Research Update -- May 7, 2020

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https://focus.psychiatryonline.org/doi/abs/10.1176/appi.focus.20200003

Clinical Perspective on Opioids in the Context of Suicide Risk.

Paul S. Nestadt, M.D., and Amy S. B. Bohnert, Ph.D., M.H.S.

Psychiatrists are on the front lines of two simultaneous public health crises: the increasing rates of suicide and opioid-related deaths. In this review, the authors discuss ways in which these two classes of preventable deaths may be linked, with an emphasis on identifying and preventing both outcomes through increased understanding of their shared risk factors. As clinicians, it is crucial to maintain awareness of the ways in which opioid use may contribute to depression and suicidality, as well as how mood disorders may complicate opioid use. In light of this interplay, interventions which target risk factors for both suicide and overdose are key. Interventions include early treatment of substance dependence and depression, as well as harm reduction measures, such as provision of naloxone, medication-assisted treatments for dependency, and multidisciplinary approaches to chronic pain that do not rely solely on escalating opioid

doses. It is also important to address social determinants of health, which may increase risk for both accidental and intentional overdose. The roads to overdose and suicide overlap considerably and cannot be considered separately.

Computer-Assisted CBT and Mobile Apps for Depression: Assessment and Integration Into Clinical Care.

Jesse H. Wright, M.D., Ph.D., and Matthew Mishkind, Ph.D.

A surge in the development of computer-assisted cognitive-behavioral therapy (CCBT) and mobile apps for depression has provided many tools with potential for enhancing treatment delivery. This article assesses progress in evaluation and implementation of CCBT and mobile apps for depression, with a focus on providing practical information on clinical applications. Advantage and disadvantages of these technologies are identified, outcome research is reviewed, and recommendations are made for clinical use. With increasing use of computer technology in everyday life, it is likely that clinicians and patients will pursue opportunities to employ computer tools in treatment for depression.

The Battle against Mental Health Stigma: Examining How Veterans with PTSD Communicatively Manage Stigma.

Rikki A. Roscoe

Veterans experiencing combat-related PTSD often refrain from seeking mental health services due to the stigma attached, which can lead to extreme and life-threatening consequences including depression, substance abuse, and suicide. Attaining a better understanding of coping mechanisms is important because it has the ability to help veterans better manage their stigma in the future and potentially help them survive PTSD and the stigma associated with it. Thus, the current study uses stigma management communication theory to uncover the ways in which veterans with PTSD communicatively manage their stigmatized identity. In-depth one-on-one interviews with United States veterans show that veterans with PTSD manage stigma using all six major strategies of stigma management communication. Some veterans managed stigma by blending contradictory strategies together. In addition, new stigma management communication strategies appeared. Not only do these results offer advancement for communication theory, but they could aid in the development of military training, military policy, mental health assessments, interventions, and destigmatizing campaigns.

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https://journals.sagepub.com/doi/abs/10.1177/0265407520917461

Relationship changes of military couples during reintegration: A longitudinal analysis.

Knobloch-Fedders, L. M., Knobloch, L. K., Scott, S., & Fiore, H.

This study drew on the emotional cycle of deployment model to track the content, valence, and sequence of relationship changes experienced by returning service members and at-home partners during the transition from deployment to reintegration. In a longitudinal study, 555 military couples (1,100 individuals) wrote 7,387 comments describing changes that had occurred in their relationship during the past month. A content analysis identified 10 substantive categories: emotional intimacy, sexual intimacy, spending time together, appraisals of the relationship, life changes, readjustment to daily life, conflict, family changes, commitment, and reports of no change. The frequency of changes reported in emotional intimacy, sexual intimacy, readjustment to daily life, and conflict declined across the transition. In contrast, reports of life changes, and comments stating that no change had occurred, increased over

time. Independent coders judged each change as positive (42.1%), negative (32.4%), or neutral (25.5%) in valence. Participants described fewer positive changes as the transition progressed, although this tendency slowed over time. In contrast, the frequency of negative changes remained stable across the transition, and the frequency of neutral changes increased. The findings are used to advance theory, research, policy, and intervention designed to help military couples negotiate relationship changes across the post-deployment transition.

Longitudinal Changes in Trauma Narratives over the First Year and Associations with Coping and Mental Health.

Jordan A. Booker, Robyn Fivush, Matthew E. Graci, Hannah Heitz, ... Jennifer Stevens

Highlights
- Trauma narrative organization improves over the course of the year
- Trauma memory organization has implications for psychological health
- Baseline trauma organization predicted changes in posttraumatic coping
- Posttraumatic coping mediated ties between organization and psychological health

Abstract
Background:
The structure of trauma memories impacts mental health, but questions remain about how structure changes with time and may shape coping with trauma. This study considered the structure of trauma narratives collected during an emergency department (ED) visit and at one-year follow-up. We addressed change in narrative structure over time, the extent structure predicted twelve-month psychological symptoms, and possible mechanisms in coping responses.

Methods:
Sixty-eight community adults (age range 18-67; 41% women) recruited from a trauma center ED provided narratives of the traumatic event that brought them to the ED.

Participants provided multiple follow-up reports on psychological symptoms and coping strategies, and another narrative of the traumatic event at twelve months.

Results:
Narrative structure improved over time. Baseline narrative structure was negatively associated with twelve-month depressive and posttraumatic symptoms. Two measures of trauma narrative structure—interpretive elaboration and coherence—predicted change in coping strategies. Interpretive elaboration (rich details of the subjective experience) promoted early gains in endorsed engagement and later declines in endorsed disengagement. Coherence (the overall thematic structure of the narrative) buffered participant endorsement of disengagement at earlier follow-ups. Engagement was tied with fewer reported symptoms, whereas disengagement was associated with higher reported symptoms. Coping served as a mediator between baseline narrative structure and later mental health.

Limitations:
The study sample was relatively small and depended on self-reports for symptoms.

Conclusions:
Findings suggest there is meaningful variability in trauma memory structure, and early recollections of traumatic experiences may improve targeting of individuals in need of active interventions.

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https://www.sciencedirect.com/science/article/abs/pii/S0165032720306133

Factors Associated with PTSD Symptom Improvement among Iraq and Afghanistan Veterans Receiving Evidenced-Based Psychotherapy.

Shira Maguen, Nicholas Holder, Yongmei Li, Erin Madden, ... Brian Shiner

Highlights
- We identified a cohort receiving evidence-based psychotherapy (EBP) over 14 years.

- Improvements in PTSD following EBP were associated with timing, dose and modality.
- Modifiable factors like timing and modality can be used to improve EBP outcomes.

Abstract

Background:

Despite availability of evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD), not all veterans who initiate EBPs experience benefit. Better understanding factors associated with clinically significant improvement can help ameliorate care.

Methods:

A cohort of Iraq and Afghanistan War veterans who initiated an EBP was identified (N=32,780) with ≥1 post-deployment psychotherapy visit at the Veterans Health Administration from 10/2001-6/2017, a post-deployment PTSD diagnosis, and ≥2 PTSD symptom measures. We used random-effects logistic regression to assess whether patient-level, diagnostic, and treatment factors were associated with achieving symptom improvement.

Results:

Increased odds of PTSD symptom improvement were seen in women (OR=1.19; 95% CI: 1.09-1.29), those who initiated EBP within a year of engaging in mental healthcare compared with the delayed EBP group (OR=1.20; 95% CI: 1.14-1.28), those who completed at least 8 EBP sessions in 16 weeks (OR=1.23; 95% CI:1.11-1.36), those who received PE only (vs. CPT or both; OR=2.23; 95% CI: 1.86-2.68) or CPT individual therapy only (vs. CPT group or both; OR=1.34; 95% CI: 1.22-1.48), and those with a drug dependence diagnosis (OR=1.24; 95% CI: 1.11-1.39). Decreased odds of improvement were seen in Black veterans (OR=0.75; 95% CI: 0.69-0.81) and those with service-connected disability (OR=0.61; 95% CI: 0.52-0.71).

Limitations:

Diagnoses were from medical charts and not confirmed with gold standard assessment tools; we only included veterans with at least two PTSD measurements, which may cause bias.

Conclusion:

Modifiable factors associated with PTSD improvement (timing, dose, and modality) can be used to improve EBP outcomes.

Machine Learning Based Suicide Ideation Prediction for Military Personnel.

G. Lin, M. Nagamine, S. Yang, Y. Tai, C. Lin and H. Sato

Military personnel have greater psychological stress and are at higher suicide attempt risk compared with the general population. High mental stress may cause suicidal ideations which are crucially driving suicide attempts. However, traditional statistical methods could only find a moderate degree of correlation between psychological stress and suicidal ideation in non-psychiatric individuals. This paper utilizes machine learning techniques including logistic regression, decision tree, random forest, gradient boosting regression tree, support vector machine, and multilayer perceptron to predict the presence of suicidal ideation by six important psychological stress domains of the military males and females. The accuracies of all the six machine learning methods are over 98%. Among them, the multilayer perceptron and support vector machine provide the best predictions of suicide ideation approximately to 100%. As compared with the BSRS-5 score ≥ 7, a conventional criterion, for the presence of suicidal ideation ≥ 1, the proposed algorithms can improve the performances of accuracy, sensitivity, specificity, precision, the AUC of ROC curve and the AUC of PR curve up to 5.7%, 35.9%, 4.6%, 65.2%, 4.3% and 53.2%, respectively; and for the presence of more severely intense suicidal ideation ≥ 2, the improvements are 6.1%, 26.2%, 5.8%, 83.5%, 2.8% and 64.7%, respectively.

Oxycodone, Hydromorphone, and the Risk of Suicide: A Retrospective Population-Based Case–Control Study.

Graham Mazereeuw, Tara Gomes, Erin M. Macdonald, Simon Greaves, Ping Li, Muhammad M. Mamdani, Donald A. Redelmeier & David N. Juurlink

Introduction

Opioids have been increasingly associated with suicide, but whether they are independent contributors is unclear. Oxycodone and hydromorphone are commonly prescribed high-potency opioids that can differentially affect mood.

Objective

The objective of this study was to explore whether oxycodone and hydromorphone are differentially associated with suicide.

Methods

We conducted a retrospective population-based case-control study in Ontario, Canada, from 1992 to 2014. Using coronial data, we defined case subjects as individuals who died by suicide involving an opioid overdose. Each of these was matched with up to four controls who died of accidental opioid overdose. We ascertained exposure to oxycodone, hydromorphone, and other opioids from postmortem toxicology testing. We used odds ratios and 95% confidence intervals to examine whether opioid-related suicide was disproportionately associated with oxycodone relative to hydromorphone.

Results

We identified 438 suicides and 1212 accidental deaths, each of which involved either oxycodone or hydromorphone but not both. The median age at death was 49 years and 51% were men. After adjusting for a history of self-harm, psychiatric illness, and exposure to other opioids, we found that oxycodone was more strongly associated with suicide than hydromorphone (adjusted odds ratio 1.59; 95% confidence interval 1.20–2.11). In a secondary analysis, we observed a trend of similar magnitude in which combined exposure to oxycodone and hydromorphone was more strongly associated with suicide than hydromorphone alone (adjusted odds ratio 1.68; 95% confidence interval 0.92–3.09).

Conclusions

While preliminary, these findings support the possibility that some high-potency opioids might independently influence the risk of suicide in susceptible individuals.

Self-Injurious Thoughts and Behaviors Interview—Revised: Development, reliability, and validity.

Fox, Kathryn R.,Harris, Julia A.,Wang, Shirley B.,Millner, Alexander J.,Deming, Charlene A.,Nock, Matthew K.

The Self-Injurious Thoughts and Behaviors Interview (SITBI) is a widely used measure of the presence, frequency, and characteristics of suicide and self-harming thoughts and behaviors. In response to advances in the conceptualization of these outcomes, and the potential for online data collection, we created a revised version of the SITBI (SITBI-R) and tested its psychometric properties via in-person interview and online self-report formats. Across two studies, the SITBI-R demonstrated strong psychometric properties for both assessment formats. In Study 1, outcomes measured via the SITBI-R showed convergent validity with those assessed with the Columbia Suicide Severity Rating Scale, another interview assessing suicidal thoughts and behaviors. The SITBI-R also showed strong alternate-forms reliability across nearly all outcomes assessed via both assessment formats. In Study 2, the SITBI-R showed strong test–retest reliability via the online assessment format. Across both studies, reliability was strongest for more recent outcomes (e.g., past year vs. lifetime) and for more commonly assessed outcomes of suicidal thoughts, plans, and attempts than for other, less commonly assessed behaviors (e.g., suicide gestures, interrupted suicide attempts, and aborted suicide attempts). The results of these two studies suggest that the SITBI-R provides reliable and valid measurement of key self-injurious outcomes both in person and online. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Public Significance Statement—The present study provides evidence that an updated version of the Self-Injurious Thoughts and Behaviors Interview is a reliable and valid measure of a wide range of self-injurious thoughts and behaviors. Moreover, results indicate concordance between online self-report and in-person interview versions of this measure. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

The Relationship Between Engagement in Online Support Groups and Social Isolation Among Military Caregivers: Longitudinal Questionnaire Study.

Trail T, Friedman E, Rutter CM, Tanielian T

Background:
There is a lack of research on the effectiveness of online peer support groups for reducing social isolation and depressive symptoms among caregivers, and previous research has mixed results.

Objective:
This study aimed to test whether military caregivers who joined a new online peer support community or engaged with an existing online community experienced decreased perceived social isolation and improved depressive symptoms over 6 months.

Methods:
We conducted a longitudinal study of 212 military caregivers who had newly joined an online community and those who were members of other military caregiver groups. Multiple indicators of perceived social isolation and depressive symptoms were assessed at baseline and at 3 and 6 months.

Results:
Compared with caregivers in the comparison group, caregivers who joined the new group experienced less perceived social isolation at 3 months (eg, number of caregivers in social network [unstandardized regression coefficients] b=0.49, SE 0.19, 95% CI 0.87 to 0.02), but this effect did not persist at 6 months. Those who engaged more with new or existing groups experienced less perceived social isolation over time (eg, number of caregivers in social network b=0.18, SE 0.06, 95% CI 0.02 to 0.27), and this relationship was mediated by increased interactions with other military caregivers (95% CI 0.0046 to 0.0961). Engagement with an online group was not associated with improvements in depressive symptoms.

Conclusions:
Online communities might help reduce social isolation when members engage with the group, but more intensive treatment is needed to improve depressive symptoms.

Advancing Treatment of Depression and Other Mood Disorders Through Innovative Models of Telepsychiatry.

Jay H. Shore, M.D., M.P.H., Christopher D. Schneck, M.D., Matthew Mishkind, Ph.D., Robert Caudill, M.D., Marshal Thomas, M.D.

Rapid changes in health care technology are advancing mental health care. Telepsychiatry, in the form of live interactive videoconferencing, has demonstrated its ability to improve access to high-quality mental health care, specifically in the treatment of patients with depression and mood disorders. This article reviews the advances in telepsychiatry in the treatment of depression and mood disorders. Telepsychiatry is significantly reconfiguring the structures and models of psychiatric care delivery. Such changes include direct-to-home services, blending telepsychiatry with other technologies, and using a team-based care approach. This article also examines the evolving and innovative models of care, synthesizes literature and lessons learned about telehealth, and considers current and future pragmatic implications for the treatment of depression and mood disorders in various clinical settings. Telepsychiatry has an important and expanding role in addressing the individual and societal psychiatric burdens of depression and mood disorders.

Military Combat Mental Health Framework.

Martin Bricknell

This paper describes a framework for understanding military combat mental health based on the possible mental ill-health consequences of exposure to 'potential trauma events' for members of the armed forces and after their military service as veterans. It uses a life course approach that maps an individual's mental well-being against four 'states': fit, reacting, injured and ill. It then considers five categories of factors that influence the risk of mental illness from this exposure based on research evidence; prejoining vulnerability, resilience, precipitating, treatment and recovery. This framework offers a structure to debate current knowledge, inform policy and therapeutic interventions, provide education and to guide future research into the subject.

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https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/therapist-beliefs-about-exposure-therapy-implementation/36036DDB8AECCA0928B62AE2F6505EC7

Therapist beliefs about exposure therapy implementation.

Johanna M. Meyer, Peter J. Kelly, Brett J. Deacon

Exposure therapy is consistently indicated as the first-line treatment for anxiety-related disorders. Unfortunately, therapists often deliver exposure therapy in an overly cautious, less effective manner, characterized by using their own 'therapist safety behaviours'. Cognitive behavioural models postulate that beliefs about therapist safety behaviours are related to their use; however, little is known about the beliefs therapists hold regarding therapist safety behaviour use. The present study aimed to identify the beliefs exposure therapists have regarding the necessity of therapist safety behaviours and to examine the relationship between this construct and therapist safety behaviour use. Australian psychologists (n = 98) completed an online survey that included existing measures of therapist safety behaviour use, therapist negative beliefs about exposure therapy, likelihood to exclude anxious clients from exposure therapy, and use of

intensifying exposure techniques. Participants also completed the Exposure Implementation Beliefs Scale (EIBS), a measure created for the present study which assesses beliefs regarding the necessity of therapist safety behaviours. Beliefs about the necessity of therapist safety behaviours – particularly in protecting the client – significantly predicted therapist safety behaviour use. Findings suggest that exposure therapy training media should aim to decrease therapist safety behaviour use by addressing beliefs about the necessity of therapist safety behaviours, especially in protecting the client.

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https://journals.sagepub.com/doi/abs/10.1177/1539449220914533

Driving Outside the Wire: Examining Factors Impacting Veterans' Postdeployment Driving.

Winter, S., Jeghers, M., Reid, E., McGowan, C., Young, M. E., & Classen, S.

OTJR: Occupation, Participation and Health
First Published April 27, 2020
https://doi.org/10.1177/1539449220914533

Combat Veterans (CVs) deployed to Iraq or Afghanistan experience driving difficulty, based on medical conditions and/or deployment exposures, elevating their risk of motor vehicle crash-related injury or death. To address grounded theory rigor and incorporate constructs such as the Person Environment Occupation Performance model, we revised the Hannold et al. (2013) conceptual framework. We conducted two focus groups with seven CVs. Conceptual framework revisions were based on an iterative process and thematic analysis. We elicited CVs' perspectives on deployment training, driving pre- and postdeployment, strategies, and intervention preferences. Personal, environmental, and task factors underpinned CVs' driving. Participants described triggers (e.g., stressful stimuli), use of environmental (e.g., car controls) or personal (e.g., avoiding traffic) strategies, and outcomes of appropriate or risky driving. Findings illustrated CVs' driving difficulty and informed development of a Veteran-centric driving intervention. Improving driving fitness has implications for Veterans' participation and community integration.

Factors that influence mental health service use among female partners of posttraumatic stress disorder-affected veterans.

Beks, T. A., & Cairns, S. L.

Partners of posttraumatic stress disorder (PTSD)-affected veterans experience unique challenges and stressors that may benefit from engagement with mental health services. Although mental health services have been designed to support partners of PTSD-affected veterans, little is known about the particular factors and/or events that facilitate or hinder engagement with existing services. To fill this gap, this enhanced critical incident technique study explored factors influencing mental health service use among 16 Canadian female partners (English-speaking) of male veterans with PTSD. The findings revealed 150 critical incidents of what helped, hindered, or would have helped, partners' continued use of mental health services. Four categories of critical incidents emerged following data analysis: (a) personal-level, (b) spousal- and peer-level, (c) system- and institutional-level, and (d) provider- and service-level. The findings are discussed with respect to implications for future practice and policy. (PsycINFO Database Record (c) 2020 APA, all rights reserved)

Social Media and its Impact on Therapeutic Relationships.

Kaluzeviciute, G.

In the current age of social media, the boundaries between the online and the offline, the personal and the professional, have become blurred and ambiguous. This poses significant challenges to the practice of psychoanalysis, which for a long time has been

thought of as a technology-free and private space. This paper compares how social media impacts therapeutic relationships in the broader field of psychotherapy and in psychoanalytic psychotherapy in particular. Direct breaches in therapist privacy were found to be more frequent with non-psychoanalytic psychotherapists due to therapists' higher online presence. Psychoanalytic psychotherapists, on the other hand, generally have a lesser online presence because of different views on therapeutic anonymity from other clinical orientations. The author suggests that this leads to different forms of virtual impingements: due to the absence of psychoanalytic therapists' online presence, patients seek to re-create therapists (and, by extension, therapeutic situations) on a virtual level rather than discover something that was already 'put out there' by therapists. Virtual manifestations of anonymity, splitting, and solipsistic introjection processes are discussed with reference to John Suler's concept of the online disinhibition effect. Further recommendations for research on social media impact are discussed.

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https://www.tandfonline.com/doi/abs/10.1080/08995605.2020.1731251

Confident, valued and supported: Examining the benefits of employment support for military spouses.

Lauren R. Godier-McBard, Nick Caddick & Matt Fossey

Military spouses face numerous challenges in obtaining employment as a result of their connection to the military. Previous research has linked military spouses underemployment to reduced well-being and satisfaction with military life, which in turn impacts on retention of the service person. In response to this the UK Ministry of Defence (MOD) trialed a 2 year programme of employment support for spouses in 2015. This paper reports the findings of a qualitative evaluation of this programme and its impact on spouses. Interviews were carried out with 30 spouses and 23 of their serving partners to examine the benefits and impact of the support provided. The majority of spouses and their serving partners perceived the employment support as providing a positive contribution from the military to help spouses get back into employment or improve their employability. Additionally, spouses felt invested in by the military and valued as constituents in their own right. No impact of employment support

for spouses on the intention to remain or leave the Armed Forces was identified. Longitudinal follow up will be required to determine any long-term impact of employment support on employment outcomes and retention.

Links of Interest

During pandemic, military community seeks more mental health care than other Americans, survey finds
https://www.stripes.com/news/veterans/during-pandemic-military-community-seeks-more-mental-health-care-than-other-americans-survey-finds-1.627137

Indoor exercises to improve anxiety and depression
https://www.pdhealth.mil/news/blog/indoor-exercises-improve-anxiety-and-depression

Tactical Naps: When Napping Can Be Good for You
https://www.pdhealth.mil/news/blog/tactical-naps-when-napping-can-be-good-you

What One Doctor's Suicide Taught Us
https://www.nytimes.com/2020/05/03/opinion/coronavirus-doctors-mental-health.html

A culture that fosters sexual assaults and sexual harassment persists despite prevention efforts, a new Pentagon study shows
https://www.militarytimes.com/news/your-military/2020/04/30/a-culture-that-fosters-sexual-assaults-and-sexual-harassment-persists-despite-prevention-efforts-a-new-pentagon-study-shows/

inTransition Improves its Success Rate in Connecting Service Members to Sexual Assault-related Counseling
https://www.pdhealth.mil/news/blog/intransition-improves-its-success-rate-connecting-service-members-sexual-assault-related-counseling

Military spouses can take these steps if a service member has mental health concerns
https://www.militarytimes.com/opinion/commentary/2020/05/05/military-spouses-can-take-these-steps-if-a-service-member-has-mental-health-concerns/

Resource of the Week: [Introducing the COVID Coach Mobile App](#)

The COVID-19 pandemic is causing anxiety and worry about our health and safety, our loved ones, our financial stability and uncertainty about the future.

VA's new COVID Coach app can help you get through this time of uncertainty by teaching you how to practice self-care, find ways to stay socially connected while being physically distant, find meaning during this stressful time, and cope with the many challenges you may now be facing.

With this app, you can learn about:
● Healthy coping during COVID-19
● Managing stress with tools for self-care, set personal goals
● Tracking your mental health over time
● Finding helpful resources to meet your needs during the COVID-19 pandemic.

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