

CDP



Research Update -- March 23, 2023

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<https://doi.org/10.1093/milmed/usac429>

Policy Recommendations for Increasing the Use of Evidence-Based Psychotherapy for Posttraumatic Stress Disorder in the Military Health System.

Carmen P McLean, PhD, Jeffrey Cook, PhD, MSC, USN (Ret.), David S Riggs, PhD, Alan L Peterson, PhD, BSC, USAF (Ret.), Stacey Young-McCaughan, RN, PhD, AN, USA (Ret.), Christopher K Haddock, PhD, Craig S Rosen, PhD for the TACTICS Research Group

Military Medicine

Published: 07 January 2023

Few service members with posttraumatic stress disorder (PTSD) receive evidence-based psychotherapy (EBP) in the military health system (MHS). Efforts to increase EBP implementation have focused on provider training but have not adequately addressed organizational barriers. Thus, although behavioral health providers are trained in EBPs, clinic-, facility-, and system-level barriers preclude widespread EBP implementation. Building on work examining barriers to EBP use for PTSD across eight military treatment facilities, we propose recommendations for increasing the implementation of EBPs for PTSD and improving the quality of behavioral health care in MHS outpatient behavioral health clinics. Increasing the use of EBPs for PTSD will require that their use is supported and prioritized through MHS policy. We recommend that psychotherapy appointments are scheduled at least once weekly, as clinically indicated, as this frequency of care is prerequisite for EBP delivery. We propose several recommendations designed to increase system capacity for weekly psychotherapy, including improved triaging of potential patients, incentivizing and supporting group psychotherapy, matching the modality (i.e., group vs. individual) and frequency of treatment to patients' needs, and using behavioral health technicians as clinician extenders. Additional recommendations include providing ongoing support for EBP implementation (e.g., protected time to participate in EBP consultation) and matching patients to providers based on patient's clinical needs and treatment preferences. The barriers to EBP implementation that these recommendations target are interrelated. Therefore, adopting multiple policy recommendations is likely necessary to yield a meaningful and sustained increase in the implementation of EBPs for PTSD in the MHS.

<https://doi.org/10.1080/00332747.2022.2120310>

The Impact of Just and Unjust War Events on Mental Health Need and Utilization within U.S. Service Members.

Krauss, S. W., Trachik, B. J., Elliman, T. D., Toner, K. A., Zust, J., Riviere, L. A., & Hoge, C. W.

Psychiatry

2023 Spring; 86(1): 29-41

Background:

Soldiers are resilient to just war events, such as killing enemy combatants and life-threatening experiences, but these same soldiers appear to struggle with unjust war events, such as killing a noncombatant or being unable to help civilian women and children in need. This study is the first to examine how just and unjust war experiences are associated with clinical health service outcomes.

Methods:

Two samples of soldiers in different stages of readjustment from deployment were drawn from a longitudinal, survey-based study of a US Army brigade. Measures included items related to combat events, mental health utilization, perceived mental health need, PTSD, depression, and functional impairment.

Results:

After controlling for other kinds of combat events, just war events (i.e., life-threatening events and killing enemy combatants) predicted outcomes in soldiers who are less than three months post-deployment, but only predicted 2 of 26 outcomes in soldiers one year post deployment. In contrast, unjust war events were found to be robust predictors of short-term and long-term outcomes related to mental health need and utilization, even after controlling for exposure to other combat events.

Conclusions:

The results extend previous longitudinal research that suggests that exposure to unjust war events carry a heavier long-term mental health burden than other types of events. Additionally, Soldiers exposed to unjust war events had an unmet need for care one year post deployment that was not directly tied to PTSD or depression. The results question the emphasis on life-threat within mental health pathogenesis models.

<https://doi.org/10.1016/j.sleh.2022.10.013>

Less daytime sleepiness and slow wave activity during sleep predict better physical readiness in military personnel.

LaGoy, A. D., Conkright, W. R., Proessl, F., Sinnott, A. M., Beckner, M. E., Jabloner, L., Eagle, S. R., Sekel, N. M., Roma, P. G., Dretsch, M. N., Flanagan, S. D., Mi, Q., Nindl, B. C., Germain, A., Connaboy, C., & Ferrarelli, F.

Sleep Health
2023 Feb; 9(1): 93-99

Background:

Military personnel must maintain physical performance despite exposure to operational stressors such as sleep loss, caloric restriction and high cognitive load. Habitual sleep and specific sleep features are positively associated with fitness and may contribute to physical performance in operational settings. Further, by affecting muscle recovery, sleep may contribute to the ability to maintain performance across multiple days of exposure to operational stressors.

Objectives:

We examined the role of individual differences in baseline sleep on baseline physical performance and on change in physical performance throughout exposure to simulated military operational stress (SMOS).

Methods:

Military personnel (36 male, 9 female, 26.3 ± 5.3 years) completed a 5-day SMOS protocol during which they completed a tactical mobility test daily. Sleep questionnaires were administered at intake and sleep was monitored each night with polysomnography. Lasso regressions were used to identify meaningful predictors of physical performance at baseline and of change in physical performance across SMOS.

Results:

Better aerobic fitness, lower daytime sleepiness (Epworth Sleepiness Scale), and lower absolute slow wave activity (0.5-4 Hz) predicted better physical performance at baseline (66.1% of variance explained), but did not relate to changes in performance.

Conclusions:

Collectively, higher daytime sleepiness and slow wave activity may reflect more chronic exposure to insufficient sleep and higher baseline sleep drive, which in turn led to compromised physical performance. The findings suggest that low self-report sleepiness and low objective slow wave activity may reflect two quantifiable markers of healthy sleep behaviors that have implications for operational performance.

<https://doi.org/10.1093/sleep/zsac313>

Contribution of post-trauma insomnia to depression and posttraumatic stress disorder in women service members: findings from the Millennium Cohort Study.

Carlson, G. C., Sharifian, N., Jacobson, I. G., LeardMann, C. A., Rull, R. P., Martin, J. L., & Millennium Cohort Study Team

Sleep

2023 Mar 9; 46(3): zsac313

Study objectives:

We examined whether women service members and veterans who reported recent combat and/or sexual trauma experiences had a greater risk of insomnia compared with women who did not report these recent experiences, and whether insomnia would be associated with a greater risk of mental health outcomes.

Methods:

We analyzed two waves of survey data (2011-2013, Time 1 [T1] and 2014-2016, Time 2 [T2]) from 26 443 current and former women service members from the Millennium Cohort Study. We assessed recent traumas in the past 3 years, and probable insomnia at T1 and probable post-traumatic stress disorder (PTSD) and depression at T2. A longitudinal mediation model was used to quantify separate indirect effects of recent traumas on mental health outcomes through probable insomnia.

Results:

Women who had experienced recent sexual assault (odds ratio [OR] = 1.68; 95% CI = 1.24-2.10), sexual harassment (OR = 1.22; 95% CI = 1.05-1.41), and combat (OR = 1.34; 95% CI = 1.20-1.49) at T1 had a greater risk of probable insomnia at T1 compared with women who had not recently experienced these events. Probable insomnia at T1, in turn, was associated with probable depression (OR = 2.66; 95% CI = 2.31-3.06) and

PTSD (OR = 2.57; 95% CI = 2.27-2.90) at T2. Recent combat experience did not moderate the associations of recent sexual trauma with insomnia or mental health outcomes.

Conclusions:

Insomnia contributes to the risk of subsequent mental health conditions following trauma. The diagnosis and treatment of post-trauma insomnia should be prioritized to mitigate the development of posttraumatic mental health conditions.

<https://doi.org/10.1097/HTR.0000000000000829>

Racial and Ethnic Differences in Deaths by Suicide, Drug Overdose, and Opioid-Related Overdose in a National Sample of Military Members With Mild Traumatic Brain Injury, 1999-2019.

Bahraini, N., Adams, R. S., Caban, J., Kinney, A. R., Forster, J. E., Hoffmire, C. A., Monteith, L. L., & Brenner, L. A.

Journal of Head Trauma Rehabilitation
2023 Mar-Apr; 38(2): 114-124

Design:

Retrospective cohort.

Setting:

Military personnel receiving care within the Military Health System between 1999 and 2019.

Participants:

In total, 356 514 military members aged 18 to 64 years, who received an mTBI diagnosis as their index TBI between 1999 and 2019, while on active duty or activated.

Main measures:

Death by suicide, death by drug overdose, and death by opioid overdose were identified using International Classification of Diseases, Tenth Revision (ICD-10) codes within the National Death Index. Race and ethnicity were captured from the Military Health System Data Repository.

Results:

Overall crude rates were 38.67 per 100 000 person-years for suicide; 31.01 per 100 000 person-years for drug overdose death; and 20.82 per 100 000 person-years for opioid overdose death. Crude and age-specific rates for military members who self-identified as Other were higher than all other racial/ethnic groups for all 3 mortality outcomes. Adjusting for age, suicide rates for those classified as Other were up to 5 times that of other racial/ethnic groups for suicide, and up to 11 and 3.5 times that of other race/ethnicity groups for drug and opioid overdose death, respectively.

Conclusion:

Findings extend previous knowledge regarding risk for suicide and deaths by drug overdose among those with mTBI and highlight new important areas for understanding the impact of race and ethnicity on mortality. Methodological limitations regarding classification of race and ethnicity must be addressed to ensure that future research provides a better understanding of racial and ethnic disparities in suicide and drug overdose mortality among military members with TBI.

<https://pubmed.ncbi.nlm.nih.gov/36881546/>

Incidence and Management of Chronic Insomnia, Active Component, U.S. Armed Forces, 2012 to 2021.

Hsu, N. M., Stahlman, S. L., Fan, M. T., & Wells, N. Y.

MSMR

2023 Jan 20; 30(1): 2-10

The Department of Veterans Affairs and Department of Defense Clinical Practice Guideline (VA/DOD CPG) provides evidence-based management pathways to mitigate the negative consequences of common sleep disorders among service members (SMs). This retrospective cohort study estimated the incidence of chronic insomnia in active component military members from 2012 through 2021 and the percentage of SMs receiving VA/DOD CPG-recommended insomnia treatments. During this period, 148,441 incident cases of chronic insomnia occurred, with an overall rate of 116.1 per 10,000 person-years (p-yrs). A sub-analysis of SMs with chronic insomnia diagnosed during 2019-2020 found that 53.9% received behavioral therapy and 72.7% received pharmacotherapy. As case ages increased, the proportion who received therapy decreased. Co-existing mental health conditions increased the likelihood of receiving

therapy for insomnia cases. Clinician education about the VA/DOD CPG may improve utilization of these evidence-based management pathways for SMs with chronic insomnia.

<https://doi.org/10.55460/P58K-BDYT>

Threat Appraisal, Recovery Operations, and PTSD Symptoms Among US Air Force Rescue Personnel.

Bryan, C. J., Rush, S. C., Fuessel-Herrmann, D., Bryan, A. O., Morrow, C. E., Haskell, J., Jones, M. J., Bowerfind, C., & Stephenson, J. A.

Journal of Special Operations Medicine
2023 Mar 15; 23(1): 18-22

Background:

Research among military personnel and veterans indicates that subjective appraisal of warzone stressors explains the relation of combat exposure to posttraumatic stress disorder (PTSD), but not the relation of exposure to injury and death to PTSD. Studies have primarily been limited to conventional forces using aggregate measures of warzone stressor exposure. Threat appraisal may play a different role in the emergence of PTSD among military personnel for whom dangerous deployment experiences are more closely associated with exposure to injury and death, such as US Air Force Pararescuemen and Combat Rescue officers.

Materials and methods:

In a sample of 207 rescue personnel, correlations among various types of warzone stressor exposure, threat appraisal, and postdeployment PTSD symptoms were examined.

Results:

The relative strongest correlates of threat appraisal were stressors related to injury, death, and human remains. Although exposure to these stressors was also correlated with PTSD symptom severity, partial correlations of stressor exposure and PTSD symptoms were no longer significant when adjusting for threat appraisal.

Conclusion:

Results support the contributing role of threat appraisal to PTSD among military

personnel whose primary duties entail exposure to injury and death under hostile and dangerous conditions.

<https://doi.org/10.1016/j.jpsychires.2023.02.009>

Phenotypic predictors of suicide subtypes from pre-to postdeployment in active duty military personnel.

Brown, L. A., Zhu, Y., Coon, H., Young-McCaughan, S., Fina, B. A., Dondanville, K. A., Hernandez, A. M., Litz, B. T., Mintz, J., Maurer, D. M., Kelly, K. M., Peterson, A. L., Bryan, C. J., Williamson, D. E., & STRONG STAR Consortium

Journal of Psychiatric Research
2023 Apr; 160: 163-170

Military service members are at increased risk for suicide, but there are few strategies for detecting those who are at highest risk after a deployment. Using all available data collected from 4119 Military service members before and after their deployment to Iraq for Operation Iraqi Freedom, we tested whether predeployment characteristics clustered together to predict postdeployment suicidal risk. Latent class analysis showed that three classes best characterized the sample at predeployment. Class 1 had significantly higher scores on PTSD severity pre- and postdeployment than Classes 2 and 3 ($P_s < .001$). At postdeployment, Class 1 also had a greater proportion of endorsement of lifetime and past year suicidal ideation than Classes 2 and 3 ($P_s < .05$) and a greater proportion of lifetime suicide attempts than Class 3 ($P < .001$). Class 1 also had a greater proportion of endorsement of past-30-days intention to act on suicidal thoughts than Classes 2 and 3 ($P_s < .05$) and past-30-days specific plan for suicide than Classes 2 and 3 ($P_s < .05$). The study showed that based only on predeployment data, it is possible to determine which service members might be at highest risk for suicidal ideation and behavior at postdeployment.

<https://doi.org/10.1007/s40653-022-00510-0>

Mediators of the Relationship Between Adverse Childhood Experiences (ACEs) and Symptoms of Anxiety, Depression, and Suicidality among Adults.

Adverse childhood experiences (ACEs) are consistently found to be negatively associated with physical, psychological, and psychosocial well-being throughout the lifespan. While previous research has established risk factors and noxious outcomes arising post-ACEs, less attention has been given to factors such as resilience, perceived social support, and subjective well-being that may help explain the relationship between ACEs and psychopathology. Hence, the objectives of this study are to examine: (1) the relationships among ACEs and symptoms of anxiety, depression, and suicidality in adulthood, and (2) whether resilience, social support, and subjective well-being mediate the relationship between ACEs and psychopathological symptoms. Cross-sectional data on ACEs, psychological factors, potential mediating variables, and sociodemographic factors were collected from a community sample of adults aged 18–81 (N = 296) via an on-line survey. Endorsing ACEs was significantly and positively correlated with symptoms of anxiety, depression, and suicidality. Results of parallel mediation analyses showed that social support, negative affect, and life satisfaction statistically mediated the relationships between ACEs and psychopathological outcomes in adulthood. These results highlight the importance of identifying potential mediators of the ACEs-psychopathological symptoms relationship to aid in the development of screening and intervention practices that could bolster developmental outcomes following traumatic childhood experiences.

<https://doi.org/10.1016/j.jad.2022.12.105>

Distinguishing emotional numbing symptoms of posttraumatic stress disorder from major depressive disorder.

O Duek, R Seidemann, RH Pietrzak, I Harpaz-Rotem

Journal of Affective Disorders
Volume 324, 1 March 2023, Pages 294-299

Emotional numbing symptoms are a core aspect of posttraumatic stress disorder (PTSD). Since the initial characterization of PTSD in DSM-III, emotional numbing symptoms have been revised and grouped under different symptom clusters (avoidance in DSM-IV, negative alterations in cognitions, and mood in DSM-5). Previous studies have found emotional numbing symptoms to be associated with greater PTSD severity,

functional impairment, and worse treatment outcomes. Although considered an important feature, some argue that emotional numbing symptoms may simply reflect the manifestation of major depressive disorder (MDD) symptoms rather than be an inherent part of the PTSD phenotype. Here, we evaluated this question using two different data sets (N1 = 142; CAPS-5, N2 = 163; CAPS-4) of trauma-exposed individuals. First, we evaluated the unique variance of emotional numbing explained by diagnosis as binary variables (i.e., having PTSD, MDD, or both) and the severity of symptoms. Second, we examined the relative importance of each PTSD symptom in relation to emotional numbing symptoms. Results revealed that PTSD had a distinct contribution to the variance explaining emotional numbing symptoms above and beyond MDD. These findings suggest that emotional numbing should not be conceptualized as a simple manifestation of MDD symptoms. Rather, this symptom cluster may be a unique feature of PTSD that should be addressed within the context of trauma.

<https://doi.org/10.1556/2006.2022.00086>

Associations of binge gaming (5 or more consecutive hours played) with gaming disorder and mental health in young men.

S Marmet, M Wicki, M Dupuis, S Baggio, M Dufour, C Gatineau, G Gmel, J Studer

Journal of Behavioral Addictions

Online Publication Date: 02 Jan 2023

Background

Video gaming is a popular activity among young people. Time spent with gaming was found to be only moderately associated with gaming disorder. However, patterns of binge gaming (playing more than 5 h consecutively) were rarely considered in research on gaming. This study explores how binge gaming frequency is related with gaming disorder and mental health.

Methods

The sample came from the Cohort study on substance use risk factors (C-SURF) and comprised 5,358 young men aged 28.26 years (SD = 1.27). ANCOVA was conducted to estimate the association between binge gaming frequency (gaming at least 5 h consecutively) and gaming disorder (measured with the Game Addiction Scale) as well as indicators of mental health.

Results

A total of 33.3% of the sample engaged in binge gaming at least once in the previous year, and 6.1% at least weekly. Frequency of binge gaming was associated with gaming disorder score in a linear dose-response relationship (linear trend = 2.30 [2.14, 2.46]) even if adjusted for time spent gaming (linear trend = 1.24 [1.03, 1.45]). More frequent binge gaming was associated with lower life satisfaction and sleep quality, and with more major depression and social anxiety disorder symptoms.

Conclusions

Binge gaming patterns, especially daily or almost daily binge gaming, are important to consider with regard to gaming disorder and mental health. Asking about binge gaming may be a promising screening question for gaming related problems. Encouraging regular breaks from gaming may be a valuable prevention strategy to reduce negative outcomes of gaming.

<https://doi.org/10.1001/jamanetworkopen.2022.49314>

Spatial Analysis of Access to Psychiatrists for US Military Personnel and Their Families.

Bacolod M, Heissel J, Shen Y

JAMA Network Open
January 3, 2023

Question

What is the geographic variation in the capacity of military and civilian psychiatrists within a 30-minute driving time of TRICARE (the US military's health care program) beneficiaries' communities, and how does a community's likelihood of having a psychiatrist shortage differ between historically underserved and other communities?

Findings

In this cohort study of 39 487 zip code communities between 2016 and 2020, 35% of TRICARE beneficiaries lived in communities with a shortage of both military and civilian psychiatrists and 6% of beneficiaries had no psychiatrists available within a 30-minute driving time. Beneficiaries in low-income communities with high income inequality and rural communities had the highest likelihood of experiencing a shortage of psychiatrists.

Meaning

The study suggests that rural and economically disadvantaged communities need targeted strategies as the US Department of Defense considers realignment of military psychiatric capacity, because they cannot rely on civilian psychiatrists to fulfill the need gap for these shortage areas.

Abstract

Importance

Military service members and their families have greater mental health care needs compared with their civilian counterparts. Some communities have inadequate access to psychiatrists for this population.

Objectives

To identify geographic variations in the availability of military and civilian psychiatrists within a 30-minute driving time of TRICARE (the US military's health care program) beneficiaries' communities and compare the likelihood of living in areas with inadequate access to psychiatrists for historically underserved and other communities.

Design, Setting, and Participants

This retrospective cohort study of all zip code communities in the continental US, Hawaii, and Alaska with at least one TRICARE beneficiary between January 1, 2016, and September 30, 2020, combines data from the Defense Health Agency, the National Plan and Provider Enumeration System, and the US Census to estimate a logistic regression to compare differences between communities with and without a psychiatrist shortage. Data were analyzed from September 2021 to November 2022.

Main Outcomes and Measures

A community's likelihood of having a shortage of military and civilian psychiatrists within a 30-minute driving time and a community's likelihood of having no psychiatrists. Odds ratios were calculated to estimate likelihood of the outcomes.

Results

This study includes 39 487 unique communities where 13% of the population is Black and 14% of the population is Hispanic. During the study period, 35% of TRICARE beneficiaries lived in communities with a shortage of both military and civilian psychiatrists, and 6% lived in communities with no access to military or civilian psychiatrists. Low-income communities with high income inequality were 1.64 (95% CI, 1.30-2.07) times more likely to have inadequate access to psychiatrists and 2.59 (95% CI, 1.82-3.69) times more likely to have no access to psychiatrists, compared with reference communities (average income without high income inequality); low-income

communities without high income inequality were 1.37 (95% CI, 1.05-1.78) times more likely to have inadequate access to psychiatrists and 1.93 (95% CI, 1.28-2.89) times more likely to have no access to psychiatrists. Rural communities were 6.65 (95% CI, 5.09-8.69) times more likely to have inadequate access to psychiatrists than urban communities.

Conclusions and Relevance

In this cohort study of US communities, 35% of TRICARE beneficiaries lived in communities with inadequate access to psychiatrists. Psychiatric capacity was structurally inequitable along 2 separate dimensions: the income gradient and rurality. Developing targeted strategies for these shortage areas could alleviate disparities.

<https://doi.org/10.1177/00207640221143>

Mental health symptoms and coping strategies among Ukrainians during the Russia-Ukraine war in March 2022.

Xu W, Pavlova I, Chen X, Petrytsa P, Graf-Vlachy L, Zhang SX

International Journal of Social Psychiatry
First published online January 4, 2023

Context:

The Russian attack on Ukraine has been ongoing since February 24, 2022. Nevertheless, no research has documented the mental health of Ukrainians during the biggest land war in Europe after the Second World War, or how Ukrainians cope with the impact of the war.

Objectives:

To provide the prevalence rates of symptoms of psychological distress, anxiety, depression, and insomnia; and to link them with Ukrainians' productive coping strategies during the war.

Design, setting, and participants:

Online survey conducted in Ukraine during the initial period of the Russian invasion (March 19–31, 2022), using a quota sampling method, of 1,400 Ukrainians aged 18 years or older, with a total of 801 valid responses for a response rate of 57.2%.

Main outcome measures:

Psychological distress assessed by the Kessler Psychological Distress scale (K6); anxiety assessed by Generalized Anxiety Disorder-2 (GAD-2) scale; depression assessed by Patient Health Questionnaire-2 (PHQ-2); insomnia assessed by Insomnia Severity Index-4 (ISI-4); modes of coping assessed by Brief COPE.

Results:

Of 801 Ukrainian adults, 52.7% had symptoms of psychological distress (mean = 13.3 [SD = 4.9]); 54.1% of them reported symptoms of anxiety (mean = 2.9 [SD = 1.7]); 46.8% reported symptoms of depression (mean = 2.6 [SD = 1.6]). Symptom criteria for insomnia were met by 97 respondents (12.1%) (mean = 10.4 [SD = 4.2]). Demographic variables (including gender, living in an urban area, having children or elderly persons in the household, living in an area occupied by Russian forces) were associated with symptoms of distress, anxiety, depression, and insomnia. The productive coping strategies of using instrumental support, behavioral disengagement, self-distraction, and planning were significantly associated with mental health symptoms.

Conclusions:

Prevalence rates of symptoms of psychological distress, anxiety, depression, and insomnia were high. These findings underscore the need for healthcare and productive coping strategies for Ukrainians during the war.

<https://doi.org/10.1037/tra0001410>

A systematic review evaluating PTSD treatment effects on intermediate phenotypes of PTSD.

Palmisano, A. N., Meshberg-Cohen, S., Petrakis, I. L., & Sofuoglu, M.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:

Although the efficacy of evidence-based treatments for posttraumatic stress disorder (PTSD) has been well established, high rates of treatment dropout and/or nonresponse or under-response to treatment suggest a need to explore novel treatment approaches. Most current research has focused on DSM-based categorical outcomes as primary indicators of treatment response, which may obscure the phenotypic heterogeneity of

PTSD and limit the ability to map symptoms to underlying neurobiology. This systematic review aimed to identify intermediate phenotypes (IPs) of PTSD and evaluate IP sensitivity to PTSD treatments.

Method:

Five databases were searched for empirical studies published in English between January 1, 2010 and August 1, 2022 examining behavioral and pharmacological PTSD treatment effects on biobehavioral PTSD outcomes.

Results:

Twenty-two studies met the inclusion criteria. Most studies evaluated behavioral treatment outcomes (n = 20), while only two studies evaluated pharmacological interventions. Five PTSD IPs were identified, including “impairments in working memory,” “alterations in cognitive control,” “unstable threat processing,” “heightened fear or startle response,” and “disturbances in sleep and wakefulness.” This review offers preliminary support to suggest the utility of IP measures in assessing treatment efficacy; however, risk of bias and methodological limitations constrain the validity and generalizability of the results.

Conclusions:

The paucity of research combined with the heterogeneity of study methodologies and significant study limitations makes it difficult to draw strong conclusions regarding IP sensitivity to treatment. However, the existing body of research incorporating this framework shows potential for the IP approach to improve the translation of treatment efficacy from clinical trials to clinical settings. (PsychInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1016/j.ctim.2023.102914>

Evaluation of a mindfulness and self-compassion-based psychotherapy incorporating horses for Veterans who have experienced trauma.

WR Marchand, R Lackner, A Hartquist, L Finnell, E Nazarenko

Complementary Therapies in Medicine
Volume 72, March 2023, 102914

Highlights

- Psychotherapy incorporating horses (PIH) may benefit Veterans with trauma histories.
- A PIH incorporating mindfulness and self-compassion was studied for this population.
- Participation was associated with mood improvement.
- Participation was also associated with enhanced psychological flexibility.
- Further studies are warranted.

Abstract

Objectives

The primary aim of this pilot study was to assess the safety, feasibility, acceptability, as well as preliminary outcomes of a mindfulness and self-compassion-based psychotherapy incorporating horses (PIH) intervention, Whispers with Horses, for Veterans who had experienced trauma. Whispers with Horses was developed as a structured intervention that could be easily replicated for additional studies. If shown to be effective by future rigorous research, the aim is to disseminate a manualized version of the intervention to the field.

Design

Prospective open trial.

Setting

A large Veterans Administration healthcare system and local equine facilities.

Intervention

A six-session PIH intervention that focused on participants developing or enhancing mindfulness and self-compassion skills in the context of an emerging horse-human relationship.

Main outcome measures

Safety, feasibility and acceptability were assessed, and psychological instruments were administered. Instruments utilized were the PTSD Checklist for DSM 5 (PCL-V), the Patient Health Questionnaire 9 (PHQ-9), the Positive and Negative Affect Scale (PANAS), the Acceptance and Action Questionnaire II (AAQ-II), and the Physical Activity Enjoyment Scale (PACES).

Results

Subjects were 33 Veterans who were 52% male with a mean age of 46 years-old. There were no adverse outcomes to participants indicating the intervention was safe.

Participants completed an average of 3.8 sessions with 24% completing all sessions indicating the intervention is feasible to use, and acceptable to, the population studied. The mean PACES score for all sessions together was 110.4, indicating subjects generally enjoyed participation. Preliminary outcome assessments revealed pre- to post-session significant improvements in affect and psychological flexibility for some sessions (p ranging from .001 – 0.015). Pre- to post-intervention outcomes indicated significant improvements in depression ($p = .003$) and psychological flexibility ($p = .005$).

Conclusions

The Whispers with Horses intervention shows promise as a PIH for Veterans who have experienced trauma. More rigorous studies of this intervention are warranted. Also, additional investigations aimed at better understanding mechanisms underlying changes in psychological flexibility are justified.

<https://www.doi.org/10.1097/NMD.0000000000001583>

The Impact of Religion and Spirituality on Suicide Risk in Veterans and Refugees With Posttraumatic Stress Disorder.

Brandt, Mathilde K. MD; Sandahl, Hinuga MD, PhD; Carlsson, Jessica MD, PhD

The Journal of Nervous and Mental Disease
11(1): p 65-73, January 2023

It has been suggested that religion and spirituality have a protective impact on suicide risk in populations living with posttraumatic stress disorder (PTSD). This review sought to examine the association between suicide risk among veterans and refugees with PTSD and religion or spirituality as a modifying factor. Two databases, PubMed and Embase, were searched and 10 publications were identified and included. Seven publications found that religion or spirituality was associated with lower suicide risk. The findings in this study suggest that religion and spirituality contain social as well as psychological domains, which should be considered in future interventions and in strategies of prevention of suicide in populations with PTSD. Further high-quality research with well-defined terms of religion and spirituality that investigates the connection to suicide risk of veterans and refugees with PTSD is recommended.

<https://doi.org/10.1186/s12888-022-04495-w>

A comparative analysis of solitary suicides, suicides following homicide, and suicide pacts using the National Violent Death Reporting System.

Jenna Ashley, Kawon Victoria Kim, Cayley Russell & Shannon Lange

BMC Psychiatry
23, 1 (2023)

Background

Incidents of suicide can be categorized into three main types: solitary suicides, suicides following homicide, and suicide pacts. Although these three suicide incidents vary by definition, no studies to-date have simultaneously examined and compared them for potential differences. The objective of the current study was to empirically and descriptively compare solitary suicides, suicides following homicide, and suicide pacts in the United States.

Methods

Restricted-access data from the National Violent Death Report System for 2003–2019 for 262,679 solitary suicides, 4,352 suicides following homicide, and 450 suicide pacts were used. Pairwise comparisons of the three suicide incident types were made for demographic factors, method of suicide, preceding circumstances, mental health status, and toxicology findings.

Results

Solitary suicides, suicides following homicide, and suicide pacts have distinct profiles, with statistically significant ($p < 0.05$) differences across all pairwise comparisons of sex, race, ethnicity, marital status, education, method of suicide, financial problems, interpersonal relationship problems, physical health problems, mental health problems, mood disorders, suicide attempt history, and opiate use at the time of death.

Conclusion

Despite sharing a few commonalities, solitary suicides, suicides following homicide, and suicide pacts represent distinct phenomena. Each of these suicide incident types likely have their own unique prevention pathways.

<https://doi.org/10.1001/jamanetworkopen.2022.48132>

Comparing Risks of Firearm-Related Death and Injury Among Young Adult Males in Selected US Cities With Wartime Service in Iraq and Afghanistan.

Brandon del Pozo, PhD, MPA, MA; Alex Knorre, MA; Michael J. Mello, MD, MPH; Aaron Chalfin, PhD

Key Points

Question

How does the risk of firearm-related death and injury for young adult males in parts of 4 major US cities compare with the corresponding risks faced by military personnel deployed to war?

Findings

This cross-sectional study of 129 826 young adult men living in Chicago, Philadelphia, New York City, and Los Angeles in 2020 and 2021 found that young adult males from zip codes with the most violence in Chicago and Philadelphia had a notably higher risk of firearm-related death than US military personnel who served during the wars in Afghanistan and Iraq, while the most violent areas in New York City and Los Angeles were associated with less risk for young adult males than these theaters of war. In all zip codes studied, risks were overwhelmingly borne by young adult males from minoritized racial and ethnic groups.

Meaning

This study's finding that young adult males of minoritized racial and ethnic groups in parts of major US cities faced greater firearm-related risks at home than did soldiers at war calls for an urgent response that emphasizes violence reduction and trauma-informed interventions.

Abstract

Importance

In 2020, homicides in the United States saw a record single-year increase, with firearm injuries becoming the leading cause of death for children, adolescents, and young adults. It is critical to understand the magnitude of this crisis to formulate an effective response.

Objective

To evaluate whether young adult males living in parts of 4 major US cities faced a

firearm-related death and injury risk comparable with risks encountered during recent wartime service in Iraq and Afghanistan.

Design, Setting, and Participants

In this cross-sectional study of young adult males aged 18 to 29 years living in the top 10% most violent zip codes in each domestic setting (as measured by fatal shooting rates), fatal and nonfatal shooting data for 2020 and 2021 were aggregated at the zip code level for 4 of the largest US cities (Chicago, Illinois; Los Angeles, California; New York, New York; and Philadelphia, Pennsylvania). Wartime mortality and combat injury rates for the conflicts in Iraq and Afghanistan were used to assess relative risk.

Main Outcomes and Measures

The relative risk of firearm-related death and nonfatal shootings in each setting as compared with combat death and injury in the comparator setting.

Results

Of 129 826 young adult males aged 18 to 29 years living in the top 10% most violent zip codes in the 4 cities studied, 45 725 (35.2%) were Black, 71 005 (54.7%) were Hispanic, and 40 355 (31.1%) were White. Among this population, there were 470 homicides and 1684 firearm-related injuries. Young adult males living in the most violent zip code of Chicago (2585 individuals aged 20-29 y) and Philadelphia (2448 individuals aged 18-29 y) faced a higher risk of firearm-related homicide than US soldiers who were deployed to Afghanistan, with risk ratios of 3.23 (95% CI, 2.47-4.68) and 1.91 (95% CI, 1.32-3.46), respectively. In expanding the analysis to the top 10% of the cities' most violent zip codes, the risks in Chicago likewise exceeded those of combat death faced by military service members, with a risk ratio of 2.10 (95% CI, 1.82-2.46), and the risks in Philadelphia were comparable with those of deployment to war 1.15 (95% CI, 0.98-1.39). Nonfatal shooting risks were comparable with, or exceeded, the injury risk of combat in Iraq, producing a combined annual firearm risk of 5.8% in Chicago and 3.2% in Philadelphia. However, these findings were not observed in the most violent zip codes of Los Angeles and New York City, where young men faced a 70% to 91% lower risk than soldiers in the Afghanistan war across fatal and nonfatal categories (eg, fatal shooting in most violent zip code in Los Angeles: risk ratio, 0.30; 95% CI, 0.26-0.34; nonfatal shooting in top 10% most violent zip codes in New York: risk ratio, 0.09; 95% CI, 0.08-0.10). The risk of violent death and injury observed in the zip codes studied was almost entirely borne by individuals from minoritized racial and ethnic groups: Black and Hispanic males represented 96.2% of those who were fatally shot (452 individuals) and 97.3% of those who experienced nonfatal injury (1636 individuals) across the 4 settings studied.

Conclusions and Relevance

'In this cross-sectional study, for young adult men in several of the communities studied, firearm violence carried morbidity and mortality risks that exceeded those of war. Health equity requires prioritizing effective responses.

<https://doi.org/10.1080/02615479.2022.2156496>

A blended immersion course: advancing practice for social work students working with military members, veterans, and their families.

Eugenia L. Weiss, Fred P. Stone, Kristen Zaleski & Tasha Perdue

Social Work Education

Published online: 06 Jan 2023

This paper presents a specialization blended immersion course in social work with military, veterans, and their families that includes a 3-unit elective course for Master of Social Work (MSW) students incorporating a virtual (i.e. synchronous) class component and an eight-day visit to the Washington DC area. Data collection from over 60 students over a four-year period was collected, and mixed methods analysis indicated success in knowledge acquisition related to social work practice and policy with military and veteran communities. This study supports other research findings on the usefulness of immersion experiences in acclimating students to different cultures, in this case, military culture. Additionally, as today's digital education platform evolves in light of COVID-19 more students are engaged in online education. As such, this paper describes a framework for combining methods of instruction, such as blended and immersive experiences, that can be useful for social work education and in advancing practice in working with these populations.

<https://doi.org/10.1001/jamanetworkopen.2022.49422>

Massed vs Intensive Outpatient Prolonged Exposure for Combat-Related Posttraumatic Stress Disorder: A Randomized Clinical Trial.

Peterson, A. L., Blount, T. H., Foa, E. B., Brown, L. A., McLean, C. P., Mintz, J., Schobitz, R. P., DeBeer, B. R., Mignogna, J., Fina, B. A., Evans, W. R., Synett, S., Hall-Clark, B. N., Rentz, T. O., Schrader, C., Yarvis, J. S., Dondanville, K. A., Hansen, H., Jacoby, V. M., Lara-Ruiz, J., ... Consortium to Alleviate PTSD

JAMA Network Open
January 5, 2023

Importance:

Improved, efficient, and acceptable treatments are needed for combat-related posttraumatic stress disorder (PTSD).

Objective:

To determine the efficacy of 2 compressed prolonged exposure (PE) therapy outpatient treatments for combat-related PTSD.

Design, setting, and participants:

This randomized clinical trial was conducted among military personnel and veterans at 4 sites in Texas from 2017 to 2019. Assessors were blinded to conditions. Data were analyzed from November 2020 to October 2022.

Interventions:

The interventions were massed-PE, which included 15 therapy sessions of 90 minutes each over 3 weeks, vs intensive outpatient program PE (IOP-PE), which included 15 full-day therapy sessions over 3 weeks with 8 treatment augmentations. The IOP-PE intervention was hypothesized to be superior to massed-PE.

Main outcomes and measures:

Coprimary outcomes included the Clinician-Administered PTSD Scale for Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5) (CAPS-5) and the PTSD Checklist for DSM-5 (PCL-5) administered at baseline and posttreatment follow-ups. Measures ranged from 0 to 80, with higher scores indicating greater severity. Diagnostic remission and reliable change were secondary outcomes.

Results:

Among 319 military personnel and veterans screened, 234 were randomized (mean [SD] age, 39.20 [7.72] years; 182 [78%] male participants), with 117 participants randomized to IOP-PE and 117 participants randomized to massed-PE. A total of 61 participants (26%) were African American, 58 participants (25%) were Hispanic, and 102 participants (44%) were White; 151 participants (65%) were married. Linear mixed-

effects models found that CAPS-5 scores decreased in both treatment groups at the 1-month follow-up (IOP-PE: mean difference, -13.85 [95% CI, -16.47 to -11.23]; $P < .001$; massed-PE: mean difference, -14.13 [95% CI, -16.63 to -11.62]; $P < .001$). CAPS-5 change scores differed from 1- to 6-month follow-ups (mean difference, 4.44 [95% CI, 0.89 to 8.01]; $P = .02$). PTSD symptoms increased in massed-PE participants during follow-up (mean difference, 3.21 [95% CI, 0.65 to 5.77]; $P = .01$), whereas IOP-PE participants maintained treatment gains (mean difference, 1.23 [95% CI, -3.72 to 1.27]; $P = .33$). PCL-5 scores decreased in both groups from baseline to 1-month follow-up (IOP-PE: mean difference, -21.81 [95% CI, -25.57 to -18.04]; $P < .001$; massed-PE: mean difference, -19.96 [95% CI, -23.56 to -16.35]; $P < .001$) and were maintained at 6 months (IOP-PE: mean change, -0.21 [95% CI, -3.47 to 3.06]; $P = .90$; massed-PE: mean change, 3.02 [95% CI, -0.36 to 6.40]; $P = .08$). Both groups had notable PTSD diagnostic remission at posttreatment (IOP-PE: 48% [95% CI, 36% to 61%] of participants; massed-PE: 62% [95% CI, 51% to 73%] of participants), which was maintained at 6 months (IOP-PE: 53% [95% CI, 40% to 66%] of participants; massed-PE: 52% [95% CI, 38% to 66%] of participants). Most participants demonstrated reliable change on the CAPS-5 (61% [95% CI, 52% to 69%] of participants) and the PCL-5 (74% [95% CI, 66% to 81%] of participants) at the 1-month follow-up.

Conclusions and relevance:

These findings suggest that PE can be adapted into compressed treatment formats that effectively reduce PTSD symptoms.

Trial registration: ClinicalTrials.gov Identifier: [NCT03529435](https://clinicaltrials.gov/ct2/show/study/NCT03529435).

<https://doi.org/10.2196/42053>

The PTSD Family Coach App in Veteran Family Members: Pilot Randomized Controlled Trial.

van Stolk-Cooke K, Wielgosz J, Hallenbeck HW, Chang A, Rosen C, Owen J, Kuhn E

JMIR Formative Research

Published on 5.1.2023 in Vol 7 (2023)

Background:

Posttraumatic stress disorder (PTSD) among US military veterans can adversely impact their concerned significant others (CSOs; eg, family members and romantic partners).

Mobile apps can be tailored to support CSO mental health through psychoeducation, coping skills, and stress monitoring.

Objective:

This study assessed the feasibility, acceptability, and potential efficacy of PTSD Family Coach 1.0, a free, publicly available app that includes psychoeducation, stress management tools, self-assessments, and features for connecting to alternative supports, compared with a psychoeducation-only version of the app for cohabitating CSOs of veterans with PTSD.

Methods:

A total of 200 participants with an average age of 39 (SD 8.44) years, primarily female (193/200, 97%), and White (160/200, 80%) were randomized to self-guided use of either PTSD Family Coach 1.0 (n=104) or a psychoeducation-only app (n=96) for 4 weeks. Caregiver burden, stress, depression, anxiety, beliefs about treatment, CSO self-efficacy, and relationship functioning assessed using measures of dyadic adjustment, social constraints, and communication danger signs were administered via a web survey at baseline and after treatment. User satisfaction and app helpfulness were assessed after treatment. Data were analyzed using linear mixed methods.

Results:

Overall, 50.5% (101/200) of randomized participants used their allocated app. Participants found PTSD Family Coach 1.0 somewhat satisfying (mean 4.88, SD 1.11) and moderately helpful (mean 2.99, SD 0.97) to use. Linear mixed effects models revealed no significant differences in outcomes by condition for caregiver burden ($P=.45$; Cohen $d=0.1$, 95% CI -0.2 to 0.4), stress ($P=.64$; Cohen $d=0.1$, 95% CI -0.4 to 0.6), depression ($P=.93$; Cohen $d=0.0$, 95% CI -0.3 to 0.3), anxiety ($P=.55$; Cohen $d=-0.1$, 95% CI -0.4 to 0.2), beliefs about treatment ($P=.71$; Cohen $d=0.1$, 95% CI -0.2 to 0.3), partner self-efficacy ($P=.59$; Cohen $d=-0.1$, 95% CI -0.4 to 0.2), dyadic adjustment ($P=.08$; Cohen $d=-0.2$, 95% CI -0.5 to 0.0), social constraints ($P=.05$; Cohen $d=0.3$, 95% CI $0.0-0.6$), or communication danger signs ($P=.90$; Cohen $d=-0.0$, 95% CI -0.3 to 0.3). Post hoc analyses collapsing across conditions revealed a significant between-group effect on stress for app users versus nonusers ($\beta=-3.62$; $t_{281}=-2.27$; $P=.02$).

Conclusions:

Approximately half of the randomized participants never used their allocated app, and participants in the PTSD Family Coach 1.0 condition only opened the app approximately 4 times over 4 weeks, suggesting limitations to this app version's feasibility. PTSD Family Coach 1.0 users reported moderately favorable impressions of the app,

suggesting preliminary acceptability. Regarding efficacy, no significant difference was found between PTSD Family Coach 1.0 users and psychoeducation app users across any outcome of interest. Post hoc analyses suggested that app use regardless of treatment condition was associated with reduced stress. Further research that improves app feasibility and establishes efficacy in targeting the domains most relevant to CSOs is warranted.

Trial Registration:

ClinicalTrials.gov NCT02486705; <https://clinicaltrials.gov/ct2/show/NCT02486705>

<https://doi.org/10.1016/j.ajog.2022.11.245>

Associations between physical fitness, depression, and PTSD during pregnancy among U.S. Army soldiers.

Danielle M. Panelli, Samantha Wagner, Ciaran S. Phibbs, Jonathan G. Shaw, D. Alan Nelson, Lianne Kurina

Objective

Depression and post-traumatic stress disorder (PTSD) are prevalent in pregnancy, especially among military members. Strong data suggests these conditions lead to adverse birth outcomes, yet there's a paucity of evidence for effective preventive interventions. Optimizing physical fitness is one potentially promising intervention that has been understudied. We explored baseline associations between pre-pregnancy physical fitness and perinatal mental health conditions in soldiers.

Study Design

This was a retrospective cohort study of active-duty U.S. Army soldiers with livebirths between 2011 and 2014. Outcomes were ascertained using diagnosis codes from in- and outpatient care. The exposure was each individual's army physical fitness score from 10-24 months prior to delivery, averaged if there were multiple. The primary outcome was a composite of active depression or PTSD during pregnancy, defined using the presence of a code for either diagnosis within 10 months prior to delivery. Demographic variables were compared between people with higher (>50th percentile) versus lower (< 50th percentile) fitness scores. Multivariable logistic regression models were conducted adjusting for potential confounders, modeling per 10-unit fitness score increments.

Results

Among 52,055 female active-duty soldiers, 11,986 had eligible livebirths and 4,675 additionally had fitness scores available 10-24 months prior. 361 (7.7%) had depression or PTSD during pregnancy. Demographics varied by fitness scores (Table 1). People with higher fitness scores were less likely to have active depression or PTSD during pregnancy (aOR 0.96, 95% CI 0.93-0.99, Table 2). Findings were similar when examining fitness scores and active depression only (aOR 0.96, 95% CI 0.93-0.99), as well as active PTSD only (aOR 0.97 (0.93-1.00)).

Conclusion

In this cohort of soldiers, for every 10 point increase in pre-pregnancy physical fitness score, the odds of active depression or PTSD during pregnancy decreased by 4%. Physical fitness may be a useful tool to reduce mental health burden in pregnancy.

<https://doi.org/10.1177/10778012221147909>

In Their Own Words: Women Veterans Identify the Personal Consequences of Military Sexual Trauma Victimization.

Reinhardt, K. M., McCaughey, V. K., Vento, S. A., & Street, A. E.

Violence Against Women

First published online January 8, 2023

This qualitative study provides a platform for women veterans to inform our perspective of their experienced impacts following military sexual trauma (MST). We engaged 23 women veterans in semistructured interviews and used a grounded theory-informed thematic analytic approach, to interpret women's experiences. Women described negative impacts of their MST experiences across psychological, behavioral, and occupational domains. Less frequently, women discussed experiences of posttraumatic growth. These results aid our understanding of the complexities of women's posttrauma experiences and suggest that holistic intervention frameworks focused on a range of potential intervention targets are warranted in helping women veterans recover from MST.

Links of Interest

“Living” Systematic Review of Mental Health During Pandemic

<https://jamanetwork.com/journals/jama/fullarticle/2802702>

- [Living Systematic Review of Mental Health in COVID-19](#)

Military academies see unprecedented rise in sexual assaults

<https://www.militarytimes.com/news/your-military/2023/03/10/military-academies-see-unprecedented-rise-in-sexual-assaults/>

- [Department of Defense Annual Report on Sexual Assault in the Military: Fiscal Year 2021](#)

Army now screening soldiers for Basic Needs Allowance eligibility

<https://www.militarytimes.com/news/your-military/2023/03/10/army-now-screening-soldiers-for-basic-needs-allowance-eligibility/>

Vets employment improves as national jobless rate worsens

<https://www.militarytimes.com/education-transition/2023/03/10/vets-employment-improves-as-national-jobless-rate-worsens/>

LGBTQ+ veterans still fighting for honorable discharges

<https://www.cbsnews.com/video/lgbtq-veterans-still-fighting-for-honorable-discharges/>

US military families in Europe with transgender children left with nowhere to turn for specialized therapy

<https://www.stripes.com/theaters/europe/2023-03-15/limited-care-transgender-kids-europe-9173334.html>

VA to change its motto, dropping male-only language

<https://www.militarytimes.com/veterans/2023/03/16/va-to-change-its-motto-droppin-male-only-language/>

Military moves to cut suicides, but defers action on guns

<https://www.militarytimes.com/news/your-military/2023/03/16/military-moves-to-cut-suicides-but-defers-action-on-guns/>

Black veterans were more often denied VA benefits for PTSD than white counterparts, newly surfaced study shows

<https://www.nbcnews.com/health/mental-health/black-veterans-denied-va-benefits-ptsd-more-often-whites-rcna75334>

Resource of the Week – [The Purple Heart: Background and Issues for Congress](#)

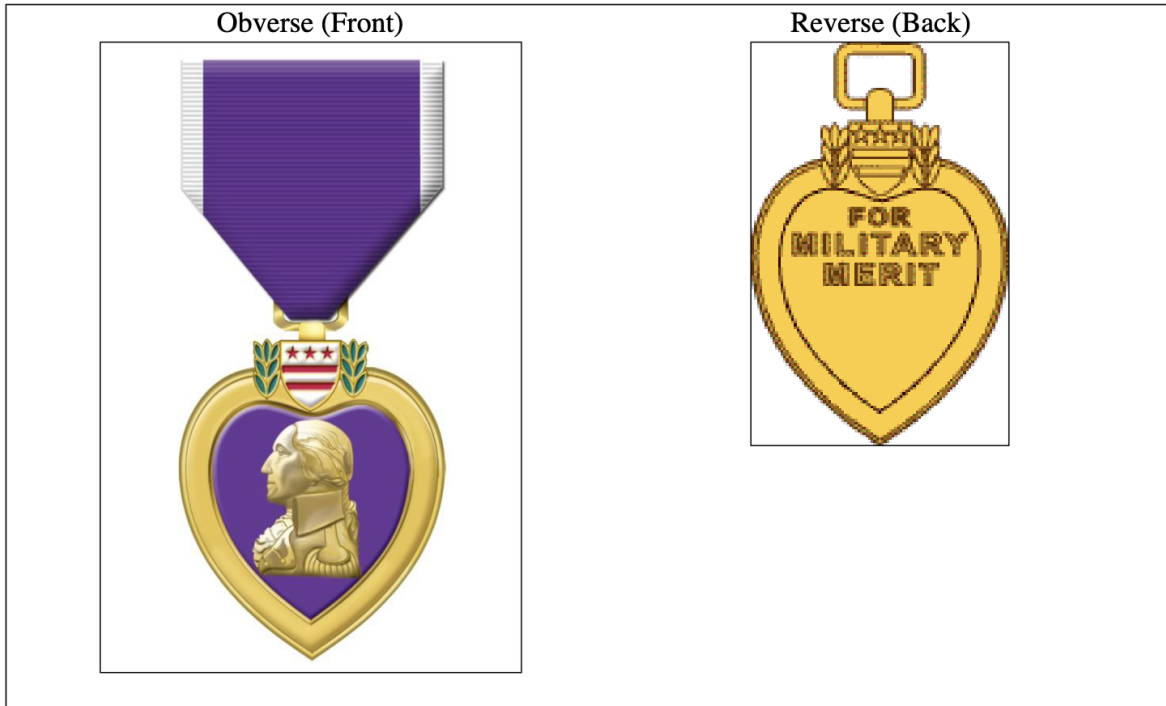
Recently updated report from the Congressional Research Service:

The Purple Heart is one of the oldest and most recognized American military medals, awarded to servicemembers who were killed or wounded by enemy action. The conflicts 2001 to the present have greatly increased the number of Purple Hearts awarded to servicemembers. Events over the past few years have spurred debate on the eligibility criteria for the Purple Heart. Shootings on U.S. soil and medical conditions such as traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) have prompted changes to the eligibility requirements for the Purple Heart. Some critics believe that these changes may lessen the value of the medal and the sacrifices of past recipients on the battlefield. In the past, efforts to modify the Purple Heart's eligibility requirements were contentious, and veterans groups were vocal concerning eligibility changes.

While medal requirements are often left to the military and executive branch to decide, Congress is involved in Purple Heart eligibility, utilizing its constitutional power "To Make Rules for the Government and Regulation of the land and naval Forces" (U.S. Constitution, Article I, Section 8, clause 14). The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (P.L. 113-291) included language that expands eligibility for the Purple Heart.

Previous debates have raised several questions about the Purple Heart. In some respects, how an event is defined can determine eligibility: Is a servicemember the victim of a crime or a terrorist attack? Conversely, arguing that killed or wounded servicemembers "should" be eligible for the Purple Heart can redefine an event: Is the servicemember an advisor to a foreign military or a combatant? Are PTSD and other mental health conditions adequate injuries to warrant the Purple Heart? These are questions that Congress might consider, if it chooses to act on this issue.

Figure 1. The Purple Heart Medal



Source: The Institute of Heraldry, Personal Decorations: Purple Heart.

Shirl Kennedy, BS, MA
Research Editor
Henry M. Jackson Foundation employee collaborating with Center for Deployment
Psychology
Office: (727) 537-6160
Email: shirley.kennedy.ctr@usuhs.edu