

# Veterans and Mental Health: Helping Those Who Served

Fred P. Stone, PhD., LCSW  
Colonel, USAF (Retired)

1

## Agenda

- **Getting to Know Veteran Clients**
- **Treating Common Difficulties**
- **Stigma and Other Barriers to Help Seeking**
- **How to engage with Veteran clients**
- **Goals:**
  - *Provide a more accurate understanding of Veterans*
  - *Provide some ideas to help this population*

2

2

## What comes to mind when you think of Veterans?

STONE  
SEMINARS



3

3

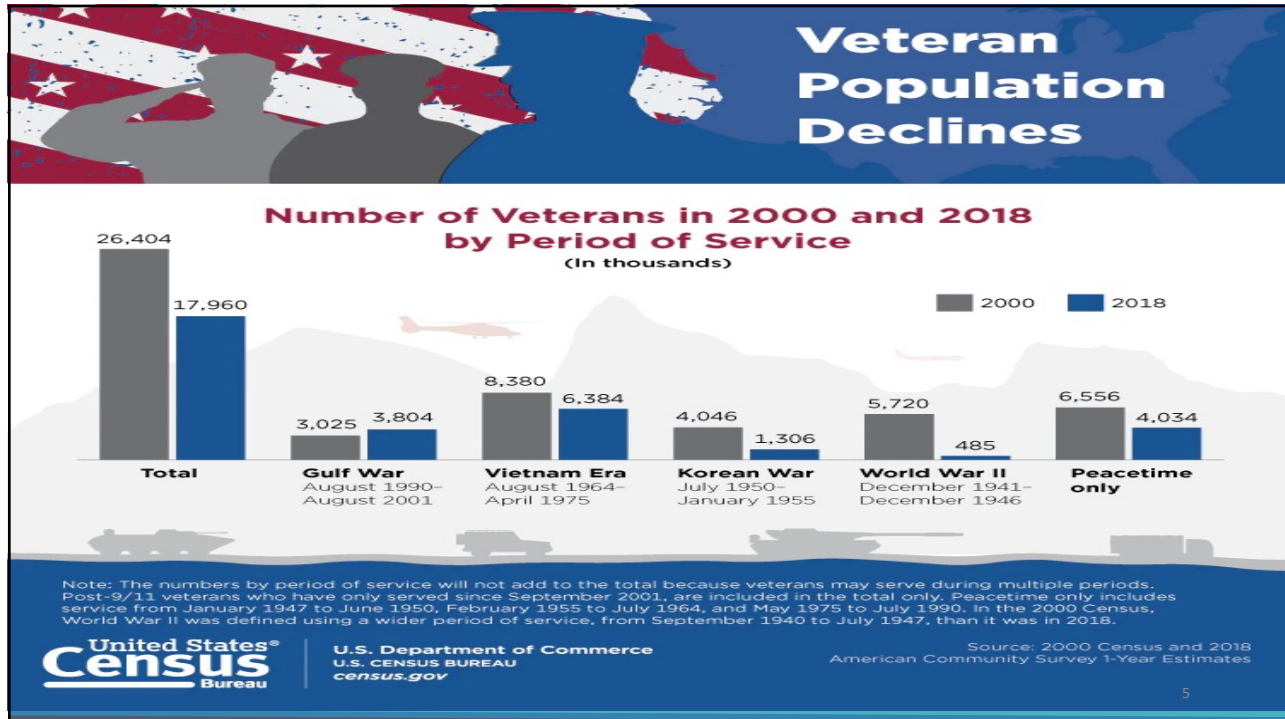
## Veteran Stereotypes

STONE  
SEMINARS

- Veterans are both venerated and feared
- Veterans are less educated
- Women are not “true” Veterans
- All Veterans have PTSD
- Veterans are homeless and unemployed
- Veterans are heroes

4

4



5

## What is a Veteran?

- 38 U.S.C. § 101(2) provides this:
- The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.
- Soldiers, Sailors, Marines, Guardians, Guardsman, and Airmen
- Veterans include those who served in the Guard and Reserves

6

6

## The Impact of Military Experience

- Military service is truly 24/7
- Military life changes people
- Most veterans endorse serving in the military—79% (Pew, 2019)
- For many, military service was the defining period of their lives
- A Veteran returning from deployment said: “I’m not even 30, and I’ve already done the most significant thing I’ll ever do.”—(French, 2023).



Photo by Pixabay: <https://www.pexels.com/photo/army-authority-drill-instructor-group-280002/>

7

7



8

8



# Military Culture

STONE  
SEMINARS

- Consists of social behavior, norms, beliefs, values, and customs
- Teaches “external adaptation and internal integration.”
- Teaches individuals how to see themselves, each other, and the world



9

STONE  
SEMINARS

*Military culture has influenced all Veterans, but every Veteran is unique*

10

10




11

# Warrior Ethos

STONE SEMINARS

- Teamwork
- Moral Focus
- Loyalty and Commitment
- Toughness
- Pride
- Integrity
- Standards
- Honor



(Spc. Luis Garcia, U.S. Army)

A slide titled "Warrior Ethos" from Stone Seminars. The slide lists eight key components of warrior ethos: Teamwork, Moral Focus, Loyalty and Commitment, Toughness, Pride, Integrity, Standards, and Honor. To the right of the list is a photograph showing the silhouettes of several soldiers in a field at sunset or sunrise, with bright light rays in the sky. Below the photo is a caption: "(Spc. Luis Garcia, U.S. Army)".

12

# Military Culture

STONE  
SEMINARS



(USAF Photo/Kimberly Gaithe)

- Military culture is complex
- No single military culture
- The Military is a subculture
- Active Duty, Reserves, and Guard
- Different units, specialties, and rank
- Different experiences based on age, gender, race, and other factors
- Espoused Values
- Underlying Beliefs and Cultural Assumptions

13

13

# Assumptions and Beliefs

STONE  
SEMINARS

- Noble Purpose
  - “We are here to protect our country and way of life.”
  - “We are the guardians of peace and democracy.”
- Control, stability, toughness, responsibility, and rule-following
- The US military is different than the civilian world—and better

14

14

# Cultural Differences

## Civilian Culture

- Individuality
- Individual Achievement
- Autonomy
- Fluid Social Relationships

## Military Culture and the Combat Masculine Paradigm

- Team effort and cohesion
- Unit achievement and mission accomplishment
- Devotion
- Chain of Command (Dunivin, 1994)

15

15

# The US Military—An Evolving Culture

- The military culture is an evolving culture

16

16





17



(Photo Credit: U.S. Army)

18



# Culture and Society

- Different perspectives from different eras
- Profession of Arms vs. A Job
- Trust vs. Distrust of Government
- Silence vs. “Thank you for your service”
- Separate vs. Part of Civilian World

19

19

# What are Veterans looking for?

- Understanding—the most important element
- Basic Understanding of Military Culture
- Competence
- Safety

20

20

## What are Veterans Looking For?

STONE  
SEMINARS

- Veterans want options
- Types of therapy—**one-on-one, family therapy, group therapy, peer support**
- Different Therapies
  - CBT
  - Prolonged Exposure Therapy
  - Cognitive Processing Therapy
  - EMDR
  - Teletherapy
  - Art Therapy



21

21

## Do you have to be a Vet to Help Vets?

STONE  
SEMINARS

- Are non-Veteran MH providers qualified to help?
- Veterans report wanting to see a Veteran therapist
  - But I have my doubts
- “I would rather talk to a civilian than an actual military person because I thought the military person in their head was thinking, ‘Suck it up, get back to what do you got to do.’ ” (Cheney et al., 2018).

22

22



23

## The Military Experience

- Understanding and appreciating military culture and experiences will:
- Provide better support
- Build a stronger therapeutic relationship
- Promote respect



STONE SEMINARS

24

# Mental Health and the Military

STONE  
SEMINARS

- Suicide
- Substance Abuse
- Post-Traumatic Stress Disorder
- Sexual Assault
- Moral Injury

25

25

# Mental Health Issues

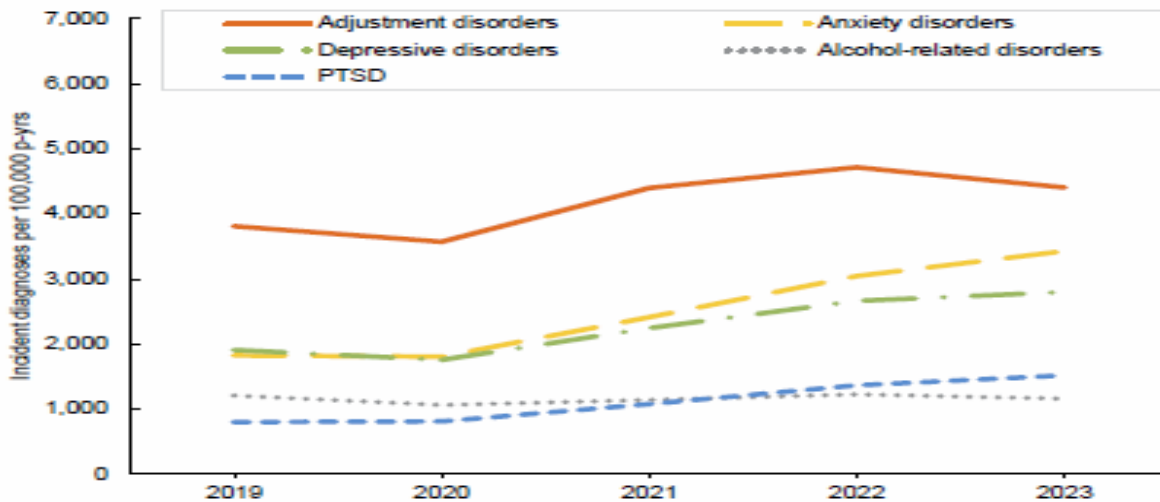
STONE  
SEMINARS

*What is the most common mental health problem in the military?*

26

26

**FIGURE 1a. Annual Incidence Rates, Leading 5 Mental Health Disorder Diagnoses Among Male Active Component Service Members, U.S. Armed Forces, 2019–2023**



Abbreviations: PTSD, post-traumatic stress disorder; p-yrs, person-years.

(Armed Forces Health Surveillance Branch, 2024)

27

## Mental Health Bias

STONE  
SEMINARS

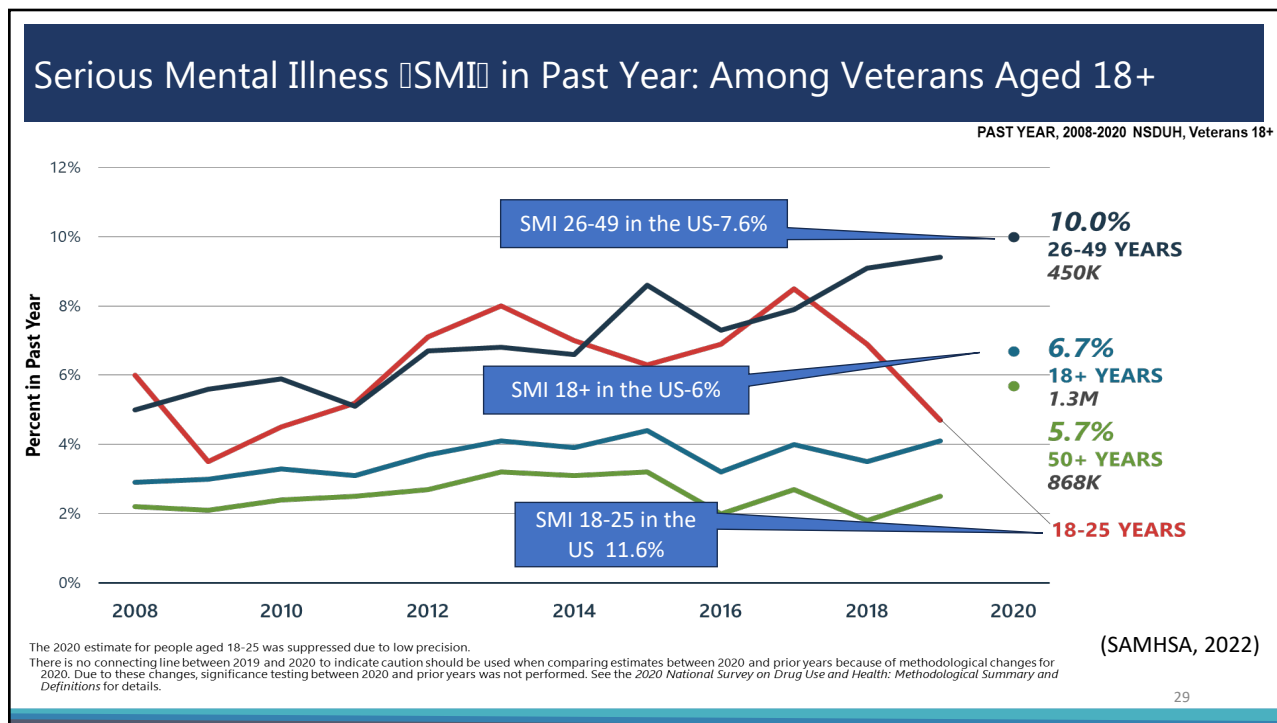
- Veterans are often seen as mentally unstable (Schreger & Kimble, 2017).
- Less ability to feel emotion (Shepard et al., 2019)
- Thank you for your service—now stay away?



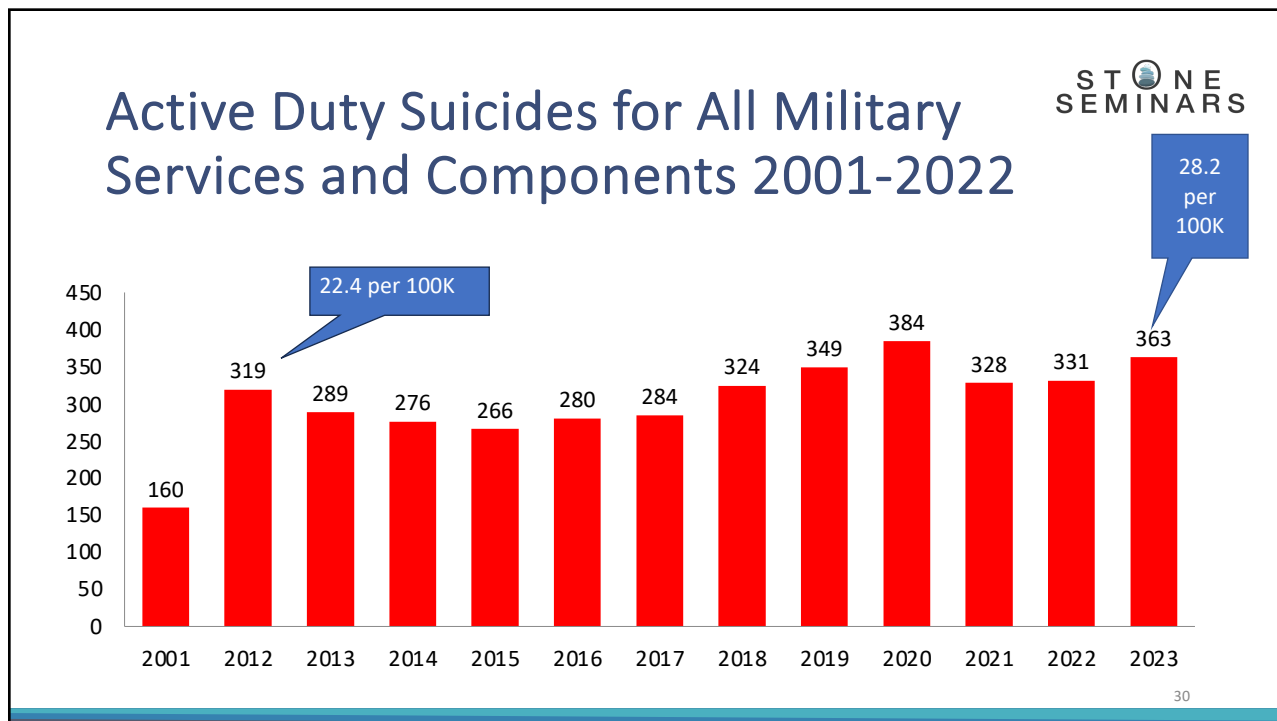
28

28

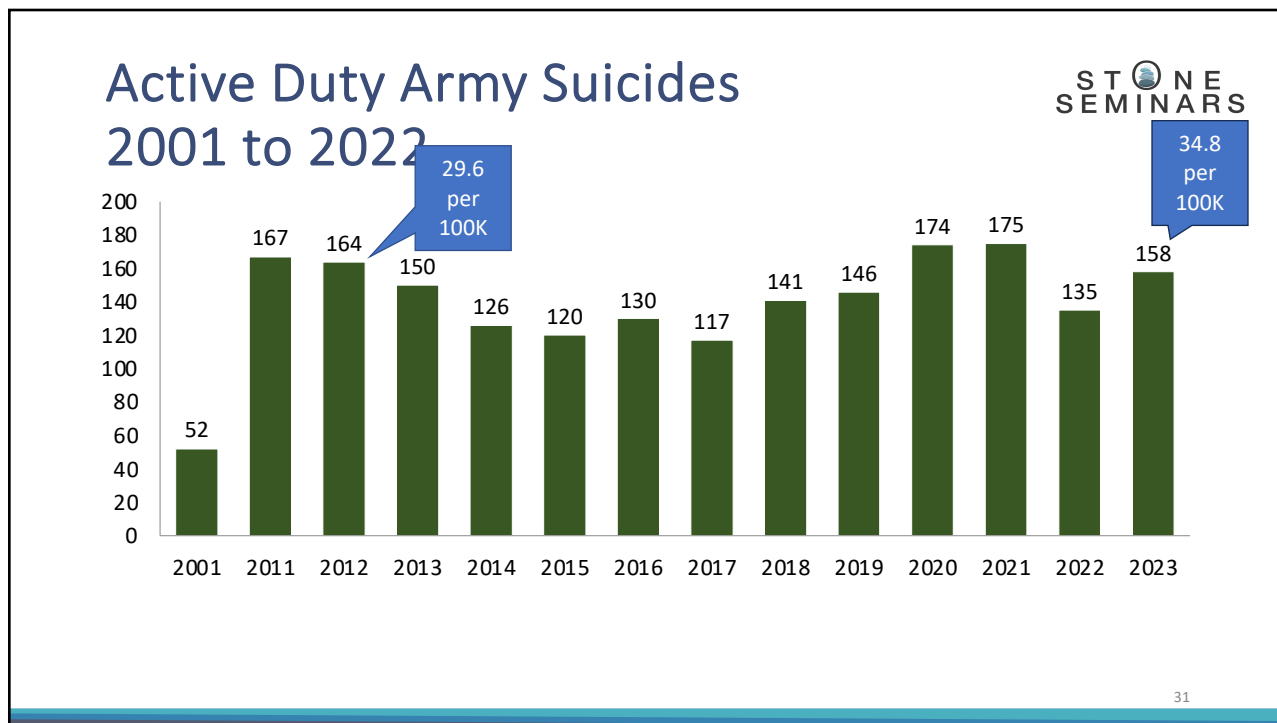




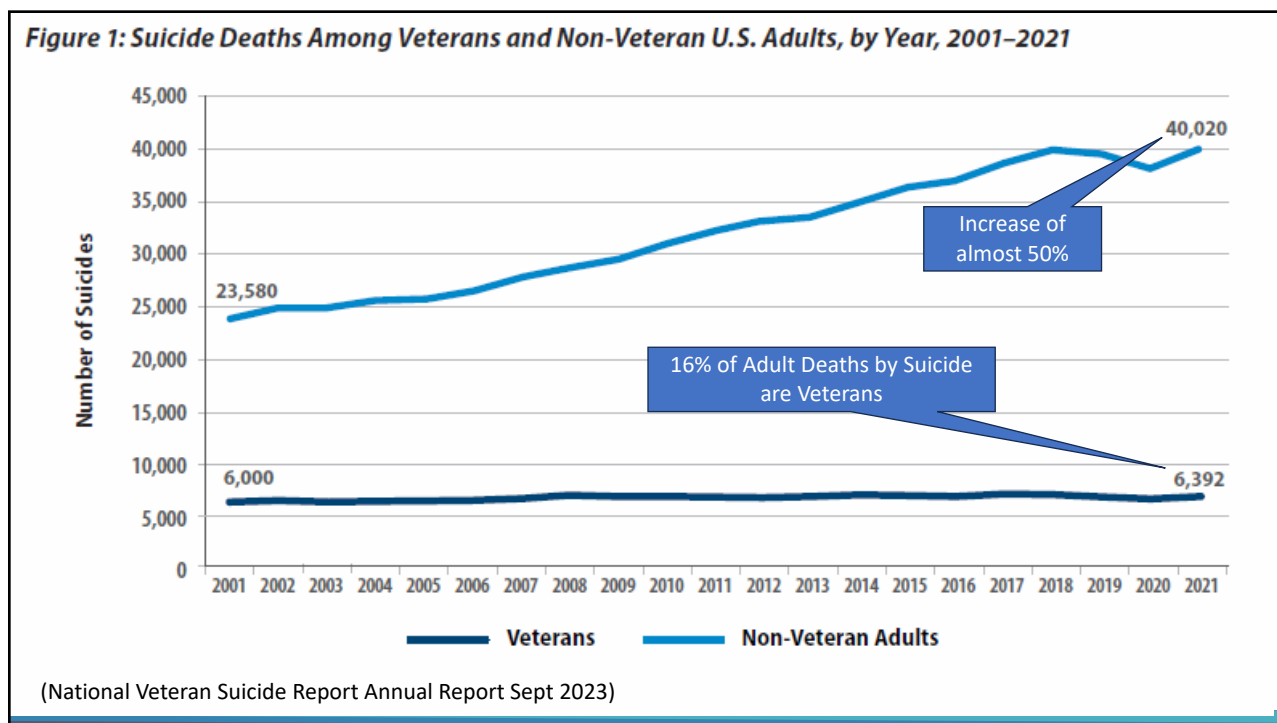
29



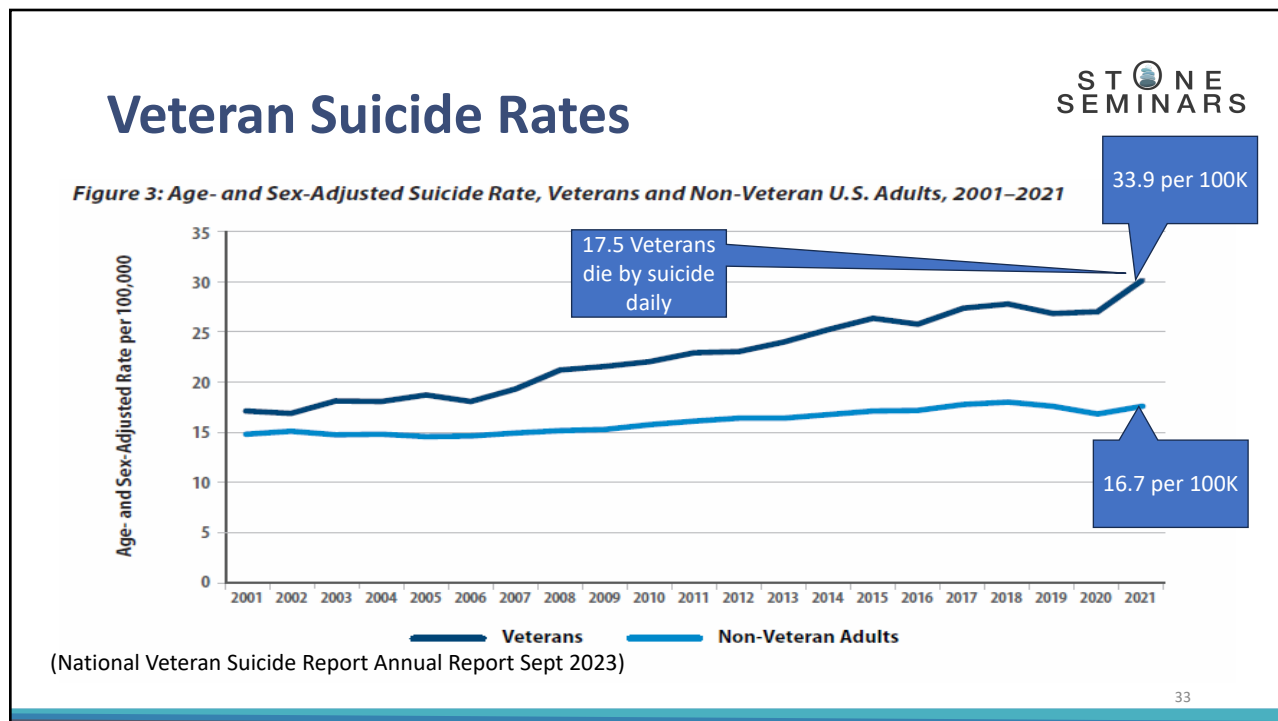
30



31



32



33

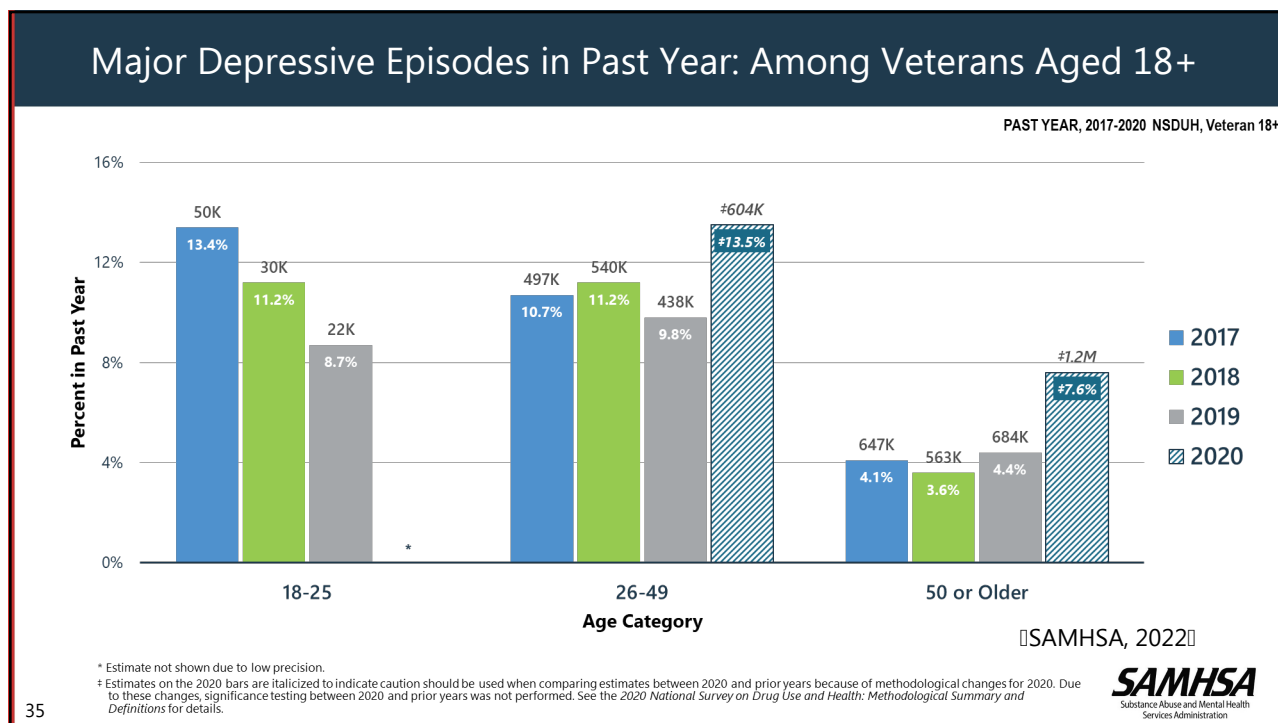
## Risk Factors & Veteran Suicide

STONE SEMINARS

- **Male-but females are at a high risk**
  - In 2022, adjusting for age, female veterans have almost twice the suicide rate as non-veteran females (VA, 2024).
- **Younger**
  - In 2021, suicide rates were highest among Veterans between the ages of 18 and 34 (49.5 per 100,000 males/16.9 per 100,000 females) (VA, 2024).

34

34



35

35

## Risk Factors and Veteran Suicide

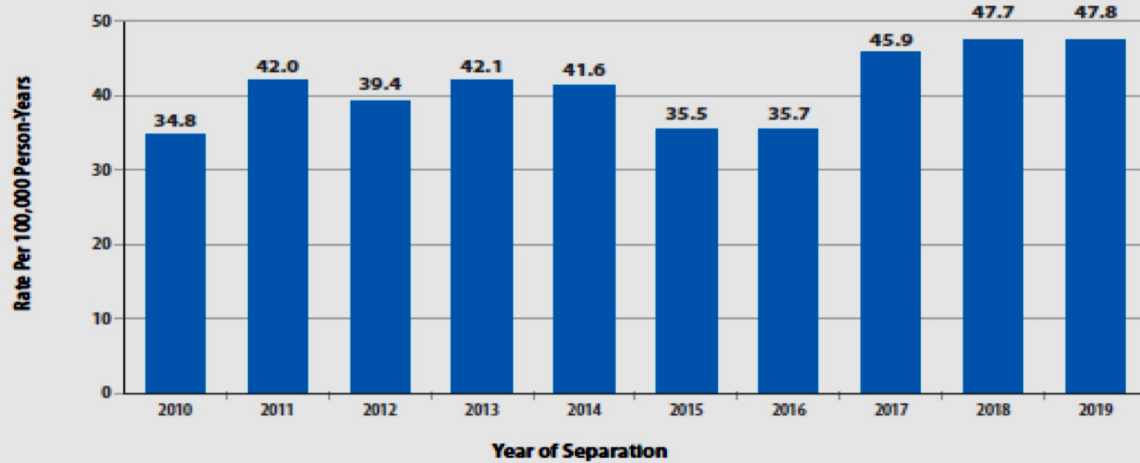
STONE SEMINARS

- Little social support
- Mental health diagnosis
- Medical conditions
- Impaired functional status
- Knowledge and availability of firearms

36

36

**Figure 8: Unadjusted Suicide Mortality Rate, 12 Months Following Separation from Active Military Service, by Year of Separation, 2010–2019**



(Department of Veterans Affairs, 2022)

37

37

## Transition

STONE  
SEMINARS

- Most Veterans Find Transition Easy (Pew, 2019)
- High-risk veterans who recently left the military:
  - Less than honorably discharged
  - Less than 3 years of service (Reger et al., 2015)
- Why is transition difficult?
  - Leaving the military can change one's identity
  - Unrealistic expectations

38

38



## Veteran Suicide: Assessment

- **Assessing Suicide is complicated**
- **The limits of risk and protective factors**
  - Relationship, financial, and legal problems
- **Many elements contribute to suicide**
  - Attempts and Active Suicidal Intent
  - Deployments and Suicide
  - Exposure to death and dying increases thoughts of suicidal thoughts and behaviors
  - Dealing with pain, not the desire to die

39

39

## Assessment Considerations

- **Suicidal clients often deny suicidality**
  - Half may not have suicidal ideations
  - Suicide and Pain
- **Veterans know what to say and what not to say**

40

40

## Assessment Considerations

- **Standard of Care**
- **Interpersonal Theory of Suicide**
  - **Social Support**
  - **Burdensomeness**
  - **Feeling of Belongingness**
  - **Capability**
- **Purpose and Role**
- **Access to a weapon, especially guns**
- **Effective mental and physical health care**
  - **Remote/Rural Areas**

41

41

## Most Effective Suicide Interventions

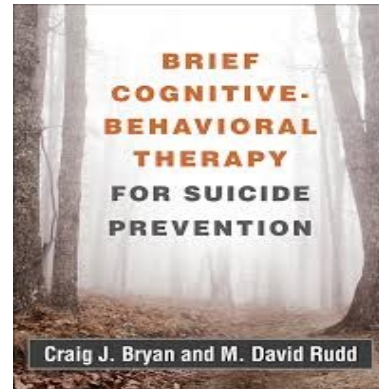
- **The focus is on preventing suicide**
- **Dialectical Behavior Therapy**
- **Cognitive Behavior Therapy for Suicide Prevention**
- **Brief Cognitive Behavior Therapy**

42

42

## BCBT for Suicide

- Phase 1: Orientation
    - Survival Box
    - Treatment Journal and Lessons Learned
    - Crisis Response and Safety Plan
      - Actions to take during a crisis
      - Reasons for Living
  - Phase 2: Skill Development Work Sheets
    - Coping Cards
    - Emotional Regulation
  - Phase 3: Relapse Prevention
- 
- Two-year study showed a 40% decrease in suicide attempts
    - 152 Participants comparing BCBT to status quo treatment



43

43

## Our Reluctance to Ask About Suicide

- Lack of knowledge about suicide and suicide prevention
- Inaccurate beliefs about asking about suicide
  - Putting the idea of suicide in our client's heads
- Stigma of asking about suicide
- Fear of asking Veterans
- Fear of the burden of safety planning
- Not believing we can make a difference
- *The smallest inquiry can save a life*

44

44

# Substance Abuse

STONE  
SEMINARS

- The military has a culture that supports alcohol use—and in some cases, abuse
- Other substance abuse rates appear lower than the general population



(Photo: Navy Seaman Tina Staffjeri/DoD)

45

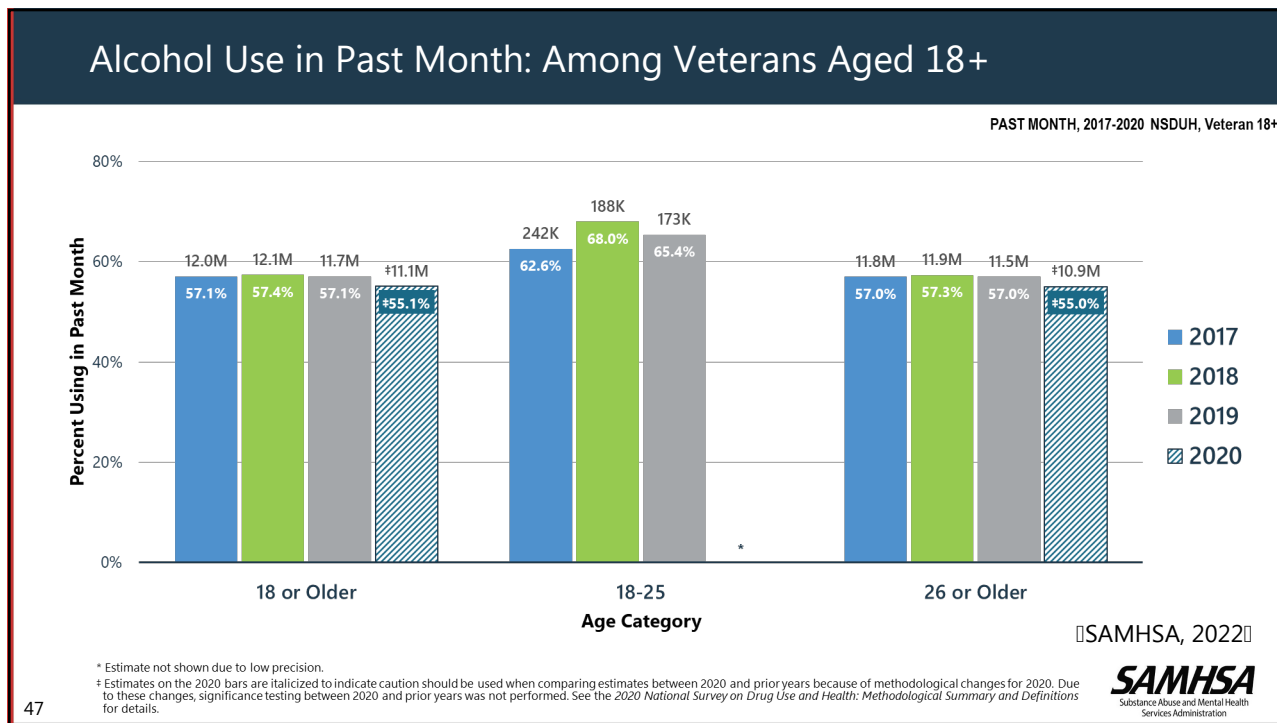
# Alcohol Use

STONE  
SEMINARS

- Military members are the heaviest drinkers—130 days a year/41 days of binge drinking (Delphi Report, n.d.).
- The 2018 Health-Related Behavior Survey found:
  - 34 percent of service members binge drink at least once a month
  - 9.8 percent binge drink once or twice a week

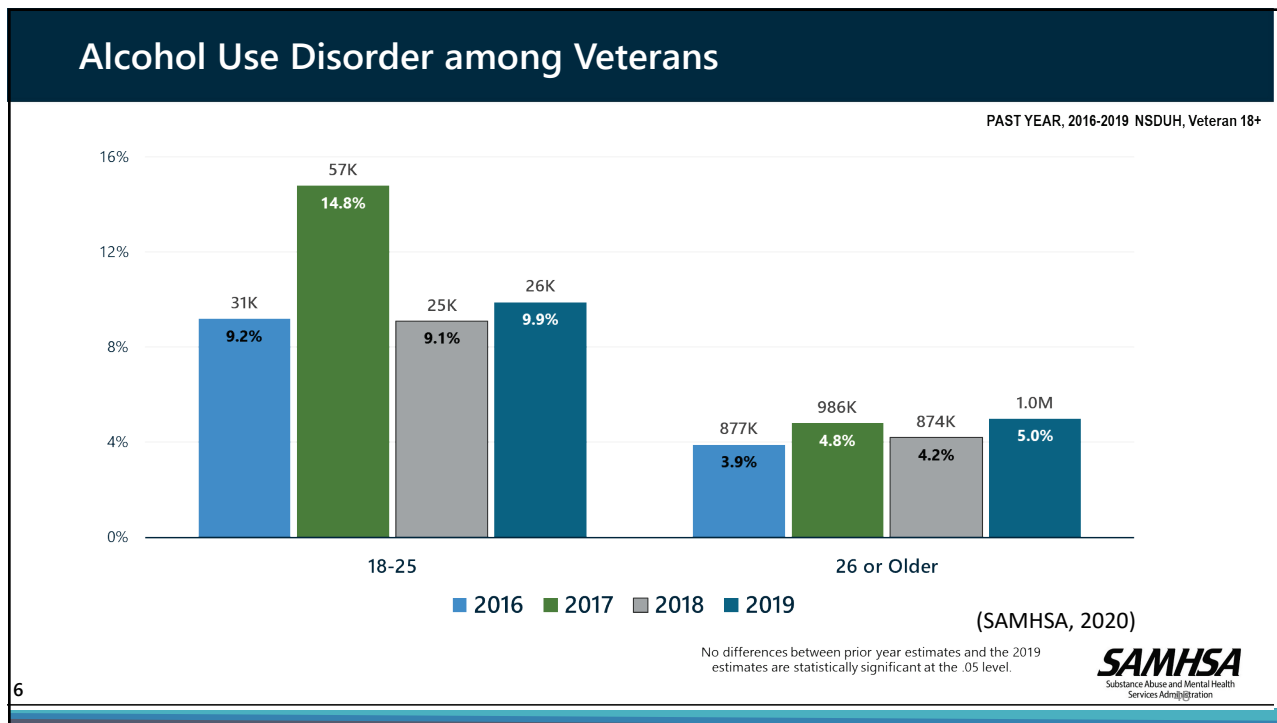
46

46



47

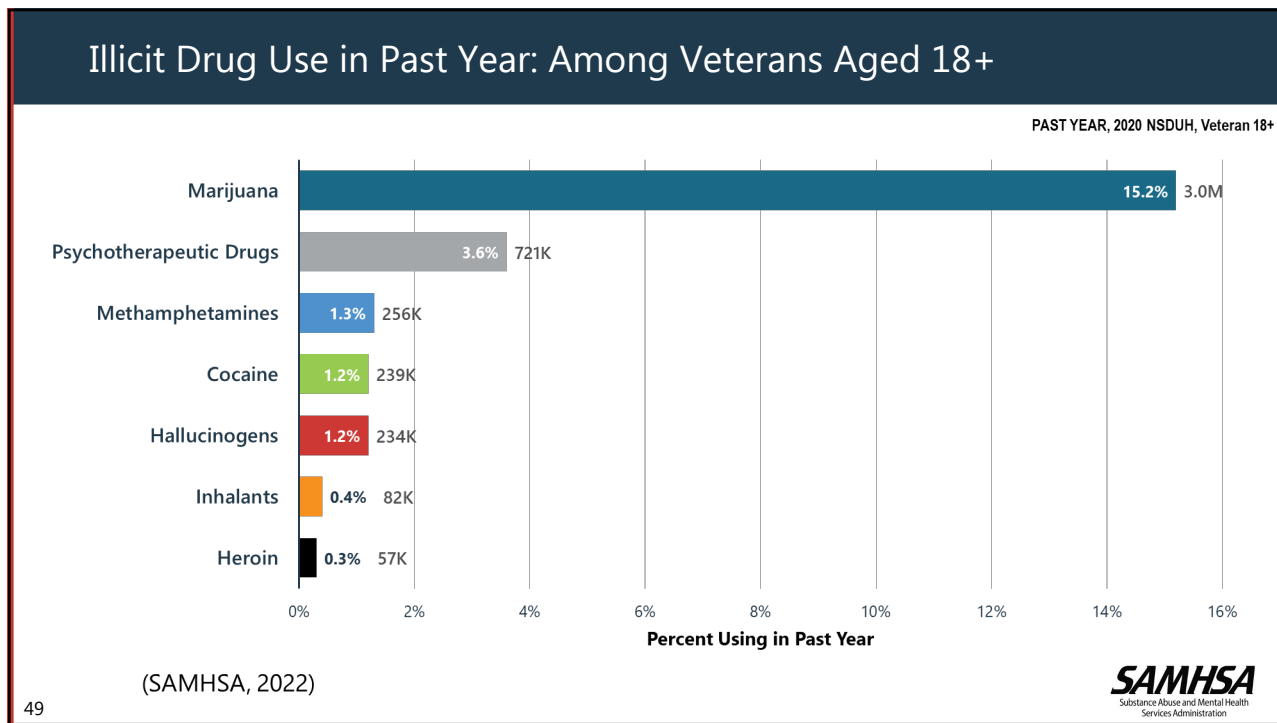
47



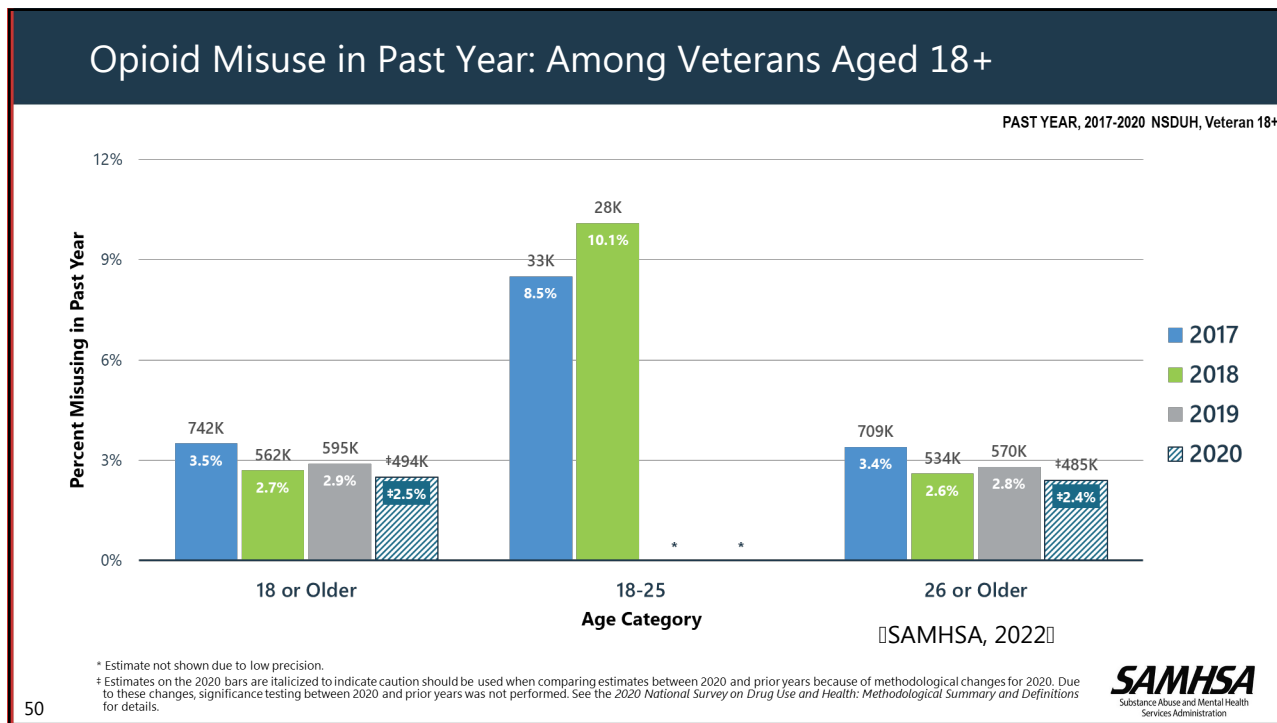
6

48



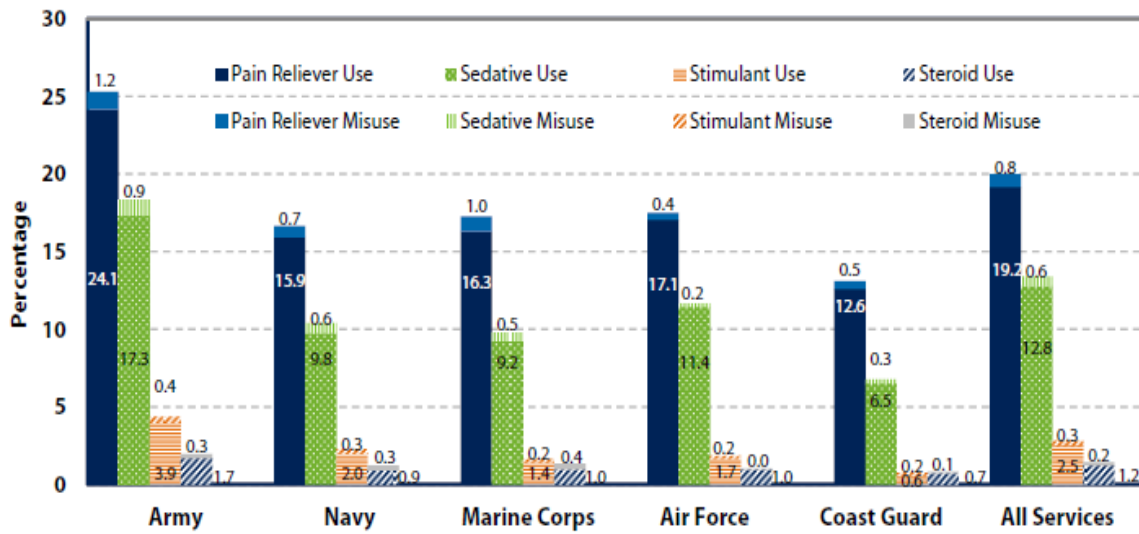


49



50

Figure 4.2.A: Prescription Drug Use and Misuse, Past 12 Months, by Service



(Barlas et al., 2013)

51

51

# Substance Abuse



- Challenges with assessing substance abuse
  - Lack of awareness
  - Excuse making
  - Fear of quitting

52

52

## Interventions

- CBT
- Motivational Enhancement Therapy
- Acceptance and Commitment Therapy
- Twelve Step Facilitated Therapy
- Mindfulness Therapies
  - Disenchantment with substance abuse
- **Why are substance abuse treatments often ineffective?**

53

## Comorbid Disorders

- **Two out of ten Veterans with PTSD also have SUD.**
- **Almost one out of every three Veterans seeking treatment for SUD also has PTSD.**
- **In the wars in Iraq and Afghanistan, about one in ten returning soldiers seen in VA have a problem with alcohol or other drugs.**

Source: [http://www.ptsd.va.gov/public/pages/ptsd\\_substance\\_abuse\\_veterans.asp](http://www.ptsd.va.gov/public/pages/ptsd_substance_abuse_veterans.asp)

54

54

## The Challenge

- **Treating Comorbid Disorders**
  - Substance abuse, anxiety, depression, and PTSD.
  - Little evidence of effective treatments (Beech et al., 2021).
  - Comorbid disorders may be associated with more severe PTSD symptoms (Knowles et al., 2019)
- **Consider:**
  - Collaboration among different team members
  - Assist with basics of living—food, clothing, shelter, social support

55

55

## Post Traumatic Stress Disorder

NOT ALL  
**WOUNDS**  
ARE VISIBLE

PTSD  
AWARENESS

PRODUCED BY THE DEFENSE HEALTH AGENCY

56

56

## PTSD and Veterans

- In a single year, between 11 to 20 out of every 100 veterans who served in OIF and OEF have PTSD.
- 12% of Gulf War Veterans have PTSD.
- 30% of Vietnam veterans are thought to have had PTSD during their lifetime.

[Department of Veterans Affairs, 2023](#)

57

57

## Evaluating Veteran Trauma

- Consider combat experiences and previous trauma
- Trauma is cumulative
- Veterans may think that combat trauma is the only “true” trauma
- Childhood trauma
- Accidents
- Assaults
- Sexual Assaults

58

58

# Treatment Challenges

- Lack of Awareness and Denial
  - “I hadn’t realized the extent to which my PTSD had impacted my relationships. I had alienated my friends, my children and my family.”
  - “You don’t know how dangerous it is!”
  - “I am not going to tell them that.”
- Most people recover from trauma (Rossellini et al., 2019)
- Inelegant Solutions
  - Avoidance
  - Substance Abuse
  - Good enough

59

59

# Treatment for PTSD

- Cognitive Processing Therapy
- Prolonged Exposure Therapy
- Cognitive Behavioral Conjoint Therapy
- EMDR
- Low Energy Neurofeedback System (LENS)
- Medications may assist in therapy

60

60



## The Problem of Dropout

- From 2001 to 2015, of more than 250,000 veterans with PTSD, 22.8 percent sought Evidence-Based Practice therapy—9.1 percent completed treatment (Maguen et al., 2019)
- Dropout rates: 27.1% for trauma-focused treatments vs. 16.1 percent for non-trauma-focused therapies (Edwards-Stewart et al., 2021).

61

61

## Reasons for Dropout

- **Difficulty Coping with Intense Emotions**
  - PE and CPT have been shown to increase symptoms
- **Lack of Readiness for Change**
- **Suitability for Outpatient Treatment**
- **Treatment and Communication (Amsalem et al., 2022)**
- **Psychological Barriers (Lee & LaFreniere, 2023)**
  - Avoidance
  - Perceived Lack of Treatment Efficacy
  - Treatment-related secondary effects—how therapists come across

62

62

## The Problem of Dropout

- **Who completes? (Maguen et al., 2019)**
- **Military sexual trauma**
- **Older**
- **African Americans for Prolonged Exposure**
- **Combat**
- **Multiple Deployments**

63

63

## Preventing Drop Out

- **Motivational Interviewing/Stages of Change**
  - **Is the client prepared and ready?**
- **Effective Communication**
- **Treatment matched with client's abilities and needs**
- **Patience**

64

64

# Moral Injury

- When the Iraqis threw rocks, and service members found themselves killing the very people they came to free, it stirred moral injury.
- As one Marine said, "We're not helping these people, we're hurting them. And not only that, they hate us, they're trying to kill us. It's terrible. I just feel awful about the whole thing" (National Public Radio, 2014).
- When there were no WMDs, it felt like a lie and betrayal.

(Stone, 2019)

65

65

## American Soldier



What society thinks I do



Who I wanted to be like



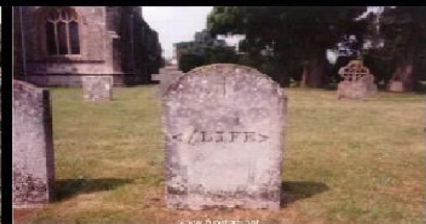
What I expected to happen when I was a kid



What my government wants me to assist in doing



What I expected to do



What I actually did

66

66

# Moral Injury

- Isolating from friends and families
- Ruminations of events and actions
- Poor coping practices such as drugs and alcohol
- Loss of meaning and spirituality
- Neglect of self
- *The impact on treatment*

67

67

# Treatment Impact of Moral Injury

- Moral injury disrupts therapy, especially PTSD treatment
- Contributes almost half of Veterans drop out of evidence-based PTSD treatment (Doran & DeViva, 2018).
- Account for lack of effective PTSD treatment—up to 72% of Veterans and military personnel with PTSD do not recover enough to have the diagnosis removed (Steenkamp et al., 2015).

68

68

## Treatment for Moral Injury

- **When a comrade is maimed or killed, the guilt is particularly deep. It is as if there can be no excuse for not having saved one's comrade or having somehow prevented what happened—even when there is absolutely no rational basis for such self-blame—Shay, 1994**
- **Avoid-- “It was not your fault”**

69

69

## Treatment for Moral Injury

- **Spirituality**
- **Cognitive Behavior Therapy**
  - **Guilt**
  - **Shame**
  - **Anger**
  - **Disgust**
- **Determining the Percentages of Responsibilities**
- **“If I knew then what I know now, I would have acted differently...”**

70

70

# Mental Health

STONE  
SEMINARS

## Thoughts/Questions

71

71

# Help Seeking

STONE  
SEMINARS

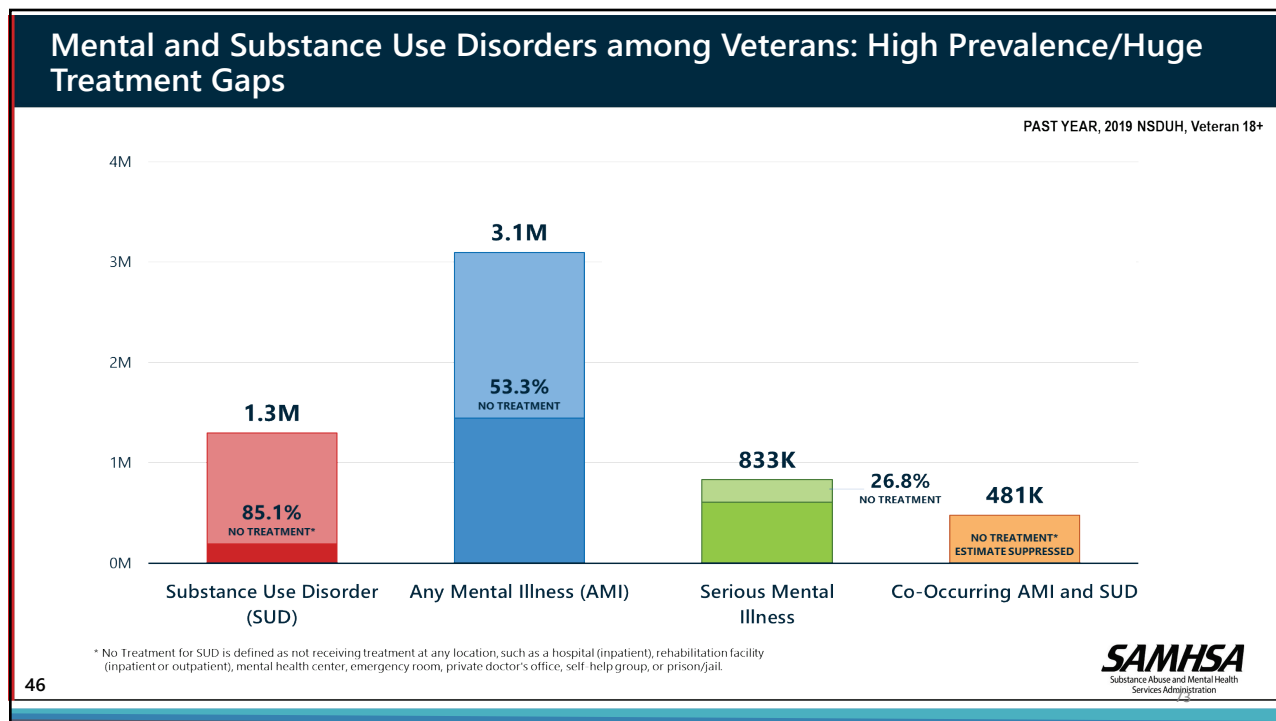
- Veterans are facing many problems
- And often not getting help
- Today, the VA estimates less than 50 percent of Veterans who need mental health care receive it ([Department of Veteran Affairs, Spotlight, 2022](#)).



(U.S. Air Force photo Nadine Y. Barclay)

72

72



73

## How to Help

STONE SEMINARS

- Understand the role of stigma
- Understand the military scripts
- Appreciate the complexity of help-seeking
- Ideas for working with Veterans

74

74

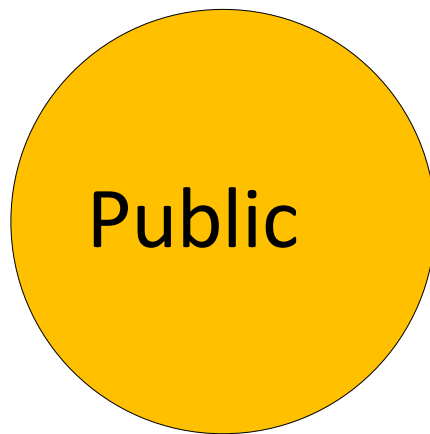
# Stigma

**“The stigma of mental health treatment is taking a toll on the veteran community” — American Veterans Group**

75

75

# Stigma



***Public Stigma—the stereotype and prejudice associated with mental illness/help-seeking***

***—fear of being stigmatized by others***

76

76



# Public Stigma

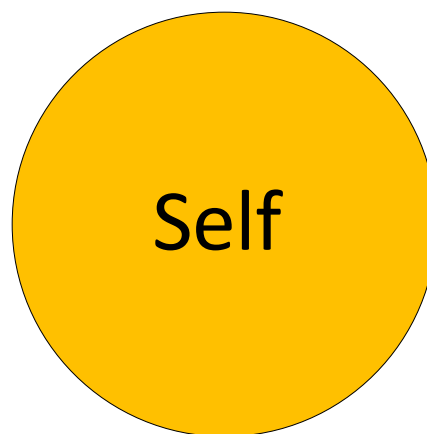
- Do veterans experience public stigma when seeking help?
  - Military Culture
  - Family
  - Jobs

77

77

# Stigma

*View of help seeking as personal weakness or inferiority or identifies with a stigmatized group*



78

78

# Masculine/Military Scripts

- Strong & Silent
- Tough-Guy
- “Give-em-Hell”
- Playboy
- Winner
- Independent

(Mahalik, Good, and Englar-Carlson, 2003)



(U.S. Army photo by Spc. Jaidon Novinska)

79

79



80

## “I’m a Marine”

- “After I lost that job, I started drinking more. I started drugging more ... I was still in total denial, and fighting, not believing I was ill and not wanting to ask for no help. I’m a Marine. *I ain’t needing no help.*” (Firmin et al., 2016).

81

81

## Getting Help is Hard

- May threaten masculine scripts
- Requires connecting emotionally
- Requires verbal skills
- Undermines independence and “tough guy” image

82

82

## Challenges Working with Veterans

- Veterans may lie and minimize
- Why?
  - Fear of losing benefits
  - Worried about their jobs
  - Fear of Judgment
  - Shame



83

83

## Working with Veterans

- Competence
  - Expertise in your clinical abilities
  - Basic understanding of military culture
- Be curious
  - Let them tell their story
  - Avoid asking intrusive questions
- Be patient
  - Developing a strong relationship takes time

84

84

# Working with Veterans

- Respect their service
  - Veterans want to be respected for their service and accomplishments
  - Don't say—Thank you for your service—show them.
  - Honor the values of Veterans

85

85



***Veterans will trust you when you show you care and know what you are doing.***

86

86

# Questions/Comments

87

87



STONE  
SEMINARS

**Fred P. Stone, Ph.D., LCSW**  
**Contact Information**  
**970-631-4570**  
**fred@stoneseminars.com**



88

88

## The VA is NOT the Enemy

**VA**



U.S. Department  
of Veterans Affairs

89

89

## VHA Services

- **Preventative Care**
- **Outpatient Care/Primary Care**
  - Tests used to diagnose health conditions, including blood work, X-rays, and ultrasounds
  - Therapy and rehabilitation services, including physical therapy, vision rehab, and therapy for traumatic brain injury
  - Additional services, including prosthetic items, audiology (care for hearing loss), and radiation oncology (cancer care)
- **Inpatient Care**
- **Other services**

90



## What is a Veteran?

### 8 Types of Discharges:

- Honorable
- General Under Honorable Conditions
- Other than Honorable
- Entry-Level Separation (Less than 180 days)
- Medical Separation
- Separation for the Convenience of the Government
- Bad Conduct Discharge
- Dishonorable

*Do Veterans know their benefits?*

Source: <https://veteran.com/types-of-military-discharges-2/>

91

91

## Beyond Therapy

- Veterans need purpose, not pity
- Active involvement in the community
  - The Mission Continues
  - Team Rubicon
  - Purple Heart Homes
- Civic Engagement
  - 82 Members of Congress are Veterans
  - 911 Veterans serves in state legislatures



<https://www.missioncontinues.org/>

92



## TBI and PTSD

- Traumatic Brain Injury
- Overlap between TBI and PTSD
  - Sleep difficulties
  - Poor concentration
  - Irritability
  - Anxiety
  - Suicide Risk
- Diagnosing is difficult
- PE and CPT assist with TBI—maybe

93

93

## DOD Numbers for Traumatic Brain Injury Worldwide

2000–2023 Q4

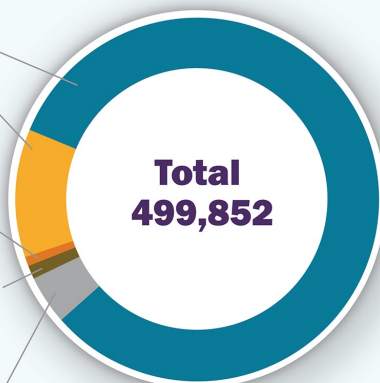
Mild: 82.2%

Moderate: 11.5%

Severe: 1.0%

Penetrating: 1.2%

Not Classifiable: 4.2%



**Total  
499,852**

Penetrating: 5,791

Severe: 4,849

Moderate: 57,600

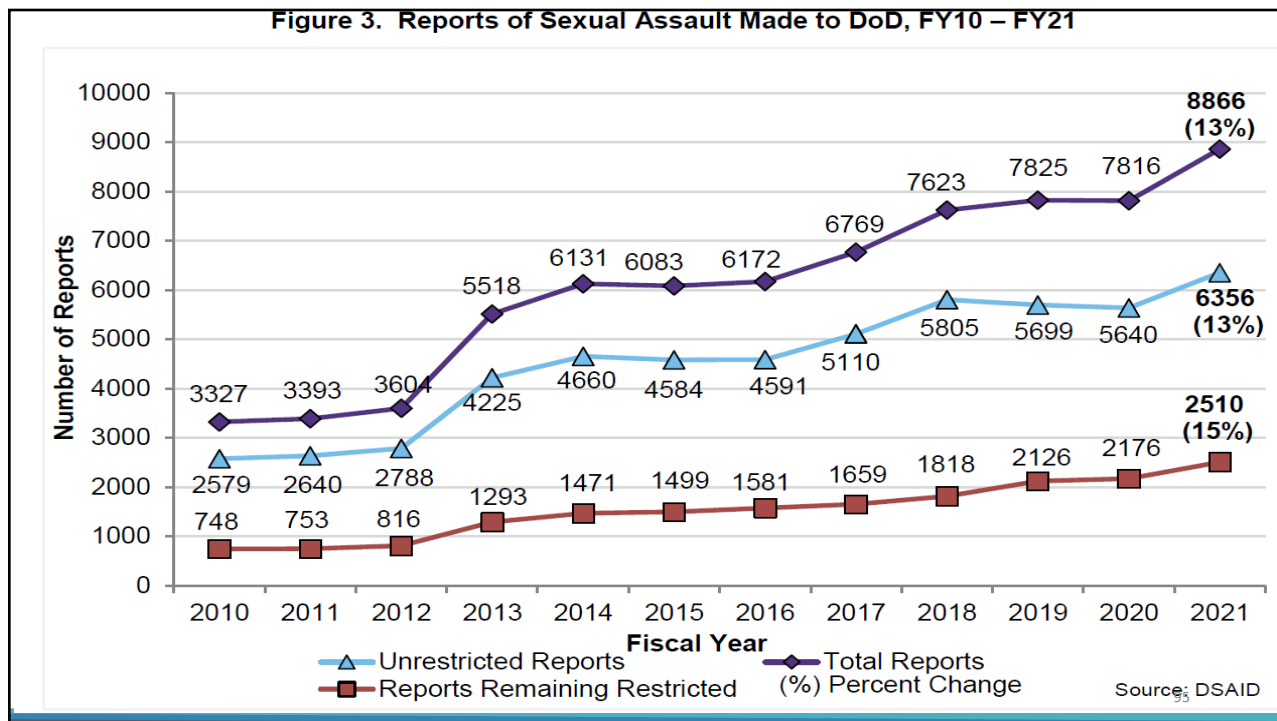
Mild: 410,798

Not Classifiable: 20,814

Source: Defense Medical Surveillance System, Theater Medical Data Store provided by the Armed Forces Health Surveillance Division. Prepared by the Traumatic Brain Injury Center of Excellence. \*Percent may not add to 100% due to rounding. 2000–2023 Q4, as of February 13, 2024

94

94



95

# Sexual Assaults

VA has found:

- 23 out of 100 women (or 23%) reported sexual assault when in the military.
- 55 out of 100 women (or 55%) and 38 out of 100 men (or 38%) have experienced sexual harassment when in the military.
- **Sexual Assaults against Men**
  - 1 in 100 male veterans in the VA healthcare system report experiencing MST.
  - 90% of men will not report being assaulted

96

96

## Heath's Story

STONE  
SEMINARS



97

97

## Moral Injury

STONE  
SEMINARS

- What is moral injury?
- Feelings of intense shame or guilt over actions committed or observed that violate a person's moral beliefs, self-image, or personal schema (Litz et al., 2009).
- MI disrupts SMs' confidence and expectations of themselves and others (Drescher et al., 2011) and undermines their character, ideals, ambitions, and relationships (Shay, 2012).

98

98

## References

- Armed Forces Health Surveillance Branch. (2024). *Update: Diagnoses of mental health disorders among active component U.S. Armed Forces, 2019–2023. MSMR Medical Surveillance Monthly Report*, 31(12). Retrieved from <https://health.mil/Reference-Center/Reports/2024/12/01/MSMR-Vol-31-No-12-Dec-2024>
- Barlas, F. M., Higgins, W. B., Pflieger, J. C., & Diecker, K. (2013). *2011 health-related behaviors survey of active duty military personnel* (Report date: January 1, 2013). ICF International, Inc.
- Bryan, C. J. (2021). *Rethinking suicide: Why prevention fails, and how we can do better*. Oxford University Press.
- Bryan, C. J., & Rudd, M. D. (2018). *Brief cognitive-behavioral therapy for suicide prevention*. The Guilford Press.
- Cheney, A. M., Koenig, C. J., Miller, C. J., Zamora, K., Wright, P., Stanley, R., Fortney, J., Burgess, J. F., & Pyne, J. M. (2018). Veteran-centered barriers to VA mental healthcare services use. *BMC Health Services Research*, 18(1), 591. <https://doi.org/10.1186/s12913-018-334>
- Delphi. (n.d.). *Drinking habits by industry*. <https://delphihealthgroup.com/drinking-habits-by-industry/>
- Department of Defense. (2011). *2011 Health Related Behaviors Survey of Active Duty Military Personnel*. <https://apps.dtic.mil/sti/citations/ADA582287>
- Department of Defense. (2018). *2018 Department of Defense Health Related Behaviors Survey (HRBS): Results for the Active Component*. [https://www.rand.org/pubs/research\\_reports/RR4222.html](https://www.rand.org/pubs/research_reports/RR4222.html)
- Doran, J. M., & DeViva, J. (2018). A naturalistic evaluation of evidence-based treatment for veterans with PTSD. *Traumatology*, 24(3), 157–167. <https://doi.org/10.1037/trm000140>
- Edwards-Stewart, A., Smolenski, D. J., Bush, N. E., Cyr, B. A., Beech, E. H., Skopp, N. A., & Belsher, B. E. (2021). Posttraumatic Stress Disorder Treatment Dropout Among Military and Veteran Populations: A Systematic Review and Meta-Analysis. *Journal of traumatic stress*, 34(4), 808–818. <https://doi.org/10.1002/jts.22653>
- Firmin, R. L., Luther, L., Lysaker, P. H., & Salyers, M. P. (2016). Veteran identity as a protective factor: A grounded theory comparison of perceptions of self, illness, and treatment among veterans and non-veterans with schizophrenia. *American Journal of Psychiatric Rehabilitation*, 19(4), 294–314.

99

## References

- French, D. (2023, February). Men need purpose and more than respect. *New York Times*. <https://www.nytimes.com/2023/02/12/opinion/men-purpose-respect.html?searchResultPosition=3>
- Kleykamp, M., Schwam, D., & Wenig, G. (2023). *What Americans think about veterans and military service: Findings from a nationally representative survey*. RAND. [https://www.rand.org/pubs/research\\_reports/RRXYZ.html](https://www.rand.org/pubs/research_reports/RRXYZ.html)
- Pew Research Center. (2019, November). *Key findings about America's military veterans*. <https://www.pewresearch.org/short-reads/2019/11/07/key-findings-about-americas-military-veterans/>
- Reger, M. A., Smolenski, D. J., Skopp, N. A., et al. (2015). Risk of suicide among US military service members following Operation Enduring Freedom or Operation Iraqi Freedom deployment and separation from the US military. *JAMA Psychiatry*, 72(6), 561–569. <https://doi.org/10.1001/jamapsychiatry.2014.3195>
- Schaeffer, K. (2023, November 8). The changing face of America's veteran population. *Pew Research Center*. <https://www.pewresearch.org/short-reads/2023/11/08/the-changing-face-of-americas-veteran-population/>
- Schreger, C., & Kimble, M. (2017). Assessing civilian perceptions of combat veterans: An IAT study. *Psychological trauma: theory, research, practice and policy*, 9(Suppl 1), 12–18. <https://doi.org/10.1037/tra0000191>
- Shepherd, S., Kay, A. C., & Gray, K. (2019). Military veterans are morally typecast as agentic but unfeeling: Implications for veteran employment. *Organizational Behavior and Human Decision Processes*, 153, 75–88. <https://doi.org/10.1016/j.obhdp.2019.06.003>
- Stone, F. (2019). Moral injury. In E. Weiss & C. Castro (Eds.), *American military life in the 21st century: Volume 1: Social, cultural, and economic issues and trends* (1st ed.). Santa Barbara, CA: ABC-CLIO. <https://doi.org/10.5040/9798216957485>

100

## References

- Substance Abuse and Mental Health Services Administration (SAMHSA). (2020, September). *2019 National Survey on Drug Use and Health: Veterans*. <https://www.samhsa.gov/data/report/2019-nsduh-veterans>
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2022, July). *2020 National Survey on Drug Use and Health: Veterans*. <https://www.samhsa.gov/data/sites/default/files/reports/rpt37926/2020NSDUHVeteransSlides072222.pdf>
- U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2022). *2022 National Veteran Suicide Prevention Annual Report*. [https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp)
- U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. (2023). *2023 National Veteran Suicide Prevention Annual Report*. <https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf>
- U.S. Department of Veterans Affairs, Office of Suicide Prevention. (2024). *2024 National Veteran Suicide Prevention Annual Report: Part 2 of 2: Report findings*. [https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-2-of-2_508.pdf)