

CDP



Research Update -- April 6, 2023

What's Here:

- Trends in suicide rates by race and ethnicity among members of the United States Army.
- Altered bed nucleus of the stria terminalis and amygdala responses to threat in combat veterans with posttraumatic stress disorder.
- Military chaplains and mental health clinicians: Overlapping roles and collaborative opportunities.
- Clinical Effectiveness and Cost-Effectiveness of Supported Mindfulness-Based Cognitive Therapy Self-help Compared With Supported Cognitive Behavioral Therapy Self-help for Adults Experiencing Depression: The Low-Intensity Guided Help Through Mindfulness (LIGHTMind) Randomized Clinical Trial.
- Moral injury associated with increased odds of past-year mental health disorders: a Canadian Armed Forces examination.
- Moral injury and substance use disorders among US combat veterans: results from the 2019-2020 National Health and Resilience in Veterans Study.
- Current Perspectives on the Challenges of Implementing Assistance Dogs in Human Mental Health Care.
- The Peace Exchange: Physical and Psychological Sacrifices of Military Personnel From Historically Marginalized Backgrounds.
- Impact of Military Affiliation on Exercise Perceptions Among Survivors of Sexual Violence.

- A Mixed Methods Investigation on the Relationship Between Perceived Self-Regard, Self-Efficacy, and Commitment to Serve Among Military Medical Students.
- Treating PTSD: A review of 8 studies.
- Suicidal Ideation Disparities Among Transgender and Gender Diverse Compared to Cisgender Community Health Patients.
- Considerations and complexities of accurate PTSD assessment among transgender and gender diverse adults.
- Objective sleep markers of suicidal behaviors in patients with psychiatric disorders: A systematic review and meta-analysis.
- “Not camouflaging anything”: The influence of ROTC affiliation on campus climate and sense of belonging.
- Care or Justice: Care Ethics and the Restricted Reporting Sexual Assault Policy in the US Military.
- Demographic and clinical correlates of social anxiety disorder among US veterans: findings from the NESARC-III study.
- Insomnia severity predicts depression, anxiety, and posttraumatic stress disorder in veterans with spinal cord injury or disease: a cross-sectional observational study.
- Scoping Review of Postvention for Mental Health Providers Following Patient Suicide.
- Deliberate Self-Poisoning: Real-Time Characterization of Suicidal Habits and Toxidromes in the Food and Drug Administration Adverse Event Reporting System.
- Risk and Protective Factors for Work-Family Conflict among Female Military Spouses.
- Links of Interest
- Resource of the Week: Psych Health Evidence Briefs (Psychological Health Center of Excellence)

Trends in suicide rates by race and ethnicity among members of the United States Army.

Brenner, L. A., Forster, J. E., Walsh, C. G., Stearns-Yoder, K. A., Larson, M. J., Hostetter, T. A., Hoffmire, C. A., Gradus, J. L., & Adams, R. S.

PLoS ONE

Published: January 17, 2023

Efforts were focused on identifying differences in suicide rates and time-dependent hazard rate trends, overall and within age groups, by race and ethnicity among United States Army members who returned from an index deployment (October 2007 to September 2014). This retrospective cohort study was conducted using an existing longitudinal database, the Substance Use and Psychological Injury Combat Study (SUPIC). Demographic (e.g., race and ethnicity) and military data from the Department of Defense compiled within SUPIC, as well as Department of Veterans Affairs data were linked with National Death Index records (through 2018) to identify deaths by suicide including those that occurred after military service. The cohort included 860,930 Army Service members (Active Duty, National Guard, and Reserve). Age-adjusted (using the direct standardization method) and age-specific suicide rates per 100,000 person years were calculated and rate ratios (RR) were used for comparisons. Trends were evaluated using hazard rates over time since the end of individuals' index deployments. Among those aged 18–29 at the end of their index deployment, the suicide rate for American Indian/Alaskan Native (AI/AN) individuals was 1.51 times higher (95% confidence interval [CI]: 1.03, 2.14) compared to White non-Hispanic individuals (WNH), and lower for Hispanic and Black non-Hispanic (BNH) than for WNH individuals (RR = 0.65 [95% CI: 0.55, 0.77] and RR = 0.71 [95% CI: 0.61, 0.82], respectively). However, analyses revealed increasing trends in hazard rates post-deployment (≤ 6.5 years) within groups of Hispanic and BNH individuals (Average Annual Percent Change [APC]: 12.1% [95% CI: 1.3%, 24.1%] and 11.4% [95% CI: 6.9%, 16.0%], respectively) with a smaller, increase for WNH individuals (APC: 3.1%; 95% CI: 0.1%, 6.1%). Findings highlight key subgroups at risk for post-deployment suicide (i.e., WNH, AI/AN and younger individuals), as well as heterogeneous trends overtime, with rates and trends varying within race and ethnic groups by age groups. Post-deployment suicide prevention efforts that address culturally relevant factors and social determinants of health associated with health inequities are needed.

<https://doi.org/10.1002/jts.22918>

Altered bed nucleus of the stria terminalis and amygdala responses to threat in combat veterans with posttraumatic stress disorder.

Brandee Feola, Elizabeth A. Flook, Hannah Gardner, K. Luan Phan, Harry Gwirtsman, Bunmi Olatunji, Jennifer Urbano Blackford

Journal of Traumatic Stress

First published: 20 March 2023

Posttraumatic stress disorder (PTSD) significantly impacts many veterans. Although PTSD has been linked to alterations in the fear brain network, the disorder likely involves alterations in both the fear and anxiety networks. Fear involves responses to imminent, predictable threat and is driven by the amygdala, whereas anxiety involves responses to potential, unpredictable threat and engages the bed nucleus of the stria terminalis (BNST). The BNST has been implicated in PTSD, but the role of the BNST in combat veterans with PTSD has yet to be examined. Identifying alterations in BNST responses to unpredictable threat could provide important new targets for treatment. The current study examined whether veterans with PTSD have altered BNST or amygdala responses (function and connectivity) to unpredictable and predictable threat. The fMRI task involved viewing predictable threat cues followed by threat images, predictable neutral cues followed by neutral images, and unpredictable threat cues followed by either a threat or neutral image. Participants included 32 combat-exposed veterans with PTSD and 13 combat-exposed controls without PTSD. Across all conditions, veterans with PTSD had heightened BNST activation and displayed stronger BNST and amygdala connectivity with multiple fear and anxiety regions (hypothalamus, hippocampus, insula, ventromedial prefrontal cortex) relative to controls. In contrast, combat controls showed a pattern of stronger connectivity during neutral conditions (e.g., BNST-vmPFC), which may suggest a neural signature of resilience to developing PTSD, $\eta^2 = .087-.527$, $ps < .001$. These findings have implications for understanding fear and anxiety networks that may contribute to the development and maintenance of PTSD.

<https://doi.org/10.1037/ser0000661>

Military chaplains and mental health clinicians: Overlapping roles and collaborative opportunities.

Cooper, D. C., Evans, C. A., Chari, S. A., Campbell, M. S., & Hoyt, T.

Psychological Services

2023 Feb; 20(1): 56-65

Military chaplains and mental health clinicians have unique professional roles and functions within the Department of Defense. However, they also have intersecting roles in delivering care to service members with mental health issues. Although diagnosis and treatment of clinical disorders is the primary focus of mental health clinicians, military chaplains are often the first contact made by service members seeking help for mental health concerns, due in part to issues of greater accessibility, ensured confidentiality, and less stigma. There is growing recognition of the importance of spirituality in the well-being and readiness of service members, as many mental health issues have a spiritual dimension. As a result, chaplains and mental health clinicians often address many of the same issues, albeit with different approaches. This review examines overlap in the work of chaplains and mental health clinicians and contrasts their complementary treatment approaches. These overlapping issues and complementary approaches highlight the potential for greater collaboration between these two professional groups, which could be beneficial for the care of service members. (PsycInfo Database Record (c) 2023 APA, all rights reserved).

<https://doi.org/10.1001/jamapsychiatry.2023.0222>

Clinical Effectiveness and Cost-Effectiveness of Supported Mindfulness-Based Cognitive Therapy Self-help Compared With Supported Cognitive Behavioral Therapy Self-help for Adults Experiencing Depression: The Low-Intensity Guided Help Through Mindfulness (LIGHTMind) Randomized Clinical Trial.

Strauss, C., Bibby-Jones, A. M., Jones, F., Byford, S., Heslin, M., Parry, G., Barkham, M., Lea, L., Crane, R., de Visser, R., Arbon, A., Rosten, C., & Cavanagh, K.

JAMA Psychiatry

Published online March 22, 2023

Key Points

Question

Is practitioner-supported mindfulness-based cognitive therapy self-help (MBCT-SH)

clinically effective and cost-effective compared with practitioner-supported cognitive behavioral therapy self-help (CBT-SH) for adults experiencing mild to moderate depression?

Findings

In this randomized clinical trial of 410 participants with mild to moderate depression, practitioner-supported MBCT-SH led to significantly greater reductions in depressive symptom severity at 16 weeks postrandomization compared with practitioner-supported CBT-SH. The probability of MBCT-SH being cost-effective compared with CBT-SH exceeded 95%.

Meaning

Practitioner-supported MBCT-SH for mild to moderate depression was clinically effective and cost-effective compared with currently recommended practitioner-supported CBT-SH and should be made routinely available to adults experiencing mild to moderate depression.

Abstract

Importance

Depression is prevalent. Treatment guidelines recommend practitioner-supported cognitive behavioral therapy self-help (CBT-SH) for mild to moderate depression in adults; however, dropout rates are high. Alternative approaches are required.

Objective

To determine if practitioner-supported mindfulness-based cognitive therapy self-help (MBCT-SH) is superior to practitioner-supported CBT-SH at reducing depressive symptom severity at 16 weeks postrandomization among patients with mild to moderate depression and secondarily to examine if practitioner-supported MBCT-SH is cost-effective compared with practitioner-supported CBT-SH.

Design, Setting, and Participants

This was an assessor- and participant-blinded superiority randomized clinical trial with 1:1 automated online allocation stratified by center and depression severity comparing practitioner-supported MBCT-SH with practitioner-supported CBT-SH for adults experiencing mild to moderate depression. Recruitment took place between November 24, 2017, and January 31, 2020. The study took place in 10 publicly funded psychological therapy services in England (Improving Access to Psychological Therapies [IAPT]). A total of 600 clients attending IAPT services were assessed for eligibility, and 410 were enrolled. Participants met diagnostic criteria for mild to moderate depression. Data were analyzed from January to October 2021.

Interventions

Participants received a copy of either an MBCT-SH or CBT-SH workbook and were offered 6 support sessions with a trained practitioner.

Main Outcomes and Measures

The preregistered primary outcome was Patient Health Questionnaire (PHQ-9) score at 16 weeks postrandomization. The primary analysis was intention-to-treat with treatment arms masked.

Results

Of 410 randomized participants, 255 (62.2%) were female, and the median (IQR) age was 32 (25-45) years. At 16 weeks postrandomization, practitioner-supported MBCT-SH (n = 204; mean [SD] PHQ-9 score, 7.2 [4.8]) led to significantly greater reductions in depression symptom severity compared with practitioner-supported CBT-SH (n = 206; mean [SD] PHQ-9 score, 8.6 [5.5]), with a between-group difference of -1.5 PHQ-9 points (95% CI, -2.6 to -0.4; P = .009; d = -0.36). The probability of MBCT-SH being cost-effective compared with CBT-SH exceeded 95%. However, although between-group effects on secondary outcomes were in the hypothesized direction, they were mostly nonsignificant. Three serious adverse events were reported, all deemed not study related.

Conclusions and Relevance

In this randomized clinical trial, practitioner-supported MBCT-SH was superior to standard recommended treatment (ie, practitioner-supported CBT-SH) for mild to moderate depression in terms of both clinical effectiveness and cost-effectiveness. Findings suggest that MBCT-SH for mild to moderate depression should be routinely offered to adults in primary care services.

Trial Registration isrctn.org Identifier: [ISRCTN13495752](https://www.isrctn.com/ISRCTN13495752)

<https://doi.org/10.1080/20008066.2023.2192622>

Moral injury associated with increased odds of past-year mental health disorders: a Canadian Armed Forces examination.

Easterbrook, B., Plouffe, R. A., Houle, S. A., Liu, A., McKinnon, M. C., Ashbaugh, A. R., Mota, N., Afifi, T. O., Enns, M. W., Richardson, J. D., & Nazarov, A.

Background:

Potentially morally injurious experiences (PMIEs) are common during military service. However, it is unclear to what extent PMIEs are related to well-established adverse mental health outcomes.

Objective:

The objective of this study was to use a population-based survey to determine the associations between moral injury endorsement and the presence of past-year mental health disorders in Canadian Armed Forces (CAF) personnel and Veterans. Methods: Data were obtained from the 2018 Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey (CAFVMHS). With a sample of 2,941 respondents, the weighted survey sample represented 18,120 active duty and 34,380 released CAF personnel. Multiple logistic regressions were used to assess the associations between sociodemographic characteristics (e.g. sex), military factors (e.g. rank), moral injury (using the Moral Injury Events Scale [MIES]) and the presence of specific mental health disorders (major depressive episode, generalized anxiety disorder, panic disorder, social anxiety disorder, PTSD, and suicidality).

Results:

While adjusting for selected sociodemographic and military factors, the odds of experiencing any past-year mental health disorder were 1.97 times greater (95% CI = 1.94-2.01) for each one-unit increase in total MIES score. Specifically, PTSD had 1.91 times greater odds (95% CI = 1.87-1.96) of being endorsed for every unit increase in MIES total score, while odds of past-year panic disorder or social anxiety were each 1.86 times greater (95% CI = 1.82-1.90) for every unit increase in total MIES score. All findings reported were statistically significant ($p < .001$).

Conclusion:

These findings emphasize that PMIEs are robustly associated with the presence of adverse mental health outcomes among Canadian military personnel. The results of this project further underscore the necessity of addressing moral injury alongside other mental health concerns within the CAF.

<https://doi.org/10.1017/S0033291721002919>

Moral injury and substance use disorders among US combat veterans: results from the 2019-2020 National Health and Resilience in Veterans Study.

Maguen, S., Nichter, B., Norman, S. B., & Pietrzak, R. H.

Psychological Medicine
2023 Mar; 53(4): 1364–1370

Background

Exposure to potentially morally injurious events (PMIEs) is associated with increased risk for substance use disorders (SUDs), although population-based studies remain limited. The goal of this study was to better understand the relationships between PMIE exposure and lifetime and past-year alcohol use disorder (AUD), drug use disorder (DUD), and SUD.

Methods

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of 1321 combat veterans. Multivariable analyses examined associations between three types of PMIE exposure (perpetration, witnessing, and betrayal), and lifetime and past-year AUD, DUD, and SUD, adjusting for sociodemographic variables, combat exposure severity, prior trauma, and lifetime posttraumatic stress disorder and major depressive disorder.

Results

Perpetration was associated with increased odds of lifetime AUD (OR 1.15; 95% CI 1.01–1.31) and lifetime SUD (OR 1.18; 95% CI 1.03–1.35). Witnessing was associated with greater odds of past-year DUD (OR 1.20; 95% CI 1.04–1.38) and past-year SUD (OR 1.14; 95% CI 1.02–1.28). Betrayal was associated with past-year AUD (OR 1.20; 95% CI 1.03–1.39). A large proportion of the variance in past-year AUD was accounted for by betrayal (38.7%), while witnessing accounted for 25.8% of the variance in past-year DUD.

Conclusions

Exposure to PMIEs may be a stronger contributor to SUDs among veterans than previously known. These findings highlight the importance of targeted assessment and treatment of moral injury among veterans with SUDs, as well as attending to specific types of morally injurious experiences when conceptualizing and planning care.

<https://doi.org/10.3390/vetsci10010062>

Current Perspectives on the Challenges of Implementing Assistance Dogs in Human Mental Health Care.

Foltin, S., & Glenk, L. M.

Veterinary Sciences

Published: 15 January 2023

The prevalence of mental health disorders, driven by current global crises, is notably high. During the past decades, the popularity of dogs assisting humans with a wide spectrum of mental health disorders has significantly increased. Notwithstanding these dogs' doubtless value, research on their legal status, certification processes, training and management practices, as well as their welfare status, has been scarce. This scoping review highlights that in contrast to other assistance dogs such as guide dogs, there exists no consistent terminology to mark dogs that assist humans with impaired mental health. Legal authorities monitoring the accreditation process, training and tracking of mental health supporting dogs are broadly lacking, with only few exceptions. This review emphasizes the need to address several topics in the promotion of progress in legal and welfare issues related to assistance dogs as well as emotional support dogs for humans with a mental health disorder. The current body of knowledge was assessed in three different areas of focus: (1) the legal dimension including definitions and certification processes; (2) the dimension of performed tasks; and (3) the dog welfare dimension including aspects of the relationship with the handler and risks associated with children recipients. Considering the challenges associated with a mental health diagnosis, collaborations of dog provider organizations and health care professionals would be desirable to continuously assess the efficiency of the human-dog dyad regarding their overall compatibility, general satisfaction and mutual well-being.

<https://doi.org/10.2105/AJPH.2022.307178>

The Peace Exchange: Physical and Psychological Sacrifices of Military Personnel From Historically Marginalized Backgrounds.

McCullers, Asli

The physical and psychological well-being of both active-duty military personnel and military veterans in the United States remains a critical topic in public health research and advocacy. Nearly one in four active-duty military and military veterans report having some form of mental illness, with over 6000 military suicides occurring annually. In our efforts as public health professionals, there should remain space to amplify the stories that describe the experiences of the many military personnel with historically marginalized backgrounds. Such personnel include those who represent racial and ethnic minorities, low-income backgrounds, sexual and gender minorities, and an array of other systemically oppressed identities. Underdiscussed to date are frameworks that express the pursuit of population-level peace and safety serving dually as a motivator for enlisting in military service and, unfortunately, in turn operating as a determinant of poor health outcomes among military personnel, especially those of marginalized backgrounds. The aim of this brief editorial is to further strengthen the ongoing conversation regarding how to improve the health of marginalized military personnel who sacrifice their personal welfare to maintain peace in a country where they have historically been oppressed.

<https://doi.org/10.1093/milmed/usac431>

Impact of Military Affiliation on Exercise Perceptions Among Survivors of Sexual Violence.

Michelle M Pebole, MA, PhD, Chelsea R Singleton, PhD, Katherine S Hall, PhD, Steven J Petruzzello, PhD, Reginald J Alston, PhD, James W Whitworth, PhD, Robyn L Gobin, PhD

Military Medicine

Published: 19 January 2023

Introduction

Military service members disproportionately experience sexual violence (SV) and its related health concerns. Although recent work has shown physical activity to be an effective strategy for improving physical and mental health among trauma-exposed military populations, little of this work has focused specifically on military service

members with a history of SV. To address these gaps in knowledge and practice, this study identified the most salient perceived benefits/barriers of exercise among men and women survivors of SV with military affiliations. Additionally, these analyses explore willingness to engage in exercise programs, and preferences for the structure/content of these programs, among men and women survivors of SV with military affiliations.

Materials and Methods

An online, cross-sectional survey of women ($n = 355$) and men ($n = 198$) survivors of SV was completed using Amazon Mechanical Turk. Inclusion criteria were men and women, age between 18 and 65 years, self-reported history of SV, and located in the United States. Information on sociodemographics and post-traumatic stress disorder symptoms was collected alongside perceived barriers and benefits to exercise, willingness to engage in exercise programs, and preferences for the structure/content of these programs. Analyses were stratified by sex. Comparisons by history of military involvement (active duty military or veteran; no military involvement/civilian) were reported.

Results

Both military-involved men ($n = 68$) and women ($n = 139$) were more likely to prefer at-home and online exercise options when compared to civilians (P s $< .05$; Cramer's V s 0.19–0.36). Additionally, both men and women with military involvement reported strongly favoring exercising with an instructor over no instructor and preferred that this instructor identifies with their same gender (P s $< .01$; Cramer's V s 0.28–0.36). Women with military involvement also preferred shorter program durations and exercising alone or in a group online or in person, whereas men with military involvement were open to longer program durations, when compared to their civilian counterparts (P s $< .05$; Cramer's V s 0.19–0.37). Women and men with military involvement were more likely than their civilian counterparts to perceive that exercise benefits their psychological outlook and social interactions. They were also more likely than civilians to indicate poor exercise environment, high time expenditure, and family discouragement as perceived barriers to exercise (P s $< .05$; Cohen's d s 0.21–0.97). Military-involved women were also more likely than civilian women to endorse the perceived barrier of hard physical exercise ($P < .05$; Cohen's $d = 0.25$).

Conclusions

This study identified perceived benefits and barriers to exercise, along with willingness to engage in exercise programs, and exercise preferences among men and women survivors of SV with military involvement. Targeting these factors in intervention planning will be important for physical activity promotion and program engagement

among veterans to reduce the disproportionate impact of SV and disease burden among U.S. service members and veterans.

<https://doi.org/10.1093/milmed/usac430>

A Mixed Methods Investigation on the Relationship Between Perceived Self-Regard, Self-Efficacy, and Commitment to Serve Among Military Medical Students.

Natalie A Nevins, DO, MSHPE, MC, USAR, Gail Singer-Chang, PsyD, Stephanie F Dailey, EdD, LPC, NCC, ACS, Rosellen Roche, MD, PhD, FHEA, FAcadTM, Fanglong Dong, PhD, Sara N Peters, DO, MC, USN, PGY-1, Trevor Thompson, DO, MC, USNR, PGY-1, Rebecca Ryznar, PhD, Anthony LaPorta, MD, FACS, USA (Ret.)

Military Medicine

Published: 19 January 2023

Introduction

Routinely faced with potentially traumatizing situations, resilience is critical for military physicians. However, related studies are limited in scope. The current study distinctively combines hyper-realistic immersion training for military medical students with emotional intelligence and hardiness measures. With self-reflection shown to improve performance, qualitative inquiry was concurrently conducted in a mixed methodology approach to provide a uniquely comprehensive perspective on the resilience training needs of this population.

Materials and Methods

Thirty-four osteopathic military medical students participated in a week-long training simulating real-life combat and mass casualty events. The Emotional Quotient-Inventory 2.0 (EQ-i 2.0) and Hardiness Resilience Gauge were administered as pre- and post-test measures. Paired t-tests were used to determine statistically significant gains, and a multiple case study analysis of a six-student focus group allowed for the synchronization of quantitative and qualitative data. Institutional Review Board approval for the study was obtained through Rocky Vista University with a reciprocal agreement with Touro University California's Institutional Review Board. All students participating in the study received written informed consent.

Results

Qualitative findings for this study aligned with this current year's findings of statistically significant results in the improvement of the Overall EQ-i and Overall Hardiness. Qualitative responses thematically analyzed demonstrated environmental realism, adaptation, increased awareness, and positive interpersonal and clinical outlook. Notable increases occurred in all EQ-i domains except Decision-Making and Stress Tolerance. The Self-Perception domain saw significant increases in Self-Regard and Emotional Self-Awareness while Well-Being and Optimism simultaneously improved.

Conclusion

This unique pilot study showed that quantitative and qualitative results aligned, supporting the finding that a safe trauma-related training environment can improve the confidence and resilience in military medical students. The goal of this training was to promote resilience and mitigate trauma. Results demonstrate improved self-efficacy and enhanced commitment. Increases in self-awareness and confidence made participants more inclined to see their worth and strengthened their sense of duty as described in their qualitative responses. Pervasive gains suggest that the training aligned well with its purpose, and the methods employed enhanced participant experience. Long-term follow-up studies are needed to assess outcome sustainability.

<https://doi.org/10.12788/cp.0324>

Treating PTSD: A review of 8 studies.

Sy Atezaz Saeed, MD, MS Daniel John Majarwitz, MD Melody Grace Santos, MD

Current Psychiatry

2023 January;22(1):33-43,48

Posttraumatic stress disorder (PTSD) is a chronic and disabling psychiatric disorder. The lifetime prevalence among American adults is 6.8%. Management of PTSD includes treating distressing symptoms, reducing avoidant behaviors, treating comorbid conditions (eg, depression, substance use disorders, or mood dysregulation), and improving adaptive functioning, which includes restoring a psychological sense of safety and trust. PTSD can be treated using evidence-based psychotherapies, pharmacotherapy, or a combination of both modalities. For adults, evidence-based treatment guidelines recommend the use of cognitive-behavioral therapy, cognitive processing therapy, cognitive therapy, and prolonged exposure therapy. These

guidelines also recommend (with some reservations) the use of brief eclectic psychotherapy, eye movement desensitization and reprocessing, and narrative exposure therapy. Although the evidence base for the use of medications is not as strong as that for the psychotherapies listed above, the guidelines recommend the use of fluoxetine, paroxetine, sertraline, and venlafaxine.

<https://doi.org/10.1007/s11606-022-07996-2>

Suicidal Ideation Disparities Among Transgender and Gender Diverse Compared to Cisgender Community Health Patients.

Norik Kirakosian BS, Amelia M. Stanton PhD, Samantha M. McKetchnie LCSW, Dana King ALM, Brett Dolotina BS, Conall O’Cleirigh PhD, Chris Grasso MPH, Jennifer Potter MD, Kenneth H. Mayer MD & Abigail W. Batchelder PhD, MPH

Journal of General Internal Medicine

Published: 17 January 2023

Background

Transgender and gender diverse (TGD) individuals experience more severe psychological distress and may be at higher risk for suicide compared to cisgender individuals. The existing literature largely consists of small-sample studies that do not assess subgroup differences.

Objective

To examine rates of self-reported suicidal ideation among four TGD groups compared to cisgender individuals.

Design

Data were extracted from the electronic health records of patients receiving primary care at a community health center specializing in sexual and gender minority health. A logistic regression was used to examine the relationship between sociodemographic variables and the presence of current suicidal ideation.

Participants

29,988 patients receiving care at a community health center in Northeastern US between 2015 and 2018.

Main Measures

Demographic questionnaire, 9-item Patient Health Questionnaire

Key Results

Younger age, sexual and gender minority identity, and public/grants-based insurance were associated with significantly higher odds of suicidal ideation. Relative to cisgender men, transgender men (OR=2.08; 95% CI=1.29–3.36; $p=.003$), transgender women (OR=3.08; 95% CI=2.05–4.63; $p<.001$), nonbinary (NB) individuals assigned male at birth (AMAB; OR=3.55; 95% CI=1.86–6.77; $p<.001$), and NB individuals assigned female at birth (AFAB; OR=2.49; 95% CI=1.52–4.07; $p<.001$) all endorsed significantly higher odds of current suicidal ideation, controlling for age, race, ethnicity, sexual orientation, and insurance status. Larger proportions of transgender women (23.6%) and NB AMAB individuals (26.7%) reported suicidal ideation not only compared to cisgender men (6.1%) and women (6.6%), but also compared to transgender men (17.4%; $\chi^2[5, n=25,959]=906.454, p<0.001$).

Conclusions

TGD patients were at significantly increased risk of suicidal ideation, even after accounting for age, race, ethnicity, sexual orientation, and insurance status. Findings suggest distinct risk profiles by assigned sex at birth. Consistent assessment of and intervention for suicidal ideation should be prioritized in settings that serve TGD patients.

<https://doi.org/10.1037/pas0001215>

Considerations and complexities of accurate PTSD assessment among transgender and gender diverse adults.

Valentine, S. E., Smith, A. M., Miller, K., Hadden, L., & Shipherd, J. C.

Psychological Assessment

Advance online publication

Posttraumatic stress disorder (PTSD) assessment among transgender and gender diverse (TGD) adults is complex because the literature offers little guidance on affirming assessment that accurately captures both trauma- and discrimination-related distress. This study aimed to characterize threats to precise PTSD assessment that arose during the Clinician-Administered PTSD Scale for the Diagnostic and Statistical Manual of

Mental Disorders, fifth edition (CAPS-5). Our sample (N = 44) included trans women (38%), trans men (25%), nonbinary people (23%), and other TGD identities (14%). Participants were mostly White (75%), non-Latinx (82%), educated (91% at least some college), with a mean age of 37 years (SD = 15.5). Demographic and CAPS-5 scoring data as well as content analysis of audio-recorded CAPS-5 interviews are reported. All participants reported trauma exposure, and nearly half met PTSD diagnostic criteria (49%). Interpersonal assault was a common trauma type linked to posttraumatic symptoms (77%); 41% were sexual assaults; and 41% were discrimination-based (e.g., linked to gender identity) physical or sexual assaults. Qualitative findings suggest how and when discrimination-related experiences may threaten PTSD assessment accuracy, leading to overpathologizing or underdetection of symptoms, for example, (a) initial selection of a noncriterion A discrimination event as “worst event,” (b) linking symptoms to internalized transphobia (rather than trauma), and (c) linking victimization to gender identity/expression. Threats to PTSD assessment were more common when symptoms were linked to discrimination-based traumatic events, suggesting the importance of understanding contextual factors of index events. We offer a framework for understanding unique challenges to the assessment of PTSD among TGD people and provide recommendations for improving assessment. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1016/j.smr.2023.101760>

Objective sleep markers of suicidal behaviors in patients with psychiatric disorders: A systematic review and meta-analysis.

Alix Romier, Julia Maruani, Jorge Lopez-Castroman, Laura Palagini, ... Pierre A. Geoffroy

Sleep Medicine Reviews

Volume 68, April 2023, 101760

Close relationships have been reported between sleep alterations and suicidal behaviors, nevertheless few studies used objective measures of sleep. Such objective markers would be interesting in clinical practice to better screen and prevent suicide. We conducted a systematic review and meta-analysis of published studies examining the relationship between sleep markers and suicidal behaviors using PubMed, Cochrane Library, and Web of Science databases. Actigraphy, polysomnography, and nocturnal EEG were considered. The qualitative analysis retained 15 original studies,

including 1179 participants (939 with a psychiatric disorder), and 11 studies were included for the meta-analysis. Current suicidal behaviors were associated with a decreased total sleep time (TST) (SMD = -0.35, [95% CI: -0.66 to -0.04], $p = 0.026$, $I^2 = 39.8\%$). The evaluation of possible moderators shows that age, gender, and depression scores had no effects on the random effect model. No significant differences were observed regarding sleep efficiency, REM latency, or percentage of REM sleep. In conclusion, among candidate objective markers, decreased total sleep time seems associated with suicidal behaviors and could be easily used to assess suicide risk. Alterations of regular sleep duration should invite healthcare professionals to screen the cause and propose sleep interventions to prevent suicide.

<https://doi.org/10.1037/dhe0000469>

“Not camouflaging anything”: The influence of ROTC affiliation on campus climate and sense of belonging.

Buckley, J. B., Rivers, I. D., George, C. E., Pratt, T. L., & Pifer, M. J.

Journal of Diversity in Higher Education
Advance online publication\

This qualitative study explores campus climate and sense of belonging among 20 U.S. Army Reserve Officers' Training Corp (ROTC) cadets in one battalion. Findings reveal that while cadets report an overall positive climate, their ROTC affiliation can influence their perceptions of climate and mediate their sense of belonging. Cadets may also experience tension in being ascribed (both positively and negatively) a military identity while not fully feeling affiliated with the military. Findings enhance current conceptualizations of military student experiences given cadets have needs and challenges that differ from service members and veterans. Implications for campus practice, continued research, and methodological considerations for scholarship concerning cadets are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1111/ajps.12755>

Care or Justice: Care Ethics and the Restricted Reporting Sexual Assault Policy in the US Military.

Jennet Kirkpatrick, Carolyn M. Warner

American Journal of Political Science

First published: 18 January 2023

Many care-ethics scholars argue that care and justice should harmonize. While agreeing in general, we argue for a hard limit on justice in some instances. For example, we find evidence to support limiting justice in favor of care in the US military's restricted reporting policy in cases of sexual assault. This policy allows victims to receive medical treatment without initiating a criminal investigation. Moreover, the article finds additional evidence to normatively prioritize care in the policy's attentiveness and responsiveness, two values emphasized by care-ethics scholars. This article gives insight into how care and justice can devolve into an antagonistic relationship, something many care-ethics scholars seek to avoid. Finally, this article suggests how a more harmonious relationship between care and justice might be restored.

<https://doi.org/10.1007/s00127-023-02420-4>

Demographic and clinical correlates of social anxiety disorder among US veterans: findings from the NESARC-III study.

Patel, T.A., Grubaugh, A.L. & Cogle, J.R.

Social Psychiatry and Psychiatric Epidemiology

Published: 21 January 2023

Purpose

Social anxiety disorder (SAD) is among the most highly prevalent and debilitating psychiatric disorders within the US population, but SAD has gone relatively unnoticed within the US veteran population. Preliminary research has demonstrated that SAD is related to decreased mental and physical functioning as well as posttraumatic stress disorder (PTSD) and depression among veterans.

Methods

The present study investigated SAD and its relationship with demographic factors, psychiatric disorders, suicidality, treatment seeking, and social support among veterans. Multivariate survey weighted logistic regression analyses were conducted to observe these associations utilizing data from National Epidemiologic Survey on Alcohol and Related Conditions which contained data on 3119 veterans.

Results

SAD was found to be strongly related to PTSD and other anxiety disorder, and these disorders were related to increased treatment seeking for SAD. Further, SAD was associated with lifetime suicide attempts and decreased perceived social support in multivariate models adjusting for demographic factors and psychiatric comorbidities.

Conclusion

This study highlights the relationships of SAD among veterans by demonstrating its associations with other psychiatric disorders, treatment seeking, suicide attempts, and social support. A deeper understanding of the impact of SAD within the veteran population will inform future prevention and treatment efforts.

<https://doi.org/10.5664/jcsm.10410>

Insomnia severity predicts depression, anxiety, and posttraumatic stress disorder in veterans with spinal cord injury or disease: a cross-sectional observational study.

Monica R. Kelly, PhD , Salam Zeineddine, MD , Michael N. Mitchell, PhD , Abdulghani Sankari, MD, PhD , Nishtha Pandya, BA , Sean Carroll, MS , Q. Afifa Shamim-Uzzaman, MD , Anan Salloum, MD , M. Safwan Badr, MD, MBA , Jennifer L. Martin, PhD

Journal of Clinical Sleep Medicine

Published Online: April 1, 2023

STUDY OBJECTIVES:

To assess the association of insomnia symptoms and psychiatric symptoms in patients with spinal cord injury or disease (SCI/D).

METHODS:

In this cross-sectional observational study, veterans with SCI/D (n = 72; mean = 59.85 ± 10.4 years; 92% male) completed baseline measures, including the Insomnia Severity Index (ISI) during the baseline phase of a clinical trial on treatment of sleep disorders in veterans with SCI/D. Depression severity was measured by the Patient Health Questionnaire (PHQ-9; sleep items excluded), anxiety severity was measured by the Generalized Anxiety Disorder screener (GAD-7), and probable posttraumatic stress disorder (PTSD) was measured by the Primary Care PTSD screener. Blocked regression was used to evaluate the impact of insomnia symptoms (ISI) on mental health measures after accounting for demographics and level of spinal cord injury/disease.

RESULTS:

On average, participants scored in the mild range for depression (PHQ-9 = 7.4 ± 5.9) and anxiety severity (GAD-7 = 6.1 ± 6.1). In total, 36.1% (n = 26) screened positive for probable PTSD. ISI explained 19% of the variance in PHQ-9 and 20% of the variance in GAD-7 (P < .001) over and above demographics and SCI/D level of injury/disease. Odds of probable PTSD were increased 1.22-fold for each 1 unit increase in ISI (P = .001) after accounting for demographics and level of injury/disease.

CONCLUSIONS:

In veterans with SCI/D, insomnia severity was linked to depression and anxiety symptom severity and risk of PTSD. Study results warrant further research to evaluate the impact of insomnia treatment on depression, anxiety, and PTSD in patients with SCI/D.

Clinical Trial Registration: Registry: ClinicalTrials.gov; Name: Treatment of Sleep-disordered Breathing in Patients With SCI; URL: <https://clinicaltrials.gov/ct2/show/NCT02830074>; Identifier: NCT02830074.

<https://doi.org/10.1093/milmed/usac433>

Scoping Review of Postvention for Mental Health Providers Following Patient Suicide.

Kelly A Daly, PhD, Anna Segura, PhD, Richard E Heyman, PhD, Salomi Aladia, MA, Amy M. Smith Slep, PhD

Military Medicine

Published: 20 January 2023

Introduction

As suicides among military personnel continue to climb, we sought to determine best practices for supporting military mental health clinicians following patient suicide loss (i.e., postvention).

Materials and Methods

We conducted a scoping review of the literature using Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews guidelines. Our initial search of academic databases generated 2,374 studies, of which 122 were included in our final review. We categorized postvention recommendations based on the socioecological model (i.e., recommendations at the individual provider, supervisory/managerial, organizational, and discipline levels) and analyzed them using a narrative synthesizing approach.

Results

Extracted recommendations (N = 358) comprised those at the provider (n = 94), supervisory/managerial (n = 90), organization (n = 105), and discipline (n = 69) levels.

Conclusions

The literature converges on the need for formal postvention protocols that prioritize (1) training and education and (2) emotional and instrumental support for the clinician. Based on the scoped literature, we propose a simple postvention model for military mental health clinicians and recommend a controlled trial testing of its effectiveness.

<https://doi.org/10.1007/s40264-022-01269-x>

Deliberate Self-Poisoning: Real-Time Characterization of Suicidal Habits and Toxidromes in the Food and Drug Administration Adverse Event Reporting System.

Michele Fusaroli, Guido Pelletti, Valentina Giunchi, Chiara Pugliese, Mattia Bartolucci, Elena Narmine Necibi, Emanuel Raschi, Fabrizio De Ponti, Susi Pelotti & Elisabetta Poluzzi

Drug Safety

Published: 23 January 2023

Introduction

Deliberate self-poisoning (DSP) using drugs is the preferred method of suicide at a global level. Its investigation is hampered by limited sample sizes and data reliability. We investigate the role of the US FDA Adverse Event Reporting System (FAERS), a consolidated pharmacovigilance database, in outlining DSP habits and toxidromes.

Methods

We retrieved cases of 'intentional overdose' and 'poisoning deliberate' from the FAERS (January 2004–December 2021). Using descriptive and disproportionality analyses, we estimated temporal trends, potential risk factors, toxidromes, case-fatality rates and lethal doses (LDs) for the most frequently reported drugs.

Results

We retrieved 42,103 DSP cases (17% fatal). Most cases were submitted in winter. Reports of DSP involved younger people, psychiatric conditions, and alcohol use, compared with non-DSP, and fatality was higher in men and older patients. Suspected drugs were mainly antidepressants, analgesics, and antipsychotics. Multiple drug intake was recorded in more than 50% of the reports, especially analgesics, psychotropics, and cardiovascular agents. The most frequently reported drugs were paracetamol, promethazine, amlodipine, quetiapine, and metformin. We estimated LD₂₅ for paracetamol (150 g).

Conclusion

Worldwide coverage of the FAERS complements existing knowledge about DSP and may drive tailored prevention measures to timely address the DSP phenomenon and prevent intentional suicides.

Key Points

- The study of deliberate self-poisoning is hampered by ethical and data collection problems. Spontaneous reports allow hypotheses regarding risk factors, toxidromes, and lethality to be generated.
- Deliberate self-poisoning was more reported in young individuals with psychiatric diagnoses, but the reported fatality rate of DSP was higher in adult males with alcohol concomitance. Multiple drug intake occurred in more than 50% of DSP cases.
- We characterized the toxidromes of the most reported ingestants and derived an estimation of lethal dose for paracetamol (LD₂₅ ≈ 150 g).

<https://doi.org/10.1007/s10826-023-02535-x>

Risk and Protective Factors for Work-Family Conflict among Female Military Spouses.

Yangjin Park, Molly Shea, Kathrine Sullivan, Julie C. Merrill, Kristina Clarke-Walper & Lyndon A. Riviere

Journal of Child and Family Studies

Published: 19 January 2023

Work-family conflict (WFC) is a chronic issue among military families. Compared to their civilian counterparts, military families experience additional work demands such as frequent training exercises and deployment, military-specific trauma, and injury in garrison, training or deployed settings. Guided by a risk and protective factors framework, this study examined the direct effects of cumulative military-specific work risks (i.e., number of combat deployments, mental health, injury during combat deployments) and cumulative family risks (i.e., children in the home, spouse adverse childhood experiences, spouse employment) on WFC and the potential buffering effect of social support among female military spouses. This study is a secondary data analysis ($n = 334$) using Land Combat Study 2 data collected by the Walter Reed Army Institute of Research (WRAIR) in 2012. After controlling for covariates (including soldier rank, ethnicity, and age), cumulative military-specific risk factors were positively associated with WFC while family risks were not. Social support was negatively associated with WFC but did not exhibit interaction effects with either group of risks. Findings suggest military spouses perceive WFC due to service members' military-specific work factors, and social support was a promotive factor which may alleviate experiences of WFC. Military leadership and behavior health providers should consider strategies to alleviate work-specific risks and promote social support for military spouses to reduce WFC.

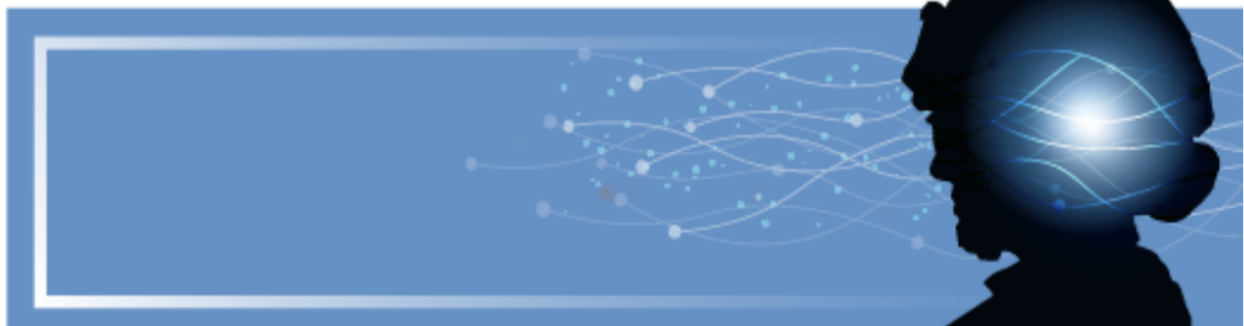
Links of Interest

- Navy deploys more chaplains for suicide prevention
<https://www.navytimes.com/news/your-navy/2023/03/30/navy-deploys-more-chaplains-for-suicide-prevention/>
- Pandemic pounds push 10,000 Army soldiers into obesity
<https://www.armytimes.com/news/your-army/2023/04/02/pandemic-pounds-push-10000-army-soldiers-into-obesity/>
- USAFA to Double Sexual Assault Prevention and Response Staff After Rise in Incidents
<https://www.airandspaceforces.com/air-force-academy-sexual-assault/>
- Troops can now take two weeks of leave after death of spouse or child
<https://www.militarytimes.com/news/your-military/2023/03/31/troops-can-now-take-two-weeks-of-leave-after-death-of-spouse-or-child/>
- 'The Cat in the Hat' from the high seas: Mobile Story Station helps service members read with kids while away
<https://www.pilotonline.com/military/vp-nw-mobile-story-station-20230401-gakjtg3xuzfgdnzahuky3sbk5a-story.html>
- If It Is Worth Dying for, It Is Worth Living for
<https://health.mil/News/Articles/2023/01/17/If-It-Is-Worth-Dying-for-It-Is-Worth-Living-for>
- Physician Says DOD Focused on Improving Mental Health of Force
<https://www.defense.gov/News/News-Stories/Article/Article/3321282/physician-says-dod-focused-on-improving-mental-health-of-force/>
- Meeting the Challenge of Co-occurring Posttraumatic Stress Disorder and Mild Traumatic Brain Injury
<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Meeting-the-Challenge-of-Cooccurring-Posttraumatic-Stress-Disorder-and-Mild-Traumatic-Brain-Injury>
- Defense Intrepid Network Supports Service Members Across the Continuum
<https://health.mil/News/Articles/2023/03/01/Defense-Intrepid-Network-Supports-Service-Members-Across-the-Continuum>

- Staff Perspective: Examining the Link Between Mild Traumatic Brain Injury and Insomnia
<https://deploymentpsych.org/blog/staff-perspective-examining-link-between-mild-traumatic-brain-injury-and-insomnia>
- Staff Perspective: I Did Not Sign Up for this Ultra-Marathon: Challenges to Providing Evidence-Based Psychotherapy in 2023
<https://deploymentpsych.org/blog/staff-perspective-i-did-not-sign-ultra-marathon-challenges-providing-evidence-based>
- Poor fitness among recruits is costing the Army millions, study says
<https://www.armytimes.com/news/your-military/2023/04/03/poor-fitness-among-recruits-is-costing-the-army-millions-study-says/>
- Suicide surges among soldiers not inherently tied to wars, study finds
<https://www.armytimes.com/news/your-army/2023/04/04/suicide-surges-among-soldiers-not-inherently-tied-to-wars-study-finds/>
 - [A historical comparison of U.S. Army & U.S. civilian suicide rates, 1900–2020](#)

Resource of the Week: [Psych Health Evidence Briefs](#)

Psychological Health Center of Excellence



From the Psychological Health Center of Excellence (PHCoE):

The Psychological Health Center of Excellence (PHCoE) produces expert-reviewed evidence briefs on existing and potential treatments for psychological health conditions that are commonly experienced by service members. Psych Health Evidence Briefs provide summaries of the available scientific evidence and clinical guidance to inform providers, patients and others who may have questions about the effectiveness of these treatments.

Each brief includes:

- An introduction of the treatment or topic, including a brief description of the treatment and the potential mechanisms of action
- Guidance from existing VA/DOD evidence-based clinical practice guidelines (CPGs) when available
- Identification and summaries of reviews conducted by organizations recognized as employing rigorous methodology with similar grading systems as the VA/DOD CPGs
- For treatments with an emerging or inconsistent evidence base, a systematic literature search
- A conclusion that summarizes what is known and what has yet to be determined, as well as guidance about adoption

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