



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Context Clues: Using Social Determinants of Health (SDOH) to Enhance Treatment: Trauma and Chronic Stress and Military Deployment

Stephanie Davis, Ph.D.

Disclaimer

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At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

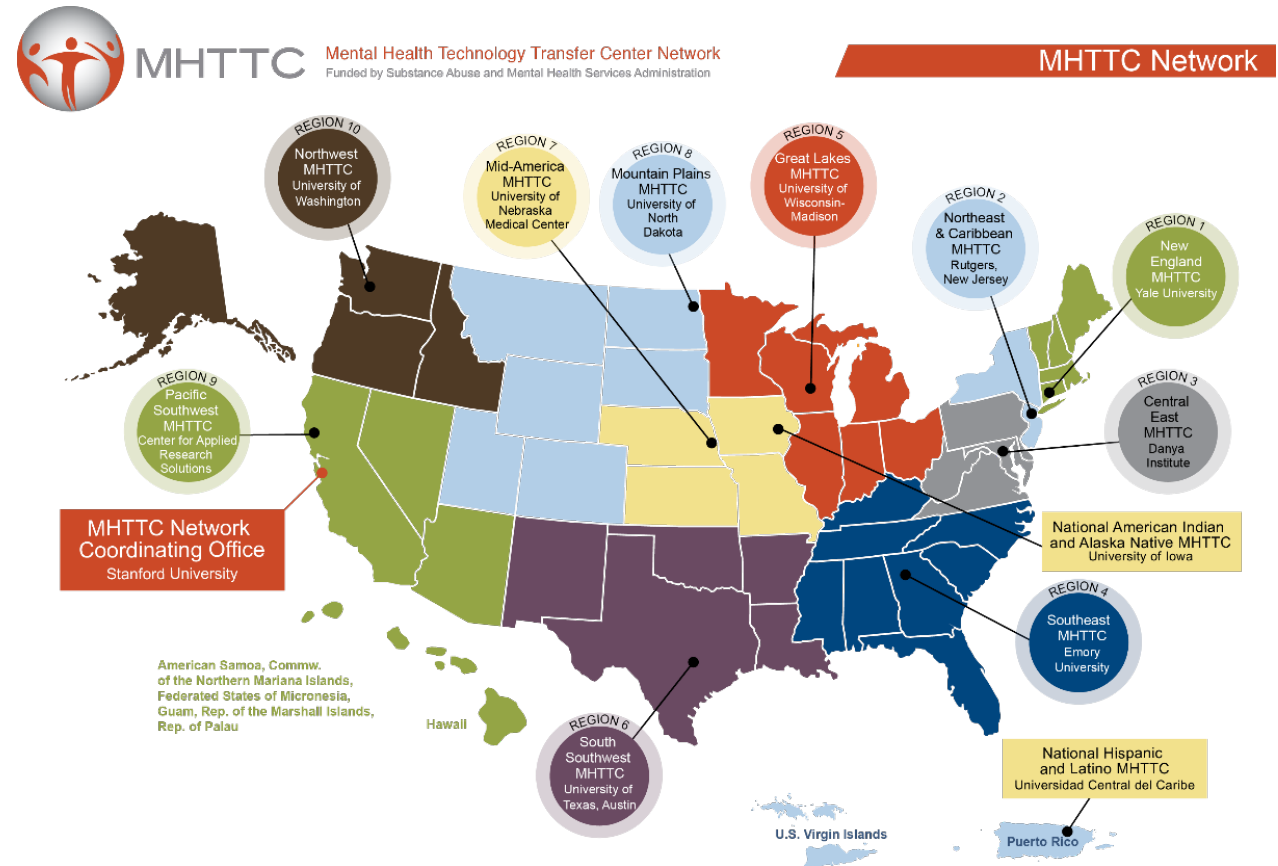
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
(5 years, \$3.7 million, grant number: H79SM081769)



Deployment Stress PTSD And Resources

Stephanie Davis, Ph.D.

Suicide Prevention Coordinator

VA Eastern Kansas





Overview

Unique Challenges of a Military Population

Development/Maintenance of PTSD in a Veteran Population

Health/Mortality Correlates of PTSD

Impact of PTSD on Partners/Families

Treatment Options

VA Resources

Unique Challenges for Military Service Members

Long separations from family

Uncertainty - service members may not know what the future holds

Difficulty accessing treatment

Stigma against seeking treatment

Potential consequences for seeking treatment

Discharges

Combat Deployment:

- Trauma
- Other factors (what SM did in the war, the politics around the war, where the war is fought, and the type of enemy faced)
- Traumatic Brain Injury (TBI) - Post-911 combat prevalence ranges from 19.5-22.8%



Deployment Stress on Families

During deployment, family members have a range of feelings and experiences, including:

- Concern, worry, or panic
- Loneliness, sadness
- Added family duties and responsibilities
- Learning new skills, making new friends
- Fear for their Service Member's safety
- Feeling overwhelmed
- Financial difficulties
- Dealing with problems on their own
- Understanding what your loved ones have been through
- Concern over being needed and loved

Deployment Stress on Children

Effects vary significantly depending on:

- Age
- Maturity
- Pre-existing behavioral or mental health problems
- Mental health of the at-home parent (especially for young children)

For more information see [Children Coping with Deployment](#).

PTSD in a Veteran Population



PTSD in a Veteran Population

According to the U.S. Department of Veterans Affairs, PTSD affects approximately:

- Vietnam Veterans - 15% in a given year; 31% lifetime
- Gulf War (Desert Storm) Veterans – 12% in a given year
- Operation Enduring Freedom (OEF) Veterans – 11% in a given year
- Operation Iraqi Freedom (OIF) Veteran – 20% in a given year

Civilian Rates of PTSD

- 3.5% in a given year; 6.8% lifetime

PTSD is more prevalent among war veterans than among any other group.



By Clker-Free-Vector-Images / 29546
<https://pixabay.com/vectors/soldier-saluting-salute-man-person-294475/>

A. Exposure to a stressor (e.g., threat to the physical integrity of self or others)

B. Persistent Re-experiencing Symptoms



By Phil2007, <https://commons.wikimedia.org/wiki/File:PTSD.png>

A. Exposure to a stressor (e.g., threat to the physical integrity of self or others)

B. Persistent Re-experiencing Symptoms

C. Hyperarousal Symptoms



Fight, Flight, or Freeze



By smarko, <https://pixabay.com/photos/deer-mammal-young-animal-wild-1367217/>



By Chrisstenger, <https://pixabay.com/photos/springbok-animals-safari-fighting-5891080/>



By arnamb, <https://pixabay.com/photos/zebras-running-black-and-white-6122048/>



Almost everyone who experiences a traumatic event will initially experience these symptoms of PTSD.

The most common reaction to trauma is healing.

Some people get stuck in the recovery process. It is this “stuck” place that we call PTSD.

Stuck

Memories



Unprocessed Trauma Memories



Unprocessed Trauma Memories

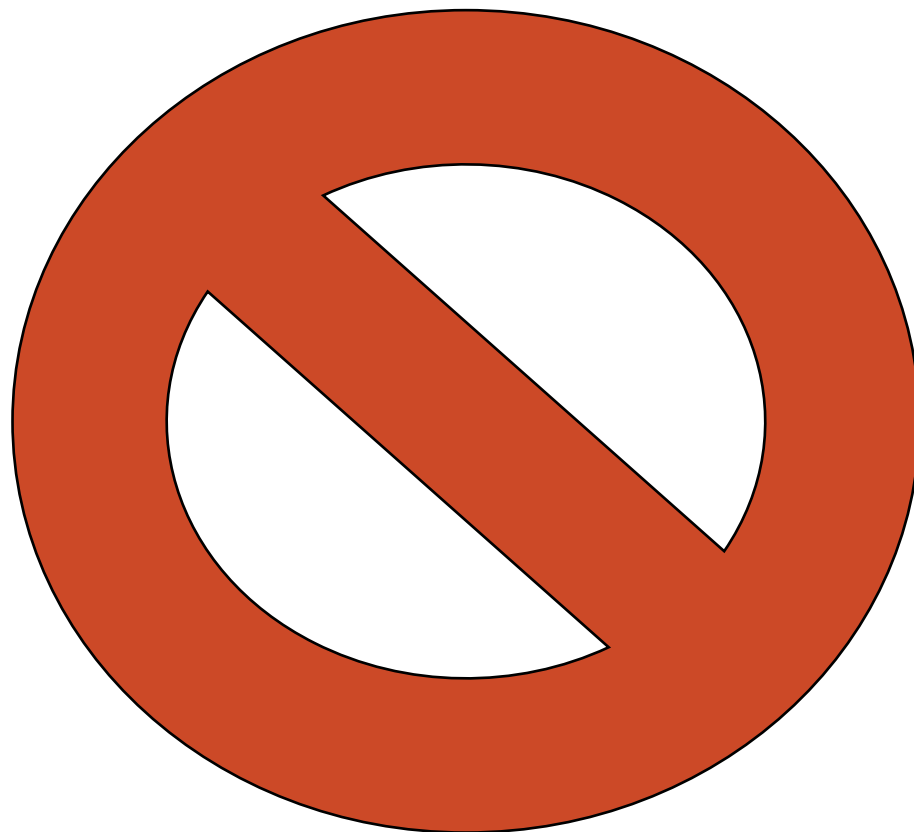


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Unprocessed Trauma Memories



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By coxinhafotos <https://pixabay.com/vectors/pilates-pilate-ball-fitness-2137509/>



AVOID



Role of Avoidance in Maintaining PTSD Symptoms

Two types of Avoidance

Internal: Memories, Thoughts,
Feelings

External: People Places
Situations, Activities,
Conversations





Role of Avoidance in Maintaining PTSD Symptoms: Internal Avoidance

Unhelpful Coping Strategies
(Avoid thinking, feeling,
remembering):

Alcohol/Substance Use

Risky behavior

Over-scheduling

Drama (vs. trauma)

Role of Avoidance in Maintaining PTSD Symptoms: External Avoidance



Avoiding **Reminders** of Trauma:
People, places, situations,
activities, conversations, sights,
sounds, smells

Imagine if Bigfoot suddenly
crashed through the wall...



Role of Avoidance in Maintaining PTSD Symptoms: External Avoidance



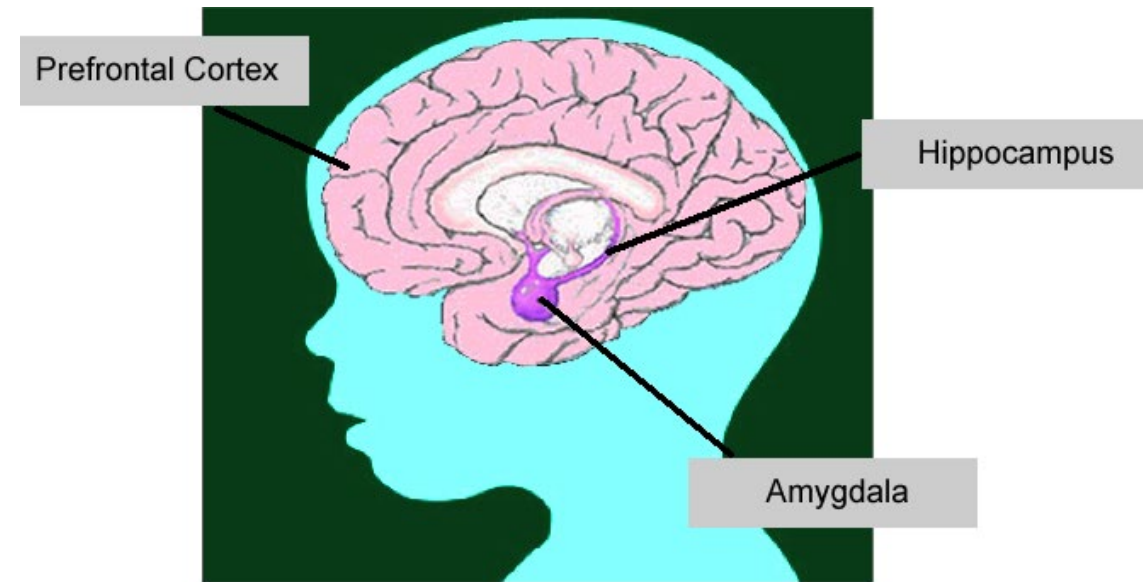
Avoiding **Reminders** of Trauma:
People, places, situations,
activities, conversations, sights,
sounds, smells

What might be some of the people,
places, things someone with
combat-related PTSD might avoid?



The Impact of Trauma Changes in the Brain

- Hyper-responsive **amygdala**
 - Everything is perceived as a threat
- Decreased volume of **hippocampus**
 - Disruption in memory and ability to overcome fear response
- Decreased volume of **pre-frontal cortex**
 - Thinking, planning, reasoning, analyzing
 - Impulse control





The Impact of Trauma

Changes in Beliefs about Self and Others

- Intimacy
- Power and Control
- Self-Esteem
- Safety
- Trust
- Fear and Anxiety
- Anger
- Guilt/Shame
- Grief/Depression/Sadness

The Impact of Trauma

Health/Mortality Correlates of PTSD

PTSD is associated with adverse health outcomes, the onset of specific diseases, and premature mortality.

In general, greater lifetime trauma exposure and increased severity of PTSD associated with increased risk for new medical diagnoses/physical health symptoms

Medical

Cardiovascular Disease (including Early-Age Heart Disease)

Viral Hepatitis

Hypertension Cancer

Diabetes

Stomach ulcers/gastrointestinal disease

Autoimmune diseases (rheumatoid arthritis, psoriasis, thyroid disease, fibromyalgia)

Behavioral

Suicide

Accidental Injury (Risky Behavior)

Accidental overdose (SUD)

The Impact of Trauma

Effects on Partners/Families

Relationship Satisfaction

- Marital/relationship problems
- Parenting struggles
- Generally poorer family adjustment
- Higher divorce rates

Possible Underlying Issues

- Anger, irritability, emotional numbing – may directly impact relationship satisfaction
- Less likely to share thoughts and feelings with their partners
- Diminished sexual interest /Sexual dysfunction
- Greater sense of anxiety around intimacy
- Possibility of interactive effect between relationship problems and PTSD symptoms

The Impact of Trauma

Effects on Partners/Families

Family Violence

- More instances of family violence
- Not solely related to males

Caregiver Burden

- Greater responsibility for household tasks (e.g., finances, time management, house up-keep)
- Greater responsibility for maintenance of relationships (e.g., children, extended family).
- Feel emotionally responsible for Veteran's well-being
 - Closely attend to emotions, problems
 - Monitor environment for PTSD triggers
 - Attempt to lessen effects of triggers

In general, the worse the Veteran's PTSD symptoms, the more severe the caregiver burden.

The Impact of Trauma

Effects on Partners/Families

Secondary PTSD (Secondary Traumatic Stress, Vicarious Traumatization):

The development of PTSD symptoms in spouses and people with close relation to someone with posttraumatic stress disorder.

The more that caregivers or family members empathize with a victim and the less able they are to maintain emotional distance, the more likely it is that they will experience secondary trauma.

In addition to primary symptoms, partners of Veterans diagnosed with PTSD may demonstrate:

- Lower levels of happiness
- Less overall life satisfaction
- Demoralization
- About half have felt "on the verge of a nervous breakdown"
- Impaired and unsatisfying social relations



The Impact of Trauma Effects on Children

Social and Behavioral problems

- Aggression
- Hyperactivity
- Difficulty getting along with others
- Difficulties with attention/concentration
- Withdrawn

Emotional problems

- Sad
- Anxious

Struggles may last well into teenage years

The Impact of Trauma

Effects on Children

Potential Response to Re-experiencing Symptoms:

- Confusing and Frightening
- May worry about parent or worry that parent cannot take care of them
- Avoidance and Numbing: children may feel that the parent with PTSD does not care about them.

Potential Response to Hyperarousal Symptoms:

- Afraid to trigger anger
- Worry about causing undue stress/worry

Responses to look for:

- Behaving like their parent as a way of trying to connect with the parent.
- Taking on the adult role to fill in for the parent with PTSD, acting too grown-up for his/her age.

The Impact of Trauma Effects on Children

Secondary traumatization (not common):

PTSD symptoms about the parent's trauma (e.g. nightmares about the parent's trauma)

- May develop own ideas about what happened to the parent, which can be worse than what actually happened

PTSD symptoms related to watching their parent's symptoms

- Difficulty with concentration/attention due to thinking about parent's struggles
- Worrying about causing symptoms if he/she talks about the trauma; mirroring avoidance

PTSD symptoms related to violence/anger outbursts

Failing to address problems can lead to further difficulties at school, sadness, anxiety, and relationship problems later in life

Remember: Treatment Works!



Remember: Treatment Works!



Basic Treatment Goal:
Get Unstuck

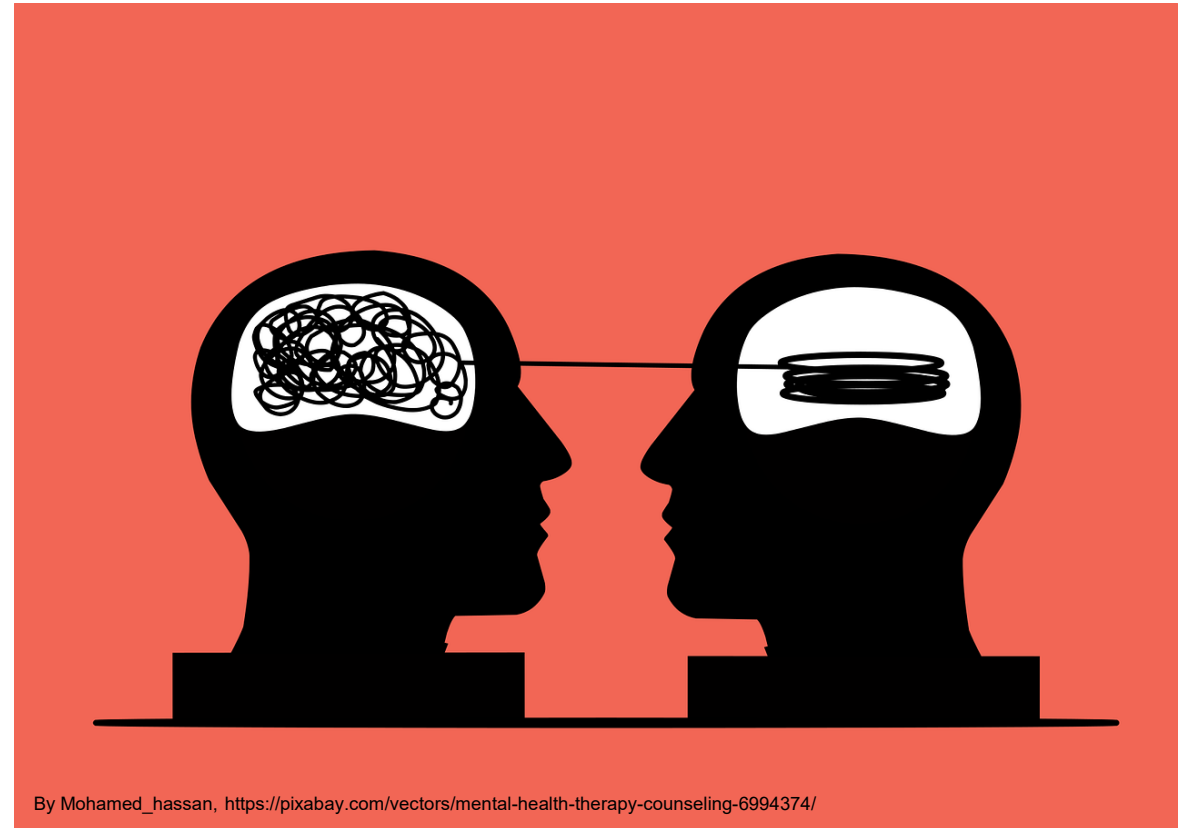
Treatment of PTSD - Psychotherapy

Primary Evidenced-Based Psychotherapies

Cognitive Processing Therapy (CPT)
Prolonged Exposure Therapy (PE)

Medication Management

Antidepressants
Anxiolytics



Treatment of PTSD – Medication Management

SSRIs:

Sertraline (Zoloft)

Paroxetine (Paxil)

Fluoxetine (Prozac)

Escitalopram (Lexapro)

Other Antidepressants:

Venlafaxine (Effexor)

Mirtazapine (Remeron)

Nefazodone (Serzone)

Trazodone

Mood Stabilizers

Lamotrigine (Lamictal)

Divalproex (Depakote)

Topiramate (Topimax).

Other Medications:

For psychotic symptoms: Atypicals can help
Zyprexa, Abilify, Seroquel, Geodon

For nightmares: Prazosin (Minipress)

For hyperarousal: Buspirone and Beta Blockers

The Benzodiazepine Conundrum:

- Use only short-term.
- * Lorazepam (Ativan)
- * Clonazepam (Klonopin)
- * Alprazolam (Xanax)



Treatment for Partners and Families

Effective treatment strategies include:

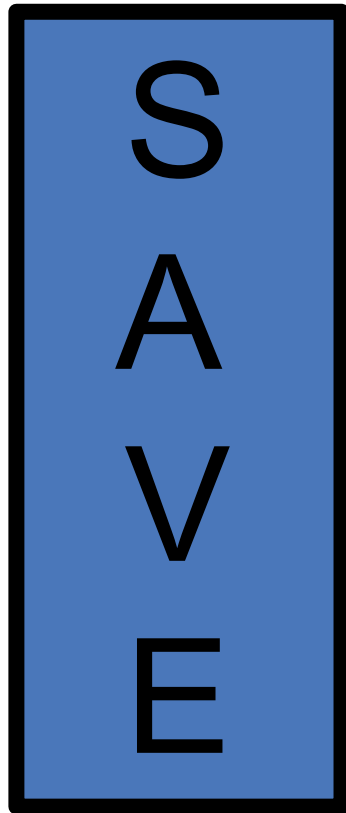
- Education for the whole family about the effects of trauma on survivors and their families
- Support groups for both partners and Veterans
- Individual therapy for Veterans, partners, and possibly children
- Couples or family counseling

Potentially Applicable Z-Codes

- Z56.82--Military deployment status
- Z65.5-- Exposure to disaster, war and other hostilities
- Z63.31--Absence of family member due to military deployment
- Z63.71--Stress on family due to return of family member from military deployment

Suicide Prevention





S.A.V.E. will help you act with care and compassion if you encounter a Veteran who is in suicidal crisis.

- **S**igns of suicidal thinking should be recognized.
- **A**sk the most important question of all.
- **V**alidate the Veteran's experience.
- **E**ncourage treatment and **E**xpedite getting help.

S Signs of Suicidal Thinking

Ideation

Substance use

Purposelessness

Anxiety

Trapped

Hopelessness

Withdrawal

Anger

Reckless Behavior

Mood Swings

Thwarted belonging/Isolation
Burdensomeness



By Lethia. <https://pixabay.com/photos/oak-dead-tree-solitary-tree-933439/>



Signs of Suicidal Thinking

Ideation

Substance use

Purposelessness

Anxiety

Trapped

Hopelessness

Withdrawal

Anger

Reckless Behavior

Mood Swings

Thwarted belonging/Isolation
Burdensomeness

Acute Warning Signs:

Threatening to hurt or kill self

Seeking access to means

Talking or writing about death,
dying, or suicide





Signs of Suicidal Thinking – “Coded” Language

“People would be better off without me”

“I’m unworthy of respect”

“I can never be forgiven”

“I’ve never been successful at anything”

“I can’t take this any longer”

“No one can help solve my problems”

“This is unbearable”

“I don’t deserve to live”



A Asking the Question

**Know how to ask
the most important question of all...**



Asking the Question

“Are you thinking about killing yourself?”



Asking the Question

“It sounds like you’re going through a lot right now, are you having any thoughts of killing yourself?”

“You sound really overwhelmed. Have you had any suicidal thoughts?”

“It sounds like you’ve really been struggling. Does your mind ever hand you thoughts about suicide?”



Asking the Question

Do's	Don'ts
<p>DO ask the question if you've identified warning signs or symptoms.</p>	<p>DON'T ask the question as though you are looking for a "no" answer. "You aren't thinking of killing yourself, are you?"</p>
<p>DO ask the question in a natural way that flows with the conversation.</p>	<p>DON'T wait to ask the question when someone is halfway out the door.</p>

Columbia Suicide Severity Rating Scale



- 1) Within the past month, have you wished you were dead or wished you could go to sleep and not wake up?
- 2) Have you had any actual thoughts of killing yourself?
- 3) Have you thought about how you might do this?
- 4) Have you had these thoughts and had some intention of acting on them?
- 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
- 6) Have you ever done anything, started to do anything, or prepared to do anything to end your life (for example, collected pills, obtained a gun, gave away valuables, went to the roof but didn't jump)?

If yes, was this within the past 3 months?



THE COLUMBIA PROTOCOL:
COLUMBIA SUICIDE SEVERITY
RATING SCALE (C-SSRS)
JUST ASK. YOU CAN SAVE A LIFE.

The National Suicide Prevention Lifeline

1-800-273-8255

The answers selected indicate **LOW** risk. Seek help from family and friends. A behavioral health referral may be appropriate.



RESTART PROTOCOL

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THE COLUMBIA PROTOCOL:
COLUMBIA SUICIDE SEVERITY
RATING SCALE (C-SSRS)
JUST ASK. YOU CAN SAVE A LIFE.

The National Suicide Prevention Lifeline

1-800-273-8255

The answers selected indicate **MODERATE** risk. Seek help from family and friends. A behavioral health referral is appropriate.



RESTART PROTOCOL

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THE COLUMBIA PROTOCOL:
COLUMBIA SUICIDE SEVERITY
RATING SCALE (C-SSRS)
JUST ASK. YOU CAN SAVE A LIFE.

The National Suicide Prevention Lifeline

1-800-273-8255

The answers selected indicate **IMMINENT** risk. Immediately seek help from emergency personnel, call the Suicide Prevention Lifeline, or call 911. Please do not remain alone.



RESTART PROTOCOL

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Validate the Veteran's Experience



- Talk openly about suicide. Be willing to listen and allow this person to express his or her feelings.
- Recognize that the situation is serious.
- Do not pass judgment.
- Reassure the person that help is available. Treatment works!
- Be present. Be genuine.



Validate the Person's Experience

"You're going through a really tough time right now."

"The harder you try to cope, the more out of control you feel."

"This feels really scary, and you don't know what to do."

"You're having a hard time seeing a way out of this."

"You're hurting."

"Of course you're feeling overwhelmed."

"This is too much for *anyone* to handle alone."

"You feel like you've lost all direction."





Encourage Treatment and Expedite Getting Help

What should I do if I think someone is suicidal?

- Don't keep suicidal behavior a secret.
- Do not leave him or her alone.
- Reassure the Veteran that help is available.

Imminent

- Take them to the nearest emergency department.
- Call the Veterans Crisis Line together: **1-800-273-8255, Press 1.**
- Call 911.

Moderate

- Refer to VA or community provider/therapist.
- Complete a Safety Plan.
- Discuss Lethal Means Safety.
- Involve collaterals (if willing).



When Talking with Someone at Risk for Suicide

- Remain calm.
- Listen more than you speak.
- Maintain eye contact.
- Act with confidence.
- Do not argue.
- Use open body language.
- Limit questions — let them do the talking.
- Use supportive, encouraging comments.
- Be honest — let the person know that there are no quick solutions, but help is available.

Remember

S

Signs of suicidal thinking should be recognized.

A

Ask the most important question of all.

V

Validate the person's experience.

E

Encourage treatment and Expedite getting help.

Aunt Bertha - <https://aetna-ks.auntbertha.com>

The screenshot shows the homepage of findhelp.org. The browser address bar displays 'https://www.findhelp.org'. The site logo 'findhelp.org' is in the top left, and navigation links for 'Support', 'Sign Up', and 'Log In' are in the top right. The main heading reads: 'Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**'. Below this is a search bar with 'ZIP' on the left, '67701' in the input field, and a green 'Search' button with a magnifying glass icon. A red circle highlights the search bar area. Below the input field, a blue badge indicates '359,156 people use it (and growing daily)'. At the bottom of the search bar, it says 'By continuing, you agree to the Terms & Privacy'. The footer contains a 'Select Language' dropdown menu, a list of links: 'Browse Programs', 'Suggest Program', 'Claim Programs', 'Work at an Organization?', 'About Us', 'Accessibility', 'Terms', and 'Privacy', and a copyright notice: '© 2011-2021. Powered by findhelp.'

What can we learn from our case study?

Claudia



Mother
Age: 38
Race: Latina
Employment: Waitress
Insurance: through employer

Patrick



Father
Age: 41
Race: White/Thai
Employment: Auto detailer
Insurance: marketplace plan

Ivonne



Grandmother
Age: 63
Race: Latina
Employment: N/A
Insurance: none

What can we learn from our case study?

Tyler



Eldest daughter
Age: 16
Race: biracial
Employment: student
Insurance: Medicaid

Elliot



Son
Age: 13
Race: Latino
Employment: student
Insurance: Medicaid

Edith



Youngest daughter
Age: 2
Race: biracial
Employment: N/A
Insurance: Medicaid

VA INFORMATION AND RESOURCES



Eligibility

What is a Veteran?

A Veteran is a person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable.

Active Duty Eligibility:

Before 9/7/90 (Enlisted) 10/16/81 (Officers): The SM must have served one day of honorable active service.

Before 9/7/90 (Enlisted) 10/16/81 (Officers): The SM must serve 24 consecutive months.

Reserves: Reservists must serve the time in which they are called to Active Duty for operational or support purposes and be discharged under honorable conditions to be eligible for VA healthcare. This excludes active duty for training.

National Guard: National Guard SMs must be mobilized by Federal Executive Order under Title 10, serve the time in which they were called, and be discharged under honorable conditions to be eligible for VA healthcare.

Eligibility

Access and manage your VA benefits and health care

Apply for VA health care

Health care

[Refill and track your prescriptions](#)
[Send a secure message to your health care team](#)
[Schedule and manage health appointments](#)
[View your lab and test results](#)
[Apply now for VA health care](#)

Disability

[Check your claim or appeal status](#)
[View your payment history](#)
[Upload evidence to support your claim](#)
[File for a VA disability increase](#)
[File a claim for compensation](#)

Education

[View your payment history](#)
[Change your current education benefits](#)
[Compare GI Bill benefits by school](#)
[Apply for education benefits](#)

Records

[Get Veteran ID cards](#)
[Get your VA medical records](#)
[Download your benefit letters](#)
[Change your address](#)
[Request your military records \(DD214\)](#)





Ways to Access Mental Health Care

- Mental Health Clinic
 - By appointment
 - Urgent: Triage/Same Day Care (M-F 8:00-3:45)
- PTSD Clinical Team (PCT)
 - By appointment
- Primary Care Mental Health Integration (PCMHI)
- After regular business hours: Present to local VA Emergency Department

Emergency Community Care

Present to the nearest Emergency Department

Inform the emergency care provider to report your emergency treatment to VA's Centralized Emergency Care Reporting Center as soon as possible after your treatment starts by:

- Using the [VA Emergency Care Reporting portal](#), **OR**
- Calling 844-72-HRVHA (844-724-7842)
- To transfer to VA, ask community hospital to contact the VA Transfer Coordinator

MISSION ACT/Community Care

Veteran can go to any Emergency Dept/Urgent Care Center without preauthorization

Criteria for Community Care Appointment(s):

- Service not available at VA
- Veteran resides in a US state or territory without a full-service medical facility
- Distance from VA facility:
 - 30-minute average drive time for primary care, mental health, and non-institutional extended care services
 - 60-minute average drive time for specialty care
- Wait times:
 - 20 days for primary care, mental health care, and non-institutional extended care services, unless the Veteran agrees to a later date in consultation with their VA health care provider
 - 28 days for specialty care from the date of request, unless the Veteran agrees to a later date in consultation with their VA health care provider
- Veteran and referring clinician agree that it is in the Veteran's best medical interest
- Veteran needs care from a VA medical service line that VA determines is not providing care that complies with VA's quality standards.

VA Community Provider Toolkit

Community Provider Toolkit

Asking about Military Experience

Working with Veteran Populations

Supporting Veteran Mental Health & Wellness

Navigating Veteran Benefits & Services

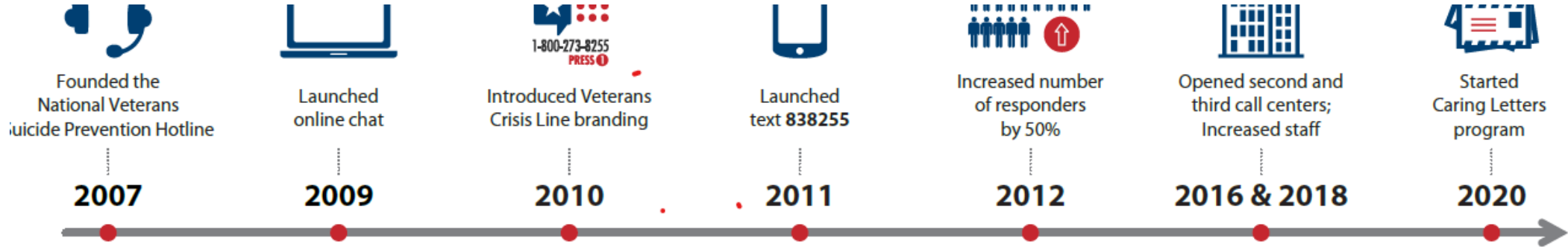


[VA CPT - Home | VA Community Provider Toolkit](#)

Free, Confidential Support 24/7/365



- Veterans
- Service members
- Family members
- Friends



More than
5.6 million
calls



More than
218,000
texts



More than
660,000
chats



More than
1.0 million
referrals

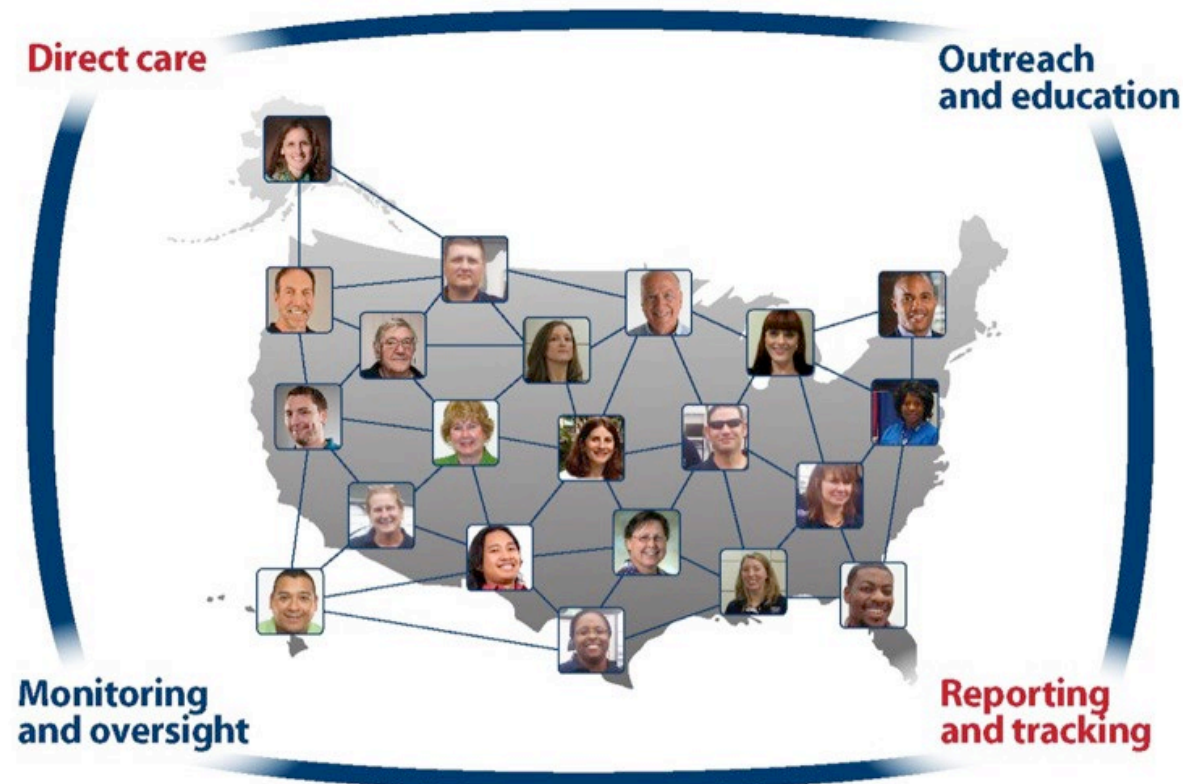
to VA Suicide Prevention Coordinators

More than
204,000
dispatches of
emergency services



Find a Local VA SPC at: [Local Resources \(veteranscrisisline.net\)](http://veteranscrisisline.net)

More than 400 SPCs nationwide.



Find a Local VA SPC at: Local Resources (veteranscrisisline.net)

Resource Locator

Locate Information and Resources

No matter what you are experiencing, there is support for getting your life on a better track. To find the Veteran resources most helpful for you, fill in your ZIP code or state below and check the boxes of the programs or topics you are interested in. You can also select the National Resource Directory or the SAMHSA Behavioral Health tab to find additional services.

U.S. Department of Veterans Affairs Resources | National Resource Directory Resources | SAMHSA Behavioral Health Treatment Services Locator

1 Select a Resource

- Suicide Prevention Coordinators**
Specially trained Suicide Prevention Coordinators or teams are available at all VA Medical Centers across the country.
- Crisis Centers**
Search for community-based crisis centers in your area.
- VA Medical Centers**
VA Medical Centers offer a range of acute care and community-based outpatient services, including mental health care, diagnostics, homeless and alcohol/drug abuse programs, nursing home and respite care.
- Outpatient Clinics**
Community Based Outpatient Clinics (CBOCs) are local VA locations that provide primary care, counseling, laboratory analysis, prescriptions and radiology services.
- Veterans Benefits Administration Offices**
Veterans Benefits Administration Offices provide services to Veterans seeking benefits related to compensation, pension, vocational rehabilitation, home loans, death benefits, employment, and disability.
- Vet Centers**
Vet Centers provide readjustment counseling and outreach services to all Veterans who have served in any combat zone, as well as their family members.
- All**
See all VA and community-based services in your area.

2 Choose Location

Search by Zip Code Search OR Search by state



2 Choose Location

Search by Zip Code Search OR North Dakota

Results for **Suicide Prevention Coordinators** in state **ND**

Monsebroten, Tammy
Fargo, ND 58102
P: 701-239-3700x93556
F: 701-237-2642
tammy.monsebroten@va.gov;
raae.bickett@va.gov

Results for **Crisis Centers** in state **ND**

FirstLink HotLine
Fargo, ND 58103
P: 701-293-6462
F: 701-235-2476
[visit website](#)

--Standing Rock Line--
Fargo, ND 58103

Results for **VA Medical Centers** in state **ND**


Fargo VA Health Care System
2101 Elm Street N.
Fargo, ND 58102
P: 701-232-3241 Or 701-232-3241
[visit website](#)

Take a Moment — Reach Out

Veterans have been trained to carry the heavy stuff,
but don't have to go through it alone.

TAKE A MOMENT

REACH OUT

Watch the Video 

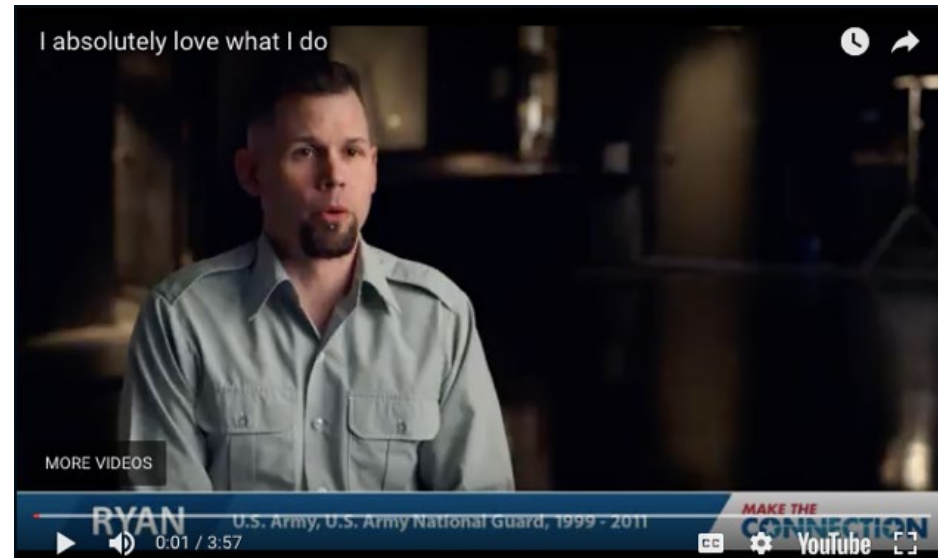
<https://www.va.gov/REACH/default.asp>



Make the Connection

Online resource featuring hundreds of Veterans telling their stories about overcoming mental health challenges.

**MAKE THE
CONNECTION**



<https://maketheconnection.net/conditions/suicide>

Practice safe storage of firearms, medications and other lethal means

- Visit www.KeepItSecure.net to learn more about the importance of firearm and other lethal means safety.
- Nearly half of all Veterans own a firearm, and most Veteran firearm owners are dedicated to firearm safety.
- Firearm injuries in the home can be prevented by making sure firearms are **unloaded**, **locked**, and **secured** when not in use, with ammunition stored in a separate location
- There are several effective ways to safely secure firearms. Learn more and find the option that works best for you and your family from the National Shooting Sports Foundation at www.nssf.org/safety

VA » Health Care » REACH » Firearm Suicide Prevention & Lethal Means Safety

REACH

Mental Health
More Health Care

QUICK LINKS

- Hospital Locator
Zip Code Go
- Health Programs
- Protect Your Health
- A-Z Health Topics

Veterans Crisis Line
1-800-273-8255 PRESS 1

My healthvet
My Health, My Care: 24/7 Access to VA

FIREARM SUICIDE PREVENTION & LETHAL MEANS SAFETY

KeepItSecure.net

PRACTICE SAFE STORAGE OF FIREARMS, MEDICATION & OTHER LETHAL MEANS

Lethal means are objects like guns, medications, alcohol, opioids or other substances, ropes, cords, or sharp objects that can be used during a suicidal crisis. If a Veteran is in crisis or having suicidal thoughts, these items can become deadly when they are easily accessible. For example, nearly 7 out of every 10 Veteran deaths by suicide are the result of firearm injuries (Dept. of Veteran Affairs, 2018).

Increasing the time and distance between someone in a suicidal crisis and access to lethal means can reduce suicide risk and save lives. There are simple steps you can take to protect yourself and your family. On this page, you'll find:

- How to identify and handle a suicidal crisis
- Helpful tips for storing guns, medications, and other lethal means
- Additional resources about safe storage

New Lethal Means Safety

Reducing Firearm & Other Household Safety Risks

Brochure provides best practices for safely storing firearms and medications along with advice for loved ones on how to talk to the Veteran in their life about safe storage.



U.S. Department of Veterans Affairs
Office of Mental Health and Suicide Prevention

Reducing Firearm & Other Household Safety Risks for Veterans and Their Families



Firearm safety is an important public health issue that can affect your health and your family's well-being.

If you own a firearm, or live in a household where there are firearms, the following information can help keep you and those around you safe. Similarly, reducing access to other household risks, like medications, can help ensure your family's safety.

Mental Health Mobil Apps.

Mobile Apps - PTSD: National Center for PTSD (va.gov)

<p>Self-Help</p> <p>These apps provide support and guidance in living with PTSD.</p>				
	PTSD Coach	PTSD Family Coach	Beyond MST	Mindfulness Coach
<p>Treatment Companions</p> <p>These apps offer additional help for PTSD treatments.</p>				
	CPT Coach	PE Coach	CBT-i Coach	ACT Coach
<p>Related</p> <p>These apps help with related issues affecting people with PTSD.</p>				
	COVID Coach	Couples Coach	Insomnia Coach	StayQuit Coach

VIRTUAL HOPE BOX

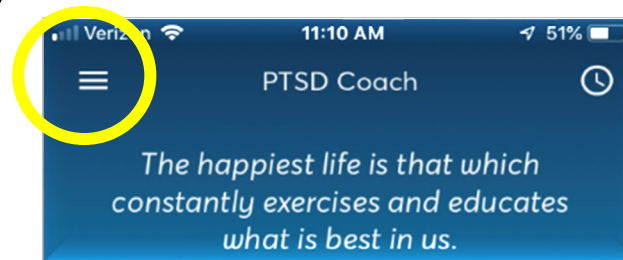


Safety Plan now in PTSD Coach!



To access the Safety Plan:

1. Download* and open PTSD Coach
2. Tap the lateral menu
3. Tap Safety Plan



National Center for PTSD website:

https://www.ptsd.va.gov/appvid/mobile/ptsdcoach_app.asp

Coaching into Care

Program for families and loved ones of Veterans, helping them encourage the Veteran in their lives to seek support.



CALL 888-823-7458



Resources for Partners and Families

Resources

National Center for PTSD: [PTSD: National Center for PTSD Home \(va.gov\)](https://www.ptsd.va.gov/)

Caregiver Support Services: [VA Caregiver Support website](https://www.va.gov/caregiver/); 1-855-260-3274

Vet Centers: Provide individual and group psychotherapy to combat Veterans (including National Guard and Reserves) and their families

Books

Back from the Front: Combat Trauma, Love, and the Family. Aphrodite Matsakis (2007)

After the War Zone: A Practical Guide for Returning Troops and Their Families. Laurie Slone & Matt Friedman (2008)

Why is Dad so Mad? Seth Kastle (2015)

VA S.A.V.E. Training

This free suicide prevention training video is less than 25 minutes long and available to everyone, 24/7. It's offered in collaboration with the PsychArmor Institute.



Available online for free: <https://psycharmor.org/courses/s-a-v-e/>



Supporting Providers Who Serve Veterans

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: srmconsult@va.gov

#NeverWorryAlone

www.mirecc.va.gov/visn19/consult



Provider support after a suicide loss (Postvention)



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage Veterans at high risk

Postvention Resources



COMMUNITY

PROVIDERS

WORKPLACE



Films



Infographics



Podcasts

Uniting for Suicide Postvention (USPV):
<https://www.mirecc.va.gov/visn19/postvention/>



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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EMAIL: midamerica@mhttcnetwork.org

WEBSITE: mhttcnetwork.org/midamerica



MUNROE-MEYER
INSTITUTE

SAMHSA

Substance Abuse and Mental Health
Services Administration