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Joe Bohn

University of South Florida, College of Public Health, jbohn2@usf.edu

Tommy Childers

Suncoast Center, Inc and US Navy Veteran, tommychilders@suncoastcenter.org

Christopher Baglivo

USF College of Public Health DrPH Program and Medical Service Corp, US Army, CBaglivo@usf.edu

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COMMUNITY APPROACHES TO VETERANS AND ACTIVE-DUTY SERVICE MEMBER SUICIDE PREVENTION THROUGH PUBLIC HEALTH OUTREACH: A COMMENTARY

Joe Bohn, PhD, MBA
Tommy Childers, PhD
Chris Baglivo, MHA

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Corresponding Author:
Joe Bohn, PhD, MBA, University of
South Florida, College of Public Health,
13201 Bruce B Downs Blvd, Tampa, FL
33612

Assistant Professor,
Director, Community Engagement,
Deputy Director, DrPH Program
Email address: jbohn2@usf.edu
Cell phone: 502-645-5776

We discuss insights on a West Central Florida community-based Veterans suicide prevention effort- a series of Veterans coffee socials. Noted as a public health crisis which has been well documented, the article provides an overview of the importance of public health approaches and academic public health engagement at a local level to addressing suicide prevention at community levels. An active-duty service member's perspective is provided that points to common pain points that extend to the Veterans community with reintegration challenges. A community-based participatory research methodology has been applied which stressed the importance of community partners (e.g., public, private and academic) coming together from across two counties to start an evolving series of monthly coffee socials.

Key focus is placed on strengthening social connectedness, reducing stigma related to mental health and wellbeing for Veterans and active-duty service members, and expanding awareness about resources available to help those in need. Theoretical perspective links this issue to both the importance of social capital building and the need for an expanded view of the interpersonal theory of suicide.

This commentary offers preliminary points on the first 6-months of these Veterans coffee socials with anecdotal data from post-program evaluation surveys. Conclusions and implications for practice are framed how a simple yet complex intervention can make an impact and help their community's Veterans and other at-risk populations in suicide prevention outreach.

Introduction | Suicide is a national public health crisis that affects all segments of our population.¹⁶ Our Veterans have a 52% greater rate of suicide than the rest of the United States (US) adult population.¹ Poonam noted “Of the 20 veterans who die each day by suicide, 14 are not connected to the VA.”² Veterans may feel afraid to admit something is troublesome or fear what may occur if they confide in others. Intrinsicly, a lack of trust can inhibit a full exchange of information with others. Veterans tend to live by rules they learn while in the military culture which can influence how and whom they confide in after military service.^{2,3} Additionally, the difference in structure in

the civilian world versus that of the military environment may lead some to feeling disconnected and not understood and contribute to difficulties in transitioning back to civilian life.²

The complexity of risk factors contribute to the need for public health approaches in suicide prevention.² For our Veterans, the Veterans Administration has called for more community-based efforts to reduce suicide risk factors, strengthen protective factors and networks supporting our Veterans and active duty service members.² The importance of team and mission are central to the military culture for both Veterans and active-duty service members and

maintaining social connectedness beyond service can be a key factor in social cohesion and resilience for this population.^{2,3} Additionally, the importance of lost belongingness and burdensomeness have been noted to impact the Veterans community increasing risk of suicide.² One type of community intervention with Veterans is coffee socials to expand relationship building, education and social supports.²

Suicide rates for active-duty service members and their families have continued to increase in recent years.² Reducing the risk of suicide among active-duty military personnel and their families requires a concerted and coordinated effort that strengthens protective factors through crisis care, ongoing primary and mental health care, peer support, and reducing access to lethal means.² Implementing a comprehensive strategy as DoD's ongoing and evolving efforts embody, requires coordination and collaboration between government agencies and non-government organizations.²

Given this background, this commentary presents a community-based approach to suicide prevention outreach from a West-central Florida county's Zero Suicide Partnership and one of its efforts with local Veterans implementing a coffee social model for resilience and social connectedness building.

Theoretical Basis | Two theories can be applied here which are social capital theory² and an expanded view on the interpersonal theory of suicide (ITS) to support the focus on strengthening resiliency and increasing social connectedness.^{2,11} Social capital theory, as noted in past work, "...focuses on the establishment of networks based on dynamic links that build trust, reciprocity and relational embeddedness between individuals and organizations involved in community partnerships and coalition work."^{2,3} At the center of the military culture are mission & team which are core to the values established in the warrior's ethos and training for all active-duty service members impacting the reintegration of Veterans into civilian life.² The challenges that can arise in reintegration can link to the second theory, an expanded view of ITS. ITS is based on three tenets: acquired capability, perceived burdensomeness (PB), and thwarted belongingness (TB). According to Short et al., "PB is the interpretation that one is a liability or burden on those around them. TB is the sentiment that one's existence is void of meaningful relationships with others." The underlying "psychoeducational intervention" in the study by Short and colleagues focused on addressing the impacts of social isolation and the importance of reducing it in light of transition issues faced by many active-duty military members returning to civilian life and Veteran status.¹¹

While important, Wolfe-Clark and Bryan explain that these factors do not account for predictive factors associated with Veterans and suicidal ideation or attempts hence the need for an expanded view or integrated theoretical model with ITS.¹⁷ The expanded view of ITS, according to Wolfe-Clark and Bryan integrates fluid vulnerability theory (FVT) which connotes that suicidal ideation can be triggered by the engagement of one's "vulnerabilities, stressors and risk factors." It also asserts the importance of combining FVT with ITS for a more wholistic view of suicide risk (current and future) to be reduced through interventions.

However, evidence does suggest the importance of addressing perceived burdensomeness and thwarted belongingness with Veterans through interventions that help reduce social isolation and the risk of suicide attempts, which is the central focus of this commentary.¹¹

The combination of these theories helps provide a lens to establish the scientific importance of community-based interventions to aid this at-risk population and strengthen protective factors for suicide prevention. Figure 1 illustrates the interlocking importance of a community-based intervention for an issue like Veterans suicide prevention. By building social capital among academic, community and professional partners, trust and resiliency can be strengthened, stigma can be reduced, and social connectedness improved for an at-risk population.

Discussion | This article is based on a community-based participatory research (CBPR) project for a local zero suicide partnership in a west-central Florida county.^{2,3} Participants included local, state and federal agencies, local Veterans Administration (VA) medical centers, community mental health providers, non-profits, local universities, and state legislative affairs aids all focused on strengthening resilience in the local Veterans community for suicide prevention. These organizations participated in event planning, community promotion, and input in the data collection process. More specifically on the role of these organizations, their representatives, many of whom were US military Veterans, helped with designing promotional flyer, getting flyers and social media posts out for the general public at the local VA medical centers and their outpatient clinics, to local VFW and American Legion posts, and on select social media groups through Facebook and Instagram groups, and helped coordinate and reserve locations. Post-program surveys were reviewed and approved by the university Institutional Review Board (IRB). Identities of survey respondents remain anonymous.

The intervention was a monthly coffee social held at local public locations and rotated across the county. A

public health approach (one that engaged community partners with an interest in Veterans well-being and reducing social isolation) was adopted to expand networking and connection opportunities for Veterans and among community partners with a Veteran focus.

To date, attendance at the Veterans coffee socials is detailed in Table 1.

Post-program surveys provide preliminary feedback of the intervention's impact for participants who responded (results shown in Table 2). All survey responses are completely anonymous. Our intervention's initial and continued focus has been to attract and engage individual Veterans from the community who are not connected to one of the participating community partners. However, while participation from individual Veterans has been limited, there have been a small number of individual Veterans who needed assistance with changing VA providers, behavioral health peer support, military sexual trauma, and some individual Veterans concerned about and wanting to take action in suicide prevention, along with other issues.

Three themes emerged from review of this anecdotal data. First, was the positive impact and receptiveness of the intervention as indicated by the Likert scale responses to questions 6-9 in Table 2. The coffee socials were conducted in a casual, public setting with a strategic intent to increase awareness for suicide prevention related issues.

Second, was the importance of networking. For social and individual wellbeing interests, Veterans and community partners represented by Veterans noted the importance of the network building for support. While these first six Veterans Coffee Socials did not attract as many individual Veterans from the community as hoped, it has served as a social innovation that connected the local VA hospital's suicide prevention staff with a number of Veteran focused community partners and generated new Veteran community collaboration in light of this local Zero Suicide Partnership outreach initiative. In addition, to try and reach individual Veterans, the steering committee is piloting a series of after work mixers at different county locations to try and increase engagement and connection opportunities with individual Veterans. Third, was education. There were positive affirmations about "sharing stories", "learning about new Veteran organizations", and interest in more education on the importance of such initiatives to aide in reducing Veterans suicides.

Theory and Practice Implications | From the perspective of the ITS and FVT lens, the Veterans

coffee socials helped strengthen the belongingness factor as it brought more Veterans together, even those working for service organizations in the community. While the Veterans coffee social has not specifically addressed the burdensomeness and acquired capability factors of ITS, it has served as the genesis point for launching "Veterans Only" coffee socials organized by local Veterans Administration hospital and peer support professionals allowing for more focused discussions on Veteran-centric issues. With strong support from local VA leadership, Voluntary and Peer Support Services sent out mass email educating staff about the new Veterans Only coffee social at the local VA hospital and its purpose. Public Affairs Office also sent out emails and placed the event on the local VA Facebook page and the marquee on campus. From a boots-on-the-ground effort, both the VA Suicide Prevention Team and Peer Specialists, hand delivered flyers to the Women's general Health clinic, PTSD and Psychosocial Rehabilitation & Recovery Center (RRTP) programs, posted flyers in the Canteen area and on VA public transportation, and notified the Disabled American Veterans (DAV) and the Florida Department of Veteran Affairs of the launch of the new Veterans Only coffee social.

Anecdotally, 18 Veterans attended including three female Veterans who were attending the PTSD program. While formal data collection was not started at this first Veterans only coffee social, one Veteran who felt frustrated from previous VA experiences, decided after processing the experience during the coffee social to attend his appointment! In addition, a Veteran who worked with other Veterans on applying for benefits previously gained a deeper understanding of how to connect Veterans with mental health services, or if needed how to collaborate with the suicide prevention team.

Conclusion | This commentary provided insights on the importance of suicide prevention and community-based, public health approaches to suicide prevention intervention that can improve social connectedness and resilience for Veterans. Academic public health engagement has embraced the importance of team and mission as integral to the community-based intervention and has strengthened engagement among partners.

Building social capital can strengthen the resolve of an at-risk population while applying an expanded view of ITS to generate interpersonal insights of the experience for participants over time. A final takeaway from this intervention is its emergent replicability. Since it started, other Veterans coffee

socials have been launched in the adjacent county along with the start of the Veterans only coffee socials launched at the local VA hospital—all emerging from the wellspring of this intervention. Community-based interventions can be a combination of evidence-based practices with a mix of social innovation and a distributed leadership approach to adapt and help bolster community resilience.² Engaging, empowering and supporting local Veterans to grow and take ownership of such initiatives can build on the importance of the military culture and continued social connectedness to help mitigate risks of suicide in the Veterans community. Lessons learned from this early stage social intervention have included:

- Recognize the challenges with attracting and making social connection opportunities available for the individual Veterans. Look for pivot points and key decisions in partnership strategy to increase participation and engagement.^{2,3}
- Plan for a mix of days and times for events to increase access points for Veterans.
- The importance of data collection is crucial to telling the story. Assign one or more planning

committee members to collect sign-ins from attendees but keep the event casual and informal.

- Launch a community-owned Facebook page (or other social media page) to help promote Veteran coffee social events and related events and archive information on past events.

As a commentary, this article is based on anecdotal data, but grounded in evidence and a theoretical basis. Future research on this type of effort could include ‘thick data’ collection to help tell the stories of the individual Veterans and the Veteran focused community partners to strengthen the qualitative insights on such initiatives to help other communities replicate and improve upon the interventions.² The Veterans coffee social initiative is an example that is evolving and spreading to help other at-risk populations locally. Leveraging these types of low-cost, organically grown interventions holds the potential to help in suicide prevention and building community resilience for Veterans, active-duty service members and others in communities across the nation.

Figure 1. *Interlocking Community Connections to Support Veterans Suicide Prevention*

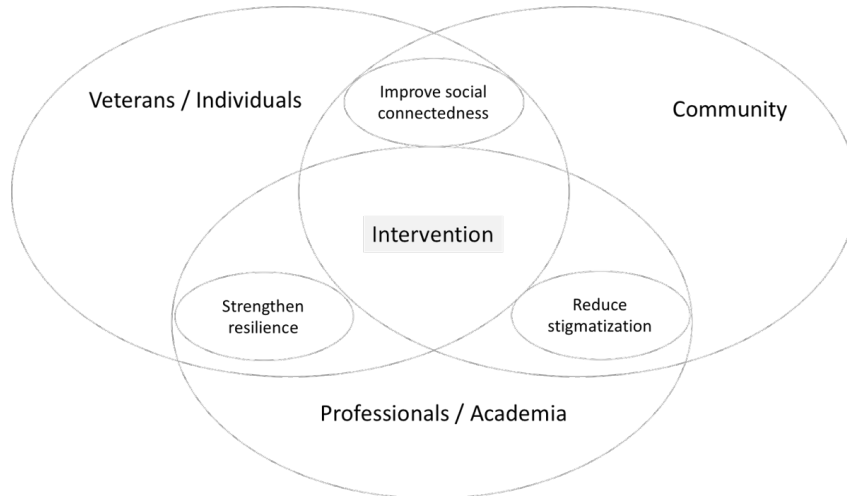


Table 1. *Number of Attendees and Veteran Attendees Per Veterans Coffee Social**

Month of Veterans Coffee Social	Number of Attendees	Total Veteran Attendees	Individual Veteran Attendees	Number of Attendees at Multiple Coffee Socials
March 2022	30	12	1	N/A
April 2022	39	18	5	12
May 2022	38	20	4	20
June 2022	45	22	4	17
July 2022	58	24	6	27
August 2022	57	30	8	22

*Counts are based on sign-in sheets from each event and manual headcounts by program coordinator in lieu of some attendees not signing in.

Table 2. Summary of Coffee Social Survey Responses (n = 22)

Questions	Responses
1. Did you serve in the military?	14 Yes; 7 No
2. Branch of service	5 Army; 5 Navy; 3 Marine Corp; 1 Air Force
3. Which of the following describes your race?	2 African American; 19 White
4. Did you attend a coffee social as part of an organization?	81% Yes; 19% No
5. Which type of organization are you affiliated with?	5 VA; 1 College / University; 2 Behavioral Health; 1 Other Government Agency; 9 Other Non-profit
6. I found the information to be informative	57% strongly agree; 38% agree; 5% disagree
7. I made new resource connections	57% strongly agree; 38% agree; 5% neither agree or disagree
8. Social support: the event helped expand connections with Veterans and Veteran supporters	57% strongly agree; 43% agree
9. I would come to future coffee socials and / or invite other Veterans	71% strongly agree; 29% agree
10. I made connections to better support the Veterans community	100% yes
11. What was most useful to you from this coffee social?	<ul style="list-style-type: none"> • “Connecting with other organizations” • “Meeting with new organizations to share their resources with Veterans” • “Communication with support agencies” • “Meeting current Veterans and hearing their stories, meeting others in the field, forming connections and networking” • “Community building” and “Partnership building” • “Networking and learning about new veteran organizations”
12. What could make future coffee socials better?	<ul style="list-style-type: none"> • “More structure, introducing members in attendance before mingling. Having more veterans come to the events to form face-to-face connections” • “Bring in people who seek to volunteer for organizations that support veteran programs” • “Spend time explaining what the Zero Suicide initiative is and why its important to solve the Veterans suicide crisis” • “Increase veteran attendance” • “Have one in a neighboring county”

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