

CDP



Research Update -- February 8, 2018

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<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00033/abstract>

The Zero Suicide Model: Applying evidence-based suicide prevention practices to clinical care.

Beth S. Brodsky, Aliza Spruch-Feiner, and Barbara Stanley

Frontiers in Psychiatry

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Suicide is reaching epidemic proportions, with over 44,000 deaths by suicide in the United States, and 800,000 worldwide in 2015. This, despite research and development of evidence-based interventions that target suicidal behavior directly. Suicide prevention efforts need a comprehensive approach, and research must lead to effective implementation across public and mental health systems. A 10-year systematic review of evidence-based findings in suicide prevention summarized the areas necessary for translating research into practice. These include risk assessment, means restriction, evidence-based treatments, population screening combined with chain of care, monitoring and follow-up. In this article, we review how suicide prevention research

informs implementation in clinical settings where those most at risk present for care. Evidence-based and best practices address the fluctuating nature of suicide risk, which requires ongoing risk assessment, direct intervention and monitoring. In the U.S., the National Action Alliance for Suicide Prevention has put forth the Zero Suicide (ZS) Model, a framework to coordinate a multi-level approach to implementing evidence-based practices. We present the Assess, Intervene and Monitor model for Suicide Prevention (AIM-SP) as a guide for implementation of ZS evidence-based and best practices in clinical settings. Ten basic steps for clinical management model will be described and illustrated through case vignette. These steps are designed to be easily incorporated into standard clinical practice to enhance suicide risk assessment, brief interventions to increase safety and teach coping strategies, and to improve ongoing contact and monitoring of high-risk individuals during transitions in care and high risk periods.

<https://link.springer.com/article/10.1007/s10608-018-9892-y>

Posttraumatic Stress and Suicidality Among Firefighters: The Moderating Role of Distress Tolerance.

Brooke A. Bartlett, Charles Jardin, Colleen Martin, Jana K. Tran, Sam Buser, Michael D. Anestis, Anka A. Vujanovic

Cognitive Therapy and Research

First Online: 29 January 2018

DOI <https://doi.org/10.1007/s10608-018-9892-y>

Firefighters report high rates of suicidality and posttraumatic stress disorder (PTSD). This investigation explored the moderating role of distress tolerance (DT) in the association between PTSD symptomatology and suicidality in firefighters. Covariates included trauma load, depressive symptom severity, gender, race, age, and education. The sample was comprised of 765 (94.0% male; Mage = 38.8, SD = 8.6) trauma-exposed firefighters who completed a questionnaire battery. Structural equation modeling was employed. PTSD symptom severity was significantly, positively associated with global suicide risk, suicidal ideation/attempt, frequency of suicidal ideation, lifetime threat of suicide, and perceived likelihood of future suicide attempts. Lower levels of DT were significantly associated with higher frequency of past-year suicidal ideation. Significant interactive effects were noted; firefighters with higher levels of PTSD symptom severity and low levels of DT had the highest levels of global suicide

risk and perceived likelihood of future suicide attempt. Clinical and research implications are discussed.

<https://www.sciencedirect.com/science/article/pii/S0005789418300029>

Associations of Stress Exposures and Social Support with Subsequent Long-Term Mental Health Outcomes Among U.S. Iraq War Veterans.

Maria M. Ciarleglio, Mihaela Aslan, Susan P. Proctor, John Concato, John Ko, Anica Pless Kaiser, Jennifer J. Vasterling

Behavior Therapy

Available online 31 January 2018

<https://doi.org/10.1016/j.beth.2018.01.002>

The long-term mental health effects of war-zone deployment in the Iraq and Afghanistan Wars on military personnel are a significant public health concern. Using data collected prospectively at three distinct assessments during 2003–2014 as part of the Neurocognition Deployment Health Study and VA Cooperative Studies Program Study #566, we explored how stress exposures prior, during, and after return from deployment influence the long-term mental health outcomes of posttraumatic stress disorder (PTSD), depression, anxiety disorders, and problem drinking. Longer-term mental health outcomes were assessed in 375 service members and military veterans an average of 7.5 years (standard deviation = 1.0 year) after the initial (i.e., “index”) Iraq deployment following their pre-deployment assessment. Anxiety disorder was the most commonly observed long-term mental health outcome (36.0%), followed by depression (24.5%), PTSD (24.3%), and problem drinking (21.0%). Multivariable regression models showed that greater post-deployment stressors, as measured by the Post-Deployment Life Events scale, were associated with greater risk of depression, anxiety disorders, and problem drinking. Anxiety disorder was the only outcome affected by pre-deployment stress concerns. In addition, greater post-deployment social support was associated with lower risk of all outcomes except problem drinking. These findings highlight the importance of assessing post-deployment stress exposures, such as stressful or traumatic life events, given the potential impact of these stressors on long-term mental health outcomes. This study also highlights the importance of post-deployment social support as a modifiable protective factor that can be used to help mitigate risk of long-term adverse mental health outcomes following war-zone exposure.

<https://www.sciencedirect.com/science/article/pii/S0005789418300078>

A Cross-Lagged Panel Approach to Understanding Social Support and Chronic Posttraumatic Stress Disorder Symptoms in Veterans: Assessment Modality Matters.

Matthew J. Woodward, Sandra B. Morissette, Nathan A. Kimbrel, Eric C. Meyer, Bryann B. DeBeer, Suzy B. Gulliver, J. Gayle Beck

Behavior Therapy

Available online 31 January 2018

<https://doi.org/10.1016/j.beth.2018.01.004>

Although there is a strong and consistent association between social support and posttraumatic stress disorder (PTSD), the directionality of this association has been debated, with some research indicating that social support protects against PTSD symptoms, whereas other research suggests that PTSD symptoms erode social support. The majority of studies in the literature have been cross-sectional, rendering directionality impossible to determine. Cross-lagged panel models overcome many previous limitations; however, findings from the few studies employing these designs have been mixed, possibly due to methodological differences including self-report versus clinician-administered assessment. The current study used a cross-lagged panel structural equation model to explore the relationship between social support and chronic PTSD symptoms over a one-year period in a sample of 264 Iraq and Afghanistan Veterans assessed several years after trauma exposure. Approximately a third of the sample met criteria for PTSD at the baseline assessment, with veterans' trauma occurring an average of six years prior to baseline. Two separate models were run, with one using PTSD symptoms assessed via self-report and the other using clinician-assessed PTSD symptoms. Excellent model fit was found for both models. Results indicated that the relationship between social support and PTSD symptoms was affected by assessment modality. Whereas the self-report model indicated a bidirectional relationship between social support and PTSD symptoms over time, the clinician assessed model indicated only that baseline PTSD symptoms predicted social support one year later. Results highlight that assessment modality is one factor that likely impacts disparate findings across previous studies. Theoretical and clinical implications of these findings are discussed, with suggestions for the growing body of literature utilizing these designs to dismantle this complex association.

<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.12227/full>

**Do neurocognitive abilities distinguish suicide attempters from suicide ideators?
A systematic review of an emerging research area.**

Boaz Y. Saffer, E. David Klon

Clinical Psychology Science and Practice

First published: 28 January 2018

DOI: 10.1111/cpsp.12227

Recent findings suggest that neurocognitive deficits may hasten progression from suicidal thoughts to behavior. To test this proposition, we examined whether neurocognitive deficits distinguish individuals who have attempted suicide (attempters) from those who have considered suicide but never attempted (ideators). A comprehensive literature search yielded 14 studies comparing attempters to ideators on a range of neurocognitive abilities. In general, attempters and ideators scored comparably across neurocognitive abilities (median Hedges' $g = -.18$). An exception was a moderate difference for inhibition and decision making (median Hedges' $g = -.50$ and $g = -.49$, respectively). Results suggest that some neurocognitive abilities might help explain the transition from suicidal thoughts to suicide attempts. However, findings are regarded as suggestive, given the small number of studies, few cross-study examinations of neurocognitive domains, and variability in sample characteristics. Recommendations for future research are included.

<http://psycnet.apa.org/record/2018-03502-004>

Is clinical virtual reality ready for primetime?

Rizzo, A. "S.", & Koenig, S. T.

Neuropsychology

31(8), 877-899

<http://dx.doi.org/10.1037/neu0000405>

Objective:

Since the mid-1990s, a significant scientific literature has evolved regarding the outcomes from the use of what we now refer to as clinical virtual reality (VR). This use of VR simulation technology has produced encouraging results when applied to address cognitive, psychological, motor, and functional impairments across a wide range of clinical health conditions. This article addresses the question, “Is clinical VR ready for primetime?”

Method:

After a brief description of the various forms of VR technology, we discuss the trajectory of clinical VR over the last 20 years and summarize the basic assets that VR offers for creating clinical applications. The discussion then addresses the question of readiness in terms of the theoretical basis for clinical VR assets, the research to date, the pragmatic factors regarding availability, usability, and costs of clinical VR content/systems, and the ethical issues for the safe use of VR with clinical populations.

Results:

Our review of the theoretical underpinnings and research findings to date leads to the prediction that clinical VR will have a significant impact on future research and practice. Pragmatic issues that can influence adoption across many areas of psychology also appear favorable, but professional guidelines will be needed to promote its safe and ethical use.

Conclusions:

Although there is still much research needed to advance the science in this area, we strongly believe that clinical VR applications will become indispensable tools in the toolbox of psychological researchers and practitioners and will only grow in relevance and popularity in the future. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22254/full>

Complicated Grief Among Military Service Members and Veterans Who Served After September 11, 2001.

Charney, M. E., Bui, E., Sager, J. C., Ohye, B. Y., Goetter, E. M. and Simon, N. M.

Minimal research is available on the prevalence and impact of complicated grief (CG) in military service members and veterans, despite high reported rates of loss in this population. The present study aimed to examine prevalence rates of CG in a sample of treatment-seeking military service members and veterans who served after September 11, 2001. Additionally, the study aimed to examine characteristics associated with CG as well as the association between CG and quality of life. In a sample of 622 military service members and veterans who served after September 11, 2001, 502 reported a significant loss (80.7%). Usable data were available for a total of 468 participants. Of these 468 participants, 30.3% ($n = 142$) met diagnostic criteria for CG, as defined by a score of 30 or more on the Inventory of Complicated Grief (ICG; Prigerson et al., 1995). We conducted a series of t tests and chi-square tests to examine the differences between individuals who met criteria for CG and those who did not. The presence of CG was associated with worse PTSD, $d = 0.68$, $p < .001$; depression, $d = -1.10$, $p < .001$; anxiety, $d = -1.02$, $p < .001$; stress, $d = 0.99$, $p < .001$; and quality of life, $d = 0.76$, $p < .001$. Multiple regression analyses examined the independent impact of CG on quality of life. Complicated grief was associated with poorer quality of life above and beyond PTSD, $\beta = -.12$, $p = .017$. In addition, in a separate regression, CG was associated with poorer quality of life above and beyond depression, $\beta = -.13$, $p < .001$. Overall, our findings highlight the impact of CG on this population, and have implications for assessment and treatment.

<https://www.sciencedirect.com/science/article/pii/S0010440X18300221>

Dysfunctional personality disorder beliefs and lifetime suicide attempts among psychiatrically hospitalized military personnel.

Marjan Ghahramanlou-Holloway, Su Yeon Lee-Tauler, Jessica M. LaCroix, Rebecca Kauten, Kanchana Perera, Rusan Chen, Jennifer Weaver, Alyssa Soumoff

Comprehensive Psychiatry

Available online 31 January 2018

<https://doi.org/10.1016/j.comppsy.2018.01.010>

Highlights

- Borderline and histrionic belief scores significantly differed across suicide attempt status.
- Histrionic belief scores were significantly higher among those with multiple suicide attempts than those with single attempts.
- One point increase of dependent, narcissistic, and paranoid personality disorder beliefs was associated with increased number of suicide attempts.
- The Personality Beliefs Questionnaire has clinical utility in detecting military psychiatric inpatients with elevated risk of multiple suicide attempts.

Abstract

Background

Personality disorders (PDs) are associated with an increased risk for suicide. However, the association between PDs and suicide risk has not been examined among military personnel. This study evaluated whether endorsement of different PD dysfunctional beliefs was associated with lifetime suicide attempt status.

Methods and materials

Cross-sectional data were collected during the baseline phase of a randomized controlled trial, evaluating the efficacy of an inpatient cognitive behavior therapy protocol for the prevention of suicide. Participants (N = 185) were military service members admitted for inpatient psychiatric care following a suicide-related event. MANOVA and Poisson regression evaluated the association between each type of PD dysfunctional belief and the number of suicide attempts.

Results

Service members' PBQ subscale scores for borderline ($p = 0.049$) and histrionic PD dysfunctional beliefs ($p = 0.034$) significantly differed across those with suicide ideation only, single attempt, and multiple attempts. Upon further analysis, histrionic PD dysfunctional beliefs scores were significantly higher among those with multiple suicide attempts than those with single attempts. One point increase of dependent (Incidence Risk Ratio = 1.04, $p = 0.009$), narcissistic (IRR = 1.07, $p < 0.001$), and paranoid PD dysfunctional beliefs (IRR = 1.04, $p = 0.002$) was associated with a greater number of lifetime suicide attempts.

Conclusions

Assessment and targeting dependent, narcissistic, paranoid, borderline, and histrionic beliefs as part of a psychosocial intervention will be useful.

<https://www.sciencedirect.com/science/article/pii/S0005796718300214>

Modifying mental health help-seeking stigma among undergraduates with untreated psychiatric disorders: A pilot randomized trial of a novel cognitive bias modification intervention.

Ian H. Stanley, Melanie A. Hom, Thomas E. Joiner

Behaviour Research and Therapy

Available online 2 February 2018

<https://doi.org/10.1016/j.brat.2018.01.008>

Highlights

- Help-seeking stigma is a potent barrier to receiving mental health care.
- We tested the effects of a novel application of a web-based cognitive bias modification paradigm (CBM-HS) on help-seeking stigma.
- Undergraduates with untreated psychiatric disorders were randomized to CBM-HS or psychoeducation.
- Both conditions yielded large reductions in help-seeking stigma.
- A greater proportion of individuals achieving clinically significant change were in the CBM-HS condition.

Abstract

Help-seeking stigma is a potent barrier to the utilization of mental health services. This study aimed to determine if, compared to a psychoeducation condition, individuals randomized to a novel cognitive bias modification intervention for help-seeking stigma (CBM-HS) demonstrate greater reductions in help-seeking stigma, as well as increases in readiness to change and help-seeking behaviors. Participants included 32 undergraduates with a DSM-5 psychiatric disorder who denied past-year mental health treatment. Post-randomization, three intervention sessions were delivered in one-week intervals (45 min total). Participants were assessed at baseline, mid-intervention, one-week post-intervention, and two-month follow-up. RM-ANOVAs were utilized among the intent-to-treat sample. There were no significant differences across time points between the intervention groups for help-seeking stigma and readiness to change. At two-month follow-up, 25% of participants initiated mental health treatment (29.4% CBM-HS, 20.0%

psychoeducation). Strikingly, across groups, there was a statistically significant reduction in help-seeking self-stigma ($F[2,214,66.418] = 5.057, p = 0.007, \eta^2 = 0.144$) and perceived public stigma ($F[3,90] = 6.614, p < 0.001, \eta^2 = 0.181$) from baseline to two-month follow-up, indicating large effects; 18.8% achieved clinically significant change, among whom two-thirds were in the CBM-HS condition. Two brief, scalable interventions appear to reduce help-seeking stigma among undergraduates with untreated psychiatric disorders. Studies are needed to evaluate these interventions against an inactive control.

<https://www.sciencedirect.com/science/article/pii/S0005789417300606>

PTSD Symptom Severity and Emotion Regulation Strategy Use During Trauma Cue Exposure Among Patients With Substance Use Disorders: Associations With Negative Affect, Craving, and Cortisol Reactivity.

Matthew T. Tull, Christopher R. Berghoff, Linnie E. Wheelless, Rivka T. Cohen, Kim L. Gratz

Behavior Therapy

Volume 49, Issue 1, January 2018, Pages 57-70

<https://doi.org/10.1016/j.beth.2017.05.005>

Highlights

- Examined emotion regulation strategy use in substance dependent patients with PTSD.
- PTSD symptoms related to using more maladaptive and adaptive strategies.
- Maladaptive strategy use associated with more emotional reactivity in PTSD.
- Adaptive strategy use associated with less emotional reactivity in PTSD.

Abstract

The co-occurrence of posttraumatic stress disorder (PTSD) pathology with a substance use disorder (SUD) is associated with emotion regulation deficits. However, studies in this area generally rely on trait-based emotion regulation measures, and there is limited

information on the relation of PTSD pathology to the use of specific emotion regulation strategies in response to trauma-related distress among SUD patients or the consequences of these strategies for trauma cue reactivity. This study examined the relation of PTSD symptom severity to the use of specific emotion regulation strategies during trauma cue exposure among trauma-exposed SUD patients, as well as the indirect relations of PTSD symptom severity to changes in negative affect, cravings, and cortisol levels pre- to posttrauma cue exposure through different emotion regulation strategies. Participants were 133 trauma-exposed SUD patients. Participants listened to a personalized trauma script and reported on emotion regulation strategies used during the script. Data on negative affect, cravings, and cortisol were collected pre- and postscript. PTSD symptom severity related positively to the use of more adaptive (e.g., distraction) and maladaptive (e.g., suppression) regulation strategies. Moreover, evidence for the indirect effects of PTSD symptom severity on negative affect and cortisol reactivity through both adaptive and maladaptive emotion regulation strategies was found. Implications of findings are discussed.

<https://www.sciencedirect.com/science/article/pii/S000578941730076X>

Economic Impact of Third-Wave Cognitive Behavioral Therapies: A Systematic Review and Quality Assessment of Economic Evaluations in Randomized Controlled Trials.

Albert Feliu-Soler, Ausiàs Cebolla, Lance M. McCracken, Francesco D'Amico, ... Juan V. Luciano

Behavior Therapy

Volume 49, Issue 1, January 2018, Pages 124-147

<https://doi.org/10.1016/j.beth.2017.07.001>

Highlights

- First review of economic impact of third-wave cognitive behavioral therapies.
- Only 11 RCTs with economic evaluations found in this systematic review.
- Five third-wave therapies show promising cost-effectiveness findings.
- The quality and risk of bias assessments revealed some methodological limitations.

Abstract

The term third-wave cognitive behavioral therapy (CBT) encompasses new forms of CBT that both extend and innovate within CBT. Most third-wave therapies have been subject to randomized controlled trials (RCTs) focused on clinical effectiveness; however, the number and quality of economic evaluations in these RCTs has been unknown and may be few. Evidence about efficiency of these therapies may help support decisions on efficient allocation of resources in health policies. The main aim of this study was to systematically review the economic impact of third-wave therapies in the treatment of patients with physical or mental conditions. We conducted a systematic literature search in PubMed, PsycINFO, EMBASE, and CINALH to identify economic evaluations of third-wave therapies. Quality and Risk of Bias (RoB) assessment of economic evaluations was also made using the Drummond 35-item checklist and the Cochrane Collaboration's tool for assessing risk of bias, respectively. Eleven RCTs were included in this systematic review. Mindfulness-Based Cognitive Therapy (MBCT), Mindfulness-Based Stress Reduction (MBSR), Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), and extended Behaviour Activation (eBA) showed acceptable cost-effectiveness and cost-utility ratios. No study employed a time horizon of more than 3 years. Quality and RoB assessments highlight some limitations that temper the findings. There is some evidence that MBCT, MBSR, ACT, DBT, and eBA are efficient from a societal or a third-party payer perspective. No economic analysis was found for many third-wave therapies. Therefore, more economic evaluations with high methodological quality are needed.

<https://www.sciencedirect.com/science/article/pii/S0272735817302672>

Masculinity, emotion regulation, and psychopathology: A critical review and integrated model.

Danielle S. Berke, Dennis Reidy, Amos Zeichner

Clinical Psychology Review

Available online 31 January 2018

<https://doi.org/10.1016/j.cpr.2018.01.004>

Highlights

- An integrated review of masculinity and emotion regulation is provided.
- This literature is synthesized into a dynamic model of masculinity and men's psychopathology.
- This model provides a framework for the development of integrated intervention approaches incorporating gender and emotion-salient content.

Abstract

Relative to girls and women, boys and men experience disproportionate rates of “externalizing” problems (e.g., aggressive behavior, substance use disorders, and antisocial personality disorder). Unfortunately, relatively little is understood about how gender operates in the etiology, expression, and maintenance of men's psychopathology. We argue that this gap in knowledge reflects the challenge of accounting for the dynamic nature of masculinity (i.e., the fact that the influence of masculinity on men's lives varies across context, time, and individuals). Likewise, emotion regulation, the process by which individuals modify their emotions to respond to the varying demands of their environment, is itself an inherently dynamic construct. Difficulty regulating emotion has been identified as a transdiagnostic factor common to a range of psychiatric diagnoses and behavior problems. Integrating the literature on emotion regulation and masculinity, therefore, offers promise for enhancing our ability to understand the effects of gender on men's psychopathology and to alleviate its deleterious consequences. In keeping with this goal, we review and synthesize the available literature on masculinity and emotion regulation into a cross-cutting framework of masculinity and men's psychopathology. Implications are discussed in terms of recommendations for an integrated intervention approach.

<https://www.ncbi.nlm.nih.gov/pubmed/29384891>

Psychiatr Genet. 2018 Jan 30. doi: 10.1097/YPG.000000000000192. [Epub ahead of print]

Familial risk for psychiatric disorders in military veterans who have post-traumatic stress disorder with psychosis: a retrospective electronic record review.

ÓConghaile A, Smedberg DL, Shin AL, DeLisi LE

AIMS/OBJECTIVES/BACKGROUND:

Post-traumatic stress disorder (PTSD) is a leading cause of morbidity among military veterans, with up to one-in-five individuals with PTSD also having psychotic symptoms. The current study was designed to determine the association between a known family history of psychiatric illness and risk of developing psychosis in patients with PTSD.

METHODS:

Retrospective medical record review was performed on a cohort study of 414 consecutive individuals admitted to the Veteran Administration in 2014 with a diagnosis of military-related PTSD, but without a prior diagnosis of a psychotic disorder. PTSD with psychotic features was defined as the presence of hallucinations, paranoia, other delusions, thought insertion, withdrawal, broadcasting, and/or dissociative episodes.

RESULTS:

Overall, 22.9% of individuals with PTSD had psychotic symptoms. Having a first-degree relative with bipolar affective and with anxiety disorders was associated with an increased risk of PTSD with psychosis (odds ratio=2.01, 95% confidence interval: 1.01-4.45 and odds ratio=2.72, 95% confidence interval: 1.16-6.41, respectively). A family history of schizophrenia or depression was not associated with risk of developing psychotic features in patients with PTSD. In veterans with military-related PTSD, a familial vulnerability for bipolar disorder and anxiety disorders was associated with an increased risk of developing PTSD with psychotic features. These are preliminary data, given the limitations of a retrospective record review design. These results await replication in future prospective direct family interview studies.

PMID: 29384891 DOI: 10.1097/YPG.0000000000000192

Links of Interest

Army working on more ways to manage soldiers' pain in fight against opioid abuse
<https://www.armytimes.com/news/your-army/2018/02/02/army-working-on-more-ways-to-manage-soldiers-pain-in-fight-against-opioid-abuse/>

Veteran unemployment hit record low in 2017

<https://www.militarytimes.com/education-transition/jobs/2018/02/02/veteran-unemployment-hit-record-low-in-2017/>

Why swearing is f**king good for you

<https://www.militarytimes.com/news/your-military/2018/02/01/why-swearing-is-fking-good-for-you/>

Soldier of the Year's suicide-prevention app logs more than 2,600 connections

<https://www.armytimes.com/news/your-army/2018/02/01/soldier-of-the-years-suicide-prevention-app-logs-more-than-2600-connections/>

Wisconsin expected to set up 'Green Alerts' for missing at-risk veterans

<https://www.washingtonpost.com/news/checkpoint/wp/2018/02/01/wisconsin-expected-to-set-up-green-alerts-for-missing-at-risk-vets/>

Studies show shortfalls in veterans' mental health care needs

<https://www.militarytimes.com/veterans/2018/02/01/studies-show-shortfalls-in-veterans-mental-health-care-needs/>

Mild Traumatic Brain Injury and Concussion: An Invisible and Confusing Condition

<https://www.acatoday.org/News-Publications-News/ArtMID/6595/ArticleID/85/Mild-Traumatic-Brain-Injury-and-Concussion-An-Invisible-and-Confusing-Condition>

Applying a Collaborative Care Model to the Treatment of Chronic Pain and Depression

<https://www.practicalpainmanagement.com/treatments/applying-collaborative-care-model-treatment-chronic-pain-depression>

Embedded Mental Health Care Providers Break Down Barriers to Care

<http://www.pdhealth.mil/news/blog/embedded-mental-health-care-providers-break-down-barriers-care>

Interdisciplinary Care Effective for Opioid Use Disorder

<https://www.aafp.org/news/health-of-the-public/20180206medbehavoudcare.html>

Two women say Marines did nothing after they complained of sexually explicit overtures by officer

<https://www.usatoday.com/story/news/politics/2018/02/06/women-say-marine-officer-harassed-them-and-leadership-civilians-allege-sexual-harassment-quantico/311198002/>

Twitter as a Tool for Studying Emotions

<http://newsbreaks.infotoday.com/NewsBreaks/Twitter-as-a-Tool-for-Studying-Emotions-123023.asp>

Sexual assault reports doubled at West Point

<https://www.armytimes.com/news/your-army/2018/02/07/sexual-assault-reports-doubled-at-west-point/>

Feud over service dog ends after American Airlines settles lawsuit with Army veteran

<https://www.stripes.com/news/us/feud-over-service-dog-ends-after-american-airlines-settles-lawsuit-with-army-veteran-1.510635>

Resource of the Week: [Evaluation of the Department of Veterans Affairs Mental Health Services](#) (National Academies)

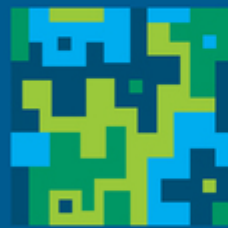
Approximately 4 million U.S. service members took part in the wars in Afghanistan and Iraq. Shortly after troops started returning from their deployments, some active-duty service members and veterans began experiencing mental health problems. Given the stressors associated with war, it is not surprising that some service members developed such mental health conditions as posttraumatic stress disorder, depression, and substance use disorder. Subsequent epidemiologic studies conducted on military and veteran populations that served in the operations in Afghanistan and Iraq provided scientific evidence that those who fought were in fact being diagnosed with mental illnesses and experiencing mental health–related outcomes—in particular, suicide—at a higher rate than the general population.

This report provides a comprehensive assessment of the quality, capacity, and access to mental health care services for veterans who served in the Armed Forces in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn. It includes an analysis of not only the quality and capacity of mental health care services within the Department of Veterans Affairs, but also barriers faced by patients in utilizing those services.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

Evaluation of the Department of Veterans Affairs



Mental Health Services

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