



**2019**

**MENTAL HEALTH SURVEY**

EXECUTIVE REPORT



THE AMERICAN LEGION



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## **PREAMBLE TO THE AMERICAN LEGION CONSTITUTION**

FOR GOD AND COUNTRY

WE ASSOCIATE OURSELVES TOGETHER FOR THE FOLLOWING PURPOSES:

To uphold and defend the Constitution of the United States of America;

To maintain law and order;

To foster and perpetuate a one hundred percent Americanism;

To preserve the memories and incidents of our associations in the Great Wars;

To inculcate a sense of individual obligation to the community, state and nation;

To combat the autocracy of both the classes and the masses;

To make right the master of might;

To promote peace and goodwill on earth;

To safeguard and transmit to posterity the principles of justice, freedom and democracy;

To consecrate and sanctify our comradeship by our devotion to mutual helpfulness.

## LETTER FROM OUR CHAIRMAN

### AMERICAN LEGION TBI/PTSD COMMITTEE

**Chairman**

**Ronald F. Conley**

**Vice Chairman**

**Ralph P. Bozella**

**COMMITTEE MEMBERS**

**William W. Kile**

**Dr. Carl Moon**

**John P. Powers**

**Dr. Ronald Poropatich**

**Dr. Jeanne Mager Stellman**

**TBI & PTSD PROGRAMS COORDINATOR**

**Joshua L. Hastings**

My Fellow Legionnaires,

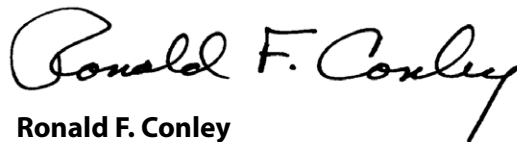
In an effort to increase collaborations with communities and support agencies nationwide, the American Legion TBI/PTSD Committee developed a 2019 Mental Health Survey to collect data that will help the organization deliver local resources that can help veterans confronting TBI, PTSD, and help prevent suicide among veterans and their families.

The survey was released May 16, 2019, during Mental Health Awareness Month, and the collected data will help The American Legion determine its current suicide-prevention readiness and areas of potential improvement. Information will also be collected on treatment programs for TBI and PTSD, both inside and outside VA. Gathering information on various forms of treatment experienced by participants will aid in the consolidation of available resources for veterans. These resources will eventually be categorized by location and vetted to ensure the treatments are evidence-based and beneficial for all members of the military community.

The American Legion is dedicated to helping all veterans suffering from thoughts of suicide regardless where they live or find themselves mentally, emotionally or spiritually. American Legion policy and resolutions on these important issues have the power to make substantial changes and light the way forward in the search for a solution to this national crisis.

Thank you for helping us work to save lives and giving this survey your full consideration and support.

Yours in patriotism,



**Ronald F. Conley**

*Chairman, TBI/PTSD Committee*

*Veterans Affairs and Rehabilitation Commission*

### EXECUTIVE SUMMARY

In 2019, The American Legion conducted a mental health survey. The survey was launched on May 16 and ran through Sept. 8 and collected information from veterans and caregivers. This data will help The American Legion identify the strengths and weaknesses of its suicide-prevention efforts, improve future mental health surveys and increase the general understanding of available mental health resources. The survey was designed to help The American Legion advocate for the mental health of veterans and will not be used for any other purposes.

### MISSION STATEMENT

The mission of this year's mental health survey is to analyze and consolidate traditional and alternative treatments for Traumatic Brain Injury (TBI) and Post Traumatic Stress (PTS) by location and gauge current suicide prevention readiness.

### METHODOLOGY

This year's survey took the form of a questionnaire consisting of 22 questions. Several types of questions were used to collect data including multiple choice, likert scales, demographic, and open-ended. The survey was intentionally designed to be relatively short in an effort to get average time to finish the survey to around 10-15 minutes and maximize the number of survey completions. The survey had a target audience of veterans and veteran caregivers alike.



## DEMOGRAPHICS

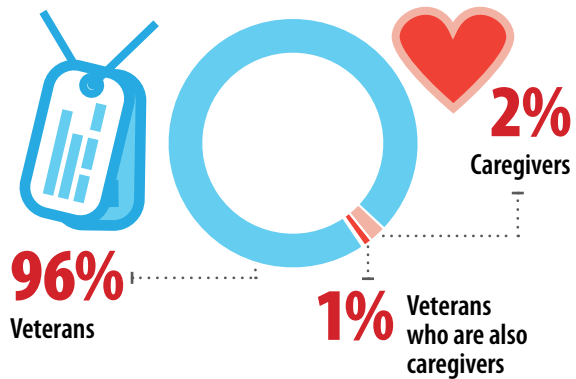
### RESPONDENTS

# 13,648

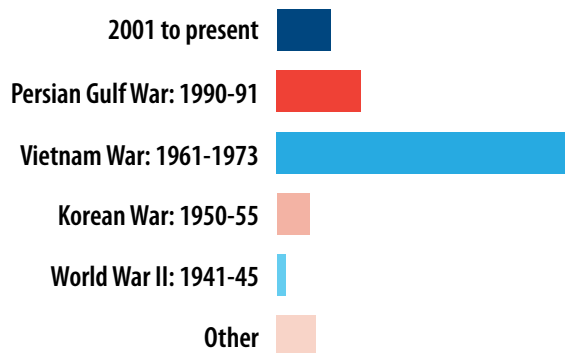
Responses to this survey showed a 904% increase from a similar 2017 survey.



### WHO TOOK THE SURVEY

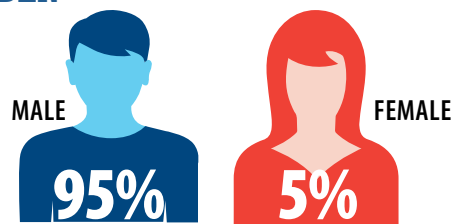


### DESIGNATED WAR ERA

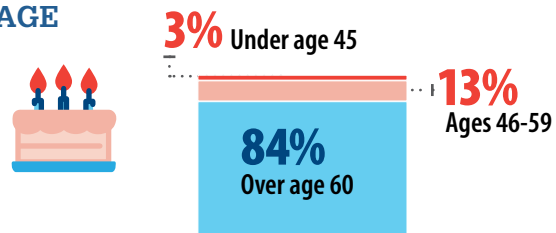


Other represents veterans who served during times not officially designated as a war era by Congress prior to passage of the 2019 LEGION Act.

### GENDER



### AGE

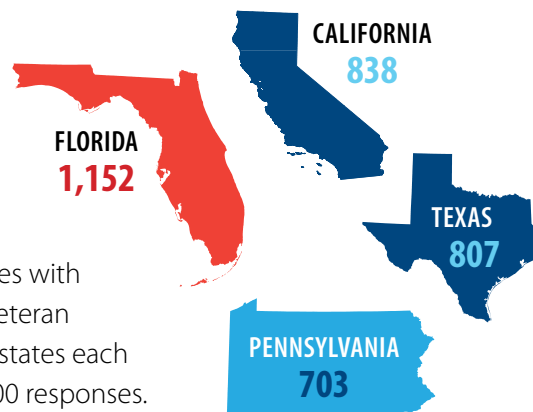


### BRANCH OF SERVICE

43%	ARMY
10%	MARINES
24%	NAVY
22%	AIR FORCE
2%	COAST GUARD
9%	NATIONAL GUARD OR RESERVES

### GEOGRAPHY

Survey participation from all 50 states and several U.S. territories was topped by four states with traditionally large veteran populations. These states each contributed over 500 responses.

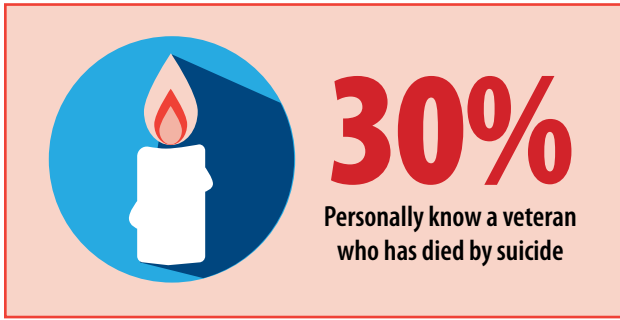


Seven more states had more than 400 responses:

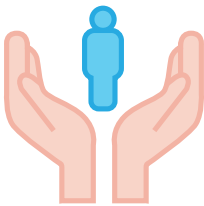
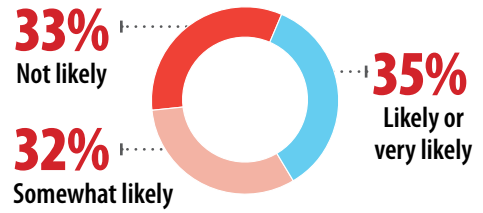
New York	485	Michigan	450	North Carolina	418	Georgia	414
Ohio	457	Illinois	424	Arizona	404		

# MENTAL HEALTH CARE

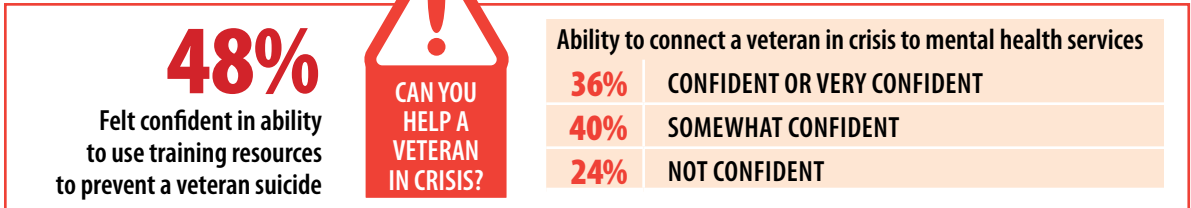
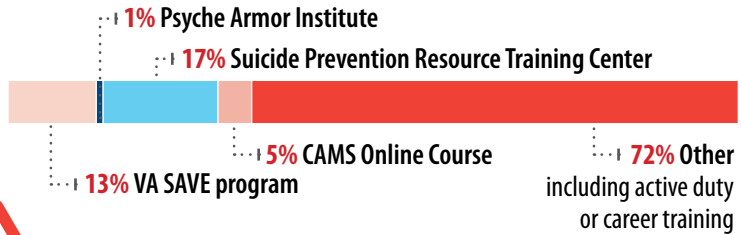
## SUICIDE PREVENTION READINESS



How willing are you to engage free suicide prevention training?

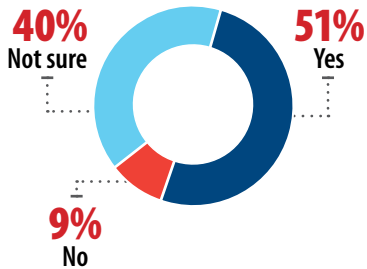


**17.5%**  
Has received some type of formal suicide prevention training

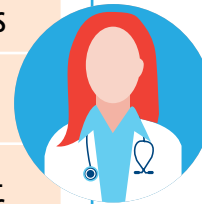
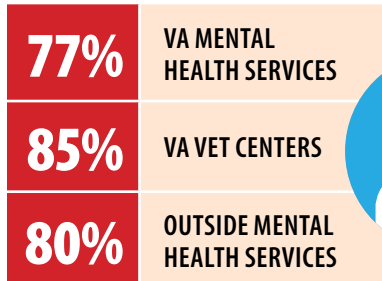


## MENTAL HEALTH CHECK

Are you eligible for VA mental health services?



The majority of those surveyed have NEVER sought out mental health services from any of the various resources available to them.



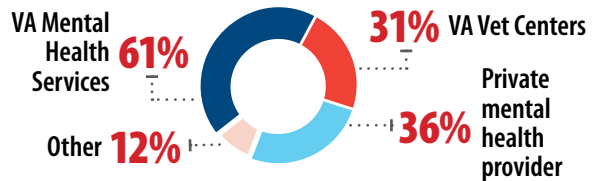
Those willing to seek mental health services outside VA cited private doctors, hospitals and faith-based counseling as preferred resources.

**47%** SAY THEY ARE NOT LIKELY TO SEEK VA MENTAL HEALTH SERVICES. 22% WERE ONLY SOMEWHAT LIKELY



**78%**  
HAVE NEVER TAKEN PART IN ANY PROGRAM FOR PTSD, TBI OR ANY OTHER MENTAL HEALTH ISSUE

Those who did participate would recommend these programs:



### DEMOGRAPHICS

An important revelation indicated from data collected in the demographic section of the survey was the apparent disconnect from the youngest veteran age group. This is concerning because, according to the National VA Suicide Data Report 2005-2016, younger males between the ages of 18 and 34 continue to be at the highest risk for suicide. In addition, the suicide rate of this age group has risen substantially in recent years, increasing from 40.4 suicide deaths per 100,000 in 2015, to 45 suicide deaths per 100,000 in 2016. It should also be noted that many of the individuals falling into the 18-30 age demographic are still serving on active duty. As time progresses, the number of veterans who currently belong to the youngest demographic will retire at increasing levels following trends found in previous generations of veterans. The American Legion will remain cognizant of the needs of this new generation of veterans and advocate accordingly as increasing numbers of Post 9/11 veterans leave military service and look for productive ways to reintegrate into American society.

Despite the increased suicide rate among veterans ages 18–34, veterans ages 55–74 represented the greatest share of suicide deaths in 2016, with veterans age 55 and older accounting for 58.10 percent of suicide deaths. This is an area of critical importance to The American Legion as the majority of its membership base fall into this category. The American Legion will continue its efforts to reach this demographic and reduce the stigma surrounding mental health help-seeking behavior.

### GEOGRAPHIC DATA

When comparing the number of state survey responses to the percentage of total state American Legion membership, there were four states that appeared to be well suited for launching mental health initiatives. These were states that had both a relatively high percentage of state American Legion membership and survey responses. These states included Florida (1,152 Responses, 2.06 percent of state membership), Texas (807 responses, 2.52 percent of state membership), California (838 responses, 1.71 percent of state membership), and Pennsylvania (703 responses, 0.93 percent of state membership). The American Legion should keep these locations in mind when deciding where to launch various mental health initiatives.

### PROXIMITY OF SUICIDE TO THE VETERAN COMMUNITY

Questions 8 and 9 clearly demonstrate that many within the veteran community have been directly affected by suicide attempts or deaths. In the wake of this national crisis, it is not surprising that so many of the survey participants have been touched by this tragedy. However, It should be noted how similar the percentages are when comparing attempts vs. deaths by suicide. This could be an indicator of the importance of previous suicide attempt(s) as a risk factor for dying by suicide. It could also demonstrate a misunderstanding of the wording of the question “attempted” vs. “died” by suicide.



### SUICIDE PREVENTION READINESS

The data collected indicated that 82.47% of survey participants had never received form of suicide prevention training, and 67.39% of survey participants were somewhat likely, likely, or very likely to take suicide prevention training if offered. It is likely this percentage would increase through proper promotion and the bandwagon effect. It is clear that The American Legion could make a substantial contribution to raising the level of suicide prevention readiness among many members of the military community as 67.39% of The American Legion's 2,000,000 members is 1,347,800. This has been identified as a critical area of importance for increasing The American Legion's suicide prevention readiness. To that end, there are various forms of training that The American Legion could incorporate at little to not cost.

The American Legion supports the suicide prevention training initiatives taken by the VA. S.A.V.E (Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment) is a free one - to two-hour gatekeeper training program provided by VA suicide prevention coordinators to veterans and those who serve veterans. This training includes a brief overview of suicide in the veteran population, suicide myths and misinformation, and the risk factors for suicide. S.A.V.E. was developed by the Education Corps of the VA Center of Excellence for Suicide Prevention and consists of a PowerPoint presentation, training script, instructors guide and toolkit, pre- and post-evaluation instructions, evaluation forms, tracking sheets and S.A.V.E. brochures. It is advised that the S.A.V.E. program be conducted by trained VA suicide prevention coordinators or other qualified professionals.

The VA has recently partnered with another potential source of suicide prevention training, the PsychArmor Institute. This organization is a national nonprofit that provides free online education and support to Americans who work with, live with or care for military service members, Veterans and their families. The PsychArmor Institute uses data-driven and evidence-based online training videos delivered by nationally recognized subject matter experts. A 25-minute training course on S.A.V.E can also be found on PsychArmor's course catalog and is one of the organizations many instructional videos.

This survey also collected many open ended responses for various form of suicide prevention training taken by survey participants. Common responses to this question included: none, training received during military service (Army, Navy, Air Force, Marines, Cost Guard, Active Duty), and their corresponding programs (ACE, ASIST), Faith based interventions, training taken at a State (Police, EMT, Fire Department) or Federal (DoD) position, training from their place of work (HR), training in a medical setting (Doctor, Nurse, Hospital, Physician, Counselor), Community based interventions, AA (Alcoholics Anonymous), NA (Narcotics Anonymous) peer support, training at a correctional facility, and mindfulness (yoga, meditation, self). The American Legion will continue to conduct further research on the types of suicide prevention training identified by its members.

### MENTAL HEALTH RESOURCES

It was found that 84.23 percent of respondents had never sought mental health care from a Vet Center facility. This percentage could be attributed to perceived limited eligibility, the stigma surrounding mental health, or negative perceptions of Vet Center services. This is surprising because all veterans and active-duty service members, to include members of the National Guard and Reserve components, are eligible for Vet Center services if any of the following applies :

- Have served on active military duty in any combat theater or area of hostility
- Experienced a military sexual trauma
- Provided direct emergent medical care or mortuary services, while serving on active military duty, to the casualties of war
- Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility
- Vietnam-era veterans who have accessed care at a Vet Center prior to Jan. 1, 2004

Vet Center services are also provided to family members of veterans and service members for military-related issues when they aid in the readjustment of those who have served. This includes bereavement counseling for families who experience an active-duty death.

Vet Centers offer a variety of services like individual counseling, support groups/counseling groups, screening for post traumatic stress disorder (PTSD), referrals for sexual trauma, marital/family counseling, bereavement counseling, liaison with VA, information and referral to community resources, community education and outreach, and referrals for benefits assistance.

It was also found that 76.46 percent of respondents have never sought mental health care from a VA medical center, and 46.68 percent of respondents were not likely to seek mental health services from VA for any future mental health care needs. These high percentages could be attributed to perceived or actual limited eligibility, stigma or negative perceptions of VA health-care services. Further research should be conducted to find out how much of this percentage is made up of veterans who are ineligible for VA services. This will help to determine if resources should be prioritized to raise awareness of new VA eligibility requirements, or non-VA resources.

### CONFUSION ON ELIGIBILITY FOR BENEFITS

It was clear from the data collected that many survey participants were confused about their eligibility for VA mental health benefits. Over a third of the respondents (39.73 percent) were not sure if the veteran was eligible for VA mental health services. This is understandable considering the numerous recent changes made at VA with the passing of the MISSION Act and the expansion of MST, PTSD and veteran suicide prevention programs. The American Legion will continue to take steps to understand and relay important information concerning VA eligibility and present this information in a way that is easy to understand and locate. It would be a shame if the only reason a veteran did not receive benefits was because they were unaware they were entitled to them.

### **STIGMA SURROUNDING HELP SEEKING BEHAVIOR AND MENTAL HEALTH:**

Only 19.52 percent of respondents have sought mental health care outside of a VA facility, and only 21.72 percent of respondents said the veteran had taken part in programs for PTSD, TBI or other mental health issues. These low percentages could be linked to the stigma associated with mental health and help-seeking behavior. The American Legion will continue to work toward reducing this stigma by promoting help-seeking behavior and guiding veterans to more vetted mental health resources. The potential avenues of researching these resources should include some of the short answers responses identified in Question 22 including: AA, NA, peer-support programs, private medical facilities, faith-based interventions, military facilities/programs (Army, Navy, USAF), counseling, and personal experience. Data collected in Question 22 also revealed that 91.05 percent (3,262) of survey respondents would recommend using either VA facilities or Vet Centers for mental health programs. This was somewhat surprising when considering some of the other percentages identified in the survey relating to VA care such as: 76.46 percent of participants never sought mental health care help from a VA medical center, 84.23 percent never sought mental health care from Vet Centers, and 46.68 percent of survey participants stated they were not likely to seek mental health services for a VA facility. This could be evidence for increased or positive perceptions of VA facilities as a mental health resource for veterans. This percentage could also be artificially high due to a lack of knowledge of other available mental health resources.

## TBI/PTSD COMMITTEE



### **RONALD F. CONLEY**

**Chairman, TBI/PTSD Committee | American Legion Past National Commander**

Ronald F. Conley served in the U.S. Air Force from 1963 to 1966 as an Air Policeman at Lockborne Air Force Base in Columbus, Ohio, and Anderson Air Force Base in Guam, where he served in the Strategic Air Command. He has been a member of the Pennsylvania American Legion since 1967 when he joined Castle Shannon Post 490 in Castle Shannon, Pa. Elected national commander of The American Legion in 2002, Conley is the creator of The American Legion's System Worth Saving program, which conducts annual site visits of VA medical facilities to ensure quality and timeliness of VA health care for veterans.



### **RALPH P. BOZELLA**

**Vice Chairman, TBI/PTSD Committee | Chairman, National Veteran Affairs & Rehabilitation Commission**

Chairman Bozella, a U.S. Army combat veteran of the Vietnam War, has been a member of The American Legion for more than 45 years, where he has served in leadership capacities at the post, district, department and national levels, to include post commander, department commander, National Executive Committee member for the Department of Colorado, and member of the National Legislative Council. He currently serves as chairman for the national Veterans Affairs & Rehabilitation Commission. He has served three terms, to include six years as chairman for the Colorado Board of Veterans Affairs. He is a past president for the United Veterans Coalition of Colorado, an organization of 52 veteran service organizations that advocates for Colorado veterans. He has also served as chairman of the first Colorado State Veterans Nursing Home Commission, and as vice chairman of The American Legion's TBI/PTSD Committee. He continues to serve in a leadership capacity at the local and state levels in Colorado.

## COMMITTEE MEMBERS



### **WILLIAM W. KILE**

**American Legion National Executive Committee 1999-**

**2013; chairman, Liaison Committee for Veterans Affairs & Rehabilitation Commission**



### **JOHN P. POWERS**

**9-11 Memorial American Legion Post 2001, New**

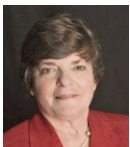
**York City; past post and county commander; retired NYPD**



### **DR. CARL MOON**

**Dr. Moon is a 31-year member of Post 560 in Zimmerman, Minn.**

**He served in the Air Force as an optometrist from 1976-1984. He is a past post, county council and district commander. He has served as the Department of Minnesota Employment Chairman for four years and currently serves as the National Commander's Representative to the VA&R Commission. Dr. Moon has been employed as an optometrist at the Minnesota St. Cloud VA Medical Center for 20 years**



### **DR. JEANNE MAGER STELLMAN**

**Columbia University Mailman School**

**of Public Health epidemiologist; pioneer in establishing connections between Agent Orange exposure, combat, and health-care conditions later affecting veterans**



### **DR. RONALD POROPATICH**

**Retired U.S. Army colonel; Professor of Medicine and**

**Director, Center for Military Medicine Research, Health Sciences at University of Pittsburgh; led Army effort in development and deployment of telemedicine (1992-2012)**

## RESOLUTIONS

### NATIONAL EXECUTIVE COMMITTEE OF THE AMERICAN LEGION INDIANAPOLIS, INDIANA, OCTOBER 14-15, 2015

#### RESOLUTION NO. 9: APPOINTMENT OF TBI/PTSD COMMITTEE

**Origin:** *Internal Affairs Commission*    **Submitted By:** *Internal Affairs Commission*

**WHEREAS,** In 2010, The American Legion created an ad hoc committee to investigate the existing science and procedures as well as alternative methods for treating Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) not currently being employed by the Department of Defense (DoD) or Department of Veterans Affairs (VA) for the purpose of determining if such alternative treatments are practical and efficacious; and

**WHEREAS,** The ad hoc committee became a permanent committee at the Spring 2013 National Executive Committee meeting; and

**WHEREAS,** Since its inception, The American Legion's TBI/PTSD Committee has carefully and compassionately studied both TBI and PTSD and the way in which our government is responding to them; and

**WHEREAS,** Having met with mental health experts, veterans, families and VA officials, the TBI/PTSD Committee has formulated recommendations that included total-family involvement in recovery plans as well as published *The War Within*, which documented the committee's initial findings; and

**WHEREAS,** As TBI and PTSD remain the "signature wounds" of Iraq and Afghanistan and with the increase of Vietnam veterans suffering from PTSD, there remains a continued need for The American Legion to remain at the forefront of these conditions and thus, this committee needs to review treatment methods; and

**WHEREAS,** The need continues to exist for a committee to review treatment methods for veterans suffering from TBI and PTSD; now, therefore, be it

**RESOLVED,** By the National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on October 14-15, 2015, That the TBI/PTSD Committee shall be assigned to the Veterans Affairs & Rehabilitation Commission; and, be it further

**RESOLVED,** That the TBI/PTSD Committee shall consist of not more than six (6) members selected, at large, for terms of one (1) year and such consultants and commander's representative, as deemed necessary by the national commander; and, be it further

**RESOLVED,** That the national commander is authorized to make such interim appointments as may be required to fill vacancies in unexpired terms, subject to ratification by the National Executive Committee at its next ensuing meeting; and, be it further

**RESOLVED,** That at its fall meeting each year, the National Executive Committee shall appoint, upon nomination by the national commander, a chairman and a vice chairman of the committee from the membership of the committee to serve in such capacity for one year; and, be it further

**RESOLVED,** That this committee be charged with the responsibility of continuing to investigate the existing science and procedures as well as alternative methods for treating Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) not currently being employed by the Department of Defense (DoD) or Department of Veterans Affairs (VA) for the purpose of determining if such alternative treatments are practical and efficacious; and, be it further

**RESOLVED,** That this committee also evaluate the therapies for treating TBI and PTSD currently being employed by the DoD and VA; and, be it further **RESOLVED,** That the TBI/PTSD Committee make an annual report to the full Veterans Affairs & Rehabilitation Commission and the National Executive Committee concerning the TBI/PTSD Committee's findings and recommendations; and, be it finally

**RESOLVED,** That the "Outline of Authorization: Membership and Purpose for Commissions and Committees" shall be updated to reflect the above.

## RESOLUTIONS

### NATIONAL EXECUTIVE COMMITTEE OF THE AMERICAN LEGION INDIANAPOLIS, INDIANA, MAY 9-10, 2018

#### RESOLUTION NO. 20: SUICIDE PREVENTION PROGRAM

**Origin:** *Veterans Affairs & Rehabilitation Commission*    **Submitted By:** *Veterans Affairs & Rehabilitation Commission*

**WHEREAS,** According to the Department of Veterans Affairs (VA) an average of 20 veterans died by suicide each day in 2014, and veterans accounted for 18 percent of all deaths by suicide among U.S. adults and constituted 8.5 percent of the U.S. adult population; and **WHEREAS,** In March 2013, the Pentagon reported more soldiers were dying overseas by committing suicide than from combat wounds, about one a day; and

**WHEREAS,** In 2012, there was one suicide every 17 hours among all active duty, reserve and National Guard members, according to figures gathered from each branch; and

**WHEREAS,** According to the Congressional Research Service, there have been over 128,000 deployed veterans diagnosed with post-traumatic stress disorder (PTSD) between 2000-2014; and

**WHEREAS,** Fewer than half of veterans who report symptoms of combat-related PTSD receive the care they need, and of those who do start treatment, between 20-50 percent do not finish; and

**WHEREAS,** The Vietnam experience demonstrates that the price of not treating PTSD is paid in suicide, substance abuse, homelessness, unemployment, divorce, and domestic violence; and

**WHEREAS,** The Clay Hunt Suicide Prevention Act of 2014 was passed into law for the purpose of increasing access to mental health services through peer support and community outreach, and to boost the accountability of mental health care by requiring an annual evaluation of VA mental health and suicide-prevention programs; and

**WHEREAS,** The American Legion uses System Worth Saving (SWS) site visits to cross-pollinate best practices, identify gaps of care, and evaluate overall performance of the Department of Veterans Affairs Veterans Health Administration Medical Centers and Veterans Benefits Administration Regional Offices; now, therefore, be it

**RESOLVED,** By The National Executive Committee of The American Legion in regular meeting assembled in Indianapolis, Indiana, on May 9-10, 2018, That The American Legion establish a Suicide Prevention Program and align the program under the TBI/PTSD Committee; and, be it further

**RESOLVED,** That the program be charged with examining recent trends of veteran suicide as it relates to traumatic brain injury, post-traumatic stress disorder, military sexual trauma, etc. and analyzing best practices in veteran suicide prevention not currently used by the Department of Defense or the Department of Veterans Affairs (VA) for the purpose of encouraging aforementioned government agencies to adopt them; and, be it further

**RESOLVED,** That The American Legion will conduct a biannual mental health survey in an effort to more accurately assess the veteran experience with traditional and non-traditional mental health resources; and, be it further

**RESOLVED,** That the System Worth Saving Mail Out Questionnaire include an assessment of each site's emergency and non-emergency mental health processes; and, be it finally

**RESOLVED,** That the TBI/PTSD Committee submit an annual report to the Veterans Affairs & Rehabilitation Commission, and the National Executive Committee meeting in October, highlighting the results of the mental health survey and other initiatives towards suicide awareness at the VA and within Legion departments.





THE AMERICAN LEGION

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