

Empowering the Family Support Structure Through Opportunity, Information, and Assistance

INTRODUCTION

One of the main goals of the Suicide Prevention and Risk Reduction Committee (SPARRC) Family Subcommittee was to examine the current state of suicide prevention services available to assist family members of military personnel to be active participants in sustaining the mental health of their service member and to develop recommendations to strengthen these services across the DoD community.

KEY POINTS

- Promote positive aspects of maintaining mental health
 - Positive language subtly reduces stigma and engages audience to action
 - Family provides an avenue of support that exists outside of the military
- Opportunity – Create opportunities for family to be active participants in supporting their service member
- Information – Provide family with information they need to support service member
- Assistance – Ensure that the path to obtaining assistance and services is simple and clear

THE FAMILY AS SUPPORT STRUCTURE

Extended family, parents, spouses, children, and friends potentially provide the best avenue of sustaining the mental health of service members. Service members and their families can have long term, established relationships. Family have the potential for detecting changes in behavior that may not be apparent to more casual relationships. Furthermore, these relationships exist outside of military command and service members may feel more at ease with informal communications that are off the record.

To determine how best to engage the family, members of the subcommittee provided three key sources of information: (1) descriptions of suicide prevention information; (2) dissemination methodologies of current suicide prevention programs; and (3) insights into barriers facing key target audiences (service members, military leadership, parents, spouses/significant others, children, and extended family). This information was compiled and analyzed.

104 suicide prevention resources were identified across all Services, DoD, VA, and several non-profits focused on military. The following statistics indicate the number of resources identified by Service:

- Air Force—15, Army—24, Coast Guard—10, Marines—9, Navy—11, DoD—10, DCoE—4, Other—21
- Only 25% and 13% of suicide prevention resources targeted parents and extended family, respectively
- A large number of ways to access suicide prevention information were identified, at least—23 e-mails, 14 phone numbers, 52 websites, and 44 hand-outs

The committee has identified several barriers that target audiences must overcome to reach suicide prevention information. Among those specific to the families of military are: intimidating technology, unit and contact information may not be known, definitive sources of information are unclear, and lack of awareness of available resources.

Dissemination strategies were devised with a focus on: (1) creating *opportunities* for families to be active participants in supporting their service member; (2) providing them with the *information* they need to act; and (3) ensuring the path to obtaining *assistance* and services is simple and clear.

RECOMMENDATIONS

Opportunity – Create opportunities for family to be active participants in supporting their service member and helping maintain mental health. To leverage the family and service member relationship, the family needs to have chances to communicate with the service member and the Services. One of the keys to enlisting the aid of the family in sustaining the mental health of service members is to create a sense of connection and trust between the Services and the family. These connections should focus on being *local, personal, and positive* for the Family and the service member. Examples of these connections are:

- Have incoming service members complete a survey identifying their external support network
- Begin collecting contact information for family so that local chain of command, chaplains, ombudsmen can reach out on an individual basis
- Craft and send positive themed letters to family specifically requesting their assistance and emphasizing the key role they play in supporting the service member
- If a relationship already exists between a local recruiter and family, reinforce the connection and make sure that the family recognizes the recruiter as a resource
- Encourage communication (when possible) between service member and family/friends

Information – Provide family with information they need to support service member. After creating opportunities for family to notice changes in behavior, the next step is to arm them with enough information to identify significant risk behaviors and an entry into finding assistance. There are two major issues that need to be addressed before the family can fully realize its role as a support for the service member. First, the family can have tremendous difficulty navigating the abundance of resources available. This can cause confusion as to what resources are presenting definitive information and creates the potential for resources to give conflicting data. Second, the family needs to be empowered with the relevant information about the chain of command of their service member. To address these issues, the subcommittee recommends the following:

- Identify definitive sources of information—the starting hubs for information
 - a. Website
 - b. Telephone
 - c. Handout
 - d. Risk Factors – What to look for

- Have all resources highlight these definitive sources of information
- Create a “Need to Know” template for family to have (unit, CO, base, etc.)
- Handouts contain information that is relevant to the service member and their family (local recruiter’s office, nearby local religious services, etc.)
- Contact information for service member’s chain of command, on base chaplain
- Create a “What to do” template for family to have

**The SPARRC Family Subcommittee has completed the following initiatives to
Provide Information to the Family**

- A. Website: SPARRC website – central internet hub collecting links for suicide prevention information across all Services
- B. Telephone: 1 (800) 273-TALK (8255) – central telephone hub for suicide prevention and crisis intervention
- C. Created the ACE card for Family – includes a blank space to allow local information to be stamped onto the card prior to distribution
- D. Partnering with USAA non-profit to develop two reports for distribution across a wide audience that highlight suicide prevention resources

Assistance – Ensure the path to obtaining assistance and services is simple and clear. Empowered with opportunity to communicate and support their service member and armed with the relevant information, how does the family proceed if they require assistance for their service member? Through the definitive sources of information defined previously, the family will be on the first step towards getting assistance and services for their service member. The challenge faced by the family now is to navigate through more suicide prevention resources to find help. The committee recommends the following to create a clear path for assistance and services:

- Create a hub and spoke model for suicide prevention resources, with the hubs defined as the definitive sources of information specified previously
- Define an assistance path from each hub out to pertinent sources of assistance. For example, if a family member were to phone into a call center with unit, CO, and base information for their service member, the call center could find out the relevant party to contact for assistance. This assistance path could be a directory of chaplain’s or equivalent support at all base locations, a detailed call plan for every Service, or something in between
- Keep family updated and in the communication loop as assistance is being sought and administered. A tremendous amount of effort has been extended in creating a sense of trust and connection between the Services and family. It is vital that this connection is maintained during a crisis event.
- Evaluate each suicide prevention resource and define its location in the assistance pathway

CHALLENGES

The Family Subcommittee has identified multiple challenges to successful implementation of the above recommendations. To carry the most impact, the outreach strategy encompassing these recommendations needs to address the following:

- Educating current military leaders of the importance of being available when family contacts them
- Building infrastructure to track service members as they move to continue connections once they are established (i.e. establishing contact between new support at a new base with external support and moving paperwork regarding external support from old base to new base)
- Establishing mechanisms for interpreting information provided by service members on external support (i.e. what to do when a service member does not identify any external support mechanism)
- Training, coaching, scripting, rehearsing, re-training will need to be planned carefully to prepare all relevant personnel so that they can respond effectively

CONCLUSION

There is a lack of programs that engage the family support structure for service members. The numerous programs that do exist have the potential for creating confusion through the large amount of information they offer. By crafting a dissemination strategy that create opportunities, providing information, and ensuring a clear and simple path to assistance the Services can begin empower the family support structure. The family members can be a powerful force in sustaining the mental health of service members and it is imperative that their assistance is requested.