. "Providing positive primary care experiences for homeless veterans through tailored medical homes: The veterans health administration's homeless patient aligned care teams." *Medical Care* 57.4 (2019): 270.
- 14. Page, R. M., et al. "Hopelessness and loneliness among suicide attempters in school-based samples of Taiwanese, Philippine and Thai adolescents." *School Psychology International* 27.5 (2006): 583-598.
- 15. Froeba, K. "How the last VFW post in one city is shaking things up." Military Times. May 22 (2022). <a href="www.militarytimes.com/education-transition/2022/05/22/how-the-last-vfw-post-in-one-city-is-shaking-things-up/">www.militarytimes.com/education-transition/2022/05/22/how-the-last-vfw-post-in-one-city-is-shaking-things-up/</a> Accessed June, 2022.
- 16. Gordon, K., et al. "Outside the military "bubble": life after service for UK ex-armed forces personnel." *Frontiers in Public Health* 8 (2020): 50.
- 17. Yen, S., et al. "Recent life events preceding suicide attempts in a personality disorder sample: Findings from the collaborative longitudinal personality disorders study." *Journal of Consulting and Clinical Psychology* 73.1 (2005): 99.
- 18. Niu, L., et al. "The validity of proxy-based data on loneliness in suicide research: A case-control psychological autopsy study in rural China." *BioMed Central (BMC) Psychiatry* 18.1 (2018): 1-8.
- 19. Hawton, K., and Williams, K.. "Influences of the media on suicide: Researchers, policy makers, and media personnel need to collaborate on guidelines." *British Medical Journal (BMJ)* 325.7377 (2002): 1374-1375

- 20. Smith, J. A., et al. "A historical examination of military records of US Army suicide, 1819 to 2017." *Journal of the American Medical Association (JAMA) Network Open* 2.12 (2019): e1917448-e1917448.
- 21. The White House. "Reducing military and veteran suicide: Advancing a comprehensive cross-sector, evidence-informed public health strategy." *United States White House*. (2021). <a href="www.whitehouse.gov/wp-content/uploads/2021/11/Military-and-Veteran-Suicide-Prevention-Strategy.pdf">www.whitehouse.gov/wp-content/uploads/2021/11/Military-and-Veteran-Suicide-Prevention-Strategy.pdf</a> Accessed June, 2022.
- 22. Lieberman, J. A. "Solving the mystery of military mental health: A call to action." *Psychiatric Times* 35.12 (2018): 1-3.
- 23. Galvin, G. "Nearly 1 in 5 health care workers have quit their jobs during the pandemic." *Morning Consult* (2021). <u>morningconsult.com/2021/10/04/health-careworkers-series-part-2-workforce/</u> Accessed June, 2022.
- 24. Department of Veterans Affairs. "National strategy for preventing veteran suicide: 2018–2028." *Washington, DC: US Department of Veterans Affairs* (2018).
- 25. Pandey, S. K. and Wright, B. E. "Connecting the dots in public management: Political environment, organizational goal ambiguity, and the public manager's role ambiguity." *Journal of Public Administration Research and Theory* 16.4 (2006): 511-532.
- 26. Nindl, B. C., et al. "Perspectives on resilience for military readiness and preparedness: Report of an international military physiology roundtable." *Journal of Science and Medicine in Sport* 21.11 (2018): 1116-1124.
- 27. Russell, D., et al. "The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence." *Journal of Personality and Social Psychology* 39.3 (1980): 472.
- 28. Westervelt, E. and Klay, P. "Sense of mission 'Increasingly difficult to find' in today's U.S. military." WBUR: Here & Now, All Things Considered. April 19 (2018) <a href="https://www.wbur.org/hereandnow/2018/04/19/us-military-missions-morale">www.wbur.org/hereandnow/2018/04/19/us-military-missions-morale</a> Accessed June, 2022.
- 29. Shortridge, A. "The U.S. war in Afghanistan twenty years on: Public opinion then and now." *Council on Foreign Relations: The Water's Edge*. October 7 (2021) <a href="https://www.cfr.org/blog/us-war-afghanistan-twenty-years-public-opinion-then-and-now">www.cfr.org/blog/us-war-afghanistan-twenty-years-public-opinion-then-and-now</a> Accessed June, 2022.
- 30. Halvorson, A. "Understanding the military: The institution, the culture, and the people." *Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment Partners for Recovery Initiative* (2010).
- 31. Davis, J., et al. "Veteran community partnerships: Meeting the needs of veterans during the pandemic: Fiscal year 2020 summary of activities." *United States Department of Veterans Affairs.* (2021)
- 32. O'Donnell, N. and Rinaldi, O. "Veterans struggle to find work after military: 'We still want to give the best of ourselves'" CBS Evening News. February 23 (2022) <a href="https://www.cbsnews.com/news/veterans-jobs-american-corporate-partners/">www.cbsnews.com/news/veterans-jobs-american-corporate-partners/</a> Accessed June, 2022.
- 33. Novelly, T. "VFW posts are dying. They need hesitant 9/11 vets to fill the void." Military.com. April 8 (2022). <a href="www.military.com/daily-news/2022/04/08/vfw-posts-are-dying-they-need-hesitant-9-11-vets-fill-void.html">www.military.com/daily-news/2022/04/08/vfw-posts-are-dying-they-need-hesitant-9-11-vets-fill-void.html</a> Accessed June, 2022.
- 34. Klimas, J. "Younger veterans bypass VFW, American Legion for service, fitness groups." Washington Times. October 19 (2014).

- www.washingtontimes.com/news/2014/oct/19/younger-veterans-bypass-vfw-american-legion-for-se/ Accessed June, 2022.
- 35. Bryson, D. "They fought after 9/11, now their children are fighting the same endless war." U.S. News: Daily Beast. November 11 (2017). <a href="www.thedailybeast.com/they-fought-after-911-now-their-children-are-fighting-the-same-endless-war">www.thedailybeast.com/they-fought-after-911-now-their-children-are-fighting-the-same-endless-war</a> Accessed June, 2022.
- 36. Ahmed, D., et al. "Prevalence and predictors of depression and anxiety among the elderly population living in geriatric homes in Cairo, Egypt." *The Journal of the Egyptian Public Health Association* 89.3 (2014): 127-135.
- 37. Singh, A., and Misra, N. "Loneliness, depression and sociability in old age." *Industrial Psychiatry Journal* 18.1 (2009): 51.
- 38. Segrin, C., et al. "Indirect effects of loneliness on substance use through stress." *Health Communication* 33.5 (2018): 513-518.
- 39. Minayo, M. C. D. S. and Cavalcante, F. G. "Suicide attempts among the elderly: a review of the literature (2002/2013)." *SciELO Brazil: Ciencia & Saude Coletiva* 20 (2015): 1751-1762.
- 40. Goodman, M. L., et al. "Relative social standing and suicide ideation among Kenyan males: the interpersonal theory of suicide in context." *Social Psychiatry and Psychiatric Epidemiology* 52.10 (2017): 1307-1316.
- 41. Chang, E. C., et al. "Loneliness and suicidal risk in young adults: does believing in a changeable future help minimize suicidal risk among the lonely?" *The Journal of Psychology* 151.5 (2017): 453-463.
- 42. Sharma, B., et al. "Loneliness, insomnia and suicidal behavior among school-going adolescents in Western Pacific Island countries: role of violence and injury." *International Journal of Environmental Research and Public Health* 14.7 (2017): 791.
- 43. Chang, Q., et al. "A meta-analytic review on social relationships and suicidal ideation among older adults." *Social Science & Medicine* 191 (2017): 65-76.
- 44. Synnott, J., et al. "A content analysis of online suicide notes: attempted suicide versus attempt resulting in suicide." *Suicide and Life-Threatening Behavior* 48.6 (2018): 767-778.
- 45. Yong, E. "Why health-care workers are quitting in droves." The Atlantic (2021).
- 46. Evans, E., et al. "The prevalence of suicidal phenomena in adolescents: a systematic review of population-based studies." *Suicide and Life-Threatening Behavior* 35.3 (2005): 239-250.
- 47. Lewinsohn, P. M., et al. "Gender differences in suicide attempts from adolescence to young adulthood." *Journal of the American Academy of Child & Adolescent Psychiatry* 40.4 (2001): 427-434.
- 48. Wichstrøm, L., and Rossow, I.. "Explaining the gender difference in self-reported suicide attempts: A nationally representative study of Norwegian adolescents." *Suicide and Life-Threatening Behavior* 32.2 (2002): 101-116.
- 49. AP-NORC Center for Public Affairs Research. "Most Americans say the wars in Afghanistan and Iraq were not worth fighting" *University of Chicago*. August (2021). apnorc.org/projects/most-americans-say-the-wars-in-afghanistan-and-iraq-were-not-worth-fighting/ Accessed June 2022.

- 50. Newshour/Marist. "National poll: Afghanistan, September 2, 2021." *NPR/PBS*. September (2021). <u>maristpoll.marist.edu/polls/npr-pbs-newshour-marist-national-poll-afghanistan-september-2-2021/</u> Accessed June 2022.
- 51. Green, T. V. and Doherty, C. "Majority of U.S. public favors Afghanistan troop withdrawal; Biden criticized for his handling of situation." *Pew Research Center*. August (2021). <a href="www.pewresearch.org/fact-tank/2021/08/31/majority-of-u-s-public-favors-afghanistan-troop-withdrawal-biden-criticized-for-his-handling-of-situation/Accessed June 2022.">www.pewresearch.org/fact-tank/2021/08/31/majority-of-u-s-public-favors-afghanistan-troop-withdrawal-biden-criticized-for-his-handling-of-situation/Accessed June 2022.</a>
- 52. Balz, D. et al. "Americans support Afghanistan pullout but not the way it was done." Washington Post-ABC News. September (2021). <a href="https://www.washingtonpost.com/politics/post-abc-poll-biden-afghanistan/2021/09/02/5520cd3e-0c16-11ec-9781-07796ffb56fe\_story.html">www.washingtonpost.com/politics/post-abc-poll-biden-afghanistan/2021/09/02/5520cd3e-0c16-11ec-9781-07796ffb56fe\_story.html</a> Accessed June 2022.
- 53. Hiring Our Heroes. "Veterans in the workplace." U.S. Chamber of Commerce. November (2021).
- 54. Knight, S. J., et al. "Veteran engagement in health services research: A conceptual model." *Journal of General Internal Medicine* 37.1 (2022): 94-98.
- 55. RAND Research Briefs. "Improving the Quality of Mental Health Care for Veterans: Lessons from RAND Research." *RAND Corporation*. RB10087 (2019)
- 56. King, C. A., et al. "Association of the youth-nominated support team intervention for suicidal adolescents with 11-to 14-year mortality outcomes: secondary analysis of a randomized clinical trial." *Journal of the American Medical Association (JAMA) Psychiatry* 76.5 (2019): 492-498.
- 57. De Leo, D., et al. "Suicide among the elderly: the long-term impact of a telephone support and assessment intervention in northern Italy." *The British Journal of Psychiatry* 181.3 (2002): 226-229.
- 58. Haley, J. M., et al. "Honoring Those Who Served: Closing Coverage And Access Gaps for Veterans." Health Affairs Forefront. (2015). <a href="https://www.healthaffairs.org/do/10.1377/forefront.20150521.047909">www.healthaffairs.org/do/10.1377/forefront.20150521.047909</a> Accessed June 2022.
- 59. Tanielian, T., et al. "Supporting the mental health needs of veterans in the metro Detroit area." *Rand Health Quarterly* 6.1 (2016).
- 60. Randall, M. J. "Gap analysis: Transition of health care from Department of Defense to Department of Veterans Affairs." *Military Medicine* 177.1 (2012): 11-16.
- 61. Health Policy Project. "Implementation barriers: Resource guide." U.S. Agency for International Development. (2014)
- 62. Health Policy Initiative. "Policy implementation barriers analysis: Conceptual framework and pilot test in three countries." *U.S. Agency for International Development.* (2009)
- 63. Westefeld, J. S., and Furr, S. R.. "Suicide and depression among college students." *Professional Psychology: Research and Practice* 18.2 (1987): 119.
- 64. Furr, S. R., et al. "Suicide and depression among college students: A decade later." *Professional Psychology: Research and Practice* 32.1 (2001): 97.
- 65. Smith, S. S., et al. "Mediating effects of stress, weight-related issues, and depression on suicidality in college students." *Journal of American College Health* 63.1 (2015): 1-12.

## **Submission Categories Evaluation**

- 1. Utilizing digital footprint data from active and passive sources.
- You Are Not Alone
- 2. Creating improved access to and efficiency of Veterans Crisis Line (VCL) services through technological innovations.
  - You Are Not Alone
- 3. Reaching all Veterans in need with right-care, right-time, right-place solutions.
- Veterans for Veterans
- You Are Not Alone
- 4. Improving community resilience and connection.
- Veterans for Veterans
- Lifelong Friendships
- 5. Incorporating family and community into Veteran well-being.
- Veterans for Veterans
- Service Had a Purpose
- Lifelong Friendships
- 6. Transitioning from military service to civilian life.
- Veterans for Veterans
- Service Had a Purpose
- You Are Not Alone
- 7. Addressing social determinants of wellbeing.
- Veterans for Veterans (Health Care Quality, Economic Stability, Education)
- Service Had a Purpose (Economic Stability, Community Context)
- 8. Reducing barriers to asking for help.
- Veterans for Veterans
- You Are Not Alone