Welcome to the Mission Alliance E-zine October edition! The project team, Veteran Leaders, Collaborative Academic Research Members (CARMs), consultants, and community organizations have been invaluable members of Mission Alliance and have dedicated precious time and energy to provide crucial contributions to the project. Since April 2022, the Mission Alliance regional teams have held 24 virtual meetings to discuss the effects of the COVID-19 pandemic on topics ranging from social isolation, loneliness, and mental health for Veterans with PTSD. The regional team members share information gathered during their meetings in the next few pages of the E-zine. Additionally, the final pages highlight our Veteran consultant and PTSD expert consultant and detail resources, including pertinent organizations, websites and open-access articles, to expand knowledge about Veterans, PTSD, loneliness, and mental health.

During the final six months of Mission Alliance, we will work diligently to accomplish the goals we first set out to meet. The regional teams will hold two virtual meetings with Veterans and community stakeholders to discuss well-being for Veterans with PTSD in the context of the COVID-19 pandemic. After all is said and done, there will be a total of 32 virtual meetings. At the Mission Alliance retreat in January, we will develop a prioritized PTSD-related patient-centered outcomes research (PCOR) and comparative effectiveness research (CER) agenda related to the impact of COVID-19 on social isolation, loneliness, mental health, and well-being of Veterans from the rich information collected at the virtual meetings. At the same time, we will develop, create, and appraise the Mission Alliance Handbook: COVID-19 & Veteran-driven PTSD-related PCOR/CER for dissemination at the virtual National Convening on March 10, 2023, from 1300-1600 (EST). Our team will also share project results and the Mission Alliance Handbook with members of Veteran and stakeholder communities in a peer-reviewed open-access journal and at local, regional, or national conferences.

Our long-term goals include 1) the establishment of a Mission Alliance Network to sustain continuous community support of the PCOR/CER agenda developed from this project; 2) submission for grant funding to a federal, private, or non-profit organization to conduct a PCOR/CER project based on the MA Handbook; 3) engagement of Veterans and community stakeholders for collaboration and partnership in the PCOR/CER project chosen by the Mission Alliance Network, and 4) potential translation of the PCOR/CER findings to other populations and traumatic events. These goals are bold and speak to the importance of understanding the lived experience, knowledge, and input from Veterans with PTSD as well as stakeholders who live and work with them to address their desires for future acceptable and reliable interventions that positively shape the mental health and well-being outcomes important to them.

On behalf of the Mission Alliance project team, we are honored to work with the Veteran Leaders, CARMs, and consultants and look forward to the successful completion of this project. Without them, Mission Alliance would not have been possible.
The Midwest Mission Alliance Team had a number of exciting changes in the last six months, from a transitional summer to a promising start to the fall season. Over the summer, we said farewell to our Veteran Lead Randall Jones. We appreciate all of the time and energy that Randall was able to devote to the project and wish him the very best as he continues his new supervisory position at the Central Iowa Veterans Affairs Medical Center.

We then welcomed combat Marine Corps Veteran Rigoberto Ruiz as our Veteran Lead! Rigo is originally from Nebraska, a member of the Three Affiliated Tribes (Mandan, Hidatsa, Arikara), and is currently residing in San Diego and attending the National Personal Training Institute school for yoga teacher training. We are glad to have you officially on the team.

With our transition to fall and more reopening of public institutions, the Midwest Mission Alliance Team also opened up the doors to hybrid meetings so that attendees could have the choice of connecting in person or over Zoom. Hybrid meetings were offered in Duluth and the Minneapolis/St. Paul areas of Minnesota, although attendees were all via Zoom—it seems as though we are getting more and more comfortable with technology and video conferencing!

Our three completed meetings on loneliness and mental health included eight individuals who had varied identities in relation to gender and roles in relation to their connections to Veterans. Nearly all held dual relations, including being a Veteran themselves, a family member of a Veteran, a service provider to Veterans, and/or a policy/changemaker representing their constituents. In addition to the multitude of roles, this current round of team member meetings included our first woman Veteran and our first policy/changemaker in attendance. We welcome more and all!

With these changes and shifts in the course of the pandemic as well as in our team, resilience and positive coping factors emerged, even in the context of discussing loneliness and mental health concerns. For one, social support was a huge theme—not only in terms of support between humans, but also that received from emotional support dogs and service dogs—a “love for the canine!,” as one stated.

Effective coping strategies involved actually realizing the deep human need for social connectedness and continuing to build those connections. Individuals spoke of establishing/re-establishing weekly or monthly check-ins to ensure safety of one another. One Veteran stated that the time period “brought to light those who had a solid base and good resilience built up versus those who did not have a solid base built up. It brought the Veteran community together, closer together, to see who needed help.”

Some Veterans’ spouses, significant others, and family members also became more attuned to signs of PTSD and provided support earlier than perhaps the Veteran could name it. As one Veteran stated, “It was the first time my family saw the symptoms of PTSD, anxiety, depression; Vets are good at hiding things and being strong. It was the first time my family really got to see the effects of all that on me.” Connecting with groups over shared hobbies or interests sprang up most recently. A VFW with its own physical space opened up its doors to provide a community space to other organizations, expanding a sense of community for all. One Veteran noted that “everyone just needs that one-on-one connection.”
The Mission Alliance Northeast unit has continued to engage Veterans and stakeholders on very relevant and significant issues. Our team, led by Ralph, a U.S. Army Veteran, and supported by Dr. Patrick Walsh, an academic researcher for the team, has been thrilled to be a part of this project to help bring attention and necessary focus to the needs of the Veteran community.

Since April, our team has held four focus groups. The meetings each concentrated on one of three issues: Social Isolation, Loneliness, and Mental Health. We had Veteran participants from multiple different eras, some repeat participants for meetings, and many new faces. Our meetings continue to be performed remotely with video conferencing; however, this has not prevented lively and engaged discussion on the important Mission Alliance topics involving experiences with PTSD and COVID-19.

Throughout our discussions with meeting attendees, it was clear that the disruptions in their social, professional, economic, and healthcare environments, as well as limited access to usual care and resources, posed great challenges that increased mental health risks. A common thread of conversations was that system levels of support were lacking. Although lessons may have been learned by healthcare providers and administrators throughout the pandemic experience, individual and Veteran-focused group advocacy and efforts were necessary and helpful—then and in the future.

We want to acknowledge and focus on how participants chose to fight the consequences of this ‘new normal’ by initiating and redoubling efforts and commitments toward the well-being of Veterans and their families. Our participants shared how they established non-profits, organized coffee house drop-ins, led hikes and outdoor activities focused on participation and engagement for Veterans with PTSD. Participants have lobbied local governments and groups for funding for numerous Veteran programs, promoted the awareness, allocation, and distribution of all-terrain wheelchairs, created Facebook Veteran support groups, and organized check-in calls for isolated Veterans. One participant has crisscrossed the country (now on her 4th RV!), offering to help and promoting awareness for Veteran suicide prevention and mental health. The Northeast unit thanks our Veteran and stakeholder Mission Alliance participants for donating their time and passions to their Veteran communities.
Despite substantial COVID-19-related impacts, our interdisciplinary Mission Alliance South team has made considerable progress toward the project goals. Specifically, we have fostered new partnerships across the Atlanta area, including connecting with local university-based veteran organizations.

In the last quarter, we have successfully hosted four lunch and listening sessions attended by dozens of veterans and stakeholders from the Southeastern United States. These sessions, held over video conferencing software, have enabled us to meet with individuals from diverse backgrounds who have served or cared for those who served in various armed conflicts. Attendees include veterans, national guard members, caregivers, and clinicians working with veterans in the community and the Veterans Health Administration.

These lunch and listening sessions have included engaging with colleagues and new folks to understand the care needs of veterans living with mental health conditions, including posttraumatic stress disorder, during the ongoing COVID-19 pandemic. Individuals attending these sessions spoke to the need for enhanced communication of resources available during the pandemic for veterans, both within and outside of the Veterans Health Administration. Many noted the isolation and enhanced stressors of the pandemic that have exacerbated preexisting mental health symptoms. Coping mechanisms for these stressors and symptoms varied among attendees and included both healthy and not-so-healthy approaches.

A clear reoccurring theme across all meetings was the need for and importance of hybrid engagement opportunities to socialize with other veterans during the pandemic and not feel isolated. Future sessions are planned for November and December to learn from veterans and stakeholders their needs and concerns regarding accessing mental health care, addressing symptoms, and mitigating loneliness during the ongoing pandemic.
The West Region had four focus groups with lively discussions about the mental health experiences of veterans with PTSD during the COVID pandemic. In addition to veterans, we also had some people who volunteer with veteran charity services and a family member of a veteran.

We heard veterans describe their dedication and pride in serving our country to support our freedoms, including freedom of choice. During the pandemic, those hard-fought freedoms felt like they slipped away with mask mandates and implementation of other regulations. The veterans expressed concerns about how personal protective equipment, specifically masks, were being used improperly and without proper instruction. The rules continued to change, and they lost trust in the system. The participants felt that the mandates were reminiscent of tactics used in the military to control people.

We also heard that veterans were not able to access their coping resources due to broad shutdowns—specifically the gym and other gathering places for veterans. Additionally, accessing healthcare and other resources was limited. This impacted coping strategies and compounded mental health concerns. The veterans also described how they found new ways to cope. They leveraged technology to stay connected to one another, and their community of support grew to include people who lived out of state or long-lost battle buddies. They expressed how they could rely on their expanded social network to help in times of need by lending a helping hand to fix a car, build a fence, or find jobs. It is through relationship with each other that they could find a place to be real, to express their concerns that no one else understood, and find a place of comradery.
Mission Alliance Consultant Corner

David Kirkland is the Veteran consultant on the Mission Alliance Team. He is the current and first CEO of Grey Team Inc., a 501(c)(3) nonprofit organization whose sole mission is to support active-duty U.S. soldiers and military veterans by building and implementing solutions to reduce and eliminate military suicides (www.greyteam.org). David earned his B.S. in Science and Nutrition from American Military University, graduated from the National Leadership Institute (NLI) School of Philanthropy, and is working on his Master's degree. Additionally, David currently serves as a Non-Commissioned Officer (NCO) in the U.S. Army Reserves. David strongly believes in the words "service before self." As a U.S. Army Reservist, he understands the struggles and uncertainties many veterans experience on a day-to-day basis which promoted him to dedicate both his time and knowledge to improve the lives of his brothers and sisters in arms. In addition to being Grey Team's CEO, David offers his extensive web design knowledge to other local non-profits at no cost in hopes of improving his local community.

Lieutenant Colonel Alan Peterson, PhD, ABPP is a clinical psychologist and Professor in the Department of Psychiatry & Behavioral Sciences at the University of Texas Health Science Center at San Antonio. He is the Director of the STRONG STAR Consortium, which includes over 150 research collaborators and 40 institutions worldwide focused on PTSD and related conditions in active duty military personnel and veterans. Dr. Peterson retired from the Air Force in 2005 after 21 years of active duty service including three post-9/11. He is dedicated to educating and training veterans to understand the importance of clinical research in areas such as PTSD, which is critical to the advancement of clinical science. Dr. Peterson is an ardent supporter of patient-centered research to disseminate and implement the results of randomized clinical trials into clinical practice.
Resources for Veterans


Mental Health America (https://mhanational.org): Mental Health America (MHA)'s mission is "to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal."

Operation: Heal our heroes (https://www.operationhoh.com): Operation: Heal our heroes is "dedicated to supporting veterans by raising awareness and funds to combat Post Traumatic Stress and eradicate the staggering suicide epidemic that claims the lives of nearly 22 military servicemen and women every day."

PTSD Foundation of America (https://ptsdusa.org): "The mission of the PTSD Foundation of America is to bring hope and healing to combat Veterans and their families suffering from the effects of combat-related PTSD."

STRONG STAR Consortium Resources (https://patriot.uthscsa.edu/strongstar): "The South Texas Research Organizational Network Guiding Studies on Trauma and Resilience, or STRONG STAR, is a multidisciplinary and multi-institutional research consortium funded by U.S. Departments of Defense (DoD) and Veterans Affairs (VA) to develop and evaluate the most effective early interventions possible for the detection, prevention, diagnosis, and treatment of combat-related posttraumatic stress disorder (PTSD) and related conditions in active-duty military personnel and recently discharged veterans."

LONELINESS/MENTAL HEALTH OPEN ACCESS ARTICLES DISCUSSED AT TEAM MEETINGS


