Leadership and the National Guard Psychological Health Program

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Director of Psychological Health
What is the Psychological Health Program?

- Confidential support for Guard members and their families
- Comprehensive service that is NG member specific
- Work with service members on what will impact their reintegration to civilian life
- Advice NG senior management on specific state needs
Management and Commander Consults

- Managing troubled individuals who may be experiencing signs and symptoms of TBI and/or PTSD
- Identifying signs of combat stress
- Issues relating to drug and alcohol abuse
- Referrals to more specialized services
- Managing threats of violence
- Critical Incidents
Psychological Health Program

Relationship Management: Overview of Program

• Team
  – 54 DPHs dedicated to NG state offices and territories

• Mission
  – The mission of the NG Psychological Health Program is to advocate and support NG members and families by promoting mental fitness and personal wellness for operational readiness.

• Team member responsibilities
  – Primary points of contact to 54 NG state offices and territories
  – Liaison with programs and community agencies.
  – Oversee and coordinate mental health counseling and resource services
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BACKGROUND

• Over 40% of all troops deployed to OEF/OIF are from the National Guard and Reserve.
• 18.5% of all returning troops meet the criteria for Post Traumatic Stress Disorder (PTSD) or depression.
• 19.5% meet criteria for a probable Traumatic Brain Injury (TBI).
Background (continued)

• 7% report a mental health problem and probable TBI
• Half of those who need treatment, seek it.
• Slightly more than ½ who receive treatment, get minimally adequate treatment.

Indiana Deployments

• Approx 25,000 IN Residents (all services) have deployed since 9/11

• Approx 16,000 Army National Guard since 9/11 (numbers include multiple deployments)

• Total Army National Guard = approx 12,800
  – Approx 9100 Army NG Deployed since 2007

• Air National Guard = 2,100
  – Approx 520 Air National Guard since 2007
76th Brigade

- Largest Indiana deployment since WW II
- Deployed = 3,049
- Returned = 3,047

- Lost 2 service members to vehicular accidents during deployment
- Lost 2 after deployment to suicide
Crisis Intervention Team

October 2008 – Present

- 5 completed suicides (4 officially)
- Over 90 interventions
National Guard Challenges

States are struggling to meet behavioral health needs:

– Confidentiality and Record keeping
– **Stigma**
– Mental Health “preferred provider” networks
– Standardization of services
National Guard Challenges (continued)

– Local Networks - clinician with specialized training
– Remote locations
– Behavioral health concerns may appear months after release from active duty
– Very few behavioral health providers in the National Guard
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Functions of State Directors of Psychological Health

– Develop community-based behavioral health networks to improve access to mental health providers

– Educate NG members and their families on how to access behavioral health services

– Assess and refer NG members (and families) who may have behavioral health issues such as suicidal ideation, TBI, PTSD, Substance Abuse, Mental Health concerns
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Functions of DPH

– Conduct Leadership consultation and training
– Build psychological health fitness and resilience while dispelling stigma
– Document and track data to provide quality services and identify needs/trends
Green = DPH Service
Yellow = Awaiting State
Hiring Decision

10/19/2021
Psychological Health Program

Regions

Green = East Region
Yellow = Midwest Region
Blue = West Region

AK WA OR ID MT WY ND SD MN WI MI OH WV IA TN MS GU FL ME VT RI DE MD DC PR VI

GU HI
Four Ways to Make a Referral

- **Self-Referral**: voluntary and confidential use of the PHP by an employee or family member.
- **Facilitated (Informal) Referral**: This type of information referral is made to the DPH after a leadership consultation.
- **Mandated (Formal) Referral**: An formal referral to the PHP by a supervisor, commander or other management official of any member who has deteriorating job performance, time management, attendance and/or conduct problems is made in writing.
- **Other Referral**: referral to the PHP by a battle buddy, friend, colleague, health unit, family member or through any means other than self- or a supervisory referral.
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Intervene Early

• The goal is to **intervene early** and often before the problem requires a mandatory referral.
• The intent is to offer help to troubled Guard members and their families.
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Ceridian Preliminary Data Trends
January through May 2009

Client Information: N= 290
Total Events 2161

- **Gender**: 75% Male and 25% Female
- **Age**: 29% aged 19 to 25; 40% aged 25 to 50 **
- **Race/Ethnicity**: 69% Caucasian, 11% African American, 2% Asian and 7% Hispanic
- **Marital Status**: 42% Married (includes living with partner); 53% Single (includes divorced, separated, widowed, single)
Military History

• **Branch**: 95% ARNG, 1% Navy, 4% ANG
• **Grade**: E3 through E6 48%
• **Total Deployments Last 5 Years**: 0=40%, 1=33%, 2=13%, 3=8%, 4=3%, 5=1% and 6=1%
• **Experiences During Deployment Top 3**: Blasts/Explosions=25%, Viewed human remains=21%, Loss of a friend, colleague or unit member=15%,
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Ceridian Preliminary Data Trends January through May 2009

• Assessments Data
  – **Primary Problems:** Top 5 are Family/Marital (20%), PTSD (18%), Psychiatric (16%), Alcohol (8%) and Work-Related (8%)
  – **Secondary Problems:** Top 6 are Family/Marital (18%), Financial (15%), Psychiatric (12%), PTSD (8%), Work-Related (7%) and Alcohol (7%) **
  – IN saw Family/Marital, Substance Abuse, Financial
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Challenges

- Stigma
- No Insurance
- Not eligible for VA Benefits
- Lack of Mental Health Services available
- Lack of providers trained to work with PTSD and TBI
- Can not access psychiatrists in a timely manner
Psychological Health Program Goals

- Identify ways to expedite evaluations
- Identify locations for crisis services; i.e. which emergency rooms, points of contact, etc.
- Identify skill level of local therapists to work with PTSD and TBI
- Provide state wide training on PTSD and TBI
- Develop point of contact at each MHC
Goals In Process

• Trainings on resiliency; before, during, and after deployment
  – COPING SKILLS
  – What to expect while deployed and upon return; both SM and family
  – Relaxation
  – Relationships and communication
  – Financial

• Support groups for OEF/OIF SM’s
Currently in Place

• CIT (Crisis Intervention Team)
• Required training for identification and intervention of service members who may be experiencing suicidal or homicidal thoughts
• CIT in each command
• Health Promotions Counsel
Summary

• Primary Problems:
  – Relationships
  – Substance Abuse
  – Financial
  – PTSD
  – TBI
Community Mental Health Centers

- Contact person and phone number for each center
- Emergency room or crisis center location
- Expedite SM being seen
- Foster communication between MHC and DPH (within HIPAA guidelines)
Other Resources Available

• MFLCs (Military Family Life Consultants)
• Veteran’s Administration (pending eligibility)
• Clergy
• Military One Source
  – 12 sessions, short-term solution focused therapy (STFT)
• TAAs (Transition Assistance Advisor)
• FAC’s (Family Assistance Centers)
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The Chief
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QUESTIONS?