



Leadership and the National Guard Psychological Health Program

Sydney H Davidson, LCSW
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



- <http://www.warfighterdiaries.com/videos/video.aspx?videoID=130>



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



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 $\frac{1}{2}$ who receive treatment, get minimally adequate treatment.

Source: Rand Corp. Report, April 2008: "Invisible Wounds of War"



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



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



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



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

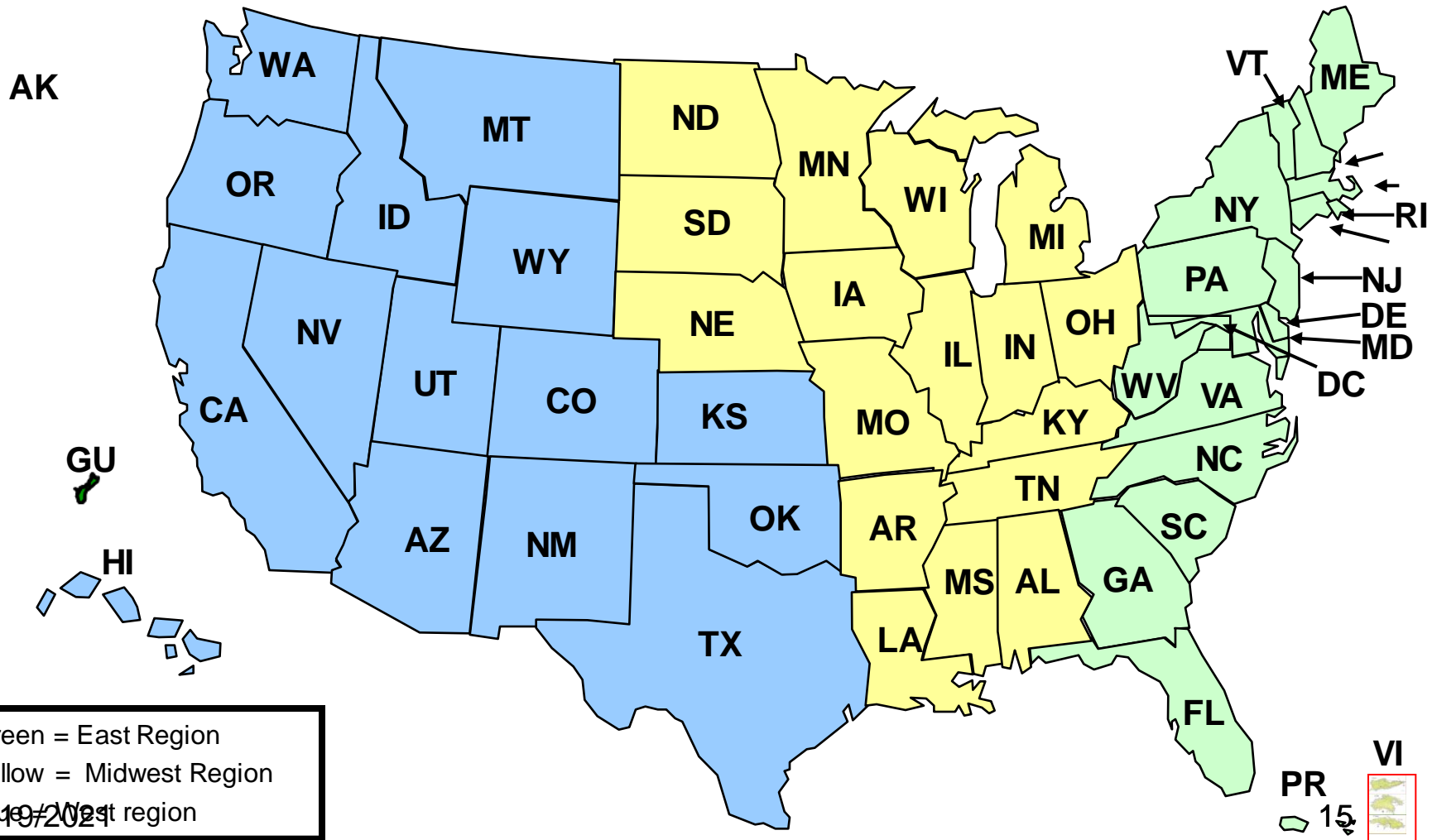


Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



Regions



01/19/2024



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.



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



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.



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



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)



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



Ceridian Preliminary Data Trends January through May 2009

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%,



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



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*



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



<http://www.warfighterdiaries.com/videos/video.aspx?videoID=125>



- <http://www.warfighterdiaries.com/videos/video.aspx?videoID=143>



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)



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



The Chief National Guard Bureau

**CAPT Joan Hunter, RN, MSW,
NGB J1**

703-607-5309

Joan.hunter1@us.army.mil



Contact Information

Sydney H Davidson, LCSW
Director of Psychological Health
317-247-3300 x 85480
317-383-1235

sydney.davidson@us.army.mil
sydney.davidson@ceridian.com



Psychological Health Program

PSYCHOLOGICAL
HEALTH PROGRAM
NATIONAL GUARD BUREAU



QUESTIONS?