

CDP



Research Update -- February 20, 2020

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<https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1724595>

The role of PTSD and TBI in post-deployment sleep outcomes.

Sarah L. Martindale, Matthew J. Konst, James R. Bateman, Alyssa Arena & Jared A. Rowland

Military Psychology

Published online: 14 Feb 2020

<https://doi.org/10.1080/08995605.2020.1724595>

The purpose of this study was to evaluate the main and interaction effects of PTSD and TBI on sleep outcomes in veterans. Post-deployment combat veterans (N = 293, 87.37% male) completed clinical interviews to determine diagnosis and severity of PTSD and deployment TBI history, as well as subjective measures of sleep quality, sleep duration, and restedness. Sleep-related medical diagnoses were extracted from electronic medical records for all participants. PTSD and TBI were each associated with poorer ratings of sleep quality, restedness, shorter sleep duration, and greater incidence of clinically diagnosed sleep disorders. Analyses indicated main effects of PTSD on sleep quality ($p < .001$), but no main effects of TBI. PTSD severity was significantly associated with poorer sleep quality ($p < .001$), restedness ($p = .018$), and shorter sleep duration ($p = .015$). TBI severity was significantly associated with restedness beyond PTSD severity ($p = .036$). There were no interaction effects between diagnostic or severity variables. PTSD severity is a driving factor for subjective ratings of sleep disturbance beyond PTSD diagnosis as well as TBI diagnosis and severity. Despite this, poor sleep was apparent throughout the sample, which suggests post-deployment service members may globally benefit from routine screening of sleep problems and increased emphasis on sleep hygiene.

<https://journals.sagepub.com/doi/abs/10.1177/0033294119899896>

Self-Reported Sleep Need, Subjective Resilience, and Cognitive Performance Following Sleep Loss and Recovery Sleep.

Mantua, J., Brager, A. J., Alger, S. E., Adewle, F., Skeiky, L., Balkin, T. J., ... Simonelli, G.

Psychological Reports

First Published January 30, 2020

<https://doi.org/10.1177/0033294119899896>

Objective

Individuals vary in response to sleep loss: some individuals are “vulnerable” and demonstrate cognitive decrements following insufficient sleep, while others are “resistant” and maintain baseline cognitive capability. Physiological markers (e.g., genetic polymorphisms) have been identified that can predict relative vulnerability. However, a quick, cost-effective, and feasible subjective predictor tool has not been developed. The objective of the present study was to determine whether two factors—“subjective sleep need” and “subjective resilience”—predict cognitive performance following sleep deprivation.

Methods

Twenty-seven healthy, sleep-satiated young adults participated. These individuals were screened for sleep disorders, comorbidities, and erratic sleep schedules. Prior to 40 hours of in-laboratory total sleep deprivation, participants were questioned on their subjective sleep need and completed a validated resilience scale. During and after sleep deprivation, participants completed a 5-minute psychomotor vigilance test every 2 hours.

Results

Both subjective resilience and subjective sleep need individually failed to predict performance during sleep loss. However, these two measures interacted to predict performance. Individuals with low resilience and low sleep need had poorer cognitive performance during sleep loss. However, in individuals with medium or high resilience, psychomotor vigilance test performance was not predicted by subjective sleep need. Higher resilience may be protective against sleep loss-related neurobehavioral impairments in the context of subjective sleep need.

Conclusions

Following sleep loss (and recovery sleep), trait resilient individuals may outperform those with lower resiliency on real-world tasks that require continuous attention. Future studies should determine whether the present findings generalize to other, operationally relevant tasks and additional cognitive domains.

<https://journal-veterans-studies.org/articles/10.21061/jvs.v6i1.131/>

Veterans' Transition Out of the Military and Knowledge of Mental Health Disorders.

Taylor, S., Miller, B. L., Tallapragada, M., & Vogel, M.

Journal of Veterans Studies
2020; 6(1), 85–95
<http://doi.org/10.21061/jvs.v6i1.131>

There is a need for research to understand veteran's mental health and how they use resources, like the Veteran's Affairs and non-profit organizations. This study serves to further our understanding about veterans' knowledge on this subject. This study adds to the literature by conducting semi-structured interviews with 15 veterans who had deployed on either United States military bases or ships, or peace-keeping missions, overseas after 9/11. The interviews were audio-recorded, transcribed, and thoroughly analyzed using a narrative approach. Five important themes emerged from the interviews: prevalence of mental health disorders, knowledge of disorders and resources, barriers to seeking help, types of resources available, and motivations to seek help. Although this study aimed to explicitly understand knowledge, the inductive research process produced four other themes that became pivotal in understanding why veterans were skeptical to seek help.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/smi.2934>

Problems with social acceptance and social victimization predict substance use among U.S. Reserve/Guard soldiers.

Rachel A. Hoopsick, Bonnie M. Vest, D. Lynn Homish, Gregory G. Homish

Stress & Health
First published: 30 January 2020
<https://doi.org/10.1002/smi.2934>

The effects of negative social interactions/experiences on substance use have largely been studied in civilian populations, but less is known about United States Army Reserve/National Guard (USAR/NG) soldiers—a high-risk group. We examined the

associations between problems with social acceptance, social victimization, and substance use among USAR/NG soldiers, and examined potential differences by deployment history. The sample consisted of soldiers who completed baseline and 1-year follow-up assessments (N = 445) of Operation: SAFETY, an ongoing study of USAR/NG soldiers. We examined the effects of baseline problems with social acceptance/social victimization on nonmedical use of prescription drugs (NMUPD), illicit drug use, frequent heavy drinking (FHD), and alcohol problems at follow-up. Significant effects were small in magnitude but consistent in direction. Greater problems with social acceptance were associated with higher odds of NMUPD and illicit drug use. Greater social victimization was associated with higher odds of NMUPD and illicit drug use. There were no differences by deployment history. Problems with social acceptance/social victimization were not associated with FHD or alcohol problems. Problems with social acceptance/social victimization may contribute to drug use among USAR/NG soldiers. Intervention programs should address social issues, regardless of deployment history.

<https://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201900078>

Mental Health and Obesity Among Veterans: A Possible Need for Integrated Care.

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Psychiatric Services

Published Online: 30 Jan 2020

<https://doi.org/10.1176/appi.ps.201900078>

Objective:

The goal was to examine psychiatric diagnosis rates among a national cohort of primary care patients with and without obesity.

Methods:

The cohort was derived from national Veterans Health Administration data (women, N=342,262; men, N=4,524,787). Sex-stratified descriptive statistics characterized psychiatric diagnosis rates. Chi-square tests determined whether diagnosis rates differed by obesity status ($\alpha=0.001$).

Results:

Rates of any psychiatric diagnosis were higher among women than among men and among people with obesity versus without obesity (women, 53.9% vs. 50.4%; men, 37.9% vs. 35.2%). Depression and posttraumatic stress disorder diagnosis rates were higher for people with obesity, and substance use disorder diagnosis rates were lower for people with obesity. Anxiety diagnosis rates were slightly lower among women with obesity versus women without obesity.

Conclusions:

Programs simultaneously addressing weight management and mental health could address the psychiatric comorbidities observed among people with obesity. Women are most likely to need these services.

<https://journals.sagepub.com/doi/abs/10.1177/0967010619898468>

Why do soldiers swap illicit pictures? How a visual discourse analysis illuminates military band of brother culture.

Megan MacKenzie

Security Dialogue

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Military service members have been taking and circulating illicit images for decades, and soldier-produced illicit images are a regular and coherent category of international images. Focusing on two case studies – Abu Ghraib images and images of hazing – the argument put forward in this article is that soldier-generated illicit images are not simply photographic evidence, or accidental by-products, of exceptional military activities; rather, these images – and the practices associated with these images – are central to, and reinforce aspects of, military band of brother culture. Soldier-produced illicit images establish a visual vernacular that normalizes particular practices within military communities. Moreover, the practices of producing, circulating and consuming these images convey explicit messages to service members about acceptable behaviour and norms around loyalty and secrecy. A method of visual discourse analysis is developed and employed to examine the acts captured in soldier-generated illicit images as well as the practices linked to the production, circulation and consumption of images. Building on existing work on military culture and images and international relations, this article

makes a unique contribution by systematically analysing soldier-produced illicit images in order to gain insights about internal military culture and group dynamics.

<https://www.ncbi.nlm.nih.gov/pubmed/31377248>

Sleep Health. 2019 Dec;5(6):651-657. doi: 10.1016/j.sleh.2019.06.009. Epub 2019 Jul 31

Sleep problems and functioning during initial training for a high-risk occupation.

Adrian AL, Skeiky L, Burke TM, Gutierrez IA, Adler AB

OBJECTIVES:

The current study sought to characterize the sleep problems of soldiers entering Basic Combat Training and to identify the link between sleep problems and subsequent performance, psychological distress, anger reactions, and attention.

DESIGN:

Soldiers were surveyed at 4 time points throughout the standard 10 weeks of Basic Combat Training. Surveys were administered at weeks 1, 3, 6, and 9. Sleep problems were identified as either present or absent at each time point using a sleep problem screening questionnaire. Four sleep patterns were identified and then used to evaluate outcomes throughout training (n = 1577).

RESULTS:

When compared to those who never had a sleep problem ("healthy"; 60.6%), those who recovered from their initial sleep problem ("recovered"; 12.8%) started training with higher psychological distress and anger reactions and lower attention but steadily improved throughout training. Those who developed a sleep problem during training ("new onset"; 20.0%) and those who had a sleep problem throughout training ("chronic"; 6.6%) also started off significantly worse than the healthy group. The new-onset and chronic groups saw slower psychological distress improvement and a decline in attention throughout the course compared to the healthy group. The chronic group also significantly increased their anger reactions throughout training compared to the healthy group.

CONCLUSION:

Sleep problems during Basic Combat Training may be an indicator for difficulties

managing entry into the military. These findings highlight the importance of improving sleep health for soldiers throughout Basic Combat Training and for others with similar training in high-risk occupations.

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https://journals.lww.com/jhypertension/Abstract/publishahead/Hypertension_in_military_veterans_is_associated.97042.aspx

Hypertension in military veterans is associated with combat exposure and combat injury.

Howard, Jeffrey T.; Stewart, Ian J.; Kolaja, Claire A.; Sosnov, Jonathan A.; Rull, Rudolph P.; Torres, Isaias; Janak, Jud C.; Walker, Lauren E.; Trone, Daniel W.; Armenta, Richard F.

Journal of Hypertension

January 27, 2020

doi: 10.1097/HJH.0000000000002364

Background:

Although the long-term effects of combat injury are not well understood, there is emerging concern that exposure to combat environments and subsequent injury may increase the risk of hypertension through changes in inflammatory responses, psychological stress and mental health, and health behaviors.

Methods:

Data from the Millennium Cohort Study and the Department of Defense Trauma Registry were used to identify combat-exposed and combat-injured participants. Incident hypertension diagnoses were ascertained from the Millennium Cohort survey. The associations between combat exposure/injury and hypertension risk was estimated using multivariable complementary log-log survival models.

Results:

The final analysis sample consisted of 38 734 participants. Of these, 50.8% deployed but were not exposed to combat, 48.6% deployed and were exposed to combat, and 0.6% had combat injury. Overall prevalence of hypertension was 7.6%. Compared with participants who deployed but did not experience combat (mild exposure), elevated

odds of hypertension were observed among those who experienced combat but not wounded (moderate exposure; AOR, 1.28; 95% CI, 1.19–1.38) and those wounded in combat (high exposure; AOR, 1.46; 95% CI, 1.07–2.00). Sleep duration of less than 4 h (AOR, 1.21; 95% CI, 1.03–1.43), sleep duration of 4–6 h (AOR, 1.16; 95% CI, 1.05–1.29), posttraumatic stress disorder (AOR, 1.54; 95% CI, 1.26–1.87), and overweight (AOR, 1.77; 95% CI, 1.61–1.95) and obese (AOR, 2.77; 95% CI, 2.45–3.12) status were also associated with higher odds of hypertension.

Conclusion:

Results support the hypotheses that combat exposure increases hypertension risk and that combat injury exacerbates this risk.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032719329659>

Use of the Acquired Capability for Suicide Scale (ACSS) Among United States Military and Veteran Samples: A Systematic Review.

Emily B. Kramer, Laurel A. Gaeddert, Christine L. Jackson, Ben Harnke, Sarra Nazem

Journal of Affective Disorders

Available online 29 January 2020

<https://doi.org/10.1016/j.jad.2020.01.153>

Highlights

- United States military personnel and Veterans are at increased risk for suicide.
- Acquired capability for suicide (AC) may be a mechanism that explains this risk.
- We systematically reviewed the literature to determine factors associated with AC.
- Results yielded an empirical base characterized by a high risk of bias.
- AC construct assessment and refinement are suggested as future research targets.

Abstract

Background

Military personnel and Veterans are at increased risk for suicide. Theoretical and conceptual arguments have suggested that elevated levels of acquired capability (AC) could be an explanatory factor accounting for this increased risk. However, empirical

research utilizing the Acquired Capability for Suicide Scale (ACSS) in military populations has yielded mixed findings.

Methods

To better ascertain what factors are associated with AC, and whether methodological limitations may be contributing to mixed findings, a systematic review was conducted.

Results

A total of 31 articles utilized the ACSS to examine factors associated with AC, including combat history, in United States (U.S.) military personnel and Veterans. Nearly all studies (96.8%) were rated high risk of bias. Use of the ACSS varied, with seven different iterations utilized. Nearly all studies examined correlations between the ACSS and sample characteristics, mental health and clinical factors, Interpersonal Theory of Suicide constructs, and/or suicide-specific variables. Results of higher-level analyses, dominated by cross-sectional designs, often contradicted correlational findings, with inconsistent findings across studies.

Limitations

Included studies were non-representative of all U.S. military and Veteran populations and may only generalize to these populations.

Conclusions

Due to the high risk of bias, inconsistent use of the ACSS, lack of sample heterogeneity, and variability in factors examined, interpretation of current ACSS empirical data is cautioned. Suggestions for future research, contextualized by these limitations, are discussed.

<https://journals.sagepub.com/doi/abs/10.1177/0886260519900937>

Traumatic Childhood Experiences and Posttraumatic Stress Disorder Among Veterans in Substance Use Disorder Treatment.

Young, L. B., Timko, C., Pulido, R. D., Tyler, K. A., Beaumont, C., & Grant, K. M.

Journal of Interpersonal Violence

First Published January 26, 2020

<https://doi.org/10.1177/0886260519900937>

Posttraumatic stress disorder (PTSD) dramatically increases the risk of both substance use disorder (SUD) and suicide in veterans. Military-related trauma, however, may not be the only or most significant trauma experienced by veterans. Trauma exposure is high among those joining the military. This study sought to identify the prevalence of five types of childhood trauma (emotional, physical, and sexual abuse and emotional and physical neglect) and three adult trauma symptom clusters (intrusive thoughts, avoidance, and hyperarousal) among veterans seeking SUD treatment and to clarify the associations between types of trauma and specific symptom clusters. Veterans at three Veterans Affairs (VA) SUD treatment facilities in the Midwest completed surveys at treatment entry (n1 = 195) and at 6-month follow-up (n2 = 138). Measures included the Childhood Trauma Questionnaire-Short Form and the PTSD Checklist, either a military or a civilian version, depending on whether the most traumatic event occurred in or out of the military. The prevalence of childhood trauma was high, ranging from 40.5% experiencing physical abuse down to 22.8% experiencing sexual abuse. At baseline, 60.2% of the military trauma group met criteria for PTSD, compared with 33.9% of the civilian trauma group, a significant difference, $\chi^2(1, N = 195) = 14.46, p < .01$. Childhood emotional and physical abuse were moderately associated with intrusion and hyperarousal in the military trauma group, but in the civilian trauma group a broader spectrum of childhood traumas were associated with a broader array of symptom clusters, including avoidance. At follow-up, symptoms improved and were less associated with childhood trauma. These findings illuminate the persistence of effects of childhood trauma and recommend more targeted PTSD treatments.

<https://academic.oup.com/sleep/advance-article/doi/10.1093/sleep/zsaa007/5717136>

Fear Extinction Memory is Negatively Associated with REM Sleep in Insomnia Disorder.

Ryan M Bottary, Jeehye Seo, Carolina Daffre, Samuel Gazecki, Kylie N Moore, Konstantin Kopotiyenko, Jarrod P Dominguez, Karen Gannon, Natasha B Lasko, Brittainy Roth, Mohammed R Milad, Edward F Pace-Schott

Sleep

Published: 29 January 2020

<https://doi.org/10.1093/sleep/zsaa007>

Study Objectives

Formation and maintenance of fear-extinction memories are disrupted in Post-

Traumatic Stress Disorder (PTSD) and anxiety disorders. Sleep contributes to emotional memory consolidation and emotion regulation. Insomnia Disorder (ID) is characterized by persistent sleep disturbance as well as REM sleep abnormalities and often precedes or develops in parallel with PTSD and anxiety disorders. Here we explore the impact of chronic poor sleep and sleep immediately following fear conditioning and extinction learning on preservation of extinction memories.

Methods

24 ID age- and sex-matched to 24 healthy, good sleeper controls (GS) completed up to two weeks of habitual sleep monitoring with daily sleep-wake diaries and actigraphy, and then participated in a two-session fear conditioning, extinction learning and extinction recall procedure. Fear Conditioning and Extinction Learning occurred during session 1, followed by Extinction Recall approximately 24h later. Skin-conductance responses (SCR) and shock expectancies were recorded throughout all experimental phases to evaluate associative learning and memory. Overnight sleep between sessions 1 and 2 was recorded using ambulatory polysomnography.

Results

ID showed greater physiological reactivity during Fear Conditioning. REM sleep physiology was associated with poorer extinction memory in ID but better extinction memory in GS.

Conclusion

REM sleep physiology may differentially support emotional memory retention and expression in ID and GS. In the former, REM may enhance retention of fear memories, while in the later, REM may enhance the expression of extinction memories.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6970140/>

Rationale and design of an efficacy study of Group Prolonged Exposure for PTSD.

Janet C'de Baca, Diane Castillo, Bryann DeBeer, and Clifford Qualls

Contemporary Clinical Trials

Published online 2019 Dec 30

doi: 10.1016/j.conctc.2019.100509

Introduction

Among health problems in the Veteran population, the most common is posttraumatic stress disorder (PTSD) and its effect on the quality of life. Prolonged Exposure therapy, based on emotional processing theory, is a first-line treatment for reducing PTSD symptom severity when delivered in an individual format, and its efficacy is well established. The primary objective of this study is to establish the efficacy of prolonged exposure delivered in a small 3-person group modality. Quality of life should improve with decreases in PTSD symptoms such as sleep disturbance, irritability, and hypervigilance. Stigma is associated with hesitation in seeking treatment and treatment dropout. A secondary objective is to measure the effect of group treatment on reducing the stigma surrounding PTSD.

Methods/design

This study is a randomized controlled trial testing the efficacy of Group Prolonged Exposure (PE) for reducing PTSD symptom severity and improving quality of life in male Afghanistan and Iraq Veterans. All participants are randomly assigned to receive Group PE or Group Present-Centered Therapy (PCT) for 10-weekly, 90-min sessions. Group PE focuses on processing trauma memories, while the goal of Group PCT is improved psychosocial functioning through management of current stressors. The primary outcome is improvement in CAPS-5 PTSD symptom severity scores and quality of life measures (WHO-QOL and SF-36) from pre-treatment to post-treatment, 3-months post-treatment, and 6-months post-treatment. A secondary outcome is reductions in perceived self-stigma of mental illness based on the Stigma Scale at baseline and follow-up points. This study is designed to expand access to this first-line treatment for PTSD by delivering PE in a small group modality while conforming to the individual PE protocol, with group treatment reducing perceived stigma of mental illness.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usz443/5716508>

Effects of Brief Depression and Anxiety Management Training on a US Army Division's Primary Care Providers.

Rohul Amin, MD, FAPA, FACP, Mary Ann Thomas, B S

Military Medicine

Published: 28 January 2020

<https://doi.org/10.1093/milmed/usz443>

Introduction:

There is a nation-wide gap between the prevalence of mental illness and the availability of psychiatrists. This places reliance on primary care providers (PCPs) to help meet some of these mental health needs. Similarly, the US Army expects its PCPs to be able to manage common mental illnesses such as anxiety and depression. Therefore, PCPs must be able to close their psychiatric skills gaps via lifelong learning. Materials and

Methods:

Following needs assessment of PCPs in a US Army division, the curriculum was developed. Objectives targeted pharmacological management of depression and anxiety. Behavioral intervention skills were also taught to treat insomnia. Didactics and case-based small groups were used. A novel psychotropic decisional tool was developed and provided to learners to assist and influence their future psychiatric practice. Pre-training, immediate post-training, and 6-month assessments were done via survey to evaluate confidence and perceived changes in practice. The curriculum was executed as a quality improvement project using the Plan, Do, Study, Act framework.

Results:

Among 35 learners, immediate confidence in selecting optimal psychotropic and perceived knowledge, skill to change the dose or type of medication, and confidence in prescribing behavioral sleep improved significantly with large effect sizes. At 6-month follow-up, learners reported that they were more likely to adjust medications for anxiety or depression and were more likely to start a new medication for anxiety or depression because of the training with moderate effect sizes. Use and satisfaction with the psychotropic decisional tool are also reported.

Conclusions:

Our psychotropic decisional tool illustrates a novel algorithmic approach for operationalizing the management of depression and anxiety. Similar approaches can improve the skills of a variety of PCPs in the management of psychiatric disorders. Further studies in the military operational setting are needed to assess the effects of similar educational interventions on access to behavioral health care, suicidal behaviors, and unit medical readiness.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2759758>

Factors Associated With Suicide Ideation in US Army Soldiers During Deployment in Afghanistan.

Ursano RJ, Herberman Mash HB, Kessler RC, et al.

JAMA Network Open

2020;3(1):e1919935

doi:10.1001/jamanetworkopen.2019.19935

Key Points

Question

What factors are associated with 30-day suicide ideation among US Army soldiers at the midpoint of their deployment in Afghanistan?

Findings

This survey study of 3957 soldiers who completed self-administered questionnaires at middeployment found an estimated prevalence of lifetime, past-year, and 30-day suicide ideation of 11.7%, 3.0%, and 1.9%, respectively. Risk factors associated with 30-day suicide ideation included white race/ethnicity, lifetime noncombat trauma exposure, and past 30-day and lifetime major depressive disorder.

Meaning

These findings suggest that research examining deployment experiences that increase suicide ideation in soldiers with past trauma and major depressive disorder may assist clinicians and leadership in identifying and treating those at increased risk.

Abstract

Importance

Understanding suicide ideation (SI) during combat deployment can inform prevention and treatment during and after deployment.

Objective

To examine associations of sociodemographic characteristics, lifetime and past-year stressors, and mental disorders with 30-day SI among a representative sample of US Army soldiers deployed in Afghanistan.

Design, Setting, and Participants

In this survey study, soldiers deployed to Afghanistan completed self-administered questionnaires in July 2012. The sample was weighted to represent all 87 032 soldiers serving in Afghanistan. Prevalence of lifetime, past-year, and 30-day SI and mental disorders was determined. Logistic regression analyses examined risk factors

associated with SI. Data analyses for this study were conducted between August 2018 and August 2019.

Main Outcomes and Measures

Suicide ideation, lifetime and 12-month stressors, and mental disorders were assessed with questionnaires. Administrative records identified sociodemographic characteristics and suicide attempts.

Results

A total of 3957 soldiers (3473 [weighted 87.5%] male; 2135 [weighted 52.6%] aged ≤29 years) completed self-administered questionnaires during their deployment in Afghanistan. Lifetime, past-year, and 30-day SI prevalence estimates were 11.7%, 3.0%, and 1.9%, respectively. Among soldiers with SI, 44.2% had major depressive disorder (MDD) and 19.3% had posttraumatic stress disorder in the past 30-day period. A series of analyses of the 23 grouped variables potentially associated with SI resulted in a final model of sex; race/ethnicity; lifetime noncombat trauma; past 12-month relationship problems, legal problems, and death or illness of a friend or family member; and MDD. In this final multivariable model, white race/ethnicity (odds ratio [OR], 3.1 [95% CI, 1.8-5.1]), lifetime noncombat trauma (OR, 2.1 [95% CI, 1.1-4.0]), and MDD (past 30 days: OR, 31.8 [95% CI, 15.0-67.7]; before past 30 days: OR, 4.9 [95% CI, 2.5-9.6]) were associated with SI. Among the 85 soldiers with past 30-day SI, from survey administration through 12 months after returning from deployment, 6% (5 participants) had a documented suicide attempt vs 0.14% (6 participants) of the 3872 soldiers without SI.

Conclusions and Relevance

This study suggests that major depressive disorder and noncombat trauma are important factors in identifying SI risk during combat deployment.

<https://www.frontiersin.org/articles/10.3389/fnbeh.2020.00006/full>

Mechanisms of Shared Vulnerability to Post-traumatic Stress Disorder and Substance Use Disorders.

Cristina E. María-Ríos and Jonathan D. Morrow

Frontiers in Behavioral Neuroscience
31 January 2020
<https://doi.org/10.3389/fnbeh.2020.00006>

Psychoactive substance use is a nearly universal human behavior, but a significant minority of people who use addictive substances will go on to develop an addictive disorder. Similarly, though ~90% of people experience traumatic events in their lifetime, only ~10% ever develop post-traumatic stress disorder (PTSD). Substance use disorders (SUD) and PTSD are highly comorbid, occurring in the same individual far more often than would be predicted by chance given the respective prevalence of each disorder. Some possible reasons that have been proposed for the relationship between PTSD and SUD are self-medication of anxiety with drugs or alcohol, increased exposure to traumatic events due to activities involved in acquiring illegal substances, or addictive substances altering the brain's stress response systems to make users more vulnerable to PTSD. Yet another possibility is that some people have an intrinsic vulnerability that predisposes them to both PTSD and SUD. In this review, we integrate clinical and animal data to explore these possible etiological links between SUD and PTSD, with an emphasis on interactions between dopaminergic, adrenocorticotrophic, GABAergic, and glutamatergic neurobehavioral mechanisms that underlie different emotional learning styles.

<https://link.springer.com/article/10.1007/s11126-019-09676-7>

Treatment and Management of Depression Symptoms in Pregnant Veterans: Varying Experiences of Mental Health Care in the Prenatal Period.

Kroll-Desrosiers, A.R., Crawford, S.L., Moore Simas, T.A. et al.

Psychiatric Quarterly
Published: 01 February 2020
<https://doi.org/10.1007/s11126-019-09676-7>

Depression screening is recommended for all pregnant veterans; however, little is known on how often symptomatic women receive care, how depression treatment presents in practice, and whether women veterans are utilizing treatment during the appreciable perinatal period. Our sample included 142 pregnant veterans from 15 Veterans Health Administration (VA) medical facilities with Edinburgh Postnatal Depression Scale (EPDS) scores ≥ 10 . Sociodemographic characteristics, military

service, health utilization, and pregnancy related factors were collected as part of a telephone survey. A majority of our sample (70%) had 1 or more mental health visits or antidepressant prescriptions during pregnancy. Women with a history of depression had more mental health visits and a higher percentage of antidepressant use before and during pregnancy than women without a history of depression. Pregnant women veterans without a history of depression may be less likely to receive care for depression during pregnancy. However, the majority of our veterans showing depression symptoms prenatally had at least one mental health visit or an antidepressant medication fill during their pregnancy window, suggesting that mental health care is readily available for women veterans.

<https://jamanetwork.com/journals/jamapsychiatry/article-abstract/2759418>

Outcomes of Online Mindfulness-Based Cognitive Therapy for Patients With Residual Depressive Symptoms: A Randomized Clinical Trial.

Segal ZV, Dimidjian S, Beck A, et al.

JAMA Psychiatry

Published online January 29, 2020

doi:10.1001/jamapsychiatry.2019.4693

Key Points

Question

Can web-based treatment of residual depressive symptoms lead to incremental benefits for adults when added to usual depression care?

Finding

In this randomized clinical trial of 460 participants with residual depressive symptoms, those who received an online version of mindfulness-based cognitive therapy in addition to usual care had greater reductions in depressive and anxiety symptoms, higher rates of remission, and higher levels of quality of life compared with participants who received usual care only.

Meaning

The findings support the value of online mindfulness-based cognitive therapy as an adjunctive, scalable approach for the management of residual depressive symptoms.

Abstract

Importance

Patients with residual depressive symptoms face a gap in care because few resources, to date, are available to manage the lingering effects of their illness.

Objective

To evaluate the effectiveness for treating residual depressive symptoms with Mindful Mood Balance (MMB), a web-based application that delivers mindfulness-based cognitive therapy, plus usual depression care compared with usual depression care only.

Design, Setting, and Participants

This randomized clinical trial was conducted in primary care and behavioral health clinics at Kaiser Permanente Colorado, Denver. Adults identified with residual depressive symptoms were recruited between March 2, 2015, and November 30, 2018. Outcomes were assessed for a 15-month period, comprising a 3-month intervention interval and a 12-month follow-up period.

Interventions

Patients were randomized to receive usual depression care (UDC; n = 230) or MMB plus UDC (n = 230), which included 8 sessions delivered online for a 3-month interval plus minimal phone or email coaching support.

Main Outcomes and Measures

Primary outcomes were reduction in residual depressive symptom severity, assessed using the Patient Health Questionnaire-9 (PHQ-9); rates of depressive relapse (PHQ-9 scores ≥ 15); and rates of remission (PHQ-9 scores < 5). Secondary outcomes included depression-free days, anxiety symptoms (General Anxiety Disorder-7 Item Scale), and functional status (12-Item Short Form Survey).

Results

Among 460 randomized participants (mean [SD] age, 48.30 [14.89] years; 346 women [75.6%]), data were analyzed for the intent-to-treat sample, which included 362 participants (78.7%) at 3 months and 330 (71.7%) at 15 months. Participants who received MMB plus UDC had significantly greater reductions in residual depressive symptoms than did those receiving UDC only (mean [SE] PHQ-9 score, 0.95 [0.39], $P < .02$). A significantly greater proportion of patients achieved remission in the MMB plus UDC group compared with the UDC only group (PHQ-9 score, < 5 : β [SE], 0.38 [0.14], $P = .008$), and rates of depressive relapse were significantly lower in the MMB plus UDC group compared with the UDC only group (hazard ratio, 0.61; 95% CI, 0.39-0.95; $P <$

.03). Compared with the UDC only group, the MMB plus UDC group had decreased depression-free days (mean [SD], 281.14 [164.99] days vs 247.54 [158.32] days; difference, -33.60 [154.14] days; $t = -2.33$; $P = .02$), decreased anxiety (mean [SE] General Anxiety Disorder-7 Item Scale score, 1.21 [0.42], $P = .004$), and improved mental functioning (mean [SE] 12-Item Short Form Survey score, -5.10 [1.37], $P < .001$), but there was no statistically significant difference in physical functioning.

Conclusions and Relevance

Use of MMB plus UDC resulted in significant improvement in depression and functional outcomes compared with UDC only. The MMB web-based treatment may offer a scalable approach for the management of residual depressive symptoms.

Trial Registration

ClinicalTrials.gov identifier: NCT02190968

<https://www.ncbi.nlm.nih.gov/pubmed/31556654>

J Consult Clin Psychol. 2019 Dec;87(12):1124-1136. doi: 10.1037/ccp0000435. Epub 2019 Sep 26

Risk for suicide attempts among United States Air Force active duty members with suicide ideation: An ecological perspective.

Langhinrichsen-Rohling J, Snarr JD, Slep AMS, Heyman RE

OBJECTIVE:

Differentiating suicide attempters from suicide ideators has been named a critical suicidology frontier (Klonsky & May, 2013). Per Bronfenbrenner's (1977, 1994) ecological systems theory, risk/protective factors from four ecological levels (individual, family, workplace, and community) were used to predict last year suicide attempt status among active duty service members expressing suicide ideation.

METHOD:

Active duty U.S. Air Force members ($N = 52,780$, 79.3% male, 79.2% non-Hispanic White, M age = 31.8 years) anonymously completed an online community assessment administered biennially at 82 bases worldwide. Last year suicide ideation and attempts were concurrently measured, as were an array of co-occurring risk and protective factors.

RESULTS:

Among the 1,927 (approximately 4%) service members self-reporting suicidal ideation, 152 also reported a last year suicide attempt (7.9% of the ideators, 8.7% of men vs. 6.1% of women). However, in multivariate models, military member sex was not a significant moderator. In bivariate models, numerous individual, family/spouse/parent, and community factors were associated with suicide attempt status. In the final multivariate model for the whole sample, risk for a last year attempt was associated with years in the military, social support, and alcohol use problems, but not depression. Among active duty military in relationships, attempt status risk was associated with years in the military, social support, and intimate partner violence victimization. However, the effect sizes for these models were small.

CONCLUSIONS:

Beyond a focus on depression, addressing alcohol misuse, facilitating resilient and nonviolent couple/family relationships, and increasing social support may enhance suicide attempt prevention efforts among military members. (PsycINFO Database Record (c) 2019 APA, all rights reserved).

<https://www.ncbi.nlm.nih.gov/pubmed/32021198>

Neuropsychiatr Dis Treat. 2020 Jan 8;16:43-54. doi: 10.2147/NDT.S228802. eCollection 2020

Predictors of Current DSM-5 PTSD Diagnosis and Symptom Severity Among Deployed Veterans: Significance of Predisposition, Stress Exposure, and Genetics.

Hu Y, Chu X, Urosevich TG, Hoffman SN, Kirchner HL, Adams RE, Dugan RJ, Boscarino JJ, Shi W, Withey CA, Figley CR, Boscarino JA

BACKGROUND:

Previously we reported a genetic risk score significantly improved PTSD prediction among a trauma-exposed civilian population. In the current study, we sought to assess this prediction among a trauma-exposed military population.

METHODS:

We examined current PTSD diagnosis and PTSD symptom severity among a random

sample of 1042 community-based US military veterans. Main effects and interaction effects were assessed for PTSD genetic risk by trauma exposure using cross-product terms for PTSD x trauma exposures, including combat, lifetime trauma, and adverse childhood exposures. The PTSD risk variants studied were within genetic loci previously associated with PTSD, including CRHR1, CHRNA5, RORA, and FKBP5 genetic variants, which were used to calculate a total PTSD genetic risk score (range=0-8, mean=3.6, SD=1.4).

RESULTS:

Based on DSM-5 PTSD criteria, 7.1% of veterans (95% CI=5.6-8.8) met criteria for current PTSD. The PTSD genetic risk count was significantly higher among PTSD cases vs non-cases (3.92 vs 3.55, $p=0.027$). Since the PTSD genetic risk score was not significant in the PTSD diagnosis model, we assessed this association using PTSD symptom severity. Because these symptom data were skewed (mean=9.54, SD=12.71, range=0-76), we used negative binomial regression to assess this outcome. This symptom model included a PTSD genetic risk score, demographic factors, trauma exposures, current insomnia, current depression, concussion history, and attention-deficit disorder, expressed as incident rate ratios (IRR), which is an estimate of one-unit increase in PTSD severity, given other variables are held constant. Variables in the final model included age and sex (both $p<0.001$), PTSD genetic risk (IRR=1.02, $p=0.028$), warzone tours (IRR=0.94, $p=0.003$), childhood abuse (IRR=1.50, $p<0.0001$), current depression (IRR=1.89, $p<0.0001$), current insomnia (IRR=2.58, $p<0.0001$), low social support (IRR=1.19, $p<0.0001$), attention-deficit disorder (IRR=1.51, $p<0.0001$), agreeable personality (IRR=0.77, $p<0.0001$), and concussion (IRR=1.38, $p<0.0001$). Significant interactions were detected for combat and lifetime trauma exposure by PTSD genetic risk (both $p<0.0001$), suggesting that the impact of trauma exposures on PTSD severity was lower when the PTSD genetic risk was higher.

CONCLUSION:

Both warzone and non-warzone factors predicted current PTSD symptoms among veterans, including a PTSD genetic risk score. Interaction effects were detected for combat exposure and lifetime trauma by genetic risk score for PTSD symptoms, suggesting that PTSD symptom manifestation was more dependent on PTSD risk variants than the level of trauma or combat exposure. This suggests that controlling for other factors, the absence of genetic risk variants may confer PTSD resilience. Further research is planned.

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Suicidal ideation, behavior, and mortality in male and female US veterans with severe mental illness.

Mihaela Aslan, Krishnan Radhakrishnan, Nallakkandi Rajeevan, Melyssa Sueiro, ...
Philip D. Harvey

Journal of Affective Disorders
Volume 267, 15 April 2020, Pages 144-152
<https://doi.org/10.1016/j.jad.2020.02.022>

Highlights

- This research evaluated a large study population of US veterans—including a representative proportion of female veterans—with severe mental illness (SMI), and used a structured clinical interview to confirm diagnosis, which is more reliable than a clinical diagnosis.
- Factors associated with suicidal behavior and death by suicide among men and women veterans with severe mental illness have similarities and differences from patterns in the general population.
- Although suicide-specific mortality involved relatively few events over the six years these occurrences were an order of magnitude more frequent compared to the U.S. general population and also compared to the overall veteran population.
- Female veterans with SMI had more suicide attempts than would be expected based on general population standards.
- Findings from this study may have health-policy implications, including for targeted prevention strategies.

Abstract

Background

We compared male and female American veterans with schizophrenia or bipolar disorder regarding clinical characteristics associated with lifetime suicidal ideation and behavior. Subsequent mortality, including death by suicide, was also assessed.

Methods

Data from questionnaires and face-to-face evaluations were collected during 2011–2014 from 8,049 male and 1,290 female veterans with schizophrenia or bipolar disorder. In addition to comparing male-female characteristics, Cox regression models—adjusted for demographic information, medical-psychiatric comorbidities, and self-reported suicidal ideation and behavior—were used to examine gender differences in

associations of putative risk factors with suicide-specific and all-cause mortality during up to six years of follow-up.

Results

Women overall were younger, more likely to report a history of suicidal behavior, less likely to be substance abusers, and had lower overall mortality during follow-up. Among women only, psychiatric comorbidity was paradoxically associated with lower all-cause mortality (hazard ratio [HR]=0.53, 95% CI, 0.29–0.96, $p = 0.037$ for 1 disorder vs. none; HR=0.44, 95% CI, 0.25–0.77, $p = 0.004$ for ≥ 2 disorders vs. none). Suicide-specific mortality involved relatively few events, but crude rates were an order of magnitude higher than in the U.S. general and overall veteran populations.

Limitations

Incomplete cause-of-death information and low statistical power for male-female comparisons regarding mortality.

Conclusions

Female veterans with SMI differed from females in the general population by having a higher risk of suicide attempts. They also had more lifetime suicide attempts than male veterans with same diagnoses. These differences should inform public policy and clinical planning.

<https://www.healio.com/psychiatry/journals/psycann/2020-2-50-2/%7Bb0f63247-40b1-4691-b22f-da630ebfaa98%7D/development-of-ketamine-administration-as-a-treatment-for-chronic-ptsd>

Development of Ketamine Administration as a Treatment for Chronic PTSD.

Abigail B. Collins, BS; Sarah B. Rutter, MA; Adriana Feder, MD

Psychiatric Annals

2020;50(2):68-76

<https://doi.org/10.3928/00485713-20200109-01>

Posttraumatic stress disorder (PTSD) is a highly prevalent, chronic, and disabling condition for which currently available pharmacotherapies are insufficiently effective. Ketamine, which is a glutamate N-methyl-D-aspartate (NMDA) receptor antagonist, has emerged as a promising and rapid-acting novel treatment intervention for this disorder.

Findings from a proof-of-concept, randomized, controlled crossover study of single-dose intravenous ketamine administration (compared to single-dose midazolam) in patients with chronic PTSD suggest that ketamine is associated with rapid improvement in core PTSD symptoms and comorbid depressive symptoms, and is generally well tolerated. Additional research is needed to confirm its efficacy and safety for patients with PTSD. Results from ongoing trials of repeated intravenous administration for PTSD are expected to yield more definitive evidence. Potential mechanisms of action as well as future research directions are discussed.

<https://link.springer.com/article/10.1007/s41347-019-00114>

The Use of Digital Health Technologies to Manage Insomnia in Military Populations.

Renee C. Cavanagh, Rachel Mackey, Lidiane Bridges, Ann Gleason, Robert Ciulla, Logan Micheel, David Bradshaw, Christina M. Armstrong & Tim Hoyt

Journal of Technology in Behavioral Science
Volume 5, pages 61–69(2020)
<https://doi.org/10.1007/s41347-019-00114-w>

Up to one-third of US Active Duty Service Members endorse insomnia symptoms. To support the overall readiness of service members at home and abroad, this rapid review analyzes findings from clinical trials and the results of an innovative market research protocol investigating digital health technologies to support treatment for insomnia. The authors searched the PubMed database for clinical trials incorporating internet and mobile technologies for treatment of insomnia. Market research used internet search engines to identify insomnia interventions available on the internet, and mobile app distribution platforms to identify insomnia-related mobile apps. A rapid review of the literature found that internet-based cognitive behavioral programs showed similar effectiveness when compared with in-person-delivered cognitive treatments. Similarly, mobile apps developed for smartphones were found to be an effective technology for treating insomnia and sleep disorders. Based on market research findings, this report identified four internet-based treatment programs and five mobile apps for the treatment of insomnia. While there is limited research on this topic, results show a potential for successfully delivering CBT-I treatments for insomnia using the internet and mobile apps. Future evidence-based studies are needed to determine the efficacy of

technology-based treatments, and for determining best practices for the military population.

<https://www.liebertpub.com/doi/abs/10.1089/eco.2019.0031>

Wilderness Adventure Program May Help Combat Perceptions of Stigma among Veterans.

Ashleigh Forsyth, Rosemary Lysaght, Alice Aiken, and Heidi Cramm

Ecopsychology

Published Online: 6 Feb 2020

<https://doi.org/10.1089/eco.2019.0031>

Operational stress injuries (OSIs) are an increasing concern for military personnel, particularly those returning from conflict zones. Over the last decade, the Canadian Armed Forces (CAF) has seen a sharp increase in the number of soldiers returning from Afghanistan who are reporting OSIs. Efforts have been made by the CAF and other agencies to help this population get the help they need through specialized programming. However, some are still not seeking treatment, in part due to the perceived stigma associated with mental illness. One novel approach to improving mental well-being is the Outward Bound Canada Veterans (OBCV) program. These adventure-based wilderness education courses are shown to have a positive impact on well-being among the veteran population. This study explores how the Outward Bound program facilitates a stigma-free environment which allows participants to more fully benefit from the therapeutic wilderness setting.

This exploratory mixed-methods study used a pre-, post-, concurrent-nested mixed-methods design. This small-scale study evaluated the experience of participants (n = 20) in the 2016 program. The Endorsed and Anticipated Stigma Inventory was administered at three times followed by a single semi-structured interview (n = 6) covering themes related to the OBCV program and perceptions of self-stigma and public stigma.

This study found that the process of the OBCV program facilitated an environment that was perceived by participants to be stigma-free. Evidence from interviews suggests aspects of self-stigma, such as gaining a sense of personal empowerment, may be positively influenced by participation in wilderness or adventure programs.

<https://www.sciencedirect.com/science/article/abs/pii/S030645302030024X>

Intranasal oxytocin as a potential therapeutic strategy in post-traumatic stress disorder: a systematic review.

Gianluca Giovanna, Stefano Damiani, Laura Fusar-Poli, Matteo Rocchetti, ... Pierluigi Politi

Psychoneuroendocrinology

Available online 7 February 2020

<https://doi.org/10.1016/j.psyneuen.2020.104605>

Highlights

- IN-OT modulates activity in cognitive, emotion and reward brain areas in PTSD.
- Clinical evidences of efficacy for single IN-OT administrations are limited.
- Repeated IN-OT administrations and agumentation to psychotherapy may improve efficacy.

Abstract

Treatment options for Posttraumatic Stress Disorder (PTSD) are limited in terms of available drugs and the success of psychotherapeutic interventions. Oxytocin is a peptide involved in the modulation of social cognition, emotional skills and the reward system, all deficient in PTSD, and thus it has been suggested as a promising pharmacological target. In this systematic review, the potential effects of intranasal OT (INOT) administration on core symptoms in PTSD patients are discussed, as well as neurobiological correlates in functional imaging supporting its clinical evidence. The fourteen studies included in the present review provide tentative evidence that INOT could be a safe pharmacological intervention, although the results were mixed and insufficient to quantify the effectiveness of this intervention. Specifically, the primary outcome measures differed consistently between studies, and the sample sizes were usually small. Considering the neurobiological and clinical evidences, tentative hypotheses can be made on the possible role of INOT in facilitating socially- and goal-oriented cognition and behaviour, thus promoting a better therapeutic alliance and treatment outcome. Such strategies need to be further supported by literature. For instance, only one study to date has directly investigated the use of INOT as an augmentation strategy for psychotherapy (namely, Prolonged Exposure therapy) and for

a limited time, nevertheless providing promising results for the efficacy and the medium-term tolerability of this drug after multiple administrations.

<https://journals.sagepub.com/doi/abs/10.1177/0192513X20903377>

Influence of Work and Life Stressors on Marital Quality among Dual and Nondual Military Couples.

Woodall, K. A., Richardson, S. M., Pflieger, J. C., Hawkins, S. A., & Stander, V. A.

Journal of Family Issues

First Published February 6, 2020

<https://doi.org/10.1177/0192513X20903377>

Maintaining a healthy marriage may be challenging for military couples as they attempt to balance the demands of work and family; for dual-military couples, this can be even more challenging. Using data from the Millennium Cohort Family Study, we examined whether military stress experiences negatively impact marital quality through the mediation of work–family conflict. Spouse gender and dual-military status were included as moderators. Spouses reported on marital quality, work–family conflict, military stress experiences, and personal military experience. Spouse and service member demographics were also included. Results demonstrated that experiencing more military stress experiences was related to lower marital quality, which was mediated by work–family conflict. Additionally, female dual spouses reported lower marital quality than male dual spouses and civilian spouses. Findings from this study highlight the importance of providing support to military spouses for stressful military events and potentially tailoring support services for female dual spouses to improve marital quality.

Links of Interest

Wounded Warrior Project: PTSD is treatable

<https://www.militarytimes.com/opinion/commentary/2020/02/14/wounded-warrior-project-ptsd-is-treatable-and-treatment-works/>

Canadian military wants to attract women recruits by shortening, tightening its uniform skirts

<https://www.militarytimes.com/off-duty/military-culture/2020/02/12/canadian-military-wants-to-attract-women-recruits-by-shortening-tightening-its-uniform-skirts/>

Military still struggles to handle kid-on-kid sex assaults

<https://www.militarytimes.com/news/your-military/2020/02/12/military-still-struggles-to-handle-kid-on-kid-sex-assaults/>

Kirtland officials tout base's services to address airmen's mental health needs

<https://www.stripes.com/news/air-force/kirtland-officials-tout-base-s-services-to-address-airmen-s-mental-health-needs-1.619074>

My Friend Lives Inside the War on Terror. Listen to Him

<https://www.nytimes.com/2020/02/16/opinion/army-afghanistan-war-on-terror.html>

Brain Injuries Are Common in Battle. The Military Has No Reliable Test for Them

<https://www.nytimes.com/2020/02/15/us/brain-injuries-military.html>

Vet's final words show the true cost of war

<https://www.stripes.com/news/veterans/vet-s-final-words-show-the-true-cost-of-war-1.618920>

Wounded veteran Noah Galloway: 'I was prepared to die. I wasn't prepared for the in-between'

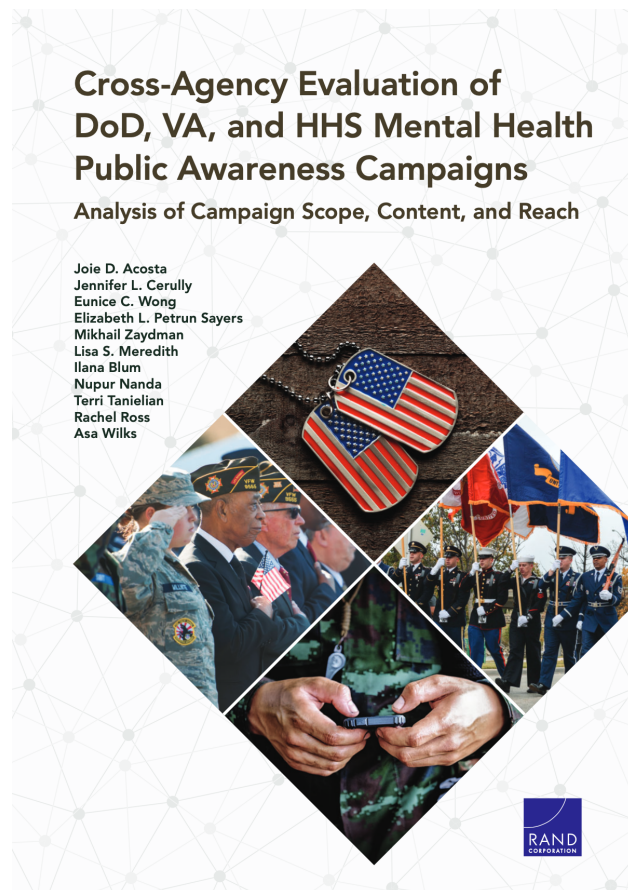
<https://www.foxnews.com/media/noah-galloway-wounded-veteran-double-amputee>

Resource of the Week: [Cross-Agency Evaluation of DoD, VA, and HHS Mental Health Public Awareness Campaigns: Analysis of Campaign Scope, Content, and Reach](#)

New, from the RAND Corporation:

More than 2.7 million service members have deployed to support operations in Iraq and Afghanistan since 2001, and many who return report symptoms of mental health disorders, such as depression, posttraumatic stress disorder, and problematic substance use. One deterrent to seeking appropriate treatment is the negative perceptions surrounding mental health disorders and their treatment.

Mental health public awareness campaigns have been used as one strategy to combat stigma and promote treatment-seeking. This report describes an evaluation of the scope, content, and dissemination of four public awareness campaigns that aim to overcome negative perceptions and promote awareness of mental health disorders and their treatment, with a focus on military and veteran populations. The evaluated campaigns are the Real Warriors Campaign, Make the Connection, National Recovery Month, and awareness materials related to the Veterans Crisis Line. The purpose of this report is twofold. First, it provides a detailed description of how the evaluation was designed, drawing on a literature review, consultation with campaign staff, and feedback on evaluation design from experts. Second, it contains findings from the cross-agency evaluation of the campaigns' collective efforts. This cross-agency evaluation was conducted to determine progress toward the Obama administration's Cross-Agency Priority Goal of improving mental health outcomes for service members, veterans, and their families — this being the case, the report focuses on campaigns' collective reach and impact. Results and recommendations address four sets of findings related to efficiency and mental health messaging, content of campaign materials, dissemination and reach, and direct connections to care.



See also:

- [Evaluating Public Awareness Campaigns to Promote Military and Veteran Mental Health](#)
- [Make the Connection: Findings and Recommendations](#)
- [Real Warriors Campaign: Findings and Recommendations](#)
- [Recovery Month: Findings and Recommendations](#)
- [Veterans Crisis Line: Findings and Recommendations](#)

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