

Prevention Training Technical Assistance Service Center

12 Sector Collaboration Series

Military Sector

Learning Objectives:

Overview of Military structure and Branch knowledge.

A summary of risk and protective factors associated with substance misuse in service members and veterans, based on a comprehensive review of the research literature.

Gain insight on Special Populations at higher risk within the military sector.

Examples of evidence-based strategies for preventing substance misuse in this group.

Gain insight from those who have served in the sector.

Information on national, state, and local sources of substance misuse data for this population.

Uniformed Services of the United States The United States currently has eight federal uniformed services which commission military grade officers under federal executive order. They are, in order of precedence while in formation:

- US Army
- ► US Marine Corps
- US Navy
- ► US Air Force
- ▶ US Space Force
- US Coast Guard
- United States Public Health Service Commissioned Corps
- National Oceanic and Atmospheric Administration Commissioned Officer Corps

Structure of the Armed Forces



Military Structure and Culture

The United States military is organized in a hierarchical structure which accounts for:

- Rank
- Time in service
- Military Occupational Specialty (job field)
- Special skills in the assignment of leadership

 Military members are expected even at the lowest level of rank to exhibit leadership ability and potential. This is incorporated into training and assimilation into military culture early as possible

 Many servicemembers develop a sense of pride and honor in their selected Service and their identity as a servicemember.







Branch knowledge

WHAT DOES EACH BRANCH DO?

US Army	The Army conducts operational and institutional missions around the world, typically handling land-based missions. Encompasses the largest amount of personnel throughout all the branches.
US Air Force	Trains for and maintains global superiority in air, space and cyberspace. Air Force personnel fly planes, helicopters and direct satellites.
US Space Force	Component of the Dept Air Force , this is the newest branch of the US Armed Forces, established in Dec 2019. Trains for and maintains global superiority in cyberspace.
US Navy	Among its many missions, the US Navy serves to make the seas safe for travel and trade. It also acts as carrier during Marine Corps missions.
US Marine Corps	A component of the Dept of the Navy. It carries out global missions on both sea and shore and serves as an expeditionary force. Marines are a rapid-reaction team and are usually the first boots on the ground in a conflict.
US Coast Guard	Safeguards maritime interests through both civil and military missions. The Coast Guard operates around the world and in domestic waterways and ports.

What is the Department of Defense substance abuse policy?

The DoD requires those on active duty to participate in mandatory and random urinalysis testing, in an effort to identify those who are abusing substances, and to prevent service members from abusing drugs or alcohol. This policy includes:

- Random testing: names are chosen by a computer program, and those who are selected must undergo testing. If a service member's commander suspects that they are using illegal drugs, that service member can also be ordered to take a test
- Military personnel who are asked to take a urine test must comply, or else face disciplinary action
- Any service member who tests positive for drug use is usually assessed by their branch's substance abuse program to determine the extent of their problem with substance abuse. From there, treatment recommendations are provided as well as any disciplinary action

Mental Health within the Military

- Military men are more likely to be diagnosed for alcohol and substance abuse disorders than their female peers
- Younger personnel are more likely than older servicemembers to be diagnosed with mental health disorders with prevalence rates of:
 - ► Army 10.7%
 - ▶ Navy 7.4%
 - ► Air Force 7%
 - Marine Corps 6.5%
- Mental health disorders are still highly stigmatized in the military. Some military members fear that diagnosis of a mental health disorder will lead to a record profile (limitation of duties), limitation of career progression and alienation from peers.

Statistics on Substance Abuse

Approximately 11% of veterans who visit a medical facility run by the Department of Veterans Affairs (VA) for the first time have a substance use disorder (SUD). Binge drinking, or consuming a lot of alcohol in a short time, is one of the more common issues that veterans face.

Veterans may abuse substances in response to mental health disorders, to cope with readjusting to civilian life, or to manage pain. Substance use has been linked to trauma, homelessness, mental health disorders, physical health issues, increased risk of suicide, and problems in relationships and at work. Statistics on substance abuse in veterans show that among those who have SUDs:

- More than 80% (nearly 900,000) abuse alcohol.
- Nearly 27% (about 300,000) abuse illegal drugs.
- About 7% (almost 80,000) abuse both alcohol and illegal drugs.

SAMSHA Military Families Strategic Initiative:

SAMHSA identifies service members and veterans as a priority population for prevention services, and highlights the importance of tailoring prevention efforts to address the key health and related factors associated with military service

Goals

• Improve military families' access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services

• Improve the quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs within the military family culture

• Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health and prevent suicide

• Develop an effective and seamless behavioral health service system for military families through coordination of policies and resources across federal, national, state, territorial, tribal, and local organizations



Psychological: defined as factors related to the mental and emotional state of a person

- Service members and veterans diagnosed with post-traumatic stress disorder are at an increased risk for alcohol misuse, problem substance use, and developing a lifetime substance use disorder.
- Service members and veterans who experience mental health disorders (such as depression or anxiety) are at an increased risk for problem substance use.
- Experiencing greater levels of stress is associated with an increase in problematic alcohol and other substance misuse behavior among service members.
- National guard service members with low positive emotionality (for example, limited capacity to experience pleasure or reward) who were deployed to Iraq were found to be more likely to develop post-deployment onset of alcohol use disorders.

Exposure to Combat

Defined as factors related to experiencing combat situations such as firing rounds at the enemy or being on dangerous duty.

Engaging in combat or having killed someone in combat has shown to be associated with alcohol abuse for Iraq or Afghanistan service members and veterans. Stressful relationships- defined as situations in which an individual has experienced cruelty, violence, or otherwise stressful circumstances

Some specific research findings:

- Service members returning from war in Iraq or Afghanistan who had experienced adverse childhood experiences (for example, experienced abuse or were exposed to a problem drinker in the household) or lifetime exposure to assaultive trauma, are at increased risk for alcohol misuse.
- Women veterans who have experienced rape either as a child, prior to military service, during military service, or after military service are at an increased risk for lifetime substance use disorder.
- Male Vietnam veterans who associate with peers who have drug use problems are more likely to develop drug dependence or abuse.

Risk Taking Behaviors & Substance Use: defined as behaviors that involve danger in order to experience a desired outcome.

- Risk taking and impulsive behaviors are associated with increased frequency, quantity, and total drinking in the past year.
- Service members who separated from the military and engage in sensation seeking behavior are more likely to have problem substance use.
- Male Vietnam Veterans who engaged in early cannabis use are more likely to use illegal drugs (other than cannabis), have illegal drug abuse/dependence, or develop alcohol dependence as they age.
- Having been prescribed pain relievers and/or anxiety/depression medication is associated with their misuse for active duty service members.
- Being a current smoker and engaging in other drug use is associated with past year marijuana use for veterans.

Stress

- Military life is very structured and contains a clear chain of command, whereas civilian life is generally very unstructured with no clear chain of command.
- Transitioning to civilian life can be a stressful challenge for many veterans due to an overwhelming number of daily choices. Finding employment, finding housing, acquiring transportation, family issues, and coping with Post-traumatic Stress Disorder (PTSD) are a few things that could trigger overwhelming stress.
- This may cause some veterans to rely on substances use/abuse to cope with these stressors.

Parent/Sibling Deployment

- Research shows that deployment of a military family member significantly increases a child's risk of substance use as compared civilian and non-deployed military peers.
- Your child's risk of substance use also increases the longer deployments last and the more deployments they experience.
- If you are the non-deployed parent or caregiver, you may also feel stressed and overwhelmed. You might find yourself suddenly dealing with more household, childcare, and financial responsibilities.
- Stressors of re-assimilation into the family unit upon return from deployment.

Frequent Relocation

- The risk of substance use increases during times of transition. For youth this can include moving or changing schools.
- According to the National Military Family Association military families move 2.4 times as often as civilian families and can transition between schools as much as nine times in their K-12 school years.

PCS: Permanent Change of Station

Stigma-Stigmas are attitudes and behaviors surrounding certain aspects of a person that may be perceived as bad—such as mental health issues—that can be demoralizing to that person

- A lack of confidentiality, zero-tolerance policies, and mandatory drug testing can add to the stigma of substance use or substance abuse and may discourage individuals from seeking treatment if they need it. One study of substance abuse in the military found that 50 percent of military personnel who participated in the study believed that seeking help for substance use or mental health issues would have a negative impact on their career.
- Service members may face being dishonorably discharged or criminally prosecuted if they test positive for drugs, which can further prevent those who need treatment for substance abuse to seek help.

Types of Stigma

- Self-stigma—thoughts of oneself may lead to feeling ashamed or unconfident in seeking care for mental health.
- Anticipated stigma—feeling as if you may be treated differently at some point in the future because of prejudice or negative stereotyping.
- Public stigma—collective negative beliefs may lead to widespread discrimination against members of the group who have mental health problems.

Special Populations

- ► Female
- ► LGBTQ+
- Spouses, Families, and Youth

Female veterans face unique challenges.

Shame, stigma, and difficulty accessing childcare may make it difficult for female veterans and service members to seek treatment in male-dominated VA facilities.

- More likely to experience mental illness and sexual trauma.
- More prone to developing SUDs if they have PTSD or specific medical issues, and are at greater risk for suicide.
- 2.2 times more likely to commit suicide than civilians.
- Have double the risk of developing PTSD.

In 2019, 43% of female veterans who used the VA were diagnosed with a mental illness. Depression is the most commonly diagnosed mental illness among female veterans.

WHAT ARE THE POTENTIAL SOLUTIONS FOR THESE CHALLENGES

To protect and help this population, awareness is the solution.

Female only facilities allow for a more specific, supportive environment. Inpatient Drug And Alcohol Rehab Programs For Women that involve WRAP AROUND SERVICES:

- child care, transportation
- treatment for co-occurring diagnoses, focus on emotional needs
- teaching coping skills to address expectations, stigma, and stress

LGBTQ+ veterans face unique challenges:

These result from a combination of stress, stigmatization, and discrimination from other people as well as overall policies within the military and VA healthcare system. Discrimination and stigma from healthcare providers can cause LGBTQ+ veterans to withhold personal information or avoid seeking care.

- More likely to have worse physical and mental health outcomes.
- At increased risk for anxiety and depression.
- Concerned about discrimination if a VA provider becomes aware of their sexual orientation; 10% were harassed, and 10% had been denied treatment.
- Report that more than half had experienced some sort of discrimination at a VA facility.

The 2018 WGRA report indicates that 91 percent of men and 77 percent of women indicated that they were heterosexual or straight, and 4 percent of men and 14 percent of women indicated that they were gay, lesbian, or bisexual. In 2014, there were more than 130,000 transgender veterans.

WHAT ARE THE POTENTIAL SOLUTIONS FOR THESE CHALLENGES

With respect to SUD and LGBTQ+ identity disclosure, which is an important protective factor.

- Since the VA doesn't accurately track sexual orientation and gender identity, providers may fail to recommend suggested screenings for physical and mental health conditions for LGBTQ veterans.
- Civilian and VA provider partnerships can build trusting relationships which act as important social supports and buffer for LGBT patients.
- These partnership allow for anonymity while accessing civilian and VA benefits.
- Providing these safe environments allow for increases in disclosure which allow for increasing the quality of treatment.

Military Spouses are an at-risk population by the very nature of their relationship to the service member or veteran.

Adverse interpersonal experiences are the most common risk factors for military families as often times they are struggling with their own stresses, anxiety, depression, and marital satisfaction while sharing in the trauma associated to their military counter part, parent or family member. These factors have increased in the past 20 years as SUD has increased within the military, coupled with long and more frequent deployments.

- Spouses were predominantly female (86%), had not served in the military themselves (79%), and were spouses of enlisted (91%) active duty (86%) service members.
- Approximately 48% of military spouses had used Military Health System insurance to fill at least one opioid prescription during the 2-year observation period.
- Almost half (47.6%) of spouses obtained at least one opioid prescription during the 2-year observation window, and 8.5% had received opioid prescriptions that posed risk to their health.

WHAT ARE THE POTENTIAL SOLUTIONS FOR THESE CHALLENGES

Spouses can have difficulty finding support and treatment. While members of this population are able to access VHA benefits, most report a sense of discomfort or a misalignment of treatment options. Solutions need to involve Family-based SUD interventions.

Spouses need know they can involve their military family.

- Family-based SUD interventions require civilian and VHA partnerships which create an environment to include family members in a client's treatment or services for substance misuse is beneficial and makes achieving and sustaining long-term recovery more likely.
- Inpatient Drug And Alcohol Rehab Programs For Women that involve <u>WRAP AROUND SERVICES</u> such as childcare, transportation and a focus on emotional needs including coping skills to address expectations, stigma, and stress.

Military Youth and Families are an at-risk population by the very nature of their relationship to the service member or veteran.

Children of deployed military personnel should be considered at higher risk for substance use than children of nonmilitary citizens. Coping with these stressors in turn can make your military child more vulnerable to substance use and its problems. Most military families and youth respond to these stressors with resilience and strength. However, militaryrelated risk factors can be difficult to cope with and youth may need extra support

- Adolescents who have a sibling currently serving in the military are an at-risk population for MDE and potentially other mental and behavioral health problems.
- Military youth are at an increased risk of using substances in adolescence. Research shows that compared to their civilian peers, military-connected youth are about 50% more likely to report using alcohol, cigarettes, marijuana, and other drugs.
- Among the estimated 524,000 military children aged 12 to 17 in 2015, 19.6 percent used illicit drugs in the past year, 10.7 percent used marijuana in the past year, 3.2 percent smoked cigarettes in the past 30 days, 9.3 percent used any alcohol in the past 30 days, 4.6 percent engaged in binge drinking during the past 30 days, and 0.8 percent received substance use treatment in the past year.

WHAT ARE THE POTENTIAL SOLUTIONS FOR THESE CHALLENGES

While being from a military family alone does not increase your child's risk for substance use, certain experiences common to military life (i.e. multiple deployments, frequent moves, physical injuries and/or mental health difficulties of a parent or caregiver) can create stress for your child. While members of this population are able to access VHA benefits, most report a sense of discomfort or a misalignment of treatment options. Solutions need to involve Family-based SUD interventions.

Children and family members need know they can involve their military family in recovery.

• Family-based SUD interventions require civilian and VHA partnerships which create an environment to include family members in a client's treatment or services for substance misuse is beneficial and makes achieving and sustaining long-term recovery more likely.

Break: 5 minutes



Prevention Strategies for Coalitions

- Provide Information
- Enhance Skills & Support
- Address Stigma
- Enhance Access and Reduce Barriers to Care and Treatment
- Change Consequences, Policies, and Incentives for Care

Protective Factors

- Substance Screenings
- Brief Intervention
- Integrating Mental Health and Substance misuse into care
- Addressing Stigma
- Addressing PTSD
- Culture of Resilience
- Sense of Community and Shared Values
- Financial Stability and Healthcare Access

Screening and Brief Intervention

- Screening for all service members and veterans and brief intervention for those at risk. Utilizing early, routine screening for substance misuse as a strategy for decreasing substance misuse among service members and veterans.
- Brief intervention refers to feedback, risk information, and recommendations provided to those who have screened positive for problem alcohol or other substance misuse.
- Integrating Mental Health and Substance Misuse Into Primary and Preventative Care

Provide Information

- Provide pamphlets to veteran groups on the dangers of selfmedication and importance of addressing mental health afflictions.
- Provide information on binge drinking and problem drinking to veterans and to venues. Provide information on what to do and where to get help if you have a substance misuse challenge.
- Conduct a Social Norms campaign to raise awareness of this sector and their challenges, strengths, and resources.
- Provide pamphlets for veterans with pertinent hotline numbers to call for crisis intervention and services.
- Staff Veterans Resource Center with peer volunteers. Produce flyers that contain resources available to veterans and distribute at Veteran's Resource Centers or local locations.

Enhance Skills

- Provide training to veteran groups specifically addressing selfmedicating and treating mental health afflictions.
- TIPS Trainings: Train bartenders on proper serving techniques to eliminate overserving.
- Train veterans' outreach group on the potential abuse of medical marijuana and the misperceptions of use for PTSD
- Provide community trainings for veteran groups on problem drinking, QPR, etc.
- Provide Mental Health First Aid to providers who serve veterans.

Provide Support

- Collaborate with veteran support groups to facilitate discussion and referrals on how to treat mental health afflictions.
- Engage the business sector with pertinent prevention information and employment supports.
- Establish support group for veterans through Veterans' Outreach and Volunteers of America.
- Be mindful of cultural competency in your outreach and supports.
- Offer childcare and wraparound services during events, screenings, and treatment.

Address Stigma-Efforts to address stigma in veterans include

educating military leadership, changing the culture of seeking mental health care, and veteran-specific programs aimed at decreasing stigma and engaging veterans in care

- The Department of Defense initiated changes to reduce stigma and encourage treatment for mental health disorders and substance abuse. Efforts include a mandate for developing a supportive culture around seeking mental health and substance use services. Mental well-being was recognized as a key component of health, and polarized assessments of being either "ready" or "unfit/ill" are being replaced with a continuum of preparedness for service and an increased diversity of supportive personnel.
- The Army has responded by training leadership on how to foster a supportive culture and reduce stigma, in addition to establishing psychological health care services available during non-duty hours, and developing educational material aimed at reducing stigma.
- Combat Operational Stress Control programs incorporate mental health and substance abuse treatment providers into the fitness and preventative services of each unit.
- Embedded Behavioral Health teams have also been established, increasing the number of mental health personnel to foster positive relationships with leadership, encouraging people to talk about mental health, and promoting positive attitudes about seeking mental health and substance abuse treatment.
- Military Pathways is a program designed to improve mental health through self-directed activities available in an online portal, including self-assessments, mental health education, and referral to services.
- The <u>Real Warriors Campaign provides educational materials about seeking treatment</u> for military service members, veterans, and family members. Materials are shared widely and highlight that mental health and substance use are not uncommon, seeking help is a strength, asking for help does not end a career, and no one is alone in their quest for improved mental well-being

Enhance Access/Reduce Barriers

- Prepare a mental health resource directory for veterans.
- Work with community agencies to provide transportation for veterans to access mental health services.
- Collaborate with county veteran coordinators or local partners to provide resources (mental health, housing, employment, treatment) and supports to veterans.
- Implement treatment referrals through veteran support/help lines.

Change Consequences and Incentives

- Highlight veteran groups/organizations working toward veteran substance abuse prevention and reducing the stigma associated with treatment of substance abuse and mental health afflictions.
- Address stigmatizing and punitive policies for seeking care.
- Reduce any membership fees or costs for veterans attending prevention events.
- Giveaway gas cards/gift cards for veterans to incentivize them to schedule and attend a counseling session at a local mental health center or to participate in screenings.
- Provide "blessing bags", or care bags, to veterans including toiletries, food vouchers, gas cards, for those who may be struggling with housing insecurity.
- Brainstorm other incentives to encourage participation in prevention/alternative events, focus groups, and means to increase your collaboration with this sector and population.

Shared Experience

Staff Sergeant Laura Stamatien: CT Army National Guard for 9 years, primary occupational specialty is of a medical supply solider. She serves also as the state Prevention Resiliency officer and medical readiness officer within the state of CT

Specialist Shayona Montemurro: A current member of the CT National Guard, served 4 years in the active Army component as a healthcare specialist. She currently works with TTASC as a Prevention Specialist

Staff Sergeant Jason Matthews: A Prior service Staff Weather Officer, a veteran of the US Air Force, serving from the years of 2003- 2009. He currently works with TTASC as an associate consultant

- Identify some risk and protective factors facing members of the military sector regarding substance misuse and/or mental health
- What changes in policies or infrastructure within the system do you think would assist with greater access to services members?
- What are the resources uniquely available within the military sector to address these needs of members.
- Do you feel there are special needs to particular sub-groups populations of service members such as females, military children, LGBTQ+, retired veterans, etc.

Treatment

No matter how you served or what you've experienced in military or civilian life, you may be facing challenges that affect your health, relationships, and life — but you don't have to face them alone. VA is here to provide and connect you with clinical resources and peer support to confront and manage any mental health challenge. Explore the sections below to learn more about treatment at VA.



Insurance matters: Active v. non-Active Duty and Access

Opioid Use Disorder Treatment

Research has shown that behavioral therapy in combination with medication (commonly referred to as medication-assisted treatment, or MAT) is the most effective treatment for opioid use disorder. Patients undergoing therapy who also use MAT are more likely to remain in treatment and see improvements in social functioning. Talk to your VHA provider today to learn more about treatments for opioid use disorder. If you or a Veteran you know has been diagnosed with opioid use disorder, it is important to learn about <u>naloxone</u>, an emergency overdose medication.

Why Veterans Don't Find Treatment?

Veterans do not always seek out or access treatment that is available to them. Numerous factors can play a role in why veterans do not attend treatment.⁸ Some common reasons include:^{2,8,13}

- Concerns about losing custody of children.
- Difficulty accessing services due to long wait times, having a hard time reaching providers, and not having reliable transportation.
- Fear of being stigmatized or looking "weak" for having an addiction or getting professional help.
- Not being able to access a local treatment program, especially in rural areas.
- Not having insurance coverage, not having access to VA services, or not knowing how to access services.
- Poor opinion of the VA, lack of trust, or bad prior experience with VA services.
- Trouble getting childcare or taking unpaid leave from work.
- Worries that seeking treatment will have a negative impact on employment.

Treatment Resources

TATES OF

Where to Seek Help

National Cancer Institute's Smokefree.govSmokefree.gov website

- SAMHSA's National HelplineSAMHSA's National Helpline
- National Opioids Crisis- Help and ResourcesNational Opioids Crisis- Help and Resources on the HHS.gov website
- Psychological Health Resource Center
- Army Substance Abuse Program (ASAP)I think I may have a problem article on the army.mil website
- Marine Corps Substance Abuse ProgramSubstance Abuse page on the MCCS website
- Navy Alcohol Abuse Prevention (NAAP)Navy Alcohol Abuse Prevention page on the navy.mil website

<u>Air Force Alcohol and Drug Abuse Prevention and Treatment (ADAPT) ProgramPDF of the</u> <u>Alcohol And Drug Abuse Prevention And Treatment (Adapt) Program on the Air Force</u> <u>website</u> Resources Numbers for Veterans and Service members

The Connecticut National Guard provides resources for veterans and National Guard soldiers free of charge.

- Service Member and Family Support Hotline: 800-858-2677 (National)
- CT Military Child and Youth Programs: 860-548-3254
- CT State Support Chaplain: 860-548-3240
- Behavioral Health Careline: 855-800-0120 (National)
- ▶ Risk Reduction: 860-524-4962
- Suicide Prevention: 860-548-3291
- Substance Abuse Prevention: 860-524-4891
- Military OneSource: 860-502-5416
- Veterans Crisis Line: 800-273-8255 or Text 838255 (National)

Additional Resources

Strategies for Addressing Substance Abuse in Veteran Populations CADCA

Advancing the Behavioral Health of the Nation 2015–2018, SAMSHA

Real Warriors Campaign

Salute To Recovery Programs

Families and Youth

The <u>Military Kids Connect Importance of</u> <u>Relationships</u> website now has information to help military youth build healthy relationships that can be a support when difficulties arise. Military OneSource also provides comprehensive services to increase family resilience and readiness through the <u>Military</u> <u>Family Readiness System.</u>

Additional benefits beyond the care offered by the VA

 Service Members, Veterans, and their Families Technical Assistance (SMVF TA) Center serves as a national resource to support states, territories, and local communities in strengthening their capacity to address the behavioral health needs of military and veteran families

Resources for Women

<u>Women Veterans Call Center (WVCC)</u> call, text, or chat online at <u>855-829-6636</u> to get help and find available resources and services in your area. Trained women representatives can also help you with issues such as:

- Enrolling in VA health care if you have not already
- Setting up a medical appointment in your area
- Answering questions about eligibility (including questions about disability ratings) and other VA benefits like employment, education, and home loans

Additional benefits beyond the care offered by the VA

- <u>military sexual trauma (MST)</u> (that is, experiences of sexual assault or sexual harassment during military service).
- CT Female only facilities allow for a more specific supportive environment

Resources for LGBTQ+

Patient Care Services for LGBTQ+ Veterans

Available health care services for LGBTQ+ Veterans and to download helpful resources.

Coming Out to Your Health Care Provider – Make the Connection

Visit MakeTheConnection.net to learn about VA's resources and support available for Veterans who have faced challenges related to coming out as an LGBTQ+ person.

National LGBTQ+ Health Education Center

The center aims to optimize high-quality, cost-effective, physical and behavioral health care for the LGBTQ+ community by providing educational programs, resources, and consultation to health care organizations.

VA Connecticut Health Care System (West Haven)

Additional benefits beyond the care offered by the VA

• <u>LGBTQ Services - Portal Ct Gov -</u> DMHAS supports people who are lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ+) and their allies by creating safe environments in mental health and substance use disorder facilities to support each other.

Other Resources

All service members and Veterans can use crisis resources

It does not matter what your discharge status is or if you are enrolled in VA health care. If you see someone showing <u>signs of overdose</u> or who is in immediate danger, dial 911. If you're worried that you or a loved one is **at risk of overdosing**, get help now. Connect with the <u>Veterans Crisis Line</u> anytime, day or night. You can call, text, or chat online with caring, qualified VA responders. Many of them are Veterans or family members of Veterans.

•Call <u>1-800-273-TALK (8255)</u> and press 1, or

•<u>Text 838255</u>, or

•Visit the <u>Veterans Crisis Line</u> and start a live chat.

Where can I find more information, help, and resources for SUD:

•The <u>VA SUD program locator</u> will help you find local VA SUD treatment programs.

•Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator allows you to search for the nearest

community treatment options in your area.

•Download <u>VA Mobile Apps</u> designed to support recovery and address substance use and common stressors (e.g., smoking, alcohol use, COVID, relationships, insomnia, anger management).

•<u>MakeTheConnection.net</u> includes information, resources and Veteran-to-Veteran videos for challenging life events and experiences. Listen to real stories from women Veterans.

•<u>Coaching Into Care</u> aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran.

•Access <u>VA suicide prevention resources</u> if you are concerned about yourself or someone you know.

•VA also has robust <u>homelessness programs</u> for Veterans who are experiencing homelessness or at risk of experiencing homelessness.
•Forge Health offers confidential therapy and counseling for people in recovery, or who are experiencing tough times. They have different levels of care and treatment depending on your situation. <u>Contact Forge</u> online.

•Veteran Wellness Alliance. Need help or want to talk? Check In, call <u>1-630-522-4904</u> or email <u>checkin@veteranwellnessalliance.org</u>.

Sources

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April is the Month of the Military Child

On average, military children attend between six and nine schools from kindergarten to grade 12.

Purple symbolizes all branches of the military, a combination of Army Green, Air Force Blue, Coast Guard Blue, Marine Red, and Navy Blue.

Show your support for military children! Wear purple on April 27, 2022





For More Information on Purple Up! please visit: https://portal.ct.gov/SDE/Purple-Up

Upcoming TTASC Events:

How to Make Gambling Prevention a Priority:

May 12, 10am-12pm.

Prevention 101: Fundamentals of the Prevention Field: May 17, 10am-11:30am.

Ethics & Data Collection: May 31, 10am-12pm

Register on our website: https://www.preventiontrainingcenter.org/events

Evaluation Link for Today's Event: https://www.surveymonkey.com/r/GRPW8H2

Thank you for joining!

Jason Matthews: <u>Matthews@xsector.com</u> Shay Montermurro: <u>Montemurro@xsector.com</u> Jennifer Jacobsen: <u>Jacobsen@xsector.com</u>

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