



## CDP Research Update -- April 20, 2017

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### **Military Behavioral Health - Special Section on Military Spouses and the Social Context**

(online before print)

- Introduction  
<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1295003>
- Military Spouses Stationed Overseas: Role of Social Connectedness on Health and Well-Being.  
<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1272014>
- Topic Avoidance about Deployment upon Reunion: Applying the Relational Turbulence Model.  
<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1272013>
- The Association of Deployment-Related Mental Health, Community Support, and Spouse Stress in Military Couples.  
<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1272015>
- Comparing Strategies to Help Spouses of Service Members Cope with Deployment.  
<http://www.tandfonline.com/doi/full/10.1080/21635781.2016.1272018>
- Marital Status and Marital Quality Differences in the Post-Deployment Mental and Physical Health of Service Members  
<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1316803>

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<http://online.liebertpub.com/doi/abs/10.1089/tmj.2016.0110>

## **Development of a Suicidal Ideation Detection Tool for Primary Healthcare Settings: Using Open Access Online Psychosocial Data.**

Meyer Denny, Abbott Jo-Anne, Rehm Imogen, Bhar Sunil, Barak Azy, Deng Gary, Wallace Klaire, Ogden Edward, and Klein Britt

Telemedicine and e-Health  
April 2017, 23(4): 273-281  
doi:10.1089/tmj.2016.0110

### **Background:**

Suicidal patients often visit healthcare professionals in their last month before suicide, but medical practitioners are unlikely to raise the issue of suicide with patients because of time constraints and uncertainty regarding an appropriate approach.

### **Introduction:**

A brief tool called the e-PASS Suicidal Ideation Detector (eSID) was developed for medical practitioners to help detect the presence of suicidal ideation (SI) in their clients. If SI is detected, the system alerts medical practitioners to address this issue with a client. The eSID tool was developed due to the absence of an easy-to-use, evidence-based SI detection tool for general practice.

### **Material and Methods:**

The tool was developed using binary logistic regression analyses of data provided by clients accessing an online psychological assessment function. Ten primary healthcare professionals provided advice regarding the use of the tool.

### **Results:**

The analysis identified eleven factors in addition to the Kessler-6 for inclusion in the model used to predict the probability of recent SI. The model performed well across gender and age groups 18–64 (AUR 0.834, 95% CI 0.828–0.841, N = 16,703). Healthcare professionals were interviewed; they recommended that the tool be incorporated into existing medical software systems and that additional resources be supplied, tailored to the level of risk identified.

Conclusion:

The eSID is expected to trigger risk assessments by healthcare professionals when this is necessary. Initial reactions of healthcare professionals to the tool were favorable, but further testing and in situ development are required.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1316806>

**Suicidal Behavior in Returning Military Service Members: Analysis and Recommendations from Peter J. N. Linnerooth, Ph.D.**

Peter J. N. Linnerooth, Christina H. Krieg, Victoria M. O'Keefe, Greg M. Reger & Bret A. Moore

Military Behavioral Health

Accepted author version posted online: 11 Apr 2017

<http://dx.doi.org/10.1080/21635781.2017.1316806>

The increase in service member and veteran suicides within the military has garnered considerable attention over the past decade, especially once the rate of military members surpassed that of demographically-matched civilians. Dr. Peter J. N. Linnerooth, a former Army and Department of Veterans Affairs psychologist, was concerned about Service Member and Veteran suicide and wrote this paper prior to his own tragic suicide in 2013. In honor of Dr. Linnerooth's memory, this paper was updated by former friends, colleagues, and peers to review in detail the problem of suicide in the military including issues related to epidemiology, assessment, treatment, and potential causal factors.

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<http://www.tandfonline.com/doi/full/10.1080/21635781.2017.1295001>

**Understanding the Practice Experience of the Military Mental Health Provider in a Deployed Setting: A Conceptual Model.**

Bud Warner & Phil E. Miller

Military Behavioral Health

Published online: 15 Feb 2017

<http://dx.doi.org/10.1080/21635781.2017.1295001>

Military mental health providers who are deployed to combat areas perform roles for which there is no analogous civilian job. Their clinical decision making is influenced by their emotional health, safety, training, support, and culture of the military. This article is based on original research that examined the experiences of 27 military mental health providers, proposes a model of decision making for the deployed military mental health providers, and provides case examples of its application.

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<https://www.ncbi.nlm.nih.gov/pubmed/28365745>

Arch Clin Neuropsychol. 2017 Mar 1;32(2):184-197. doi: 10.1093/arclin/acw093

**Consistency of Self-Reported Neurocognitive Symptoms, Post-Traumatic Stress Disorder Symptoms, and Concussive Events From End of First Deployment to Veteran Health Administration Comprehensive Traumatic Brain Injury Evaluation by Operations Enduring Freedom/Iraqi Freedom/New Dawn Veterans.**

Russo AC, Fingerhut EC

**OBJECTIVE:**

This study examined the consistency of self-reported symptoms and concussive events in combat veterans who reported experiencing concussive events.

**METHOD:**

One hundred and forty, single deployed, Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn combat veterans with Veteran Health Administration (VHA) Comprehensive Traumatic Brain Injury Evaluations (CTBIE) and no post-deployment head injury were examined to assess consistency of self-reported (a) traumatic brain injury (TBI)-related symptoms, (b) post-traumatic stress disorder (PTSD)-related symptoms, and (c) TBI-related concussive events from soon after deployment to time of VHA CTBIE.

**RESULTS:**

Compared to their self-report of symptoms and traumatic events at the time of their Post-Deployment Health Assessment, at the time of their comprehensive VHA

evaluation, subjects reported significantly greater impairment in concentration, decision making, memory, headache, and sleep. In addition, although half the subjects denied any PTSD symptoms post-deployment, approximately three quarters reported experiencing all four PTSD screening symptoms near the time of the VHA CTBIEs. At the latter time, subjects also reported significantly more TBI-related concussive events, as well as more post-concussive sequelae such as loss of consciousness immediately following these concussive events. Finally, although 84% reported a level of impairment so severe as to render all but the simplest activity doable, the vast majority simultaneously reported working and/or attending college.

#### CONCLUSIONS:

These findings raise questions regarding the accuracy of veteran self-report of both near and distant traumatic events, and argue for the inclusion of contemporaneous Department of Defense (DOD) records in veteran assessment and treatment planning.

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<https://www.ncbi.nlm.nih.gov/pubmed/26992878>

Arch Psychiatr Nurs. 2016 Apr;30(2):244-8. doi: 10.1016/j.apnu.2015.11.008. Epub 2015 Dec 1

#### **Rural Women Veterans' Use and Perception of Mental Health Services.**

Ingelse K, Messecar D

While the total number of veterans in the U.S. is decreasing overall, the number of women veterans is significantly increasing. There are numerous barriers which keep women veterans from accessing mental health care. One barrier which can impact receiving care is living in a rural area. Veterans in rural areas have access to fewer mental health services than do urban residing veterans, and women veterans in general have less access to mental health care than do their male colleagues. Little is known about rural women veterans and their mental health service needs. Women, who have served in the military, have unique problems related to their service compared to their male colleagues including higher rates of post-traumatic stress disorder (PTSD) and military sexual trauma (MST). This qualitative study investigated use of and barriers to receiving mental health care for rural women veterans. In-depth interviews were conducted with ten women veterans who have reported experiencing problems with either MST, PTSD, or combat trauma. All ten women had utilized mental health services during active-duty military service, and post service, in Veterans Administration (VA)

community based-outpatient clinics. Several recurring themes in the women's experience were identified. For all of the women interviewed, a sentinel precipitating event led to seeking mental health services. These precipitating events included episodes of chronic sexual harassment and ridicule, traumatic sexual assaults, and difficult combat experiences. Efforts to report mistreatment were unsuccessful or met with punishment. All the women interviewed reported that they would not have sought services without the help of a supportive peer who encouraged seeking care. Barriers to seeking care included feeling like they were not really a combat veteran (in spite of serving in a combat unit in Iraq); feeling stigmatized by providers and other military personnel, being treated as crazy; and a lack of interest from those providing care in hearing their stories. This study may generate positive social change by helping providers approach women veterans in a way that is sympathetic to their experiences. Copyright © 2015 Elsevier Inc. All rights reserved.

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<http://journals.sagepub.com/doi/abs/10.1177/0095327X17700851>

## **The Southern Military Tradition: Sociodemographic Factors, Cultural Legacy, and U. S. Army Enlistments.**

Adam J. Maley, Daniel N. Hawkins

Armed Forces & Society

First Published April 11, 2017

DOI 10.1177/0095327X17700851

Throughout the history of the United States, the South has had higher levels of military service than other regions of the country. Scholars regularly refer to this phenomenon as a “Southern military tradition.” The reasons behind this overrepresentation are not completely understood. Do Southern sociodemographic characteristics make it a preferred recruiting area or is there something distinctive about the cultural legacy of Southern history that encourages and supports military service? Using a unique data set that includes county-level active duty army enlistments and sociodemographic information, we show that Southern counties have significantly higher enlistment rates than counties in the Northeast and Midwest. These differences disappear when sociodemographic factors, such as fewer college graduates and a prominent presence of Evangelical Christians, are taken into account. These findings suggest that population characteristics may be a stronger driver of current regional disparities in military service than an inherited Southern military tradition.

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<https://link.springer.com/article/10.1007/s00127-017-1374-0>

## **Dimensionality of DSM-5 posttraumatic stress disorder and its association with suicide attempts: results from the National Epidemiologic Survey on Alcohol and Related Conditions-III.**

Chiung M. Chen, Young-Hee Yoon, Thomas C. Harford, Bridget F. Grant

Social Psychiatry and Psychiatric Epidemiology

First Online: 11 April 2017

DOI: 10.1007/s00127-017-1374-0

### Background

Emerging confirmatory factor analytic (CFA) studies suggest that posttraumatic stress disorder (PTSD) as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) is best characterized by seven factors, including re-experiencing, avoidance, negative affect, anhedonia, externalizing behaviors, and anxious and dysphoric arousal. The seven factors, however, have been found to be highly correlated, suggesting that one general factor may exist to explain the overall correlations among symptoms.

### Methods

Using data from the National Epidemiologic Survey on Alcohol and Related Conditions-III, a large, national survey of 36,309 U.S. adults ages 18 and older, this study proposed and tested an exploratory bifactor hybrid model for DSM-5 PTSD symptoms. The model posited one general and seven specific latent factors, whose associations with suicide attempts and mediating psychiatric disorders were used to validate the PTSD dimensionality.

### Results

The exploratory bifactor hybrid model fitted the data extremely well, outperforming the 7-factor CFA hybrid model and other competing CFA models. The general factor was found to be the single dominant latent trait that explained most of the common variance (~76%) and showed significant, positive associations with suicide attempts and mediating psychiatric disorders, offering support to the concurrent validity of the PTSD construct.



## Conclusions

The identification of the primary latent trait of PTSD confirms PTSD as an independent psychiatric disorder and helps define PTSD severity in clinical practice and for etiologic research. The accurate specification of PTSD factor structure has implications for treatment efforts and the prevention of suicidal behaviors.

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<http://onlinelibrary.wiley.com/doi/10.1111/jmft.12230/full>

## **Integrative Intensive Retreats for Veteran Couples and Families: A Pilot Study Assessing Change in Relationship Adjustment, Posttraumatic Growth, and Trauma Symptoms.**

Monk, J. K., Oseland, L. M., Nelson Goff, B. S., Ogolsky, B. G., Summers, K.

Journal of Marital and Family Therapy

First published: 10 April 2017

doi: 10.1111/jmft.12230

We assessed a brief, systemic retreat-style intervention that was developed to address concerns about the utilization of services for veterans coping with traumatic stress. A total of 76 dyads (N = 152) were assessed before and after a 4-day retreat, which included psychoeducation, group and conjoint therapeutic sessions, and recreational relaxation components. Overall, participants reported a reduction in trauma symptoms, but only support persons experienced a significant increase in posttraumatic growth from pretest to posttest. Both veterans and their romantic partners reported an increase in relationship adjustment after the retreat. Opportunities to address the needs of this population by removing barriers to treatment and reducing feelings of isolation, as well as implications for similar treatments are discussed.

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[http://www.jad-journal.com/article/S0165-0327\(17\)30236-7/abstract](http://www.jad-journal.com/article/S0165-0327(17)30236-7/abstract)

## **Religion, spirituality, and mental health of U.S. military veterans: Results from the National Health and Resilience in Veterans Study.**

Vanshdeep Sharma, Deborah B. Marin, Harold K. Koenig, Adriana Feder, Brian M. Iacoviello, Steven M. Southwick, Robert H. Pietrzak

Journal of Affective Disorders

August 1, 2017; Volume 217, Pages 197–204

DOI: <http://dx.doi.org/10.1016/j.jad.2017.03.071>

## Background

In the last three decades, there has been increased interest in studying the association between religion/spirituality (R/S), and mental health and functional outcomes.

## Methods

Using data from a contemporary, nationally representative sample of 3151 U.S. military veterans maintained by GfK Knowledge Networks, Inc., we evaluated the relation between R/S and a broad range of mental health, and psychosocial variables. Veterans were grouped into three groups based on scores on the Duke University Religion Index: High R/S (weighted 11.6%), Moderate R/S (79.7%) and Low R/S (8.7%).

## Results

A “dose-response” protective association between R/S groups and several mental health outcomes was revealed, even after adjustment for sociodemographic and military variables. High R/S was associated with decreased risk for lifetime posttraumatic stress disorder (odds ratio [OR]=0.46), major depressive disorder (MDD; OR=0.50), and alcohol use disorder (OR=0.66), while Moderate R/S was associated with decreased risk for lifetime MDD (OR=0.66), current suicidal ideation (OR=0.63), and alcohol use disorder (OR=0.76). Higher levels of R/S were also strongly linked with increased dispositional gratitude, purpose in life, and posttraumatic growth.

## Limitations

In this cross-sectional study, no conclusions regarding causality can be made. The study provides a current snapshot of the link between R/S and mental health. The study also cannot determine whether religious coping styles (negative vs positive coping) contributed to observed differences.

## Conclusions

Although the present study does not have treatment implications, our results suggest that higher levels of R/S may help buffer risk for certain mental disorders and promote protective psychosocial characteristics in U.S. military veterans.

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**Military sexual trauma is associated with post-deployment eating disorders among Afghanistan and Iraq veterans.**

Blais RK, Brignone E, Maguen S, Carter ME, Fargo JD, Gundlapalli AV

International Journal of Eating Disorders

First published: 12 April 2017

DOI: 10.1002/eat.22705

**Objective**

Evaluate the association of military sexual trauma (MST) screen status with eating disorder diagnoses among veterans within 1- and 5-years after initiating Veterans Health Administration (VHA) care, and whether the association varied by sex.

**Method**

Retrospective cohort study of US Afghanistan/Iraq veterans who used VHA services between FY 2004 and 2014 (N = 595,525). This study used VHA administrative data to assess the presence of eating disorder diagnoses in medical records within 1- and 5-years of initiating VHA care, and whether a positive screen for MST was associated with eating disorders.

**Results**

Three percent (n = 18,488) screened positive for MST. At 1- and 5-year follow up, 0.1% (n= 513, 74% female), and 0.2% (n = 504, 71% female) were diagnosed with an eating disorder, respectively. In regression models adjusted for demographic variables, military service, and psychiatric comorbidities, the presence of an eating disorder diagnosis was nearly two times higher among those with a positive screen for MST in the 1-year (adjusted odds ratio [AOR] = 1.94, 95% confidence interval [CI] = 1.57–2.40) and 5-year (AOR = 1.86, 95%CI = 1.49–2.32) cohorts. The increased likelihood conferred by MST for an eating disorder diagnosis was differentially stronger among male veterans than female veterans in the 1-year cohort only (AOR = 2.13, 95%CI = 1.01–4.50).

**Discussion**

Veterans with a positive screen for MST, especially male veterans, had a nearly two-fold increased likelihood of having an eating disorder diagnosis. Screening for eating disorders may be important in both male and female veterans who report MST.

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<http://onlinelibrary.wiley.com/doi/10.1002/jts.22176/full>

## **Initial Findings From Project Recover: Overcoming Co-Occurring Eating Disorders and Posttraumatic Stress Disorder Through Integrated Treatment.**

Trottier, K., Monson, C. M., Wonderlich, S. A. and Olmsted, M. P.

Journal of Traumatic Stress  
First published: 11 April 2017  
DOI: 10.1002/jts.22176

This pilot study is the initial investigation of an integrated cognitive behavioral therapy (CBT) for co-occurring eating disorders (ED) and posttraumatic stress disorder (PTSD). Following a course of intensive hospital-based ED treatment focused on ED behavioral symptom interruption, 10 individuals with ED-PTSD received 16 sessions of CBT that focused on maintaining improvements in ED symptoms outside of the hospital environment and integrated cognitive processing therapy for PTSD. We hypothesized that the treatment would be associated with significant improvements in PTSD symptoms, depression, and anxiety, as well as sustained improvements in ED symptomatology. There were statistically significant improvements in clinician-rated PTSD symptoms ( $gav = 4.58$ ), depression ( $gav = 1.37$ ), and anxiety ( $gav = 1.00$ ). As expected, there was no statistically significant change in ED cognitions ( $gav = .28$ ). Reliable change analyses revealed that only 1 participant experienced deterioration in ED cognitions over the course of the integrated treatment. Of the 9 participants who were remitted from behavioral ED symptoms at the end of intensive treatment/beginning of the integrated treatment, 8 remained behaviorally remitted at poststudy treatment, which is encouraging given the high rate of rapid relapse following intensive ED treatment. Findings from this study provide preliminary support for the efficacy of an integrated CBT for ED-PTSD.

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<https://link.springer.com/article/10.1007/s00127-017-1377-x>

## **Suicide mortality among male veterans discharged from Veterans Health Administration acute psychiatric units from 2005 to 2010.**

Peter C. Britton, Kipling M. Bohnert, Mark A. Ilgen, Cathleen Kane, Brady Stephens, Wilfred R. Pigeon

Social Psychiatry and Psychiatric Epidemiology

First Online: 11 April 2017

DOI: 10.1007/s00127-017-1377-x

### Purpose

The purpose of this study was to calculate suicide rates and identify correlates of risk in the year following discharge from acute Veterans Health Administration psychiatric inpatient units among male veterans discharged from 2005 to 2010 (fiscal years).

### Methods

Suicide rates and standardized mortality ratios were calculated. Descriptive analyses were used to describe suicides and non-suicides and provide base rates for interpretation, and unadjusted and adjusted proportional hazard models were used to identify correlates of suicide.

### Results

From 2005 to 2010, 929 male veterans died by suicide in the year after discharge and the suicide rate was 297/100,000 person-years (py). The suicide rate significantly increased from 234/100,000 py (95% CI = 193–282) in 2005 to 340/100,000 py (95% CI = 292–393) in 2008, after which it plateaued. Living in a rural setting, HR (95% CI) = 1.20 (1.05, 1.36), and being diagnosed with a mood disorder such as major depression, HR (95% CI) = 1.60 (1.36, 1.87), or other anxiety disorder, HR (95% CI) = 1.52 (1.24, 1.87), were associated with increased risk for suicide.

### Conclusions

Among male veterans, the suicide rate in the year after discharge from acute psychiatric hospitalization increased from 2005 to 2008, after which it plateaued. Prevention efforts should target psychiatrically hospitalized veterans who live in rural settings and/or are diagnosed with mood or other anxiety disorders.

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### Links of Interest

A century after 'shell shock,' struggle to address post-combat trauma continues  
<http://www.militarytimes.com/articles/a-century-after-shell-shock-struggle-to-address-post-combat-trauma-continues>

Can Mindfulness Cure Depression? Group Therapy Sessions Are Effective Treatment, Study Finds

<http://www.ibtimes.com/can-mindfulness-cure-depression-group-therapy-sessions-are-effective-treatment-study-2525131>

Proposed cuts in Tricare mental health payments have therapists, patients concerned

<http://www.tampabay.com/news/military/proposed-cuts-in-tricare-mental-health-payments-have-therapists-patients/2320270>

Navy bans e-cigarettes fleet-wide

<https://www.navytimes.com/articles/navy-bans-e-cigarettes-fleet-wide>

Drug use reportedly rising among Navy's elite

<https://www.navytimes.com/articles/drug-use-reportedly-rising-among-navys-elite>

Air Force Canine Comforts Sexual Assault Victims

<https://www.defense.gov/News/Article/Article/1149099/air-force-canine-comforts-sexual-assault-victims/>

Veterans with PTSD are suing the Army to have their discharges upgraded

<https://www.armytimes.com/articles/veterans-with-ptsd-are-suing-the-army-to-have-their-discharges-upgraded>

Stress, Attachment and Resilience in Military Children

<http://www.pdhealth.mil/news/blog/stress-attachment-and-resilience-military-children>

Study offers hope, sheds light on how vets respond to trauma

<https://www.sciencedaily.com/releases/2017/04/170417114729.htm>

Looking To The Future Of The US Military Health System

<http://healthaffairs.org/blog/2017/04/13/looking-to-the-future-of-the-us-military-health-system/>

Mindfulness just as effective as CBT for a broad range of psychiatric symptoms

<https://www.sciencedaily.com/releases/2017/04/170414105801.htm>

Raising the voice of the unheard

<https://www.dvidshub.net/news/225421/raising-voice-unheard>

VA halts changes to caregiver stipends, pending a full program review

<http://www.militarytimes.com/articles/va-caregiver-program-review-stipends-cancelled>

Posting private nude photos is now a crime in the Navy and Marine Corps

<https://www.navytimes.com/articles/swapping-nude-photos-is-now-a-crime-in-the-navy-and-marine-corps>

Former soldier walks across US to raise awareness of veteran suicides

<http://www.militarytimes.com/articles/former-soldier-walks-across-us-to-raise-awareness-of-veteran-suicides>

The difficult choices: Managing chronic pain while avoiding opioid abuse

<https://www.sciencedaily.com/releases/2017/04/170419130503.htm>

Poor sleep in anxiety, depression may make it harder to see positive

<https://www.sciencedaily.com/releases/2017/04/170418151243.htm>

Reduction of post-traumatic stress symptoms associated with noninvasive technology

<https://www.sciencedaily.com/releases/2017/04/170419091634.htm>

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**Resource of the Week -- [Why sleep matters: The economic costs of insufficient sleep](#)**

Improving individual sleeping habits has huge implications. Small increases in sleep can make big differences to national economies. RAND Europe's novel study quantifies the economic and social costs of insufficient sleep among the global workforce.

# Why sleep matters

## The economic costs of insufficient sleep

Sleep is considered to be essential for our health and wellbeing. Insufficient sleep is associated with a higher mortality risk and a loss of productivity at work. These micro-level consequences of insufficient sleep snowball into societal-level effects on public health, productivity and, ultimately, the economic performance of nations. Improving individual sleeping habits has huge implications. Small increases in how much we sleep can make big differences to our national economies.

The aim of RAND Europe's novel study was to quantify the economic and social costs of insufficient sleep among the global workforce. As part of the study, five OECD countries were considered: the United States, the United Kingdom, Canada, Germany and Japan.



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Shirl Kennedy  
Research Editor  
Center for Deployment Psychology  
[www.deploymentpsych.org](http://www.deploymentpsych.org)  
[skennedy@deploymentpsych.org](mailto:skennedy@deploymentpsych.org)  
240-535-3901