

North Carolina National Guard Integrated Behavioral Health System

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The North Carolina National Guard (NCNG) Integrated Behavioral Health System is designed to systematically bring the best internal and external military resources together to function collaboratively for the betterment of behavioral health assessment, crisis intervention, referral, and case management services available to NCNG service members and their families.

A military force fit in mind, body, and spirit that wins the battle against suicide and stands ready to answer the nation's call.

Vision statement of the Department of Defense
Task Force on the Prevention of Suicide by
Members of the Armed Forces [1]

The mission of the North Carolina National Guard (NCNG) is to produce ready military units from the state's communities to perform federal wartime missions, as directed by the president, and to respond to disasters, as directed by the governor. Paramount to unit readiness is individual readiness—physical and mental—among the unit's service members and their families.

The unprecedented demands of 10 years of protracted conflict have increased the stressors on NCNG soldiers and airmen and, as a second-order effect, have increased the stressors on their families. While many NCNG soldiers and airmen have deployed multiple times and answered the call to duty, the medical system has not kept pace with their medical demands and the complexity of their logistics in accessing health care. Furthermore, segments of the NCNG population have never deployed, yet because of current economic conditions and high unemployment, they find themselves suffering the effects of stress. As the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces noted, "military cultural norms, while beneficial for survival and mission accomplishment on a battlefield, can sometimes stifle responsible help-seeking behavior" and yield "a less fit force more vulnerable to suicide" [1pES-4].

Access to care, as well as the quality of available care, depend on the service member's status at the onset of symptoms and the correlation of the symptoms to the demands of duty. If citizen soldiers are on active duty at

the onset of symptoms, they have full access to the medical facilities on a military installation; however, if they have returned from active duty to their community, they may elect to receive behavioral health care services from their primary care physician, through coverage offered by their civilian employer, or from the Department of Veterans Affairs (VA). However, for service members who have never deployed and are unemployed and without health insurance, there are minimal choices available to meet their mental health needs.

The NCNG believes it is in the midst of a perfect storm. Since the inception of tracking suicide deaths, in 2001, by the National Guard Bureau, the NCNG has experienced 10 suicides. Most troubling is the sharp increase during 2010, when the NCNG experienced 5 suicides (the cause of a sixth death is pending rule by a state medical examiner). As mentioned, behavioral health concerns are not exclusively reserved for service members who have deployed. Four of the 5 persons who died of suicide in 2010 never deployed. In deployed and never-deployed populations, relationship failure or object loss, financial issues, and substance abuse are increasing in frequency. These are also the top 3 factors associated with behavioral health crises that can lead to suicide for service members. Resistance to treatment for postdeployment readjustment issues and injuries, such as posttraumatic stress disorder and traumatic brain injury, are well documented among service members who have deployed. However, resistance to care-seeking behavior is also prevalent among service members who have symptoms indicative of behavioral health conditions, regardless of their deployment history. Although the Department of Defense has taken action to reduce the resistance associated with seeking help, stigmatization continues to complicate efforts to provide professional assistance to service members who have behavioral health issues. Finally, the logistical challenge of meeting the needs of NCNG service members is great. The National Guard is a community-based military

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organization. Without the benefit of living on a base, service members and their families struggle in neighborhoods scattered throughout the state, frequently under the radar of the NCNG, until it is too late.

The historically high suicide rates for the National Guard, other reserve components, and active-duty branches of the armed forces have military and civilian researchers and statisticians working feverishly to determine the cause. A recent report from the Army [2] found that, “while Army policy and processes are fundamentally sound, gaps allow soldiers to exploit or slip through the current system.... There is a requirement to improve integration of surveillance, detection and accountability” (internal communication, Army National Guard). The NCNG Integrated Behavioral Health System (IBHS) was created to meet this requirement.

The NCNG IBHS is driven by the newly created Psychological Services Section (PSS), which operates in a mutually exclusive but collaborative relationship with NCNG Military Personnel (J1) Medical Command (MED COM). The PSS incorporates several groups of civilian contractors to better meet the behavioral health needs of NCNG service members. The PSS is made up of a contracted state behavioral health programs director, 2 contracted directors of psychological health (NGB PHP DPH and ANG Wing DPH), 4 contracted behavioral health clinicians, and 2 contracted behavioral health case managers. A contracted state behavioral health programs coordinator plays an administrative role for the section. All service and family members can call an internal 1-800 number any time to enter into the NCNG IBHS, regardless of duty or military status. Although the NCNG IBHS was developed for NCNG service members and their families, service members from other branches of the military are never turned away. The 1-800 number is also frequently used by commanders and first-line leaders for professional consultation about service members who have behavioral health issues or need help with crisis intervention. In addition, the NCNG suicide prevention policy mandates that all leaders and service members contact the NCNG IBHS specifically for professional guidance to help service members obtain the accurate clinical assessments, critical intervention and support, referrals, and case management services necessary to place them on the path toward recovery. Military operational readiness and sustainment depend on maintaining not only the physical factors, but also the psychological, social, and spiritual factors associated with a person's health.

While the 1-800 number is not an emergency hotline, it is a portal of entry into a comprehensive system of support for service members and their families. After NCNG PSS staff assess the individual's clinical and nonclinical needs, they make referrals to internal and external resources, which may or may not be free of charge. It is important to realize that the individuals in the NCNG's highest-risk group—composed of service members who are young (age, ≤ 24 years), have never deployed, and are unemployed—rarely have

health benefits, whether from the VA or another source. Whereas civilian and military emergency departments are overburdened and individuals with behavioral health crises often do not meet criteria for hospitalization, the NCNG IBHS directors of psychological health and the NCNG behavioral health clinicians are immediately available to help service members and their families begin the problem-solving process needed to de-escalate emotional crises and reduce threats to health. The NCNG behavioral health case managers, in turn, help service members and their families follow through on all the resourced appointments provided by the NCNG IBHS.

The NCNG IBHS directly supports Focus Area 3 of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces, which emphasizes “access to, and delivery of, quality care” [1]. An effective, multifaceted suicide prevention initiative must provide systematic access to high-quality professional services—including assessments, accurate clinical impressions, crisis intervention and support, and referrals for ongoing counseling and treatment—complemented by behavioral health-related case management services, that focus not only on clinical pathologic findings, but also on life circumstances that can perpetuate behavioral crises. The NCNG IBHS is successful because it is an internally operated system whose motto is “Taking Care of Our Own.” All military and paramilitary organizations have the underpinnings of a family unit. Family members lean on each other when times are tough. NCNG service members know how to call home and are directed to do so.

The NCNG has faced the requirement to close the gaps service members are falling through by providing an easy portal for command consultation, assessment, internal crisis intervention and support, and referral services to various internal and external behavioral health systems for soldiers, airmen, and families for the first time in its history. Recent partnership of NCNG forces with active-duty forces in the deployment of units and soldiers to ongoing combat operations is a fundamental shift in the use of reserve forces and has placed significant demands on the NCNG's citizen soldiers. While these demands are being met, the NCNG is also partnering with the active components, the VA, and state and community agencies to provide services, such as the NCNG IBHS, to its members that previously were unavailable or not required.

The early data on the NCNG IBHS program are encouraging, because it is clearly reducing the gaps identified in the findings and recommendations of the Department of Defense task force. Since its inception, on November 1, 2010, the NCNG IBHS has received more than 340 calls—7 times the anticipated frequency—for help from NCNG service members and leaders who are placing trust in their fellow NCNG personnel to guide them in times of hardship. Leaders are encouraging soldiers and airmen to use the IBHS, and an organizationally mandated “buddy system” has fostered

accountability among service members for their buddies in crisis. Anecdotal stories and data indicate not just a casual use of the new resource, but evidence of an effective crisis-intervention model, as 46 of the 343 calls to date involved an imminent suicidal or homicidal threat or a behavioral health crisis requiring immediate intervention and/or hospitalization. The ability to assess, intervene, and provide case management on a 24/7 basis to soldiers and airmen in behavioral health crises is essential to ensuring the readiness of NCNG forces. The NCNG IBHS is complementing this effort by building community partnerships and shoring up connections to nonclinical resources for NCNG service members and their families, to help resolve socioeconomic problems that might lead to a behavioral health crisis and, ultimately, to provide the support these individuals need to weather this perfect storm. NCMJ

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my friend's got mental illness.

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