“Vets Restoring Vets”: An Innovative Peer Support Program
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“Vets Restoring Vets”: An Innovative Peer Support Program

Introduction
Military Veterans disproportionately experience mental health issues due to unique service-related experiences. Peer and social support interventions have shown promise in improving Veterans' mental health alongside clinical mental health interventions yet there are limited studies on Veteran-designed and Veteran-led peer or social support interventions. This study explored the perceptions and experiences of Veterans participating in an innovative Veteran-designed and Veteran-led community-based peer and social support program. It was a preliminary study in a long-term Community Based Participatory Research partnership between Indiana University School of Medicine-Northwest regional campus and Operation Combat Bikesaver (OCB).

Methods
This mixed methods study utilized a limited dataset from pre-and-post-session surveys collected by OCB between September 2019 and August 2021. We examined pre-post differences in participants' self-rated “feelings” (i.e., emotional state) with the following independent variables through Linear Mixed Models in SPSS: OCB location, OCB event attended, day of the week, time of day, duration of attendance, frequency of attendance, and social assistance. We analyzed participants' qualitative OCB experiences using inductive thematic analysis in Dedoose. This study was reviewed and exempted by The Indiana University Human Research Protection Program (Protocol # 12499) on August 16, 2021.

Results
A total of 128 participants completed pre-post surveys for 746 OCB sessions. There was a statistically significant pre-post session increase in participants' feelings (mean=34.6; SD=21.7; p<0.001), with increasing effects by duration (p=0.002) in an OCB session. There was no linear trend in individual pre-and-post session changes in feelings over time. The following themes describe participants' OCB experiences: sense of purpose and meaning, regaining comradery and brotherhood, “Vets restoring Vets,” satisfaction with OCB structure and processes, and experiencing OCB impacts.

Conclusions
Convening Veterans with shared experiences around innovative and supportive social activities may develop their perceived sense of purpose, belonging, and mutual support and produce improvements in perceived mental health.
health. Future research within this community-regional medical campus research partnership will explore jointly determined research questions to follow-up on the main findings and limitations of the current study.

Key Words: Community Based Participatory Research, Depression, Mental health, Peer support, Post Traumatic Stress Disorder, Social support, Veterans, Traumatic Brain Injury

Introduction
Military Veterans disproportionately experience mental health issues due to unique service-related experiences. Post-Traumatic Stress Disorder (PTSD) and depression are highly prevalent among Veterans, at 23% and 15% respectively.¹-³ Veterans represented 14% of suicides in the United States (US) in 2019 despite accounting for 5% of the population.⁴ Mental health issues have adverse quality of life and socio-economic implications.⁵ For instance, the first year of PTSD treatment costs on average $8,300 per Veteran.⁶ There are numerous VA-recommended clinical mental health interventions with demonstrated effectiveness.⁷-⁸ However, Veterans experience multiple treatment barriers, including low care-seeking, stigma, attrition, and non-adherence.⁹-¹¹ This indicates a need for integrative, innovative, culturally appropriate, and community-based approaches to complement existing clinical mental health interventions and address barriers to mental health care.⁶,¹²-¹⁴

Veteran peer and social support interventions are designed to improve mental health through therapeutic reciprocal relationships around shared experiences.¹²,¹³ Community-based peer support programs have grown in variety and quantity, with visits to community-based mental health programs outnumbering clinical visits.¹⁴ Despite this increase, there are limited studies on Veteran-designed and Veteran-led community-based peer or social support interventions.⁶,⁸,¹⁴ To address this research gap, Indiana University School of Medicine-Northwest (IUSM-NW) regional campus has partnered with Operation Charlie Bravo (OCB), a Veterans Service Organization (VSO), on a multi-phased Community Based Participatory Research (CBPR) to examine the structure, processes, and impacts of OCB’s Veteran-designed and Veteran-led peer and social support model. This partnership was integrated within IUSM-NW’s Urban Medicine and Healthcare Disparities Scholarly Concentration in response to the Association of American Medical Colleges’ (AAMC) mission area of community collaboration.¹⁵ This partnership’s preliminary study aimed to explore the perceptions and experiences of Veterans participating in an innovative Veteran-designed and Veteran-led peer and social support program.

Methods
Description of Operation Charlie Bravo
Operation Charlie Bravo is a non-profit community-based VSO with the mission of reducing suicide and homelessness among Veterans suffering from PTSD, Traumatic Brain Injury (TBI), or depression.¹⁶ OCB was founded in Northwest Indiana on October 13, 2015, by a US Army engineer Veteran and has expanded to Alabama (March 24, 2019) and California (June 30, 2019), with operations standardized through a chapter application, training, operating manual, and periodic monitoring. OCB has increasingly gained recognition as a Veteran resource within these communities and has been spotlighted on Mike Rowe’s Returning the Favor, a web series featuring community change agents around the United States.¹⁶-¹⁸

OCB’s landmark intervention is “Hot Rod Therapy,” a novel Veteran-led approach involving weekly motorcycle workshops (Sunday Shop Days) in which Veterans collaboratively build or restore motorcycles for Veterans at no cost to recipients.¹⁶-¹⁸ These motorcycle workshops are designed to provide Veterans from all service branches with a safe space to learn, work, and socialize, while transforming negative emotions into productive and creative energy. In addition, OCB incorporates social events, social assistance, and a weekly peer support group facilitated by a fellow Veteran with experiential knowledge and a Mental Health First Aid Certification.¹⁶

Study design
This study employed a concurrent mixed methods design to generate comprehensive insights around the following jointly determined research questions: 1) Is there a difference in participants’ self-
rated “feelings” (i.e., emotional state) before and after OCB sessions? 2) Is there a difference in participants’ self-rated feelings over time in the OCB program? 3) Do pre-post session changes in self-rated feelings differ by OCB event attended, duration of attendance, time of day, day of the week, frequency of attendance, and OCB location? and 4) What are participants’ perceptions and attitudes towards OCB? The study analyzed a limited dataset with quantitative and qualitative data from self-administered electronic pre-and-post session surveys designed and routinely collected by OCB on each event between September 9, 2019 and August 22, 2021 for continuous quality improvement. The Indiana University Human Research Protection Program exempted this study (Protocol # 12499) on August 16, 2021.

Measures
The dependent variable (DV) was the pre-post session difference in participants’ self-rated “feelings” (i.e., emotional state), measured by OCB using its circular digital self-assessment tool with sliders on a scale of 0 (lowest/negative) through 100 (highest/positive). The following OCB session-related information from the dataset served as independent variables (IVs): OCB location, OCB event attended, day of the week, time of day (morning, afternoon, full day), duration of attendance, frequency of attendance, and social assistance. The qualitative component assessed participants’ perceptions, attitudes, and experiences in OCB based on their written post-session feedback.

Data analysis
Data analysis was conducted by four military medical students trained in qualitative analysis (CS, WH, HM, WD) and two qualitative researchers with public health (BM) and medical education (ER) expertise. We performed statistical analysis in IBM SPSS version 28.0 for Windows (IBM Corp) using descriptive analysis and linear mixed models for unbalanced repeated measures at p≤0.05. The qualitative analysis (n=1386 excerpts) employed inductive thematic analysis, a grounded theory approach comprising open coding, focused coding, and thematic identification.19 First, two coders (CS, BM) independently open-coded the data and generated initial codes that the team sorted into focused codes during a consensus-building meeting. A codebook comprising 41 focused codes and their descriptions was created and uploaded to Dedoose version 9.0.17 (SocioCultural Research Consultants LLC). Next, five coders independently focused-coded the data in Dedoose and adjudicated coding discrepancies via consensus-building group discussions with an independent reviewer (ER). The focused codes and corresponding quotes were categorized into themes. We presented preliminary findings to three OCB stakeholders and integrated their feedback in the analysis.

Results
A total of 128 Veterans completed the pre-post session surveys and collectively attended 1446 OCB sessions (mean= 9; SD= 12.2), with self-rated pre-post feelings for 746 sessions (Table 1). Indiana accounted for the majority (75%, n=557) of sessions attended. Sunday Shop Day was the most common (87%, n=646) event attended. Participants spent on average 7.2 hours (SD=4.28) per OCB session.


<table>
<thead>
<tr>
<th>Variable entries</th>
<th>N=746 eligible survey responses</th>
<th>Count (%)</th>
<th>Mean (SD)/Median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>N=128 participants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>557 (74.7%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>123 (16.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama</td>
<td>66 (8.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCB Event Attended</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday Shop Day</td>
<td>646 (87%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly Peer Support Group</td>
<td>64 (8.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional events (volunteering, personal project, special events)</td>
<td>33 (4.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day of Attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>659 (88.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>2 (0.3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>3 (0.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>1 (0.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>68 (9.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>4 (0.5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>9 (1.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time of Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morning</td>
<td>104 (13.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afternoon</td>
<td>104 (13.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Day</td>
<td>609 (80.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration of Attendance</td>
<td>Mean: 7.2 (4.28); Median=7(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of Attendance</td>
<td>Mean: 9.1 (12.2); Median= 3(12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Session Feelings</td>
<td>Mean: 44.49 (23.25); Median=41(40)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-Session Feelings</td>
<td>Mean: 58.31 (30.73); Median=60(60)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was a statistically significant increase in participants’ self-rated feelings before and after OCB...
sessions (mean difference=34.6; SD=21.7; p<0.001; 95% CI=32.12-35.05). An assessment of individual trajectories across multiple OCB sessions revealed no linear trend in pre-post session self-rated feelings over time in the program. Duration (p=0.002) and time of day (p=0.03) had a statistically significant effect on the pre-post difference in self-rated feelings, with each hour increase in duration associated with a 0.44-point increase (p=0.002, 95% CI=0.17-0.72) in post-session self-rated feelings (Table 2). The pre-post session difference in self-rated feelings for full day attendance was significantly higher than for morning only attendance (mean difference=7.11; p=0.008; 95% CI=1.84-12.39). There were no significant differences in pre-post session self-rated feelings by OCB event, frequency, day of the week, and location.

Table 2. Linear Mixed Model Estimate of Fixed Effects for Pre-Post Session Changes in Participants’ Feelings by Duration and Time of Day

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Estimate</th>
<th>Std. Error</th>
<th>df</th>
<th>t</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>46.613656</td>
<td>9.254458</td>
<td>547</td>
<td>5.037</td>
<td>&lt;.001*</td>
<td>28.433048 - 64.792265</td>
</tr>
<tr>
<td>Duration</td>
<td>.443705</td>
<td>.140703</td>
<td>682</td>
<td>3.153</td>
<td>.002*</td>
<td>.167442 - .719969</td>
</tr>
<tr>
<td>Time of day-AM</td>
<td>.7113074</td>
<td>2.684996</td>
<td>710</td>
<td>2.649</td>
<td>.008*</td>
<td>1.284549 - 1.841399</td>
</tr>
<tr>
<td>Time of day-PM</td>
<td>-.769997</td>
<td>2.348120</td>
<td>716</td>
<td>.743</td>
<td>.328</td>
<td>5.380016</td>
</tr>
<tr>
<td>Time of day-FULL DAY</td>
<td>0</td>
<td>0</td>
<td>3.840023</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Qualitative Themes, Codes, and Representative Quotes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Code</th>
<th>Illustrative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Purpose and Meaning</td>
<td>Having a sense of purpose</td>
<td>&quot;If [OCB] just gives me something to keep looking up for&quot; (Excerpt 946)</td>
</tr>
<tr>
<td>Feeling accomplished</td>
<td></td>
<td>&quot;It’s mind numbing thinking of everything that went into getting to this point. All the assistance from everyone that helped with the build, starting this build basically from scratch has been a long journey&quot; (Excerpt 88)</td>
</tr>
<tr>
<td>Having a healthy outlet/positive distraction</td>
<td></td>
<td>&quot;I’m already looking forward to next weekend, and I think that’s going to power me through the week.&quot; (Excerpt 766)</td>
</tr>
<tr>
<td>Contributing to OCB’s Mission</td>
<td></td>
<td>&quot;I am so glad to have been able to donate the proceeds from my 100 mile run this year to OCB&quot; (Excerpt 52)</td>
</tr>
<tr>
<td>Setting goals/making plans</td>
<td></td>
<td>&quot;I talked about my plans for school and what I should be focusing on. I got some good ideas on where I can start flying my bike and get a plan together for this weekend. I feel much better today.&quot; (Excerpt 56)</td>
</tr>
<tr>
<td>Assuming leadership role</td>
<td></td>
<td>&quot;Learning more to help this wonderful organization! I enjoy having a position with this organization to help Veterans and have a purpose. Feeling like I learned a lot today and got stuff done! The vibe from other Vets in the shop was good! Enjoyed my day!&quot; (Excerpt 121)</td>
</tr>
<tr>
<td>Showing/Having self-awareness</td>
<td></td>
<td>&quot;Because of my disability I am very limited on what I can do but socializing with other veterans clears my head and helps me think about how I can help the Vets around the shop...&quot; (Excerpt 313)</td>
</tr>
</tbody>
</table>

The following themes describe participants’ OCB experiences and perceptions: Sense of Purpose and Meaning, Regaining Comradery and Brotherhood, “Vets Restoring Vets,” Satisfaction with OCB Structure and Processes, and Experiencing OCB Impacts. Table 3 outlines the themes, codes, and some illustrative quotes.
Sense of purpose and meaning
OCB interactions prompted participants’ self-reflections and meaning-making around personal life experiences, enabling many to discover or rediscover their purpose at OCB and in society. Participants reported deriving meaning and purpose from helping fellow Veterans, socializing, and contributing to OCB's mission. OCB-related goal-setting and planning were perceived to provide direction, motivation ("something to live for"), and anticipation ("something to look forward to"), while accomplishing OCB projects refueled participants to face subsequent OCB and personal projects.

"This week was rough actually beyond rough. I actually had to call the suicide hotlines one night because I just needed someone to talk me through some things. Knowing that I could face some of my fears at that time and then being able to come in on Thursday and have a group of guys that has my back no matter what. You guys help me keep my focus throughout the week and it gives me something to look forward to." (Excerpt 1129).

Participants’ sense of purpose was predominantly oriented towards making a difference on other Veterans through OCB by volunteering, donating, and contributing. Their accountability, meaningful service to fellow Veterans, and contribution to a VSO were reported to generate a unique sense of purpose, meaning, pride, and accomplishment.

Regaining comradeship and brotherhood
Participants expressed a strong sense of belonging rooted in shared military and Veteran experiences. They described OCB as a brotherhood, comradeship, family, and home where they felt safe to be themselves. Regaining the comradeship and brotherhood lost after separation from military service was reported to reduce feelings of isolation.

"I have never since the military felt more loved and involved by people that are not my blood than I do with my ocb family." (Excerpt 1056).

Participants described OCB as a strong social network characterized by "organic conversations" (Excerpt 323) around "life's problems and solutions" (Excerpt 1378) and mutual support through life’s "highs and the lows" (Excerpt 323).
provided, and sought emotional, social, informational, technical, and material support. Emotional and social support were predominant; those with mental health struggles reported seeking and receiving overwhelming support from OCB. Emotional support manifested as lending a listening ear to fellow Veterans, linking them with appropriate resources, and outreach to Veterans in need.

“I got to speak from my own experience to help someone struggling with something I’ve gone through. It was nice to be on the other side of that and to help another veteran learn and grow” (Excerpt 363)

Satisfaction with OCB structure and processes
Participants expressed high satisfaction with OCB’s supportive structure and processes, indicating that OCB provided meaningful experiences through its leadership, activities, members, and outcomes. They valued OCB’s peer mentoring, positive atmosphere, and teamwork.

“So awesome to see the group come together for his first ride out of the shop on his bike. I am blessed to be a part of this place and it is keeping me going” (Excerpt 698).

A few participants provided constructive feedback to improve OCB experiences, the most common being more motorcycle workshop days to accommodate competing priorities (e.g., work, family) on Sundays as well as additional space, funding, and personnel to accommodate OCB’s growth.

Experiencing OCB impacts
Participants overwhelmingly believed that OCB is achieving its mission of improving Veteran mental health based on personal and observed improvements within the following subthemes: 1) improved knowledge, skills, and attitudes, and 2) improved perceived mental health.

Improved knowledge, skills, and attitudes. Participants suggested that OCB enabled them to develop hard and soft knowledge and skills through observations, social interactions, hands-on experiences, and peer mentoring. Participants translated technical skills developed in Sunday Shop Days (e.g., welding, custom body work, electrical wiring, troubleshooting) into life skills (e.g., resourcefulness, resilience, problem-solving, healthier coping mechanisms) which they applied to personal circumstances beyond OCB.

“...perspective, that some of our issues weren’t as big in comparison” (Excerpt 870)

Improved perceived mental health. Many OCB participants faced mental, physical, and social issues including depression, PTSD, anxiety, family issues, and financial struggles.

“For about 2 weeks all I have been seeing is darkness at the end of the tunnel called the life of a veteran. I have been in a very tough spot with some not good outcome thoughts.” (Excerpt 1041).

However, the majority reported notable improvements in their feelings and perceived mental health, ranging from immediate post-session improvements to long-term positive effects such as feeling “recharged” or “rejuvenated” for the rest of the week or “improving over time” in the OCB program. Participants attributed their perceived mental health improvements to OCB's peer and social support program.

“...OCB helps to divert that and it works. I know first hand it works.” (Excerpt 1058).

“There are times why I question the reason that all I feel is hatred and anger about everything. My time at ocb helps me come around to the fact that it is the ptsd and I forget how deep it runs and its hold on my life. To be honest without ocb and some of the people there I am not sure I would still be breathing at times thank you for the program” (Excerpt 1069).

More specifically, these perceived mental health improvements were linked with finding a healthy outlet for negative thoughts or emotions and having a sense of hope through OCB.

“It [OCB] gave me alot to think about and reflect on and gave me motivation to want to be a better me... It gave me a sense that I’m not alone in this and I need that now more than ever!” (Excerpt 1130)

Discussion
This mixed methods study was first to explore the perceptions and experiences of Veterans in OCB's innovative community-based, Veteran-designed, and Veteran-led peer and social support program. This study found a statistically significant improvement in participants' self-rated feelings and qualitative improvements in perceived mental health among OCB participants, which they attributed to an increased sense of purpose, structure, comradery, Vet-to-Vet social support, and improved knowledge,
skills, and attitudes derived from the OCB program. These findings are supported by empirical and theoretical evidence on peer and social support.

There was a significant pre-post session increase in participants’ self-rated feelings, with increasing effects by duration in an OCB session. There is overwhelming evidence on the effectiveness of peer support programs for substance use but less on those targeting other conditions and Veterans. A peer support program for Veterans with mental health diagnoses significantly improved mental health, with similar results in Veteran-led and clinician-led groups. Another Veteran-led peer support program for psychiatric conditions was significantly associated with stronger recovery attitudes by duration and frequency of participation, with duration measured as time in the program and not in each session as defined in our study.

There was no linear trend in individual changes in feelings over time in the OCB program. The discrepancy between participants’ perceived improvements in feelings over time in the program and the quantitative findings of nonlinear changes in feelings over time in the program warrants further research on OCB’s long-term impacts. Our quantitative findings corroborate previous reports that changes in mental health symptoms are often nonlinear and noncontinuous rather than linear and gradual even in established psychotherapies, owing to the complexity of mental health. Veterans are often diagnosed with comorbid mental health conditions such as PTSD, anxiety, and depression, linked with cognitive, emotional, and behavioral variability. Daily fluctuations in feelings and emotions have been reported in Veterans with comorbid mental health issues. These observations have informed research recommendations to examine processes (when, how, and why) of change rather than merely measuring whether change happens. They further indicate the need for continuous engagement to manage recurrences and support adaptive emotion processing. OCB engages Veterans in diverse activities throughout the week, with an open-door policy and 24/7 crisis peer support to reach Veterans during various times of need. The mean pre-post session improvement in self-rated feelings was not significantly different across OCB locations, potentially indicating implementation fidelity and standardization across OCB chapters.

The qualitative themes were vital in understanding the mechanisms behind the quantitative findings. Participants reported that OCB enhanced their sense of purpose and meaning, consistent with findings from other Veteran peer support interventions. Veterans are service-oriented and purpose-driven due to their training and mission of protecting the nation. The military provides structure, resources, and procedures to fulfill this mission. Several studies have documented a loss of purpose throughout military-civilian transitions attributed to cultural and identity transitions into worlds with different values, norms, and expectations. Many Veterans struggle with long-term disabilities, limited structure and direction, new roles and careers, civilian power dynamics, limited institutional support, and social disconnection, adversely affecting their sense of purpose and meaning. The loss of purpose and meaning is significantly associated with severe suicidal ideation among US Veterans. Conversely, an increased sense of purpose and meaning is associated with lower suicidal ideation and attempts. OCB participants reported that they found new purpose and meaning by making sense of shared experiences and engaging in new service opportunities of restoring other Veterans. Veterans perceive peer support programs as an opportunity to support other Veterans. In addition, OCB incorporates some structural elements from the military to provide direction, including a clearly defined mission, goals and procedures, peer mentoring, and teamwork.

OCB was perceived to create a sense of belonging and social identity through its core operational framework of comradery and brotherhood. Social disconnection and isolation are common among Veterans who may not necessarily revert to civilian identity. Based on the Social Identity Theory, individuals derive self-concept and identity from social groups to which they have strong ties. Social identity gains prominence over personal identity when an individual’s self-concept is predominantly defined by their group membership. Consistent with our findings, the military training, experience, and identity are often central to Veterans’ self-
This is largely due to their separation from civilian social networks by time, space, and unique experiences according to the Homecoming Theory. This also explains Veterans’ disconnect from providers lacking military cultural competency or experience, which influences their mental health service seeking, utilization, and satisfaction. OCB participants openly discussed personal struggles with fellow Veterans given their shared understanding. Veterans’ shared understanding is crucial in social re-integration and mental health recovery since their social identity shapes their perceptions of insiders and outsiders.

OCB was described as a strong Veteran social support network for mutual restoration. Many Veterans experience a loss of social support given the higher individuality in civilian settings. Peer support interventions increase social support, a protective factor against mental health issues. Suicidal ideation is negatively correlated with social support in Veterans suffering from PTSD, Depression and TBI. The Social Support Theory distinguishes between instrumental and expressive social support, both observed in our study. Instrumental social support refers to tangible assistance while expressive social support involves the sharing of sentiments, understanding, and frustrations among social connections. In our study, expressive social support was central in participants’ perceived mental health improvements, with the narratives overwhelmingly pointing to OCB as an outlet for negative feelings. OCB participants reported improved feelings and sense of purpose when helping fellow Veterans with similar problems. Veterans who have adapted to civilian life are vital support systems for fellow Veterans. This aligns with the “Helper” Therapy Principle (HTP), a peer support principle underlying self-help groups such as Alcoholics Anonymous, in which individuals with a problem assist those with a more severe form of the problem. The HTP suggests that the act of helping produces mutual healing in the helper and recipient, with more benefits to the helper.

Finally, OCB participants reported gaining useful technical and life skills. They expressed a positive outlook in life and developed healthier coping mechanisms, with some reporting reductions in suicidal ideation. Negative cognition about oneself is a strong predictor of suicidal ideation. Our findings are corroborated by evidence that peer support significantly improved Veterans' self-efficacy related to coping with PTSD, reduced Veterans' self-stigma, and improved attitudes towards professional mental health care. Our findings can be linked to OCB's integrative framework comprising formal and informal strategies to improve Veterans' physical, social, and mental well-being.

This study has notable strengths including mixed methods, Veterans from various service branches, and repeated measurements. However, the findings should be interpreted with limitations. First, the sample consisted of self-selected participants who may be different from non-OCB members. Future research should include control groups of non-OCB members to provide stronger quantitative evidence on intervention effects. Second, we used self-rated pre-post feelings from OCB's survey, which captured their perceptions of their overall mental health. Future research can use validated mental health surveys or assess the psychometric properties of OCB's survey. Third, the OCB survey and dataset lacked socio-demographic and health characteristics such as age, income, gender, race/ethnicity, education, length of service, length of separation from the military, mental health history, and professional mental health service utilization since the data are routinely collected for quality improvement rather than research. These factors should be accounted for to assess group differences in future research. Finally, this study was intended to provide preliminary findings for subsequent participatory research that will generate stronger evidence on diverse outcomes such as the following: the influence of socio-demographic factors and mental health history on participants' self-rated feelings; OCB's long-term impacts; processes of change among OCB participants; the influence of participants' feelings on decisions to attend OCB; differences between active OCB participants, inactive OCB members, and non-OCB Veterans; and OCB's influence on professional mental health service uptake.

Conclusion
This study contributes to growing evidence on Veteran peer and social support programs by describing participants’ experiences and mechanisms for improvements in perceived mental health in an innovative Veteran-designed and Veteran-led peer support program. It suggests that convening Veterans with shared experiences around innovative social and supportive activities may develop their perceived sense of purpose, belonging, social identity, mutual support, structure, and critical life skills. Incorporating these elements into mental health management models can help address critical limitations associated with traditional Veteran mental health programs such as low participation, stigma, attrition, and non-adherence. Further research on Veteran-led peer and social support programs is needed to inform efforts to raise awareness on their benefits, enhance and scale-up these programs, and establish their linkages with formal Veteran mental health care.

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