



Driving Awareness of Common Challenges and Opportunities in Preventing Veteran Suicide

Persona Profiles

*Profiling Veteran-Serving Organizations,
Public Health, and the Private Sector*

Contents

Introduction

01. Veteran Serving Organizations (VSOs)

02. Public Health

03. Private Sector

Opportunities for Collaboration

Conclusion



Introduction

On the next pages are persona profiles based on these interviews. A **persona profile depicts the experience of a group of people in order to understand and empathize with them better.**

The following persona profiles illustrate the successes and challenges experienced by representatives from VSOs, public health, and the private sector in their upstream efforts—or preventative, population level efforts—to curb veteran suicide. At the end of the document is a non-comprehensive list of opportunities for collaboration among these three groups. While each of these stakeholder groups consists of a diverse set of organizations and not all needs and experiences are captured here, our hope is that these persona profiles will help the reader to consider the point of view of individuals and organizations from each group, and consider how they might work together toward their common cause.

For the reader's consideration:

- What are the barriers to collaboration these three stakeholder groups experience?
- How could VSOs, the public health sector, and the private sector work together more effectively?
- What does each stakeholder group have to offer the others?
- How can institutions like CDC and the CDC Foundation enhance collaboration opportunities in service of the goal of preventing veteran suicide?



The CDC Foundation has partnered with the CDC's National Center for Injury Prevention and Control to increase linkages between community-based veteran-serving organizations (VSOs), state and regional public health offices, and private sector stakeholders.

CDC and the CDC Foundation engaged DC Design, a social impact strategy and design firm, to advance this work. This effort seeks to drive common awareness across sectors, dismantle barriers, and catalyze collaboration that will facilitate positive outcomes in addressing veteran suicide. We aim to build on the existing impressive endeavors of these stakeholder groups already long underway.

In preparing to hold a national convening of decision-makers among these three stakeholder groups in July 2021, DC Design conducted interviews with leaders and experts from across stakeholder groups to gather their perspectives on:

- The goals, needs, and experiences of those invested in upstream public health approaches to veteran suicide prevention
- Opportunities for cross-sector collaboration that will allow partners to overcome challenges together towards their common purpose

01. VSO Persona Profile

Veteran Serving Organizations (VSOs) are dedicated to providing support and resources for veterans. This stakeholder group consists of state, regional, and national non-profits, as well as large, traditional institutions that have been serving veterans for decades. DC Design interviewed leaders from four VSOs.

Successes

Talking Openly About Mental Health: We found that VSOs generally aim to engender more open conversation about mental health among veterans and service members. The VSOs we interviewed emphasized that stigmas around asking for help, especially among a community of warriors who built an identity around their ability to do extraordinary things, can keep veterans from bringing up vulnerable mental health topics. These VSOs support open dialogue by promoting education resources and investing in community training by third party experts.

Broad Support: With tens of thousands of nonprofits, 75+ VA recognized VSOs, hundreds of state and regional public health organizations, and thousands of businesses and philanthropies in support of veterans, there is broad, often bi-partisan support for the goal of preventing veteran suicide.

Emphasis on Community: VSOs feel that in many ways they are succeeding in their efforts to better incorporate veterans and service members into the community. Such efforts include offering regional volunteer opportunities and group discussion forums which allow veterans and their families to feel less isolated and more valued in their communities.

A Human-Centered Approach: We learned during our interviews that VSOs have succeeded in taking a human-centered, empathetic approach to serving veterans. They often elicit feedback directly from veterans when adjusting their programming, and maintain close relationships that allow them to be in tune with veterans' evolving needs. For example, one organization conducted a multi-month listening campaign, touring their state to speak with veterans and service providers, then implementing interventions, which turned out to have great success, based on what they learned. Another organization hired a Native American veteran to meet one by one with every veteran in various chapters of her tribe. Through community connection, distribution of educational resources, direct advocacy on behalf of veterans, and collaboration across the community, this made for a successful human-centered local strategy.

"We have to talk about it. We have to say the word 'suicide'... This cannot be a taboo subject." - Brain Health Expert at National VSO

"End the stigma.... It doesn't only fall on mental health professionals. It doesn't only fall on the command in the particular branch of service. This is an 'everyone problem.' And it needs to be an 'everyone solution.'" - Brain Health Expert at National VSO

"Everyone is on board [with working on mental health issues]. It's rare to find an organization that is not engaged." - President of a Regional VSO

"[Among] those who leave the military, one of the big obstacles that they have being a civilian is that they're no longer part of something bigger.... So if you were a community and you were to mobilize your veterans and you were to build a relationship with them...what I know we could do, because we've seen it, is that you can improve their quality of life. And as you improve their quality of life, you reduce veteran suicide. So remember, we measure hope." - Director of a Regional VSO

Challenges

Access to Funding: It's often difficult to obtain funding due to the abundance of nonprofits working in the veteran support space, which leaves organizations competing with other organizations dedicated to the same causes. We heard that new organizations are founded frequently by well-meaning actors who want to make an impact in this important space. While these new actors often have funding for their first initiative, after that runs out, they are left competing for scarce resources with other groups in the field.

Identifying Appropriate Collaborations: Multiple stakeholders desire more robust collaboration, but struggle to find partnerships that suit their needs. Two of our interviewees told us about attempted collaborations that went poorly because the potential partner asked the organization to do something new and outside of its normal scope of strengths. These stakeholders emphasized the importance of ensuring collaborations make sense for both parties and do not act as a distraction, and that collaboration simply for the sake of collaboration without a broader goal in mind can hinder the cause. Nevertheless, interviewees acknowledge that partnerships can open doors for an integrated approach, allowing organizations to work together to address the many factors that lead to suicide, and empowering veterans with greater awareness of the variety of resources available to them.

Access to and Utilization of Data: According to interviewees, VSOs struggle with identifying what data needs to be collected, collecting that data at scale, accessing data that is held by other organizations, and achieving consensus across the field around common success metrics.

Culture that Discourages Asking for Help: In a profession that typically normalizes and fosters a sense of pride, self-dependence, and competence, asking for help can create feelings of shame. Further, common language around suicide often frames veterans who take their lives as victims, a framing of passiveness at odds with the self-identities these warriors have built.



"In reality, there [are] about 5000 veteran nonprofits that work on the national level and very few of them work together...[because of] funding, competition, recognition, and egos.... Funding drives the resistance to collaborate." - President of a Regional VSO

"We toured around... [talking] to thousands of service members, veterans, and their families from all areas.... And then we also did a really radical thing, we spoke with the providers of service... [about] what we know now as the social determinants of health.... They all needed coordination and collaboration of services. They needed to have some type of vetting process, so people knew the good organizations, the ones that were high performing, using best practices, and wanting to connect and work with other organizations." - Director of a Regional VSO

"I don't understand why private organizations trying to do great work for veterans can't have access to data at a higher level [from the government].... We have a suicide epidemic and all of our numbers are always two to three years old." - Director at a National Foundation

"Warrior ethos is critical when you're in the military. It's ingrained in you from the time you join that you're part of something larger than yourself, that sacrifice is critical to the role... Now what happens when the uniform comes off is very different. At that point, we start asking you, 'Well, how are you doing?' 'Are you sleeping okay at night?' 'What are your problems?' And it's really just not consistent with the training you receive in the military... So it concerns me that sometimes those who need help the most are going to be the most reluctant to take advantage of it." - Director at a National Veteran-Serving Institution

02. Departments of Public Health Persona Profile

The Public Health stakeholder group consists of state public health departments. Officials in these departments are charged with addressing all public health needs within their state, including supporting veterans in multiple ways, as well as addressing suicide in the general population. We interviewed leaders from three state-level health departments.

Successes

Increasing Funding Opportunities with Increasing Awareness:

As culture and conversation shifts such that people speak more openly about mental health issues, and as people increasingly view suicide as a public health rather than an individual treatment concern, resources associated with addressing suicide are predicted to increase.

“We have come a really long way in breaking down the stigma around suicide. In our state, it seemed like it was kind of a taboo topic for a little while....[that] the stigma doesn't need to be there”
- Director at a State Health Department

Visibility and Resources Unique to Government:

Public Health stakeholders enjoy the resources, reach, and authority of government. They have greater ability than VSOs or the private sector to reach all residents in their region about health-related topics. They can also reach local service-providers and have the ability and authority to suggest that different organizations collaborate. Additionally, state and regional public health departments have access to government resources, data, and funding that is often unavailable to other entities. Finally, because of the health departments' broad reach into all areas of public health, they are able to see how veteran suicide is related to many other health factors.

“Increasing resilience at the community level helps get ahead with all kinds of different issues.”
- Director at a State Health Department

Local Collaboration: Two public health interviewees discussed having strong partnerships with local counties and organizations which helps them focus on residents at a more targeted level.

Access to Data: Public health organizations have more support to obtain data from various sources. One stakeholder has access to data as part of their funding from the government, and another stakeholder is able to access data through their local partnerships.



Challenges

Lack of Awareness: According to one stakeholder, adult veteran suicide is not widely acknowledged or talked about compared to other issues, making it lower priority when it comes to winning funds.

Competing Priorities and Understaffing: As state and regional public health departments, the organizations we engaged are charged with a broad list of health priorities, and veteran suicide prevention is just a small piece of their responsibilities. Two stakeholders mentioned that they did not have enough staff dedicated specifically to veteran suicide prevention, and that generally they did not have enough resources to focus on veteran mental health and suicide. Some health departments have an individual dedicated to suicide, or dedicated to supporting veterans, but our sense was that there was rarely one person focused entirely on veteran suicide.

“We don't really have a readiness capacity here yet to talk about suicide prevention with our clients” -
Director at a State Health Department

Competition for Funding: Government stakeholders struggle to find funds and time for everything they want to accomplish, and one interviewee cited red tape and competition for federal funding as the main culprits. This results in limitations in pilot interventions, staffing, and program morale. One stakeholder described their job in two buckets: what they're funded to do, and everything else. Another stakeholder described perceived uneven funding opportunities across different regions of the country.

“Our health department is [around] 80 percent federally funded... It's very hard to do things outside of the scope [of what you've proposed]. So you're reluctant to add on things that you're not funded to do... We've never been funded specifically for veteran suicide.” - Program Manager at a State Health Department

“It's so much easier to build cooperation in communities when the NOFOS [Notices of Funding Opportunity] are non-competitive. What's come out of the CDC in the past four years or so has been competitive, including universities and health departments... The less competition they can put into these grants, the better cooperation we're going to get out of our communities.” - Director at a State Health Department

Lack of Skilled Facilitators: One interviewee discussed with us the lack of professional facilitators in their region who are able to facilitate difficult mental health connections as well as to help form partnerships that would break down silos and ultimately support veterans.

“It's hard to come by a very skilled facilitator. These are really tough conversations to have, particularly in rural communities where there still is a pretty high stigma associated with these things. Having a skilled facilitator to help with those conversations, that's tough.... Helping us to break down these silos [would] probably [be] through some facilitated conversations and a change in how they offer cooperative agreements.”
- Director at a State Health Department

03. Private Sector Persona Profile

Private sector organizations are small businesses, large corporations, and philanthropies that establish their own philanthropic efforts towards veteran suicide prevention through donors and internal funding, highlight the topic in employee wellness programs, or otherwise commit to achieving better outcomes in the space. Businesses and corporations might have an interest in social causes related to their business model or brand. Private sector stakeholders often have wide influence and resources that can bolster their efforts. DC Design interviewed two private sector stakeholders.

Successes

Impact and Agility: One stakeholder emphasized the leverage, resources, and tools that business leaders have to accomplish goals in an agile way. The private sector often has access to sophisticated tools in data analysis, marketing, and impact evaluation to get initiatives off the ground faster than other sectors.

“[Business leaders] are extraordinary [at] using data analytics, using dashboards, using funds that are going to build and help organizations that are already doing this [and] boost their capabilities.” - Executive at Large Multinational Corporation

“There is a wonderful spirit and energy level of helping and giving back in the corporate sector now. I just think it's a question of building those bridges... and saying, 'We need your help.'... [Then] with guidance from the CDC or other organizations like the VA... you won't have any trouble finding private sector [stakeholders] who will give you whatever you need.” - Executive at Large Multinational Corporation

Strong Initiative: One stakeholder mentioned that many businesses, especially large corporations, are looking to get involved with philanthropic causes and would be responsive if given direction from an organization like CDC. Another emphasized that strong leadership at an organization like theirs can make all the difference in the organization's commitment to a cause.

“Lucky for me and for my community, [our organization's leader] cares about veterans and stopping veteran suicide.... We're going to see it through inspiring leadership.” - Director at a National Foundation

Funding: The private sector has corporate and philanthropic funds that provide more access to resources including training, outreach programs, marketing, and data analysis.

“We fund all kinds of stuff.... We go out and we find people doing great work and we give them resources to do more great work.” - Director at a National Foundation

Strategic Problem-Solving Perspective: One stakeholder posited that because companies have succeeded in strategically approaching problems that affect large populations, they could successfully support the cause by contributing their expertise in these problem-solving skills. Further, because businesses' primary goals and day-to-day activities are focused on areas outside of veteran suicide prevention, they have a broader perspective and can offer new and unique points of view to the conversation.

“Business leaders look at [problems] from the perspective of holistic 360 degrees.” - Executive at Large Multinational Corporation

Mindset After COVID: One stakeholder mentioned that through changes brought on by the pandemic, businesses seem to have developed a gentler and more humanitarian mindset about creating long-term value for communities. The interviewee noted that this shows promise for the private sector's role in veteran suicide prevention and supporting mental health widely.

“COVID has put a very different perspective on the way private companies will work in conjunction with government organizations such as the CDC.... I think there is not only an appreciation of veterans, but a better understanding about what has driven some of these veterans to suicide.... The private sector, given the right parameters, [and an] understanding [of] how they can help... [can use] their toolsets to help the CDC, the VA, whomever.” - Executive at Large Multinational Corporation

Challenges

Lacking Collaboration with Public Institutions: According to one stakeholder, working with government entities can require many steps, but doing so is essential since those entities have data and resources. They also have sway over patient behavior because patients usually defer to those organizations instead of private ones.

Lack of Support for Innovative Treatments: One stakeholder in this group and multiple stakeholders in other groups mentioned new and innovative treatments, for example for brain injury. Some interviewees felt that many promising treatments are not funded and do not enjoy broad public support.

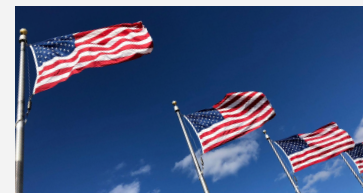
Lower Priority During COVID: Causes such as veteran suicide have been relegated to the backburner during the COVID-19 pandemic since so much energy has gone to managing the ramifications of the global crisis. This has made it more difficult for interested parties to gain momentum and attention from other corporate stakeholders.

Time and Schedule Constraints: Often, leaders in private sectors who would likely contribute to philanthropic initiatives have tight schedules, and would need to be consistently incentivized to stay involved, especially since the work of businesses in veteran suicide prevention is generally secondary to their main mission.

Finding Quality Service Providers: One interviewee discussed the difficulty of identifying and then forging partnerships with high-quality medical treatment providers. Several of our interviewees across stakeholder groups aimed to connect veterans with health services such as support for better sleep, traumatic brain injuries, or recreation, and their partnerships in these areas were a major focus.

“We're trying to elevate the level of... care across the country. We're trying to showcase and prove a new and innovative way to look at post traumatic stress and mental health in our veterans, and if we truly want to reach national institutional change... it can't just be one philanthropist. It needs to be a concerted effort with investors with skin in the game.” - Director at a National Foundation

“We're still in the fog of COVID, right? It's still all around us. So it's tough. That's been the focus of everybody. Suicide has dropped about probably three or four levels of importance, because it's just not top of mind. It doesn't stick.” - Executive at Large Multinational Corporation



Opportunities for Collaboration

Below are several opportunities for collaboration we identified based on what we heard from interviews. Our aim is to identify areas where CDC and other national entities; veteran-serving organizations; state and regional public health; and the private sector and philanthropy can and should partner to address veteran suicide. As you read through these opportunities, contemplate other opportunities for collaboration on upstream approaches to this goal.

Holistic Approach to Suicide Prevention: Many interviewees mentioned the role of social determinants of health in suicide prevention, including housing, food security, education, and income. Addressing the social determinants of health early can help foster wellness broadly and prevent an individual from arriving at the point of crisis where they might take their own life. The organizations we spoke with are increasingly focused on an integrated and upstream approach to addressing the many factors that lead to suicide. Strengthened collaboration will allow organizations to coordinate this multi-faceted approach, each organization playing to its strength to address various factors of a veteran's health.

Actively Reducing Stigma: Cross-sector organizations can work together to adjust messaging about veteran suicide to address stigmas around asking for help or otherwise remove blame from veterans. Messaging throughout the field should instead focus on the need for more active support of veteran wellness programs and other resources.

Transition and Loss: In addition to social determinants of health, two areas rose to the top in our interviews as key areas on which to focus collaborative opportunities. The first is helping veterans to deal with loss, such as divorce, the loss of a job, or the loss of a fellow service member either in combat or after service. The second is helping veterans to navigate the transition from military to civilian life, which can be jarring and characterized by a feeling that community, structure, and support are suddenly absent.



"Our data has identified veterans ages 35 to 64 as our high risk population. Male[s are] generally the highest risk population for suicide.... Men are terrible at asking for help. That's just what it is. Getting to understand different ways to [ask for help] in a safe way before it becomes a crisis.... is never just one thing. You can't just say someone has PTSD so they died of suicide, or they got in a fight with their wife so they died, or they had a drinking problem and they died. It's all those things. There are compounding issues. It's never just one thing." - Program Manager at a State Health Department

"We want to make sure this generation of warriors is the most well adjusted generation." - Director at a National VSO

"The thought of loss is not just about death... Sometimes it's not even about having a mental illness. It's about a series of losses: I lost my job because I got hurt. So now, I may develop an opioid addiction. Now my [partner] is leaving and taking the kids. I'm in financial trouble. I can't pay child support... It's a lot. And it builds up on someone who is supposed to be a warrior and be independent [and] have people dependent on them. It's a confluence of things that you want to try to get ahead of. And let people know that there's a way to get help. Where they can help. They're helping themselves. And sometimes they might not even see that someone is helping them." - Program Manager at a State Health Department

Language Alignment: There is an opportunity to adopt common goals, success metrics, and language for how to discuss mental wellness within the field of veteran suicide prevention to allow for more productive collaboration and problem-solving.

Exchanging Data: Various government and non-government groups collect or have access to important data. Others might know how to better utilize that data in direct action among veterans. There is a great opportunity for collaboration to ensure data is being used and understood as best it can. Many interviewees feel that silos, whether within government or VSOs, are currently preventing the level of free-flowing data exchange that could be possible.

Improving Partnerships: Many stakeholders interviewed found that they have several overlapping and sometimes redundant programs and resources across partners. Coordination would provide more efficiency in providing services, collecting data, diagnosing problems, and otherwise serving veterans. Various stakeholders sought better partnerships in areas such as substance abuse treatment, traumatic brain injury treatment, sleep, data collection, and impact evaluation.

Understanding Collaboration: Coming to a common understanding of the benefits of collaboration will encourage potential partners to engage.

Investing in Civil-Military Relations: Interviewees noted that improving bonds between civilians and veterans could help with many of the various challenges veterans and organizations are facing. Feelings of community and belonging are important for veterans' wellness, and are often lacking for those transitioning out of the service. Connecting with civilians around common purpose can help address this. Additionally, doing so will help the public understand and take an interest in the difficulties veterans face.

"So much of the narrative about veterans' mental health and veteran suicide is about victimization. It's not about wellness. It's one of the reasons we called our program a mental wellness program. Words can mean a lot, especially when you're trying to have a difficult conversation with somebody. This opens the door to have those conversations." - Director at a National Veteran-Serving Institution

"It's really important to try to show veterans they have a voice, and how to use that voice" - Director at a National Veteran-Serving Institution

"Using data analytics, using dashboards, using funds that are going to... build and help organizations boost their capabilities, is what I see would be a smart way to proceed." - Executive at Large Multinational Corporation

"I'd love to see a study on how many suicide prevention programs there are... One of the kind of investigatory organizations out of D.C. ran [a study]. I think they looked into how many suicide prevention programs the military had. It was like something like 600. So that is a box of straws, right?" - Director of a Regional VSO

"Based on what I've seen over the years, and what even the VA's own research demonstrates, suicide isn't just the apex of a mental health crisis. It's the confluence of all sorts of systemic failures." - Director at a National Veteran-Serving Institution

"What would be most helpful is to have the federal entities... have a true understanding of what collaboration and partnership means, and what would it take to achieve that" - Director of a Regional VSO

"We know that athletes [are prone to] concussions and brain injuries... So [we bring them] in... alongside our veterans to help sustain and subsidize the treatment of more veterans. There's power in bridging the civilian military divide when you bring together these communities, [especially since the] military community [can be] incredibly isolated. Let's bring them back together with the rest of the population. We can do that through treatment, in some ways." - Director at a National Foundation

Conclusion

The stakeholders interviewed had unique experiences but also great similarity in their challenges and needs. There is immense opportunity for partnership given the aligned incentives and complementary strengths across VSOs, public health, and the private sector. Moving forward, the potential lies in the ability to collectively identify and act on opportunities for collaboration. Effectively curbing suicide in the veteran community will require a multi-sector approach to address the many factors that lead a person to the point of crisis. No single organization can take on this issue alone. Instead, many motivated actors within society and government must engage to reduce veteran suicide in the United States.

Reflecting on the points expressed in these persona profiles as well as your own relationships across sectors, consider the following:

- How is collaboration important to the work you and your organization are doing?
- How might you apply insights to your long-term multi-sector collaboration work?
- What was an 'aha!' moment for you when learning about other organizations?
- Who are the partners you might find most helpful and why?
- In what ways is your work or process similar to and different from those of other stakeholder groups?
- What are some goals you would like to set for yourself and your team?



Research Team

Libby Johnson
Durell Coleman
Grace Bida
Sasha Kerbel

This article is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$140,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.