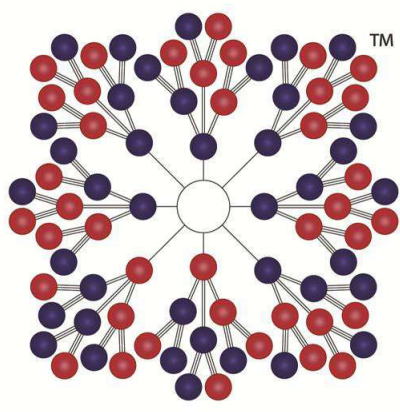


A 12 - 2 - 60
Scouting Journey
 Report #25-06



What are the possible implications of the current trends in veteran suicide?

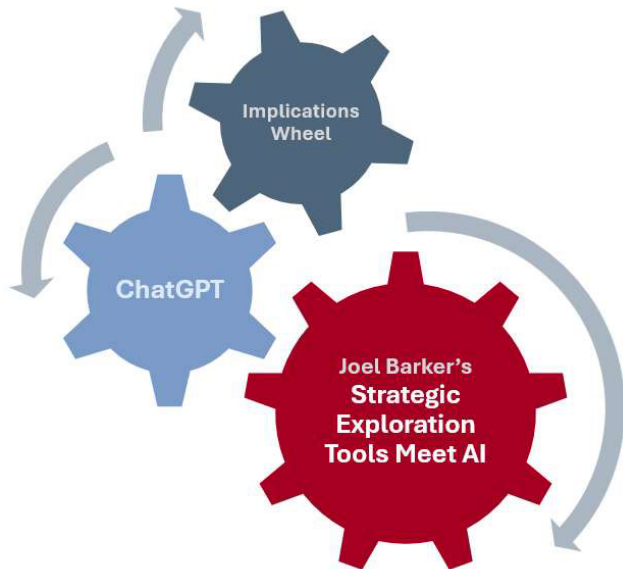
Joel Barker's



IMPLICATIONS
W H E E L

The Implications Wheel® will give you a substantial advantage in finding, recognizing, and securing your future.

Joel Barker



Introduction

When ChatGPT exploded into the world, reaching over 100 million users in January 2024, it became a focus of multiple experiments for Joel Barker's Strategic Exploration Tools. Because Joel's concepts and tools, specifically paradigms, T.I.P.S. Tracking, and the Implications Wheel, are based on diversity of input and a "Wisdom of Crowds" approach, the challenge of testing ChatGPT's "Wisdom of the World" was evident.

The first experiments included a strategic exploration using ChatGPT on the same "center" as one conducted by I-Wheel-trained facilitators. Joel's comment, "***That's amazing!***" summarizes the results best. Further experiments tested all the Strategic Exploration Tools. More information on these experiments is detailed at the end of this report.

An Implications Wheel exploration typically contains 12 or more "first-orders" and "arcs," resulting in over 300 specific implications. Examples typically include five completed "arcs" with **Desirability** and **Likelihood** scoring. For these "12 - 2 - 60" Scouting Journeys, Chat GPTs, developed for the Strategic Exploration Tools, are prompted to:

- Create a "center" using structured questions from a T.I.P.S. Tracking "Interrogation."
- Generate 12 "first-order" implications.
- Based on the selection of one "positive" and one "negative" first-order implication, generate a complete "arc" containing five "second-order" implications and five "third-order" implications for each "second-order" (*An "arc" with 31 implications*).
- Suggest several possible "points-of-view" for scoring.

For this topic, a test of ChatGPT's "Deep Research" was included as part of "center" creation. An 11-page report was created. A link to this file is included.

The end of this report includes more information on the Chat GPTs, including references to the experiments. **Responses from the Chat GPTs included here are presented unedited** (*Exceptions Noted*).

I. Create a “Center”

Please create a brief introduction on the statistics, then interrogate the trends in the attached report on veteran suicide.



The following summary was selected from the ChatGPT “Deep Research” report.

The full report can be [accessed here](#).

Veteran suicide remains a critical public health challenge in the U.S. Recent data show that in 2021, **6,392 U.S. veterans died by suicide**, which equates to over **17 veteran suicides per day**. This represented an **11.6% increase** (in age-adjusted rate) from 2020, reversing the brief decline seen in 2019–2020. (Suicide rates for both veterans and the overall U.S. population had dipped in 2019–2020, possibly due to a “coming together” effect early in the COVID-19 pandemic, but climbed again in 2021.) **By 2022, approximately 6,407 veterans died by suicide**, corresponding to a rate of **34.7 per 100,000** – about **double** the rate of nonveteran U.S. adults (17.1 per 100,000) that year. Even after adjusting for population differences, veterans are at higher risk: i.e., in 2020 the veteran suicide rate was **57% higher** than the age- and sex-adjusted rate for non-veterans.

Demographic patterns reveal important nuances. Younger veterans (age 18–34) have the **highest suicide rates** (approximately 47.6 per 100,000 in 2022) but older veterans (55 and above) account for the majority of suicide deaths. In 2022, veterans age 55+ – who make up nearly two-thirds of the veteran population – **comprised about 60%** of all veteran suicides (3,860 deaths), even though their suicide rate is lower than that of younger veterans. Gender is another key factor: **male veterans** make up the vast majority of cases (6,136 of the 6,407 veteran suicides in 2022)^r. However, **female veterans** face significantly elevated risk relative to civilian women – the suicide rate among women veterans is roughly **double** that of non-veteran women (about 14.2 vs. 7.4 per 100,000 in 2022, even though the absolute number of female veteran suicides is much smaller (271 in 2022)). Another striking pattern is the **disproportionate use of firearms** in veteran suicides. Nearly **70%** of veterans who die by suicide use a firearm, a higher proportion than in the civilian population – for instance, about 75% of male veteran suicides involve firearms compared to ~57% for male nonveterans. This emphasizes the critical role of firearm safety in veteran suicide prevention.

Here is the **T.I.P.S. Tracking interrogation** based on—**Trends, Innovations, and Paradigm Shifts**—applied to the *Current Trends in Veteran Suicide in the United States (2025 Overview)*:

T – Trends

What enduring patterns or directional changes are visible?

1. **Persistent Overrepresentation of Veteran Suicides:** Veterans account for about 13–14% of all U.S. suicides despite being only 7% of the population, with a suicide rate nearly double that of non-veterans.
 2. **Demographic Divergence:**
 - **Women veterans** showed a 24.1% decline in suicide rates from 2021 to 2022—a rare positive trend.
 - **Younger veterans (18–34)** experienced a slight decrease, whereas male veterans' rates increased modestly.
 - **Post-service vulnerability** remains acute, especially within the first year after separation (46.2 per 100k).
 3. **Firearms as Dominant Method:** Firearms are used in over 73% of veteran suicides, reflecting a stable, high-lethality pattern compared to civilians (~52%).
 4. **Socioeconomic Risk Amplifiers:** Homelessness, poverty, and lack of social support consistently correlate with higher suicide rates.
-

I – Innovations

What new practices or tools are altering the field of response or understanding?

1. **Predictive Risk Modelling (REACH VET):** Uses machine learning on VA health records to identify high-risk individuals and engage them before crises emerge—pioneering preemptive care models.
2. **988 Integration with Veterans Crisis Line:** National suicide prevention hotline streamlined access for veterans via a single-digit prompt, increasing usability and reach.

3. **Emergency Mental Health Access via COMPACT Act:** Extends no-cost care to suicidal veterans outside VA enrollment, erasing a critical access boundary.
 4. **Community-Based Grant Programs (SSG Fox SPGP):** Funds non-VA organizations to provide tailored, culturally competent interventions at the local level—reshaping delivery channels.
 5. **Gun Safety Collaborations:** Initiatives distributing gun locks and involving firearm retailers in suicide prevention broaden the intervention toolkit into community norms and private behavior.
-

P – Paradigm Shifts

What fundamental changes in worldview, assumptions, or systems are emerging?

1. **From Reactive to Preventive Care:** The shift from crisis response to anticipatory identification and engagement (e.g., REACH VET, Solid Start) marks a redefinition of suicide prevention as continuous care.
2. **From Clinical Institutions to Ecosystem Engagement:** Prevention is no longer confined to VA hospitals—state governments, nonprofits, community clinics, and peer networks now form a distributed care ecosystem.
3. **From Mental Illness Model to Social Determinants Framework:** Acknowledgment of housing, economic security, trauma history, and reintegration stress as central to suicide risk reframes the issue as a socio-structural challenge.
4. **From Stigma to Shared Responsibility:** Public awareness campaigns reframe suicide not as a personal failure but as a collective issue, with every person (veteran or civilian) positioned as a potential intervener.

II. Generate “First-Order” Implications

What are the possible implications of the current trends in veteran suicide?

ChatGPT said:



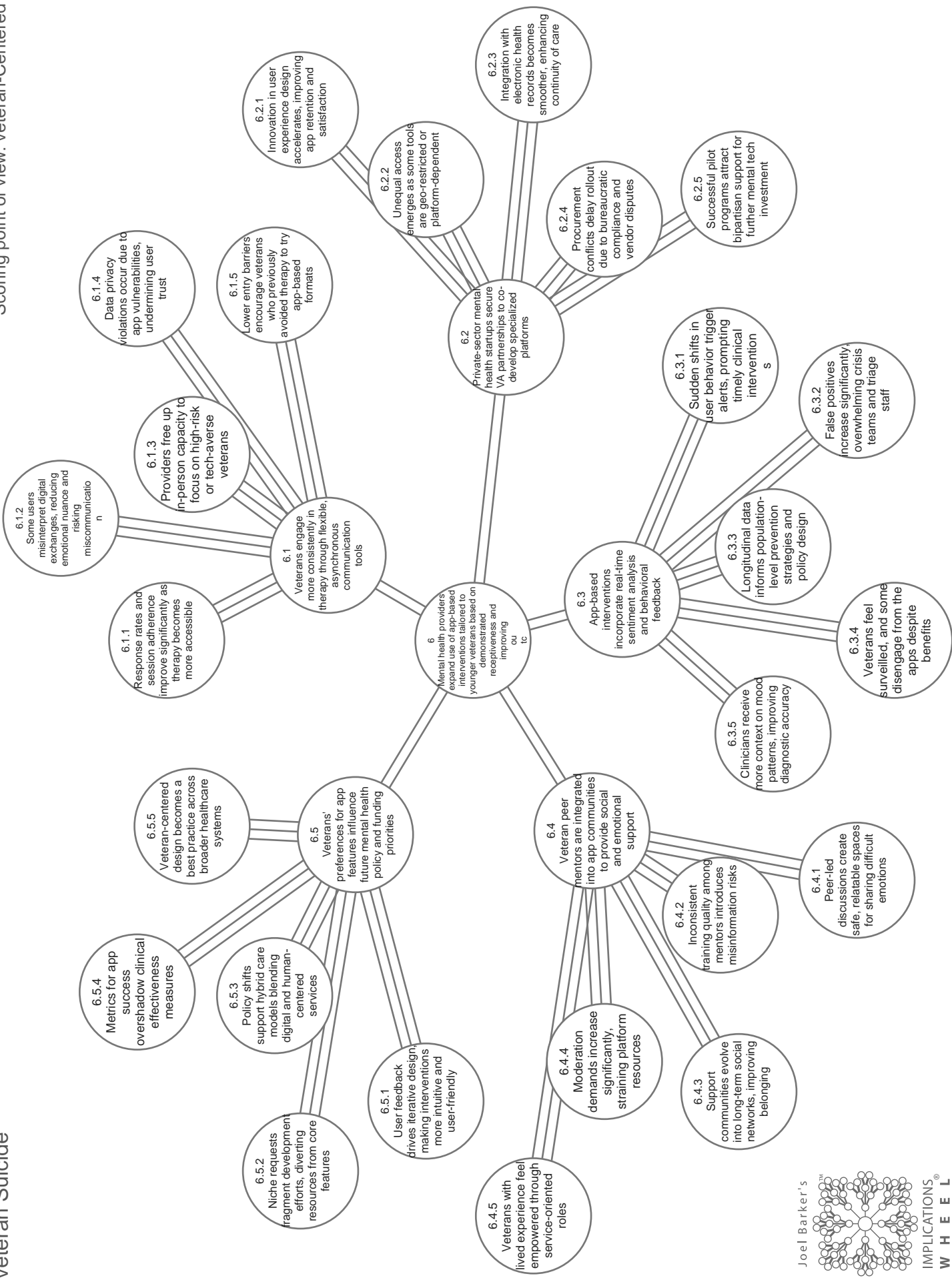
Here are 12 first-order implications of the trend of **Veteran Suicide**, each framed as a direct, specific consequence. These implications reflect both positive and negative possibilities, across economic, social, organizational, and educational domains:

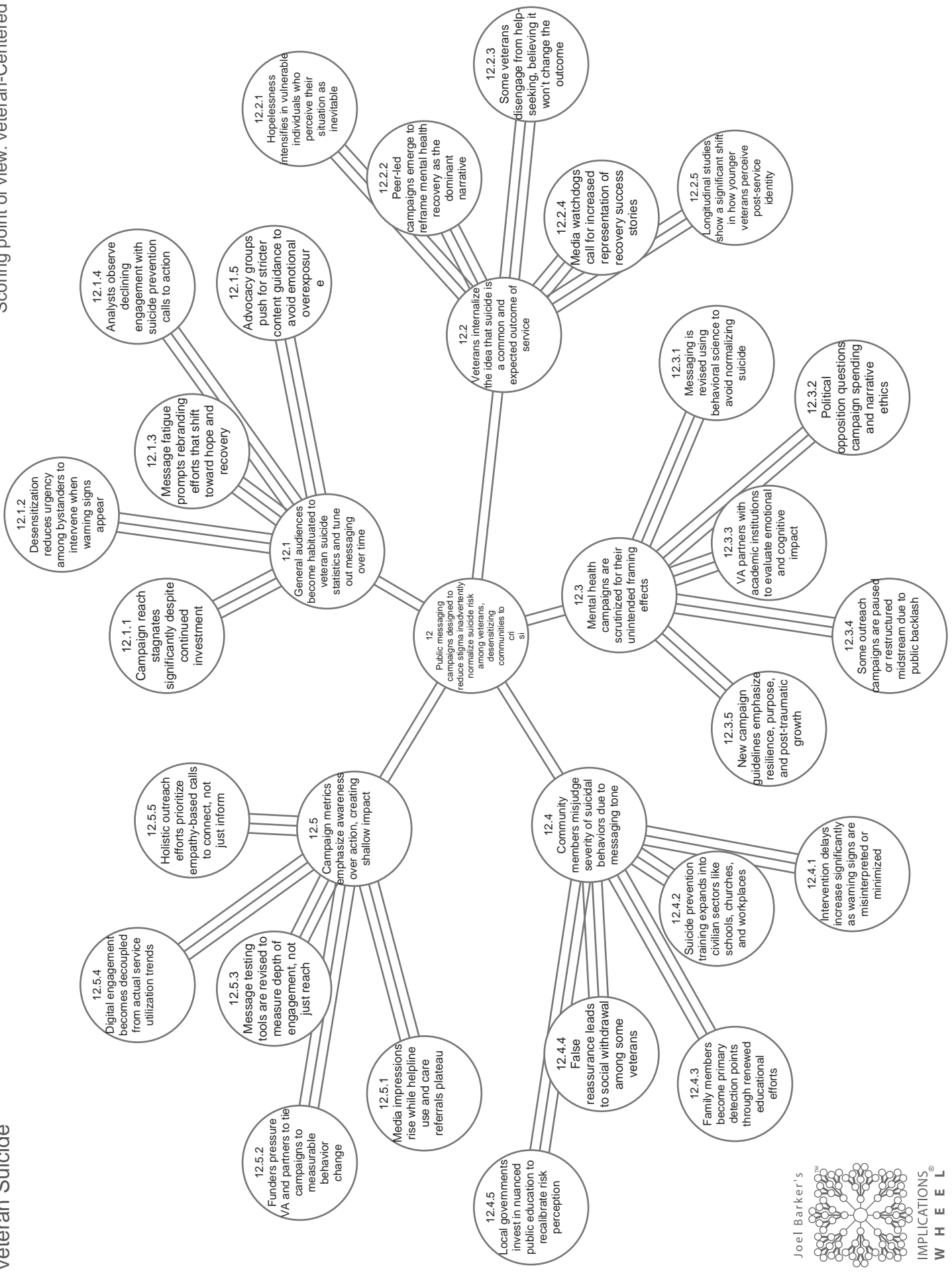
1. **One possibility is that** federal agencies shift budget priorities to reinforce proven suicide prevention programs rather than initiate new generalized interventions.
2. **One possibility is that** suicide rates among newly separated veterans overwhelm transitional support systems, creating bottlenecks in VA intake, crisis line response, and case management.
3. **One possibility is that** the Department of Defense embeds mandatory mental health transition protocols into standard discharge procedures for service members.
4. **One possibility is that** lawmakers impose firearm safety counseling requirements across all veteran healthcare access points, including civilian providers.
5. **One possibility is that** the VA intensifies outreach mandates targeting newly separated veterans who remain disconnected from institutional care.
6. **One possibility is that** mental health providers expand the use of app-based interventions tailored to younger veterans based on their demonstrated receptiveness and improving outcomes.
7. **One possibility is that** federal health officials revise suicide data monitoring frameworks to incorporate behavioral analytics and real-time surveillance indicators.

8. **One possibility is that** veteran housing programs scale up “housing-first” models as foundational infrastructure for suicide prevention in chronically at-risk populations.
9. **One possibility is that** male veteran suicide trends trigger critical evaluations of mental health frameworks for gender-specific diagnostic and therapeutic adequacy.
10. **One possibility is that** persistently high male veteran suicide rates reinforce damaging stereotypes about male emotional resilience, undermining nuanced outreach and mental health engagement strategies.
11. **One possibility is that** policymakers deprioritize veteran-specific suicide prevention funding in response to parallel increases in civilian suicide rates.
12. **One possibility is that** public messaging campaigns designed to reduce stigma inadvertently normalize suicide risk among veterans, desensitizing communities to crisis signs.

III. Generate “Second- and Third-order” Implications

The “arcs” presented here are generated by the **Implications Wheel “Arc” Explorer** GPT. They were then entered into the Implications Wheel software to generate the “arc” graphic presentation. Minor editing was done for these implications to increase clarity and compliance with Implications Wheel rules for specificity.





IV. Identify Scoring Possibilities

The Implications Wheel features scoring for desirability and likelihood from a specified "point of view." What are some possible "points of view" for scoring this exploration?

ChatGPT:



Given the topic of **veteran suicide**, here are several possible **scoring points-of-view** you could use for your Implications Wheel analysis. Each offers a unique lens through which to evaluate the **desirability** and **likelihood** of consequences:

1. Public Health Point of View

- Focus: Reducing suicide rates, improving mental health outcomes, enhancing access to care.
- Metrics: Mortality reduction, crisis intervention effectiveness, mental illness treatment penetration.

2. Veteran-Centered Point of View

- Focus: Well-being and dignity of veterans, access to services, social reintegration.
- Metrics: Quality of life, trust in the VA, successful transitions post-service, family impacts.

3. Economic Point of View

- Focus: Cost-effectiveness of interventions, societal costs of suicide, workforce impacts.
- Metrics: Health system burden, productivity loss, cost-benefit of prevention programs.

4. Social/Cultural Point of View

- Focus: Stigma reduction, societal perceptions of veterans, reintegration challenges.

- Metrics: Public awareness, cultural sensitivity, family and community support systems.

5. Equity and Access Point of View

- Focus: Addressing disparities among subpopulations (e.g., women veterans, rural veterans, LGBTQ+ veterans).
- Metrics: Utilization rates, demographic-specific suicide data, care customization.

6. Policy and Institutional Point of View

- Focus: Government response, interagency coordination, legislative initiatives.
- Metrics: Funding shifts, policy mandates, program adoption, regulatory changes.

7. Technology and Innovation Point of View

- Focus: Use of AI, apps, data analytics, telehealth, and predictive tools.
- Metrics: Digital adoption rates, effectiveness of new tools, privacy/safety concerns.

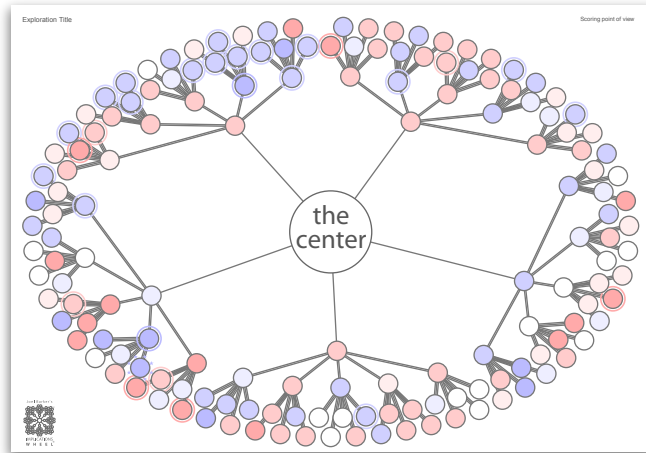
V. Scoring Results

For this **12 – 2 – 60 Scouting Journey** report, the GPT, **Implications Scoring**, was prompted to score the selected “arcs” from the point of view of **Veterans**.



The Implications Wheel[®]

Reading an Exploration



Start by assuming that **the center** happens. The circles connected to the center are possible consequences of the center. These are called **1st order implications**.

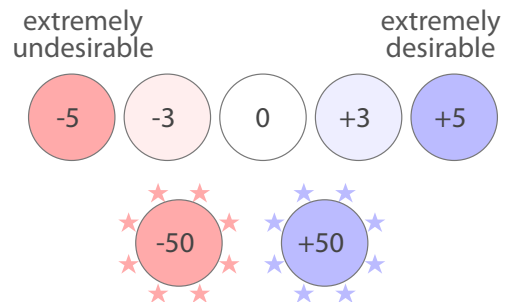
Then assume that the 1st order implications happen. The **2nd order implications** are possible implications of the 1st orders.

Finally, the **3rd order implications** are possible implications of the 2nd orders.

Scoring for Desirability

The desirability or undesirability of an implication **depends on one's point of view**. The point of view from which these implications were scored is printed in the upper-right corner of the exploration.

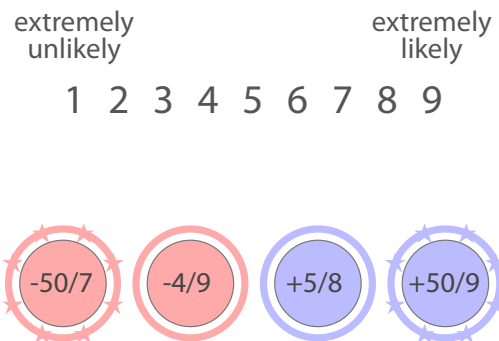
The desirability scale goes from -5 to +5, with two special scores (+/-50) for extraordinary situations.

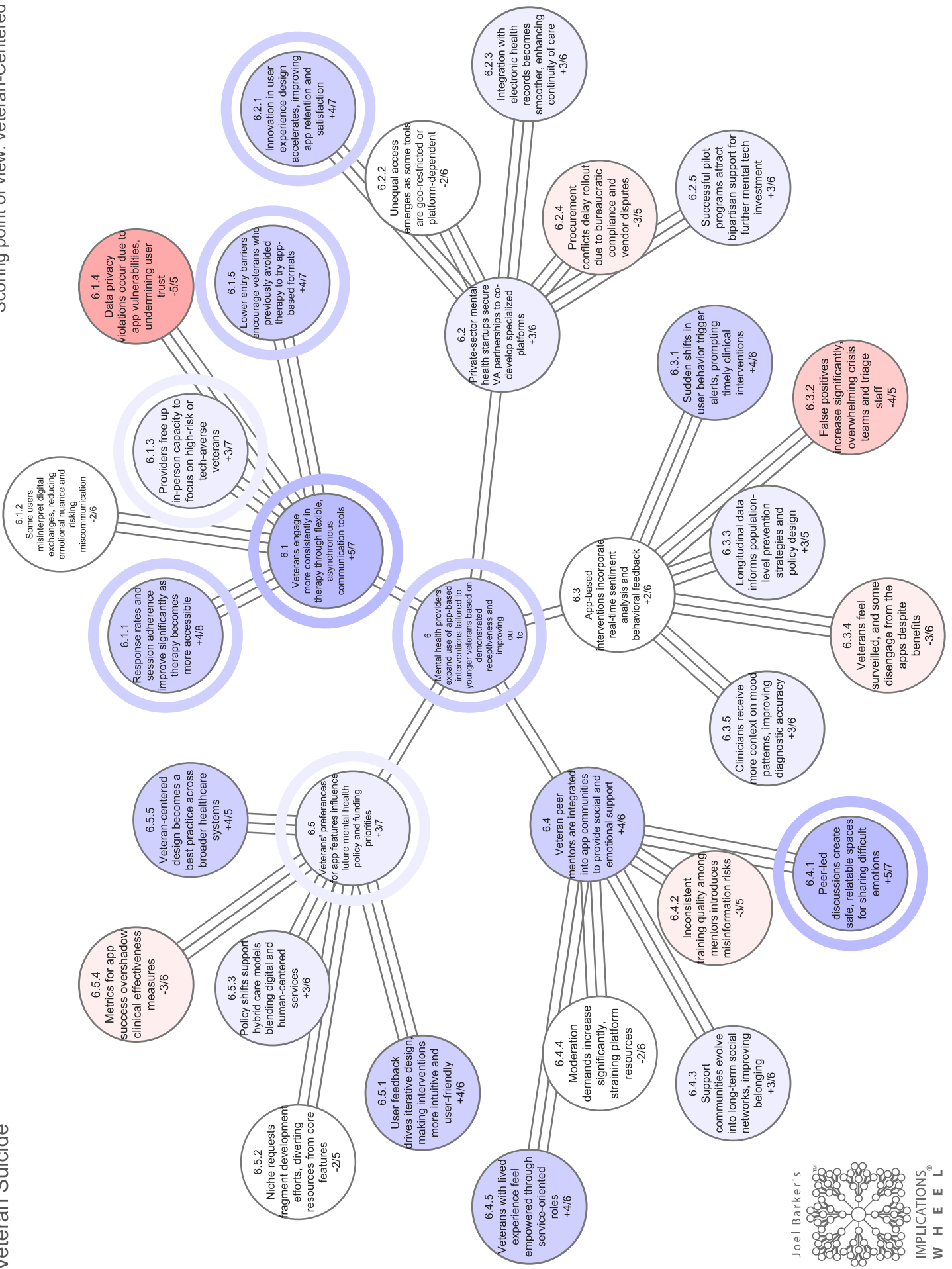


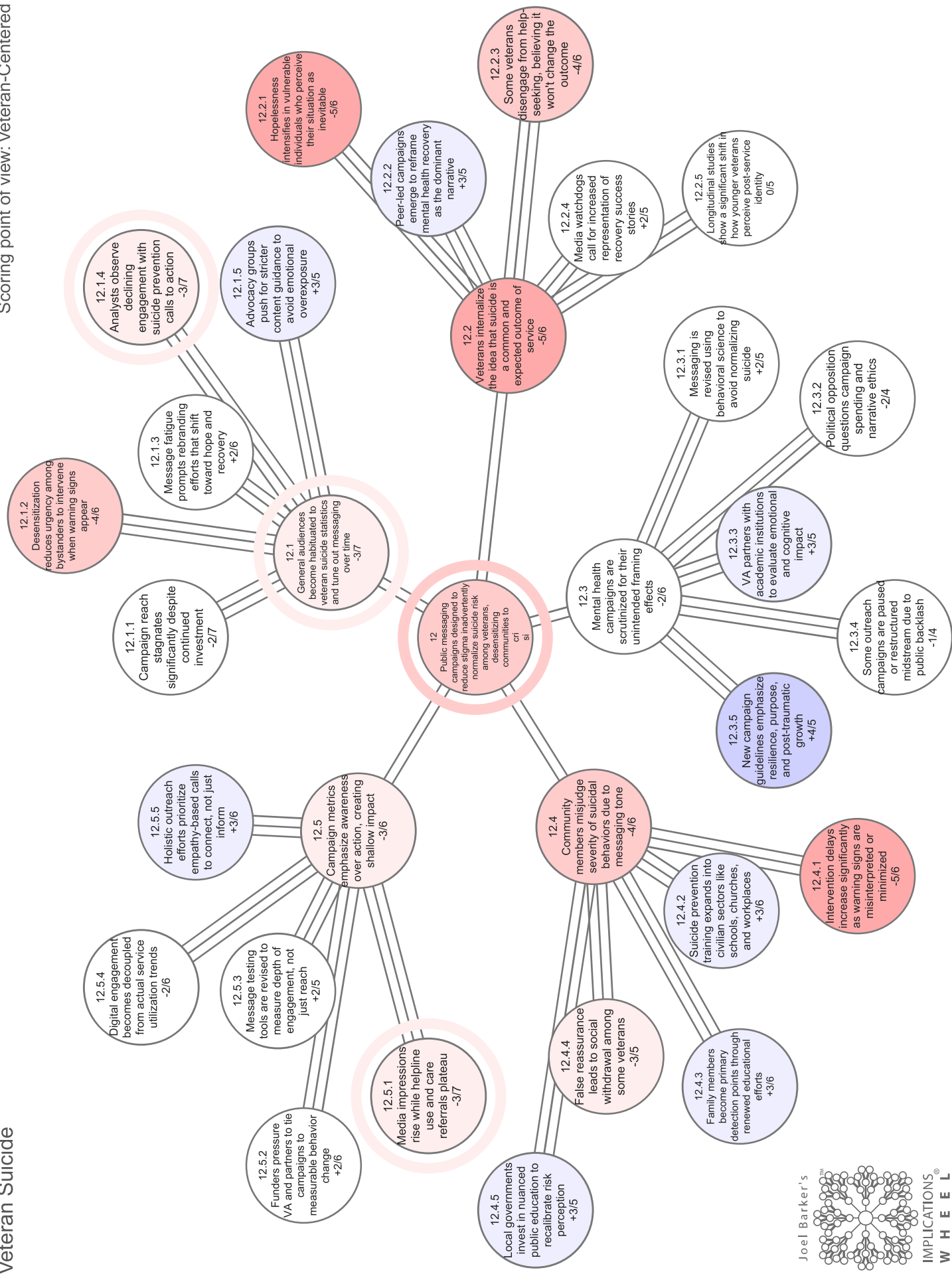
Scoring for Likelihood

Each likelihood score **assumes the occurrence of the preceding implication**. The likelihood scale is from 1 to 9.

If you see a red or a blue implication that is circled, the circle indicates that the implication received a 7, 8, or 9 likelihood.







Scored Implications from a Veteran-Centered Perspective

Note: For the following report, I prompted the Scoring GPT to summarize the key results from scoring the two arcs. It offered several options for a table, a graphic presentation, or a summary narrative. I asked for a summary narrative. Usually, as noted in all the “12-2-60” reports, the GPT responses are presented without editing. In this case, I decided to edit the response with Grammarly. I accepted about 60% of the 22 recommended changes.

This report analyzes two Implications Wheel arcs focused on emerging dynamics around veteran suicide, scored from a veteran-centered point of view. The scoring method evaluates each implication by its desirability and likelihood, to identify the most promising opportunities and the most critical risks. The results highlight where efforts may best support veterans’ wellbeing, and where unintended consequences may require mitigation.

Among the most significant opportunities identified, the expansion of app-based mental health tools stood out as highly beneficial. Specifically, making therapy more accessible through flexible digital formats was linked to improved session adherence and consistent participation. This outcome, scored as both very desirable and highly likely, signals a strong potential to help veterans maintain engagement with mental health care, an essential protective factor against suicide. Additionally, lowering the barriers to entry through these tools is expected to bring in veterans who previously avoided treatment, further widening the circle of care. These two outcomes, taken together, offer a promising vision of a more inclusive and connected support system.

Another clear opportunity arises from integrating veteran peer mentors into app communities. This approach creates emotionally safe and relatable environments for veterans to share difficult experiences with people who understand them. Peer-led discussions not only reduce isolation but also build trust in mental health platforms. These spaces may serve as critical bridges to formal care. Also noteworthy is the emerging use of real-time behavioral data and sentiment analysis in digital platforms. When deployed responsibly, these tools allow providers to detect signs of distress and intervene before a crisis escalates, offering a potentially life-saving capability. Finally, as digital services become more veteran-centered, iterative design based on user feedback is likely to improve usability and trust. These tools become more effective and engaging by responding to veterans’ preferences.

On the other hand, several risks emerged as both highly undesirable and likely. One of the most concerning is the possibility that stigma-reduction messaging—designed with good intentions—could inadvertently normalize suicide among veterans. When suicide is framed as a common or expected outcome of military service, vulnerable individuals may

internalize a sense of hopelessness. This can become a dangerous self-fulfilling prophecy, undermining resilience and discouraging veterans from seeking help. The perception that “this is just how it ends” is particularly dangerous in high-risk populations. And it represents one of the gravest unintended effects of poorly framed messaging.

Closely related is the risk that these campaigns may desensitize both the public and veterans themselves to crisis signs. When communities become accustomed to statistics about veteran suicide, they may tune out over time, delaying intervention during moments of real danger. This normalization effect can lead to tragic outcomes, as warning signs are overlooked or minimized. Equally troubling is the risk that unqualified peer mentors, despite the benefits of lived experience, could spread misinformation or give harmful advice if not properly trained. While peer support is powerful, it requires structure and oversight to be safe and effective.

Technological advancements also carry their risks. In particular, the growing use of behavioral alerts in digital mental health tools can produce a high volume of false positives. These alerts may overwhelm crisis teams and drain limited clinical resources if they are not carefully calibrated. This reduces efficiency and can delay response for those in genuine need. Finally, there is the risk of superficial success in public messaging: campaigns may generate high visibility and media impressions, yet fail to move the needle on actual help-seeking behavior. When awareness is not matched by action, the danger is that messaging becomes performative rather than transformative.

In summary, the implications reviewed in this exploration show a complex interplay of innovation, communication, and unintended consequences. Digital platforms offer transformative potential—particularly when grounded in veteran feedback and focused on connection—but must be designed with privacy, clarity, and meaningful engagement. Public messaging remains a double-edged sword: it can reduce stigma and promote healing, but if mishandled, it may quietly reinforce despair. Ultimately, the most effective strategies will combine compassionate design with rigorous oversight, all while keeping veterans' lived experiences and voices at the center.

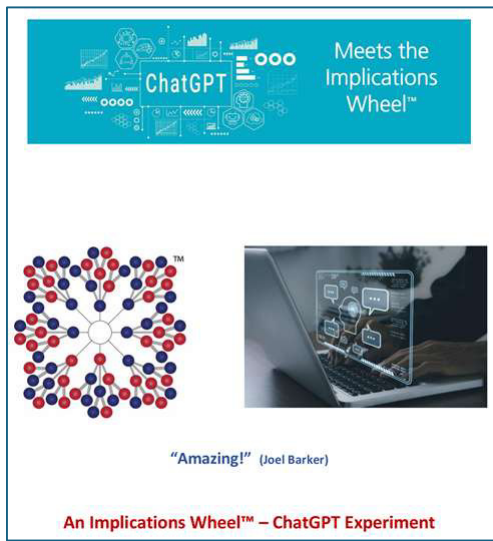
VI. Scoring Exercise

In **12 – 2 – 60 Scouting Journey** reports, an opportunity to interact with the exploration will be included.



This is an exercise frequently conducted with audiences during an introduction to the Implications Wheel. It also introduces participants to evaluating the implications of an exploration.

1. Review the two “arcs” included earlier in this report.
2. Select a scoring “point-of-view” from the list of suggestions generated by ChatGPT or...
3. Point-of-View:
4. Identify, based on the “point-of-view” and your assessment, the three most important **negative** implications and the three most important **positive** implications.
5. For this “12 – 2 – 60” report, you might also look at the scored arcs and assess your agreement or disagreement with the GPT scoring. You might also consider how the scores of some implications would change if you adopt a different point of view.



Meets the Implications Wheel™

ChatGPT

“Amazing!” (Joel Barker)

An Implications Wheel™ – ChatGPT Experiment

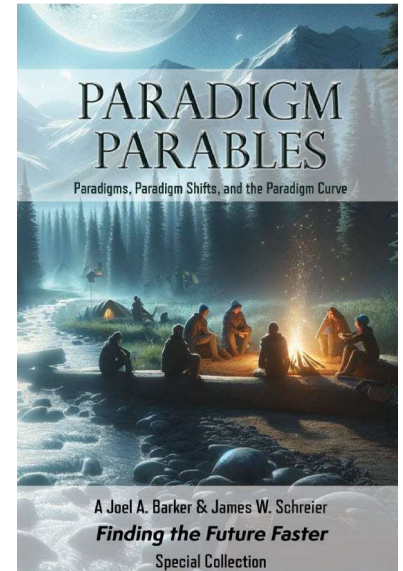


This report compares an exploration developed by I-Wheel facilitators to the same topic explored by ChatGPT.

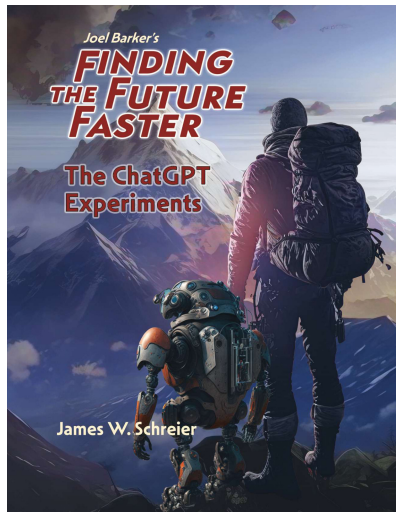
Key observations include the identification of identical and similar implications plus the need to actively “facilitate” the work of ChatGPT.



This special publication contains multiple examples of paradigms, paradigm shifts, and applications of the paradigm curve.



This special publication contains experiments and examples of how ChatGPT works with Joel’s Strategic Exploration tools.



SCAN TO REQUEST MORE INFORMATION!



There are six Chat “GPTs” developed and trained based on Joel Barker’s Strategic Exploration Tools.

Strategic Exploration

GPT Guides



Future Insight

A strategic exploration GPT for interrogating trends, innovations, and paradigm shifts. It uses a formal set of questions based on the T.I.P.S Tracking Interrogation process.



Implications Explorer

Expert-level GPT for direct, specific, first-order implications.



Implications Wheel “Arc” Explorer

Generates a 5 x 5 Implications Wheel Arc.



Implications Scorer

Scores implications for an “Arc” of an Implications Wheel. A specific point-of-view is specified to begin the scoring.



Campfire Inquiry

A structured inquiry of Implications Wheel results, based on “When the Scouts Return.”



Barriers, Bridges, Information Needs

Generates possible decision strategies for specific I-Wheel Implications