

**CHECK THESE OUT...**



**United States Department of Veterans Affairs Mental Health:**  
VA website with resources, information, and training and support for veterans on mental health, suicide, and other related issues.  
[U.S. Dept. of Veteran Affairs](http://www.va.gov)

**SAMHSA Military Families:**  
Supporting America's service men and women—Active Duty, National Guard, Reserve, and Veteran—together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.  
[SAMHSA Military Families](http://www.samhsa.gov/military-families)

**ISSUE 24**

# focus

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## TOPIC WATCH

Each month we will feature a different topic: **expanding the knowledge, resources, and peer networking in targeted areas. These target areas will include workforce development, transition, supported education, leadership, organizational development, sustainability, and others as they are identified.**

For more information on this publication contact us at:  
**The CAFÉ TA Center**  
[www.CAFETACenter.net](http://www.CAFETACenter.net)  
[CAFETACenter@gmail.com](mailto:CAFETACenter@gmail.com)  
1-855-CAFETAC  
(1-855-223-3822)

## Expanding the Role of Veterans in the Mental Health



### Workforce: Peer Specialists and Beyond



The Department of Veterans Affairs recently released a report finding that 22 U.S. veterans committed suicide each day in 2010 (VA Press Release, <http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2427>), which works out to just under one suicide per hour. The suicide rate among veterans points to the ubiquity of mental health problems that come with war – and the fact that they do not abate with time alone. As many as 1 in 5 returning service members has symptoms of post-traumatic stress disorder or major depression (2008 RAND Corp. <http://www.rand.org/news/press/2008/04/17.html>). Some returning vets will use VA services, others will get care elsewhere. Some will not seek care at all.

Part of the challenge of providing mental health care to veterans comes from the longstanding stigma associated with seeking mental health help, which is a common issue for all individuals in need of mental health services. Although it has improved some in recent years, the “stigma problem” is, very unfortunately, persistent in the general public, and at least as much of an issue among veterans. A recent study indicated that veterans’ fear of the stigma associated with mental health services resulted in their being turned away for services, caused them to hide everything that made them different, and may have even resulted in the loss of medals or promotions due to their mental health issues. Having a mental health disorder within the military was portrayed as a professional hazard. Even when the mental health issue (PTSD) was a direct result of military involvement, veterans found that it was still frowned upon, and felt pressure to minimize its impact (2012 Stigma and Discrimination Reduction Focus Group Report, United Advocates for Children and Families Mental Health Stigma and Discrimination Reduction Program).



Research has proven that peer-to-peer support is a key factor in helping targeted populations through a crisis, assisting them in developing necessary navigation and survival skills, and improving the quality of their everyday lives. This philosophy easily lends itself to an environment where service members rely on the natural support of their peers to cope with stress. In a recent behavioral health survey of more than 28,000 active-duty military personnel, talking with friends and family was the second most common coping strategy for dealing with stress, with 73 percent responding to using that strategy frequently or sometimes (Bray RM, Pemberton MR, Hourani LL, et al. 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel. <http://www.tricare.mil/2008HealthBehaviors.pdf>).



The military arena has a culture in which service members take care of each other. Common military experiences, particularly for those who have served in combat or within a specific campaign, connect individuals and families together. Shared experiences are the foundation for peer support, as they foster the initial credibility necessary for developing relationships in which individuals are willing to open up and discuss their problems despite concerns about stigma. Peer-to-peer programs promote opportunities for individuals to talk with trained peers who can offer support and provide avenues for additional help if needed. (Best Practices Identified for Peer Support Programs, Defense Center of Excellence, 2011 [http://dcoe.health.mil/Content/Navigation/Documents/Best Practices Identified for Peer Support Programs Jan 2011.pdf](http://dcoe.health.mil/Content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf))



Peer-to-peer programs are those that use lived experience as a primary connection or link with others who share similar experiences. In a formalized peer-to-peer program, such as a population-specific peer specialist program, peers with some level of training and access to more intensive support resources work to provide support to members of the same population they represent. Providing peer support training to service members and veterans, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support, and increase his or her ability to identify a potential high-risk situation before a crisis event occurs. (Figley C, Nash W (eds.). Combat Stress Injury: Theory, Research, and Management. New York: Routledge; 2007: 261–293.)



Although peer support discussions can facilitate the strengthening of an individual, a peer supporter is not a professional counselor, and some individuals may have needs that fall beyond the scope of a peer-to-peer program, requiring professional support. If peer-to-peer support works on one level, then we would assume that professionals with lived experience would also be an asset in responding to the needs of those with mental health issues and reducing the impact of assumed stigma. Emerging from the peer specialist approach is the promulgation of a professionally trained workforce with lived experience to better meet the needs of their service population. As re-training the returning veteran population has become a priority across the country, new approaches to utilizing their lived experiences and matching them with a professional need has become a new focus.

Development of a veteran lived experience mental health workforce should be cultivated in much the same way as other lived experience programs and professions. Successful employment of veterans with lived experience in the mental health workforce takes strategic effort, planning, training, and resources. Currently several initiatives have emerged to facilitate advanced training for vets in mental health professions that will benefit from peer-to-peer services above and beyond that of the peer specialist.



The Train Vets to Treat Vets program pays Massachusetts School of Professional Psychology students with a military history to visit veteran groups on college campuses around the state to promote mental health professions. With input from veterans in the program, the school is developing a military psychology track that organizers hope to launch for people who want to work with veterans and their families. Only a few private and state schools nationwide have developed similar offerings. However, the growing effort reflects a national focus on bolstering what could prove to be one of the most critical resources in meeting the needs of people returning from Iraq and Afghanistan: other veterans.



In an innovative program, a veteran greets every patient who visits Boston's Merrimac Street clinic run by the Home Base Program, a partnership between the Red Sox Foundation and Massachusetts General Hospital that supports service members and their families with mental health and medical care. Those veterans employed by the hospital may be doctors, therapists, or serve in some other position. The connection is that they are veterans supporting other veterans as they access services within the facility. If veterans get lost at North Station on the way to their appointment, a veteran on the outreach team will go find them. If they are concerned about the appointment, a veteran on staff can meet them at a coffee shop to talk it over. The chance to exchange stories with another veteran about when and where they served and a common language helps normalize the process some.

Vet-to-vet support was the hallmark of vet centers developed in the 1980s by people who served during Vietnam, when much of the country was eager to move on from the war. It remains the focus today, as the leadership of those centers is being handed off to the newest generation of veterans. Over the past six years, VA hospitals have been training and employing veterans to provide peer-to-peer services. President Obama in August issued an executive order directing the Department of Veterans Affairs to hire 800 more peer specialists before the end of 2013. As the involvement of veterans in the mental health workforce continues to evolve, there will be an even greater role for veterans to play, not only as peers, but as trained mental health professionals with vital lived experience that connects them with those that they serve.



Prepared by the Axis Group I, LLC  
[www.axisgroup1.net](http://www.axisgroup1.net)

519 N. Gadsden St.  
Tallahassee, FL 32301  
1-855-CAFETAC (1-855-223-3822)  
[www.cafeTACenter.net](http://www.cafeTACenter.net)

