

**Suicide Prevention Brainstorming Meeting:  
1/29/25, 1-2pm**

Participants:

Kara Fields	Steve McCartney	Jonathan Garvey	Autumn Hartpence
Eduardo Calzada	Brian Pegouske	Jim Yates	Jonathan Ferguson
Kieran Fogarty	Malenda H.	Alyssa Knoll	John Bosco Chukwuorji
Paul Dery	Kevin Bohnsack	Gayle Witham	Cara Poland
Ron Rutherford	Ann Annis	Dean Sienko	Dave Schneider
Kathleen Oberst	Parker Brisbee	Ariel Hawthorne	

- J. Yates identified several projects occurring in rural areas – dissemination of events could be helpful to increase reach
  - [Man Therapy](#) – suicide prevention campaign that morphed into men’s mental health campaign, goal to reduce stigma and increase help-seeking behavior; out of School of Social Work at Univ. of Maryland, Baltimore. Contact Amanda Mosby, MA, [amosby@ssw.umaryland.edu](mailto:amosby@ssw.umaryland.edu)
  - [1\\* Separation](#) – coming from DoD and VA, comedians having personal experience with mental health issues, have presented to schools, first responders, and veterans; starting in northern MI and UP tour,
    - A risk, dark topic but new approach to get discussions started
- J. Garvey - [Veteran Connector](#) program – an upstream approach to suicide prevention, emphasize idea of transition and linking individuals to their EARNED benefits, also have buddy to buddy program – individuals can get leg up in knowledge/supportive peer to help advocate, identified barriers include having to change mindset that veterans might not think they are eligible or that they think by taking their benefits – they limit availability for others; another existing resource is the [WhyMI app](#). This is a recruitment tool for those considering moving to MI, it can provide links to veteran friendly employers, schools, VA resources, etc.
  - Interested in methods to get info to service members/those currently serving before they get out
  - MI Guard heavy state – build relationships with Guard/Reserve community to facilitate warm hand-offs.
    - Guard have Readiness NCOs – family readiness officers known to community to have warm hand-off,
- A. Hartpence – veteran navigator in west MI, noting a common thread regarding awareness of benefits, particularly among different eras of veterans. Understanding of benefits may be compromised by incorrect information and/or changes in benefits over time. Suggestion for transitional courses and webinars. A common denominator contributing to self-harm thoughts are financial difficulties, not understanding finances, having to live paycheck to paycheck, risk for homelessness,
  - Need more education to address financial stressors, tied into transition from DoD to VA, support individuals in taking control over aspects of their life, meet individuals where they are individually
    - Consider delivery as quality of life training, not labeling as suicide prevention – minimize potential for bias/stigma
    - Quality of life framing would align with VA Whole Health model, emphasize thriving vs. surviving

- Add in family for understanding resources/benefits, how to get information, Jan-March is high risk time
- Address stigma about VA healthcare, often veterans decide on seeking help based on someone else's experience, J. Garvey reiterated impact of stigma – individuals concerned with coming forward due to perceived risk to job, lives, etc. There is value in those having lived experienced being trusted messengers
- K. Fields – Macomb County, Motor City VCAT, offer free financial seminars for vets, doing VA medical center education for students and other programs, find it helpful to use humor to connect and break down barriers, serve veterans in higher educ – schools generally willing to do it and have platforms capable of supporting webinars,
- C. Poland – addiction medicine specialist, MI CARES (<https://micaresed.org/>) platform used nationally to train provider workforce on addiction medicine, have a series of courses including a specific module related to veterans and substance use, can get CEs for learning mgmt system, maybe MI CARES platform could assist,
  - Request to group for subject matter expert to review veteran module
- G. Witham – great panel of experts available, when thinking about suicide prevention – need to expand scope, consider protector factors and work with individual to get these factors in order, important to meet vet where they are at and connect to benefits
  - J. Yates – Mi Center for Rural Health working to improve access to health care for veterans aligning with connecting to benefits and resources
- Paul Dery- what about those who believe they don't qualify due to non-combat service, another opportunity for education
  - Identify opportunities to get in front of these people – what community events can be sponsored and/or attended
- Even with best content, how to invite people in to take advantage of it, identify and access resources, need to emphasize hybrid approaches
  - GVSU conference – Hidden Wounds of War conference (<https://www.gvsu.edu/hc/the-hidden-wounds-of-war-43.htm>),
  - hybrid opportunities, might need to adjust by county and local resources, veteran culture can vary by community, in winter – instill hope, spring around the corner,
- K. Fogarty – Kent County, looking at different vet populations in terms of seeking care and SUD, data suggest strong correlation with income level along with combat exposure, messaging likely needs to be different to different audiences, one size won't fit all
- A Knoll – caution for limited scope, don't just focus on certain subgroups, think of how full organizations can promote and invite all to participate. Even within VA, often don't include employees or staff on veteran events despite the fact many are veterans themselves. Need to promote activities such as suicide prevention training in many spaces: communities, places of business, churches, families, everyone can benefit,
- Reframing as “quality of life”, suicide prevention/BH language can be offensive or too much stigma,
  - Whole health model, emphasize all spheres touching life
  - Don't underestimate impact of stigma, need trusted messengers,
- A. Hartpence – desire for more family involvement and spouse's/partner groups; veteran influenced by environment and others – need to emphasize importance of internal support mechanisms, not just external supports, look at all potential triggers around them in home/personal spaces,

- K. Fogarty - income level a huge driver and predictor of negative health outcomes, educational opportunities on financial factors including own workforce development, career progression. Question about conducting environmental scan to estimate access by region/county characteristics
  - Suggestion for environmental scan by county – match service providers, [CAST tool](#) (SAMHSA),
- CHNA – incorporation of veteran questions into required community health needs assessments often conducted in partnership with local health departments; some resistance to focusing on specific populations but regular screening/survey for mental health needs, services, where would they go, help to identify the barriers could provide needed information.
  - Perhaps an assessment survey being conducted in UP on oral health may provide a template for this type of activity, using 211 to support data collection and offering gas cards as incentives. Will be following this up with community events to obtain qualitative data, direct reporting and input from veterans about their experience with access, barriers and facilitators to care.

Ideas offered outside meeting:

- What about leveraging system like 211 to expand information on available resources and availability
  - Reviewing similarities and distinctions between 211 system and UNITE-MI platform, UNITE-MI newer and operates as referral system
- Providing opportunities to connect with peers
  - Veterans Adventure League (VAL): The idea is to get veterans together to play games such as Dungeon and Dragons or Magic: The Gathering. Since these games can take days, if not weeks, to get through your “quest,” it could stop vets from stepping over the edge while also giving them a sense of community with the other vets that can relate to their struggles.
- September is vet suicide awareness month, consider extra programming during this time.
- Claim clinics – could apply to suicide prevention as well as transition support. Help with the lag in having disability claim review. These claim clinics are pop-ups run by VA. They have VA doctors and raters (people who give the yes or no on a claim). Vets may get same day determinations at these events. These are not well advertised due to issue of overwhelming attendance when word gets out.
  - Getting these claims processed fast can relieve so much financial stress on vets waiting for determinations. Publicizing these events would be helpful and/or assistance in setting up these opportunities.