



CDP Research Update -- October 30, 2014

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- Psychosocial Aspects of Chronic Pain.

<http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V25N3.pdf>

PTSD Research Quarterly -- Impact of Mass Shootings

Holly K. Orcutt, PhD, Lynsey R. Miron, MA, and Antonia V. Seligowski, MA

Vol. 25 (3), 2014

National Center for PTSD

Norris (2007) provided an excellent introduction to the literature on mass shootings. Our goal is to provide an update on this literature. Norris focused on individual, as well as broader community factors in examining responses to mass shootings. Our guide focuses solely on quantitative studies examining factors at the level of the individual that appear to be related to adjustment following a mass shooting.

Our definition of a mass shooting involves an individual (with few exceptions, a male), acting alone and with generally personal rather than political motivation, entering a densely populated space and shooting as many people as possible. In addition, while not required in the definition, the shooter typically takes, his or her, own life. Our guide to the literature proceeds chronologically, with an emphasis on studies that use longitudinal data.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22316/abstract>

Lifetime Prevalence of DSM-IV Mental Disorders Among New Soldiers in The U.S. Army: Results From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Rosellini, A. J., Heeringa, S. G., Stein, M. B., Ursano, R. J., Chiu, W. T., Colpe, L. J., Fullerton, C. S., Gilman, S. E., Hwang, I., Naifeh, J. A., Nock, M. K., Petukhova, M., Sampson, N. A., Schoenbaum, M., Zaslavsky, A. M. and Kessler, R. C.

Depression and Anxiety

Early View - Article first published online: 22 OCT 2014

Background

The prevalence of 30-day mental disorders with retrospectively reported early onsets is significantly higher in the U.S. Army than among socio-demographically matched civilians. This

difference could reflect high prevalence of preenlistment disorders and/or high persistence of these disorders in the context of the stresses associated with military service. These alternatives can to some extent be distinguished by estimating lifetime disorder prevalence among new Army recruits.

Methods

The New Soldier Study (NSS) in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) used fully structured measures to estimate lifetime prevalence of 10 DSM-IV disorders in new soldiers reporting for Basic Combat Training in 2011–2012 (n = 38,507). Prevalence was compared to estimates from a matched civilian sample. Multivariate regression models examined socio-demographic correlates of disorder prevalence and persistence among new soldiers.

Results

Lifetime prevalence of having at least one internalizing, externalizing, or either type of disorder did not differ significantly between new soldiers and civilians, although three specific disorders (generalized anxiety, posttraumatic stress, and conduct disorders) and multimorbidity were significantly more common among new soldiers than civilians. Although several socio-demographic characteristics were significantly associated with disorder prevalence and persistence, these associations were uniformly weak.

Conclusions

New soldiers differ somewhat, but not consistently, from civilians in lifetime preenlistment mental disorders. This suggests that prior findings of higher prevalence of current disorders with preenlistment onsets among soldiers than civilians are likely due primarily to a more persistent course of early-onset disorders in the context of the special stresses experienced by Army personnel.

<http://onlinelibrary.wiley.com/doi/10.1002/da.22317/abstract>

Prevalence and Correlates of Suicidal Behavior Among New Soldiers in The U.S. Army: Results From the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS).

Ursano, R. J., Heeringa, S. G., Stein, M. B., Jain, S., Raman, R., Sun, X., Chiu, W. T., Colpe, L. J., Fullerton, C. S., Gilman, S. E., Hwang, I., Naifeh, J. A., Nock, M. K., Rosellini, A. J., Sampson, N. A., Schoenbaum, M., Zaslavsky, A. M. and Kessler, R. C.

Depression and Anxiety

Early View -- Article first published online: 22 OCT 2014

Background

The prevalence of suicide among U.S. Army soldiers has risen dramatically in recent years. Prior studies suggest that most soldiers with suicidal behaviors (i.e., ideation, plans, and attempts) had first onsets prior to enlistment. However, those data are based on retrospective self-reports of soldiers later in their Army careers. Unbiased examination of this issue requires investigation of suicidality among new soldiers.

Method

The New Soldier Study (NSS) of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) used fully structured self-administered measures to estimate preenlistment histories of suicide ideation, plans, and attempts among new soldiers reporting for Basic Combat Training in 2011–2012. Survival models examined sociodemographic correlates of each suicidal outcome.

Results

Lifetime prevalence estimates of preenlistment suicide ideation, plans, and attempts were 14.1, 2.3, and 1.9%, respectively. Most reported onsets of suicide plans and attempts (73.3–81.5%) occurred within the first year after onset of ideation. Odds of these lifetime suicidal behaviors among new soldiers were positively, but weakly associated with being female, unmarried, religion other than Protestant or Catholic, and a race/ethnicity other than non-Hispanic White, non-Hispanic Black, or Hispanic.

Conclusions

Lifetime prevalence estimates of suicidal behaviors among new soldiers are consistent with retrospective reports of preenlistment prevalence obtained from soldiers later in their Army careers. Given that prior suicidal behaviors are among the strongest predictors of later suicides, consideration should be given to developing methods of obtaining valid reports of preenlistment suicidality from new soldiers to facilitate targeting of preventive interventions.

<http://www.tandfonline.com/doi/abs/10.1080/10508422.2014.975815>

Emotional Reactions and Moral Judgment: The Effects of Morally Challenging Interactions in Military Operations.

Miriam C. de Graaff, Michelle Schut, Desiree E.M. Verweij, Eric Vermetten, Ellen Giebels

Ethics & Behavior

Accepted author version posted online: 20 Oct 2014

This study explores the association between different types of morally challenging interactions during military deployment and response strategies (e.g. moral justification), as well as the mediating role of moral emotions. Interviews with Dutch servicemen who participated in military

operations (e.g. in Afghanistan, Angola; N = 45) were content-coded. We found a relationship between local-cultural and team-related interactions and moral justification; these effects were mediated by other-condemning emotions. Similarly, other-condemning emotions mediated the relationship between local-cultural interactions and relativism. This study points at the importance of other-condemning emotions in shaping military reactions to frequently occurring morally

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.22134/abstract>

Moral Injury, Meaning Making, and Mental Health in Returning Veterans.

Currier, J. M., Holland, J. M. and Malott, J.

Journal of Clinical Psychology

Article first published online: 20 OCT 2014

Objective

This study examined whether exposure to morally injurious experiences (MIEs) contribute to mental health problems among returning Veterans via meaning made of possible traumas.

Method

A total of 131 Iraq and/or Afghanistan Veterans completed assessments of exposure to possible warzone traumas, meaning made of a salient stressor from their lives, and mental health symptomatology (e.g., posttraumatic stress, depression, suicidality).

Results

Structural equation modeling findings revealed that MIEs were indirectly linked with mental health outcomes via the extent to which Veterans were able to make meaning of their identified stressors. However, we also found that the direct path from MIEs to mental health problems was statistically significant.

Conclusion

These findings provide preliminary evidence that difficulties with meaning making could serve as a mediating pathway for how MIEs increase the risk for adjustment problems after warzone service, but that other factors associated with moral injury also have a bearing on psychological functioning among Veterans.

<http://jama.jamanetwork.com/article.aspx?articleid=1917414>

Treatment of Generalized War-Related Health Concerns: Placing TBI and PTSD in Context.

Charles W. Hoge, MD; Carl A. Castro, PhD

Journal of the American Medical Association

JAMA. 2014;312(16):1685-1686. doi:10.1001/jama.2014.6670

Importance

Whether traumatic brain injury (TBI) is a risk factor for posttraumatic stress disorder (PTSD) has been difficult to determine because of the prevalence of comorbid conditions, overlapping symptoms, and cross-sectional samples.

Objective

To examine the extent to which self-reported predeployment and deployment-related TBI confers increased risk of PTSD when accounting for combat intensity and predeployment mental health symptoms.

Design, Setting, and Participants

As part of the prospective, longitudinal Marine Resiliency Study (June 2008 to May 2012), structured clinical interviews and self-report assessments were administered approximately 1 month before a 7-month deployment to Iraq or Afghanistan and again 3 to 6 months after deployment. The study was conducted at training areas on a Marine Corps base in southern California or at Veterans Affairs San Diego Medical Center. Participants for the final analytic sample were 1648 active-duty Marine and Navy servicemen who completed predeployment and postdeployment assessments. Reasons for exclusions were nondeployment ($n = 34$), missing data ($n = 181$), and rank of noncommissioned and commissioned officers ($n = 66$).

Main Outcomes and Measures

The primary outcome was the total score on the Clinician-Administered PTSD Scale (CAPS) 3 months after deployment.

Results

At the predeployment assessment, 56.8% of the participants reported prior TBI; at postdeployment assessment, 19.8% reported sustaining TBI between predeployment and postdeployment assessments (ie, deployment-related TBI). Approximately 87.2% of deployment-related TBIs were mild; 250 of 287 participants (87.1%) who reported posttraumatic amnesia reported less than 24 hours of posttraumatic amnesia (37 reported ≥ 24 hours), and 111 of 117 of those who lost consciousness (94.9%) reported less than 30 minutes of unconsciousness. Predeployment CAPS score and combat intensity score raised predicted 3-month postdeployment CAPS scores by factors of 1.02 ($P < .001$; 95% CI, 1.02-1.02) and 1.02 ($P < .001$; 95% CI, 1.01-1.02) per unit increase, respectively. Deployment-related mild TBI raised predicted CAPS scores by a factor of 1.23 ($P < .001$; 95% CI, 1.11-1.36), and moderate/severe TBI raised predicted scores by a factor of 1.71 ($P < .001$; 95% CI, 1.37-2.12). Probability of PTSD was highest for participants with severe predeployment symptoms, high

combat intensity, and deployment-related TBI. Traumatic brain injury doubled or nearly doubled the PTSD rates for participants with less severe predeployment PTSD symptoms.

Conclusions and Relevance

Even when accounting for predeployment symptoms, prior TBI, and combat intensity, TBI during the most recent deployment is the strongest predictor of postdeployment PTSD symptoms.

<http://www.sciencedirect.com/science/article/pii/S0306453014003965>

Translational Evidence for a Role of Endocannabinoids in the Etiology and Treatment of Posttraumatic Stress Disorder.

Alexander Neumeister, Jordan Seidel, Benjamin J. Ragen, Robert H. Pietrzak

Psychoneuroendocrinology

Available online 22 October 2014

Introduction

Posttraumatic stress disorder (PTSD) is a prevalent, chronic, and disabling anxiety disorder that may develop following exposure to a traumatic event. Despite the public health significance of PTSD, relatively little is known about the etiology or pathophysiology of this disorder, and pharmacotherapy development to date has been largely opportunistic instead of mechanism-based. Recently, an accumulating body of evidence has implicated the endocannabinoid system in the etiology of PTSD, and targets within this system are believed to be suitable for treatment development.

Methods

Herein, we describe evidence from translational studies arguing for the relevance of the endocannabinoid system in the etiology of PTSD. We also show mechanisms relevant for treatment development.

Results

There is convincing evidence from multiple studies for reduced endocannabinoid availability in PTSD. Brain imaging studies show molecular adaptations with elevated cannabinoid type 1 (CB1) receptor availability in PTSD which is linked to abnormal threat processing and anxious arousal symptoms.

Conclusion

Of particular relevance is evidence showing reduced levels of the endocannabinoid anandamide and compensatory increase of CB1 receptor availability in PTSD, and an association between increased CB1 receptor availability in the amygdala and abnormal threat processing, as well as increased severity of hyperarousal, but not dysphoric symptomatology, in trauma survivors.

Given that hyperarousal symptoms are the key drivers of more disabling aspects of PTSD such as emotional numbing or suicidality, novel, mechanism-based pharmacotherapies that target this particular symptom cluster in patients with PTSD may have utility in mitigating the chronicity and morbidity of the disorder.

<http://jtt.sagepub.com/content/early/2014/10/20/1357633X14555643.abstract>

The effectiveness of helplines for the treatment of alcohol and illicit substance use.

Peter Gates

Journal of Telemedicine and Telecare

Published online before print October 20, 2014, doi: 10.1177/1357633X14555643

While tobacco helplines (quitlines) are thought to be effective, helplines which treat other substance use do not have an established evidence base. A review was conducted of the literature on illicit drug or alcohol (IDA) helplines. The literature search was conducted in five databases. Studies prior to 2014 were included if published in English, and involved the use of a telephone counselling helpline for the treatment of illicit drug or alcohol use. Review papers, opinion pieces, letters or editorials, case studies, published abstracts and posters were excluded. Initial searching identified 2178 articles and after removing duplicates and those meeting the exclusion criteria, there were 36 publications for review. A total of 29 articles provided descriptive information about 19 different IDA helplines which operated in the US (42%), Europe (21%), Australia (21%), Asia (11%) and Canada (5%). These services reported monthly call rates from 3.7 to over 23,000 calls per month. A total of nine articles provided evaluative information on eight different IDA helplines: four articles included a comparison of treatment outcomes against a control group and five articles included information on treatment satisfaction or service utilisation. Together they provide some evidence that these services are effective. Although there was little consistency in the measures used between articles which assessed helpline satisfaction, all but one reported high satisfaction. Although the evidence is mainly supportive of IDA helplines, further work is required to compare treatment outcomes in randomized groups.

<http://www.tandfonline.com/doi/abs/10.1080/08873267.2014.893514>

Experiences in the War Zone, Shared Narratives, and Shifting Identities: Systematic Review of Qualitative Research.

Kim V. Gordon

This systematic review examines qualitative research into the mental health issues encountered by military veteran personnel deployed to a combat zone. A small number of researchers have examined the often information-rich and complex experiences of returning personnel using a qualitative approach to data collection and analysis. However, qualitative studies have not often been appraised or synthesized. Using a qualitative method for conducting systematic review, the objectives of this article are twofold: (a) to review select research literature on veteran military populations, and (b) to describe veteran's experiences using a synthesis of themes across original qualitative research. Findings are discussed with considerations for applying qualitative research methods to future research of military service populations and implications for the provision of care.

[http://www.jad-journal.com/article/S0165-0327\(14\)00647-8/abstract](http://www.jad-journal.com/article/S0165-0327(14)00647-8/abstract)

Elucidating the transdiagnostic dimensional structure of trauma-related psychopathology: Findings from VA Cooperative Study 504 - Risperidone Treatment for Military Service Related Chronic Post Traumatic Stress Disorder.

Robert H. Pietrzak, Robert A. Rosenheck, Joyce A. Cramer, Jennifer C. Vessichio, Jack Tsai, Steven M. Southwick, John H. Krystal, for the VA CSP 504 Collaborative Group

Journal of Affective Disorders

Published Online: October 21, 2014

DOI: <http://dx.doi.org/10.1016/j.jad.2014.10.025>

Background

Three of the most common trauma-related mental disorders—posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD)—are highly comorbid and share common transdiagnostic symptom dimensions of threat (i.e., fear) and loss (i.e., dysphoria) symptomatology. However, empirical evaluation of the dimensional structure of component aspects of these disorders is lacking.

Methods

Using structured clinical interview data from U.S. military veterans with chronic military-related PTSD, we evaluated the transdiagnostic dimensional structure of PTSD, MDD, and GAD symptoms. We then examined the relationship between the best-fitting transdiagnostic model of these symptoms, and measures of physical and mental functioning, and life satisfaction and well-being.

Results

Exploratory factor analysis revealed that a 3-factor transdiagnostic model comprised of loss (i.e., dysphoria), threat (i.e., anxious arousal, re-experiencing, and avoidance symptoms), and somatic anxiety (i.e., physiological manifestations of anxiety) symptoms provided the best representation of trauma-related PTSD, MDD, and GAD symptoms. Somatic anxiety symptoms were independently associated with physical functioning, while loss symptoms were independently associated with mental functioning and life satisfaction and well-being.

Limitations

Evaluation of study aims in a relatively homogeneous sample of veterans with chronic, military-related PTSD.

Conclusions

Results of this study suggest that a 3-factor transdiagnostic model best characterizes the dimensional structure of PTSD, MDD, and GAD symptoms in military veterans with chronic military-related PTSD. This model demonstrated external validity in demonstrating differential associations with measures of physical and mental functioning, and life satisfaction and well-being. Results provide support for emerging contemporary models of psychopathology, which emphasize transdiagnostic and dimensional conceptualizations of mental disorders. Such models may have utility in understanding the functional status of trauma survivors.

<http://www.tandfonline.com/toc/wsmh20/12/5-6>

Special Issue: Mental Health Care for Military Service Members, Veterans and their Families: Opportunities for Social Work

Social Work in Mental Health
Volume 12, Issue 5-6, 2014

- Introduction to the Special Issue: Mental Health Care for Military Service Members, Veterans, and Their Families: Opportunities for Social Work
Eugenia L. Weiss PsyD, MSW & David L. Albright PhD
- Alice in Wonderland: Exploring the Experiences of Female Service Members With a Pregnancy Resulting From Rape
Kristen L. Zaleski PhD LCSW & Lori S. Katz PhD
- Associations Between Psychological, Physical, and Sexual Intimate Partner Violence and Health Outcomes Among Women Veteran VA Patients
Melissa E. Dichter PhD, MSW, Steven C. Marcus PhD, Clara Wagner PhD & Amy E. Bonomi PhD, MPH

- Implication for Services With Gay Men and Lesbians Who Have Served
Michael D. Pelts MSW, Abigail J. Rolbiecki MPH & David L. Albright PhD
- Personal and Professional Knowledge of and Experience With Suicide and Suicide Prevention Among Stakeholders in Clinical and Community Practice
Monica M. Matthieu PhD, Giovanina Gardiner MSW, Ellen Ziegemeier MA, Miranda Buxton BA, Lu Han BA & Wendi Cross PhD
- Combat Social Work During the Surge in Iraq
Vaughn DeCoster PhD
- Common Challenges in Conducting Prolonged Exposure Therapy With Active Duty Service Members: Case Discussion and Strategies for Intervention
Brooke Fina LCSW, Edward C. Wright PhD, Tracey K. Lichner PhD, Adam Borah MD, Edna B. Foa PhD & for the STRONG STAR CONSORTIUM
- Implementation of a Collaborative Care Initiative for PTSD and Depression in the Army Primary Care System
Bradley E. Belsher PhD, Justin Curry PhD, Phoebe McCutchan MPH, Thomas Oxman MD, Kent A. Corso PsyDBCBA-D, Kelly Williams RN & Charles C. Engel MDMPH
- Continuity of Mental Health Care Across Military Transitions
Gary S. DeFraia PhD, LCSW, George O. Lamb Msw, LCSW, Stacie E. Resnick MSW, CEAP & Toni D. McClure MSW, LCSW, CEAP
- Traumatic Stress and Affect Management in Military Families
Julie Canfield PhDMSW
- The Road to Recovery: Addressing the Challenges and Resilience of Military Couples in the Scope of Veteran's Mental Health
Joy Cox MA & David L. Albright PhD
- The Vanishing Military Veteran: A Postmodern Disappearance of the Hero
Gregory D. Gross MSW & Eugenia L. Weiss PsyD, MSW

http://journals.lww.com/psychosomaticmedicine/Abstract/publishahead/Psychophysiological_Response_to_Virtual_Reality.99151.aspx

Psychophysiological Response to Virtual Reality and Subthreshold Posttraumatic Stress Disorder Symptoms in Recently Deployed Military.

Costanzo, Michelle E. PhD; Leaman, Suzanne PhD; Jovanovic, Tanja PhD; Norrholm, Seth D. PhD; Rizzo, Albert A. PhD; Taylor, Patricia MBA; Roy, Michael J. MD, MPH

Psychosomatic Medicine:

Post Author Corrections: October 20, 2014

doi: 10.1097/PSY.000000000000109

Objective:

Subthreshold posttraumatic stress disorder (PTSD) has garnered recent attention because of the significant distress and functional impairment associated with the symptoms as well as the increased risk of progression to full PTSD. However, the clinical presentation of subthreshold PTSD can vary widely and therefore is not clearly defined, nor is there an evidence-based treatment approach. Thus, we aim to further the understanding of subthreshold PTSD symptoms by reporting the use of a virtual combat environment in eliciting distinctive psychophysiological responses associated with PTSD symptoms in a sample of subthreshold recently deployed US service members.

Methods:

Heart rate, skin conductance, electromyography (startle), respiratory rate, and blood pressure were monitored during three unique combat-related virtual reality scenarios as a novel procedure to assess subthreshold symptoms in a sample of 78 service members. The Clinician-Administered PTSD Scale was administered, and linear regression analyses were used to investigate the relationship between symptom clusters and physiological variables.

Results:

Among the range of psychophysiological measures that were studied, regression analysis revealed heart rate as most strongly associated with Clinician-Administered PTSD Scale-based measures hyperarousal ($R^2 = 0.11$, $p = .035$), reexperiencing ($R^2 = 0.24$, $p = .001$), and global PTSD symptoms ($R^2 = 0.17$, $p = .003$).

Conclusions:

Our findings support the use of a virtual reality environment in eliciting physiological responses associated with subthreshold PTSD symptoms.

<http://www.sciencedirect.com/science/article/pii/S235228951400006X>

Sex differences in PTSD resilience and susceptibility: Challenges for animal models of fear learning.

Rebecca M. Shansky

Neurobiology of Stress

Available online 30 September 2014

PTSD occurs in only a small fraction of trauma-exposed individuals, but risk is twice as high in women as in men. The neurobiological basis for this discrepancy is not known, but the identification of biological determinants of resilience and susceptibility in each sex could lead to more targeted preventions and treatments. Animal models are a useful tool for dissecting the circuits and mechanisms that underlie the brain's response to stress, but the vast majority of this work has been developed and conducted in males. The limited work that does incorporate female animals is often inconsistent across labs and does not broadly reflect human populations in terms of female susceptibility to PTSD-like behaviors. In this review, we suggest that interpreting male vs. female comparisons in these models be approached carefully, since common behavioral outcome measures may in fact reflect distinct neural processes. Moreover, since the factors that determine resilience and susceptibility are likely at least in part distinct in men and women, models that take a within-sex approach to response variability may be more useful in identifying critical mechanisms for manipulation.

<http://www.ncbi.nlm.nih.gov/pubmed/25350012>

J Neurotrauma. 2014 Oct 28. [Epub ahead of print]

The Effects of Mild TBI, PTSD, and Combined Mild TBI/PTSD on Returning Veterans.

Combs HL, Berry DT, Pape TL, Babcock-Parziale J, Smith B, Schleenbaker R, Shandera-Ochsner A, High WM

United States Veterans of the Iraqi (Operation Iraqi Freedom (OIF)) and Afghanistan (Operation Enduring Freedom (OEF)) conflicts have frequently returned from deployment after sustaining mild traumatic brain injury (mTBI) and enduring stressful events resulting in posttraumatic stress disorder (PTSD). A large number of returning servicemembers have been diagnosed with both a history of mTBI and current PTSD. Substantial literature exists on the neuropsychological factors associated with mTBI and PTSD occurring separately; far less research has explored the combined effects of PTSD and mTBI. The current study employed neuropsychological and psychological measures in a sample of 251 OIF/OEF Veterans to determine whether participants with a history of mTBI and concurrent PTSD (mTBI+PTSD) have poorer cognitive and psychological outcomes than participants with mTBI only (mTBI-o), PTSD only (PTSD-o), or Veteran controls (VC), when groups are comparable on IQ, education, and age. The mTBI+PTSD group performed more poorly than VC, mTBI-o, and PTSD-o groups on several neuropsychological measures. Effect size comparisons suggest small deleterious effects for mTBI-o on measures of processing speed and visual attention and small effects for PTSD-o on measures of verbal memory, with moderate effects for mTBI+PTSD on the same variables. Additionally, the mTBI+PTSD group was significantly more psychologically distressed than the PTSD-o group, and PTSD-o group was more distressed than VC and mTBI-o groups. These

findings suggest Veterans with mTBI+PTSD perform significantly lower on neuropsychological and psychiatric measures than Veterans with mTBI-o or PTSD-o. The results also raise the possibility of persisting cognitive changes following mTBI sustained during deployment.

<http://www.ncbi.nlm.nih.gov/pubmed/25348224>

J Pain Palliat Care Pharmacother. 2014 Oct 28. [Epub ahead of print]

Psychosocial Aspects of Chronic Pain.

Hill P

Chronic pain is a complex phenomenon that does not fit well within the normal conceptions of health and illness. Pain Management Programs are commonly used to train and support people to self-manage, however, the long-term impact of this biopsychosocial approach remains poorly understood. The social domain can impact on patients' quality of life more than any other aspect of chronic pain; however, it is rarely addressed by health services. This report is adapted from painurope 2014; Issue 2, ©Haymarket Medical Publications Ltd, and is presented with permission.

Links of Interest

Studies Link Mental Issues and the Rigor of the Military

<http://www.nytimes.com/2014/10/24/health/studies-link-mental-issues-and-the-rigor-of-the-military.htm>

Cognitive Restructuring: CBT vs ISD

<http://www.telesurtv.net/english/opinion/Cognitive-Restructuring-CBT-vs-ISD--20141023-0081.html>

Lantern, a Start-Up, Offers Online Therapy for Anxiety and More

<http://www.nytimes.com/2014/10/24/business/lantern-a-start-up-offers-online-therapy-for-anxiety-and-more.html>

Using Prolonged Exposure Therapy to Help Veterans Work through PTSD Symptoms

<http://www.hcplive.com/conferences/apna-2014/Using-Prolonged-Exposure-Therapy-to-Help-Veterans-Work-through-PTSD-Symptoms>

UH Research Focuses on Suicide Resilience and Vulnerability Among African-American Adults

<http://www.uh.edu/news-events/stories/2014/October/102714RheedaWalkersuicidestudy.php>

PET scans reveal how psychodynamic therapy for depression may change brain function
<http://www.massgeneral.org/about/pressrelease.aspx?id=1756>

Compromised Confidentiality in the Military Is Harmful
<http://www.rand.org/blog/2014/10/compromised-confidentiality-in-the-military-is-harmful.html>

Military and Veteran Mental Health: Why Should Psychiatrists Care?
<http://www.rand.org/blog/2014/08/military-and-veteran-mental-health-why-should-psychiatrists.html>

Psychology and the Prevention of War Trauma: An Article Rejected by American Psychologist
<http://www.projectcensored.org/psychology-and-the-prevention-of-war-trauma-an-article-rejected-by-american-psychologist/>

Strong bonds with pets may help foster resiliency in military-connected children
http://www.eurekalert.org/pub_releases/2014-10/tu-sbw102914.php

'Basetrack Live' takes intimate look at Marine's journey to war and back
<http://www.stripes.com/basetrack-live-takes-intimate-look-at-marine-s-journey-to-war-and-back-1.311043>

Resource of the Week: [World Health Organization -- Mental Health](#)

This is the World Health Organization's topic page for mental health, which aggregates a number of information resources. Of particular interest is a recent report -- [Preventing suicide: A global imperative](#) -- which "provides a global knowledge base on suicide and suicide attempts as well as actionable steps for countries based on their current resources and context to move forward in suicide prevention."

You'll also find a link to WHO's [Project Atlas](#) of the Department of Mental Health and Substance Abuse, for the collection and dissemination of data on mental health resources internationally. "Resources include policies, programmes, financing, services, professionals, treatment and medicines, information systems and related organizations."

Health topics

Mental health



WHO

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

New publication

Preventing suicide: a global imperative

A first of its kind, this report aims to increase awareness of the public health significance of suicide and suicide attempts, to make suicide prevention a higher priority on the global public health agenda, and to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies in a multisectoral public health approach.

General information

World Mental Health Day 2014

↓ Infographic: Severe mental illness: steps to a longer and healthier life pdf, 100kb

Fact sheets on mental health

Q&A: How can the human rights of people with mental disorders be promoted?

Mental health news

Multimedia

 Living with schizophrenia and other mental health disorders

Technical information

Mental health in emergencies

WHO Mental Health Gap Action Programme (mhGAP)

Policy, planning and legislation

— More about mental health

Publications

- Preventing suicide: A global imperative
- Global status report on alcohol and health 2014
- Mental health action plan 2013-2020
- WHO guidelines on mental health and substance abuse

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