No Citizen-Soldiers Left Behind: 
Six Initiatives to Counteract Veterans’ 
PTSD, Depression and Suicides, in 
“Building a Quality Management System and 
Scopes of Practice for the Military Under 
TRICARE” 
Washington, D.C., October 13, 2010 
John F. Greden, M.D. 
Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences 
Executive Director, University of Michigan Comprehensive Depression Center 
Chair, National Network of Depression Centers (NNDC) 
Research Professor, Molecular and Behavioral Neurosciences Institute 
Marcia Valenstein, M.D., Jane Spinner, MSW., MBA, Adrian Blow, Ph.D., Lisa A. Gorman, Ph.D., Gregory Dalack, M.D., Sheila Marcus, M.D., Michelle Kees, Ph.D. 

University of Michigan Comprehensive Depression Center, Department of Psychiatry and Veterans Administration Hospital, Ann Arbor, MI, 48109, USA
Acknowledgements
Six Needed Initiatives

1. Rediscovering Citizen-Soldiers
   1. National Guard and Reserves
2. Co-occurrence is the norm
3. “Changing culture by using culture” to improve treatment entry and adherence
   1. Buddy-to-Buddy
   2. Family
   3. Resiliency
4. Evidence-Based Treatments
5. National Dissemination using all available partnerships
6. Recruit “voices” to counteract stigma
1. Rediscovering Citizen-Soldiers

• America’s National Guard
  – Largest deployment since WWII
  – ~35 - 40% of > 2 million troops in Iraq and Afghanistan

• Michigan Army National Guard (MI ARNG) = illustration
  – > 9,000 Soldiers
  – 90% deployed, most multiple times
  – Returning soldiers dispersed
  – 3500 need behavioral health care

• Both traumas and consequences similar among active duty and “citizen soldiers”
2. Co-occurrences are the norm

- Prevalent and equally severe to other branches
  - Post-traumatic Stress Disorder (PTSD)
  - Clinical Depression
  - Traumatic Brain Injury (TBI)
  - Sleep disturbances
  - Substance Abuse
  - Suicidal thoughts

- "Because co-occurrence is the norm, concomitant treatment of ALL prevailing clinical syndromes should be the norm" (Greden et al, Ann. N.Y. Acad Sci. 2010, in press)

- Treat individuals, NOT diagnostic labels
Reluctance to enter treatment is **THE** barrier

- Estimated **40%** need behavioral health care
  - 8% with suicidal thoughts
- **50%** reluctant to seek ANY help
- Only **30%** received adequate care

- **40…50…30** -- the **REAL** problem

Rand Corporation
Why don’t 50% seek help?

• Do not want it in military records (27%)
• Unit leadership might treat me differently (20%)
• Too embarrassing (17%)
• Harm career (17%)
• Costs (15%)
• Do not know where to go to get help (6%)
• No providers in my community (6%)
• Transportation (5%)

Survey, Lisa Gorman, Ph.D.
Most citizen soldiers have a different experience than active duty soldiers upon returning home

- Resources less available for National Guard
- Stigma may be even greater
- Geographic dispersal common
- Buddies less available
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6. A program of “voices” to counteract stigma
3. “Changing culture by using culture”

• “If you haven’t been there, you don’t get it.”
• “No soldier left behind…soldiers take care of their own”
• “Another veteran who has been there makes it okay to get help”

When geographic dispersal occurs and personnel are inadequate, peer-to-peer may be an essential starting point.
3. “Changing culture by using culture”

- Buddy-to-Buddy
- Family
- Resiliency
“Buddy-to-Buddy” Goals

- Identify returning soldiers with need
- Enhance treatment enrollment and adherence by peer culture via trusted “buddies”
- Train community resources and for those requiring, refer to professionals
- Reduce suicides
- Emphasize
  - Buddies! Families! Resiliency!
Description of Buddy-to-Buddy

• First tier (Buddy Ones)
  – Soldiers within unit
  – Overseen and operated by MI ARNG

• Second Tier (Buddy Twos)
  – Veterans outside of Guard
  – Overseen by University of Michigan staff
All Soldiers Assigned Buddy One

Telephone Check-In from Buddy One

Assess Soldier’s Reintegration: Physical, Social & Emotional Needs Met or Already Connected to Systems of Care?

- Concerns identified
- No concerns identified

Urgent mental health need?

- Yes
- No

Buddy One Discusses with NG Mental Health Professional

Buddy One Comfortable Handling Referral?

- Yes
- No

Soldier Receives Direct Referral to Care

Buddy Two Consults with Patient Handles Referral to Care

Institute Emergency Protocol
Guard MHP Link
Buddy One Training

- 3 hours, with Manual
- Participation of Military Leadership essential
- New cover now in place
Buddy One Training

• Recognize signs suggesting need for evaluation
• Know Resources
  – JFSAP psychologist
  – Guard psychiatrist
  – Chaplains
  – Buddy Twos
  – R2R Systems of Care (military and community resource providers)

• Crisis training
  – “What do you do in cases of emergencies?”

• “Your job is **not** to give help, it’s to **get** help”
Buddy-to-Buddy Appears to Be Meeting Goals

- ~500 Buddy Ones and ~30 Buddy Twos trained, more being trained
- 554 Soldiers Surveyed
  - 90% understand intent
  - 65% receive regular calls from their Buddy
  - 65% feel comfortable talking to their Buddy
  - 53% used resources or services suggested by Buddy

- 21% referred by buddy

**Recommendation:** A National Program of Buddy-to-Buddy needed for all Guard and Reserve returning citizen soldiers
Families are part of the treatment team, also have treatment needs

- Family/Partner members are powerful “buddies”
- Perception
  - “Current services are not enough”
  - “We need more help before problems spiral out of control”
  - “Our families that stay behind have the toughest job”
- New Veterans Administration programs now helping some
Suicide Prevention Among Veterans
(Shinseki, 1/11/10)

• 30,000 deaths by suicide a year, 20% by veterans, most not in treatment

• “Why do we know so much about suicides and so little about how to prevent them?”
  • Eric Shinseki, Secretary of Veterans Affairs

• Buddy-to-Buddy Has Role in Suicide Prevention
  • QPR, ACE, ACT, RACE, Etc.
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5. National Dissemination with available partnerships

6. Recruit “voices” to counteract stigma”
Evidence-Based Treatments

• They do exist although not always used.
• Education of providers is mandatory
  – Understanding and collaborating with military culture
    • NO “splitting”
• “Buddy-to-Buddy” designed to work with clinical providers regardless of affiliation/
• Recommendation: Use all resources, recognizing preference is important
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National Dissemination via partnerships

- Veterans geographically distributed
- Seek evidence-based treatment wherever available, eligible, acceptable and preferred
- Use all options
  - TRICARE
  - VAH (registration and utilization encouraged for all)
  - Military facilities
  - Community resources
  - National Network of Depression Centers (www.NNDC.org)
    - Some Centers already working closely with veterans
  - Student Veterans of America (www.SVA.org)
  - Telecare
National Network of Depression Centers
Vision & Roadmap

National Network of Depression Centers and satellites: a leveraging opportunity
Government-Academic-Community Partnerships are essential

- Recommendation:
  - DOD, Military Branches, Veterans Administration, Academia, Citizen Groups all must collaborate
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Gary Sinese;
Dallas Cowboy Cheerleaders

Courtesy of Capt. Thomas Fluent, M.D.,
U.S. Navy
“Under the Helmet” and “Veterans Supporting Veterans”

• Athletes and Veterans
  – Shawn Andrews, a two-time Eagles Pro Bowl offensive lineman
  – Eric Hipple, former NFL Quarterback
  – University of Michigan Depression Center
  – AFSP Lifesaver Award
Summary Recommendation:
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We **WILL** win this fight
Thank you

Go Blue!