



KANSAS NATIONAL GUARD PSYCHOLOGICAL HEALTH PROGRAM

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OVERVIEW



Advocate for the National Guard Members and their families with qualified, licensed mental health practitioners responsible for working with state, local and community resources to respond to the psychological needs of National Guard members and their families.

NATION GUARD PSYCHOLOGICAL HEALTH PROGRAM (PHP) - DIRECTOR PSYCHOLOGICAL HEALTH (DPH)

- All state's Army & Air National Guard Wings are served by a DPH
- DPH's are licensed clinical level mental health professionals
- DPH's are civilian contractors employed by Goldbelt-Glacier or one of their subcontractors
- 5 PHP Regions: Northeast, Southeast, North Central, Midwest and West
- 78 Army NG DPH's
- 94 Air NG DPH's

KANSAS NATIONAL GUARD

- Citizen Soldiers serving the state and nation
- 5157 Army National Guard serving Kansas
- Over 55% have been deployed
- 10 Killed in Action
- 2 KS Air National Guard Units – approximately 2,000 serving
 - 190th - Topeka
 - 184th – Wichita
- Both Wings are served by their own DPH



Referral Process



Self referral
Facilitated
referral

Consultation,
Problem solving
Needs assessment

Adjustment issues
Parenting issues
Couple/family
Child issues
Military life issues

Self referral
Facilitated
referral
Command
referral

Formal PTSD/TBI
Suicidality
Substance Abuse
Sexual assault

Coping with:
PTSD/TBI
Suicidality
Substance Abuse
Sexual Assault

Emergency
Consultation/
referral

VA crisis response
Emergency community
Resources



FUNCTIONS OF THE DPH



- Develop community-based behavioral health networks to improve access to mental health providers
- Educate NG members (families) who may have behavioral health issues such as suicidal ideation, TBI, PTSD, Substance Abuse, Sexual Assault and Harassment, Mental Health Concerns
- Conduct Leadership consultation and training
- Build psychological health fitness and resilience while dispelling stigma
- Document and track data to provide quality services and identify trends/needs



DPH SERVICES



- Assessments
- Resource identification/support
- Follow-up services
- Leadership training
- Wellness education
- Critical Incident Management Services
- Life skills training
- Address military lifestyle Issues
- Parenting Support
- Focus on Family, extended Family Referral Services
- Non-Medical Problem Solving
- Disaster Response



TRAUMATIC BRAIN INJURY FACTS (TBI)



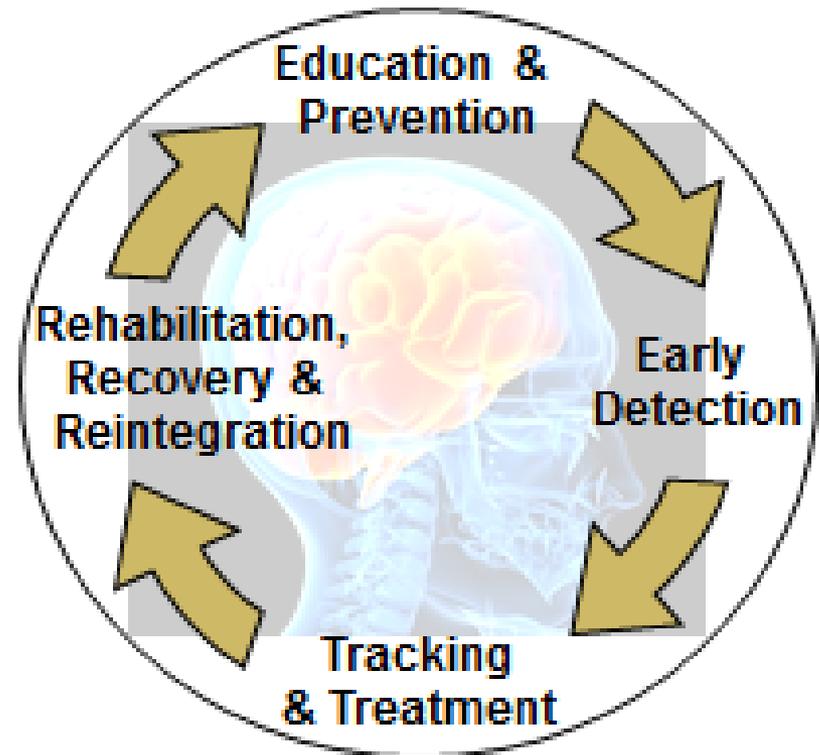
- More than 266,000 service members have incurred TBI in Iraq and Afghanistan. 84% of all Department of Defense documented TBI's were mild TBI's
- Most common physical symptom is headache
- 30-70% have sleep problems
- TBI is risk factor for developing substance abuse disorder, one study found 44-62% of military TBI personnel self reported an alcohol abuse problem
- TBI is a risk factor for developing psychiatric disorders. Most common disorder following TBI is Major Depression (51%) and PTSD (47-70%)
- TBI survivors are at risk 4-7 x more likely to die from suicide



Army Concussion Management



- **Goal:** A cultural change following concussive events
- **Vision:** Every Warrior treated appropriately to minimize concussive injury and maximize recovery
- **Mission:** Produce an educated force trained and prepared to provide early recognition, treatment & tracking of concussive injuries in order to protect Warrior health





Impact of Concussion on your Soldiers



Symptoms

- Headache
- Sleep disturbance
- Fatigue
- Dizziness/Balance problems
- Visual disturbance/Light sensitivity
- Ringing in ears
- Slowed thinking
- Difficulty finding words
- Poor concentration
- Memory problems
- Anxiety/ Depression
- Irritability/Mood swings

Manifestation

- Failure to sleep at night
- Decreased energy
- Slower reaction time
- Difficulty negotiating uneven terrain
- Easily distracted
- Difficulty processing multiple sources of information
- Interpersonal problems

Impact

- Decreased marksmanship performance
- Decreased situational awareness
- Difficulty performing quickly under time pressures
- Difficulty multitasking: such as driving a vehicle while listening to instructions over a radio
- Performance difficulties can affect self-esteem and confidence
- Fear of performing in certain operational environments



SEXUAL ASSAULT AND HARASSMENT PREVENTION

SAPR – Sexual Assault Prevention and Response

SHARP – Sexual Harassment Assault Response and Prevention



Scope of problem



2.8% of NG and AR component women and 0.5% of NG & AR component men experienced Unwanted Sexual Contact (USC) in 2012

No change in incident rate for women or men between 2008 and 2012

Unwanted Sexual Contact since joining the military (including the past 12 months; new survey question)
18% of women and 2% of men experienced unwanted sexual contact since joining the military (including the past 12 months)



FY 2012 NG Demographics

- The National Guard had 194 sexual assaults reported in FY12 (national statistic)

- White 81%
- 17-30 81%
- Female 90%
- E3-E4 53%
- Title 32 62%



SUICIDE PREVENTION



- The goal of the Kansas National Guard is to prevent suicides. However, it must be recognized that in some people, suicidal intent is very difficult to identify or predict. Some suicides may occur even in units with the best leadership climate and most efficient crisis intervention and suicide prevention efforts. Therefore, it is important to redefine the goal of suicide prevention as being suicide risk reduction. Suicide risk reduction consists of reasonable steps taken to lower the probability that an individual will commit acts of self-destructive behavior.



SCOPE OF THE PROBLEM



- 2012: 140 (93 Army National Guard and 47 Army Reserve): 138 have been confirmed as suicides and two remain under investigation.
- 2013, there have been 158 suicides total Army (58 Army National Guard and 32 Army Reserve), 4 confirmed KSNG suicides, 1 under investigation.



SCOPE OF THE PROBLEM



- Army suicides are highest among junior ranks
- Army suicides are highest among white males; 18-25
- Army suicides are increasing among senior NCO's & Officer's
- Completed suicides are greatest among males
- Rate of suicide attempts is greater among females
- 60% of Army suicides have never been deployed. 40% of Army suicides have been deployed
- Reasons identified for suicide: broken relationship, financial and legal issues or arrest



Applied Suicide Intervention Skills Training (ASIST)



- 16 hour training for unit NCO's and Officer's
- Attitudes about suicide
- Understanding persons at risk
- Suicide intervention model
- Practice model (role play)
- Networking for caregivers



Resources



- Soldiers and families in need of crisis assistance can contact the National Suicide Prevention Lifeline. Trained consultants are available 24 hours a day, seven days a week, 365 days a year and can be contacted by dialing 1-800-273-TALK (8255) or by visiting their website at
- www.suicidepreventionlifeline.org.



RESOURCES



- The Military Crisis Line offers free and confidential support to service members in crisis or anyone who knows a service member who is. Support is offered through the crisis line, online chat, and text-messaging services for all service members (active, National Guard and reserve) and veterans 24 hours a day, seven days a week, 365 days a year by visiting the Military Crisis Line website at <http://www.militarycrisisline.net>; Online Chat at: <http://www.veteranscrisisline.net/ChatTermsOfService.aspx>; sending a text to: 838255 or calling toll free at: 1-800-273-8255, Press 1

COUNSELING REFERRAL RESOURCES

- Military One Source (MOS) through ValuOptions -
Up to 11 free sessions with licensed MH professional,
800-342-9647, www.militaryonesource.mil

Veterans Administration

Community Mental Health Centers

Local Private Practice MH Professionals



Question?



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