

CDP



Research Update -- November 19, 2020

What's Here:

- Web-Based Training for School-Based Mentors of Military-Connected Youth: A Multi-Phase Development Study.
- Transitions in alcohol use over time: a survival analysis.
- Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial.
- Pandemic-Related Mental Health Risk among Front Line Personnel.
- Impact of Online Mental Health Screening Tools on Help-Seeking, Care Receipt, and Suicidal Ideation and Suicidal Intent: Evidence from Internet Search Behavior in a Large U.S. Cohort.
- Association Between Neurocognitive Functioning and Suicide Attempts in U.S. Army Soldiers.
- Associations Between Psychiatric Disorders and Alcohol Consumption Levels in an Adult Primary Care Population.
- The Pathways of Aggression – Differential Indirect Associations Between Anxiety Sensitivity Cognitive Concerns and Suicidality.
- An Initial Investigation of Suicide Attempt Disclosures Among US Veterans.
- Serious Suicide Attempts and Risk of Suicide Death: A Case–Control Study in the US Healthcare Systems.
- Collaborating with Patients on Firearms Safety in High-Risk Situations.
- Relationship of medical comorbidities to psychological health at 2 and 5 years following traumatic brain injury (TBI).

- The Role of Negative Affect in Differentiating Posttraumatic Stress Disorder, Depression, and Their Comorbidity Among United States Veterans.
- Disturbed Sleep Connects Symptoms of Posttraumatic Stress Disorder and Somatization: A Network Analysis Approach.
- An advanced perspective on moral challenges and their health-related outcomes through an integration of the moral distress and moral injury theories.
- Cognitive behavioral therapy (CBT) and pain education for people with chronic pain: Tests of treatment mechanisms.
- Treatment receipt patterns among individuals with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders.
- Shared Lessons from Serving Military-Connected Students.
- The Relation between Self-Concealment and Self-Reported Mental Health Symptoms in a Sample of Canadian Armed Forces Personnel.
- Financial Boundary Ambiguity Among Military Spouses.
- Clinical utility of suicide behavior and ideation measures: Implications for military suicide risk assessment.
- Risky decision-making in suicide attempters, and the choice of a violent suicidal means: an updated meta-analysis.
- Elucidating the chronic, complex nature of suicidal ideation: A national qualitative study of veterans with a recent suicide attempt.
- A Retrospective Study of Demographic, Medical, and Psychological Predictors of Readiness in Service Members With Mild Traumatic Brain Injury.
- TBI and Suicidality: A Story of Stress, Risk, and Resilience. (invited editorial)
- Geographic Variation in Initiation of Evidence-based Psychotherapy Among Veterans With PTSD.
- Coping with COVID-19 in United Nations peacekeeping field hospitals: increased workload and mental stress for military healthcare providers.
- Links of Interest
- Resource of the Week: Report to the Committees on Armed Services of the Senate and the House of Representatives -- Strategy to Recruit and Retain Mental Health Providers

<https://link.springer.com/article/10.1007/s10935-020-00616-x>

Web-Based Training for School-Based Mentors of Military-Connected Youth: A Multi-Phase Development Study.

Renée Spencer, Grace Gowdy, Carla Herrera, Janet Heubach, Amy S. Slep & Timothy A. Cavell

The Journal of Primary Prevention

Published 04 November 2020

<https://doi.org/10.1007/s10935-020-00616-x>

This paper describes a multi-phase effort to develop a web-based training for adults serving as mentors in school-based programs for youth with a parent in the military. In Phase 1, we conducted focus groups with military parents to: gauge their receptivity to this type of supportive intervention, identify program features that would make the option of mentoring for their children more or less appealing, and identify specific training needs for adult volunteers preparing for the role of mentor to youth in this population. In Phase 2, we used an iterative process to develop the training protocol, including cycling through multiple drafts, creating a web-based platform, reviewing and incorporating feedback from various stakeholders, and then pilot testing the training with two groups of mentor volunteers as part of a school-based mentoring program for military-connected students. We report on what we learned from the military parent focus groups, including parent skepticism about the need for such a program, concerns about potential stigma, and the need for mentors to have some understanding of military culture. We describe how we used that information to develop a practical and accessible training module for volunteer mentors, especially those without a military background, who could be matched with military-connected youth.

<https://bmcpyschology.biomedcentral.com/articles/10.1186/s40359-020-00479-1>

Transitions in alcohol use over time: a survival analysis.

Laura B. Koenig, Jon Randolph Haber & Theodore Jacob

Background

The current study examined the predictors of the onset of alcohol use as well as predictors of remission and relapse, both from heavy drinking and from alcohol dependence. Similarities and differences in both clinical and psychosocial predictors across the transitions were examined.

Methods

A sample of men from the Vietnam Era Twin Registry (N = 1769) completed an assessment of lifetime drinking history, which allowed age markers for starting and stopping different drinking patterns. The men also completed various assessments regarding personality, alcohol motives, and psychiatric diagnoses. Survival analyses were used to examine the predictors of the three transitions of onset, remission, and relapse for the phenotypes of heavy drinking and of alcohol dependence, censoring the individuals who had not yet experienced an event.

Results

As expected, predictors of onset for drinking, heavy drinking, and alcohol dependence were largely consistent and included externalizing symptomology, nicotine dependence, and cotwin history of drinking as risk factors. Predictors of remission from heavy drinking, somewhat similarly to remission from alcohol dependence, included the risk factor of externalizing disorders but also, as predicted, included more risk and protective factors in the psychosocial realm that were not predictors of onset. Contrary to our prediction, relapse to heavy drinking and alcohol dependence were predicted largely by unique psychosocial risk and protective factors including social and coping motives.

Conclusion

Current findings extend the findings of past research to remission and relapse in the later decades of life and have implications for treatment of alcohol use problems.

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2772630>

Effects of Psilocybin-Assisted Therapy on Major Depressive Disorder: A Randomized Clinical Trial.

Davis AK, Barrett FS, May DG, et al.

JAMA Psychiatry

Published online November 04, 2020

<https://doi.org/10.1001/jamapsychiatry.2020.3285>

Key Points

Question

Is psilocybin-assisted therapy efficacious among patients with major depressive disorder?

Findings

In this randomized clinical trial of 24 participants with major depressive disorder, participants who received immediate psilocybin-assisted therapy compared with delayed treatment showed improvement in blinded clinician rater–assessed depression severity and in self-reported secondary outcomes through the 1-month follow-up.

Meaning

This randomized clinical trial found that psilocybin-assisted therapy was efficacious in producing large, rapid, and sustained antidepressant effects in patients with major depressive disorder.

Abstract

Importance

Major depressive disorder (MDD) is a substantial public health burden, but current treatments have limited effectiveness and adherence. Recent evidence suggests that 1 or 2 administrations of psilocybin with psychological support produces antidepressant effects in patients with cancer and in those with treatment-resistant depression.

Objective

To investigate the effect of psilocybin therapy in patients with MDD.

Design, Setting, and Participants

This randomized, waiting list–controlled clinical trial was conducted at the Center for Psychedelic and Consciousness Research at Johns Hopkins Bayview Medical Center in Baltimore, Maryland. Adults aged 21 to 75 years with an MDD diagnosis, not currently using antidepressant medications, and without histories of psychotic disorder, serious suicide attempt, or hospitalization were eligible to participate. Enrollment occurred between August 2017 and April 2019, and the 4-week primary outcome assessments were completed in July 2019. A total of 27 participants were randomized to an

immediate treatment condition group (n = 15) or delayed treatment condition group (waiting list control condition; n = 12). Data analysis was conducted from July 1, 2019, to July 31, 2020, and included participants who completed the intervention (evaluable population).

Interventions

Two psilocybin sessions (session 1: 20 mg/70 kg; session 2: 30 mg/70 kg) were given (administered in opaque gelatin capsules with approximately 100 mL of water) in the context of supportive psychotherapy (approximately 11 hours). Participants were randomized to begin treatment immediately or after an 8-week delay.

Main Outcomes and Measures The primary outcome, depression severity was assessed with the GRID-Hamilton Depression Rating Scale (GRID-HAMD) scores at baseline (score of ≥ 17 required for enrollment) and weeks 5 and 8 after enrollment for the delayed treatment group, which corresponded to weeks 1 and 4 after the intervention for the immediate treatment group. Secondary outcomes included the Quick Inventory of Depressive Symptomatology-Self Rated (QIDS-SR).

Results

Of the randomized participants, 24 of 27 (89%) completed the intervention and the week 1 and week 4 postsession assessments. This population had a mean (SD) age of 39.8 (12.2) years, was composed of 16 women (67%), and had a mean (SD) baseline GRID-HAMD score of 22.8 (3.9). The mean (SD) GRID-HAMD scores at weeks 1 and 4 (8.0 [7.1] and 8.5 [5.7]) in the immediate treatment group were statistically significantly lower than the scores at the comparable time points of weeks 5 and 8 (23.8 [5.4] and 23.5 [6.0]) in the delayed treatment group. The effect sizes were large at week 5 (Cohen $d = 2.2$; 95% CI, 1.4-3.0; $P < .001$) and week 8 (Cohen $d = 2.6$; 95% CI, 1.7-3.6; $P < .001$). The QIDS-SR documented a rapid decrease in mean (SD) depression score from baseline to day 1 after session 1 (16.7 [3.5] vs 6.3 [4.4]; Cohen $d = 3.0$; 95% CI, 1.9-4.0; $P < .001$), which remained statistically significantly reduced through the week 4 follow-up (6.0 [5.7]; Cohen $d = 3.1$; 95% CI, 1.9-4.2; $P < .001$). In the overall sample, 16 participants (67%) at week 1 and 17 (71%) at week 4 had a clinically significant response to the intervention ($\geq 50\%$ reduction in GRID-HAMD score), and 14 participants (58%) at week 1 and 13 participants (54%) at week 4 were in remission (≤ 7 GRID-HAMD score).

Conclusions and Relevance

Findings suggest that psilocybin with therapy is efficacious in treating MDD, thus extending the results of previous studies of this intervention in patients with cancer and

depression and of a nonrandomized study in patients with treatment-resistant depression.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620310669>

Pandemic-Related Mental Health Risk among Front Line Personnel.

Hannah M. Wright, Brandon Griffin, Kotaro Shoji, Tiffany Love, ... Andrew J. Smith

Journal of Psychiatric Research

Available online 4 November 2020

<https://doi.org/10.1016/j.jpsychires.2020.10.045>

The mental health of frontline workers is critical to a community's ability to manage crises and disasters. This study assessed risks for mental health problems (traumatic stress, depression, anxiety, alcohol use, insomnia) in association with pandemic-related stressors in a sample of emergency and hospital personnel (N = 571). Respondents completed self-report surveys online from April 1st to May 7th, 2020 in the Rocky Mountain region of the United States. Results showed that roughly fifteen to thirty percent of respondents screened positive for each disorder. Odds of screening positive were similar between groups for probable acute traumatic stress, depressive disorder, anxiety disorder, and alcohol use disorder; emergency personnel reported significantly higher rates of insufficient sleep than healthcare workers. Logistic regressions showed that respondents who reported having an immunocompromised condition had higher odds of acute traumatic stress, anxiety, and depression. Having an immunocompromised household member was associated with higher odds of insufficient sleep and anxiety. Being in a direct care provision role was associated with higher odds of screening positive for risky alcohol use. Being in a management role over direct care providers was associated with higher odds of screening positive for anxiety, risky alcohol use, and insufficient sleep. There was an inverse relationship between number of positive COVID-19 cases and anxiety, such that as positive cases went up, anxiety decreased. Overall, the mental health risks that we observed early in the COVID-19 pandemic are elevated above previous viral outbreaks (SARS) and comparable to rates shown in disasters (9/11 attacks; Hurricane Katrina).

Impact of Online Mental Health Screening Tools on Help-Seeking, Care Receipt, and Suicidal Ideation and Suicidal Intent: Evidence from Internet Search Behavior in a Large U.S. Cohort.

Nicholas C. Jacobson, Elad Yom-Tov, Damien Lekkas, Michael Heinz, ... Paul J. Barr

Journal of Psychiatric Research

Available online 9 November 2020

<https://doi.org/10.1016/j.jpsychires.2020.11.010>

Introduction

Most people with psychiatric illnesses do not receive treatment for almost a decade after disorder onset. Online mental health screens reflect one mechanism designed to shorten this lag in help-seeking, yet there has been limited research on the effectiveness of screening tools in naturalistic settings.

Material and methods

We examined a cohort of persons directed to a mental health screening tool via the Bing search engine ($n=126,060$). We evaluated the impact of tool content on later searches for mental health self-references, self-diagnosis, care seeking, psychoactive medications, suicidal ideation, and suicidal intent. Website characteristics were evaluated by pairs of independent raters to ascertain screen type and content. These included the presence/absence of a suggestive diagnosis, a message on interpretability, as well as referrals to digital treatments, in-person treatments, and crisis services.

Results

Using machine learning models, the results suggested that screen content predicted later searches with mental health self-references ($AUC = 0.73$), mental health self-diagnosis ($AUC = 0.69$), mental health care seeking ($AUC = 0.61$), psychoactive medications ($AUC = 0.55$), suicidal ideation ($AUC = 0.58$), and suicidal intent ($AUC = 0.60$). Cox-proportional hazards models suggested individuals utilizing tools with in-person care referral were significantly more likely to subsequently search for methods to actively end their life ($HR = 1.727$, $p = 0.007$).

Discussion

Online screens may influence help-seeking behavior, suicidal ideation, and suicidal intent. Websites with referrals to in-person treatments could put persons at greater risk

of active suicidal intent. Further evaluation using large-scale randomized controlled trials is needed.

<https://www.sciencedirect.com/science/article/abs/pii/S0022395620310712>

Association Between Neurocognitive Functioning and Suicide Attempts in U.S. Army Soldiers.

Samantha N. Hoffman, Charles T. Taylor, Laura Campbell-Sills, Michael L. Thomas, ...
Murray B. Stein

Journal of Psychiatric Research

Available online 7 November 2020

<https://doi.org/10.1016/j.jpsychires.2020.11.012>

Highlights

- Several cognitive-emotional domains predict lifetime suicide attempt in U.S. Soldiers.
- Impulsivity is most strongly and uniquely related to pre-military suicide attempt in new Soldiers.
- Poorer impulse control was also prospectively associated with new-onset suicide attempt.

Background

Suicide is a serious public health problem, including among U.S. Army personnel. There is great interest in discovering objective predictors of suicide and non-fatal suicidal behaviors. The current study examined the association between neurocognitive functioning and pre-military history of suicide attempts (SA) and post-enlistment onset of SA. Methods: New Soldiers reporting for Basic Combat Training (N = 38,507) completed a comprehensive computerized neurocognitive assessment battery and self-report questionnaires. A subset of Soldiers (n = 6,216) completed a follow-up survey, including assessment of lifetime SA, 3-7 years later.

Results

Six hundred eighty-nine Soldiers indicated lifetime SA at baseline and 210 Soldiers indicated new-onset SA at follow-up. Regression analyses, adjusted for demographic variables, revealed significant bivariate associations between neurocognitive performance on measures of sustained attention, impulsivity, working memory, and emotion recognition and lifetime SA at baseline. In a multivariable model including each

of these measures as predictors, poorer impulse control and quicker response times on an emotion recognition measure were significantly and independently associated with increased odds of lifetime SA. A second model predicted new-onset SA at follow-up for Soldiers who did not indicate a history of SA at baseline. Poorer impulse control on a measure of sustained attention was predictive of new-onset SA. Limitations: Effect sizes are small and of unlikely clinical predictive utility.

Conclusions

We simultaneously examined multiple neurocognitive domains as predictors of SA in a large, representative sample of new Army Soldiers. Impulsivity most strongly predicted past and future SA over and beyond other implicated cognitive-emotional domains.

<https://onlinelibrary.wiley.com/doi/full/10.1111/acer.14477>

Associations Between Psychiatric Disorders and Alcohol Consumption Levels in an Adult Primary Care Population.

Palzes, V.A., Parthasarathy, S., Chi, F.W., Kline-Simon, A.H., Lu, Y., Weisner, C., Ross, T.B., Elson, J. and Sterling, S.A.

Alcoholism: Clinical and Experimental Research

First published: 05 November 2020

<https://doi.org/10.1111/acer.14477>

Background

Unhealthy alcohol use frequently co-occurs with psychiatric disorders; however, little is known about the relationship between psychiatric disorders and alcohol consumption levels. Understanding varying levels of unhealthy alcohol use among individuals with a variety of psychiatric disorders in primary care would provide valuable insight for tailoring interventions.

Methods

We conducted a cross-sectional study of 2,720,231 adult primary care patients screened for unhealthy alcohol use between 2014 and 2017 at Kaiser Permanente Northern California, using electronic health record data. Alcohol consumption level was classified as no reported use, low-risk use, and unhealthy use, per National Institute on Alcohol Abuse and Alcoholism guidelines. Unhealthy use was further differentiated into mutually exclusive groups: exceeding only daily limits, exceeding only weekly limits, or

exceeding both daily and weekly limits. Multivariable multinomial logistic regression models were fit to examine associations between 8 past-year psychiatric disorders (depression, bipolar disorder, anxiety disorder, obsessive–compulsive disorder, schizophrenia, schizoaffective disorder, anorexia nervosa, and bulimia nervosa) and alcohol consumption levels, adjusting for sociodemographic and health characteristics.

Results

In the full sample [53% female, 48% White, mean (SD) age = 46 (18) years], patients with psychiatric disorders (except eating disorders), compared to those without, had lower odds of reporting low-risk and unhealthy alcohol use relative to no use. Among patients who reported any alcohol use ($n = 861,427$), patients with depression and anxiety disorder, compared to those without, had higher odds of exceeding only weekly limits and both limits; patients with bulimia nervosa were also more likely to exceed both limits.

Conclusions

Findings suggest that patients with anxiety disorder, depression, and bulimia nervosa who drink alcohol are more likely to exceed recommended limits, increasing risk of developing more serious problems. Health systems and clinicians may wish to consider implementing more robust screening, assessment, and intervention approaches to support these vulnerable subgroups in limiting their drinking.

<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000725?journalCode=cri>

The Pathways of Aggression – Differential Indirect Associations Between Anxiety Sensitivity Cognitive Concerns and Suicidality.

RL Martin, NS Smith, NM Caulfield, DW Capron

Crisis

Published online: November 5, 2020

<https://doi.org/10.1027/0227-5910/a000725>

Background:

Suicide prevention efforts have focused on risk factors that help identify people with an increased risk for suicide. One risk factor related to suicide risk is anxiety sensitivity cognitive concerns (ASCC), which is the "fear of going crazy." The association between ASCC and suicidal ideation is hypothesized to result from the depression–distress

amplification model, which postulates that ASCC exacerbates feelings of depression and concurrent distress. Furthermore, there is evidence for associations between ASCC/dysregulated anger and dysregulated anger/suicidal ideation. We hypothesized that aggression may provide pathways from ASCC to suicidality. The current study examined how facets of aggression (described as elevated agitation) mediated the association between ASCC and suicidality.

Aims:

The current study aimed to extend prior research by examining how different facets of aggression mediate the association between ASCC and suicidality.

Method:

Participants were 440 adults recruited online, 32.7% of whom endorsed experiencing lifetime suicidal ideation. Results: Our hypotheses were partially supported with two significant indirect effects. Results indicated that physical aggression and hostility provided significant indirect effects; however, verbal aggression and anger did not.

Limitations:

The study was cross-sectional in nature, limiting causal interpretations about the indirect effects. The sample included primarily White participants.

Conclusion:

Specific facets of aggression provide pathways through which ASCC is associated with suicidality. Aggression may be a catalyst for individuals to progress to suicidality. The current study provides foundational research for continued examination of physical aggression as a catalyst for suicide attempts.

<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000727>

An Initial Investigation of Suicide Attempt Disclosures Among US Veterans.

Brooke A. Ammerman, Sarah P. Carter, Heather M. Gebhardt, Jonathan Buchholz, Mark A. Reger

Crisis

Published online: November 5, 2020

<https://doi.org/10.1027/0227-5910/a000725>

Background:

Suicide prevention efforts have focused on risk factors that help identify people with an increased risk for suicide. One risk factor related to suicide risk is anxiety sensitivity cognitive concerns (ASCC), which is the "fear of going crazy." The association between ASCC and suicidal ideation is hypothesized to result from the depression–distress amplification model, which postulates that ASCC exacerbates feelings of depression and concurrent distress. Furthermore, there is evidence for associations between ASCC/dysregulated anger and dysregulated anger/suicidal ideation. We hypothesized that aggression may provide pathways from ASCC to suicidality. The current study examined how facets of aggression (described as elevated agitation) mediated the association between ASCC and suicidality.

Aims:

The current study aimed to extend prior research by examining how different facets of aggression mediate the association between ASCC and suicidality. Method:

Participants were 440 adults recruited online, 32.7% of whom endorsed experiencing lifetime suicidal ideation.

Results:

Our hypotheses were partially supported with two significant indirect effects. Results indicated that physical aggression and hostility provided significant indirect effects; however, verbal aggression and anger did not.

Limitations:

The study was cross-sectional in nature, limiting causal interpretations about the indirect effects. The sample included primarily White participants.

Conclusion:

Specific facets of aggression provide pathways through which ASCC is associated with suicidality. Aggression may be a catalyst for individuals to progress to suicidality. The current study provides foundational research for continued examination of physical aggression as a catalyst for suicide attempts.

<https://econtent.hogrefe.com/doi/abs/10.1027/0227-5910/a000729?journalCode=cri>

Serious Suicide Attempts and Risk of Suicide Death: A Case–Control Study in the US Healthcare Systems.

Deepak Prabhakar, Edward L. Peterson, Yong Hu, Simran Chawa, Rebecca C. Rossom, Frances L. Lynch, Christine Y. Lu, Beth E. Waitzfelder, Ashli A. Owen-Smith, L. Keoki Williams, Arne Beck, Gregory E. Simon, Brian K. Ahmedani

Crisis

Published online: November 5, 2020

<https://doi.org/10.1027/0227-5910/a000729>

Background:

In the US, more than one million people attempt suicide each year. History of suicide attempt is a significant risk factor for death by suicide; however, there is a paucity of data from the US general population on this relationship.

Aim:

The objective of this study was to examine suicide attempts needing medical attention as a risk for suicide death.

Method:

We conducted a case–control study involving eight US healthcare systems. A total of 2,674 individuals who died by suicide from 2000 to 2013 were matched to 267,400 individuals by year and location.

Results:

Prior suicide attempt associated with a medical visit increases risk for suicide death by 39.1 times, particularly for women (OR = 79.2). However, only 11.3% of suicide deaths were associated with an attempt that required medical attention. The association was the strongest for children 10–14 years old (OR = 98.0). Most suicide attempts were recorded during the 20-week period prior to death.

Limitations:

Our study is limited to suicide attempts for which individuals sought medical care.

Conclusion: In the US, prior suicide attempt is associated with an increased risk of suicide death; the risk is high especially during the period immediately following a nonlethal attempt.

<https://link.springer.com/article/10.1007/s42843-020-00022-1>

Collaborating with Patients on Firearms Safety in High-Risk Situations.

Michael O. Miller & Gary R. VandenBos

Journal of Health Service Psychology

Published 06 November 2020

<https://doi.org/10.1007/s42843-020-00022-1>

Both angry and depressed patients may become a potential violent risk to self or others under some conditions. Means/harm reduction is a standard part of safety planning in violent risk clinical emergencies. Fortunately, a minority of patients in US households have access to firearms. Safe storage practices, temporary transfer of firearms, and removal of ammunition are options for reducing the risk to self and others.

Psychotherapeutic work on the causes of and relief from the factors triggering anger or depression are essential to making the potentially violent individual not violent.

<https://psycnet.apa.org/record/2020-81355-001>

Relationship of medical comorbidities to psychological health at 2 and 5 years following traumatic brain injury (TBI).

Noyes, E. T., Tang, X., Sander, A. M., Silva, M. A., Walker, W. C., Finn, J. A., Cooper, D. B., & Nakase-Richardson, R.

Rehabilitation Psychology

Advance online publication

<https://doi.org/10.1037/rep0000366>

Objective:

To examine the relationship between medical comorbidities and psychological health outcomes at 2 and 5 years following traumatic brain injury (TBI).

Method:

Veterans Affairs (VA) TBI Model System participants who completed a 2-year (n = 225) and/or 5-year (n = 283) follow-up with a comorbidities interview were included in the current study. Psychological health outcomes were assessed using the Patient Global Impression of Change (PGIC), Patient Health Questionnaire-9 (PHQ-9), and Satisfaction with Life Scale (SWLS). While controlling for known predictors of outcome, the relationship of overall comorbidity burden to psychological outcomes was examined

cross-sectionally using generalized linear regression at 2 and 5 years post-TBI. Lasso regularization was used to examine relationships of specific comorbid conditions to outcome.

Results:

Greater comorbidity burden was significantly associated with lower satisfaction with life at 2 and 5 years post-TBI and was associated with greater depressive symptomatology at 5 years post-TBI. Chronic pain was associated with lower satisfaction with life and greater depressive symptoms at both 2- and 5-year follow-up. Sleep apnea was associated with lower satisfaction with life and greater depressive symptoms at 5-year follow-up. Rheumatoid arthritis was associated with lower satisfaction with life and lower levels of perceived improvement in health and well-being at the 5-year follow-up.

Implications:

Results suggest that medical comorbidities may have a cumulative impact on adverse psychological health outcomes in chronic stages of TBI. This study further highlights the complexity of patients with TBI and the importance of identifying medical comorbidities as they provide potential targets for intervention.

(PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22612>

The Role of Negative Affect in Differentiating Posttraumatic Stress Disorder, Depression, and Their Comorbidity Among United States Veterans.

Klein, A.B., Dutra, S.J., Bovin, M.J., Keane, T.M. and Marx, B.P.

Journal of Traumatic Stress

First published: 10 November 2020

<https://doi.org/10.1002/jts.22612>

Following trauma exposure, two frequently co-occurring forms of psychopathology include posttraumatic stress disorder (PTSD) and major depressive disorder (MDD). Although these diagnoses have been identified as distinct constructs, the proper classification of these disorders remains a challenge due to overlapping symptoms. Instead, systematically establishing higher- and lower-order personality traits associated with each diagnosis may avoid this confound and improve differential diagnosis. In the present study, we examined how higher-order negative affect and its lower-order facets

(i.e., anxiousness, emotional lability, and separation insecurity) may be associated with a diagnosis of PTSD only, MDD only, both diagnoses, or neither diagnosis. Participants were 1,175 veterans enrolled in the Veterans After Discharge Longitudinal Registry. Higher- and lower-order negative affect were assessed using the Personality Inventory for DSM-5 (PID-5), and PTSD and MDD diagnoses were based on the Structured Clinical Interview for DSM-5 (SCID-5). Multinomial logistic regressions were used to model the association between higher- and lower-order negative affect and diagnostic status, after controlling for potential covariates. Diagnostic utility analyses were conducted to examine the degree to which higher- and lower-order negative affect classified participants across groups. Higher-order negative affect and lower-order anxiousness differentiated diagnostic groups, ORs = 1.76–4.66, and had strong specificity and negative predictive value for individuals with PTSD and MDD and those with MDD only. These findings help explain the role of higher-order negative affect and lower-order anxiousness in differentiating PTSD from MDD and comorbid PTSD and MDD and may have implications for assessment, differential diagnosis, and treatment planning.

<https://onlinelibrary.wiley.com/doi/full/10.1002/jts.22619>

Disturbed Sleep Connects Symptoms of Posttraumatic Stress Disorder and Somatization: A Network Analysis Approach.

Astill Wright, L., Roberts, N.P., Barawi, K., Simon, N., Zammit, S., McElroy, E. and Bisson, J.I.

Journal of Traumatic Stress

First published: 10 November 2020

<https://doi.org/10.1002/jts.22619>

Posttraumatic stress disorder (PTSD) and physical health problems, particularly somatic symptom disorder, are highly comorbid. Studies have only examined this co-occurrence at the disorder level rather than assessing the associations between specific symptoms. Using network analysis to identify symptoms that act as bridges between these disorders may allow for the development of interventions to specifically target this comorbidity. We examined the association between somatization and PTSD symptoms via network analysis. This included 349 trauma-exposed individuals recruited through the National Centre for Mental Health PTSD cohort who completed the Clinician-Administered PTSD Scale for DSM-5 and the Patient Health Questionnaire–15. A total

of 215 (61.6%) individuals met the DSM-5 diagnostic criteria for PTSD. An exploratory graph analysis identified four clusters of densely connected symptoms within the overall network: PTSD, chronic pain, gastrointestinal issues, and more general somatic complaints. Sleep difficulties played a key role in bridging PTSD and somatic symptoms. Our network analysis demonstrates the distinct nature of PTSD and somatization symptoms, with this association connected by disturbed sleep.

<https://www.tandfonline.com/doi/full/10.1080/08995605.2020.1794478>

An advanced perspective on moral challenges and their health-related outcomes through an integration of the moral distress and moral injury theories.

Jan Grimell & Sofia Nilsson

Military Psychology

Published online: 16 Nov 2020

<https://doi.org/10.1080/08995605.2020.1794478>

Both the models of moral distress and of moral injury place an emphasis on various types of moral challenges that may violate the individual's conscience, evoking moral emotions. Yet, there appears to be great conceptual confusion as regards both scholarly perspectives. The purpose of this article is to further elaborate on the qualitative content and conceptual demarcations of the theories of moral injury and moral distress. In the light of this theoretical elaboration, we propose an integrated moral distress and injury scale that provides a more holistic overview of these moral challenges. We suggest that the utility and applicability of the moral injury and moral distress theories may benefit from the integration of these concepts. A practical implication of our theoretical understanding is that processes of recovery, which involve moral dimensions, are complex. In line with this understanding, we advocate a holistic approach to health and well-being among military service members and Veterans.

<https://psycnet.apa.org/record/2020-82285-002>

Cognitive behavioral therapy (CBT) and pain education for people with chronic pain: Tests of treatment mechanisms.

Burns, J. W., Van Dyke, B. P., Newman, A. K., Morais, C. A., & Thorn, B. E.

Journal of Consulting and Clinical Psychology
(2020); 88(11), 1008–1018
<https://doi.org/10.1037/ccp0000612>

Objectives:

The goals of the study were to determine to what degree changes in pain-related cognition during cognitive behavioral treatment (CBT) and pain education (EDU) represented treatment mechanisms and whether these cognitive changes worked to a larger extent to produce favorable outcomes in CBT than in EDU.

Method:

Reported here are secondary analyses of a randomized control trial (N = 290) comparing CBT, EDU, and treatment as usual for low-literacy, low-socioeconomic-status people with chronic pain. We excluded the treatment as usual condition from these analyses and included measures collected at a midtreatment epoch. Treatment was 10 weekly group sessions.

Results:

Linear mixed models revealed nonsignificant differences in pre- to mid- to posttreatment changes in pain catastrophizing and pain self-efficacy between CBT and EDU. The same was true for outcome measures. Cross-lagged analyses revealed significant relationships between pre- to midtreatment changes in catastrophizing and self-efficacy and mid- to posttreatment changes in outcomes. However, relationships between pre- to midtreatment changes in outcomes and mid- to posttreatment changes in catastrophizing and self-efficacy were also significant.

Conclusions:

Results suggest a complex set of mechanistic relationships. Instead of a unidirectional path from designated mechanism to designated outcome, our results suggest reciprocal influences whereby cognitive changes may beget outcome improvements and vice versa. Results also suggest that cognitive changes do not occur solely in a treatment that uses cognitive restructuring to foster such changes but may occur as a function of providing people with detailed information regarding the biopsychosocial nature of chronic pain. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Treatment receipt patterns among individuals with co-occurring posttraumatic stress disorder (PTSD) and substance use disorders.

Simpson, T. L., Hawrilenko, M., Goldberg, S., Browne, K., Lehavot, K., & Borowitz, M.

Journal of Consulting and Clinical Psychology
(2020); 88(11), 1039–1051
<https://doi.org/10.1037/ccp0000600>

Objective:

To determine latent classes of treatment receipt among people with comorbid posttraumatic stress disorder (PTSD) and substance use disorder (SUD) and describe each class by demographics, disease characteristics, and psychiatric diagnoses.

Method:

Participants were National Epidemiologic Survey on Alcohol and Related Conditions–III respondents with lifetime PTSD and SUD ($n = 1,349$; mean age 40.3; 62.5% female; 30.9% non-White or Hispanic-White). Cross-sectional data were collected using the DSM–5 Alcohol Use Disorder and Associated Disabilities Interview Schedule. Latent class analysis was used to identify subgroups of participants with different patterns of treatment receipt.

Results:

Of the patients, 36% received at least 1 SUD treatment while 84% received at least 1 mental health (MH) treatment. Six latent classes were identified: no treatment (17.3%), outpatient MH (34.0%), outpatient + inpatient MH (17.9%), SUD (7.3%), SUD + outpatient MH (15.7%), and SUD + outpatient MH + inpatient MH (7.7%). The SUD treatment classes evidenced greater social instability, had higher alcohol use disorder symptom severity, and used more drug types than the non-SUD classes. Classes receiving inpatient MH treatment had a greater incidence of additional comorbid conditions and suicidal behaviors. Across all 6 classes, most respondents met diagnostic criteria for chronic PTSD (overall: 68.9%) while fewer met diagnostic criteria for chronic SUD (overall: 38.7%).

Conclusions:

Most people with lifetime PTSD and SUD have sought either SUD or MH treatment or both, with substantially greater receipt of MH treatment. This comorbid group has complex clinical presentations that differ depending upon treatment subgroup, and for

most, their PTSD persisted despite high rates of treatment engagement. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://muse.jhu.edu/article/772972>

Shared Lessons from Serving Military-Connected Students.

Deborah L. Sikes, Margret G. Duran, Myrna L. Armstrong

College Student Affairs Journal
Southern Association for College Student Affairs
Volume 38, Number 2, Fall 2020; pp. 186-197
<https://doi.org/10.1353/csaj.2020.0013>

Military and military veteran students enter higher education with a host of challenges related to their military service. As universities and colleges strive to address the needs of military and military student veterans, administrative and educational challenges must be addressed proactively to accommodate the specific needs of student veterans. Student services for military and military veteran students includes providing a veteran advisor, a veteran liaison, military-friendly policies, services, and resources. The authors discuss military-friendly student services supported and implemented through the development of a veteran-specific education track.

<https://www.tandfonline.com/doi/abs/10.1080/21635781.2020.1838365>

The Relation between Self-Concealment and Self-Reported Mental Health Symptoms in a Sample of Canadian Armed Forces Personnel.

Madeleine T. D'Agata, Joshua A. Granek, Ronald R. Holden & Anthony Nazarov

Military Behavioral Health
Published online: 11 Nov 2020
<https://doi.org/10.1080/21635781.2020.1838365>

The current research investigated the association between self-concealment and mental health in a sample of Canadian Armed Forces (CAF) personnel. More specifically, we

examined the associations between self-concealment, a personality trait associated with one's tendency to conceal negative personal information and feelings, and one's suicide ideation, psychological distress, and hazardous and harmful alcohol use. Personnel who reported higher levels of self-concealment also reported higher levels of mental health symptoms. Furthermore, we present receiver operating characteristic curve analyses for predicting at-risk status for suicide, psychological distress, and hazardous and harmful alcohol use from self-concealment.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12520>

Financial Boundary Ambiguity Among Military Spouses.

McCoy, M., O'Neal, C.W., Gale, J., Goetz, J. and Mancini, J.A.

Family Relations

First published: 13 November 2020

<https://doi.org/10.1111/fare.12520>

Objective

The military lifestyle of extended training programs and deployments creates a need to clearly define each partner's roles and responsibilities after each departure and reunion.

Background

Previous researchers have discovered that the less ambiguity that occurs when an individual enters or departs the family system, the less likely the family is to experience strain or crisis. One challenging area of boundary definition is finances, as couples tend to avoid talking about money which may contribute to financial boundary ambiguity.

Methods

This study applies the contextual model of family stress to examine financial boundary ambiguity and its association with marital quality in the post-deployment stage. This article presents a theory-driven exploration of financial boundary ambiguity using the actor-partner interdependence model and structural equation modeling.

Results

Study findings indicate that role flexibility, as well as clear and open communication, are related to less financial boundary ambiguity. This, in turn, is related to higher marital

quality, although there are differences in the actor and partner effects between financial boundary ambiguity and marital relations.

Conclusion

To more fully understand coping and resilience among military couples, the authors applied the contextual model of family stress focused on financial elements to clarify the significance of how the couples navigated their roles and interactions.

Implications

Programs focused on financial and relational health should focus on fostering communication around financial roles during periods of transition, such as the deployment cycle. In particular, programs should be oriented around strategies for reducing the stress that surrounds financial uncertainties and strain, in addition to teaching effective financial management.

<https://psycnet.apa.org/record/2020-84563-001>

Clinical utility of suicide behavior and ideation measures: Implications for military suicide risk assessment.

Gutierrez, P. M., Joiner, T., Hanson, J., Avery, K., Fender, A., Harrison, T., Kerns, K., McGowan, P., Stanley, I. H., Silva, C., & Rogers, M. L.

Psychological Assessment

Advance online publication

<https://doi.org/10.1037/pas0000876>

To date, the field has been unable to provide a definitive answer on which suicide risk assessment measure or set of measures is most useful in applied clinical settings. This study pits several psychometrically sound suicide risk assessment measures against one another, to determine which tool optimally assesses the likelihood of future suicide-related outcomes over a 3-month period, in a large sample of military personnel seeking and/or referred to services due to suicide risk concerns. The risk assessment measures were (a) Columbia-Suicide Severity Rating Scale; (b) Self-Harm Behavior Questionnaire; (c) Suicidal Behaviors Questionnaire—Revised; and (d) Beck Scale for Suicide Ideation. A total of 1,044 suicidal military service members completed baseline assessments, of whom 758 (72.6%) completed 3-month follow-up assessments. The data indicate that there is no best measure for suicide risk assessment and clinicians

are therefore encouraged to select the measure, from among the four studied, for use in regular practice that best suits the demands of their setting. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

<https://www.sciencedirect.com/science/article/abs/pii/S0165032720329827>

Risky decision-making in suicide attempters, and the choice of a violent suicidal means: an updated meta-analysis.

R Perrain, R Dardennes, F Jollant

Journal of Affective Disorders

Available online 12 November 2020

<https://doi.org/10.1016/j.jad.2020.11.052>

Highlights

- Poorer decision-making performance in suicide attempters than in controls.
- Lower effect in more recent publications.
- No difference between non-attempters with a mood disorder and healthy controls.
- Lower performance in suicide attempters who used a violent suicidal means.

Abstract

Background

Studies showed disadvantageous decision-making in suicide attempters. The present meta-analysis aims to examine the stability of these findings and related questions.

Methods

EMBASE and Pubmed databases were searched for studies published between 01/01/2000 and 01/01/2020 with an additional search through bibliographical references. English or French articles published in peer-reviewed journals, reporting quantitative task-based measures of decision-making in suicide attempters were included: 3,582 records were identified, 33 full-text articles screened, and 21 articles finally included.

Results

All studies were conducted in mood disorders; 18 used the Iowa Gambling Task (IGT) and 3 the Cambridge Gamble Task (CGT). With the IGT, suicide attempters showed

riskier choices than patient controls (Hedges' $g=-0.28$ 95%CI (-0.44 – -0.12)) and healthy controls ($g=-0.54$ (-0.83 – -0.25)) with no significant difference between control groups. The difference between suicide attempters and patient controls was not related to age group, mood disorder type, author, or research center while an effect of time of publication was found ($p=0.006$). Poorer performance was also found in suicide attempters compared to patient controls when using the CGT ($g=-0.57$ 95%CI (-0.82 – -0.31)). Suicide attempters who used a violent means showed poorer IGT performance than those who used a non-violent means (3 studies).

Limitation

Limited number of studies outside mood disorders. No data to calculate a gender effect.

Conclusion

The present meta-analysis confirmed riskier decision-making in suicide attempters. Although group differences appear to be of modest effect size in general, they were particularly marked in the subgroup of those who used a violent suicidal means.

<https://www.sciencedirect.com/science/article/pii/S2666915320300305>

Elucidating the chronic, complex nature of suicidal ideation: A national qualitative study of veterans with a recent suicide attempt.

Lauren Denneson, Katie L. McDonald, Kyla J. Tompkins, Claire C. Meunier

Journal of Affective Disorders Reports

Available online 13 November 2020

<https://doi.org/10.1016/j.jadr.2020.100030>

Highlights

- The lived experience of suicidal ideation was examined in qualitative interviews.
- Suicidal ideation was chronic, non-linear, with periodic increases in severity.
- For some, severity increases are perceived as a result of negative self-evaluation.
- For some, severity increases are perceived as random and uncontrollable.
- Treatment and assessment should emphasize functioning and symptom management.

ABSTRACT

Background

Understanding the nature of suicidal ideation, or how suicidal ideation is experienced by the individual in its course and development, is important for informing suicidal ideation assessment and treatment. In this study, we conducted qualitative interviews with a national sample of fifty United States (U.S.) military veterans with recent suicide attempts to elucidate the nature of suicidal ideation from the perspective of those with lived experience.

Methods

We interviewed 25 women and 25 men veterans from Veterans Health Administration healthcare facilities across the U.S. who made a recent (prior 6 months) suicide attempt. Data were analyzed using a thematic analysis approach.

Results

Suicidal ideation was characterized as chronic, varying in severity and duration. Two typologies characterized increases in suicidal ideation severity: those whose ideation increases due to negative self-evaluations and those whose ideation worsens without clear warning. Additionally, participants described needing help recovering from severe episodes of suicidal ideation, which often disrupted their lives and everyday functioning.

Limitations

This was a study of U.S. military Veterans with a recent suicide attempt; our findings may differ from studies of nonveterans or those with suicidal ideation but have never attempted suicide.

Conclusions

Our findings align with prior research that suicidal ideation is often experienced as chronic, fluctuating, and nonlinear. Suicide risk assessment may benefit from use of a combination of ideation severity and functional measures. Future work should investigate treatment of suicidal ideation targets active symptom management and focuses on managing the negative impacts that suicidal ideation has on patients' functioning.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa274/5974844>

A Retrospective Study of Demographic, Medical, and Psychological Predictors of Readiness in Service Members With Mild Traumatic Brain Injury.

Jillian C Schneider, PhD, Felicia Hendrix-Bennett, MHA, Hind A Beydoun, PhD, Brick Johnstone, PhD

Military Medicine

Published: 11 November 2020

<https://doi.org/10.1093/milmed/usaa274>

Introduction

Given the significant number of service members who have incurred mild traumatic brain injury (TBI) over the past two decades, this study was completed to determine the relative contribution of demographic, TBI-related, and psychological factors that predict the readiness of service members with primarily mild TBI.

Methods and Materials

This retrospective study included 141 service members who were evaluated at an outpatient military TBI rehabilitation clinic. Information regarding demographics, TBI-related variables, and psychological factors was collected and entered into hierarchical multinomial logistic regressions to predict military work status. Demographic predictor variables included age, race, gender, rank, service branch; TBI-specific variables including time since injury and neuropsychological variables (i.e., Wechsler Adult Intelligence Scale-IV (WAIS-IV) Full Scale Intelligence Quotient (FSIQ) and Processing Speed Indices; California Verbal Learning Test-IV total recall t-score); and psychiatric variables including concomitant psychiatric diagnoses and Personality Assessment Inventory indices. The outcome variable was the service member's military work status (i.e., return to duty (RTD); Medical Evaluation Board-disabled (MEB); retired) at time of discharge from the TBI clinic.

Results

Statistical analyses indicated that the total model predicted 31% of the variance in work status, with demographics predicting 16% of the variance, concomitant psychiatric diagnoses and WAIS-IV FSIQ predicting an additional 12%, and subjective somatic/psychological distress (Personality Assessment Inventory indices) predicting an additional 3%. Regarding the primary groups of interest (i.e., RTD vs. MEB), stepwise

regressions indicated that those who RTD have higher intelligence and report less physical/psychological distress than the disabled group.

Conclusions

In general, those service members who were able to RTD versus those who were classified as disabled (MEB) were of higher IQ and reported less somatic/psychological distress. Of note, traditional indices of TBI severity did not predict the ability of the sample to RTD. The results suggest the importance of treating psychological conditions and identifying possible indicators of resilience (e.g., higher intelligence) to increase the readiness of service members with mild TBI.

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa452/5974850>

TBI and Suicidality: A Story of Stress, Risk, and Resilience. (invited editorial)

Robert J Ursano, MD, James A Naifeh, PhD

Military Medicine

<https://doi.org/10.1093/milmed/usaa452>

Published: 11 November 2020

The association of deployment-acquired Traumatic Brain Injury (TBI) and suicide risk remains an important clinical and research area. There remains little known about the brain and psychological mechanisms that may be related to such risk. Perhaps, the association of TBI is through, or related to, the often-present Posttraumatic Stress Disorder (PTSD) and other psychiatric illness. In addition, what may protect from suicide risk associated with TBI? Do social support and “resilience”—a complex concept—operate as protective mechanisms as they do in those without TBI? The answers from this well-done and well-written study from the Marine Resiliency Study: Yes, maybe, and no/yes. And then how would one use such findings?

<https://academic.oup.com/milmed/advance-article/doi/10.1093/milmed/usaa389/5981198>

Geographic Variation in Initiation of Evidence-based Psychotherapy Among Veterans With PTSD.

Vincent M Dufort, PhD, Nancy Bernardy, PhD, Shira Maguen, PhD, Jessica E Hoyt, MPH, Eric R Litt, BS, Olga V Patterson, PhD, Christine E Leonard, MS, Brian Shiner, MD, MPH

Military Medicine

Published: 13 November 2020

<https://doi.org/10.1093/milmed/usaa389>

Introduction

The United States Department of Veterans Affairs (VA) has invested in implementation of evidence-based psychotherapy (EBP) for post-traumatic stress disorder (PTSD) for over a decade, resulting in slow but steady uptake of these treatments nationally. However, no prior research has investigated the geographic variation in initiation of EBP. Our objectives were to determine whether there is geographic variation in the initiation of EBP for PTSD in the VA and to identify patient and clinic factors associated with EBP initiation.

Materials and Methods

We identified VA patients with PTSD who had not received EBP as of January 2016 (N = 946,667) using retrospective electronic medical records data and determined whether they initiated EBP by December 2017. We illustrated geographic variation in EBP initiation using national and regional maps. Using multivariate logistic regression, we determined patient, regional, and nearest VA facility predictors of initiating treatment. This study was approved by the Veterans Institutional Review Board of Northern New England.

Results

Nationally, 4.8% (n = 45,895) initiated EBP from 2016 to 2017, and there was geographic variation, ranging from none to almost 30% at the 3-digit ZIP code level. The strongest patient predictors of EBP initiation were the negative predictor of being older than 65 years (OR = 0.47; 95% CI, 0.45-0.49) and the positive predictor of reporting military-related sexual trauma (OR = 1.96; 95% CI, 1.90-2.03). The strongest regional predictors of EBP initiation were the negative predictor of living in the Northeast (OR = 0.89; 95% CI, 0.86-0.92) and the positive predictor of living in the Midwest

(OR = 1.47; 95% CI, 1.44-1.51). The only nearest VA facility predictor of EBP initiation was the positive predictor of whether the facility was a VA Medical Center with a specialized PTSD clinic (OR = 1.23; 95% CI, 1.20-1.26).

Conclusion

Although less than 5% of VA patients with PTSD initiated EBP, there was regional variation. Patient factors, region of residence, and nearest VA facility characteristics were all associated with whether patients initiated EBP. Strengths of this study include the use of national longitudinal data, while weaknesses include the potential for misclassification of PTSD diagnoses as well as the potential for misidentification of EBP. Our work indicates geographic areas where access to EBP for PTSD may be poor and can help target work improving access. Future studies should also assess completion of EBP for PTSD and related symptomatic and functional outcomes across geographic areas.

<https://militaryhealth.bmj.com/content/early/2020/11/10/bmjmilitary-2020-001642.abstract>

Coping with COVID-19 in United Nations peacekeeping field hospitals: increased workload and mental stress for military healthcare providers.

Zhang Y, Xiang D, Alejok N.

BMJ Military Health

Published Online First: 11 November 2020

<https://doi.org/10.1136/bmjmilitary-2020-001642>

Introduction

This study aimed to explore the impact of COVID-19 on the United Nations peacekeeping field hospitals where medical supply and manpower are extremely insufficient.

Methods

A level II hospital was deployed in Wau, South Sudan, as the regional referral centre of the United Nations Mission in South Sudan (UNMISS). It had a total strength of 63 personnel with 47 medical staff (average age 38.3±8.0 years, 33 men). A new 'appointment-triage-disinfection' work pattern was adopted to cope with the COVID-19 outbreak in the mission. Data on medical service statistics and workload before/after the

outbreak were collected and compared. The mental health of staff was analysed from the quarterly psychological survey, including Perceived Stress Scale (PSS)-10, Generalised Anxiety Disorder (GAD)-7 and Patient Health Questionnaire (PHQ)-9.

Results

The number of outpatients decreased slightly after the COVID-19 outbreak (41.9 ± 11.9 to 37.6 ± 11.8 per week, $p=0.49$), whereas the weekly hospital length of stay of inpatients increased significantly (0.4 ± 1.0 to 3.1 ± 3.9 days, $p=0.02$). Total weekly working hours increased from 1884.9 ± 34.1 to 2023.5 ± 67.3 hours ($p<0.001$). Elevated mental stress (PSS-10: 4.3 ± 2.4 in February to 7.5 ± 3.9 in May, $p<0.001$; GAD-7: 4.0 ± 2.3 to 9.4 ± 4.0 , $p<0.001$; PHQ-9: 2.1 ± 1.2 to 3.2 ± 2.4 , $p<0.001$) was documented among healthcare providers after the outbreak. The threat of COVID-19 infection, delay in rotation and family-related concerns constituted the main stressors.

Conclusion

COVID-19 imposes a huge pressure on peacekeeping field hospitals. Increased workload and mental stress among frontline healthcare providers deserve the attention of UNMISS officials. Facilitating the rotation of the medical staff might potentially improve the operational readiness of the hospital by bringing in well-trained personnel and sufficient medical supplies.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

Links of Interest

Intersectionality and Cultural Competence: A Quick Introduction

<https://www.pdhealth.mil/news/blog/intersectionality-and-cultural-competence-quick-introduction>

The power of nature inspires and heals

<https://www.militarytimes.com/opinion/commentary/2020/11/06/the-power-of-nature-inspires-and-heals/>

Mental health and suicide crisis among US veterans getting new approach
<https://www.militarytimes.com/opinion/commentary/2020/11/09/mental-health-and-suicide-crisis-among-us-veterans-getting-new-approach/>

Suicide rate among veterans up again slightly, despite focus on prevention efforts
<https://www.militarytimes.com/news/pentagon-congress/2020/11/12/suicide-rate-among-veterans-up-again-slightly-despite-focus-on-prevention-efforts/>

'How Did We Not Know?' Gun Owners Confront a Suicide Epidemic
<https://www.nytimes.com/2020/11/17/health/suicide-guns-prevention.html>

'I felt so lost. I felt so trapped.' | Vet opens up about trying to take her own life
<https://www.wusa9.com/article/news/national/military-news/vet-opens-up-about-trying-to-take-her-life-as-female-veteran-suicide-numbers-rise/65-d9b65a10-1a07-4be5-b40a-a6df99bf7187>

DoD Fails to Address the Health Care Needs of Female Troops, Advisory Board Claims
<https://www.military.com/daily-news/2020/11/09/dod-fails-address-health-care-needs-of-female-troops-advisory-board-claims.html>

Obsessive Compulsive Disorder and PTSD: Considerations for Screening and Treatment
<https://www.pdhealth.mil/news/blog/obsessive-compulsive-disorder-and-ptsd-considerations-screening-and-treatment>

Brigham and Women's Uses Telehealth to ID, Treat Provider Stress
<https://mhealthintelligence.com/news/brigham-and-womens-uses-telehealth-to-id-treat-provider-stress>

Veterans May Earn More Than Civilians in Post-Military Careers, Study Shows
<https://www.military.com/daily-news/2020/11/16/veterans-may-earn-more-post-military-careers-study-shows.html>

Increased reporting of military sexual assaults has not led to more accountability, CBS News finds
<https://www.stripes.com/news/us/increased-reporting-of-military-sexual-assaults-has-not-led-to-more-accountability-cbs-news-finds-1.652463>

Female combat deaths don't erode war support, study finds

<https://www.stripes.com/news/us/female-combat-deaths-don-t-erode-war-support-study-finds-1.652401>

Resource of the Week: [Report to the Committees on Armed Services of the Senate and the House of Representatives -- Strategy to Recruit and Retain Mental Health Providers](#)

This report describes the shortage of MH providers for the DoD, provides data on the number of MH providers, discusses recruitment challenges, and offers a strategy to better recruit and retain MH providers going forward, which addresses cultural competence and diversity.

Table 1. MH Providers Authorized for FY19. Data illustrate the total number of MH providers afforded to the DoD, as collected by the Military Departments and maintained by the DHA.*

SPECIALTY	MIL	CIV	CTR	TOTAL
Psychologist	737	927	137	1801
Psychiatrist	495	215	36	746
Social Worker	587	1482	121	2190
MH Nurse Practitioner (NP)	112	60	12	184
Other Licensed MH Provider	0	183	28	211
TOTAL	1931	2867	334	5132

**Data are results from preliminary analysis.*

Table 2. MH Providers Assigned at 4Q19. Data illustrate the total number on board and percentage of authorized military (MIL), civilian (CIV), and contractor (CTR) MH providers, as collected by the Military Departments and maintained by the DHA.*

SPECIALTY	MIL	CIV	CTR	TOTAL
Psychologist	713 (96.7%)	897 (96.8%)	106 (77.4%)	1716 (95.3%)
Psychiatrist	423 (85.5%)	197 (91.6%)	28 (77.8%)	648 (86.9%)
Social Worker	764 (130.2%)	1409 (95.1%)	89 (73.6%)	2262 (103.3 %)
MH Nurse Practitioner (NP)	74 (66.1%)	56 (93.3%)	6 (50.0%)	136 (73.9%)
Other Licensed MH Provider	0 (0%)	169 (92.3%)	26 (92.9%)	195 (92.4%)
TOTAL	1974 (102.2%)	2728 (95.2%)	255 (76.3 %)	4957 (96.6 %)

**Data are results from preliminary analysis.*

Shirl Kennedy
Research Editor (HJF)
Center for Deployment Psychology
www.deploymentpsych.org
shirley.kennedy.ctr@usuhs.edu
240-535-3901