



## Every 65 Minutes, 1 Veteran Lost: National Alliance to End Veteran Suicide

You may know that the Department of Veteran's Affairs estimates a veteran takes his or her own life about **once every sixty-five minutes on average**. This alarming statistic highlights the stark reality of post-deployment healthcare, especially in rural areas. In the following IDGA exclusive interview, Alice Franks, speaks about the importance of rural based strategies, including community response teams, and her role as Co-Founder of the 'National Alliance to End Veteran Suicides'. Read on...

**Highlight for us the importance, as well as the limitations of community based and rural not for profit organizations.**

Community based not for profit organizations are important in that they are there. They don't need to be recreated and they're generally trusted agencies within a community and designed to provide community support within those communities, and in rural locations that's a very valid credential to have; that you're there, that you're not someone new riding into town to try to make things better.

When they design community based agencies and programs in rural areas as the do in other locations, they do local needs assessments and determine the best ways in which to address the local community's needs. In rural areas of our country the community can be the size of a county or a parish, or it can be the size of a city, town, or even state can be considered "the community". The rural culture is so very different than the urban culture in more ways than just the population base. There's a mindset that's different. People find it hard to believe that my commute to work involves passing Amish carriages and farm tractors as I'm trying to get to my office in Madison, Wisconsin; and understand the cultural values of an area is important in helping them. So that's one of the strengths in utilizing local community based agencies for assistance with behavioral health.

The downside is that they have limitations the staffing and funding is often limited in some of the rural geographical areas and they are often times given a specific limitation in the geographic and demographic areas that they can serve and also the infrequency of service that may be needed can force an agency to kind of become a 'jack of all trades'. I worked as a community based medic in rural areas, and we covered 100 square miles of rural Wisconsin's countryside. We saw everything that our peers in the big cities saw, we just saw it less frequently. Mental health professionals in rural locations see everything that other communities—that urban mental health professionals see they just see it less frequently. Continuing education to stay current on industry standards, and understanding the different workplace culture of the military. The recent death by suicide of an army psychologist was covered in *Time Magazine*, and that really speaks to the issues faced by

those caring for service members and families post- deployment, and of course our veterans. In addition to the personal struggles of coming into contact with some of the most horrific secondary trauma that a provider can come into contact with, there's also the issue of maintaining a practice in a rural area when the population base is so very limited.

We then go back to how important it is to have longevity in a rural area to become a trusted provider in a community. So the not for profit organizations have a leg up, in that, if they are trained to provide service to veterans and understand that culture well and are able to provide in a way that says, "I may not be a veteran myself but I've taken training specifically in your experience and what you've been through," that goes a long way, and reaching out to veterans who maintain an, "if you ain't been there you don't know" mentality around the care that they receive. Nothing can send a veteran out the door faster than coming into contact with a mental health provider who has absolutely no clue about the experience that they've had in theater.

**Discuss the rationale behind the development of community response teams or CTR's and the role they play in identifying risk behaviors in addition to their potential impact on talk-down initiatives.**

The purpose of a coordinated community response team is to provide a multi-disciplinary approach and response to issues involving a specific focus. So it could be a community response team that focuses specifically on sexual assault issues and domestic violence issues, because it's a coordinated response it brings together all of those people within human services and social service, law enforcement, all of those agencies that may be coming into contact normally and naturally with people who are having issues with that particular social service or human service area of need.

Now those community response teams in many communities are already up and running and they are working specifically around sexual assault issues or domestic violence issues. Those community response teams can be given the education and additional partners can be brought on board that look specifically at issues that veterans have, and suicidal ideologies in the veteran population. That would include veteran service organizations, county veteran service officers who are coming in contact and working with veterans on a daily basis. It would be that opportunity to engage yet another group of people in addressing veteran needs prior to a suicide occurring, and there are behaviors that we see that might be able to be addressed earlier that would short circuit the suicide. In bringing together as many people as possible to surround the Veteran and support the Veteran's families and support systems the community response team can coordinate—again, *coordinated* response to their issues and concerns and provide them with better service and intervene in a manner that will impact the numbers of suicides we're seeing.

**Let's talk about the National Alliance to End Veteran's Suicide. Talk to us about the mission, the vision, the focus areas, and how they will impact the losses.**

I want to point out that the great majority of Veterans and families are readjusting to life after deployment and finding their way through to survive the peace. One of the first things I want to talk about are the statistics that we know about veteran suicide. The Department of Veteran's Affairs estimates that a veteran takes his or her own **life once about every sixty-five minutes on average**. That accounts for some 6,500 suicides per year, which accounts for nearly 20% of all suicides in the United States. The biggest spike is in the 18-25 year old, our recent veteran population.

The mission of the National Alliance is very simplistic. Our mission is to end veteran suicide in our nation through our focus areas of research, education, resource provision and community collaborations. Certainly the community response teams that I spoke of would be an example of community collaborations, but also things like veteran picnics and the community actually engaging with churches designing events for veterans and families within their communities. All of those things are community collaborations and community engagements. Our vision is to create a network of committed, trained, and recognized volunteer champions that actively are engaged in addressing the alarming concerns of suicide deaths among veterans. We will impact this concern and provide resources to veterans to their families and survivors through the main focus areas of The Alliance. Again, those focus areas are research, education, resource provision and community collaboration. The focus of research, initially this area will be addressing the collection of available data regarding veteran suicide death and suicide attempt. While the veteran's administration has done an exemplary job of capturing that data for those who are in V.A. treatment, there isn't a corollary capture of data among private sector and public sector agencies other than the V.A. That information isn't being captured at a local level by, let's say, police that may respond to a disorderly conduct or a domestic violence or an intoxicated driver situation do not generally ask whether or not they are dealing with a veteran. Those are all signs that things are progressing in a negative direction for personal behavior, a direction that we don't want... So capturing that data from behavioral health agencies from law enforcement and justice systems regarding veteran's health, injury, harm, risk taking behaviors, and of course from coroners and medical examiners regarding suicide death of veterans that aren't also in treatment with the V.A. become the other part of the statistic that we need in order to determine the severity of the problem and give it the attention that it deserves.

The education piece for the National Alliance is providing increased education to the general public regarding the issues facing young veterans and families and bringing away awareness to the serious issue of veteran suicide, Post Traumatic Stress and traumatic brain injury and how those things impact suicidal ideation. The resource provision piece is our work in locating and vetting organizations providing support services to veterans and families. We are not, as an organization, seeking to provide treatment or intervention services, but rather to identify and align with organizations and individuals providing those services and to make those services known, particularly to those in rural areas of our country. Identifying peer support and mentorship programs to veterans, families and

survivors and making those resources known. For instance the group 'DryHootch of America' is an excellent peer support, veteran to veteran program with peers who are trained with an established national curriculum to provide assistance to other Veterans. Lastly, our community collaborations and community engagement focus area is outreach to individuals and organizations with an interest in providing support to veterans and families. We seek to provide supportive assistance to those seeking to establish community based events and activities, particularly those that are designed to create community around veterans and families and improve the interconnection and the understanding of what our veterans are currently experiencing.

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**Alice Franks-Gray** is the Director of Strategic Initiatives and Co-Founder of the National Alliance to End Veteran Suicide. Alice is sister to three Vietnam Era Veterans, and aunt to four OIF/OEF Veterans. Graduating with highest honors, she holds a Master's degree in Psychology with a specialization in crisis response & management (posttraumatic stress disorder/psychoeducation). She is currently a PhD candidate in Health Psychology. Ms. Franks-Gray has a lengthy history of public service in South Central Wisconsin; beginning as a congressional district staff member for former Secretary of Defense, Les Aspin. She served in emergency medical response and fire service for 15 years; becoming the first female officer in the history of the fire service. She also served as a sworn medical examiner, becoming board certified in medicolegal death investigation. Ms. Franks-Gray has over 25 years of experience in the areas of: crisis/trauma supportive intervention, community outreach and family programs management, stakeholder relationship building, and is a recognized mental health educator within public and private sector agencies. In her role with the National Alliance Ms. Franks-Gray has developed the organizational mission and vision in addition to creating an engaged public-private partnership to address the issue of Veteran suicide, self-injury and risk taking behaviors.