

CDP



Research Update -- January 21, 2021

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<https://doi.org/10.1038/s41537-020-00125-0>

Identifying signals associated with psychiatric illness utilizing language and images posted to Facebook.

Michael L. Birnbaum, Raquel Norel, Anna Van Meter, Asra F. Ali, Elizabeth Arenare, Elif Eyygoz, Carla Agurto, Nicole Germano, John M. Kane & Guillermo A. Cecchi

npj Schizophrenia

Published 03 December 2020

Prior research has identified associations between social media activity and psychiatric diagnoses; however, diagnoses are rarely clinically confirmed. Toward the goal of applying novel approaches to improve outcomes, research using real patient data is necessary. We collected 3,404,959 Facebook messages and 142,390 images across 223 participants (mean age = 23.7; 41.7% male) with schizophrenia spectrum disorders (SSD), mood disorders (MD), and healthy volunteers (HV). We analyzed features uploaded up to 18 months before the first hospitalization using machine learning and built classifiers that distinguished SSD and MD from HV, and SSD from MD. Classification achieved AUC of 0.77 (HV vs. MD), 0.76 (HV vs. SSD), and 0.72 (SSD

vs. MD). SSD used more ($P < 0.01$) perception words (hear, see, feel) than MD or HV. SSD and MD used more ($P < 0.01$) swear words compared to HV. SSD were more likely to express negative emotions compared to HV ($P < 0.01$). MD used more words related to biological processes (blood/pain) compared to HV ($P < 0.01$). The height and width of photos posted by SSD and MD were smaller ($P < 0.01$) than HV. MD photos contained more blues and less yellows ($P < 0.01$). Closer to hospitalization, use of punctuation increased (SSD vs HV), use of negative emotion words increased (MD vs. HV), and use of swear words increased ($P < 0.01$) for SSD and MD compared to HV. Machine-learning algorithms are capable of differentiating SSD and MD using Facebook activity alone over a year in advance of hospitalization. Integrating Facebook data with clinical information could one day serve to inform clinical decision-making.

<https://doi.org/10.1016/j.cpr.2021.101971>

Emotional processes in binge drinking: A systematic review and perspective.

Séverine Lannoy, Theodora Duka, Carina Carbia, Joël Billieux, ... Pierre Maurage

Clinical Psychology Review

Available online 13 January 2021

Highlights

- We review studies measuring emotional processes in binge drinking.
- We include studies on emotional appraisal/identification, response, and regulation.
- We identify the outcomes/limits of existing data and new research avenues.
- We propose guidelines for binge drinking conceptualization and emotion research.

Abstract

Binge drinking is a widespread alcohol consumption pattern commonly engaged by youth. Here, we present the first systematic review of emotional processes in relation to binge drinking. Capitalizing on a theoretical model describing three emotional processing steps (emotional appraisal/identification, emotional response, emotional regulation) and following PRISMA guidelines, we considered all identified human studies exploring emotional abilities among binge drinkers. A literature search was conducted in PubMed, Scopus, and PsychINFO, and a standardized methodological quality assessment was performed for each study. The main findings offered by the 43

studies included are, 1) regarding emotional appraisal/identification, binge drinking is related to heightened negative emotional states, including greater severity of depressive and anxiety symptoms, and have difficulties in recognizing emotional cues expressed by others; 2) regarding emotional response, binge drinkers exhibit diminished emotional response compared with non-binge drinkers; 3) regarding emotional regulation, no experimental data currently support impaired emotion regulation in binge drinking. Variability in the identification and measurement of binge drinking habits across studies limits conclusions. Nevertheless, current findings establish the relevance of emotional processes in binge drinking and set the stage for new research perspectives to identify the nature and extent of emotional impairments in the onset and maintenance of excessive alcohol use.

<https://doi.org/10.1016/j.cpr.2021.101958>

Cannabis use among military veterans: A great deal to gain or lose?

Jasmine Turna, James MacKillop

Clinical Psychology Review

Available online 11 January 2021

Highlights

- First systematic review of the empirical literature on correlates and consequences of cannabis use in military veterans.
- The literature predominantly comprises cross-sectional studies; few studies have used longitudinal or RCT study designs.
- Cannabis use is associated with primarily negative outcomes, including other substance use, greater psychiatric severity, and self-harm/suicidality.
- Very few studies have examined the therapeutic efficacy of medical cannabis in veterans and those that have are of low quality methodologically.

Abstract

Policy changes have resulted in dramatic increases in access to cannabis for medical purposes. Veterans are disproportionately affected by conditions for which medical cannabis is often pursued, making an evidence-based perspective on risks versus benefits of high priority. The current review sought to examine the state of the evidence on consequences and correlates of cannabis use among veterans. Using a

comprehensive search strategy, 501 articles were identified and 86 studies met criteria for inclusion. The literature was predominated by cross-sectional studies (67%) of male veterans (71.4%–100% male) from the United States (93.0%). Three overarching themes emerged, comprising cannabis associations with other substance use, mental health, and physical health outcomes. The balance of the evidence associated cannabis use with negative health outcomes, with consistent positive associations with other substance use, psychiatric disorders, and self-harm/suicidality. Few studies examined the therapeutic effects of cannabis, thus limiting the potential to evaluate evidence of efficacy. Priority areas for future research are studies using designs that can examine the directionality of links between cannabis and health in veterans more conclusively, and studies directly examining therapeutic efficacy of cannabis-based therapies in veterans. Methodologically rigorous design will be essential to inform clinical recommendations and practices guidelines in an era of burgeoning access to cannabis.

<https://doi.org/10.1002/jts.22643>

The Emerging Literature on Exposure-Based Writing Therapies for Subthreshold and Clinical Posttraumatic Stress Disorder: A Response to Thompson-Hollands et al.'s (2020) Commentary on Dawson et al. (2020).

Dawson, R.L., Calear, A.L., McCallum, S.M., McKenna, S., Nixon, R.D.V. and O'Kearney, R.

Journal of Traumatic Stress

First published: 12 January 2021

Thompson-Hollands et al.'s (2020) commentary on our systematic review of exposure-based writing therapies for subthreshold and clinical posttraumatic stress symptoms (Dawson et al., 2020) emphasizes important questions about the impact of heterogeneity in drawing inferences from evidence reviews. In this reply, we discuss (a) our rationale for undertaking a systematic review that was broad rather than narrow in scope and (b) provide clarifications on how heterogeneity was considered in the meta-analyses that were conducted. We also strongly agree with Thompson-Hollands et al.'s recommendation that future research should focus on better understanding the mechanisms by which exposure-based writing therapies help reduce posttraumatic stress symptoms.

See: [Exposure-Based Writing Therapies for Subthreshold and Clinical Posttraumatic Stress Disorder: A Systematic Review and Meta-Analysis](#)

<https://doi.org/10.1093/sleep/zsab004>

Identifying and characterizing longitudinal patterns of insomnia across the deployment cycle in active duty Army Soldiers.

Katherine E Miller, Christine M Ramsey, Elaine M Boland, Elizabeth A Klingaman, Philip Gehrman

Sleep

Published: 06 January 2021

Study Objectives

The present study characterized a sample of 4,667 Army soldiers based on their patterns of insomnia before, during, and after deployment, and explored pre-deployment factors predictive of these patterns.

Methods

Data were analyzed from the Army Study to Assess Risk and Resilience in Service members (STARRS)- Pre/Post Deployment Study (PPDS), using surveys that captured data approximately 1-2 months pre-deployment, and 3- and 9-month post-deployment from soldiers deployed to Afghanistan. Patterns of insomnia across time were examined. Theoretically-derived variables linked to sleep disturbance were examined as predictors of the insomnia patterns.

Results

Five longitudinal patterns of insomnia characterized the majority of the sample: 'No Insomnia' (no insomnia symptoms at any timepoint; 31%), 'Deployment-related Insomnia' (no pre-deployment insomnia, developed insomnia symptoms during deployment and recovered; 40%), 'Incident Insomnia' (development insomnia during or shortly after deployment that did not remit; 14%), 'Chronic Insomnia' (insomnia both pre- and post-deployment; 11%), and 'Other Insomnia' (reported insomnia at ≥ 1 timepoint, but no clear pattern across the deployment cycle; 4%). Several pre-deployment factors were predictive of insomnia trajectories, including lifetime major depressive episodes, traumatic brain injury history, posttraumatic stress disorder, and past year personal life stressors.

Conclusions

Distinct longitudinal patterns of insomnia were identified, with more than half of the sample reporting insomnia at some point in the deployment cycle. Identifying mental health conditions that are associated with different insomnia patterns prior to deployment can inform targeted interventions to reduce long term sleep difficulty.

<https://doi.org/10.1016/j.jpsychires.2021.01.004>

Comparative associations of problematic alcohol and cannabis use with suicidal behavior in U.S. military veterans: A population-based study.

Melanie L. Hill, Brandon Nichter, Mallory Loflin, Sonya B. Norman, Robert H. Pietrzak

Journal of Psychiatric Research

Volume 135, March 2021, Pages 135-142

Alcohol use disorder (AUD) and cannabis use disorder (CUD) are each associated with increased suicidal behavior, but it is unclear how their comorbidity relates to suicide risk. Understanding these associations in U.S. military veterans is especially important, given their heightened risk for suicide, high prevalence of AUD, and increasing access to cannabis. We compared associations of probable AUD, CUD, and AUD/CUD with suicide ideation, plan(s), and attempt(s) in a nationally representative sample of 4,069 veterans surveyed in 2019–2020 as part of the National Health and Resilience in Veterans Study. Among veterans who screened positive for current AUD, 8.7% also screened positive for current CUD. Among veterans who screened positive for current CUD, 33.3% screened positive for current AUD. Current and lifetime positive screens for AUD, CUD, and AUD/CUD were each strongly and independently associated with past-year suicide ideation and lifetime suicide ideation, plan(s), and attempt(s) [odds ratios (ORs) = 1.6–8.7]. Relative to veterans who screened positive for AUD only, veterans who screened positive for AUD/CUD and CUD only had higher odds of past-year suicide ideation (AUD/CUD: OR = 3.3; CUD only: OR = 2.4), lifetime suicide ideation (AUD/CUD: OR = 1.9; CUD only: OR = 2.6) and lifetime suicide plan(s) (AUD/CUD: OR = 1.7; CUD only: OR = 6.1). Collectively, findings suggest that screening positive for CUD might be an especially strong indicator of suicide ideation and planning in veterans with and without AUD, independent of sociodemographic, military, trauma, and other psychiatric factors. These findings underscore the

importance of routine screening for CUD in suicide prevention efforts, especially as cannabis becomes more widely available.

<https://doi.org/10.1007/s10826-020-01887-y>

Military-Connected Adolescents' Emotional and Behavioral Risk Status: Comparisons of Universal Screening Data and National Norms.

Kimberly J. Vannest, Kelly M. Carrero, Brenda Patience, Georgette Price, Rob Altmann, April Haas & Stacey Smith

Journal of Child and Family Studies
Volume 30, pages134–145 (2021)

Differences in risk for social, emotional, and behavioral problems in the military dependent and non-military population across gender and age group, were examined using an instrument with established psychometric properties. Schools with an average of 25% military students (two elementary schools and two high schools) were selected based on their student population and absence of tier one or two intervention programming. A total of 3111 students were sampled; data for 2852 participants were available for analysis. Proportion differences across categories of risk indicate no statistically significant difference in risk between military and non-military students within the district overall but differences were found by age and gender. Statistically significant differences were also identified between military-student population national norms. Implications include the use of universal screening to identify sub-groups for targeted programming.

<https://doi.org/10.1080/15402002.2020.1862847>

Initial Session Effects of Brief Cognitive Behavioral Therapy for Insomnia: A Secondary Analysis of A Small Randomized Pilot Trial.

TM Bishop, HF Crean, JS Funderburk, WR Pigeon

Behavioral Sleep Medicine
Published online: 07 Jan 2021

Objective/Background:

While cognitive-behavioral therapy for insomnia (CBT-I) is typically delivered over six-eight sessions, the field has introduced ever briefer versions. We examined session by session effects on both insomnia and depression outcomes in a brief, four-session version of CBT-I.

Participants:

This is a secondary analysis of data drawn from participants randomized to brief cognitive behavioral therapy for insomnia (bCBTi) in a pilot clinical trial. All participants ($n = 19$) were veterans enrolled in primary care who screened positive for insomnia and co-occurring PTSD and/or depression.

Methods:

Participants received four, weekly, individual sessions of bCBTi during which they provided self-report data on insomnia, depression, and sleep parameters over the preceding week. Baseline and follow-up assessments were also collected.

Results:

Changes in insomnia and depression severity between baseline and the beginning of session one were non-significant. Statistically significant decreases were observed, however, for insomnia severity between sessions one to two ($g = -.65$) and sessions two to three ($g = -.59$). This pattern was mirrored for depression severity with significant decreases between sessions one and two ($g = -.65$) and sessions two to three ($g = -.68$). However, there was little change for either outcome from session three to session four (insomnia $g = -.16$; depression $g = -.14$).

Conclusions:

This session by session analyses of bCBTi revealed that the majority of the treatment effect occurred over the first two sessions. Findings suggest that even brief interventions addressing insomnia may have a positive impact on both insomnia and co-occurring depression.

<https://doi.org/10.1080/07481187.2020.1866241>

TAPS Suicide Postvention Model™: A comprehensive framework of healing and growth.

KA Ruocco, CS Patton, K Burditt, B Carroll, M Mabe

Death Studies

Published online: 06 Jan 2021

The TAPS Suicide Postvention Model™ is a three-phase approach to suicide grief that offers a framework for survivors and providers in the aftermath of a suicide. This framework proposes guidance on how to build a foundation for an adaptive grief journey and creates a research-informed, proactive, intentional pathway to posttraumatic growth. The Model follows the Tragedy Assistance Program for Survivors' peer-based model of care and has supported more than 16,000 military suicide loss survivors over the past decade. The Model is applicable to anyone grieving a suicide loss or coping with any associated trauma.

Incidents of suicide in the United States rose 35 percent between 1999 and 2018, making suicide America's tenth leading cause of death (Hedegaard et al., 2020). Yet despite this and other ample reminders that suicide is a growing public health issue, there is still far too little focus on the impact these deaths have on family members. Cerel et al. (2019) demonstrated that some 135 people are affected by every suicide death, while Harrington-LaMorie and Ruocco (2011) found that these survivors are at increased risk for anxiety-related disorders, posttraumatic stress, complicated grief, depression, and suicide.

The suicide problem in the military and the veteran community is especially pernicious. The suicide rate among veterans was 50 percent higher than that of non-veteran adults after adjusting for age and sex (Department of Veterans Affairs, 2018). And while suicide rates in the military are more or less on par with national averages, an alarming number of these deaths occur in places where loved ones, friends, and colleagues may be exposed. Pruitt et al. (2017) showed that almost 77 percent of all suicide deaths of active duty service members occur either at the service member's personal residence, in the barracks, at the home of friends or family, or at the workplace or a job site, making the impact on survivors of these losses particularly acute (p. 107).

For more than a decade, the Tragedy Assistance Program for Survivors (TAPS) has made postvention care to survivors of military and veteran suicide loss a core focus of its mission. The TAPS Suicide Postvention Model™—a three-phase approach to care developed to support these survivors and the subject of this article—is broadly applicable to anyone grieving the death of a loved one to suicide.

<https://doi.org/10.1007/s41347-020-00183-2>

Illustrating Best Practices in Optimizing Social Media Strategy for a Campaign Targeting Military Mental Health Stigma.

Esther L. Hong, Patrick D. Slay, Molly Hampton, Daniel T. Critchfield, Tina Wenzlaff, Kristina W. Castille, Nicholas C. Polizzi & Tim Hoyt

Journal of Technology in Behavioral Science
Published 07 January 2021

Military service members endorse stigma as a barrier to seeking psychological health care. In working to overcome this barrier, social media campaigns have shown positive effects. The current study illustrates efforts by the Department of Defense to optimize its social media strategy to promote help-seeking behavior and decrease stigma. Real Warriors Campaign staff conducted a performance and content analysis on the 50 Facebook and Twitter posts from the previous year that had the highest and lowest number of likes, shares, and comments (200 total posts). This analysis informed social media optimization, including decreasing content frequency, calls to action, increasing responses, and tailoring content with compelling videos and images designed for mobile devices. Interaction with the campaign was measured during two timeframes: (1) comparing the first 3 months of the optimized strategy to the prior 3 months and (2) a year-to-year comparison of the same calendar months in consecutive years. Results showed overall decreases in impressions, likes, and comment engagement but increases in key behaviors such as sharing content, visiting the website, and conversions to help-seeking behavior. These gains were shown despite decreasing the overall number of social media posts as part of the new strategy. There was a significant shift in interaction with the updated social media content, in line with industry trends. Optimizing outreach campaigns using iterative feedback can prioritize media elements that resonate and grab the attention of target audience members, ultimately driving behavior change with regard to military stigma and help seeking.

<https://doi.org/10.1089/tmj.2019.0248>

Who Benefits Most from Adding Technology to Depression Treatment and How? An Analysis of Engagement with a Texting Adjunct for Psychotherapy.

Caroline A. Figueroa, Orianna DeMasi, Rosa Hernandez-Ramos, and Adrian Aguilera

Telemedicine and e-Health

Jan 2021, 39-46

Introduction:

Cognitive behavioral therapy (CBT) is an established treatment for depression, but its success is often impeded by low attendance. Supportive text messages assessing participants' mood in between sessions might increase attendance to in-clinic CBT, although it is not fully understood who benefits most from these interventions and how. This study examined (1) user groups showing different profiles of study engagement and (2) associations between increased response rates to mood texts and psychotherapy attendance.

Methods:

We included 73 participants who attended Group CBT (GCBT) in a primary care clinic and participated in a supportive automated text-messaging intervention. Using unsupervised machine learning, we identified and characterized subgroups with similar combinations of total texting responsiveness and total GCBT attendance. We used mixed-effects models to explore the association between increased previous week response rate and subsequent week in-clinic GCBT attendance and, conversely, response rate following attendance.

Results:

Participants could be divided into four clusters of overall study engagement, showing distinct profiles in age and prior texting knowledge. The response rate to texts in the week before GCBT was not associated with GCBT attendance, although the relationship was moderated by age; there was a positive relationship for younger, but not older, participants. Attending GCBT was, however, associated with higher response rate the week after an attended session.

Conclusion:

User groups of study engagement differ in texting knowledge and age. Younger participants might benefit more from supportive texting interventions when their purpose is to increase psychotherapy attendance. Our results have implications for tailoring digital interventions to user groups and for understanding therapeutic effects of these interventions.

<https://doi.org/10.1080/00224499.2020.1855622>

Sexual Health Problems among Service Men: The Influence of Posttraumatic Stress Disorder.

Claire A. Kolaja, Kimberly Roenfeldt, Richard F. Armenta, Ashley C. Schuyler, Jean A. Orman, Valerie A. Stander & Cynthia A. LeardMann

The Journal of Sex Research

Published online: 11 Jan 2021

Military operational stressors, such as combat exposure, may increase the risk of sexual health problems. This study examined factors associated with sexual health problems, and tested the mediating effect of probable posttraumatic stress disorder (PTSD) on the association between stressors (i.e., combat deployment and sexual assault) and sexual health problems among U.S. service men. Using multivariable logistic regression ($n = 16,603$) and Cox proportional hazards models ($n = 15,330$), we estimated the risk of self-reported sexual health difficulties and sexual dysfunction medical encounters, respectively. Mediation analyses examined the effect of probable PTSD as an intermediate factor between high combat deployment and sexual assault on sexual health problems. Approximately 9% endorsed sexual health difficulties and 8% had a sexual dysfunction. Risk factors for these sexual health problems included older age, lower education level, enlisted rank, disabling injury, certain medical conditions, and higher body mass index. Probable PTSD significantly mediated the associations between high combat with sexual health problems and sexual assault with sexual dysfunction. Additionally, high combat was directly associated with sexual health difficulties. These findings indicate a relationship between these stressors and sexual health problems which suggests that treatment options should be expanded, especially to include psychogenic sexual dysfunctions.

<https://doi.org/10.1177/0886260520985485>

Moral Injury as a Mediator of the Associations Between Sexual Harassment and Mental Health Symptoms and Substance Use Among Women Veterans.

Hamrick HC, Ehlike SJ, Davies RL, Higgins JM, Naylor J, Kelley ML

Journal of Interpersonal Violence
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Moral injury is an array of symptoms theorized to develop in response to morally injurious events, defined as events that challenge one's core moral beliefs and expectations about the self, others, and world. Recent measures of moral injury have distinguished self-directed moral injury (e.g., moral injury symptoms that emerge following the perpetration of morally injurious events) from other-directed moral injury, the symptoms of which are believed to stem from one's response to actions that others have committed (e.g., within-rank violence, failures of leadership, and acts of betrayal committed by trusted others or institutions). Using a convenience sample of 154 primarily former military women, the present study examined if other-directed moral injury symptoms (e.g., anger, betrayal, and mistrust) associated with military experience would mediate the association between military sexual harassment and mental health and substance abuse symptoms. Results demonstrated that 85.8% ($n = 127$) of the of this sample of women veterans reported experiencing sexual harassment during their military service. Using a single mediation model, we further demonstrated that other-directed moral injury mediated the association between sexual harassment experience and mental health symptoms. Given the percentage of women veterans who reported sexual harassment, these results suggest that additional training for military members, and particularly, military leaders, is necessary to begin to reduce sexual harassment. In addition, mental health providers who work with current and former military members should consider how other-directed moral injury may be associated with mental health symptoms among women veterans who have experienced sexual harassment while in the military.

<https://doi.org/10.1177/0969733020966776>

Moral injury in healthcare professionals: A scoping review and discussion.

Čartolovni A, Stolt M, Scott PA, Suhonen R

Nursing Ethics
First Published January 11, 2021

Moral injury emerged in the healthcare discussion quite recently because of the difficulties and challenges healthcare workers and healthcare systems face in the context of the COVID-19 pandemic. Moral injury involves a deep emotional wound and

is unique to those who bear witness to intense human suffering and cruelty. This article aims to synthesise the very limited evidence from empirical studies on moral injury and to discuss a better understanding of the concept of moral injury, its importance in the healthcare context and its relation to the well-known concept of moral distress. A scoping literature review design was used to support the discussion. Systematic literature searches conducted in April 2020 in two electronic databases, PubMed/Medline and PsychInfo, produced 2044 hits but only a handful of empirical papers, from which seven well-focused articles were identified. The concept of moral injury was considered under other concepts as well such as stress of conscience, regrets for ethical situation, moral distress and ethical suffering, guilt without fault, and existential suffering with inflicting pain. Nurses had witnessed these difficult ethical situations when faced with unnecessary patient suffering and a feeling of not doing enough. Some cases of moral distress may turn into moral residue and end in moral injury with time, and in certain circumstances and contexts. The association between these concepts needs further investigation and confirmation through empirical studies; in particular, where to draw the line as to when moral distress turns into moral injury, leading to severe consequences. Given the very limited research on moral injury, discussion of moral injury in the context of the duty to care, for example, in this pandemic settings and similar situations warrants some consideration.

<https://doi.org/10.1080/07347324.2021.1872460>

Mental Disorders and Distress in Marriages with a Problem Drinking Husband.

Richard D. Ager, Kathryn Betts Adams & Marianne R. Yoshioka

Alcoholism Treatment Quarterly

Published online: 11 Jan 2021

The aim of this research was to evaluate the extent to which spouses and their problem drinking husbands experience mental disorders and distress separately and interactively. Consistent with the literature, the sample of 24 wives and their husbands reported elevated levels of depression and anxiety. The couples showed more pervasive mental disorders than that reported in the literature, with elevated scores for Obsessive-Compulsive, Hostility, and Paranoia. Results suggested no spouse-partner differences on any of the mental disorder measures. However, wives reported greater marriage-family and alcohol-related distress than their husbands. The findings support a systemic approach in assessing and treating couples with an alcohol abusing partner.

<https://doi.org/10.1192/bjb.2020.150>

Self-harm and suicide in adults: will safety plans keep people safe after self-harm?

House, A.

BJPsych Bulletin

Published online by Cambridge University Press: 12 January 2021

Safety planning is recommended as a part of the response to everybody who presents after self-harm, although there is surprisingly little evidence for its effectiveness. There is potential for such plans to be experienced as unhelpful if patients are not genuinely involved in their production and if the plan does not include information about meaningful sources of support. Staff training is needed to ensure that plans are delivered in a collaborative way and self-harm services need to be improved nationally if such plans are to be effective.

Links of Interest

Meditation may help Veterans with PTSD

Mantram Repetition Program and compassion meditation

<https://www.blogs.va.gov/VAntage/80846/meditation-may-help-veterans-ptsd/>

Tens of thousands of veteran caregivers now eligible for the coronavirus vaccine through VA

<https://www.militarytimes.com/news/pentagon-congress/2021/01/14/tens-of-thousands-of-veteran-caregivers-now-eligible-for-the-coronavirus-vaccine-through-va/>

Jill Biden names director for military families program Joining Forces

<https://www.militarytimes.com/news/your-military/2021/01/15/jill-biden-names-director-for-military-families-program-joining-forces/>

Alaska Bases Limit Alcohol Sale Hours to Curb Drinking-Related Suicides

<https://www.military.com/daily-news/2021/01/15/alaska-bases-limit-alcohol-sale-hours-curb-drinking-related-suicides.html>

Therapists Donate Their Time to Counsel Distressed Health Care Workers

<https://jamanetwork.com/journals/jama/fullarticle/2775340>

Confidentiality, Chaplains, and the Military

<https://www.pdhealth.mil/news/blog/confidentiality-chaplains-and-military-0>

Resource of the Week: [How to Transform the U.S. Mental Health System Evidence-Based Recommendations](#)

New, from the RAND Corporation:

Key Findings

Decisive and transformative change to the U.S. mental health landscape is possible

For change to occur, politicians, public administrators, advocates, and policy experts need to coalesce around a focused set of objectives.

To this end, the authors provide analysis and recommendations in 15 areas where there is potential for transformative change that can improve the lives of the more than 60 million Americans affected by mental illness.

The analysis and findings are organized under three goals for mental health system transformation: promote pathways to care, improve access to care, and establish an evidence-based continuum of care so patients get the help they need.

Many Americans experience mental illness, but the majority of those in need of assistance go untreated. The authors identified three solutions to increase mental health service utilization by those in need: education initiatives, meeting individuals where they are, and supportive housing.

Once people decide to seek care for a mental health problem, services that they value and want to access should be available to them in their community without

undue financial burden. Services must be affordable, available, accessible, and acceptable.

Communities should be equipped to provide a well-coordinated and evidence-based continuum of mental health services to meet the needs of people with mental illnesses. For the continuum to succeed, it is necessary to guide individuals to a level of care that corresponds to their level of need, promote effective channels of communication and coordination within the continuum, and establish a payment structure that rewards evidence-based practices within the care continuum.

Recommendations

- Promote systematic mental health education.
- Integrate behavioral health expertise into general health care settings.
- Link homeless individuals with mental illness to supportive housing.
- Develop a mental health diversion strategy centered on community behavioral health.
- Strengthen mental health parity regulation and enforcement.
- Reimburse evidence-based behavioral health treatments at their true cost.
- Establish an evidence-based mental health crisis response system.
- Establish a national strategy to finance and disseminate evidence-based early interventions for serious mental illness.
- Expand scholarships and loan repayment programs to stimulate workforce growth.
- Improve the availability and quality of peer-support services.
- Expand access to digital and telehealth services for mental health.
- Include patient-important outcomes in treatment planning and assessments of care quality.
- Define and institutionalize a continuum of care in states and communities.
- Launch a national care-coordination initiative.
- Form a learning collaborative for Medicaid behavioral health financing.

HOW TO TRANSFORM THE U.S. MENTAL HEALTH SYSTEM

EVIDENCE-BASED RECOMMENDATIONS

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