

The Healing Tonic: A Pilot Study of the Perceived Ability and Potential of Bartenders

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Abstract

Background: Identifying and assisting veterans in need of mental health services has been and continues to be a challenge for veteran-specific health care providers. Despite increased outreach efforts, many veterans remain on the periphery of such programs and fail to receive necessary services.

Purpose: The purpose of this pilot study was to explore an innovative avenue to help locate and connect veterans with mental health services. Specifically, the researchers explored the perceived ability and potential of Veterans of Foreign Wars (VFW) bartenders to identify veteran patrons with mental health issues and to link them with services.

Materials and Methods: Quantitative surveys were mailed to 300 randomly selected VFW posts. Seventy-one (N = 71) bartenders from 32 posts completed self-administered surveys probing their relationships with veteran patrons, their helping experiences, and their potential to serve as gatekeepers to services provided through the Veterans Health Administration.

Results: Bartenders reported close, family-like relationships with the veterans and indicated that veterans shared their problems quite often. In response, bartenders utilized a variety of supportive helping techniques. While lacking confidence in being able to recognize symptoms of depression and posttraumatic stress disorder, bartenders reported that they wanted to learn more and were willing to try to link veterans with services.

Conclusion: Results from this study suggest that VFW bartenders may have the potential to provide valuable information on mental health care resources to veterans in need. Brief training programs may provide this group with the skills and information to become an important and inexpensive link in the health care net for veterans.

The mental health and well-being of veterans has been and continues to be a primary concern and focal point for providers and policy-makers. Veterans, in particular those who have seen combat, have been found to have an elevated prevalence of mental health problems, most notably depression and posttraumatic stress disorder (PTSD)¹⁻⁴. Veterans with mental health issues such as depression have also been found to have an exponentially higher suicide rate than that of the general population⁵. Despite efforts to assist veterans with mental health concerns, many veterans continue to go untreated and available healthcare resources are underutilized, resulting in untold costs to individuals, families and society⁶. New approaches are needed to help connect these veterans with mental health services and to prevent individuals from 'slipping through the cracks'. In the current study, the researchers explored a novel approach to identify veterans at risk and refer them to formal systems of care. Specifically, bartenders at Veterans

of Foreign Wars (VFW) posts were examined in terms of their perceived ability and potential to help veterans exhibiting symptoms of mental illness. The findings from this study are important, as VFW bartenders may be able to play a key health promotion role for veterans in need.

Veterans' Mental Health

In 2009, it was reported that there were over 23 million veterans of the United States (US) military⁷. In terms of health, the concerns and needs of veterans are largely reflective of demographically similar groups in the general population; however, there are differences specific to the veteran population, most notably in terms of mental health. As previously mentioned, depression and PTSD have been found to be especially problematic for veterans¹⁻⁴. Studies have found depression rates to be as high as double the rates for the general population^{2,8}. PTSD rates have

also been found to be significantly higher for veterans, particularly for those who were injured or who saw heavy combat^{9,10}. This pattern of elevated mental health problems in US veterans has also been found in certain groups of veterans internationally (e.g., Korean war veterans in Australia¹¹), yet not in others (e.g., Dutch peacekeeping veterans¹²). This may be due to qualitative and contextual differences in the service experiences of these groups. Despite the disparities in these outcome studies, the trauma experienced by many veterans may place them at greater risk of mental health problems. The costs of these problems are widespread, including higher rates of suicide, poorer physical health, substance abuse, increased homelessness, and negative impacts on relationships and family life¹³.

To serve the health needs of veterans, the Veterans Health Administration (VHA) has developed into the largest single provider of care in the US, serving an estimated 5.5 million veterans annually. In terms of mental health services, the VHA has identified PTSD, depression, and suicide as key foci and are in the process of developing comprehensive programs and services to address these problems, including inpatient and outpatient care, disease-specific services, psychotherapy, and individual and family counselling¹⁴. While the VHA attempts to make programs accessible and to reach out to veterans in need, there is some evidence that veterans are not fully utilizing their benefits. In a self-reported, national survey, almost 22% of veterans indicated that they were not aware of their VHA benefits, 20% did not believe that they were eligible, and over 2% did not know how to apply for benefits⁶. While the VHA has transformed itself into a highly competent provider of health care, it is evident that additional steps are needed to ensure that veterans are aware of and are able to access their benefits.

The Gatekeeper Model and VFW Bartenders

Drawing from the literature on the gatekeeper model, there is some evidence that informal support systems and networks may have the capacity to link veterans with formal mental health services. The gatekeeper model was originally developed in the US in the 1970's to organize and train non-professionals (e.g., mail carriers, hairstylists) to identify problematic situations for older adults and to refer them to formal service providers. The gatekeeper model is built around the notion that informal social exchange tends to happen more frequently than formal social exchange (e.g., doctors appointments), thereby placing informal social contacts in a better position to notice problems¹⁵. Borrowing from attachment theory and the concept of interpersonal trust, individuals may find greater intimacy and sharing in their exchanges

with individuals that they see on a regular basis and have built relationships over time^{16,17}. Research has largely supported the theoretical underpinnings of the gatekeeper model, as well as the effectiveness of community gatekeepers for older adults¹⁸. Preliminary studies have also found that the gatekeeper model may be effective in suicide prevention in the workplace as well as veterans and their families^{19,20}.

In the current pilot study, the researchers explore a novel approach to identifying potential gatekeepers for the veteran population – VFW bartenders. The VFW is a non-profit organization that focuses on advocacy and service to veterans and their families. Most VFW posts also typically have designated clubs or halls that serve as areas for socialization and meetings and employ bartenders to serve their patrons²¹. In many respects, the VFW is similar to the Royal British Legion in the UK and the Returned and Services League of Australia. VFW bartenders, in particular, were the focus of the current study for several reasons. First, veterans are the primary patrons of these establishments. Second, bartenders have long been thought of as “a protean composite of counselor, psychiatrist, father confessor, advisor, and mediator (p. 93)”²². While anecdotal evidence exists supporting the notion of ‘bar-room therapy’, very little scholarly research has been conducted in this area. Only a few studies have moved beyond the problem of alcohol abuse and have examined bartenders’ roles as de facto psychosocial helpers and gatekeepers. These researchers found that bar patrons raised serious personal problems with bartenders who, in turn, typically reacted by listening and trying to be lighthearted. The bartenders also reported that they could be more effective if they were better equipped to deal with the problems presented by patrons²³. This evidence begins to suggest that bartenders may play a role in helping patrons with their problems. However, questions remain in terms of bartenders’ perceived ability and potential to identify significant mental health issues and to link their patrons with mental health care professionals. In response to these questions, this pilot study had the following specific aims:

1. To explore the helping relationships of VFW bartenders and their veteran patrons.
2. To examine the degree to which VFW bartenders are able to recognize symptoms of two specific mental health issues in their veteran patrons – depression and PTSD.
3. To gauge VFW bartenders’ knowledge of veterans’ services, their willingness to help veterans in need, and their interest in receiving additional training in mental health.

Methods

Sample

Prior to sampling, the study received 'exempt status' (informed consent waived) from the university institutional review board. Sampling was a multi-step process in this study. First, 300 VFW posts were randomly selected from an internet directory of VFW posts located in the state of Ohio. Letters containing explanations of the study and survey forms were then mailed to each post. Since posts typically employ more than one bartender, multiple surveys were mailed to each post. As an incentive for participation, VFW posts were notified that four randomly selected participating posts would receive a donation of \$50. Approximately 3 weeks after mailing the surveys, follow-up phone calls were made to those VFW posts that did not return surveys to determine the following: (a) whether posts received the surveys; (b) whether posts requested that the surveys be re-sent; and (c) whether or not the posts actually had a bar. For those posts that did not receive the first mailing, a second mailing was sent. Of the 300 posts contacted, bartenders from 32 posts returned the surveys, 3 posts indicated that they did not have a bar, and 36 posts could not be reached by mail or phone (e.g., mail returned to sender, phone numbers not listed). Excluding those posts that did not have a bar and those posts that could not be reached, the overall post participation rate was approximately 12.3% (32 participating posts out of 261 eligible posts). Since some posts returned multiple surveys, the final sample consisted of seventy-one VFW bartenders (N = 71) working in 32 VFW posts.

Measures

As this was an exploratory pilot study, the measures developed and utilized were simple and probing in nature. The survey instrument consisted of 16 items and one open-ended question designed to gauge the following (for the complete questionnaire, see Appendix A):

Demographic characteristics – Bartenders were asked to provide their age, gender, race/ethnicity, education level, length of employment at the VFW, and whether or not they had ever received formal training in **counseling or mental health**.

Relationships and roles – Bartenders were asked to describe the closeness of their relationships with the veterans and the types of roles that they play in the lives of the veterans (e.g., friend, like family, stranger).

Veterans' problems – Bartenders were asked about the frequency with which they perceived veterans would share their problems, as well as the types of problems that they shared (e.g., family, work, physical). This

typology of problems was derived from previous studies of bartenders²³.

Ability to recognize problems – Bartenders were asked about their self-reported ability to recognize symptoms of two mental health issues that have been found to be problematic in the veteran population: depression and PTSD. Responses were grouped as low (1-3), moderate (4-7), and high (8-10).

Helping responses – Bartenders were asked to identify the types of helping responses and techniques that they employed when veterans shared their problems. Responses included, for example, offering support and sympathy, listening to their problems, giving advice. This typology was derived from previous studies of bartender²³.

Veterans' services – Three final items asked bartenders if they were familiar with veterans' programs and services, whether they would be willing to refer veterans to VA services, and whether they would be interested in participating in training programs to augment their helping abilities.

Additional information – A final open ended question provided bartenders with an opportunity to share more about their experiences of working with veterans.

Data Analysis

The exploratory nature of this study and the simplicity of the measures dictated that the researchers would only run basic level analyses on the quantitative data. SPSS 17.0 software was used to generate descriptive statistics and frequencies to help illustrate the helping behaviors and potential of VFW bartenders and their veteran patrons. The qualitative data obtained from the final open-ended question was examined for thematic content and used in an auxiliary, illustrative fashion in discussing the quantitative findings from this study²⁴.

Results

The final sample consisted of 71 (N = 71) bartenders working in 32 VFW posts from across the state of Ohio. Bartenders were typically middle age (75.7% age 31-60), White (100%), women (88.7%) who were educated at the high school (or equivalent) level (57.7%) and had been working as bartenders at the VFW for an average of almost 7 years (M = 6.8; SD = 6.7 years). In terms of mental health training, 89.7% reported that they had not received any formal training in this area. Bartenders reported that they were either close (54.3%) or very close (18.6%) to their veteran patrons and typically felt that their relationships were that of friend (88.7%) or family (73.2%). Veterans reportedly shared their problems with bartenders often (54.95%)

and these problems were primarily related to family (88.7%), physical (81.7%), or work (74.6%) issues. In reaction to these problems, bartenders predominantly used three basic responses: offering sympathy and support (88.7%); trying to cheer up the veterans (80.3%); or simply listening as the veterans expressed their concerns and issues (73.2%). Bartenders indicated that they were only moderately able to identify symptoms of depression (65.7% moderate ability) and far less able to identify symptoms of PTSD (42.9% low ability; 42.8% moderate ability). While an overwhelming majority of bartenders (80.6%) were willing to refer their veteran patrons to the VA, 20.3% were not familiar and only 36.2% were somewhat familiar with the services offered to veterans in their community. When asked whether they would be interested in additional training to help them recognize problems in their veteran patrons, 59.7% of the bartenders responded in the affirmative.

Table 1 – Sample Characteristics (N = 71)

Variables	%
Age of Bartenders	
18-30	10.0%
31-45	34.3%
45-60	41.4%
61 and over	14.3%
Gender of Bartenders	
Female	88.7%
Male	11.3%
Race/Ethnicity of Bartenders	
White	100.0%
Education Level of Bartenders	
High School or Equivalent	57.7%
Some College	26.8%
Associates	11.3%
BA or Higher	4.2%
Training in Mental Health	
Yes	10.3%
No	89.7%
Age of Veteran Patrons^{a, b}	
21-40	14.1%
41-60	48.1%
61 and over	39.2%

^a Percentages are means of reported percentages.

^b Total does not equal 100% due to participants' difficulties in computing percentages.

Table 2 – Descriptive Statistics (N = 71)

Variables	%
Closeness of Relationships with Veterans	
Not Close	1.4%
Fairly Close	25.7%
Close	54.3%
Very close	18.6%
Roles of Bartenders	
Friend	88.7%
Like Family	73.2%
Employee	42.3%
Helper	32.4%
Counselor	15.5%
Stranger	2.8%
Tendency of Veterans to Share Problems	
Rarely	7.0%
Sometimes	22.5%
Often	54.9%
Always	15.5%
Types of Problems Shared by Veterans	
Family	88.7%
Physical	81.7%
Work	74.6%
Relationship	59.2%
Financial	54.7%
Marital	42.3%
Depression	22.5%
Emotional	22.5%
Sexual	22.5%
Alcohol/Drugs	18.3%
Bartenders' Perceived Ability to Recognize MH Problems (range 1-10)	
Depression	
Low (1-3)	0.0%
Moderate (4-7)	65.7%
High (8-10)	34.3%
Posttraumatic Stress Disorder	
Low (1-3)	42.9%
Moderate (4-7)	42.8%
High (8-10)	14.3%

Variables	%
Bartenders' Responses to Veterans' Problems	
Offer support and sympathy	88.7%
Try to cheer them up	80.3%
Just listen to their problems	73.2%
Share personal experiences	47.9%
Present alternative courses of action	46.5%
Ask questions to find additional information	43.7%
Give advice	29.6%
Try to get the client to speak with someone	23.9%
Bartenders' Willingness to Refer Veterans to VA Services (Yes)	80.6%
Bartenders' Interest in Additional Training (Yes)	59.7%
Familiarity with Veterans Services	
Not familiar	20.3%
Somewhat familiar	36.2%
Familiar	26.1%
Very Familiar	17.4%

Discussion

In popular culture, bartenders have often been depicted and thought of as confidants and counsellors to patrons seeking company, comfort, and advice over a drink. In this study, we examined the degree to which this depiction is accurate in terms of relationships between VFW bartenders and their veteran patrons and the ability of bartenders to assist veterans with mental health issues. Bartenders were found to have close, family-like relationships with the veteran patrons and responded in empathic, supportive ways when veterans shared their problems. While bartenders' perceived ability to recognize problems varied and their knowledge of services was limited, they appeared to be personally interested in helping their veteran patrons and may be in an ideal position to serve as gatekeepers to the VHA healthcare system. These findings are reflective of anecdotal evidence and the limited empirical findings that exist regarding the helping roles and capacities of bartenders in general public settings²³. The findings from this study are primarily descriptive in nature and, as such, tend to be self-explanatory. In this discussion, we will focus on certain characteristics of the VFW that differentiate this setting from general public settings and discuss

the potential gatekeeping or liaison role that these bartenders may play in connecting veterans with community mental health services.

Three unique characteristics support the idea that VFW bartenders have the capacity to connect veterans to necessary mental healthcare services. First, many of the VFW bartenders in this study had worked in their clubs for many years ($M = 6.8$ years) which allowed them to establish long-term, close relationships with their veteran patrons. As one bartender stated, "It's not just a job here; it is a second home with an extended family." This notion of "family" carries through in bartenders' willingness and desire to help the veterans. Another bartender remarked, "It's a very personal, small community, and people take care of each other." This private club atmosphere may be quite different from bars in the community where both staff and patrons come and go with greater frequency. The environment of VFW posts and the closeness of the relationships between VFW bartenders and their veteran patrons form a natural helping environment where veterans can share problems and bartenders can direct them to professional help²⁵.

Second, the veterans who frequent VFW clubs have common experiences and access to a common system of care and support. This is much different from bar patrons in the general public area. VFW members have all served in foreign military conflicts and, as such, they may share some of the ramifications of their service, such as mental health issues. Veterans also have access to the VHA health care system, which again differentiates this group from the general public arena. These factors are critical in understanding how VFW bartenders can help this group. It would be impractical to expect bartenders in the general public arena to understand the myriad of mental health problems faced by patrons off the street and to understand the many health care systems available in the community. VFW bartenders, on the other hand, could realistically be expected to learn about the specific mental health issues facing veterans (e.g., depression, PTSD), as well as the services and programs offered by the VHA.

Finally, VFW bartenders work under the umbrella of one central organization. This again differentiates them from bartenders in the general public area. While researchers can suggest that all bartenders receive training in mental health, there is little in terms of organizational support to mandate such training. The VFW organization, on the contrary, is a national entity that can dictate policy to the state VFW organizations and their posts. This factor supports the idea of a national training program for all VFW bartenders. The findings from the present study also lend preliminary support for such training,

as the majority of VFW bartenders indicated that they were not very familiar with the programs and services offered through the VHA, yet they were interested in receiving additional training on the problems faced by veterans and the resources available to them.

As in the training of any layperson concerning health and mental health, caution should be taken to ensure that bartenders do not overstep their role. Diagnosing a person with depression or PTSD is a difficult task and should only be undertaken by trained health professionals. The findings from the present study do not suggest that bartenders could or should serve as professional counsellors; rather, they should be viewed as potential gatekeepers to formal helping systems such as the VA and the VHA. This point should be vehemently stressed in any training program for laypersons and reinforced periodically through refresher trainings.

Limitations

There are several limitations to consider in understanding and applying the findings from this pilot study. First, the response rate to the survey was relatively low, with only 12.3% of contacted VFW posts responding. This may have resulted in a degree of response bias. VFW bartenders who were most interested in helping their clients may have been more likely to respond to the survey. The resulting sample was also quite small and homogeneous in terms of geographic location and race. This limits our ability to generalize these findings to more diverse populations. In addition, the measures used in this study were solely descriptive and rather simple in nature. In the future, researchers should consider more complex measures to build on the findings of the present study. Finally,

this study focused on bartenders who, quite obviously, serve alcohol. Substance abuse has been reported as another significant health issue for veterans²⁶. It may be contradictory to expect bartenders to respond to depression and PTSD as they may be concurrently facilitating substance misuse and abuse. On the other hand, veterans may be more likely to share their problems, issues, and concerns in this setting. Mental health care providers may need to adopt a strategy of meeting clients “where they are”, similar to outreach programs that have been found to be effective in locating and serving homeless veteran populations.

Conclusion

VFW posts provide veterans with opportunities to find camaraderie, receive social support, and continue their service to others. Within this environment, VFW bartenders appear to play an important role in listening to and potentially helping with the problems presented by their veteran patrons. The findings from this pilot study suggest that VFW bartenders may have the capacity to be more effective in assisting veterans with mental health concerns by linking them to mental health care services, such as those offered through the VHA. The development and implementation of simple, cost-effective training programs may hold the key to maximizing the helping abilities of VFW bartenders. With such training and support, VFW bartenders have the potential to help find ‘healing tonics’ for veterans – more powerful than any drink in the bar.

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Appendix A – Survey Questionnaire

1. What is your age? 18-30 31-45 45-60 61+
2. What is your gender? Female Male
3. What is your race or ethnicity? White African-American Asian Latino Other
4. What is the highest level of education that you have completed?
High School/Equivalent Some College Associates Degree Bachelors Degree/Higher
5. How long have you been working at the VFW as a bartender? _____
6. Have you ever received any formal training in counseling or mental health? Yes No
7. In general, how close are your relationships with your patrons at the VFW?
(1) Not Close (2) Fairly Close (3) Close (4) Very Close
8. How would you describe your role or roles with your patrons (circle as many as you would like)?
A. Employee B. Friend C. Helper D. Counselor E. Like Family F. Stranger

9. How often do your patrons share information about their personal problems?

(1) Never (2) Rarely (3) Sometimes (4) Often (5) Always

10. What types of problems do your patrons share with you (circle as many as you would like)?

A. Family D. Physical G. Marital J. Depression
B. Emotional E. Alcohol/Drugs H. Financial
C. Sexual F. Relationships I. Work

11. On a scale of 1 to 10, rate your ability to recognize the warning signs of depression in your patrons?

1 (not able) 2 3 4 5 6 7 8 9 10 (very able)

12. On a scale of 1 to 10, rate your ability to recognize the warning signs of Post-Traumatic Stress Disorder (PTSD) in your patrons? 1 (not able) 2 3 4 5 6 7 8 9 10 (very able)

13. What types of responses or techniques do you use when your patrons express problems (circle as many as you would like)?

A. Offer support and sympathy. G. Try not to get involved.
B. Try to be lighthearted and cheer them up. H. Give advice to them.
C. Just listen to their problems. I. Ask questions to find out more.
D. Present alternative courses of action. J. Try to get them to speak to someone.
E. Explain to them to count their blessings. K. Try to change the topic.
F. Share personal experiences related to their problems.

14. How familiar are you with the services that are available to help veterans in your area?

(a) Not familiar (b) Somewhat familiar (c) Familiar (d) Very familiar

15. Would you be willing to refer your patrons to healthcare services that are available through the Veterans Administration (the VA)? Yes No

16. Would you be interested in additional training on spotting physical and mental health problems if it was offered in your workplace (the VFW)? Yes No

On the reverse side, please let us know more about your experiences in working with VFW Post Members.

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