



5TH ANNUAL HERO'S JOURNEY SYMPOSIUM

HELD SEPTEMBER 21, 2022 IN THE CITY OF WASHINGTON, DC

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John P. Mayhugh Foundation

Better Pathways to Recovery From Wounds to Wellness

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THE 5th Annual Hero's Journey Symposium

Forward

The John P. Mayhugh Foundation was established in 2017 to expand the national conversation about mental health by bringing together thought leaders in government, industry, academia, and healthcare to shape holistic strategies that address mental health issues. While the emphasis of the Foundation is on our service members, veterans, and their families, the Foundation takes a holistic public health approach that is inclusive of the entire community.

To support the conversation, the Foundation organizes the annual “Hero’s Journey Symposium”. The symposium, comprised of four facilitated panel discussions, provides a collective sharing of promising practices and identifying policy and research gaps. Ultimately, these sessions work towards the goal of producing an action plan to “*build better pathways to recovery, from wounds to wellness*”.

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Executive Summary

This paper summarizes the panel findings and “call to action” from The 5th Annual Hero’s Journey Symposium. Over the last five years of holding this symposium, we have witnessed a positive change in how our nation approaches mental health. Our communities have invested resources in treatment; leaders, celebrities, and athletes have openly shared the importance in seeking care; and we have launched the 988 National Suicide and Crisis Lifeline.

Despite these important efforts, we continue to see headlines about the challenges in seeking care. The deaths from addiction, alcohol abuse, and suicide continue to remain unacceptably high, not only in our military and veteran communities but in our nation as a whole.

This 2022 convening presented concerning observations on the current state of mental health support not only for our service members, veterans, and their families, but for our civilian communities as a whole. The 2022 symposium thought leaders offer valuable solutions and recommendations which address the persistent mental health challenges experienced by our communities and can help create “better pathways from wounds to wellness”.

These actions include:

- Frame mental healthcare as a human augmentation and redefine resiliency to be inclusive of seeking help.
 - Eliminate copays to reduce cost barriers
 - Target social media campaigns to promote greater awareness of services and resources and improve mental health literacy
- Ensure data quality and tailored evidence-based treatment is backed by research and usable data.
 - Collaborate internationally and expand research opportunities to share best practices and optimize care
 - Improve interoperability for secure data access, sharing and analysis across the public, academic, and private sectors
 - Expand research efforts to include assessment of the benefits and value of healing arts programs
- Standardize patient-centered care and services that encompass a holistic approach to wellness.
 - Implement warm hand-offs and collaboration between clinical and nonclinical services



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“What can you do to help yourself and others and how are you going to protect your mental health?”

– Cheryl Mason –

Introduction

During the 5th annual Hero’s Journey Symposium, Cheryl L. Mason, Senior Advisor and Executive Director for Veteran and Military Spouse Employment Programs and Partnerships for the US Department of Veteran Affairs, emphasized the power of storytelling to bring awareness to the mental health struggles of military members, veterans, and families. Reflecting on her own experience with traumatic losses by suicide, including the death of both her father, a WWII veteran, and her older brother, Mason expressed the importance of understanding the mental health risks to oneself and others, urging, “we have to learn that our mental health is just as important as our physical health.”

Suicide prevention, mental healthcare access, and the stigma against seeking mental healthcare due to perceived career and social implications continues to be an ongoing challenge for the military community. According to the September 2022 National Veteran Suicide Prevention Annual Report, in 2020, there were 6,146 veteran suicide deaths and suicide was the second leading cause of death among veterans under age 45.¹ Further, the prevalence of posttraumatic stress disorder (PTSD), depression, and Traumatic Brain Injury (TBI) in the military and veteran communities demonstrate the unique needs of military members, requiring customized, targeted solutions.² This white paper details strategies to address mental health challenges experienced by services members and families as well as the actions that may be adopted by federal, community, and clinical practitioners.

About the Hero’s Journey Symposium

The John P Mayhugh Foundation (JPMF), a 501(c)(3) non-profit organization, was established in 2017 to raise awareness of brain and behavioral health issues impacting the military community, and to highlight the full spectrum of therapies and treatment options. Over the past five years, JPMF has annually hosted the Hero’s Journey Symposium exploring “*better pathways to recovery, from wounds to wellness*”. On September 21, 2022, the 5th annual symposium featured four panel discussions at the City Club of Washington, convening researchers, military leaders, public policy experts and community advocates. These multi-sector stakeholders shared best practices and innovative strategies centered on the

¹ United States Department of Veteran Affairs. (2022). *National Veteran Suicide Prevention Annual Report*. Available at: <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

²*Veterans & Active Duty*. National Alliance on Mental Health. Retrieved December 9, 2022 from <https://www.nami.org/Your-Journey/Veterans-Active-Duty>



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improvement of military, veterans, and families' mental health through emerging health technology, healing arts, and connection of community resources.

Improving Mental Well-Being for Children and Families

The first panel, titled Improving Mental Well-being for Children and Families, consisted of panelists Trish Glowacki, Kelly Hruska, and Thomas Trail. Ph.D. Sybil Russell, M.D., Chief Scientist and Health Innovation Area Lead at the [MITRE Corporation](#), facilitated the discussion, asking questions pertaining to panelists' prior research or work experience and common hurdles for addressing military dependents and families' mental health.

Redefining Resiliency

“Being able to seek help and find help should be a metric that the military uses to measure whether or not they have resilient force or not.”

- Thomas Trail, Ph.D. -

Trish Glowacki is the Executive Director of the [glowmedia project](#), a non-profit that produces educational short films about teen mental wellness. Kelly Hruska brought a military-family-oriented perspective as the Government Relations Director of the [National Military Family Association](#) (NMFA). Thomas Trail, Ph.D., a senior behavioral scientist at [RAND Corporation](#), provided a research perspective based on current and previous research. The dynamic between these panelists encompassed a modern, thorough, yet unique perspective on mental health for children and families.

During the discussion, panelists drew from their previous personal and professional experiences to shed light on common patterns observed in children and families' mental health. Hruska discussed NMFA's partnership with [Bloom](#) — an organization that empowers military teens³ — and specifically a 2021 and 2022 survey of 2000+ military teens evaluated using Warwick-Edinburgh Mental Well-being Scale that showed alarming results. Only 9% of military teens indicated high levels of well-being, while the rest reported either moderate or low levels of well-being. The same [survey](#) also showed that 37% of respondents had thought of harming themselves or others.⁴ One respondent used this survey to recount the struggles of growing up in a military household, stating, “People don't understand that growing up, I saw my dad more through a computer screen than in person.” Trail expressed similar concerns for military families when he described a deployment life study he was involved with. Trail emphasized the importance of not only the availability of mental health resources to military families, but also the importance of mental health service literacy and access to support service access. With 70% of military

³About BLOOM. BLOOM. Retrieved December 9,2022 Available at: <https://www.bloommilitaryteens.org/about>

⁴ National Military Association. (2021). *The Military Teen Experience A Snapshot of America's Military Teenagers and Future Force* Available at: <https://www.militaryfamily.org/wp-content/uploads/The-Military-Teen-Experience-Report-2021.pdf>



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families not living on actual installations, many families don't have their support systems centered on military bases but distributed throughout their off-base communities, causing a disconnect and lack of visibility and utilization of mental health resources across the community.

Key Actions to Address Mental Health of Military Children and Families

- De-stigmatization and the normalization of mental health challenges
- Equipping families to have candid conversations about mental health
- Implementation of a “no wrong door” policy, encouraging warm hand-offs to mental health providers, specifically by providers who do not offer mental health services
- Elimination of co-pays and reduction of cost barriers to increase mental health care access
- Expansion of solutions and strategies targeting to include military families
- Redefine resiliency and the metrics of resiliency to be include seeking help vs. over-simplifying resilience to include enduring adversity

Increased mental health awareness is exactly the mission that drives Trish Glowacki, founder of the [glowmedia project](#). Since 2016, the glowmedia project has offered free films and resources to help young people develop the emotional agility necessary to thrive. Glowacki addressed the urgent need for and value of increased mental health resources in schools. Glowmedia's documentary, “Unimaginable” produced during the pandemic, interviewed 27 students, and premiered 5 students' stories with mental health challenges during the era of COVID-19. Many students during the interview process reported feeling relieved that they didn't have to return to school during the pandemic. The acute need for mental health resources in the schools was demonstrated by a Los Angeles public high school that fundraised enough money to hire 16 school counselors because they saw a need for increased resources in their community.

The respective work of each of the panelist shed light on the persistent and increasing mental health needs for military children and families and many of the barriers to address mental health challenges. A common concern voiced by the panelists was the strong stigma that revolves around mental health in American families, and specifically in military families. Glowacki detailed a specifically unfortunate experience she had with her children's pediatrician. After her sons were diagnosed with ADHD, depression, and anxiety, their pediatrician told Glowacki “not to tell anyone about this.” The taboo nature of discussing mental health is deeply rooted and remains present even in medical professionals.

In the same 2021 Bloom study with NMFA, 4% of military teens reported needing access to mental health care and their parents or guardians being unwilling to provide them it. Trail spoke about the concept of “resiliency” in the military, and how many families view resilience as simply “bouncing back” from adversity. Instead of believing that families are resilient in spite of seeking mental health care, we should believe that families are resilient because they seek help. Multiple panelists also discussed progress currently being made, including the formation of the Military Family Life Counselor Program, created by the Department of Defense as a worldwide network of mental health professionals. Through this program, mental health professionals are present on the installation and are available whenever



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needed – no appointment and no records of interactions taken. These professionals have the cultural competency to tackle the military-specific hurdles military families deal with, bringing a whole new meaning to the concept of “meeting people where they are.”

The panelists concluded by highlighting the “call to action” items they would like to see implemented including the de-stigmatization and the normalization of mental health challenges, as well as the implementation of a “no wrong door” policy. This policy would avoid telling individuals seeking help that certain services aren’t provided by a particular office or facility, instead instituting a warm hand-off policy in which the patient is redirected to the correct provider. Other recommendations offered during the discussion included reducing barriers to mental health care access by eliminating co-pays, expanding solutions and strategies for military families, and equipping families to have candid conversations about mental health to reduce the stigma.

Emerging Approaches and New Models of Care

Panel two, titled New Technologies, Approaches, Integrative Models of Care, invited three panelists to discuss emerging innovations in mental health care delivery. Facilitated by Kimberly Albero, DNP (LCDR, USN, veteran), Albero was joined by Brian Marx, Ph.D., Senior Psychologist, Clinician Scientist, and Deputy Director of the Behavioral Science Division of Veteran Affairs’ [National Center for PTSD](#) at VA Boston Healthcare System; David Kraus, PhD, CEO of [Outcome Referrals](#), creator of Treatment Outcome Package (TOP), and a licensed psychologist specialized in complex childhood trauma; and Renata Gomes, PhD, professor of Veterans’ Health and Biomedical Research and Chief Scientific Officer at [BRAVO VICTOR](#).

During the session, panelists emphasized the need of data-driven and evidence-based approaches to care, standardization of quality of services, and better patient-clinician matching to produce more effective treatment and outcomes. They also discussed the critical need to reduce mental health care stigma within veteran culture; and the importance of including diversity as factor in addressing challenges, spurring innovation, and building targeted solutions.

“Everyone is an equal partner – from for-profit, not-for-profit, government and so on...it is about achieving the outcome. Of course, ethically and within the right processes and for right reasons. It is more about how we connect this. How we develop this system to help our Veterans.”

– Renata Gomes, PhD –

The panelists emphasized delivering data-driven and evidence-based care to minimize unintended harm and maximize patient outcomes. Kraus underscored using data to understand patient needs and provider strengths to better provide adequate and necessary care, matching clinicians and patients based upon patient needs and clinician training and capabilities. Specifically, Kraus noted that matching a patient with a clinician who does not possess the relevant training and focus may do more damage than good. Optimal patient-clinician matching requires an assessment of clinician strengths and weaknesses. Gomes addressed the value of providing data-driven care coupled with an interdisciplinary approach, and



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advocated for more higher-evidence research based on the hierarchy of scientific evidence, such as randomized controlled trials (RCTs), to ensure data quality. Marx, who is currently conducting a large RCT to compare outcomes of two common treatments, suggested that while stigma often leads to patients' being held responsible for recidivism and treatment failure, more investigation is warranted to better understand patients' needs, and provide treatment that meets patients where they are, with recovery as the goal. Marx acknowledged the challenges and burden the personalized patient-clinician matched care method would cast on providers for the case-management responsibilities.

The panelists also noted the importance of leveraging technology-anchored tools – such as telehealth services – to maximize access to mental healthcare and to increase care utilization. The panel also emphasized the need to normalize mental healthcare as a part of overall healthcare especially within the Veteran culture. Gomes suggested framing mental healthcare as a human augmentation approach for improved physical performance to destigmatize treatments.

Regarding Veteran communities' approach to mental healthcare delivery, Marx acknowledged the disparities? in care quality across VA facilities. Gomes also called for standardization of care to ensure care quality, paired with customizability for patient-centered care approach. Kraus agreed and underscored the need to reduce the barriers to disclosing mental health conditions to better help Veterans receive the care they need. Panelists agreed that diversity in clinician background, training, as well as treatment methodology is critical in addressing challenges, innovation, and solution building.

Key Actions to Promote Innovative Approaches and Technologies

- Increase use of high-evidence research to ensure data quality and tailored evidence-based treatments
- Address challenges and case management burden that a personalized care method would cast on providers
- Foster a culture for veterans that frames mental healthcare as a human augmentation approach to improved physical performance and to destigmatize treatments
- Standardize care across VA facilities to ensure quality, paired with customizability for patient-centered care
- Collaborate internationally and expand opportunities to share information and best practices, ensuring diversity in experiences, skills, and expertise among care providers to address complex mental health issues and addressing them in a holistic manner. Further connecting different initiatives across countries for collaboration in reducing barriers and optimized care.

Acknowledging the emerging mental health needs across the globe, the panelists called for international collaboration and expansion of opportunities to share information and best practices. Kraus called for creating evidence-based treatments that provide tailored and optimal care constructed and targeted to meet the unique needs for each demographic group and population, and underscored the need for providers who can understand the cultural contexts of their patients. Gomes also called for connecting different initiatives and sustaining them, reducing barriers together. Marx also emphasized the importance of diversity in experiences, skills, and expertise to address complex mental health issues and the value of addressing mental health issues in a holistic manner.



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Supporting Healing through the Healing Arts

The third panel, Supporting Healing through the Healing Arts, facilitated by Dr. Alicia Christy, discussed the differences between art therapy and therapeutic arts and examined the different ways to heal through the arts. The panelists included Ann Marie Halterman, Leila Hertzberg, and Marilyn Peppers-Citizen, Ph.D.

Ann Marie Halterman is the founder of [Uniting Us](#), a non-profit focused on inclusive arts initiatives around healing, wellness, and uniting.⁵ Leila Hertzberg is the director of [Lifeline Horse Rescue and Rehabilitation](#), which offers Lifeline Equine Therapy Services to help heal veterans, military personnel, and first responders who may be suffering from depression, anxiety, PTSD, moral injury, and survivor's guilt.⁶ Marilyn Peppers-Citizen, Ph.D. is an instructor of yoga therapy at [Maryland University of Integrative Health](#) which is rooted in holistic philosophy, and its mission is to improve and advance the field of integrative health and wellness.⁷ Each panelist provided unique insights into how to build resilience and well-being outside of a clinical setting, how to ensure that the healing arts can endure, and what “call to action” is needed within the context of healing arts.

Collaboration in Care

“Medical professionals and healing arts providers
have a shared goal”

– Ann Marie Haltermann –

The common themes throughout the discussion included a need for communication and collaboration between the clinical and nonclinical services offered to veterans, noting that the healing arts providers and the medical professionals have the shared goal of achieving better outcomes in their patients. Ann Marie Halterman distinguished between art therapy and therapeutic arts, noting that therapeutic art includes nonmedical art activities delivered within the community as a social activity or in a small group, whereas art therapy is provided in a medical environment with set goals assigned by medical professionals. Engaging in both the community and medical facets of healing can bridge gaps and ensure that change is incorporated seamlessly into one’s daily life. In linking healthcare providers with the healing arts, the panelists suggested engaging providers in the healing arts experience to better understand its value, and to refer their patients more thoughtfully to the arts programs that best suit their needs.

⁵*Who are UNITING US.* UNITING US. Retrieved December 9, 2022 from https://unitingus.org/who-are-uniting-us? sm_pdc=1& sm_rid=6jb41FsSr7K4PbMfK1F4tZGMFMbDk41FPsJVb4S

⁶*Lifeline Equine Therapy Services (LETS Program).* Lifeline Horse Rescue and Rehabilitation. Retrieved December 9, 2022 from <http://www.lifelinehorserescue.org/lifeline-equine-therapy-services-lets/>

⁷ *Homepage.* Maryland University of Integrative Health. Retrieved December 9, 2022 from <https://muih.edu/>



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Additionally, panelists agreed that there needs to be an increase in the recognition of and investment in the healing arts. This should be reinforced by investing in more research on the benefits and value of healing arts programs. Panelists voiced the concern that research challenges in the healing arts are difficult because measurement of the improvements in the quality of life are difficult to quantify. However, panelists suggested partnering with agencies such as the NIH in order to engage in deeper qualitative studies to prove the effectiveness and importance of the healing arts. With more research comes a greater understanding of the benefits of the healing arts and a greater understanding will ensure that more people come to know what services are available to them and how the practices can benefit them. In turn, expanding on research efforts around the effectiveness of healing arts programs would ensure that healing arts programs can potentially receive more funding and investment when there is data to support the programs' efforts. Dr. Peppers-Citizen emphasized the need for more research as it could lead to greater investment in such services as telehealth within the healing arts. Dr. Peppers-Citizen noted that yoga therapists can provide impactful care via telehealth if the infrastructure is available, and expressed that more research could lead to complementary evidenced-based and evidence-informed research. This would cultivate an integrative voice for the healing arts by speaking to both the healing arts and evidence-based medicine.

There was also a call to create a central database for the many different healing arts programs offered nationally, but suffer from limited awareness of who offers what, where and when. Ann Marie Halterman noted that the VA has a calendar of events, and local veteran centers help with putting events online and getting word out, but as the VA system gets more advanced with the technology it uses, a central database can have a greater reach.

The panelists also acknowledged the need to engage families and caretakers into the healing arts programs as well to fully engage the community and to better support those who often remain invisible during a veteran's healing journey. While supporting and caring for veterans, caregivers experience their own struggles in caring for their loved ones and managing other responsibilities. They often neglect their own health and well-being and could benefit from the healing arts themselves.

Key Actions to Leveraging the Healing Arts

- Increase communication and collaboration between the clinical and nonclinical services offered to veterans
- Target investment and expanded research efforts to include the benefits and value of healing arts programs for service members
- Develop a centralized database for the various different healing arts programs offered
- Expand programming to engage caregivers and family members to support the services member's healing journey



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Supporting Wounds to Wellness: Connecting Community Resources

The fourth panel, Supporting Wounds to Wellness: Connecting Community Resources, discussed ways to connect veterans to mental health resources and addressed the current barriers that prevent veterans from receiving care. Panelists included Brigadier General Maureen Weigl, Bob “Shoebob” Carey (Capt. USN, Ret.), Karl Hamner, Ph.D., and Justin Phillips. Brig. Gen. Weigl is the Deputy Adjutant General for Veterans Affairs, [Pennsylvania Department of Military and Veteran Affairs](#), and facilitated the discussion. Bob “Shoebob” Carey, is a veteran, veteran advocate, government relations specialist, and Executive Director at [National Defense Committee](#). Karl Hamner, Ph.D. is the Director of the [Office of Evaluation & School Improvement](#) at the University of Alabama College of Education. Justin Phillips is the Founder and Executive Director of [Overdose Lifeline](#), a nonprofit dedicated to preventing opioid deaths and reducing the stigma of addiction.

Panelists addressed a variety of issues surrounding access to mental health services for veterans. Issues included: (1) connecting veterans to services within communities, (2) siloed mental health and substance abuse services from overall health care services, (3) stigma within the military community regarding mental health and treatment, and (4) lack of data sharing between federal and state governments, governmental agencies, and between the government and communities.

Panelists agreed that there is a problem with access to (mental health) care for veterans. Carey began by sharing a personal story about a delay in his care after a traumatic brain injury. The VA informed him that it would be months before he would be able to seek the necessary treatment needed through the VA system but were unwilling to give him access to “community care” due to issues surrounding coordination of care between the two systems. While there are rules for access to community care, the VA is hesitant to recommend that veterans seek out community care. In July 2022, there was a congressional hearing on the barriers of access to community care for veterans through the VA.⁸ The hearing noted that veterans must receive approval from the VA before the VA will cover community care⁹ and the approval process can be burdensome, especially for veterans who live far away from a VA medical facility or do not have Internet access. Hamner, agreeing with Carey, further noted that VA facilities are great in a lot of aspects, particularly surrounding physical health, however, there are currently not enough resources surrounding mental health. The panelists agreed that to begin to untangle the problem of access to care, community care facilities and the VA must go online and use social media advertising.

⁸ Subcommittee on Health. (2022, July 14). Examining VA Community Care Access, Utilization and Expenditures, Hybrid House Visitors Center Room 210. Available at: <https://veterans.house.gov/events/hearings/examining-va-community-care-access-utilization-and-expenditures>

⁹ *Community Care*. (2022, November 11). United States Department of Veteran Affairs. Available at: https://www.va.gov/communitycare/programs/veterans/general_care.asp



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“Three CCC’s of Change – **Connect**. We need to connect people to care, connect organizations to each other, and connect with communities. **Collaborate**. We need to collaborate. **Communicate**. We need to share data, we need to share policies, we need to identify what works in one area and see if it will work in another.”

– Dr. Karl Hamner, Ph.D. –

Justin Phillips went on to address the issue of siloed mental health and substance abuse services from overall health care services. She noted that many nonprofits and institutions that deal with mental health issues and substance abuse lack collaboration because the organizations compete for the resources that are available.

Approximately 40 million people in the US are affected by substance use disorders, making this disorder more common than any other chronic mental health condition.¹⁰ Hamner noted that death by substance use is not considered suicide unless a suicide note is left with the victim even though there are other signs pointing to suicidal intent. While substance use disorder is among the more common chronic mental health conditions, the funds provided by the government to deal with substance use are limited to substance abuse. Mental health and suicide reduction funds are funded separately from substance abuse. Furthermore, some programs treat PTSD and substance use disorders separately. In order to receive PTSD treatment a veteran may be required to be clean and sober, but treatment can often aggravate stressors that increase substance cravings and subsequently result in relapse. Phillips noted that the VA does not treat mental illness and substance abuse in the same manner as physical ailments or other non-substance abuse based mental health issues. Substance abuse is the only chronic disease where people can be removed for relapsing, whereas for other mental health disorders doctors determine how to adjust their treatment to promote better outcomes.

Key Actions to Connect Veterans with Community Resources

- Target social media campaigns and increased social media presence to promote greater awareness of services offered
- Initiate a robust interoperability effort for secure data access, sharing, and analysis across federal and state governments
- Increase resources within the mental health space to promote innovation

The third topic discussed by the panelists was the stigma within the military community regarding mental health and treatment. Carey observed that the VA Fiduciary Program is stigmatizing. The VA can refer

¹⁰ Delphin-Rittman, M. E. (2022, July). *The National Survey on Drug Use and Health: 2020*. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/reports/slides-2020-nsduh/2020NSDUHNationalSlides072522.pdf>



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veterans to this program if they think veterans cannot handle their own benefits and allows veterans 60 days to prove that they're competent or the veteran is assigned a representative to manage their benefits. The VA will also report them to the DOJ to put them in the gun control database, exacerbating a fear of losing their right to own guns experienced by some. Philips brought up that there is still a lot of stigmata surrounding mental health within the community at large and that stigma needs to be addressed before people in general, and veterans in particular, start to feel comfortable discussing their mental health and begin seeking help.

The last topic the panelists discussed was the issues surrounding data access, sharing, and analysis and ways to improve this sector. Between 2001 and 2022, the VA reported that the veteran suicide rate has risen by 39% across every age and gender demographic.¹¹ The 2022 VA National Veteran Suicide Report found that the age and sex-adjusted rates of veteran suicides exceeded those of non-veteran adults by 57.3% in 2020.¹² Suicide was the second leading cause of death among veterans under 45 years old.¹³ Suicide rates increased for veterans ages 18-34 years old by 12.9% from 2001-2020 to 52.3 per 100,000.¹⁴ Carey reported that some groups are at an elevated risk of suicide, including those who are younger, male, white,¹⁵ or have combat exposure.¹⁶ He further noted that the VA and DoD are not providing enough of their data. For example, they only provide veteran data stratified by age group without releasing the raw de-identified data. In addition, many states do not share their health data. There are barriers to data release due to confidentiality requirements, but this makes it difficult to conduct data analyses.¹⁷ General Weigl agreed with this sentiment stating that her department often does not receive information regarding veterans who move to Pennsylvania. Hamner further addressed this concern stating that the lack of data

¹¹ National Defense Committee. (2022). Veteran Suicide, Recent Reports, Combat Exposure Risk” citing US Department of Veterans Affairs, Office of Suicide Prevention and Mental Health, “2022 National Veteran Suicide Prevention Annual Report”, Data Appendix. Available at: https://www.mentalhealth.va.gov/docs/data-sheets/2020/2001-2020-National-Data-Appendix_508.xlsx

¹²United States Department of Veteran Affairs. (2022). *National Veteran Suicide Prevention Annual Report*. Available at: <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

¹³ Id.

¹⁴ Id.

¹⁵ United States Department of Veteran Affairs. (2022). *National Veteran Suicide Prevention Annual Report*. Available at: <https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>

¹⁶ Dillon, K. H., Cunningham, K. C., Neal, J. M., Wilson, S. M., Dedert, E. A., Elbogen, E. B., Calhoun, P. S., Beckham, J. C., VA Mid-Atlantic MIRECC Workgroup, & Kimbrel, N. A. (2018). Examination of the indirect effects of combat exposure on suicidal behavior in veterans. *Journal of affective disorders*, 235, 407–413. <https://doi.org/10.1016/j.jad.2018.04.031>

¹⁷ Carey, B. (2020, September10). *Testimony of Bob Carey, Chief Advocacy Officer, The Independence Fund Legislative Hearing*. The Independence Fund. Available at: <https://docs.house.gov/meetings/VR/VR00/20200910/110982/HHRG-116-VR00-20200910-SD026.pdf>



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access and knowledge of state departments and nonprofit organizations prevents veterans from integrating with the community and thus self-isolating.

Conclusion

In 2021, the suicidality rate for veterans was 57% higher than the general population, and in 2020, suicide was the second leading cause of death among veterans.¹⁸ Our nation must begin to think differently about our approach to mental health if we want to see better outcomes. It needs to begin with open and honest discussion that changes the narrative about seeking care: *We build resiliency and well-being because we seek care.* We must continue to reduce barriers to care in order to build wholistic solutions that go beyond clinical interventions and eliminate barriers to community care for veterans. Mental health care should be personalized through data and evidence-driven case-management approach, to best match persons with mental disorders with clinicians' strongest capabilities. Communities need to improve awareness of services offered through an increased social media presence, which includes updating websites and using technology to make care more accessible. Lastly, developing platforms to improve data access, sharing, and analysis between the federal and state government agencies, the international community, and the private and non-profit sectors will allow for identifying resource gaps and best practices.

The John P. Mayhugh Foundation calls for government action to address these issues and use the recommendations in this paper to shape a national call to action. The Foundation stands ready to support our government leaders to help “*build better pathways of recovery- from wounds to wellness*”. Our service members, veterans, their families, and our communities are depending on us to change the narrative.

¹⁸ National Military Association. (2021). *The Military Teen Experience A Snapshot of America's Military Teenagers and Future Force* Available at: <https://www.militaryfamily.org/wp-content/uploads/The-Military-Teen-Experience-Report-2021.pdf>



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Supportive Resources

Supporting Military Families

- [National Military Family Association](#) provides support to families through advocacy, scholarship funding, and youth programs, and research.
- [BLOOM](#), an organization founded by “military teens for military teens”, aims to build community centered around storytelling and sharing about everyday experiences.
- [Military Officers Association of America](#), a nonprofit that advocates for legislation affecting military personnel and retired Veterans, including mental healthcare.

Healing through the Arts

- [Uniting US](#) is a nonprofit that leverages the arts as a media for healing and empowerment of the military community.

Suicide Prevention

- [Stop Soldier Suicide](#) assists veterans through mental health support, alternative therapies, resource and referrals, and education and training.
- [Overdose Lifeline](#), a nonprofit dedicated to preventing opioid deaths and reducing the stigma of addiction.
- Veteran’s Crisis Hotline – If you or a veteran that you know needs immediate counseling, emergency support can be reached by dialing **1-800-273-8255** and pressing 1 or by dialing **988**. More information and 24/7 support can be accessed at [VeteransCrisisLine.net](#)



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Better pathways to recovery, from wounds to wellness

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Panel 1: Improving Mental Well Being for Children and Families

- Trish Glowacki, Founder and Executive Director of the glowmedia project
- Kelly Hruska, Director, Government Relations at National Military Family Association
- Thomas Trail, Ph.D., Senior Behavioral Scientist at RAND Corporation
- Dr. Sybil Russell MD MPH, Ph.D., Chief Scientist and Health Innovation Area Lead at the MITRE Corporation

Panel 2: New Technologies, Approaches, Integrative Models of Care

- Dr. Brian Marx, Ph.D., Senior Psychologist Clinician Scientist and Deputy Director of the Behavioral Science Division of Veteran Affairs' National Center for PTSD at VA Boston Healthcare System
- Dr. David Kraus, Ph.D., licensed psychologists specialized in complex childhood trauma
- Dr. Renata Gomes, Ph.D., professor of Veterans' Health and Biomedical Research and Chief Scientific Officer at BRAVO VICTOR

Panel 3: Supporting Healing through the Healing Arts

- Dr. Alicia Christy, Col Retired and VA Deputy Director of Reproductive Health
- AnnMarie Halterman, Ph.D., DM, Founder and Executive Director of Uniting Us
- Leila Hertzberg, Executive Director of Lifeline Horse Rescue and Rehabilitation, Lifeline Equine Therapy Services
- Dr. Marilyn Peppers-Citizen, PhD, NBC-HWC, C-IAYT, Col (Retired), USAF, instructor of yoga therapy at Maryland University of Integrative Health

Panel 4: Supporting Wounds to Wellness: Connecting Community Resources

- Brigadier General Maureen Weigl, Deputy Adjutant General for Veterans Affairs, Pennsylvania Department of Military and Veteran Affairs
- Bob "Shoebob" Carey, CAPT, USN (Ret), Executive Director at National Defense Committee
- Dr. Karl Hamner, Ph.D., Clinical Professor in Education Studies and Director, the Office of Evaluation Research, for The University of Alabama College of Education
- Justin Phillips, Executive Director at Overdose Lifeline, Inc.



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