



ITHOS WORKFORCE SUPPORT SERIES

Building Veteran and Service- Connected Peer Support in the Workplace

A Practical Playbook and Toolkit
for HR Leaders, Benefits Teams,
and Organizational Leaders



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REAL SUPPORT. REAL PEOPLE. REAL IMPACT.

What This Playbook Is, and What It Is Not

This document is intended to help HR leaders, benefits teams, and organizational leaders build or strengthen peer support structures for veterans, first responders, healthcare workers, caregivers, and service-connected families inside their workforces.

This playbook is:

- A practical workforce support guide
- A peer support and ERG planning resource
- A framework for helping service-connected employees and families connect with compatible providers and resources
- A leadership and HR planning tool

This playbook is not:

- Therapy, medical advice, or legal advice
- Crisis care or emergency services
- A replacement for clinical providers, EAPs, or emergency services
- A guarantee of specific outcomes for any individual or organization

If an employee is in crisis, they should be directed to emergency services (911), the 988 Suicide and Crisis Lifeline, or their organization's EAP. This playbook does not replace those resources.

How to Use This Playbook

This playbook is organized into two parts. The first part covers the strategic foundations: why service-connected workforce support matters, whether your organization is ready, and how to build or strengthen a veteran or service-connected peer support group. The second part is a toolkit of practical resources you can adapt and use directly.

You do not need to read this cover to cover. Use the section that fits where you are right now.

BUSINESS CASE

Making the Business Case for Service-Connected Workforce Support

HR and benefits leaders often need to make an internal case before resources are approved. The following framing is designed to support that conversation with executive audiences.

The case does not rest on projections or guaranteed outcomes. It rests on a straightforward observation: a meaningful portion of most workforces is carrying service-connected stress that standard benefits were not designed to address, and organizations that close that gap tend to see practical benefits across several dimensions.

Retention

Employees who feel seen and supported by their employer are more likely to stay. For service-connected employees and families, who are accustomed to environments where support either was or was not genuine, organizational follow-through on stated values tends to have an outsized effect on loyalty. A peer group and a functional support ecosystem are among the most credible signals an employer can send.

Engagement and Productivity

Employees managing unaddressed stress have less cognitive bandwidth available for their work. This is not a moral judgment. It is a straightforward observation about how stress affects performance. Service-connected employees who have access to peer support and compatible resources are better positioned to manage what they are carrying, which has downstream effects on engagement, focus, and team contribution.

Benefits Utilization

Many organizations have underutilized EAPs and wellness benefits because the pathway to those benefits does not feel accessible to service-connected employees and families. A peer support group and a behavioral health navigation platform like North can increase effective utilization of existing benefits by providing the trusted on-ramp that the benefits catalog cannot provide on its own.

Trust and Organizational Culture

Veterans, first responders, and healthcare workers are experienced at distinguishing genuine organizational support from symbolic gestures. An ERG that is funded, visible, and led by service-connected employees communicates something that a benefits flyer cannot. That trust extends beyond the ERG itself and shapes how this population perceives the organization overall.

Recruitment and Employer Reputation

Organizations that have a visible commitment to service-connected workforce support have a meaningful differentiator in recruiting veterans, first responders transitioning to second careers, and healthcare workers. Military spouses, who are a chronically underrecruited talent pool partly because of how often they have been overlooked, are particularly responsive to organizations that demonstrate they understand the service-connected household.

Risk and Duty of Care

While this playbook does not offer legal advice, HR and risk leaders should be aware that creating accessible, non-stigmatizing support pathways for high-stress employee populations is increasingly considered a component of reasonable organizational duty of care. Peer support structures, behavioral health navigation resources, and ERGs contribute to a documented organizational commitment to employee wellbeing.

EVIDENCE NOTE

Available evidence from workforce wellness research suggests that peer support programs and employee resource groups can positively affect engagement, retention, and benefits utilization, particularly in populations with higher cultural barriers to help-seeking. Effect sizes vary by program design, population, and organizational context. Organizations should set realistic expectations and measure outcomes over time rather than expecting immediate utilization gains.

SECTION 1

Why This Matters

Most employers understand that employee mental health affects productivity, retention, and organizational performance. What fewer employers recognize is that a significant portion of their workforce may be carrying a specific and often invisible kind of stress rooted in military service, emergency response, healthcare work, caregiving, or the experience of supporting someone in one of those roles.

This population is not a fringe group. It is present in most mid-size and large organizations. And it is consistently underserved by standard employee wellness programs.

Who We Are Talking About

Service-connected workforce support addresses the needs of several overlapping populations.

- Veterans and active reservists who have transitioned into civilian employment and may carry the long-term impact of their service, including difficulty with transition, occupational stress exposure, or the more diffuse weight of experiences that most civilian colleagues cannot fully understand.
- First responders in second careers, including law enforcement officers, firefighters, paramedics, and emergency dispatchers, who bring years of cumulative trauma exposure, grief, and the particular culture of emergency services with them when they leave the field.
- Healthcare workers, including nurses, physicians, social workers, and others who have experienced compounding moral injury and burnout, particularly over the last several years.
- Military spouses and partners who manage households through deployments and reintegration cycles, often sacrificing their own careers and wellbeing to support a partner in service.
- Caregivers for veterans, injured first responders, or family members with service-connected conditions, whose own stress is chronic and rarely named or addressed.
- Service-connected family members, including adult children of veterans or first responders, who may carry their own version of generational stress without ever connecting it to a service-connected experience.

RESEARCH SNAPSHOT

Studies have found that veterans are significantly less likely than non-veterans to seek mental health care, even when experiencing clinically significant symptoms. Research attributes this to stigma, distrust of civilian providers, and concerns about confidentiality. Similar patterns have been documented in first responder and emergency services populations. Available evidence suggests that peer-delivered support and culturally familiar environments reduce these barriers meaningfully, though effect sizes vary by study design and population.

Why Standard Benefits Often Fall Short

The most common barrier for service-connected employees is not awareness of available benefits. It is fit. Veterans, first responders, and healthcare workers often calculate quietly whether the available support was designed for someone like them. When the answer is no, or when a first experience confirms that suspicion, they do not try again.

Cultural factors compound this. Military service, emergency response, and caregiving roles all cultivate a strong ethic of self-reliance. Asking for help requires more justification than a wellness portal or an EAP brochure typically provides.

Peer support addresses this differently. It starts with shared experience and trust rather than a clinical intake process. For many service-connected employees, a peer connection is the first step that makes every other form of support more reachable.

WHY THIS MATTERS

Research on PTSD treatment dropout suggests that military and veteran populations often discontinue care at higher rates than civilian populations, especially in trauma-focused therapies. Some meta-analyses have found dropout rates in veteran and military samples around 25% to 28%, compared with roughly 16% to 20% in broader civilian psychotherapy or PTSD treatment samples. The exact rate varies by treatment type, setting, population, and definition of dropout.

For employers, the first connection matters. If a veteran, first responder, caregiver, or service-connected family member has a poor first experience, the result may not be a delayed appointment. It may be disengagement from the support pathway altogether.

Should Your Organization Have a Veteran or Service-Connected ERG?

Most organizations that employ more than a few hundred people have a service-connected population inside their workforce, whether or not they have identified it. The questions below can help you assess whether a formal peer support structure makes sense for your organization.

Organizational Readiness Self-Assessment

Answer yes or no to each question. There are no wrong answers. The purpose is to help you see where you are starting from.

About Your Workforce

- We employ veterans or active reservists.
- We employ military spouses or partners.
- We employ first responders, including those in second careers.
- We employ nurses, physicians, social workers, or other healthcare workers.
- We employ caregivers for family members with service-connected conditions.
- We are not sure whether any of the above applies to our workforce.

About Your Current Support Structures

- We have an EAP, but we do not know if service-connected employees use it.
- We have no specific programming for veterans or service-connected employees.
- Employees do not have a visible peer community organized around shared experience.
- We have a veteran or military ERG, but it has lost momentum or resources.
- We do not know whether our benefits feel accessible to this population.

About Organizational Readiness

- Leadership would sponsor a peer support group if one were proposed.
- We have HR bandwidth to support (not run) a peer group or ERG.
- We can provide meeting space and a modest budget.
- We are prepared to let veterans and service-connected employees lead the group.

If you checked three or more items in the first two groups, a veteran or service-connected ERG is likely worth pursuing. If leadership readiness items are mostly unchecked, those are the conversations to have first.

SECTION 3

Starting a Group from Scratch

Starting a veteran or service-connected peer support group does not require a large budget or a formal program office. It requires a champion, organizational support, and a clear sense of purpose. Most successful groups start small and grow from there.

Find Your Champion

Every successful group starts with one or two people who care about it enough to show up before anyone else does. Look for veterans, service-connected employees, or allies in your workforce who have expressed interest in this kind of community. HR can identify and support champions, but the champion should ideally be a service-connected employee, not an HR manager.

A champion needs enough organizational credibility to convene peers, enough time to give the group early attention, and enough trust from HR and leadership to operate with some autonomy. You are looking for someone who will show up even when it is inconvenient.

Secure Executive Sponsorship

A visible executive sponsor is one of the most reliable predictors of ERG success and longevity. The sponsor does not need to be a veteran. They need to be senior enough to provide organizational air cover, willing to attend key group events, and prepared to advocate for the group's resource needs internally.

Executive sponsors should be briefed clearly on their role: visible support and organizational advocacy, not program management or agenda control. The group's culture and direction belong to its members.

Define the Group's Purpose

Before the first meeting, the founding members should agree on a simple statement of purpose. It does not need to be polished. It needs to answer two questions: who is this group for, and what does it offer them?

Consider whether the group will focus specifically on veterans, or whether it will be designed more broadly for service-connected employees and families. There is no universal right answer. The right scope depends on your workforce and the needs of the people who will lead it.

Name the Group Thoughtfully

The name shapes who feels welcome. Names that are too narrowly military may exclude first responders, healthcare workers, or caregivers who could benefit from the community. Names

that are too broad may feel generic. Letting the founding members choose the name is usually the right approach.

Common approaches include names that reference service broadly, names that reference the organization's specific community, or simply the organization's name followed by a phrase like Veterans and Service-Connected Network or Military and First Responder Community.

Recruit Initial Members

Initial recruitment should be personal before it is organizational. The champion should invite colleagues directly before any organization-wide announcement. A personal invitation from someone trusted carries more weight than an email from HR.

Once a small founding group is in place, a broader announcement can go out. The announcement should describe the group in terms of who it is for and what it offers, not in terms of HR programming or benefits communications.

Launch the First Meeting

The first meeting has one job: make people glad they came. It should feel like a conversation, not a presentation. Keep it short, keep the agenda light, and give people room to introduce themselves and say what they are hoping for from the group.

See Tool 3 in the Toolkit section for a first meeting agenda template.

SECTION 4

If You Already Have a Group

Many organizations have a veteran affinity group or military employee network that exists in some form but is not thriving. Recognizing where your group is, and what it needs, is the first step toward strengthening it.

Signs the Group Is Healthy

- Members show up consistently, not just for special events.
- The group has a clear sense of who it is for and what it does.
- Veterans and service-connected employees are leading it, not HR.
- Leadership is visibly supportive without being controlling.
- Members refer peers to the group organically.
- The group has connections to resources and support beyond itself.

Signs the Group Is Losing Momentum

- Attendance has declined and events feel obligatory.
- HR or leadership is setting the agenda rather than members.
- The group lacks a budget, a meeting space, or organizational visibility.
- New employees do not know the group exists.
- The group has become primarily a social event rather than a support community.
- Members do not feel connected to any broader resource ecosystem.

How HR Can Support Without Controlling

The most common mistake HR makes with veteran ERGs is treating them like managed programs rather than peer communities. HR's role is to remove obstacles, not to set the agenda.

- Provide resources: meeting space, budget, internal communications support.
- Make introductions: connect the group to leadership, benefits resources, and community organizations.
- Ask before building: check what the group needs before creating programs around them.
- Protect the group's autonomy: resist the urge to turn meetings into benefits briefings or recruiting events.

Common Growth Challenges

Groups that have been operating for a year or more often face a second wave of challenges after the initial energy fades. Common ones include leadership transitions when the founding champion leaves, difficulty expanding beyond the original cohort, and tension between the group's organic culture and organizational expectations. None of these are fatal. They are normal stages of development, and they are easier to navigate with organizational support than without it.

SECTION 5

The First 90 Days

Whether you are launching a new group or relaunching an existing one, the first 90 days set the foundation. The recommendations below are practical starting points, not rigid requirements. Adjust based on your organization's size, culture, and resources.

Days 1 to 30: Establish the Foundation

- Identify your champion and confirm their interest and availability.
- Secure executive sponsorship and brief the sponsor on their role.
- Conduct informal conversations with five to ten potential members to understand what they want from a peer group.
- Agree on the group's initial scope, name, and purpose statement.
- Confirm access to meeting space and a modest budget.
- Set a date for the first meeting.

Days 31 to 60: Launch and Listen

- Hold the first meeting. Focus on introductions and conversation, not programming.
- Gather feedback: what did people appreciate? What do they want more of?
- Identify two or three things the group wants to do in the next quarter.
- Make a brief internal announcement to raise visibility across the organization.
- Connect the group to at least one external resource, whether a community organization, a VA navigator, or a behavioral health navigation platform like North.

Days 61 to 90: Build Consistency

- Hold a second meeting and introduce the first activity or topic the group chose.
- Brief leadership and the executive sponsor on early progress.
- Begin mapping the broader support ecosystem the group can connect members to.
- Identify any early momentum or gaps and adjust accordingly.
- Establish a regular meeting cadence, even if it is only monthly.

See Tool 4 in the Toolkit section for a quarterly planning worksheet.

SECTION 6

Common Mistakes

Organizations that struggle with veteran ERGs and service-connected peer support programs often make the same set of mistakes. Most of them are well-intentioned. Knowing what to watch for makes them easier to avoid.

Turning It Into a Recruiting Program

A veteran ERG that exists primarily to help the organization recruit veterans is not a support community. It is a marketing asset. Veterans and service-connected employees recognize this quickly, and it destroys trust. The group's purpose should center on the people in it, not on organizational goals.

Over-Controlling the Group

HR and leadership involvement is essential. HR and leadership control is corrosive. When the group's agenda, culture, and voice are shaped by organizational priorities rather than member needs, the group loses the authenticity that makes it valuable. Veterans especially can identify when a community is genuine versus managed.

Underfunding It

A group with no budget, no meeting space, and no organizational visibility is a group that will not survive a leadership transition or a slow quarter. Even modest investment signals that the organization takes the group seriously.

Forgetting Spouses, Caregivers, and Service-Connected Families

Many of the employees carrying the most significant service-connected stress are not veterans or first responders themselves. Military spouses, caregivers, and adult children of service members may be among the most underserved people in your workforce. A group that explicitly includes service-connected families reaches a population that most peer programs miss entirely.

Failing to Connect People to Resources

A peer group that exists in isolation from the broader support ecosystem is a community without an on-ramp to help. The most effective groups actively connect members to compatible providers, community resources, VA navigation, peer support programs, and behavioral health navigation tools. Peer trust is most valuable when it leads somewhere.

Assuming You Know What They Need

The most reliable way to misdesign a support program is to design it without asking the people it is meant to serve. Survey, listen, and adjust before building. The answers are often different from what HR or leadership assumes.

Creating a Support Ecosystem

A peer group is most valuable when it is connected to a broader ecosystem of support. That ecosystem does not need to be complex. It needs to be relevant, trusted, and accessible.

Peer Support

Structured peer support, whether through trained peer specialists, informal peer mentorship, or organized peer groups, is often the most trusted form of support available to service-connected employees. It does not require clinical credentials. It requires shared experience and the willingness to show up.

RESEARCH SNAPSHOT

Studies have found that peer support programs for veterans and first responders are associated with reduced stigma around help-seeking, increased engagement with formal services, and improved sense of belonging and connection. Available evidence suggests these effects are most pronounced when peer supporters share relevant lived experience. Outcomes vary by program structure, fidelity, and population.

Community and Veteran Organizations

Most communities have veteran service organizations, first responder support networks, and caregiver support groups that your ERG can connect members to. Building a relationship with two or three trusted community organizations gives the group a referral pathway that extends beyond what the employer can provide directly.

VA Resources and Navigation

Veterans may have access to VA benefits, healthcare, mental health services, and community programs that they are not fully utilizing. A peer group that includes even one member familiar with VA navigation can help connect veterans to resources they are entitled to but may not know how to access.

Caregiver and Family Support

Caregivers for veterans, injured first responders, and service-connected family members often have access to specific support programs, including respite care, peer support for caregivers, and family wellness resources, that are separate from the veteran's own benefits. Making these visible inside your workforce is an act of genuine organizational care.

EVIDENCE NOTE

Research on caregiver burden among family members of veterans and first responders' documents elevated rates of depression, anxiety, and social isolation compared with non-caregiver populations. Available evidence indicates that caregiver-specific support, including peer connection and navigation to compatible resources, can reduce burden and improve wellbeing outcomes. Caregiver populations are among the most consistently underserved in employer wellness programs.

Compatible Providers and Resources

When employees are ready to connect with professional support, match quality matters. A veteran connected to a therapist with no familiarity with military culture, or a caregiver referred to a general counselor when peer support would serve her better, may not return for a second appointment. The goal is not to connect people to the nearest available provider. It is to connect them to a compatible provider or resource that fits their background and their situation.

Behavioral Health Navigation

Behavioral health navigation is the layer that sits between awareness and action. It helps someone who is not sure what they need, not ready to self-refer to therapy, or not confident that the available options were built for someone like them, take a guided first step toward compatible support.

North is the guided workforce support platform developed by Ithos Wellness. It is designed specifically for veterans, first responders, healthcare workers, caregivers, and service-connected families inside employer populations. North is not therapy and not crisis care. It gives employees a private, guided first step: a place to reflect, access mental wellness tools, and connect with a compatible provider or resource when they are ready. That might mean a therapist with relevant background and experience, a peer support program, veteran or first responder community resources, caregiver support, VA navigation, or another appropriate next step. For employers, North extends the reach of a peer group into a broader, structured support pathway.

Employer Toolkit

The following tools are designed to be adapted and used directly. Copy, modify, and share them as needed.

TOOL 1: Veteran ERG Startup Checklist

Use this checklist when launching a new veteran or service-connected peer support group.

Foundations

- Identified at least one service-connected employee willing to serve as champion.
- Confirmed executive sponsor and briefed them on their role.
- Agreed on group scope: veterans only, or broader service-connected community.
- Chosen a group name that reflects the scope and feels authentic to members.
- Drafted a simple purpose statement (one to two sentences).

Logistics

- Secured recurring meeting space.
- Confirmed a budget, even if modest.
- Scheduled first meeting and invited five to ten founding members personally.
- Prepared a brief internal announcement for after the first meeting.

Support Ecosystem

- Identified at least two external resources the group can connect members to.
 - Connected group leadership with HR benefits contact.
 - Explored whether a behavioral health navigation platform like North is available to members.
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TOOL 2: Executive Sponsor Checklist

Share this with the executive sponsor before the group launches.

Your Role as Executive Sponsor

- Attend the first group meeting and introduce yourself briefly.
- Make at least one appearance per quarter at a group event or meeting.
- Advocate internally for the group's resource needs (budget, space, visibility).
- Champion the group in leadership conversations without directing its agenda.
- Ensure the group is mentioned in relevant internal communications.

Check in with the group champion quarterly.

What to Avoid

- Do not set the group's agenda or programming without member input.
- Do not position the group as a recruiting or PR asset.
- Do not let the group go more than one quarter without visible organizational support.
- Do not assume you know what members need without asking.

TOOL 3: First Meeting Agenda Template

Adapt this agenda for your group's first meeting. Keep it to 60 to 75 minutes. The goal is connection, not programming.

First Meeting Agenda

Time: 60 to 75 minutes

Location: [Your meeting space]

Welcome and introductions (15 minutes)

The champion or founding member opens informally. Brief introductions from everyone: name, role, and one sentence about their connection to service.

Why we are here (10 minutes)

The champion shares a brief, personal explanation of why this group matters. No formal presentation. Keep it honest and short.

Open conversation (20 minutes)

Ask the group: What are you hoping this community can be? What has been missing in your workplace experience? Let the conversation go where it needs to go.

What do we want to do next (10 minutes)

Identify one or two things the group wants to do before the next meeting. Keep it simple. Agree on a date for the next gathering.

Closing (5 minutes)

Thank everyone for coming. Reinforce that this is their group. Share how to stay in touch between meetings.

TOOL 4: Quarterly Planning Worksheet

Use this worksheet each quarter to keep the group focused and supported.

Quarter: _____

Group Champion: _____

Executive Sponsor: _____

This quarter's focus:

What does the group most want to do or address this quarter?

Planned meetings or events:

List dates, topics, and any guest speakers or resources.

Resources or connections to add:

What external resources, community organizations, or support platforms can the group add to its ecosystem this quarter?

Support needed from HR or leadership:

What does the group need that it does not currently have?

End of quarter reflection:

What worked? What would we do differently? What should we carry into next quarter?

TOOL 5: Employee Interest Survey Questions

Use these questions to gauge interest before launching a group or to understand member needs at any point. Adapt the format and delivery to fit your organization's survey tools. Keep the survey anonymous.

- Do you identify as a veteran, active reservist, first responder, healthcare worker, caregiver, or military spouse or family member? (Yes / Prefer not to say / None of the above)
- Would you be interested in connecting with colleagues who share a service-connected background or experience? (Yes / Maybe / No)
- What would be most valuable to you from a peer support group or employee resource group? (Select all that apply: Social connection, Professional support and mentorship, Access to resources and information, A place to share experiences, Connection to compatible providers or support services, Other)
- How comfortable do you feel accessing mental health or wellness support through your current employer benefits? (Very comfortable / Somewhat comfortable / Not very comfortable / Not at all comfortable)
- What would make you more likely to reach out for support when you need it? (Open response)
- Is there anything else you would like leadership or HR to know about your experience or needs? (Open response)

Share survey results with the founding group before sharing with leadership.

TOOL 6: Resource Mapping Worksheet

Use this worksheet to build the group's support ecosystem. Update it at least once per year.

Internal Resources

EAP provider and contact: _____

HR benefits contact: _____

Behavioral health navigation platform (e.g. North): _____

Community Resources

Local veteran service organizations: _____

First responder support organizations: _____

Caregiver support programs: _____

Military family support resources: _____

VA and Government Resources

Local VA facility or contact: _____

VA Caregiver Support Program contact: _____

State veterans services contact: _____

Compatible Providers and Clinical Resources

Therapists or counselors with military or first responder experience:

Peer support specialists: _____

TOOL 7: Annual Success Review Checklist

Use this checklist once per year to assess the group's health and identify where to invest attention in the next year.

Membership and Engagement

- Attendance has been consistent or growing over the past year.
- New members have joined organically, not only through HR referral.
- Members report feeling that the group is valuable and authentic.
- The group is reaching spouses, caregivers, and service-connected family members, not only veterans.

Organizational Support

- The executive sponsor has been visibly engaged at least quarterly.
- The group has received its budgeted resources.
- The group has had visibility in internal communications at least twice this year.
- HR has supported without controlling the group's direction.

Resource Ecosystem

- The group has active connections to at least two community or veteran organizations.

Members have been connected to VA resources, peer support programs, or compatible providers when appropriate.

The group is integrated with or aware of the organization's behavioral health navigation resources.

The resource map has been reviewed and updated in the past twelve months.

Looking Ahead

The group has identified a champion or co-champion for the coming year.

The group has shared what it needs from leadership for the next year.

The organization has reviewed whether current benefits and navigation tools are meeting the needs of this population.

Next Steps for Employers

Wherever your organization is starting from, there is a meaningful next step available.

Start

If your organization does not have a veteran or service-connected peer support group, the starting point is simple. Identify one champion, secure one executive sponsor, and hold one meeting. That is enough to begin. Use Tool 1 to walk through the startup checklist before your first meeting.

Strengthen

If you have a group that has lost momentum, the priority is to understand why before trying to fix it. Talk to members. Ask what has changed. Identify whether the group needs renewed organizational support, a new champion, a clearer purpose, or simply more visibility. Use Tool 7 to run a quick annual review and identify where to focus first.

Expand

If you have a functioning group, consider whether it is reaching everyone it could. Are spouses and caregivers included? Are first responders and healthcare workers welcome? Is the group connected to a broader support ecosystem that helps members find compatible providers and resources? Use Tool 6 to assess and expand your resource map.

Sustain

The longest-running groups are the ones with consistent organizational investment, a clear leadership succession plan, and active connections to external resources. Sustainability is not about programming. It is about the organization demonstrating, year after year, that it takes this community seriously. Use Tool 4 quarterly and Tool 7 annually to keep the group and its organizational support on track.

A Note on North and Ithos Wellness

Throughout this playbook, we have referenced behavioral health navigation as a key layer in the service-connected support ecosystem. For organizations looking to provide their veterans, first responders, healthcare workers, caregivers, and service-connected families with a private, guided first step toward compatible support, North is built specifically for that purpose.

North is not therapy. North is not crisis care. It is the guided on-ramp that helps employees who would never call an EAP line take a first step toward the right provider or resource for their situation.

North is the guided workforce support platform developed by Ithos Wellness. It helps employers support veterans, first responders, healthcare workers, caregivers, and service-connected families through private guidance and connection to compatible providers and resources. Learn more about employer partnerships at [IthosWellness.com](https://www.ithoswellness.com), or see North in action at [MyNorthApp.com](https://www.mynorthapp.com).

To learn how North supports veteran ERGs and service-connected workforce programs, contact the Ithos Wellness employer partnerships team at [IthosWellness.com](https://www.ithoswellness.com).

SUPPORTING RESEARCH

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The following sources informed the evidence callouts and framing in this playbook. This list is not exhaustive. Readers are encouraged to consult current literature for their specific populations and contexts.

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Note: This playbook is a practical employer resource, not a clinical or academic publication. Evidence callouts are included to provide useful context for organizational decision-making and are not intended as comprehensive literature reviews. Readers with clinical or research questions should consult peer-reviewed sources directly.