



LAB^oOPM

Veteran- Centered Suicide Prevention: A Pilot Project

April 2019



Dedication

THIS REPORT IS DEDICATED to the 46 Veterans who shared their stories for this pilot project. Their willingness to volunteer their time and speak about personal and often painful life experiences was humbling and inspiring. They made this work possible, and we are grateful.



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Partners

CDC's National Center for Injury Prevention and Control

CDC's National Center for Injury Prevention and Control (Injury Center) is the leading expert on protecting people, saving lives, and reducing the costs of injuries and violence. We focus on preventing unintentional injuries and violence, including suicide.



The Lab at OPM

The Lab at the US Office of Personnel Management (The Lab at OPM) is a practice that fosters innovation through human-centered design. Our goal is to teach human-centered design across the Federal Government and help deliver innovative solutions to address complex public and cross-sector challenges.



Executive Summary

Introduction

Suicide is a leading cause of death for Americans overall, and has been rising nationally and in nearly every state since 1999.¹ Veterans are a particularly vulnerable population.² The good news is that suicide prevention is possible. From fall 2017 to fall 2018, CDC’s National Center for Injury Prevention and Control (Injury Center) and The Lab at Office of Personnel Management (OPM) conducted a Veteran-centered suicide prevention pilot project, and this report serves as a summary. Although this pilot project was originally undertaken to inform internal planning at CDC’s Injury Center, the report is being made publicly available as a way to ‘give back’ to all the Veterans, Veteran-serving organizations, and other key project stakeholders who made this work possible. As capacity and resources allow, the themes and concepts that came out of this project will be used internally at CDC’s Injury Center—along with information from ongoing Veteran suicide prevention research and programs at CDC’s Injury Center—to help determine what role it might play in better supporting young, transitioning Veterans. The themes and concepts can also be used by other stakeholders to inform their own internal planning and to test new ideas. Ultimately, the hope is to help advance Veteran suicide prevention and develop suicide prevention strategies that continue to put the wants, needs, and experiences of Veterans at the forefront.

What We Did

CDC’s Injury Center partnered with The Lab at OPM and launched a pilot project to better understand how to prevent suicide among Veterans. Knowing that there are existing efforts at CDC’s Injury Center and across the public, private, and non-profit sectors already tackling this issue, this pilot project sought to build on that prior work and help uncover opportunities where CDC’s Injury Center might continue to play a unique and complementary role. The pilot project leveraged human-centered design and a public health lens to better understand how to reach young Veterans not accessing Veterans Health Administration (VHA) services and gain insights from the Veterans’ perspectives on how to prevent suicide among this population

as they are transitioning out of military service. Because promoting positive, social connectedness has been identified as a key evidence-based strategy for preventing suicide, the pilot project also placed particular focus on the role of connectedness during the transition.³ Project staff traveled to six communities across the United States and engaged with a total of 46 Veterans. Although no willing Veteran was turned away, the emphasis was placed on engaging with Veterans who were young (less than 35 years old) and not currently accessing VHA healthcare. With each Veteran, project staff had unstructured conversations about their experiences transitioning out of military service and their sense of connectedness during that time.



“Around that time, I didn’t know what I was looking at. I just knew that I was burnt out and I just knew that there was something wrong. I didn’t know it had anything to do with my mental health.” —Veteran, Colorado

Executive Summary

What We Found

Through one-on-one conversations with Veterans, the project team identified 36 key themes related to a range of topics—from sense of purpose and identity to isolation and withdrawal. These themes offer a glimpse into the wants, needs, and experiences of this group of Veterans and point to new areas of opportunity where CDC’s Injury Center and other stakeholders could help fill gaps.

What We Propose

Using these insights from Veterans as a springboard, the project team worked both on their own and in collaboration with CDC’s suicide prevention subject matter experts, Veteran-serving professionals, clinicians, and individuals with relevant lived experience to design a series of Veteran-centered suicide prevention concepts for further exploration. The concepts are divided into two categories: pilot projects and system transformations. The pilot projects represent areas where CDC’s Injury Center might play a unique and complementary role in the overall public health approach to Veteran suicide prevention and have demonstrable impact in the short- and medium-term. The system transformations represent areas where ongoing partnerships among CDC’s Injury Center and other public, private, and non-profit sector stakeholders might be able to advance systems-level change and shift culture over the long-term. Those concepts are outlined at right.

Pilot projects

- Stakeholder Data Needs Survey
- Veterans Experience Fellow
- Awareness Campaign: Activate Your “Vet Net”
- Evaluation of Existing Programs/Approaches
 - Veteran-Serving Organization Community Integration Model
 - Veteran-Serving Organization Connectedness Model
 - Veteran’s Treatment Court Model
- Environmental Scan of Promising Practices

Systems transformations

- Transition Recognition and Re-Design
- Veteran Parent Activation
- Open Data Initiative

Project Limitations

This pilot project was not a research study. As such, it was not intended to test hypotheses or produce generalizable results. This pilot project focused on the initial stages of the human-centered design process and, in particular, on better understanding the wants, needs, and experiences of young, non-VHA veterans transitioning out of the military. Further exploration, testing, and evaluation are needed to determine if the concepts listed above would be feasible, viable, and desirable.



“I didn’t like the person who I was anymore. You change, when you’re in war you don’t come back the same person. People really want you to.”

—Veteran, North Carolina

What We Did

In this section is the summary of the project focus and project approach & methods. Additional detail is included in the [Appendix](#).

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1. What We Did

Project Focus: Veteran Suicide Prevention

Suicide is a leading cause of death for Americans overall, and has been rising nationally and in nearly every state since 1999.¹ Veterans are a particularly vulnerable population.² According to data from the Department of Veterans Affairs (VA), the suicide rate was 1.5 times higher for Veterans compared to non-Veterans in 2016.² In addition, the rate of suicide increased substantially among younger Veterans aged 18–34 years old from 2015–2016, but remained about the same in other age groups during that same time period.² Lastly, there was a large increase in the rate of suicide among Veterans who were not in Veteran Health Administration (VHA) care compared to those that were from 2005–2016.² The good news is that suicide prevention is possible. Suicide is rarely caused by any single factor, which means there are multiple pathways for prevention.

CDC's Injury Center partnered with The Lab at OPM to apply human-centered design and a public health lens **to better understand Veterans' perspectives on how to reach young Veterans not accessing VHA services and how to prevent suicide among this group as they are transitioning out of military service.** Because promoting positive, social connectedness has been identified as a key evidence-based strategy for preventing suicide, the pilot project also placed a particular focus on the role of connectedness during the transition.³ More specifically, the project sought to better understand the wants, needs, and experiences of a group of young, non-VHA Veterans during the transition out of military service and to explore how peer, family, and community connectedness may have impacted their journey during that time.



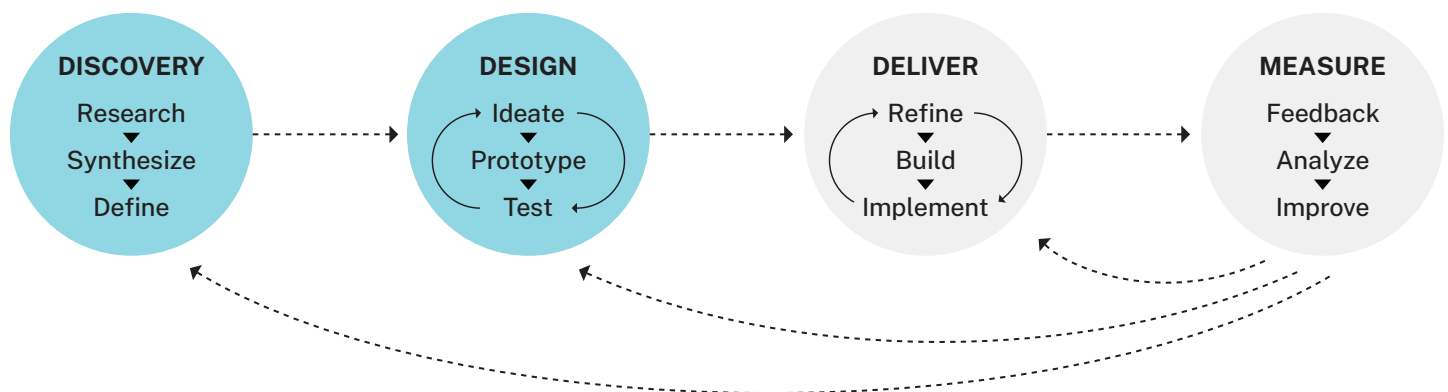
“Isolation is like a black hole...You start feeling like you don’t fit in; you’re a burden. [...] People who are contemplating suicide want someone to give a d*!”** —Veteran, North Carolina

1. What We Did

Project Approach & Methods

This pilot project employed a human-centered design approach. Human-centered design (HCD)—sometimes called design thinking—is a discipline in which the needs, behaviors, and experiences of an organization’s customers (or users) drive the design of a solution to a particular problem.^{4,5} This approach is being used across Federal government, including around Veteran-specific issues.^{6,7} Human-centered design is also being tested as a complementary approach to traditional methods in the field of public health and as an opportunity for designing or re-designing systems, policies, products or tools.⁸⁻¹² However, this pilot project represents the first time that this approach has been applied in a comprehensive way at CDC’s Injury Center. Human-centered design is not a scientific method; it cannot be used to test hypotheses or produce generalizable results. Instead, human-centered design is used to elicit empathy for end-users and generate contextualized insights about a particular group in order to design new or improved products, programs, or policies that may be feasible, desirable, and viable for that particular group. This pilot project focused on the initial stages of the human-centered design process. Further exploration, testing, and evaluation is needed to determine if the Veteran-centered design concepts that emerged from this pilot project would be feasible, viable, and desirable.

The graphic below illustrates the phases of a human-centered design process. The areas shaded in blue indicate the phases undertaken in this project.



1. What We Did

▶ PROJECT APPROACH & METHODS

Project Timeline

This project consisted of five distinct phases:

- 1. Background Development** (October–November 2017)
Reviewed existing knowledge and precedents related to our project
- 2. Problem Framing** (November–December 2017)
Defined the driving questions and target population for the stakeholder discovery phase

KEY MILESTONE: Discovery Workshop (November 2017)
Hosted a full-day, in-person workshop with suicide prevention subject matter experts from CDC’s Injury Center, Veteran-serving professionals, clinicians, and individuals with lived experience to better define and focus the pilot project



- 3. Stakeholder Discovery** (January–July 2018)
Listened and learned with Veterans and Veteran-serving organizations in their communities

KEY MILESTONE: In-Person Veteran Conversations (March–July 2018)
Had unscripted, in-person conversations with Veterans in Columbus, Ohio; Houston, Texas; Raleigh, North Carolina; Denver & Colorado Springs, Colorado; and Atlanta, Georgia



- 4. Synthesis & Concept Creation** (July–September 2018)
Drew meaning from our findings using thematic analysis and developed Veteran-centered suicide prevention design concepts

KEY MILESTONE: Co-Design Workshop (July 2018)
Hosted a full-day, in-person workshop with suicide prevention subject matter experts from CDC’s Injury Center, Veteran-serving professionals, clinicians, and individuals with lived experience to co-design potential solutions



- 5. Report Development** (September–October 2018)
Documented the project findings and further refined the final Veteran-centered suicide prevention design concepts

JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC
2017
JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC
2018
JAN | FEB
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More on Stakeholder Discovery

The most pivotal phase of the project was the Stakeholder Discovery phase during which the project team traveled to six communities across the United States and had unscripted conversations with a total of 46 Veterans. The six communities were chosen based on a combination of factors: Veteran suicide burden¹³; size of young Veteran population¹⁴; number and type of Veteran-serving organizations; and feasibility of travel given project budget and available staff. In order to facilitate the in-person Veteran

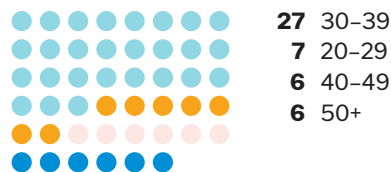
The visualization to the right provides more details about the Veterans and Veteran-serving organizations with whom the project team spoke.

We spoke to 46 Veterans...

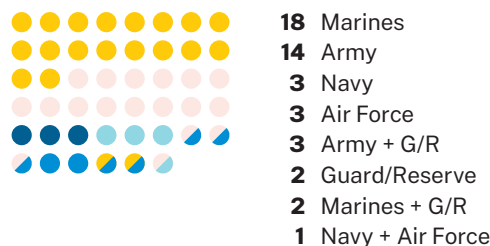
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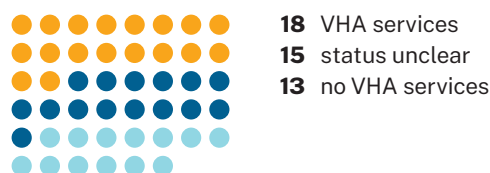
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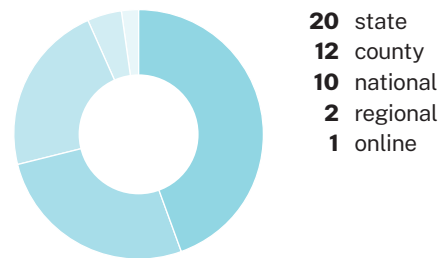


VHA SERVICES

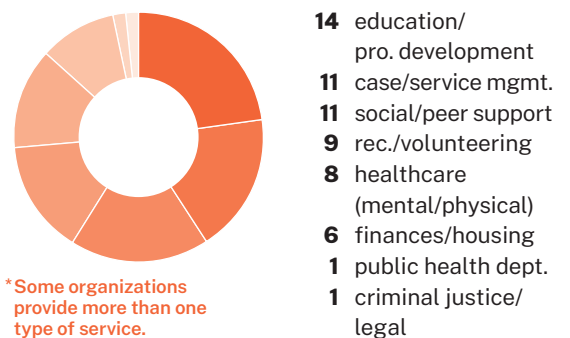


and 45 Veteran-serving organizations...

COVERAGE



SERVICES*



in 6 communities...

- 13 Vets in Raleigh, NC
- 8 Vets in Columbus, OH
- 8 Vets in Houston, TX
- 8 Vets in Denver, CO
- 5 Vets in Colorado Springs, CO
- 4 Vets in Atlanta, GA



conversations, the project team reached out to 45 local, state, and national Veteran-serving organizations that had a footprint in those communities. Each organization was given an email- and/or phone-based introduction to the project and asked for their assistance in setting up voluntary conversations with young Veterans in their community. During the course of many of these conversations with Veteran-serving organizations, the leadership and staff often shared their experiences—from both a personal and professional perspective—around Veteran suicide, the unique issues facing young, non-VHA Veterans, and the role that connectedness plays during the transition. Those unexpected insights were captured by the project team and informed the concept creation process.

With the help of the aforementioned Veteran-serving organizations, the project team scheduled in-depth, individual conversations—typically lasting about 30–90 minutes—with about 5–10 willing Veterans in each community. Although no willing and available Veteran was turned away, the team asked the Veteran-serving organizations with assistance in connecting specifically with Veterans who were young (less than 35 years old) and not currently accessing VHA healthcare. These conversations were not limited to a fixed set of questions; however, each Veteran was asked to speak to their wants, needs, and experiences during three general time periods—their time in military service, their transition out of military service, and their current life—and to describe their sense of connectedness during that time. Participants were encouraged to direct the conversation to wherever they were most comfortable or interested in going. The project team also constructed a visual timeline on paper during the conversation to mark major events in each of those time periods, and, where feasible, asked the Veteran to draw a line depicting their level of connectedness across that timeline.



“That camaraderie is gone. That purpose is gone. That kind of accountability... It wouldn’t have mattered if I showed up for work or not... I could be dead, and no one’s really going to find out, and that’s really depressing. [...] I noticed I was spending a lot of time on Facebook, trying to feel like I was connecting with people.”

—Veteran, Colorado

The image to the right shows Veterans and subject-matter experts presenting a design concept during the co-design workshop held for this project.



To kick-start the concept creation process, the project team convened a full-day, co-design workshop. The workshop participants included CDC’s suicide prevention subject matter experts, Veteran-serving professionals, clinicians, and individuals with relevant lived experience (i.e. Veterans who experienced suicidal ideation; Veterans who had lost a fellow Veteran to suicide; Veteran family members; etc.). The participants were provided with the subset of quotes from the Veteran conversations and with the Storylines. Through a series of interactive, human-centered designed activities, the participants were asked to build off the barriers and opportunities reflected in the quotes and Storylines to design solutions that supported Veterans and ultimately impacted Veteran suicide prevention (Refer to [Appendix](#) to read more about the concepts from the co-design workshop).

After the co-design workshop, the project team undertook its own concept creation process. All prior project findings—the results of the thematic analysis of the quotes and observations, the Storylines, the interactions with Veteran-serving organizations, and the final design concepts presented in the co-design workshop—served as the foundation for the generation of ideas. After producing a large number of diverse ideas, the team went through two rounds of round robin voting to prioritize the ideas. At each stage, the team considered where CDC’s Injury Center might play a unique and complementary role in order to keep the ideas focused on that end goal. The final, prioritized ideas were then fleshed out and refined.

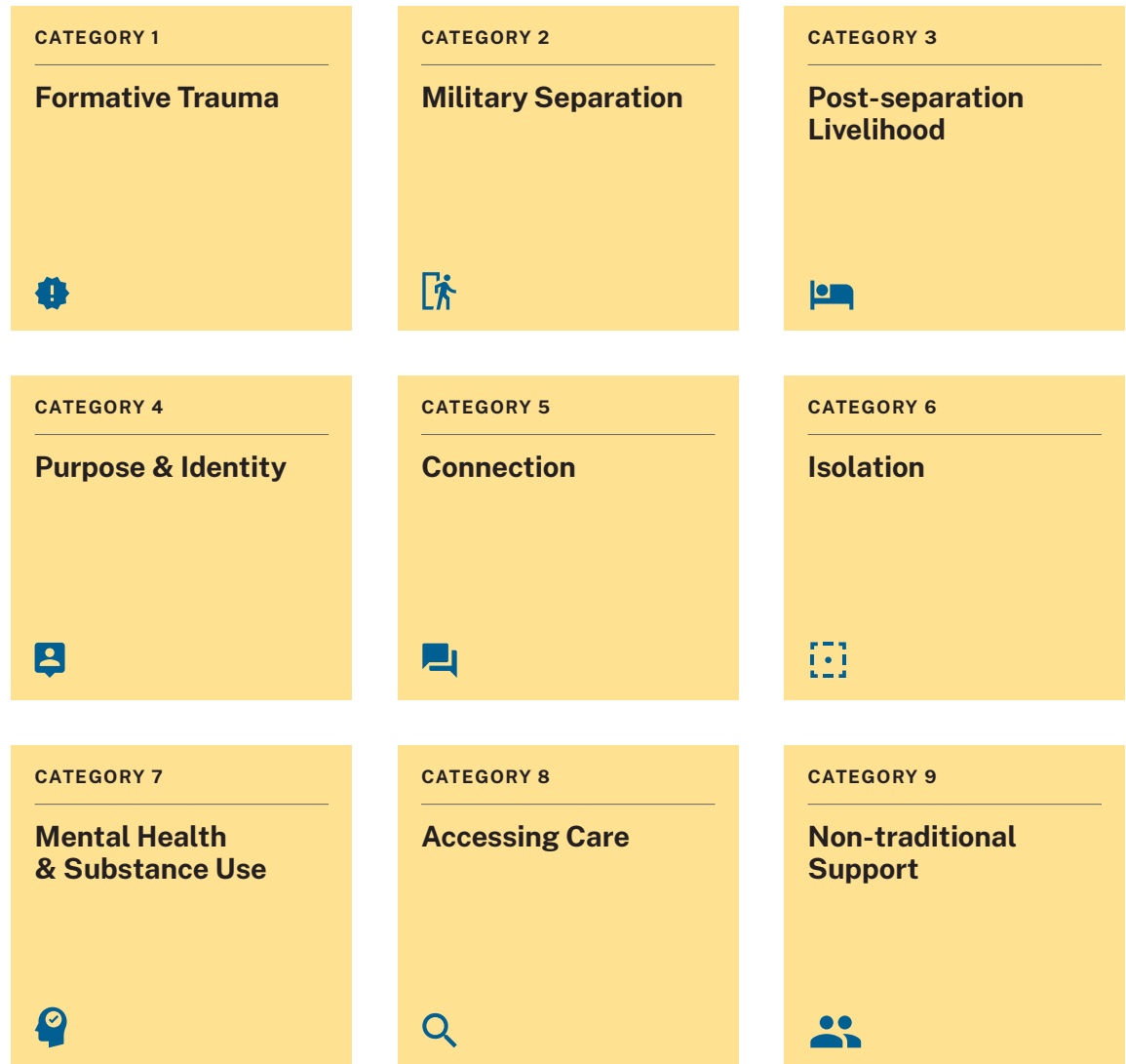
What We Found

In this section is a selection of key insights and two models for veteran-serving organizations. The complete list of key insights is included in the [Appendix](#).

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2. What We Found

Themes



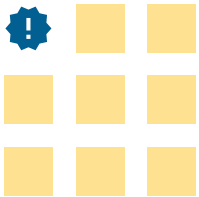
The synthesis of the Veteran conversations resulted in 36 key themes that fall within 9 general categories. As previously mentioned, these categories and themes represent the experiences or perspectives of those engaged during the pilot project and are not generalizable. However, they do pose design opportunities that, if meaningfully addressed, have the potential to be broadly beneficial for young, transitioning veterans. Listed below are two examples of key themes from each of the 9 categories along with a quotation to exemplify each theme. The complete list of all 36 key themes is included in the [Appendix](#).

2. What We Found

► THEMES

CATEGORY 1

Formative Trauma



THEME:

Pre-military Life

Several Veterans explained that they joined the military to escape something in their prior ‘civilian’ lives. Some experienced abuse at home, others had trouble at school, and many just wanted out of town. For some, the impact of negative pre-military experiences followed them into the military and continued to affect them when they got out.



“As a child, I learned... worthlessness. The families around me who said, ‘I love you,’ and kissed each other goodnight and had dinner together—that wasn’t for me.”

—Veteran, Colorado

THEME:

Trauma & Stressors

Although physical injuries sustained in combat could pose significant problems for many, less easily-recognized or readily acknowledged traumas, such as sexual violence and toxic stress, were seen as equally damaging or disruptive to the Veterans in transition.



“I had a great time [...] until I met my ex-husband and there were some MST [military sexual trauma] issues around that. Ultimately, I was too young to really say anything. My staff NCOs knew about the outcome of that incident, but I couldn’t say anything more because I was underage, and I had been drinking. [...] So I lived with this for years and years and years. Even though it was in my medical records, I still never mentioned the word MST...”

—Veteran, Texas

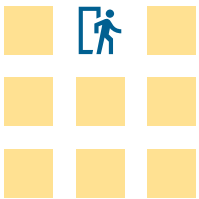
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2. What We Found

► THEMES

CATEGORY 2

Military Separation



THEME:

Military Service

The terms on which a Veteran left the military had a lasting impact on their outlook and later experience. Those who had enjoyed their service or had it end abruptly sometimes longed to go back. Others who were less proud or felt unsupported often harbored resentments that made it hard to move on.



“Almost everyone that I’ve met got out of the military thinking probably they didn’t fulfill, you know, that full potential of themselves in uniform. So, I know there’s a little bit of animosity.”

—Veteran, Ohio

THEME:

Separation Preparation

Nearly everyone pointed out how thoroughly trained they were to be soldiers and how little was done to prepare them to be Veterans. Some also admitted that they had been so eager to leave the military and return to ‘civilian’ life that they had skipped or ignored their final separation briefings.



“I went through a week transition course. Just one week, compared to thirteen weeks of boot camp. The one-week transition course was all about how to translate military terminology and jargon into things that civilians can understand, and how to put that on a resume to make yourself look better [...] There was nothing about how to function outside the military.”

—Veteran, Ohio

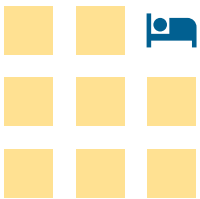
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2. What We Found

► THEMES

CATEGORY 3

Post-Separation Livelihood



THEME:

Living Situation

Home and homelessness are fluid concepts for some Veterans, who fluctuated between having their own place, staying with friends and family, or living on the streets. This instability aggravated anxieties and frustrations as it impeded personal development and self-care.



“I’m homeless right now, jumping from parent’s house to parent’s house. Feuding with my father and all this stuff.”

—Veteran, Texas

THEME:

Professional Path

Transitioning Veterans who struggle to find work because their military experiences and skill sets did not translate well into ‘civilian’ careers (or educational credentials) expressed anger and resentment at being unprepared for the job market and undervalued by employers.



“I figured it would be easier getting a job, being trained to do the best stuff in the world, being trained to be one of the best. Having multiple skill sets. But that’s not the case. I have had resumes professionally written, but it just doesn’t add up most of the time.”

—Veteran, Texas

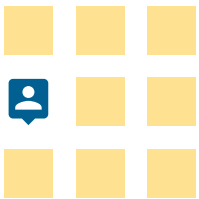
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2. What We Found

► THEMES

CATEGORY 4

Purpose & Identity



THEME:

Sense of Purpose

Veterans' search for meaning and fulfillment was complicated by the fact that their mission, purpose, and daily life were largely prescribed and structured for them while they served. This sometimes left them at a loss about how to start over, at a relatively late stage, in redefining their goals and priorities.



“The military gives you a cult-like indoctrination. When I got out, I had to go through what I wanted to do again.”

—Veteran, North Carolina

THEME:

Personal Identity

Being a Veteran meant different things to different people depending on their military experience and views on society. It was seen as both a nuanced personal identity and simply just a line on a resume. For some it was a hard-won badge of honor; for others, it was a barrier to true integration and acceptance.



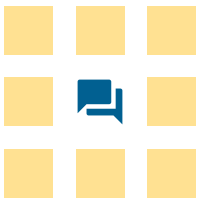
“I definitely identify as a Veteran, but I work with people in different stages of that, guys who only did three years and got out twenty years ago and say, ‘I’m a Veteran!’ or folks who did fifteen years and kind of wanna wash their hands of it.”

—Veteran, Colorado

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CATEGORY 5

Connection



THEME:

“Buddies” & Friends

Shared experience was the basis for many Veterans’ closest friendships. This may or may not mean their friends were all Veterans, but it was key that they respect each other’s humor and struggles, did not have to explain themselves all the time, and could easily reconnect after losing contact for a while.



“I’m more close with the guys I served with [than high school friends]. The places I’ve seen and the cultures I’ve seen [...] We just don’t see eye-to-eye on things. They haven’t left the state or country to understand where I’m coming from and certain values I have.”

—Veteran, Texas

THEME:

Children & Parenting

Paradoxically, children appeared to be a source of tremendous pressure and struggle as well as unparalleled purpose and support for Veteran parents. While the responsibilities of parenting may have made life harder, numerous Veterans claimed that their kids were the main reason they were still alive.



“Sometimes it feels like if it weren’t for my kids, I don’t know where I’d be right now. The severity of my depression sometimes overtakes me and the only thing that is keeping me from doing something stupid is my kids.”

—Veteran, Texas

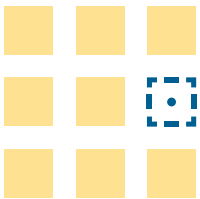
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2. What We Found

► THEMES

CATEGORY 6

Isolation



THEME:

Cultural Dissonance

Veterans who struggled to reintegrate into ‘civilian’ society often describe feeling disoriented by the sudden loss of predictable routines, familiar language, and cultural norms they experienced upon leaving the military.



“The expectation is that you’ll reintegrate into civilian society almost seamlessly. To me, it seems like—I mean, it’s a pretty serious break [...] At least in my own experience, it created this sense of being there but not necessarily belonging. For the first year after I got out, I felt like I was more or less just drifting through society, and I didn’t feel like I really had a place here.”

—Veteran, Ohio

THEME:

Isolation & Withdrawal

Both combat and noncombat Veterans expressed the inclination to isolate themselves. Most described it as a sort of self-defeating survival strategy, generally aimed at limiting exposure to risk and not feeling like a burden. They cited both practical and emotional motivations, such as avoiding social anxiety, staying out of trouble, or even saving money.

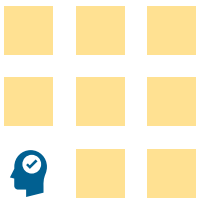


“I never had any drive to commit suicide. I’ve actually had more friends than I would like to count commit suicide from my unit. It never popped into my head, but I was in a state where I was this close to just dropping off the grid and cutting all ties with everyone... And, basically just moving away from everything—moving away from my problems and just completely disassociating myself from everything.”

—Veteran, Ohio

CATEGORY 7

Mental Health & Substance Abuse



THEME:

Mental Health

Veterans were often more concerned with doing well than feeling well. For several of them, it was not until emotional or psychological issues began to interfere with their performance at school or work that several Veterans acknowledged the importance of taking care of their own mental health.



“The military teaches you to suppress everything, so everything was just repressed.”

—Veteran, Colorado

THEME:

Perceived Stigma

While they generally recognized the value of mental health care for others, most Veterans were at least initially reluctant to admit the need for such support themselves—often downplaying their struggles, fearing doubts about their readiness or performance, and assuming they were expected to simply “tough it out.”



“I still think the stigma is if you’re not able to do your job, then you’re probably going to lose your job. So if your job is stressful and you’re saying I need mental health treatment, then it becomes a performance issue.”

—Veteran, Georgia

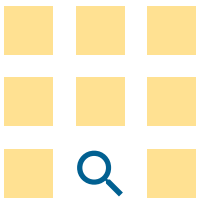
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2. What We Found

► THEMES

CATEGORY 8

Accessing Care



THEME:

Seeking Help

Although ultimately a personal decision, reaching out for help often resulted from an interpersonal calculation. The suffering of a loved one, example of a peer, or insistence of a friend were often powerful motivators, and perceived consequences, social stigma, and bureaucratic barriers were common deterrents.



“I don’t turn to family. I don’t turn to other people, because I don’t want that old thing of, ‘How are they gonna look at me?’ I’m not big on that. I want them to see me as I’ve been, the consistent guy for as long as I can remember. That’s what I want them to see. So, I don’t reach out that much...”

—Veteran, Colorado

THEME:

Navigating the VA

Asking Veterans if they have access to VHA services was not a simple question. Some were eligible but not enrolled. Others were enrolled but not accessing care because they could not get in or did not think they needed to.



“I can sign up for the VA. I have not yet, for some services. But, I just don’t feel like I need it. That’s my mentality. You power through everything. You tough it out.”

—Veteran, Ohio

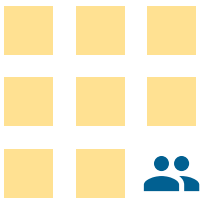
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2. What We Found

▶ THEMES

CATEGORY 9

Non-traditional Support



THEME:

Peer Support

Many Veterans said that fellow Veterans were their first phone call (text, etc.) when they were having a hard day. Often, they reported a subtle, unspoken etiquette to their conversations. It was seen as a comfort to have someone to talk to, even without direct discussion of mental or emotional struggles.



“The only other people I’ll turn to are the guys I served with. I have three close buddies I’ll call up and be like, “Today’s a bad day. I need to talk to you. Today’s a bad day...” And they’ll hear me out, let me vent, and then I just go about my day.”

—Veteran, Texas

THEME:

Shared Interest

Of the many things Veterans said they do to relax and cope with stress, physical activities were among the most common. Although not for everyone, group fitness with other Veterans was seen as particularly beneficial, even transformative, and reminiscent of military culture, which some found comforting.



“One thing that I do and that a lot of us here do is we just go to the gym. That’s our biggest release. We find a way to work out, to lift weights, to run, whatever. And I think that’s something we all do here.”

—Veteran, Texas

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2. What We Found

Veteran-Serving Organization Models

As previously mentioned, the project team worked through local, state, and national Veteran-serving organizations in order to connect with Veterans in each of the six communities that were visited. One of the unintended outcomes of that engagement with Veteran-serving organizations was the opportunity to hear directly from Veteran-serving organizations about their perspectives on the issue of Veteran suicide prevention and the unique barriers and opportunities around supporting young, non-VHA Veterans during the transition. At least one Veteran-serving organization in each community invited the project team to come on-site to their facility, which offered another opportunity for learning and engagement. The project team observed that, even if their organizational mission is completely unrelated to Veteran suicide prevention, many of these organizations are essential partners in advancing a public health approach to Veteran suicide prevention. First, these organizations, for obvious reasons, have a natural connection and already established relationship of trust with this often hard-to-reach population. Second, a subset of Veteran-serving organizations are implementing models that appear to be in alignment with CDC Injury Center's strategic goals around an upstream approach to suicide prevention. Following are two examples of these models that the project team observed in the six communities that were visited.



“The thing that’s really holding me down is I don’t function well in mundane society. I don’t hold a job down well. I can’t work at a retail place or whatever. When insane combat is the first job I’ve ever had in life, everything else in life just feels superficial... It’s hard to adjust to that. No one really understands.” —Veteran, Georgia



“The hard part is accepting that people are fine to see when I’m not excellent. I think that’s something that Veterans need to hear, because we’re kind of on this pedestal, or we’re these homeless pieces of s* that are going to shoot everybody, and there’s not anything in between. So, it’s like, if I’m not excellent, my friends are going to start worrying that I’m going to go kill someone....”** —Veteran, Colorado

2. What We Found

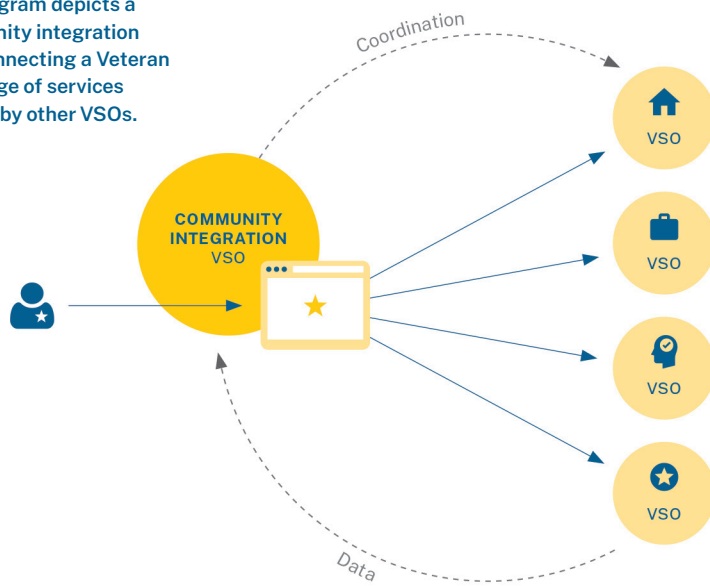
Community Integration Model

This model, which relies on a collective impact framework, brings together Veteran-serving organizations in one network or community in order to provide Veterans with coordinated, streamlined access to the multitude of services and supports they might need, including employment, health, housing, benefits, recreational activities, education, social life, etc. In the communities that the project team visited that were implementing the community integration model, there was one backbone

organization that serves as a primary entry point for the Veterans to access support from multiple organizations. In addition to conducting an initial assessment of a Veteran’s holistic needs, the organization also often maintains regular check-ins with the Veteran to ensure he or she stays engaged and does not get lost in the system.

A subset of Veteran-serving organizations are implementing this model, which in some ways mirrors the upstream, community-level approach to suicide prevention championed by CDC’s Injury Center. Traditionally, suicide prevention has focused downstream on identifying and referring people at-risk of suicide to services. While that approach continues to be essential, CDC also focuses more on upstream approaches that reduce risk factors and promote protective factors to help prevent the development of suicide risk in the first place. In particular, CDC is working to achieve broader community-level protection against suicide by supporting the implementation of its Suicide Prevention Technical Package of policies, programs, and practices that reflect the best available evidence for prevention. This technical package describes the benefits of a comprehensive approach to suicide prevention that includes approaches to prevent suicide risk as well as approaches to identify and support people at risk and to lessen harms for individuals, families, and communities.

This diagram depicts a community integration VSO connecting a Veteran to a range of services offered by other VSOs.



“Veterans have more than one need—but no holistic organization there to meet all their needs. Organizations are fragmented—no single aggregated source of data across social service, mental health, housing, education, employment, volunteerism, connectedness.” —VSO, Texas



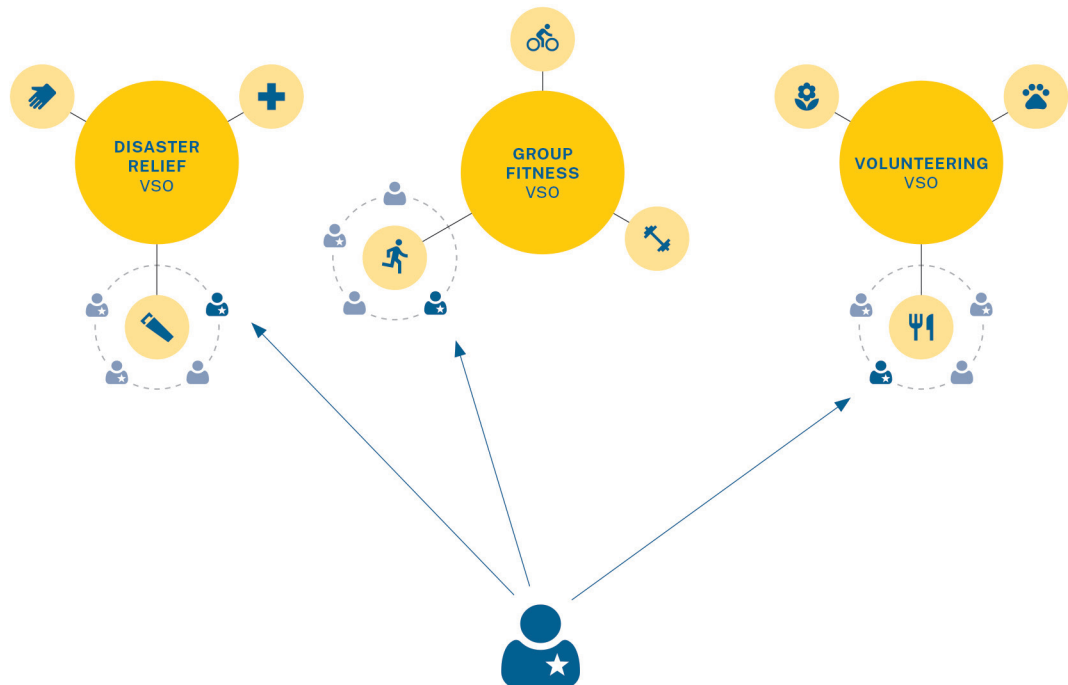
“There was a need for someone to ‘own’ community strategies—a veteran-led non-profit that worked as a hub.” —VSO, Ohio

Connectedness Model

The Suicide Prevention Technical Package from CDC's Injury Center also includes promoting connectedness as one of seven key strategies for preventing suicide. A small subset of Veteran-serving organizations are working to increase connectedness—Veteran to Veteran, Veteran to 'civilian', and Veteran to community. Although

the means by which these organizations increase connectedness varies widely from physical and social activities to community service projects to disaster response activities, one potential benefit that these approaches have in common is the greater sense of belonging and purpose they appear to help promote.

This diagram depicts a Veteran connecting with other Veterans and community members by participating in group activities and volunteer projects organized by several VSOs employing connectedness models.



“What we’ve found is that you must have routine, ongoing engagement to create real relationships. Clinical services tend to focus on acute needs. A lot of veterans won’t identify those needs up front.” —VSO, National



“Maybe they don’t want to go to that couch, but they do want to be around other veterans. Not every veteran needs therapy, but they do need connection.” —VSO, Texas

What We Propose

In this section are summaries of design concepts. A more detailed description of each concept is included in the [Appendix](#).

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Next Steps	37

3. What We Propose

Veteran-Centered Design Concepts

The project team generated a prioritized set of Veteran-centered suicide prevention design concepts that can be further tested, refined, and scaled. The concepts are divided into two categories: **pilot projects** and **systems transformations**. The pilot projects represent areas where CDC’s Injury Center might play a unique and complementary role in the overall public health approach to Veteran suicide prevention and have demonstrable impact in the short- and medium-term. The system transformations represent areas where ongoing partnerships among CDC’s Injury Center and other public, private, and non-profit sector stakeholders might be able to advance systems-level change and shift culture over the long-term.

The themes outlined in the previous section highlight challenges and opportunities for Veteran suicide prevention. The concepts in this section were inspired and informed by those themes and by the insights collected at each phase of the project, including the conversations with Veterans, the interactions with Veteran-serving organizations, and the two workshops with CDC’s suicide prevention subject matter experts, Veteran-serving professionals, clinicians, and individuals with lived experience.

Pilot Projects



1. Stakeholder Data Needs Survey
2. Veteran’s Experience Fellowship
3. Awareness Campaign: “Activate Your Vet Net”
4. Evaluation of VSO Community Integration Model
5. Evaluation of VSO Connectedness Model
6. Evaluation of Veteran Treatment Court Model
7. Environmental Scan of Promising Practices for Veteran Suicide Prevention

Systems Transformations



1. Transition Recognition and Redesign
2. Veteran Parent Activation
3. Open Data Initiative

3. What We Propose

CATEGORY:

Pilot Projects



CONCEPT 1

Stakeholder Data Needs Survey

CHALLENGE:

Many of the Veteran-serving organizations expressed a need for more data to inform their work. Some shared anecdotal stories pointing to specific risk and protective factors for Veterans as a whole and within specific sub-groups, but lacked quantitative data to paint the full picture.

FRAMING QUESTION:

How might public health data help fill in the gaps for these critical stakeholders?

PROPOSAL:

Conduct a virtual Town Hall and/or informal web-based survey with Veteran-serving organizations and other key stakeholders to assess their data needs related to Veteran suicide (as well as other priorities of CDC's Injury Center) and use the results to prioritize future analyses, data linkages, etc.

CONCEPT 2

Veteran's Experience Fellowship

CHALLENGE:

A strong desire to continue serving their community and their country after transitioning out of military service was common among Veterans. In addition, Veterans revealed that their needs, wants, and realities are, in many ways, unique from the general population.

FRAMING QUESTION:

How might we provide an avenue for continued Veteran service that also helps make the work of CDC's Injury Center more feasible, desirable, and viable for the military/Veteran community?

PROPOSAL:

Develop an ongoing two-year Veteran's Experience Fellowship (through ORISE, Presidential Management Fellowship, Public Health Associate Program, or other mechanism) to provide an opportunity for qualified Veterans with a passion for public service to learn about the public health approach and to add an additional Veteran perspective on Veteran's needs, wants, and realities to help inform programs and data at CDC's Injury Center.



More details for these concepts on page 67

3. What We Propose

▶ VETERAN-CENTERED DESIGN CONCEPTS

CATEGORY:

Pilot Projects



CONCEPT 3

Awareness Campaign: Activate Your “Vet Net”

CHALLENGE:

While relationships with family and friends were cited as both comforts and stressors, these close relationships often seemed to constitute the most consistent and immediate support network for Veterans transitioning out of the military.

FRAMING QUESTION:

How might we activate the network of friends, family, and community around the Veteran and help them meet Veterans where they are?

PROPOSAL:

Collaborate with the Ad Council and at least one national Veteran-serving organization to create a comprehensive awareness and education campaign targeted to the family and friends of Veterans with a clear call-to-action around referral to holistic services.

CONCEPT 4

Evaluation of VSO Community Integration Model

CHALLENGE:

Veterans often reported feeling overwhelmed and uninformed about the complex and disjointed system of services and supports available to them upon separation from the military. Several organizations across the United States are implementing a community integration model, which leverages a collective impact framework to empower communities to provide holistic, coordinated care for Veterans and their families. In many ways, this model appears aligned with the upstream, comprehensive approach to suicide prevention championed by CDC’s Injury Center.

FRAMING QUESTION:

How might we evaluate this existing community integration model employed by various Veteran-serving organizations and its impact on Veteran suicide prevention?

PROPOSAL:

Partner with Veteran-serving organizations that are implementing the community integration model and evaluate the impact of their work on Veteran suicide and the problems that contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress.



More details
for these concepts
on page 68

3. What We Propose

▶ VETERAN-CENTERED DESIGN CONCEPTS

CATEGORY:

Pilot Projects



CONCEPT 5

Evaluation of VSO Connectedness Model

CHALLENGE:

Many Veterans experience a huge shift in their sense of belonging and purpose after transitioning out of the military and losing those close bonds that they developed while in service. Some end up feeling a deep sense of isolation, which complicates their ability to fill basic needs like employment, housing, etc. A subset of Veteran-serving organizations are working to restore Veterans' sense of belonging and purpose.

FRAMING QUESTION:

How might we evaluate this existing connectedness model employed by various Veteran-serving organizations and its impact on Veteran suicide prevention?

PROPOSAL:

Partner with Veteran-serving organizations that are working to increase Veteran connectedness and evaluate the impact of their work upon Veteran suicide and related risk and protective factors.

CONCEPT 6

Evaluation of Veteran Treatment Court Model

CHALLENGE:

Veterans who struggle to reintegrate into civilian society often describe feeling disoriented by the sudden loss of expected routines, standardized language, and cultural norms they experienced upon leaving the military. For certain Veterans in the criminal justice system, the Veteran treatment court model leverages the benefits offered by that potentially familiar sense of structure, accountability, and culture and provides wraparound services and supports in order to address the underlying causes of the Veteran's entrance into the criminal justice system.

FRAMING QUESTION:

How might we evaluate this Veteran treatment court model and its impact on Veteran suicide prevention?

PROPOSAL:

Collaborate with Federal and non-Federal partners to evaluate the Veteran treatment court model's impact on suicide and the problems that contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress.



More details for these concepts on page 69

CATEGORY:

Pilot Projects



CONCEPT 7

Environmental Scan of Promising Practices

CHALLENGE:

Public and private organizations in states and communities across the United States have developed innovative solutions that appear aligned with many of the strategies within the Suicide Prevention Technical Package from CDC's Injury Center. Although the majority have not been evaluated systematically or on a population-based scale, some show promise.

FRAMING QUESTION:

How might we compile and disseminate promising practices for Veteran suicide prevention?

PROPOSAL:

Compile promising practices that are aligned with the Suicide Technical Package from CDC's Injury Center and disseminate them back out to states and communities.



More details for these concepts on page 70

3. What We Propose

▶ VETERAN-CENTERED DESIGN CONCEPTS

CATEGORY:

Systems Transformations



CONCEPT 1

Transition Recognition and Redesign

CHALLENGE:

Nearly everyone pointed out how thoroughly they were trained to be soldiers and how little was done to prepare them to be Veterans. Many Veterans' search for meaning and fulfillment after separation from the military was complicated by the fact that their mission, purpose, and daily life were largely prescribed and structured for them while they served. This sometimes left them at a loss about how to start over in redefining their goals and priorities.

FRAMING QUESTION:

How might we shift the culture around military-to-civilian transitions and develop a more holistic, empathetic, and intentional approach to supporting Veterans throughout this critical process?

PROPOSAL:

Collaborate across the public, private, and non-profit sector partners to activate a culture shift and to normalize the idea that a transition is a gradual process that occurs over an indefinite period of time rather than an immediate transformation. Work through this new cross-sector coalition to build upon the norms change and develop a new model of transition for Veterans.

CONCEPT 2

Veteran Parent Activation

CHALLENGE:

Paradoxically, children appeared to be a source of tremendous pressure and struggle as well as unparalleled purpose and support for many Veteran parents. While the responsibilities of parenting have made life harder, numerous Veterans claimed that their kids were the main reason they were still alive.

FRAMING QUESTION:

How might we take a dual generation approach around better supporting and promoting connectedness and self-care among Veteran parents while also increasing safe, stable, and nurturing environments and relationships for their children?

PROPOSAL:

Collaborate across the public, private, and non-profit sectors to create strategies for increasing Veteran support and connections through the shared experience of parenting while also increasing the opportunity for their children to reach their full potential.



More details for these concepts on page 71

CATEGORY:

Systems Transformations



CONCEPT 3

Open Data Initiative

CHALLENGE:

Data is vital for helping characterize problems, driving political will to fix those problems, developing effective solutions, and determining whether those solutions are having an impact. Stakeholders engaged in this project expressed a desire to access and combine data that is already being collected—either by Federal, state, and local government, by non-profits, or by businesses—in order to better tackle the issue of Veteran suicide. At the same time, it is important to consider the issues of privacy and anonymity—particularly around such as sensitive and stigmatized topic.

FRAMING QUESTION:

How might we create more open data systems that allow data to be shared and analyzed in ethical ways to the greatest possible benefit of Veterans and their families?

PROPOSAL:

Collaborate across the public, private, and non-profit sectors to move toward enhanced integration, harmonization, and streamlining of different types of data on current service members, Veterans, and their families in order to develop a more holistic picture of Veteran suicide and to get Veterans access to services and supports.



More details
for these concepts
on page 72

3. What We Propose

Next Steps

CDC's Injury Center remains committed to Veteran suicide prevention and will pursue the following next steps:

1. As capacity and resources allow, combine the insights and concepts from this pilot project with information from existing research and programmatic efforts at CDC's Injury Center to help inform internal planning around preventing suicide among young Veterans during their transition out of military service
2. Grow partnerships with Veteran-serving organizations and find opportunities for collaboration that are in alignment with strategic goals around suicide prevention and other priority injury and violence issues that impact Veterans
3. Continue infusing human-centered design methods, where appropriate, into ongoing activities at CDC's Injury Center in order to ensure that Veteran suicide prevention activities are Veteran-centered from the outset

The insights and concepts in this report can also be used by other stakeholders to inform their own internal planning and to test new ideas. Beyond this pilot project and its findings, CDC's Injury Center and other stakeholders can continue to work collaboratively to advance veteran suicide prevention strategies that put the wants, needs, and experiences of Veterans at the forefront.



“Transition needs to be an event, just like graduating boot camp. When you retire after 20 years or longer, it’s an event—but, the next morning it’s dead silence. It’s deafening silence; it’s so silent it hurts.” —Veteran, North Carolina

Acknowledgments

WE CANNOT DO JUSTICE to the ingenuity and compassion that we witnessed from many of the Veteran-serving organizations that we engaged with during this project, so we will simply say thank you. We are deeply indebted to all the committed professionals that provided their perspective and assistance. The list below represents a portion of the Veteran-serving organizations with whom we spoke and gave their permission to be acknowledged in this report. (Please note: not all the organizations below were able to help facilitate conversations with Veterans, but all took the time to share their insight.)

American Legion Post 116
America's Warrior Partnership
Atlanta VA Health Care System
Colorado Department of Public Health
and Environment
Columbus State Community College
Combined Arms
Durham VA Health Care System
Grace After Fire
Lone Star College—CyFair
LSVA: Lone Star Veterans Association
Mental Health America of Greater Houston
Metropolitan State University of Denver
Mt. Carmel Veteran Services Center
North Carolina Department of Health
and Human Services
North Carolina Serves—Central Carolina
North Carolina State University
North Carolina Veteran's Working Group
Ohio State University
Ohio Veterans Outdoors
Outward Bound
Project Sanctuary
Team Red, White, and Blue
The Home Front Cares
The Mission Continues

The Warrior Alliance
Tristate Veterans Community Alliance
University of Denver—The Sturm Speciality in
Military Psychology
Veteran Expeditions
Volunteers of America—Colorado Branch
Wake Technical Community College
Wounded Warrior Project



“If I’m really feeling some type of way, my family is there, my church is there, my Veteran friends, which I consider family, they are there to listen... Just knowing that gives me the faith to keep on pushing.” —Veteran, Texas

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Appendices

In this section you will find additional detail on topics previously covered in this report.

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4. Appendices

STORYLINE 1:

“Jason”



JASON LOOKS BACK on his military experience without regrets but with a sense that it might not have been worth what he’s dealing with now. The dominant issue of his post-military life is an inability to find steady work, whether it’s because the work itself dries up, or because he struggles to fit into civilian workplace culture. He feels that Americans are happy to thank veterans for their service but not willing to help when they need it.

He says that the presence of his son and fiancée are stabilizing forces in his life. He has lost several military friends to suicide “without any warning,” and sometimes he feels like the only reason he doesn’t do the same thing is because he doesn’t want to abandon his son.

This “storyline” is intended to depict the experiences of a segment of the veterans with whom the team spoke. It does not reflect any one individual.

“America hates vets. They born and bred us to fight this war... And when we come back, it’s, ‘You’re just a hostile hot head!’ ”

“I’m homeless right now, jumping from parent’s house to parent’s house. Feuding with my father and all this stuff. He doesn’t understand my depressions and stuff like that.”

“Figured it would be easier getting a job—being trained to be one of the best, having multiple

skill sets. But that’s not the case. I have had resumes professionally written, but it just doesn’t add up most of the time.”

“If you go [to the hospital] and say, ‘I’m suicidal,’ it’s like, ‘Okay, handcuffs, drugs—go in there...’ I haven’t wanted to go and say, ‘Hey, they have me on antidepressant medications and they say one of the side effects is suicidal thoughts...’”

“We went through TAPS [Transition

Assistance Program], but it was more of just someone sitting there pressing a PowerPoint button...A lot of veterans, they don’t get it—they don’t get the information they need.”

He does not drink or acknowledge any addiction issues, but he “pops a handful of pills” to manage pain at work and “uses cannabis.” Past and present drug use prohibits him from accessing support from a local VSO.

- Parents divorced as a child; dad wasn’t around
- Enlisted two years out of high school
- Met his now ex-wife during military training
- On combat zone deployment
- Son born
- His younger brother enlisted—only other family with military experience
- Became “Mr. Mom” to his son
- Wife stationed elsewhere and then away on deployment
- Alternated parenting duties with his wife as each deployed
- Reenlisted in the military
- Divorced his wife after learning about infidelity
- Decided to leave the military so his son would have at least one parent present at home
- Signed up for VHA healthcare and formally separated from the military
- Worked in construction to stay afloat for a while
- Struggled in civilian workplaces, had trouble finding consistent work
- Worked in oil industry for a while, but then laid off
- Started seeing a woman who gets along well with his son
- Anxious and angry, called a crisis hotline; did some counseling on Facetime
- Got engaged, lived on and off with his fiancée’s parents and his parents
- Recently lost three military friends, two to suicide
- Trying to address his sleep issues through cannabis use
- Turned down for services at a local VSO because of cannabis use
- Continuing to invest in his education in the hopes of finding steady work
- Had a big fight with his dad; became homeless again

4. Appendices

STORYLINE 2:

“Grace”



This “storyline” is intended to depict the experiences of a segment of the veterans with whom the team spoke. It does not reflect any one individual.

GRACE HAD EVERY INTENTION of making a career out of the military, but she never imagined doing it as a single mother. She entered military service expecting to be a ‘lifer’ and was in a unit that felt like family, but eventually, the dual pressures of serving and parenting became too much. Overcome by depression and stress, she was admitted briefly to the hospital, and then medically retired from the military.

Over the course of her transition, Grace says she has shouldered the heavy responsibility of supporting others without much support for herself. She feels that her relationships continue to be a source of both purpose and despair, comfort and pain. With her kids, sister, and fellow veterans counting on her, she feels like she’s struggling to find herself and find stability.

“When you got to your first unit, that unit became your family... I was single mother and I’m still a single mother...They always had me under their wing, making sure that I was completely taken care of.”

“I would go online and see all my friends still in the military... They are all gunnery sergeants now. That would have been me; that could have been me. I was a lifer. I wanted to do my 20 years plus. I talk to friends and I’m like ‘I wish I was still in.’”

“I have one sibling that deployed and she came back pretty messed up. She’s suicidal... My parents don’t believe in that kind of stuff. To them, any kind of depression or PTSD—that’s for the weak minded. It’s very hard to get support from family when you’re feeling down, because they don’t accept it or understand it. I have my own things that I deal with, and then I have to deal with my sister calling me whenever she feels down or wants to kill herself or something.

I have to put all my stuff aside...”

“I am spending all my money just to pay for daycare. So is it really worth working if I’m just gonna work to get my kids in daycare? I’m not actually making money. I started just to live off my disability.”

“If it weren’t for my kids, I don’t know where I’d be right now. The severity of my depression sometimes overtakes me and the only thing that is keeping me from doing something stupid is my kids.”

- Always knew she wanted to join the military
- Both parents were in military; both sisters served as well
- Joined the military right after high school
- She worked in intelligence and logistical support units
- Got pregnant, and her son’s father wasn’t around
- Her unit took care of her
- Worked a desk job for the next two years
- Was medically retired, and got pregnant again with a daughter right after she got out
- The med-board process got her signed up for VHA benefits and healthcare
- Interned in law enforcement for a while
- Struggled to find a job with the flexibility she needed to look after her kids
- Her son got sick with an unclear diagnosis
- Moved back in with her parents and then moved out shortly after
- Moved in with her daughter’s father
- Couldn’t afford childcare; lived off disability for a difficult year
- Left daughter’s father, moved to a more “veteran friendly” city
- Took at least a year to get settled again
- Enrolled in community college to get her associate’s degree
- Got a work-study job at the veterans’ office at her college
- Keeps in touch with other veteran friends as a support to each other
- Receives occasional crisis calls from her sister, who’s also a veteran
- Regrets that she’s not still in the military
- Son diagnosed with a disability; dropped out of school to deal with it
- Having an increasingly hard time these days

4. Appendices

STORYLINE 3:

“Aaron”



This “storyline” is intended to depict the experiences of a segment of the veterans with whom the team spoke. It does not reflect any one individual.

AARON SAYS HE LOVED his ten years in the military, until he was no longer allowed to deploy. The humanitarian work that he helped to do on his two tours overseas were particularly meaningful for him. He also got married and met some fellow service members (now veterans) who shared his passion for board games.

Aaron described the early days of his transition out of the military as “chaos!” On top of dealing with breathing problems and lingering issues from past traumatic brain injuries (TBIs), he was juggling long hours in a sales position and a heavy course load at a community college. Then, after his wife divorced him, Aaron tried to take his own life. Thanks to the support of his gaming group and some mental healthcare, he says he is now looking forward to graduation.

“Recently, I attempted on my own life. [Close veteran friends in my board game group] were there. They’re the reason I’m actually still here.”

“Things were compounding—mentally just spiraling down... I had [friends], but I was isolating myself away from them... Getting back into school wasn’t like I remembered. I was having difficulty due to injuries in the [military] and all that. I had a couple TBIs, so I process a little slower now.”

“When I was [working in sales] and going to [school]... I’d have class at 8:30 in the morning. I’d have an hour between school and work, where I’d go home, change, get a quick bite to eat, and then go to work, and I wouldn’t get home until 11:00, 11:30. [Then sometimes, I] had to stay up a couple hours to do homework...”

“If [my close veteran friends] don’t hear from me after a few days, they’re not just hitting me up, they’re driving up here in the evening...”

“I made some [veteran] friends that’ve become really close, that’ve helped me through the divorce and everything... They understand. They’re able to work through this stuff with me, and we vent about the same kind of stuff... A lot of the kids here on campus that I’ve kinda been hanging out with... I can tell them an Army story, but they don’t get why it’s funny—or the humor’s a little too dark for them. Whereas these [veteran] folks get it...They’ll turn around and tell you one that’s just as bad.”

- Enlisted in the military straight out of high school
- Went through training and work in a logistical unit
- Deployed twice in combat zones
- Helped set up a new sub-command while on deployment
- Suffered traumatic brain injuries
- Met close military friends (now veterans) playing board games together
- Moved around to different bases across the country
- Got married to now ex-wife
- Reassigned to a different unit stationed in the U.S.
- Got bored and frustrated; wanted to deploy again but could not make it
- Medically discharged with breathing problems
- Moved to a different state for school and nearby friends
- “Chaos!” Juggled full-time job and community college. “It was way too much!”
- Had his initial physical and disability assessment at the VA
- Transferred to a 4-year, state university to study education
- Met folks at the student veteran services center on campus
- Began a general “downturn” with problems “compounding”
- Got divorced; took it very hard
- Attempted to take his own life
- Made an appt to see psychiatrist at the local VA
- Began seeing a psychologist on campus; still waiting to see one at the VA
- Supported by veteran friends; joined the sailing club; spent less time alone
- Finishing training program with a guaranteed job after graduation
- “I think I’m in an upswing. I hope I’m in an upswing.”

4. Appendices

STORYLINE 4:

“Victor”



This “storyline” is intended to depict the experiences of a segment of the veterans with whom the team spoke. It does not reflect any one individual.

VICTOR WAS AN ACTIVE duty soldier for several years, but the majority of his lengthy career in the military, and his two tours overseas were with the National Guard. Victor says that balancing the dual pressures of military and civilian life has been a constant struggle. Post-traumatic stress disorder (PTSD) and drinking problems have aggravated his already volatile relationships, both of which ended with infidelity and legal consequences.

Through adverse life experiences like divorce, he lost almost all his property and savings. He faced court-mandated curbs on his visitation rights with his son and later enrolled with the local Veteran Treatment Court program after he faced several misdemeanor charges.

“Had I been on active duty this whole time, it would have been a bigger transition... I had a civilian life, but the military was always there. Once a month, if not more, I was in uniform. Even on your off times, you still take care of [military] stuff.”

“I was working on drilling rigs... So, a lot time when I was at work, I was gone. Or I’d be gone at Reserves, or deployed. So, I got pretty used to being on my own, taking care of stuff on my own... Trying to

have a family proved to be difficult.”

“I was drinking a lot... Isolating myself and struggling with PTSD... Never sought any help.”

“When you’re pissed off at your spouse, there’s nothing better than making that person give you a check for the next dozen and a half years, or however long until your kids turn eighteen—which is what happened in my case.”

“She starts hitting me... Finally, I just

shoved her... Went to jail, charged with domestic violence, assault, interfering with a 911 call... If you get a court-appointed attorney, you’re gonna lose by the way, so you gotta shell out thousands of dollars to the system in order to get an adequate defense.”

“They were like, ‘Oh, we have to separate you out, because you can’t carry a weapon with a domestic violence related conviction.’”

- His dad was in the military
- Got bored and in trouble a lot in high school, so he dropped out to join the military
- Went on various deployments but didn’t see any real combat
- Decided to leave the military after several years, but then 9/11 happened...
- Enlisted in the National Guard. Wanted to travel and see the world
- Moved to a new state, worked on an oil rig, met and married his now ex-wife
- Deployed twice overseas. Saw friends and fellow soldiers hurt and killed
- Enjoyed his service, except the boring times and some of the serious combat
- Felt like politics (changing rules, etc.) limited his ability to do his job in the field
- Reenlisted a few times, “stayed too long,” but decided to wait for retirement
- Had a son born premature, spent first months in the hospital
- Drank a lot and isolated himself. Struggled with PTSD and never sought help for it
- Working away from home a lot, he accused his wife of cheating
- Had ongoing arguments with his wife about how to raise their son
- Wife filed for a divorce
- Had trouble finding an attorney and the support he needed
- Quit his job and liquidated his 401K to pay legal costs, child support, etc.
- Sought VA help for medical conditions
- Moved in with parents, going to school, living off disability and GI Bill benefits
- Drinking again, he caught his new girlfriend cheating, shoved her, and ran off
- Facing various police charges, he got into Veteran Treatment Court
- Doing well in VTC but “forced to retire” from the military due to legal troubles
- Hasn’t seen son in a few years. Saving money to get a lawyer and regain visitation
- Working in the oil industry again

4. Appendices

STORYLINE 5:

“Elliot”



ELLIOT SAYS HE EXPERIENCED direct and vicarious trauma during his five years in the military, but neither he nor his commanding officers recognized the enormous toll it was taking on him until much later. It was only after his wife give him an ultimatum, and a compassionate non-commissioned officer (NCO) gave him an opening, that he began to take his mental health seriously—and to speak up about the wellbeing of his fellow soldiers.

But even with lots of therapy and support from his wife, Elliot feels that his transition out of the military was very rough. A combination of severe anxiety, financial troubles, and failed plans left him feeling hopeless. Fortunately, his desire to help other veterans got him out of the house and then into a fulfilling job at a veteran-serving organization (VSO).

This “storyline” is intended to depict the experiences of a segment of the veterans with whom the team spoke. It does not reflect any one individual.

“I didn’t know it had anything to do with my mental health. I knew the fire fights and the bombings took a toll on me. But it wasn’t like immediate. When I got back, I started drinking a handle [of liquor] a night... I got heated and yelled at my family.”

“There was that point—I’ve never really said it out loud—where I wanted to kill myself. It was after getting out of the military, and all my plans from A to Z for my family just

failed. I didn’t have a job, I didn’t know what I was going to do.”

“It wasn’t until I started going to therapy that I realized it’s not weak minded. It’s because we’ve been put through so much s*** that all you do is suppress...”

“My wife kind of gave me an ultimatum. I said I wanted a family. And she said you need to go get mental health [treatment]... We are not going to have a child until you get done.”

“One day I was having

a huge anxiety attack and I was holding [my baby daughter]... And I just started talking. Probably for the first time in a long time, I didn’t feel so alone. It was better because she couldn’t talk back to me...”

“It’s definitely hard [working with other veterans] because of the fact that there’s a lot of vicarious trauma that comes through it. A lot of it, I can relate to—becoming nearly homeless as well as some of the deployments...”

- Brought up in a strict, military, first-generation, immigrant household
- Got engaged and nearly completed his bachelor’s
- Enlisted in military (as interrogator) to prove to his family that he could make it
- Got married and planned to have kids, but quickly deployed
- Outpost was bombed
- Wife got scared and divorced him
- A fellow soldier saved his life and they became close friends
- Rescued a fellow soldier in a fire fight only to have him die in his arms
- Witnessed some fellow soldiers attempt to take their own lives
- Sent on a different overseas, non-combat zone deployment
- Felt burnt out, not sure why, but knew there was “something wrong”
- Finished deployment and returned to continental U.S.
- Met and married a different woman
- Wife gave him an ultimatum to take his mental health seriously
- Inspired by his NCO, he began to speak out about the importance of mental health
- Started getting regular mental health treatment; reassigned to desk duty
- Left the military, struggling with PTSD; couldn’t really function, let alone work
- Went to VA for urgent mental health care; got a service dog
- Began drinking heavily, not eating, isolating himself, yelling at his family
- Struggled with money, spent savings on rent, and felt suicidal
- Started therapy. Found comfort in new hobbies. Planned to start a nonprofit
- Got an internship at a local nonprofit that serves veterans, which led to his current job
- Advancing in his job, but his friend just took his own life
- Daughter born. “That’s where all my drive is now.”

4. Appendices

ADDITIONAL DETAIL:

Focus, Approach & Methods



The image to the right shows Veterans and subject-matter experts interviewing each other during the discovery workshop held for this project.

Human-Centered Design

This project is an opportunity not only to better serve and support Veterans, but also to better understand the utility of human-centered design (HCD) in the field of public health. HCD is an integrative discipline and future-oriented practice that draws on the methods and mindsets of cultural anthropologists, cognitive psychologists, behavioral economists, systems thinkers, and the design professions. It is a qualitative, participatory, and iterative approach to creative problem-solving that focuses on understanding and meeting people's real needs. As designers, we do not seek to prove anything, but simply to improve what we can. Discovery and design methods do not tell us what is going on in the world in any conclusive or generalizable way, but they can provide a sense of why specific people are experiencing or struggling with something and offer insights about how to innovate or intervene to bring about desired change.

Background Development

This project was intended to build upon and complement all the existing work already underway in this area and to leverage CDC's unique public health perspective on the issue. To ensure alignment with CDC's focus on a comprehensive approach to suicide prevention, including community- and society-level strategies to help prevent suicidal thoughts before they occur, we used CDC's Suicide Prevention Technical Package and peer reviewed literature to initially scope out the project. With an open mind and a critical eye, we explored the work of scientists and social researchers, innovators and entrepreneurs, journalists and filmmakers—not seeking yet to draw any conclusions about Veteran suicide, but simply to get a sense of what is known and not known about the issue, both at an epidemiological and experiential level.

Discovery Workshop

After learning as much as we could on our own reading, we asked some key stakeholders to share their perspectives on the focus and framing for our project. We convened suicide prevention subject matter experts from CDC's Injury Center, veteran-serving professionals, clinicians, and individuals with lived experience for a daylong workshop intended to help us design our discovery strategy. All participants were treated as experts in their own right and their personal experiences and professional perspectives were afforded equal value. We provided an overview of the basic intentions and approach of our project, and then asked everyone to interview each other, synthesize and prioritize takeaways from our informal literature review, and ultimately propose different courses of action and inquiry that we might pursue in our discovery work. Participants' comments, observations, and co-designed proposals from the workshop revealed a number of shared principles and common themes that shaped our perspectives and priorities going forward.

Veteran Engagement Strategy

Once we had a clear sense of our objectives, we needed to begin identifying Veterans to participate in our project by sharing their experiences. We started by developing a list of prioritized communities, combining data from several sources to inform our decision-making process:

- A CDC analysis showing that Veteran suicides are clustered in a small number of counties¹³
- Department of Veteran Affairs data indicating where young Veterans typically reside¹⁴
- Informal asset mapping to get a sense of the number and types of Veteran-serving organizations in each community.

We weighed that information with what would be feasible given the project budget and available personnel. Ultimately, we decided upon the following communities:

1. Columbus, Ohio
2. Houston, Texas
3. Raleigh, North Carolina
4. Denver, Colorado
5. Colorado Springs, Colorado
6. Atlanta, Georgia

Once the communities were identified, we began to reach out via email and phone to national, state, and local Veteran-serving organizations that had a footprint in those communities to introduce the project and to get their assistance in setting up conversations with young Veterans in the community.

Discovery & Design

To inform and inspire our work on this project, we employed a range of exploratory, interpretive, and generative methods common to HCD processes. We took initial steps into the design phase of such a process by synthesizing insights and recommendations from our initial findings, but most of our efforts and activities were concentrated in the discovery phase.

Stakeholder Discovery

Similar to ethnographic research conducted by cultural anthropologists and other social scientists, stakeholder discovery is a process of qualitative exploration and inquiry focused on the lives and views of individuals with expertise or experience in a particular situation, area, or context. Unlike the sciences, however, the objective of discovery is not to evaluate preexisting hypotheses or produce widely generalizable knowledge, but instead to generate contextualized insights about the needs, aspirations, and constraints of a particular population in order to design new or improved products, programs, or policies for them.

The image to the right shows a Veteran using some visual aids to help describe her experience and relationships.



In-depth Conversations

Typically lasting about 30–90 minutes, in-depth conversations are largely unstructured discussions between 1–2 designer/facilitator(s) and 1–2 stakeholder/participant(s) intended to reveal qualitative insights and generate actionable inspiration for design. Although often focused on a particular topic or range of issues relevant to participants' experience or expertise, these conversations are not scripted or limited to a fixed set of questions. In fact, participants are encouraged to tell stories, share opinions

and beliefs, speculate and free-associate, explore ideas they were not asked about, and even pose questions of their own.

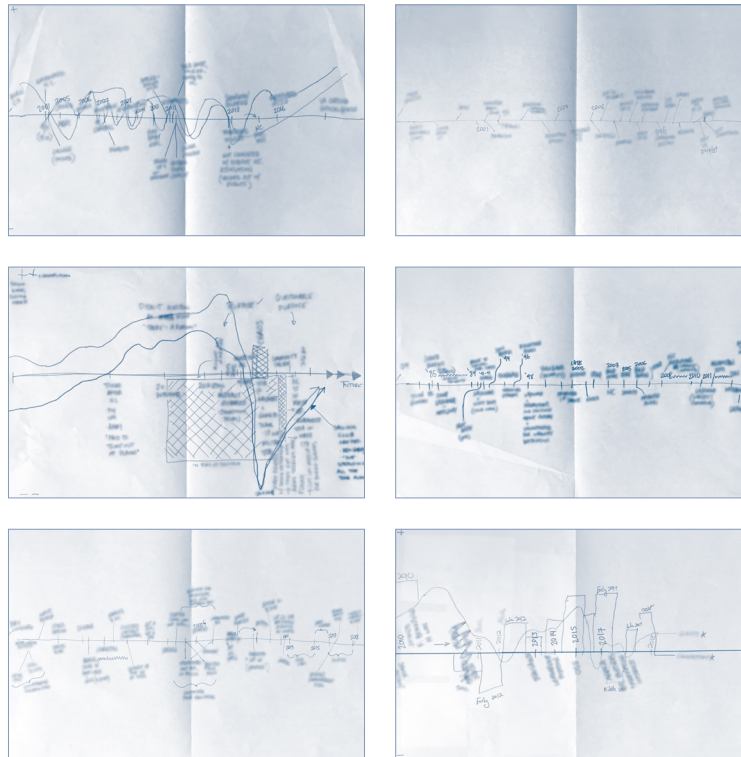
The majority of our fieldwork consisted of in-depth conversations with Veterans and VSOs. While we always had a sense of what we hoped to cover, we also let participants direct our discussions wherever they were most comfortable or interested in going—often revealing insights or information that we would not have thought to ask about.

Visual-aid Activities

Visual-aid activities are facilitated exercises in which participants use visual media, templates, or frameworks to help elucidate and convey nuanced concepts, structure complex narratives, or envision new possibilities. Activities such as sketching, diagramming, collaging, storyboarding, and card-sorting are sometimes used to complement other stakeholder discovery methods—prompting deeper discussion or helping participants fully express themselves during in-depth conversations, for example.

We experimented with different visual-aid activities but quickly found that sketching a simple timeline of each of Veteran’s story was the most efficient and evocative method. We also asked each participant to draw two lines or waveforms across their timeline, reflecting how positive or negative and connected or isolated they felt at key moments.

The images to the right show personal timelines and experience graphs sketched during the conversations held with Veterans for this project.





The image to the right shows a handout inviting Veteran participants to use photographs to share their interpretation or experience of key concepts in their lives.

Cultural-Probes Kits

Cultural-probes kits often entail tools or frameworks for exploring people's subjective interpretations and perceptions of different concepts or experiences. Rather than simply being asked about their opinions or beliefs on a particular issue or topic, participants might be asked to draw a picture, take a photograph, or respond in other creative ways. The intention is not to establish any sort of objective data about a population's views, but almost the opposite: to discover idiosyncratic perspectives, uncommon associations, and tacit knowledge that could inspire design ideas.

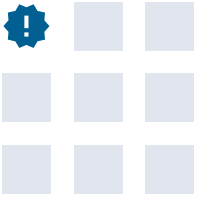
At the end of many of our conversations with Veterans, we handed out cultural-probes kit that asked them to take pictures that conveyed their experience or interpretation of the following concepts: comfort, purpose, connection, belonging, and support. We did not get a lot of responses, but the ones we did get were quite inspiring.

ADDITIONAL DETAIL:

Themes

CATEGORY 1

Formative Trauma



THEME:

Grieving & Guilt

Aggravating the already significant challenges faced by many Veterans was the fact that they were disproportionately exposed to the death of close friends and peers. Not only did this add a heavy burden of grief and guilt to everyday life, for some it constituted vicarious trauma and compounded the effects of other traumas.



“[My close friends from the military—]most of them are dead... Two to suicide. I’m one of the last of the four.”

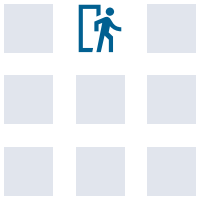
—Veteran, Texas



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CATEGORY 2

Military Separation



THEME:

Abrupt Disruption

Separation from the military could be a traumatic experience, particularly for those who did not welcome or expect it. For example, if they were planning to serve until retirement but were medically discharged early, they suddenly had to redefine their life goals while also managing the stresses of transition.



“That transition was really hard. I was depressed. I just lost everything that Marine Corps gave me—all the support. And it’s like, “How do I do this on my own now?”

—Veteran, Texas

THEME:

Expectation & Reality

Having plans for life after the military did not guarantee a smooth transition, but having a few goals at least seemed to help. At the same time, expectations about what civilian life would be like could be dangerous and disappointing if not paired with a resilient attitude about challenges and change.



“I thought I was going to be awesome when I got out... Then feeling like an absolute piece of sh inside made it really hard to connect with people. The expectations that people had on me or that I thought they had on me made it—made me want to withdraw.”**

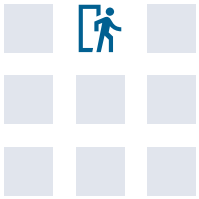
—Veteran, Colorado



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CATEGORY 2

Military Separation



THEME:

Freedom & Structure

While some Veterans appreciated a greater degree of freedom, many Veterans missed the structure and certainty of their days in service. For some, the reliable expectations and routines of the military came with a sense of direction and accountability. In comparison, ‘civilian life’ could feel arbitrary or aimless.



“I enjoy how accountability works—not just in that field, but in general. Everything has a purpose. Everything has a label, has significance. And, it’s everything from a logistical standpoint to kind of keeping an orderly house. Everything has its purpose.”

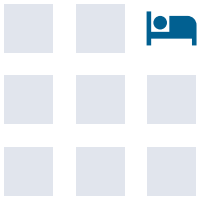
—Veteran, Ohio



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CATEGORY 3

Post-Separation Livelihood



THEME:

Career Progress

Feeling older or more experienced than their non-Veteran peers and yet behind in their education, finances, and professional development was a common source of frustration that seemed to contribute to a sense of injustice, unfairness, or even futility.



“There’s still definitely that disconnect between the other people around here and myself [...] This guy in my class was like, ‘Yeah, I’m a bellboy at the [hotel] over here.’ And I’m like, ‘Okay. It’s a job. It’s good.’ [...] But I mean, those skills don’t really map to me leading a guy in a firefight or something like that.”

—Veteran, Ohio

THEME:

Financial Struggle

Many Veterans were singularly focused on making or saving money and advancing in their careers. Some saw social relationships, mental health, and personal wellbeing as secondary concerns that could only be addressed once their financial lives were in order.



“I’m gonna go wherever the money is— whoever wants to hire me. Because, if I want a reasonable retirement, then I’m going to have to jump straight into making absurd amounts of money. I can’t spend my time building it up, because I don’t have time on my side anymore.”

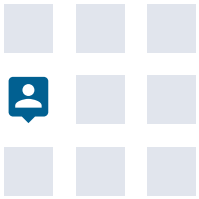
—Veteran, Ohio



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CATEGORY 4

Purpose & Identity



THEME:

Community Service

Being of service to others was a natural inclination for many Veterans and finding ways to continue serving after the military acted as a bridge to greater empathy and connectedness, as well as an avenue for even some reluctant Veterans to begin to accept help for themselves.



“You have a story that can help someone else. [...] Maybe them listening to your stuff, they’ll be like, ‘Man, my stuff is not as bad.’ When I started hearing that and realizing that, it made me the stronger person that I am today. Even though I still can’t deal with all my issues by myself, I am still able to help others out there.”

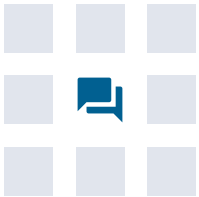
—Veteran, Texas



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CATEGORY 5

Connection



THEME:

Kinship & Belonging

After losing much of the camaraderie they felt in the military, many Veterans described how critical it was to find other groups, efforts, or places they felt a part of. Whether they want to be around other Veterans or quite the opposite, many gravitated toward cultures that resembled or respected military norms.



“I feel like my community from the Navy has been transported to the Burning Man community... It has a similar quality to it [...] You know: always being there for people, freedom of expression, leave no trace, et cetera, et cetera [...] Burning Man revitalizes me to keep powering through things. [...] That’s like my secret life almost!”

—Veteran, Ohio

THEME:

Immediate Family

Veterans seemed to take comfort in their relationships with family members when they did not come with too much expectation or pressure to connect. Sometimes it took an ultimatum from a family member, or an example of how they were suffering to motivate a Veteran to seek help for themselves.



“Seeing how it affected my husband is what really was like, ‘You gotta get better. You gotta get better! You can’t keep being like this.’ [...] I was tired of—I don’t want to say torturing him—but seeing him suffer hurt more than my suffering. So, that’s why I wanted to change.”

—Veteran, Ohio



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CATEGORY 5

Connection



THEME:

Partners & Spouses

Transparency and trust were deciding factors in the health of many Veterans' intimate partner relationships. Hiding fears, struggles, and resentments in the name of protecting each other seemed to perpetuate a common cycle of secrecy and withdrawal that led to greater suffering for both parties.



“Our relationship was very shaky, on the rocks, because he felt like when he was gone that I was cheating. I felt like when he was gone, he was cheating. He didn't want to open up about what he dealt with when he was over there with me already dealing with the issues and problems with my daughter's dad being blown up.”

—Veteran, Texas

THEME:

Social Media

Social media was often seen as a double-edged sword, acting both as a useful tool for getting in touch with distant friends, and a source of jealousy, negativity, or risk to their privacy. Some Veterans seemed to take it for granted as a required part of modern life. Others had sworn it off all together.



“I deleted my Facebook account—and that was a couple years ago. [...] I was like, “This just seems like it's biting people in the a.” [...] I recognize its ability to keep people in contact, and it kinda sucks because that's where a lot of people from my unit are—on Facebook. So, it's like, “Do I go back to stay in contact? Or do I keep myself away from that potential hazard?”**

—Veteran, Ohio



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CATEGORY 5

Connection



THEME:

'Civilian' Interaction

Positive interactions and lasting connections between 'civilians' and Veterans seemed to begin with *asking* more than *offering*. Thanking someone for their service tended to be less appreciated than taking an interest in their experience.



“Getting people to understand what you’ve been through has been difficult, because they can’t relate to you at all. They just say, ‘Oh, thanks for your services!’ Which is kinda cringe-worthy to me. I’m not a big fan when people say that... I feel like they feel they have to say it to me—like that’s their automatic response.”

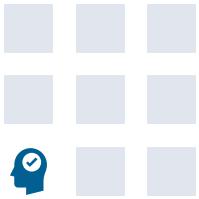
—Veteran, Ohio



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CATEGORY 7

Mental Health & Substance Abuse



THEME:

Substance Abuse

Several Veterans suggested excessive alcohol use was part of their life in the military, and that they fell back into familiar patterns during difficult times in their transition. Many were also wary of prescription drugs they had been prescribed because of how it made them feel or because of a desire to seek out other means of fixing issues that they were confronting.



“I was drinking a lot during that time, [...] drinking and isolating myself and struggling with PTSD.”

—Veteran, Texas

THEME:

Trouble Sleeping

“If you only have one question to ask a Veteran to try to find out how they are doing, ask them how they are sleeping...” (Military university instructor). Whether it’s a symptom, a cause, or both—difficulty getting enough restful sleep frequently accompanies and seriously aggravates other challenges that Veterans face in transition.



“I couldn’t get my sleep under control, which was causing problems for me.”

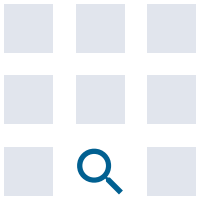
—Veteran, Texas



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CATEGORY 8

Accessing Care



THEME:

Limited Options

While some Veterans experienced barriers to entry at the VHA and a lack of awareness about other options, many Veterans felt they had few options for accessing mental health care, short of calling on emergency services and accepting the costs. Some expressed a sense that there exists only extreme measures or doing nothing and no “middle ground.”



“They’re like, ‘Well, if you’re in crisis, you can call 911...’ ‘Okay, I’m not going to call 911, because that’s how the cops come to your house and shoot you.’ So, there’s like no middle ground between going to the hospital and getting admitted, and like actually rapidly talking to someone. It’s gonna take a long time.”

—Veteran, Ohio

THEME:

Therapy & Counseling

Therapy was a comfort and support to many Veterans—but not always at first. If they were pressured or mandated to attend counseling, had a negative first impression, or were otherwise biased or opposed to the idea, some would keep their therapist at arm’s length by just “telling them what they want to hear.”



“I just can’t talk to these people. I give them the answers they want so they leave me alone. They don’t get it. I know they want to help, but they don’t get it. They haven’t been there. They don’t understand.”

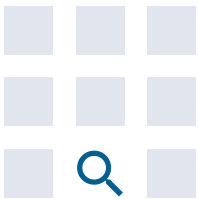
—Veteran, Ohio



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CATEGORY 8

Accessing Care



THEME:

Nonprofit Support

Veteran-serving organizations were providing life-changing opportunities and support to Veterans in many different situations. However, many Veterans seemed to happen upon these resources almost by chance, and often as the result of a crisis or struggle of some kind. In some cases, it helped when a trusted peer provided a push or led the way.



“It’s kind of like they just drop you and they’re like, ‘Here, go figure it out for yourself.’ That’s basically how I felt. If I wasn’t such a stronger resource finder or networker finder, I think I definitely would have jumped cliff.”

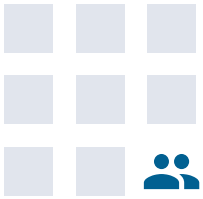
—Veteran, Texas



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CATEGORY 9

Non-traditional Support



THEME:

Animal Companions

Many Veterans seemed to relate easily and identify deeply with animals—particularly their service dogs. Not unlike human service members, these animals dutifully served on behalf of others, often faced unfamiliar or threatening situations, and occasionally got scared, reactive, or over-protective.



“I got a dog this semester. He’s a mixed-breed. Rescue dog. He spent five years tied to a tree [...] So, he really, really loves people and just wants to be free so he can find more people. But that doesn’t really work here, so I gotta keep a pretty close watch on him.”

—Veteran, Ohio



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4. Appendices

ADDITIONAL DETAIL:

Co-Design Workshop & Critiques

After completing our conversations with veterans, we again convened suicide prevention subject matter experts from CDC’s Injury Center, veteran-serving professionals, clinicians, and individuals with lived experience for another daylong workshop with the aim of co-designing potential solutions. Many of the same participants from our initial discovery workshop returned for this final co-design workshop. Generous with both their time and ideas, participants reviewed quotes and Storylines from our discovery conversations, generated design concepts in response to our findings, and ultimately presented five new proposals for comprehensive suicide prevention and veteran support. Similar to the outcomes of our first workshop, the ideas put forward at this workshop had several qualities and components in common. These initial concepts informed and, in many ways, served as the basis for the final design concepts laid out in the proceeding section.

CONCEPT 1

1-800-SOLVE-IT

Helps Veterans and their family members who need solutions to everyday problems—from housing to healthcare—by providing a national, Veteran-staffed resource and referral system that links them to localized, community-based services and supports

CONCEPT 2

Educate and Activate Your “Vet Net”

Helps family, friends, and community members who want to support Veterans by educating them how to meet the Veteran where they are with the right resources at the right time

CONCEPT 3

Building Self-Care and Life Skills Into Military Service

Helps service members who want more out of their service by building opportunities for self-care and life skills development into existing training and incentive programs

CONCEPT 4

Mental Health Sponsor

Helps service members and Veterans who want to maintain their mental health by providing a life-long mental health sponsor—from entry into service and onward

CONCEPT 5

Life Assessment

Helps service members and Veterans who need comprehensive, personalized prevention services by conducting a life assessment at key intervals and connecting them to resources/training based on the results

Concept Critiques

The Veteran suicide prevention concepts proposed in our design workshop not only provided inspiration and creative direction, but they also presented an opportunity to see how other Veterans might respond to various interventions or changes in their experience transitioning out of the military. Recognizing this opportunity for further insight, we headed back out into the community equipped with brief summaries of our workshop participants' five proposals. We visited a handful of young Veterans in Atlanta, Georgia, and we asked them to imagine how they would react if they encountered each of the hypothetical programs, platforms, and policies that we were presenting. After responding to these scenarios, we asked for each Veteran's honest critique of the design concepts, as well as any suggestions about how to improve or refine them. For the most part, our Veteran-respondents' comments were positive, and in some cases enthusiastically supportive. But of equal or greater value were some of the stark realities and strict constraints they pointed out as well, many of which served as design criteria for our own subsequent ideation process.

CONCEPT 1: 1-800-SOLVE-IT

CRITIQUES:

"A one-stop like that is great. Most military bases have a Soldier's Plaza and that's where you go for finance, that's where moving is located and all those others services. Losing that consolidated access point is frightening. By the end of it, I don't care if they've done four years or eight or whatever, you become institutionalized and used to having things readily available and right there."—Veteran, Georgia

"Being staffed by a Veteran is going to be key. It doesn't matter if the person was in the Air Force and never saw combat. There's always a drudgery that goes with the military that you can always relate to...For me personally, that would make me more encouraged to use that because these are Veterans that are giving the pointers out."—Veteran, Georgia

CONCEPT 2:

**Educate and Activate Your
“Vet Net”**

CRITIQUE:

“That’s a good idea too because a lot of Veterans will not seek help. I did not—my mom literally had to do it for me....my mother had to search for options like that...she really had to seek that out on her own.”—**Veteran, Georgia**

CONCEPT 3:

**Building Self-Care and Life
Skills Into Military Service**

CRITIQUE:

“When you are in the military, you sign up...a lot of us are 18 or 19, a lot of us come from poor families. I had no concept of money or really money management or anything like that. And the military certainly didn’t give me those skills.”—**Veteran, Georgia**

CONCEPT 4:

Mental Health Sponsor

CRITIQUE:

“I think it will be difficult to implement. I also think that for me things that happen more organically have more intrinsic value for the individual.”—**Veteran, Georgia**

CONCEPT 5:

Life Assessment

CRITIQUE:

“I think the one caution would just be is that if the soldier felt that it would factor into whether they are going to get in [to the military], then they would duck it.”—**Veteran, Georgia**

4. Appendices

ADDITIONAL DETAIL:

Veteran-centered Design Concepts

CATEGORY:

Pilot Projects



CONCEPT 1

Stakeholder Data Needs Survey

DETAILS:

The virtual Town Hall and/or informal web-based survey could allow CDC's Injury Center to elicit feedback from a wide range of stakeholders around their data needs as it relates to Veterans and their risk and protective factors related to suicide and other forms of injury and violence. It could also help highlight opportunities for novel datasets and linkages, such as linkages to non-Federal databases. Ultimately, knowing more about what data stakeholders need to drive action and what other sources of data might exist could help CDC's Injury Center better inform its prioritization of future analyses around Veteran suicide prevention (as well as other priority topics at CDC's Injury Center).

CONCEPT 2

Veteran's Experience Fellowship

DETAILS:

The Fellowship, hosted by CDC's Injury Center, could be offered every two years to a high-achieving Veteran with a commitment to public service. The Fellow would have two primary responsibilities. First, the Fellow could provide scientific, programmatic, or policy/partnership support (depending upon their background and the current needs) to ongoing activities of CDC's Injury Center targeted to the military/Veteran community. Second, the Fellow could complete their own Veteran Experience project that helps cultivate a more Veteran-informed culture within CDC's Injury Center and 'ground-truths' CDC's Injury Center activities that have military/Veterans as the end user (e.g., creating a CDC's Injury Center Veteran's Wall to celebrate staff who served; conducting a mini design sprint to better understand how a priority of CDC's Injury Center is impacting the Veteran population; etc.).



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CATEGORY:

Pilot Projects



CONCEPT 3

Awareness Campaign: Activate Your “Vet Net”

DETAILS:

CDC’S Injury Center could collaborate with the Ad Council and a national Veteran-serving organization to design and test a comprehensive communications campaign that leverages diverse outreach—from social media to school programs to website development. Rather than a Veteran-facing campaign, this campaign could work to educate and activate those closest to the Veteran and ultimately shift cultural norms around the realities, wants, and needs of transitioning Veterans. The primary goal could be to increase awareness among family, friends, and community of the barriers and opportunities that Veterans face during the transition out of military service. In particular, the awareness campaign could explore the themes that emerged during the pilot project: sense of purpose, sense of identity, isolation/belonging, mental health stigma, etc. The secondary goal could be to increase upstream suicide prevention by empowering family, friends, and community to refer transitioning Veterans to the appropriate services and supports. The campaign could be piloted in communities with a large population of young Veterans and high burden of military/Veteran suicide; results could be compared to comparable communities.

CONCEPT 4

Evaluation of VSO Community Integration Model

DETAILS:

A subset of veteran-serving organizations are implementing a community integration model, in which one backbone organization in a community brings together vetted Veteran-serving organizations to provide a one-stop shop for Veterans looking for holistic, coordinated care—from housing to recreation to relationships to education to employment to health. Leveraging the relationships developed during this pilot project, CDC’S Injury Center could evaluate the impact of this community integration model upon suicide and the problems that contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress. CDC’S Injury Center could ultimately work to develop an evidence base around whether these sorts of programs impact suicide and thus might play a role in an upstream, community-level approach to suicide prevention among Veterans.



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CATEGORY:

Pilot Projects



CONCEPT 5

Evaluation of VSO Connectedness Model

DETAILS:

A subset of Veteran-serving organizations are working toward increased connectedness among Veterans without explicitly framing it as such. Leveraging the relationships developed during this pilot project, CDC'S Injury Center could evaluate these models working toward greater connectedness, one of the strategies outlined in CDC'S Suicide Prevention Technical Package. CDC'S Injury Center could ultimately work to develop an evidence base around whether these sorts of programs impact suicide and the role they might play in an upstream, community-level approach to suicide prevention among Veterans.

CONCEPT 6

Evaluation of Veteran Treatment Court Model

DETAILS:

Veteran treatment courts represent a cross-sector collaboration intended to address the root problems that contribute to involvement in the criminal justice system—from domestic violence to substance abuse. Leveraging the relationships developed during this pilot project, CDC'S Injury Center could evaluate the impact of this Veteran court treatment model upon suicide and the problems that contribute to suicide, such as those related to relationships, substance use, physical health, and job, money, legal, or housing stress. CDC'S Injury Center could ultimately work to develop an evidence base around whether these sorts of programs impact suicide and thus might play a role in an upstream, community-level approach to suicide prevention among Veterans.



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CATEGORY:

Pilot Projects



CONCEPT 7

**Environmental Scan
of Promising Practices**

DETAILS:

CDC'S Injury Center could conduct an environmental scan of Veteran-focused services and supports in states and communities that are aligned with CDC's Suicide Technical Package. The results of that environmental scan could be paired with both the results of Injury Center-funded evaluation efforts and any existing peer-reviewed or white paper literature demonstrating impact of these services and supports. All information could be compiled into one document—highlighting any gaps and opportunities for the future—and disseminated back out to states, communities, and other key stakeholders.



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CATEGORY:

Systems Transformations



CONCEPT 1

Transition Recognition and Redesign

DETAILS:

In collaboration with public, private, and non-profit sector partners, CDC'S Injury Center could help start a conversation around the need for about dramatic shift in the norms and expectations of Veterans transitioning out of the military—a deeper acknowledgment that transition is not an immediate switch but a gradual process. Those same multi-sector partners could develop a comprehensive action plan for ensuring that some transitional structures and support systems are provided to Veterans who want them as they separate from the military and readjust to 'civilian' life.

CONCEPT 2

Veteran Parent Activation

DETAILS:

Having a child is a life-changing milestone that rivals separating from the military, and it is a transformative experience that many Veterans and non-Veterans have in common. A largely underleveraged point of access to a large portion of the Veteran population in young- and middle-adulthood, parenthood is a near universal human experience across generations. Providing specialized support for Veteran parents—particularly those negotiating the dual transition of being a parent and becoming a Veteran—could alleviate some of the unique burdens of caring for children at a difficult time, while also serving as an opportunity to cultivate camaraderie and connection with other parents. Leveraging touchpoints within existing systems that serve children and parents (e.g., childcare), this initiative could connect Veterans to Veterans and 'civilians' alike through their shared status as parents and their desire to care for and nurture their children. Such engagement presents an opportunity to also positively impact the lives of their children and create opportunities for safe, stable, nurturing environments and relationships.



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CATEGORY:

Systems Transformations



CONCEPT 3

Open Data Initiative

DETAILS:

Different datasets exist in both the public, private, and non-profit sectors that together might help develop a more holistic picture of Veteran suicide and its impact upon family and community. Moreover, access to even basic information, such as an opt-in list of separating service members, could help service providers directly target those who may be in greatest need as they are transitioning out of military service. Working across the public, private, and non-profit sectors and in collaboration with service members, Veterans, and their families, this initiative could help drive the field toward more open and integrated data systems that better inform Veteran suicide prevention.



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