



From Star-Trib:

Minnesota National Guard confronts mental health issues head on

Iraq vet uses his own downward spiral to offer soldiers hope.

By [Reid Forgrave](#) Star Tribune

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RENEE JONES SCHNEIDER — STAR TRIBUNE

Sgt. First Class Joshua Guyse gave a presentation in February to a group of Minnesota National Guard instructors about mental health at Camp Ripley in Little Falls, Minn.

CAMP RIPLEY — Sergeant First Class Joshua Guyse comes from central casting as a senior infantry instructor for the Minnesota National Guard: A sturdy six-foot-three, haircut high and tight, a feared-but-respected reputation as “the right hand of Satan,” in Guyse’s words. When he talks, you listen.

One morning, the 48-year-old stood in front of the 175th Regiment Regional Training Institute here and spoke about something that has gone from relatively unspoken to top of mind in the military: Mental health and suicide prevention.

“Nobody’s afraid to ask for help if they have a broken leg,” he said. “But if somebody has a mental health issue, are they comfortable coming to ask for help? Why not? Pride. Stigma. Shame. Afraid it might affect their career.”

Guyse knows every soldier here has been touched by suicide. One just got a call from a military buddy who mentioned suicide four times.

Over the past generation, the U.S. military has changed its approach to mental health and suicide prevention. The Minnesota National Guard had one psychological health coordinator a decade ago; now it has five. There are suicide prevention teams and master resiliency trainers — “resiliency” the military word for combating mental health issues. Just this week, Congress passed legislation allocating up to \$174 million in the next five years for suicide-prevention services for veterans and their families.

When Guyse was speaking to these soldiers, it was still winter, and life was relatively normal. Everyone had heard of the coronavirus, but it had not yet upended their lives.

Since then, 2020 has become a year of anxiety: COVID-19 and its associated isolation, an economic crisis, soldiers activated to protect their own communities from unrest, a pervasive sense of change and dread. Guyse’s own anxiety ramped up, sending him back to in-person counseling.

Instead of these in-person talks about mental health, his outreach has shifted to Facebook groups or phone check-ins. Making personal connections during the pandemic has been the Guard’s suicide prevention month focus in September, part of the Department of Defense’s Connect to Protect campaign.

Guyse hears of anxiety high across the board. That anecdotal evidence is supported by recent national [research](#) and [polling](#) about Americans generally. He knows this year has hit everyone hard, and no matter the Guard’s recent big-picture successes with mental health, that’s no predictor for an uncertain future.

Guyse also knows only so much can be taught from official programming.

“Who here,” he asked the group, “knows my story?”

The military has undergone a generational shift with mental health.

“For our Vietnam vets, it took 40 years before these resources fell into place,” said Chris Luhman, state surgeon with the Minnesota National Guard. “When they got off active duty, they just melded back into the population. They didn’t even bother to go to the VA.”

Suicide prevention is now baked into the military. Each of the 11,000 soldiers and 2,000 airmen in the Minnesota National Guard get suicide prevention training annually, and more than 1,400 have received advanced mental health training.

“I know leaders that when their soldiers have come to them and said, ‘I have a problem,’ they look at them and say, ‘Your place of duty is at that VA getting help,’ ” said Lt. Col. Brandi DeGier, commander of Guyse’s battalion. “We’re not there yet. But it is changing.”

Guyse’s salvation started with pie.

It was spring 2009, and he was sitting in his Jeep in Rochester. “This is the end of the road,” he thought. He had it planned out: Go to a welding supply store to buy gas, barricade himself inside

a hotel bathroom, turn on the gas, go to sleep. He'd leave a note so the cleaning lady wouldn't find his corpse.

Then an Army buddy called: "You want to go to Perkins and get some pie?"

Guyse's life had fallen apart since he returned in 2007 from a 15-month deployment to Iraq. He was getting divorced. The deployment, as an infantry rifleman in the California National Guard, was hell. His "Mom, God and apple pie" ideals disappeared the moment he landed in Iraq. It was just survival. His leaders volunteered for every dangerous mission. One soldier who'd watched his gunner get killed had a psychotic break.

Somehow, Guyse made it back: unscathed physically, broken mentally. He'd become a person he hated. Recurring nightmares tortured him. He'd hated being at war, but once he got home, he wanted to return.

"Every single day I wished I was back in Iraq," Guyse said. "Every. Single. Day. I didn't think I fit in here anymore. Being at war, it's simple. It's not easy, but it's simple. I knew who I was there. I knew what was required of me. It's not as clear in the civilian world."

One day, he saw a woman in a burqa in downtown Rochester. She was carrying a red cooler. Guyse thought: A suicide bomber he had to stop.

He reached for his rifle, then for his Beretta M9. Neither were there. Fear pounded his chest. But he was in civilian clothes. This was not Iraq. "I started to feel like I was a monster," he said.

So: Did he want to get some pie?

Sure. He'd get some pie.

They talked about the difficulties of returning from war. The next day, Guyse went to the Minneapolis VA. A nurse from the inpatient psychiatric unit, "1K," introduced herself: "They did tell you this is a locked facility, right?"

He thought of Nurse Ratched from "One Flew Over the Cuckoo's Nest." He walked in anyway.

A few years later, Guyse was at a drill weekend in Rochester. A nurse was discussing suicide prevention. Soldiers dozed. Guyse stood up.

"You want to know what that guy looks like, the guy who is going to kill himself?" Guyse shouted. "That guy looks like me."

The room went silent as he told his story: How he'd decided to end his life until another soldier reached out. How he'd spent five days in 1K and a month as an inpatient psychiatric patient, then a few more months in intensive therapy. How that saved his life.

He spoke infantry language, where swear words are commas. He credited a VA nurse with changing his perspective: How can you go through what you went through in Iraq and not be changed?

“Guys had been snickering about it: ‘OK, whatever, I’m going to suck it up and drive on,’ ” said Rod Hayworth, the readiness noncommissioned officer in Guyse’s unit. “Well, the World War II guys tried that, and it didn’t work. Our uncles from Korea, that didn’t work. Our older brothers from Vietnam, they tried it, and it didn’t work either.”

Afterward, Hayworth said, “People started to talk.”

In coming years, Guyse would tell his story at drill weekends statewide dozens of times. He always gave his phone number: Call if you need help. The calls came day and night, soldiers who just needed to talk.

It’s tough to prove a negative: Was a suicide prevented? Minnesota military leaders are cautiously optimistic. Suicides peaked in the Minnesota National Guard in 2016, with seven; in 2019 and so far in 2020, one member each year has died by suicide.

“It would be so ignorant to assume you have a solution,” said Brig. Gen. Michael Wickman, commander of the 34th Infantry Division of the Minnesota Army National Guard. “Hubris is dangerous. Suicide is complex.”

Guyse is now a full-time instructor at Camp Ripley, where he trains leaders for a military whose culture is quite different from when he joined. “It’s not just ‘Screw it, send out the artillery,’ ” Guyse said, “but winning hearts and minds.”

The Army, Guyse believes, now realizes it hasn’t been great at training soldiers for returning home from war. Three check-ins are required in the three months after a deployment. At-risk service members are given counseling or referred to a chaplain.

Guyse is open about his struggles and successes. He speaks of sleep struggles leading him back to therapy during this anxiety-filled year. He speaks about how, during COVID’s isolation, he saw an uptick in conversations among soldiers about mental health. There are indications the pandemic is already impacting mental health in the military. A [report this week](#) indicated military suicides have increased by as much as 20% this year compared to the same period in 2019.

And he speaks about his happy ending. He’s now married with three stepdaughters. He got his nursing degree. He may someday work at the VA, because nobody understands a vet like a vet.

“There’s still that stigma out there,” he told the Camp Ripley group, “still that piece where people are afraid to ask for help.”

The issue isn’t going away. Just last year, an instructor in this unit who recently left the Guard committed suicide. But the simple fact of two dozen soldiers discussing mental health feels like a victory.

Guyse recently noticed personnel files commending team leaders for reaching out to subordinates during COVID to check in. He sees that as systemic change.

“The sooner we can talk frankly about all the crappy stuff, the sooner we can move past it,” Guyse said. “It’s only then that conversations can happen.”

Reid Forgrave covers Minnesota and the Upper Midwest for the Star Tribune. He started at the paper in September 2019, returning to his newspaper storytelling roots after eight years as a national sportswriter for [FOXSports.com](https://www.foxsports.com) and [CBSSports.com](https://www.cbssports.com).
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