NAMICon 2020
A Virtual Event • July 13-14
Together Toward Tomorrow
Effective Education for the Families of Veterans

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In the United States today:

- There are an estimated 5.5 million military caregivers
- Nearly 20% (1.1 million) are caring for someone who served after the terrorist attacks of September 11, 2001
- Post-9/11 military caregivers are:
  - Younger (40% are between ages 18 and 30)
  - Caring for an individual with a mental health or substance use condition
  - Nonwhite
  - A Veteran of military service
  - Employed
  - Not connected to a support network
Learning as a family member will allow me to deal with my Dad’s suicide and help my family cope. Learning as a Service Member and with a mental illness, hopefully I will be able to help my wife and family deal with what goes on with me. The training was so helpful! I appreciate the time and effort that went into this class. It was well worth the time.
Welcome to NAMI Homefront

While you wait, please take our tour

See who is here

Want to say hi or need help, type in Main Chat

Answer the question below

Check your webcam

Download files

NAMI Homefront

Webcam Instructions

Click on Start My Webcam

Adobe Flash may prompt you for permission, please Allow

A webcam preview will appear, click Start Sharing
  • Click Stop to stop sharing your webcam

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NAMI adapted the NAMI Family-to-Family (FTF) program to create NAMI Homefront specifically for military/veteran families.

- Reduced to 6 sessions
- Added content specific to military service member/veteran experiences
- Created online version
Online Format

- The curriculum content is identical in both formats
- The online program is delivered as a live webinar, with teachers using PowerPoint to present material along with lecture
- The manuals have built-in stopping points for group discussion; online participants may use a microphone to speak, or type in a communal chatbox which teachers narrate
- For introductions and sharing personal stories, online teachers and participants use webcams
- Mirroring the in-person format, the online platform also allows splitting into small groups to facilitate participation in skills workshops
Aims

- Determine if family members or support persons of service members and veterans with mental illness who participate in the NAMI Homefront program experience benefits after 6 weeks.
- Test whether program benefits extend three months after program completion.
- Test for differences between in-person and online formats

Inclusion criteria: being a family member or support person of a military service member or veteran with mental illness, English speaking, and age 18 years or older

Consent obtained online or verbal consent over phone

Participants completed online surveys at baseline, post (6 weeks), and follow-up (3 months after completion)

Participants enrolled from Mar. 2015 to Oct. 2017
Recruitment of Participants

- Program teachers were asked to inform program participants about the study and provide a copy of the study flyer to participants.
- Study participants enrolled from 22 in-person classes (n=63) and 12 online classes (n=56).
- The average class sizes for in-person and online classes were 8 and 12 participants respectively.
- We estimate a study enrollment rate of approximately 36% for in-person programs, and 50% for online programs.
Sample Characteristics

- 119 individuals (n=63, 53% in-person; n=56, 47% online) enrolled in the study and completed a baseline questionnaire
  - 105 (88%) completed a post-program assessment (n=53, 50% in-person; n=52, 50% online)
  - 99 participants (94% of those who completed a post) completed the three-month follow-up assessment. 48 (48%) were from in-person classes and 51 (52%) were from online classes
- On average, participants completed 5.48 (SD=1.03) out of six classes
- Participants were mostly female (n=108, 91%), non-Hispanic white (n=64, 54%), and spouses or partners of the service member/veteran (n=64, 54%)
- The family members of very few participants were active duty; most relatives were veterans (n=110, 96%)
- Per participant report, 81 (68%) of the service members or veterans had PTSD, 62 (52%) had depression or anxiety, 25 (21%) had bipolar, 20 (17%) had TBI, 14 (12%) had schizophrenia or schizoaffective, 10 (8%) had problems with substance use, 6 (5%) had a personality disorder, 3 (3%) had attention deficit disorder, and 11 (9%) were unknown or missing
Results – Consistent with FTF

- Increased family functioning (FAD General and Problem Solving Scales)
- Reduced family member distress (BSI Depression and Anxiety)
- Improved emotion focused coping (COPE Acceptance)
- Increased empowerment in family, service system, and community
- Improved knowledge (knowledge scale)
- Significantly increased positive experience of caregiving
Family Empowerment Scale**

** overall time effect, improvement from BL to End of HT & BL to 3-mo

Baseline (N=119) | End of HF (N=105) | 3-Mo F/UP (N=99)
Family | Service System | Community

Range 1-5

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Family General Functioning (FAD)**

** overall time effect, improvement from BL to End of HT & BL to 3-mo

Baseline (N=119)  End of HF (N=105)  3-Mo F/UP (N=99)

Total (12-48)
Family Functioning: Problem Solving (FAD)**

** overall time effect, improvement from BL to End of HT & BL to 3-mo

Baseline (N=119)  End of HF (N=105)  3-Mo F/UP (N=99)

Problem Solving
Experience of Caregiving Inventory: Positive Scale**

** overall time effect, improvement from BL to End of HT & BL to 3-mo

Baseline (N=119)  End of HF (N=105)  3-Mo F/UP (N=99)

Total (0-56)
**Cope: Acceptance Subscale (4-16)**

** overall time effect, improvement from BL to End of HT & BL to 3-mo

Baseline (N=119)  | End of HF (N=105)  | 3-Mo F/UP (N=99)
Brief Symptom Inventory

** For depression, anxiety, overall time effect, improvement from BL to End of HT & BL to 3-mo

Baseline (N=119)  End of HF (N=105)  3-Mo F/UP (N=99)

- Somatization
- Depression**
- Anxiety**

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Online vs. In-person

- No statistically significant differences between subsamples
- Given that our study was not powered to detect small differences between the formats, a larger study is needed to provide more definitive results
NAMI Homefront vs. FTF Samples

- Significantly more female
- More likely to be a spouse (rather than a parent)
- Less likely to be white
- Majority of ill family members have PTSD versus bipolar or schizophrenia
- Homefront group experiencing more distress, less acceptance and more problems with family functioning at baseline assessment; but also
- More empowerment and less worry than the FTF participants
Conclusion

This study provides initial data that a six-session peer-taught family education program delivered in-person or online is associated with a range of benefits for family members and support persons of service members and veterans.
NAMI Homefront: Qualitative Study

- Participants from quantitative study provided consent to be contacted about a qualitative interview
- Participants of qualitative interviews provided verbal consent over phone
- Teachers also participated in qualitative interviews
- 17 participants were interviewed (10 in-person participants; 7 online participants)
- 17 teachers were interviewed (13 in-person teachers; 4 online teachers)

Most Helpful

- Group discussion/feeling not alone
- Instruction on coping skills (communication skills, self-care and crisis planning)
- A focus on veteran-specific information
- Information on mental health diagnoses more broadly (i.e., an overview of the clinical symptoms associated with different mental illnesses)
- Helped cope with the mental health challenges of their veteran—
  - improvement in self-care,
  - improvement in communication skills,
  - greater empathy for their veteran through a better understanding of mental illness
  - feeling less stigmatized about their veteran’s mental health issues
Suggestions for Improvement

- Lecture-based components of the course contained too much material and that they would have preferred to allow more time for discussion.
- More information on PTSD and navigating the VA.
- Shorten some of information on diagnoses less common in Veterans, particularly schizophrenia.
Course Length

- Teachers felt that there was too much material to cover in the time allotted—classes often ran overtime to allow for additional discussion. Wanted more classes.
- Some teachers commented that the course length was adequate. They expressed concerns that increasing course length may discourage participants from registering due to the increased time commitment.
- Some students reported that the number of classes was adequate to accommodate the course material, and was already a significant time commitment. Noted that the course might benefit from additional classes, but these should be optional.

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Course Format

- Convenience of online class
- Mixed reviews about caliber of group discussion in online class
- Technical difficulties of online class
Teaching Experience

- Rewarding experience
- Course reinforced skills, particularly communication skills and self-care, ultimately helping them to improve their interactions with their own loved ones with mental illness and tolerate stress associated with caregiving
- Helped them to process their emotions related to caring for their loved one, which could be triggered by material covered in the course
- Forming connections with their co-instructors valuable
Updates to the program since the study

Coming in 2021:

NAMI Homefront OnDemand
Thank You