

CDP



Research Update -- October 15, 2020

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<https://link.springer.com/article/10.1007/s11920-020-01189-6>

Planning for Mental Health Needs During COVID-19.

Rachel H. Han, Morgan N. Schmidt, Wendi M. Waits, Alexa K. C. Bell & Tashina L. Miller

Current Psychiatry Reports

Published 08 October 2020

<https://doi.org/10.1007/s11920-020-01189-6>

Purpose of Review

The ability to effectively prepare for and respond to the psychological fallout from large-scale disasters is a core competency of military mental health providers, as well as civilian emergency response teams. Disaster planning should be situation specific and data driven; vague, broad-spectrum planning can contribute to unprepared mental health teams and underserved patient populations. Herein, we review data on mental health sequelae from the twenty-first century pandemics, including SARS-CoV2 (COVID-19), and offer explanations for observed trends, insights regarding anticipated needs, and recommendations for preliminary planning on how to best allocate limited mental health resources.

Recent Findings

Anxiety and distress, often attributed to isolation, were the most prominent mental health complaints during previous pandemics and with COVID-19. Additionally, post-traumatic stress was surprisingly common and possibly more enduring than depression, insomnia, and alcohol misuse. Predictions regarding COVID-19's economic impact suggest that depression and suicide rates may increase over time.

Summary

Available data suggest that the mental health sequelae of COVID-19 will mirror those of previous pandemics. Clinicians and mental health leaders should focus planning efforts on the negative effects of isolation, particularly anxiety and distress, as well as post-traumatic stress symptoms.

<https://pubmed.ncbi.nlm.nih.gov/32682205/>

Gender differences in the development of suicidal behavior among United States military veterans: A national qualitative study.

Denneson, L. M., Tompkins, K. J., McDonald, K. L., Hoffmire, C. A., Britton, P. C., Carlson, K. F., Smolenski, D. J., & Dobscha, S. K.

Social Science & Medicine

2020 Sep; 260: 113178

<https://doi.org/10.1016/j.socscimed.2020.113178>

Rationale:

The rate of suicide mortality among women is increasing in the United States (U.S.), especially among military veterans. Prior research suggests that important gender differences in suicide risk exist, but not enough is known to tailor prevention approaches by gender.

Objective:

The goal of this study is to understand gender differences in the development of suicidal behaviors (suicide risk) among U.S. veterans to inform future research and gender-tailored prevention efforts.

Methods:

Using a modified grounded theory approach, this qualitative study interviewed 50 (25 men, 25 women) U.S. veterans who had made a recent (prior 6 months) suicide attempt. Veterans were recruited from Veterans Health Administration (VHA) healthcare facilities across the U.S. Semi-structured, hour-long interviews examined participants' experiences with military service, suicidal thoughts and attempts, and healthcare following their attempt.

Results:

The analysis revealed two gendered narratives of suicidal thoughts and attempts that incorporated the primary themes of self-concept, social power, relationships, coping, and stress. When discussing reasons for their suicide attempts, women discussed negative self-evaluative processes describing themselves as, "shameful," "tainted," and "worthless," whereas men discussed becoming overwhelmed, and recalled thinking, "it just wasn't worth it," "I've had enough," and, "screw this."

Conclusions:

This study provides an in-depth, nuanced understanding of the gender differences in suicide risk among veterans and suggests several ways in which future work may address gender-tailored suicide prevention efforts. Specifically, women veterans may benefit from methods to increase self-worth through positive social relationships, while men veterans may benefit from methods that increase their sense of purpose in life and help them achieve their ideal selves through successful experiences.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22589>

Training During a Pandemic: Successes, Challenges, and Practical Guidance From a Virtual Facilitated Learning Collaborative Training Program for Written Exposure Therapy.

Worley, C.B., LoSavio, S.T., Aajmain, S., Rosen, C., Stirman, S.W. and Sloan, D.M.

Journal of Traumatic Stress

First published: 02 October 2020

<https://doi.org/10.1002/jts.22589>

In response to COVID-19, continued workforce training is essential to ensure that evidence-based treatments are available on the frontline to meet communities' ongoing and emerging mental health needs. However, training during a pandemic imposes many new challenges. This paper describes a multisite training and implementation pilot program, facets of which allowed for continued training despite the onset of the COVID-19 pandemic and subsequent social distancing guidelines. This virtual facilitated learning collaborative in Written Exposure Therapy, an evidence-based treatment for posttraumatic stress disorder, included virtual workshop training, phone-based clinical consultation, implementation-focused video calls for program leadership, and program evaluation. Data are presented about program enrollees and patient impact following the onset of COVID-19–related social distancing restrictions. Challenges, successes, and practical guidance are discussed to inform the field regarding training strategies likely to be durable in an uncertain, dynamic healthcare landscape.

https://www.researchgate.net/profile/Deb_Kenny/publication/344477186_Articles_Where_to_Begin_Healthcare_Provider_Stressors_and_BehavioralMental_Health_Needs_Associated_with_COVID-19/links/5f7b32a2a6fdcc0086575bca/Articles-Where-to-Begin-Healthcare-Provider-Stressors-and-Behavioral-Mental-Health-Needs-Associated-with-COVID-19.pdf

Where to Begin? Healthcare Provider Stressors and Behavioral/Mental Health Needs Associated with COVID-19.

Deborah J. Kenny, PhD, RN, FAAN

During the SARS-CoV-2 (COVID-19) pandemic, healthcare providers have been asked and required to provide care in ways they never anticipated. They have assumed personal and family risks greater than usual. They have been stretched thin, and they have been asked to perform duties that may have been contrary to their professional code of ethics. It has been reported that healthcare providers are beginning to suffer the effects of the stress they have been under and that their needs will be long-term. The already stretched health professions can ill afford to lose more professionals to the stress and burnout caused by the pandemic. This article will cover some of the reasons for provider mental stress and provide recommendations to mitigate stress. It will begin with some lessons from past pandemics, followed by the ethical framework used to address needs during the pandemic. The scope of the ethical issues and mental health stressors are too far-reaching to be adequately addressed in a single article. Therefore, only the most critical issues will be discussed.

<https://www.healio.com/psychiatry/journals/psycann/2020-10-50-10/%7B5b0a94ea-6afd-4c81-b6ec-fe6c63375171%7D/preventing-suicidal-self-directed-violence-among-survivors-of-military-sexual-trauma-understanding-risk-and-applying-evidence-based-principles>

Preventing Suicidal Self-Directed Violence Among Survivors of Military Sexual Trauma: Understanding Risk and Applying Evidence-Based Principles.

Ryan Holliday, PhD; Jessica Wiblin, PhD; Nicholas Holder, PhD; Georgia R. Gerard, MSW; Bridget B. Matarazzo, PsyD; Lindsey L. Monteith, PhD

Psychiatric Annals
2020; 50(10): 437-443
<https://doi.org/10.3928/00485713-20200908-01>

Military sexual trauma (MST), which is defined as sexual harassment and/or assault during a person's military service, is associated with suicidal self-directed violence. Suicide risk assessment and intervention with survivors of MST should be patient-centered and informed by an understanding of the impact of interpersonal trauma and military service on the survivor's lived experience. Considerations for assessing and intervening upon suicide risk with survivors of MST are discussed, with a particular

focus on safety planning, lethal means safety, and psychotherapy. We conclude by discussing necessary future research in suicide prevention in this population.

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720328251>

Recovery from Past Suicide Attempts: Correlates of Time since the Last Attempt in a National Sample of US Adults.

Tanner J. Bommersbach, Taeho Greg Rhee, Elina A. Stefanovics, Robert A. Rosenheck

Journal of Affective Disorders

Available online 6 October 2020

<https://doi.org/10.1016/j.jad.2020.10.001>

Highlights

- Nearly 75% of people with lifetime suicide attempts have not attempted in >5 years
- Recovery from suicidality is a long-term process involving many dimensions of life
- Recovery from psychiatric and SUDs appear to be important in the short term
- Changes in socio-demographics and social support play a key role in long term recovery

Abstract

Background

This study takes a lifetime perspective on suicide attempts and examines correlates of years since the last attempt as a potential proxy for recovery from suicidality.

Methods

Data from 36,309 adults in the National Epidemiologic Survey on Alcohol and Related Conditions-III were used to identify 1,924 respondents (5.3%) who reported a lifetime suicide attempt. Measures included socio-demographics, behavioral factors, and DSM-5 diagnoses, as well as the age at first attempt. Bivariate and multivariate analyses were used to adjust for potentially confounding effects of age and to identify independent factors associated with not attempting suicide for >1-5 years or >5 years.

Results

Of those who reported a lifetime suicide attempt, 7.9% reported their most recent attempt in the past year, 18.6% within 1 to 5 years, and 73.5% in greater than 5 years. While absence of lifetime substance use disorder and past year psychiatric disorder prominently characterized those with no attempt in the past 1 to 5 years, many more sociodemographic advantages additionally characterized those whose last attempt was >5 years ago, including being older, married, employed, higher incomes, no recent homelessness or criminal justice involvement, more social contacts, as well as having less past year substance use or psychiatric disorders.

Limitations

The retrospective, self-report design introduces the possibility of recall bias.

Conclusions

Almost three-fourths of people with lifetime suicide attempts have not attempted for more than 5 years. Recovery involves not only psychiatric and substance use disorders but improvements in key socio-demographics and social connectedness over many years.

<https://www.sciencedirect.com/science/article/abs/pii/S0167268120302869>

War, traumatic health shocks, and religiosity.

R Cesur, T Freidman, JJ Sabia

Journal of Economic Behavior & Organization

Volume 179, November 2020, Pages 475-502

<https://doi.org/10.1016/j.jebo.2020.08.016>

This study uses the setting of war to study the causal impact of traumatic life-and-death health shocks on religiosity. Exploiting the administrative procedures by which U.S. Armed Forces senior commanders conditionally randomly assign active-duty servicemen to war deployments as a natural experiment, we find that post-September 11 combat service substantially increases the probability that a serviceman subsequently attends religious services and engages in private prayer. Estimated effects are largest for enlisted servicemen, those under age 25, and servicemen wounded in combat. The physical and psychological health effects of war, as well as the presence of military chaplains in combat zones, emerge as partial mechanisms to

explain increases in religiosity. We find that combat service increases servicemen's demand for both religious and secular psychological services.

<https://www.tandfonline.com/doi/full/10.1080/21635781.2020.1825240>

A Model of Deployment Readiness among Military Spouses: The Role of Mental Health and Deployment-Related Personal Growth.

Sabrina M. Richardson, Jacqueline C. Pflieger, Kelly A. Woodall, Valerie A. Stander & Lyndon A. Riviere

Military Behavioral Health

Published online: 06 Oct 2020

<https://doi.org/10.1080/21635781.2020.1825240>

The purpose of the current investigation was to examine deployment-related risks, resources, and mediators contributing to military spouse perception of readiness for future service member deployments. We used data from 5,748 spouses and service members with two to five years of service (90% female spouses, M age = 27.54), all having experienced at least one deployment. The impact of deployment risks (number of prior deployments, combat exposure, deployment injury) and resources (formal and informal support, communication during the last deployment) were analyzed within a path modeling framework. Mediators of these relations were investigated, including service member and spouse mental health and spouse deployment-related personal growth. We found a well-fitting model suggesting a combination of direct and indirect effects on spouse perception of deployment readiness. Findings indicated that service member combat and injury negatively impacted spouse perception of deployment readiness through detriments to service member and spouse mental health. However, informal support and deployment communication were positively related to mental health for both partners, leading to improved spouse-perceived deployment readiness. Additionally, all resources contributed to spouses' personal growth, a relatively strong mechanism for spouse-perceived deployment readiness. These findings suggest application through promotion of resources or by directly targeting mediating mechanisms to offset deployment risk.

<https://www.healio.com/psychiatry/journals/psycann/2020-10-50-10/%7Baa714cf5-b5c2-4aef-97b7-5a9420381a39%7D/military-sexual-trauma-and-sexual-revictimization>

Military Sexual Trauma and Sexual Revictimization.

Vanessa Tirone, PhD; Jenna M. Bagley, BS, BA; Rebecca Blais, PhD; Kelsey Petrey, BA; Enya Meade, BA; Anne Sadler, PhD

Psychiatric Annals

2020; 50(10): 444-451

<https://doi.org/10.3928/00485713-20200911-01>

Military sexual trauma (MST), defined as experiencing sexual harassment or assault during military service, is associated with a host of deleterious outcomes, including sexual dysfunction. Less is known about how MST may relate to risk for future victimization. This systematic review identified 10 studies that examined the association between MST and revictimization. Studies generally indicated that the more frequent or severe MST was, the more strongly it was associated with risk for future victimization. Most of these studies did not statistically evaluate the role of gender in the relation between MST and sexual revictimization, suggesting an important avenue for future research. Clinicians working with survivors of MST, particularly those who have experienced military sexual assault, may need to address issues of sexual safety with these veterans.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22598>

Posttraumatic Stress Disorder and Suicidal Ideation: The Moderating Effect of Posttraumatic Cognitions.

Sarah E. Whiteman Tracy K. Witte Ian Cero Lindsay B. Kramer Frank W. Weathers

Journal of Traumatic Stress

First published: 06 October 2020

<https://doi.org/10.1002/jts.22598>

Although individuals with posttraumatic stress disorder (PTSD) are at an increased risk for suicidal ideation (SI), it is unclear what factors might influence this association. Investigators have hypothesized that posttraumatic cognitions (PTCs), such as self-

blame (SB) or negative cognitions about the self (NCAS) or world (NCAW), would play a role, but this has not been investigated empirically. Accordingly, we evaluated a model in which the association between PTSD symptoms and SI was moderated by PTCs in a sample of trauma-exposed undergraduate students (N = 410). To identify the specific source of this hypothesized moderation effect, we ran the moderation model separately for PTSD total severity, PTSD total severity without the cognition-related items, and each of four DSM PTSD symptom clusters in combination with each of three types of PTCs (i.e., NCAS, NCAW, SB), accounting for quadratic effects. The results revealed that NCAW moderated the positive association between all six of the PTSD variables and SI, $f^2s < .01$ to $.04$. Analyses of simple slopes generally revealed strong positive associations between PTSD symptoms with SI at high levels of NCAW, no associations at moderate levels, and negative associations at low levels. We also found one statistically significant quadratic effect when examining avoidance and NCAW. In contrast, neither NCAS nor SB emerged as a significant moderator in any of our regression models. These findings highlight the importance of addressing PTCs—particularly NCAW—in trauma survivors.

<https://link.springer.com/article/10.1007/s11414-020-09734-0>

Re-engaging Dropouts of Prolonged Exposure for PTSD Delivered via Home-Based Telemedicine or In Person: Satisfaction with Veteran-to-Veteran Support.

Hernandez-Tejada, M.A., Acierno, R. & Sánchez-Carracedo, D.

The Journal of Behavioral Health Services & Research

Published 08 October 2020

<https://doi.org/10.1007/s11414-020-09734-0>

This paper describes feasibility of and patient and peer satisfaction with a Veteran-to-Veteran peer support program purposefully integrated into prolonged exposure (PE) for post-traumatic stress disorder (PTSD) to address barriers contributing to dropout from both in person and telemedicine delivered PE. Specifically, patients who had dropped out of PE were offered the opportunity to return to treatment, this time with a peer who themselves had completed PE, who would join them during a limited number of PE in vivo exposure homework trials. About half of the Veterans who dropped out indicated willingness to return to treatment, noting the peer as central to this decision, and about a third actually returned to treatment. Participants reported high satisfaction with the program, as did peers. Peers reported that their own symptoms were not exacerbated

by engaging in exposure homework with the patients. While in the military, service members are trained to leverage the power of the group toward mission-specific tasks; and this training appears relevant to PTSD treatment in the present context.

<https://journals.sagepub.com/doi/abs/10.1177/1534650120963183>

Acceptance and Commitment Therapy Delivered via Telehealth for the Treatment of Co-Occurring Depression, PTSD, and Nicotine Use in a Male Veteran.

Smith BP, Coe E, Meyer EC

Clinical Case Studies

First Published October 7, 2020

<https://doi.org/10.1177/1534650120963183>

Symptoms of depression, posttraumatic stress, and substance use disorders commonly co-occur and are a tremendous health burden among the U.S. military veteran population. Acceptance and Commitment Therapy (ACT) is an evidence-based, transdiagnostic, integrated approach that has been used to treat these problems. Delivering psychotherapy via telehealth helps to break down barriers to care. This case study describes the application of ACT via telehealth with a male veteran with co-occurring symptoms of depression, PTSD and nicotine addiction. His depressive symptoms, PTSD symptoms, and nicotine use decreased substantially over the course of therapy. He demonstrated increased willingness to experience negatively evaluated internal experiences such as emotions and urges to use nicotine, defusion from self-critical and other unhelpful thoughts, more consistent engagement in values-consistent behaviors, and increased behavioral engagement in his social life. Treatment implications and unique aspects of the telehealth modality are discussed. Recommendations are made for training clinicians who may be considering providing services via telehealth or using ACT.

<https://psycnet.apa.org/record/2020-74103-001>

The association between social ties and changes in depressive symptoms among veterans enrolled in a collaborative depression care management program.

Mavandadi, S., Ingram, E., Chen, S., Klaus, J., & Oslin, D.

Psychological Services

Advance online publication

<https://doi.org/10.1037/ser0000496>

A greater understanding of factors that are associated with successful outcomes among patients receiving collaborative depression care services is needed. This study sought to examine the unique associations between 3 indices of social ties and changes in depressive symptoms among veterans receiving collaborative depression care management. Data on sociodemographics, behavioral health indices, perceived general health, perceived social support, frequency of negative social exchanges, and degree of social contact were extracted from the electronic health records of 868 veterans meeting criteria for at least moderate depressive symptom severity and enrolled in a Primary Care–Mental Health Integration (PCMHI) program. Veterans were on average 51.3 (SD = 15.9) years old and primarily male. Higher depressive symptoms at baseline were significantly correlated with less perceived social support, less frequent contact with family and friends, and greater frequency of negative social exchanges. Adjusted regression analyses revealed that only social contact was significantly related to changes in depressive symptoms over the course of care management, once controlling for covariates. The results highlight the value of taking multiple indices of social ties into account when providing depression care management services. Routinely assessing patients' level of social contact can potentially help tailor and inform intervention efforts aimed at reducing depressive symptoms. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://psycnet.apa.org/record/2020-64126-001>

Attachment, couple communication, and family functioning in relation to psychological distress among service members and veterans.

Riggs, S. A., Raiche, E., Creech, S. K., McGuffin, J., & Romero, D. H.

Couple and Family Psychology: Research and Practice.

Advance online publication

<https://doi.org/10.1037/cfp0000154>

Military life is characterized by high occupational stress that may include dangerous training exercises, lengthy deployments, combat exposure, as well as frequent relocations and separations from family that can contribute to emotional distress. Individual attachment style is associated with coping responses and may distinguish service members and veterans (SMVs) who exhibit stress-related symptomatology versus those who do not. Furthermore, family systems theory suggests that couple and family relationships may mitigate or exacerbate the impact of these stressors on SMVs' psychological outcomes. Married or partnered SMVs (N = 156) completed an online survey that included measures of adult attachment strategies, couple communication, family functioning, and psychological symptoms. Multivariate multiple regression results documented strong associations between attachment strategies and symptoms of posttraumatic stress disorder and depression, as well as some moderation effects by couple communication and family functioning. Demand–withdraw communication moderated the associations between attachment avoidance and symptoms, and family functioning moderated the association between attachment anxiety and depression, whereas positive couple communication was nonsignificant across models. Overall, the results suggest that the family attachment network plays an important role in the mental health of SMVs. (PsyInfo Database Record (c) 2020 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/cpp.2521>

Videotherapy and Therapeutic Alliance in the Age of COVID-19.

Susan Simpson Lisa Richardson Giada Pietrabissa Gianluca Castelnuovo Corinne Reid

Clinical Psychology & Psychotherapy

First published: 10 October 2020

<https://doi.org/10.1002/cpp.2521>

The arrival of the coronavirus (COVID-19) pandemic has confronted us with a global and unprecedented challenge of community-wide psychological distress alongside reduced access to therapeutic services in the traditional face-to-face format, due to the need to self-isolate. This previously unimagineable set of circumstances provides a unique opportunity, and indeed an imperative, for videotherapy to fulfil its potential in addressing mental health and wellbeing needs from a distance. Historically, the uptake of videotherapy has been hindered by psychotherapist expectations of inferior therapeutic alliance and outcomes, in spite of considerable research evidence to the

contrary. Research suggests that videotherapy provides a powerful pathway for clients to experience enhanced opportunities for self-expression, connection and intimacy. This more neutral therapeutic 'space' provides clients with multifarious opportunities for self-awareness, creative experience and collaboration, with potentially a greater sense of agency over their own experience. This paper explores ways in which videotherapy can lead to a re-vitalisation of the concept of the therapeutic relationship, in order to meet the challenges associated with COVID-19. A number of specific considerations for videotherapy adaptations and etiquette in the midst of COVID-19 are described.

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22587>

Service Dogs for Veterans and Military Members With Posttraumatic Stress Disorder: Replication With the PTSD Checklist for DSM-5.

Clare L. Jensen Kerri E. Rodriguez Marguerite E. O'Haire

Journal of Traumatic Stress

First published: 08 October 2020

<https://doi.org/10.1002/jts.22587>

Psychiatric service dogs are an emerging complementary intervention for veterans and military members with posttraumatic stress disorder (PTSD). Recent cross-sectional studies have documented significant, clinically relevant effects regarding service dogs and PTSD symptom severity. However, these studies were conducted using the PTSD Checklist (PCL) for the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The present study aimed to replicate and advance these findings using the latest version of the PCL for the fifth edition of the DSM (PCL-5). Participants included 186 military members and veterans who had received a PTSD service dog ($n = 112$) or who were on the waitlist to receive one in the future ($n = 74$). A cross-sectional design was used to investigate the association between having a service dog and PCL-5 total and symptom cluster scores. After controlling for demographic variables, there was a significant association between having a service dog and lower PTSD symptom severity both in total, $B = -14.52$, $p < .001$, $d = -0.96$, and with regard to each symptom cluster, $ps < .001$, $ds = -0.78$ to -0.94 . The results replicated existing findings using the largest sample size to date and the most recent version of the PCL. These findings provide additional preliminary evidence for the efficacy of service dogs as a complementary intervention for military members and veterans with PTSD and add to a

growing body of foundational research serving to rationalize investment in the further clinical evaluation of this emerging practice.

<https://pubmed.ncbi.nlm.nih.gov/33020028/>

Geographically based risk assessment of sleep disorders and disease states impacting medical readiness across active duty army installations from military medical databases in Fiscal Year 2017.

Brager, A., Hosamane, N., Ritland, B., Capaldi, V., & Simonelli, G.

Sleep Health

S2352-7218 (20)30198-4 Advance online publication.

<https://doi.org/10.1016/j.sleh.2020.07.006>

Background:

The impact of sleep disorders on active duty Soldiers' medical readiness is clinically significant. Sleep disorders often present high comorbidity with disease states impacting readiness ranging from obesity and drug dependence. Patient data generated from military health databases can be accessed to examine such relationships. The current study performed a risk assessment of sleep disorders, obesity, tobacco use, and substance abuse based on geographical distribution of active duty Army installations through a comprehensive analysis of the Office of the Army Surgeon General Health of the Force report, specifically for Fiscal Year 2017, which summarizes data collected during 2016.

Methods:

Health incidences (percent active duty per installation) were queried from the Health of the Force Fiscal Year 2017 (n = 471,000; 85.5% male, >70% between 18 and 34). Nonparametric ranked tests identified active duty Army installations at low risk (green; <25% percentile relative to mean rank), moderate risk (amber; 25%-50% percentile relative to mean rank), and high risk (red; >75% percentile relative to mean rank). Pearson's correlations determined extent of generalized comorbidity of sleep disorders with obesity, tobacco use, and substance abuse across all installations.

Results:

Large combat arms and training installations of the Southern U.S. were at highest risk for sleep disorder. Mean rank comparisons for sleep disorders vs. obesity (P = .306),

tobacco use ($P = .378$), and substance abuse ($P = .591$) did not differ for each installation. There was a high degree of generalized comorbidity of diagnosed sleep disorder with obesity ($P < .001$; $r^2 = 0.963$), tobacco use ($P < .001$; $r^2 = 0.928$), and substance abuse ($P < .001$; $r^2 = 0.968$).

Conclusions:

These risk assessments mirror geographical risk data from civilian populations which is surprising because there is a large degree of inter-individual variability in geographical origin, race/ethnicity, and socioeconomic statuses within a single Army installation. Nevertheless, these data demonstrate strong geographical influences on medical readiness in active duty Soldiers comparable to civilian sectors.

<https://www.sciencedirect.com/science/article/pii/S1389945720304457>

Sleep, physical activity and mental health during the COVID-19 pandemic: complexities and opportunities for intervention. (editorial)

Ravi Philip Rajkumar

Sleep Medicine

Available online 10 October 2020

<https://doi.org/10.1016/j.sleep.2020.10.004>

The COVID-19 pandemic, which has become the defining public health crisis of our times, has affected even the most fundamental aspects of our lifestyle. These changes have been caused not so much by the direct effects of infection with the novel coronavirus SARS-CoV-2 as by the widespread implementation of stringent infection control measures, including lockdowns, quarantine, social distancing, and work-from-home or “smart work” policies. While such measures are essential in containing the spread of COVID-19 at a community level, they have led to significant changes in exposure to daylight as well as to social and environmental “timekeepers” or zeitgebers, leading to disturbances in biological circadian rhythms and sleep-wake patterns [1, 2]. These effects are compounded by the adverse psychological effects produced by fear of infection, social isolation and loneliness caused by quarantine, and disruptions in education, employment, access to health care, and economic stability, leading to symptoms of anxiety, depression and post-traumatic stress in a substantial proportion of the general population [3, 4]. These symptoms of mental distress are often associated with disturbances in the quantity and quality of sleep, though this relationship appears to

be bi-directional, with disturbed sleep in turn leading to more severe symptoms of depression and anxiety [5, 6]. A further mediating variable of interest in this context is physical activity, which has been observed to change in complex manners during the COVID-19 lockdown, and which can influence sleep both by acting as an environmental “timekeeper” and by positively influencing psychological resilience in the face of COVID-19 [7, 8, 9]. While some individuals report a decrement in physical activity due to restrictions on mobility in the context of COVID-19, others report increases in physical exercise and other efforts to “stay fit”, including normalization of sleep and dietary patterns [7].

Links of Interest

Americans aren't worried about white nationalism in the military – because they don't know it's there

<https://theconversation.com/americans-arent-worried-about-white-nationalism-in-the-military-because-they-dont-know-its-there-147341>

DVBIC blood plasma study assists in TBI and PTSD diagnosis

<https://health.mil/News/Articles/2020/10/08/DVBIC-blood-plasma-study-assists-in-TBI-and-PTSD-diagnosis>

Reasons for suicide differ between male and female veterans, study shows

<https://connectingvets.radio.com/articles/male-female-veteran-suicide-narratives-differ>

Air Force Creates Suicide Prevention Training for Families

<https://www.airforcemag.com/air-force-creates-suicide-prevention-training-for-families/>

DoD leaders ‘underestimated’ impact of COVID-19 isolation on troops

<https://connectingvets.radio.com/articles/covid-19-put-troops-in-a-state-of-isolation-suicide-risk>

A caring letter can save a veteran's life, VA says

<https://connectingvets.radio.com/articles/veterans-crisis-line-caring-letters-program>

‘Thousands’ of veterans with bad paper discharges might not know they can upgrade

<https://www.stripes.com/news/veterans/thousands-of-veterans-with-bad-paper-discharges-might-not-know-they-can-upgrade-1.647817>

Transgender Man's Dream of Joining U.S. Military Thwarted for Now

<https://www.usnews.com/news/us/articles/2020-10-12/transgender-mans-dream-of-joining-us-military-thwarted-for-now>

Army Wants More Female Recruiters and Women Leading Combat Units

<https://www.military.com/daily-news/2020/10/09/army-wants-more-female-recruiters-and-women-leading-combat-units.html>

Military Still Doesn't Have a Solution for Sky-High Cost of Moving Pets to New Duty Stations

<https://www.military.com/daily-news/2020/10/09/military-still-doesnt-have-solution-sky-high-cost-of-moving-pets-new-duty-stations.html>

Junior military families 'inundating' nonprofit with requests for care cost help during pandemic

<https://www.militarytimes.com/pay-benefits/2020/10/09/junior-military-families-inundating-nonprofit-with-requests-for-care-cost-help-during-pandemic/>

Americans want mental healthcare via telehealth, but data security worries remain

<https://www.healthcarefinancenews.com/news/americans-want-mental-healthcare-telehealth-data-security-worries-remain>

Resource of the Week: [The impact of COVID-19 on mental, neurological and substance use services: Results of a rapid assessment](#)

New, from the World Health Organization:

This WHO report of a survey completed by 130 countries during the period June-August 2020 provides information about the extent of disruption to mental, neurological and substance use services due to COVID-19, the types of services that have been disrupted, and how countries are adapting to overcome these challenges.

The World Health Organization (WHO) has identified mental health as an integral component of the COVID-19 response. Its rapid assessment of service delivery for mental, neurological and substance use (MNS) disorders during the COVID-19 pandemic, on which this report is based, is the first attempt to measure the impact of the pandemic on such services at a global level. The data were

collected through a web-based survey completed by mental health focal points at ministries of health between June and August 2020. The questionnaire covered the existence and funding of mental health and psychosocial support (MHPSS) plans, the presence and composition of MHPSS coordination platforms, the degree of continuation and causes of disruption of different MNS services, the approaches used to overcome these disruptions, and surveillance mechanisms and research on MNS data.

**The impact of COVID-19 on
mental, neurological and
substance use services:**

results of a rapid assessment



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