

# CDP



## Research Update -- April 13, 2023

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- Resource of the Week: Evaluation of the DoD’s Management of Traumatic Brain Injury (DODIG-2023-059)

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<https://doi.org/10.1097/MLR.0000000000001818>

## **Stigma and Barriers in Health Care Among a Sample of Transgender and Gender-Diverse Active Duty Service Members.**

Johnson, N., Pearlman, A. T., Klein, D. A., Riggs, D., & Schvey, N. A.

Medical Care

2023 Mar 1; 61(3): 145-149

### **Background:**

Transgender and/or gender-diverse (TGD) persons are vulnerable to stigma and health care inequities; however, data are particularly limited among TGD active duty military service members despite ongoing changes to service policies. TGD-related stressors may impede access to and utilization of health care due to fear of potential discrimination and distress, thereby adversely impacting military readiness.

### **Methods:**

We examined stigma and barriers in health care and associations with physical and mental health in an online sample of 177 active duty service members who self-identified as TGD. To assess associations between stigma and barriers in health care with mental and physical health, linear regressions were conducted adjusting for age, gender identity, race, and rank.

### **Results:**

Over half (65%) of the participants reported at least 1 instance of stigma and/or barrier in health care. Stigma and barriers to health care were significantly associated with greater self-reported depressive symptoms ( $\beta=0.20$ ,  $P=0.03$ ), anxiety ( $\beta=0.21$ ,  $P=0.03$ ), stress ( $\beta=0.30$ ,  $P=0.001$ ), and poorer overall mental health ( $\beta=-0.23$ ,  $P=0.007$ ), after adjusting for covariates. Nearly one-quarter of participants had not disclosed their gender identity to their primary care clinician.

### **Conclusions:**

Findings suggested that stigma and barriers to affirming health care were prevalent among active duty service members identifying as TGD, specifically, difficulty accessing gender-affirming care and negative assumptions from clinicians. These experiences may adversely affect mental health and impede the quality of health care received by a population already vulnerable to health inequities. Given recent changes to military

policy, efforts may be warranted to improve access to timely, affirming care and clinician training.

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<https://doi.org/10.1002/jts.22928>

## **Positive emotion in posttraumatic stress disorder: A global or context-specific problem?**

Cameron P. Pugach, Casey L. May, Blair E. Wisco

Journal of Traumatic Stress

First published: 29 March 2023

Problems with positive emotion are an important component of posttraumatic stress disorder (PTSD), with competing perspectives as to why. The global model suggests that people with PTSD experience a relatively permanent shift in their capacity for positive emotion regardless of context, whereas the context-specific model posits access to the full repertoire of positive emotion that only becomes reduced during exposure to trauma reminders. We tested the global versus context-specific models using ecological momentary assessment (EMA). Trauma-exposed adult community members ( $N = 80$ ) with ( $n = 39$ ) and without diagnosed PTSD completed 3 days of EMA ( $n = 2,158$  observations). Participants with PTSD reported lower average momentary levels of positive emotion,  $B = -0.947$ , 95% CI  $[-1.35, -0.54]$ ,  $p < .001$ , and positive situations,  $B = -0.607$ , 95% CI  $[-1.16, -0.05]$ ,  $p = .032$ , and more thinking about trauma reminders,  $B = 0.360$ , 95% CI  $[0.21, 0.51]$ ,  $p < .001$ . There was no between-group difference in positive emotion reactivity (degree of positive emotion derived from positive situations),  $B = 0.03$ , 95% CI  $[-0.09, 0.14]$ ,  $p = .635$ . Increased thinking about trauma reminders predicted lower momentary levels of positive emotion,  $B = -0.55$ , 95% CI  $[-0.83, -0.26]$ ,  $p < .001$ , but not reactivity,  $B = 0.02$ , 95% CI  $[-0.35, 0.40]$ ,  $p = .906$ , irrespective of PTSD status. Findings supported the global model and were inconsistent with the context-specific model. This study helps clarify positive emotional functioning in trauma-exposed adults and highlights future directions to better understand problems with positive emotion in PTSD. ---

<https://doi.org/10.1002/jts.22921>

**A daily diary study of the romantic partner relationship dynamics associated with anger and other posttraumatic stress disorder symptoms.**

Courtland S. Hyatt, Max A. Halvorson, Sarah B. Campbell

Journal of Traumatic Stress

First published: 29 March 2023

Posttraumatic stress disorder (PTSD) is linked to negative relationship outcomes, but the relational processes that link specific PTSD symptoms to these outcomes over granular periods are not well understood. The current study used a daily diary methodology to investigate the associations between specific PTSD symptoms (i.e., anger, avoidance, reexperiencing, hyperarousal, and numbing) and proximal indices of relationship functioning (i.e., accommodation behaviors, disclosure, intimacy).

Participants were members of 64 couples, each comprising a male service member (SM) and female romantic partner (RP), who completed daily assessments of PTSD symptoms and indices of relationship functioning for 2 weeks. The results suggest a somewhat unique role of anger on relationship dynamics: Although mean levels of PTSD symptom clusters were associated with negative relationship outcomes at the bivariate level, daily fluctuations in anger were uniquely related to accommodation behaviors and SM- and RP-reported intimacy in multilevel models,  $B_s = -0.08-0.50$ ). These findings highlight the importance of considering the differential role of specific PTSD symptoms, like anger, in dyadic interventions for PTSD; several strategies for doing so in the context of contemporary evidence-based treatments are discussed.

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<https://doi.org/10.1136/bmj-2022-074224>

### **Comparison of mental health symptoms before and during the covid-19 pandemic: evidence from a systematic review and meta-analysis of 134 cohorts.**

Sun Y, Wu Y, Fan S, Dal Santo T, Li L, Jiang X et al.

BMJ

2023; 380: e074224

Objective

To synthesise results of mental health outcomes in cohorts before and during the covid-19 pandemic.

## Design

Systematic review.

## Data sources

Medline, PsycINFO, CINAHL, Embase, Web of Science, China National Knowledge Infrastructure, Wanfang, medRxiv, and Open Science Framework Preprints.

Eligibility criteria for selecting studies Studies comparing general mental health, anxiety symptoms, or depression symptoms assessed from 1 January 2020 or later with outcomes collected from 1 January 2018 to 31 December 2019 in any population, and comprising  $\geq 90\%$  of the same participants before and during the covid-19 pandemic or using statistical methods to account for missing data. Restricted maximum likelihood random effects meta-analyses (worse covid-19 outcomes representing positive change) were performed. Risk of bias was assessed using an adapted Joanna Briggs Institute Checklist for Prevalence Studies.

## Results

As of 11 April 2022, 94 411 unique titles and abstracts including 137 unique studies from 134 cohorts were reviewed. Most of the studies were from high income ( $n=105$ , 77%) or upper middle income ( $n=28$ , 20%) countries. Among general population studies, no changes were found for general mental health (standardised mean difference (SMD) change 0.11, 95% confidence interval  $-0.00$  to 0.22) or anxiety symptoms (0.05,  $-0.04$  to 0.13), but depression symptoms worsened minimally (0.12, 0.01 to 0.24). Among women or female participants, general mental health (0.22, 0.08 to 0.35), anxiety symptoms (0.20, 0.12 to 0.29), and depression symptoms (0.22, 0.05 to 0.40) worsened by minimal to small amounts. In 27 other analyses across outcome domains among subgroups other than women or female participants, five analyses suggested that symptoms worsened by minimal or small amounts, and two suggested minimal or small improvements. No other subgroup experienced changes across all outcome domains. In three studies with data from March to April 2020 and late 2020, symptoms were unchanged from pre-covid-19 levels at both assessments or increased initially then returned to pre-covid-19 levels. Substantial heterogeneity and risk of bias were present across analyses.

## Conclusions

High risk of bias in many studies and substantial heterogeneity suggest caution in interpreting results. Nonetheless, most symptom change estimates for general mental health, anxiety symptoms, and depression symptoms were close to zero and not statistically significant, and significant changes were of minimal to small magnitudes. Small negative changes occurred for women or female participants in all domains. The

authors will update the results of this systematic review as more evidence accrues, with study results posted online (<https://www.depressd.ca/covid-19-mental-health>).

Review registration  
PROSPERO CRD42020179703.

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<https://doi.org/10.1001/jamapsychiatry.2023.0393>

## **Longitudinal Trends in Suicidal Thoughts and Behaviors Among US Military Veterans During the COVID-19 Pandemic.**

Fischer IC, Nichter B, Na PJ, Norman SB, Krystal JH, Pietrzak RH

JAMA Psychiatry  
Published online April 05, 2023

### Key Points

#### Question

Have suicidal thoughts and behaviors increased in US military veterans over the course of the first 3 years of the pandemic?

#### Findings

In this cohort study, the prevalence of suicidal ideation did not significantly increase among US veterans during the pandemic, and the prevalence of suicide planning and suicide attempts remained low and consistent with prepandemic levels. Greater severity of prepandemic psychiatric distress and loneliness and lower purpose in life were the strongest predictors of new-onset suicidal thoughts and behaviors.

#### Meaning

The prevalence of suicidal thoughts and behaviors has not increased for most US veterans during the first 3 years of the COVID-19 pandemic.

### Abstract

#### Importance

Concerns have been raised since the onset of the COVID-19 pandemic that vulnerable populations, such as military veterans, may be at increased risk of suicidal thoughts and behaviors (STBs).

## Objective

To examine longitudinal trends in STBs in US military veterans during the first 3 years of the COVID-19 pandemic.

## Design, Setting, and Participants

This cohort study is a population-based longitudinal study including US military veterans that used 3 surveys from the National Health and Resilience in Veterans Study. Median dates of data collection were November 21, 2019 (prepandemic); November 14, 2020; and August 18, 2022.

## Main Outcomes and Measures

Lifetime and past-year suicidal ideation, suicide planning, and suicide attempt.

## Results

In this longitudinal study including 2441 veterans (mean [SD] age, 63.2 years [14.0]; 2182 [92.1%] male), past-year suicidal ideation decreased from 9.3% prepandemic (95% CI, 8.2%-10.6%) to 6.8% a year later (95% CI, 5.8-7.9%) and then slightly increased to 7.7% (95% CI, 6.7%-8.9%) 2 years later. In total, 9 veterans (0.4%) reported attempting suicide at least once during the follow-up period, while 100 (3.8%) developed new-onset suicidal ideation and 28 (1.2%) developed new-onset suicide planning. After adjusting for sociodemographic and military characteristics, factors strongly associated with new-onset suicidal ideation included higher education (odds ratio [OR], 3.27; 95% CI, 1.95-5.46), lifetime substance use disorder (OR, 2.07; 95% CI, 1.23-3.46), prepandemic loneliness (OR, 1.28; 95% CI, 1.09-1.49), and lower prepandemic purpose in life (OR, 0.92; 95% CI, 0.86-0.97). Factors associated with new-onset suicide planning included lifetime substance use disorder (OR, 3.03; 95% CI, 1.22-7.55), higher prepandemic psychiatric distress (OR, 1.52; 95% CI, 1.06-2.18), and lower prepandemic purpose in life (OR, 0.88; 95% CI, 0.81-0.95).

## Conclusions and Relevance

Contrary to expectations, the prevalence of STBs did not increase for most US veterans during the COVID-19 pandemic. However, veterans with preexisting loneliness, psychiatric distress, and lower purpose in life were at heightened risk of developing new-onset suicidal ideation and suicide planning during the pandemic. Evidence-based prevention and intervention efforts that target these factors may help mitigate suicide risk in this population.

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<https://doi.org/10.1001/jamanetworkopen.2023.6185>

## **Association Between Daily Alcohol Intake and Risk of All-Cause Mortality: A Systematic Review and Meta-analyses.**

Zhao J, Stockwell T, Naimi T, Churchill S, Clay J, Sherk A.

JAMA Network Open  
2023; 6(3): e236185

### Key Points

#### Question

What is the association between mean daily alcohol intake and all-cause mortality?

#### Findings

This systematic review and meta-analysis of 107 cohort studies involving more than 4.8 million participants found no significant reductions in risk of all-cause mortality for drinkers who drank less than 25 g of ethanol per day (about 2 Canadian standard drinks compared with lifetime nondrinkers) after adjustment for key study characteristics such as median age and sex of study cohorts. There was a significantly increased risk of all-cause mortality among female drinkers who drank 25 or more grams per day and among male drinkers who drank 45 or more grams per day.

#### Meaning

Low-volume alcohol drinking was not associated with protection against death from all causes.

### Abstract

#### Importance

A previous meta-analysis of the association between alcohol use and all-cause mortality found no statistically significant reductions in mortality risk at low levels of consumption compared with lifetime nondrinkers. However, the risk estimates may have been affected by the number and quality of studies then available, especially those for women and younger cohorts.

#### Objective

To investigate the association between alcohol use and all-cause mortality, and how sources of bias may change results.

## Data Sources

A systematic search of PubMed and Web of Science was performed to identify studies published between January 1980 and July 2021.

## Study Selection

Cohort studies were identified by systematic review to facilitate comparisons of studies with and without some degree of controls for biases affecting distinctions between abstainers and drinkers. The review identified 107 studies of alcohol use and all-cause mortality published from 1980 to July 2021.

## Data Extraction and Synthesis

Mixed linear regression models were used to model relative risks, first pooled for all studies and then stratified by cohort median age (<56 vs ≥56 years) and sex (male vs female). Data were analyzed from September 2021 to August 2022.

## Main Outcomes and Measures

Relative risk estimates for the association between mean daily alcohol intake and all-cause mortality.

## Results

There were 724 risk estimates of all-cause mortality due to alcohol intake from the 107 cohort studies (4 838 825 participants and 425 564 deaths available) for the analysis. In models adjusting for potential confounding effects of sampling variation, former drinker bias, and other prespecified study-level quality criteria, the meta-analysis of all 107 included studies found no significantly reduced risk of all-cause mortality among occasional (>0 to <1.3 g of ethanol per day; relative risk [RR], 0.96; 95% CI, 0.86-1.06; P = .41) or low-volume drinkers (1.3-24.0 g per day; RR, 0.93; P = .07) compared with lifetime nondrinkers. In the fully adjusted model, there was a nonsignificantly increased risk of all-cause mortality among drinkers who drank 25 to 44 g per day (RR, 1.05; P = .28) and significantly increased risk for drinkers who drank 45 to 64 and 65 or more grams per day (RR, 1.19 and 1.35; P < .001). There were significantly larger risks of mortality among female drinkers compared with female lifetime nondrinkers (RR, 1.22; P = .03).

## Conclusions and Relevance

In this updated systematic review and meta-analysis, daily low or moderate alcohol intake was not significantly associated with all-cause mortality risk, while increased risk was evident at higher consumption levels, starting at lower levels for women than men.

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<https://doi.org/10.1016/j.josat.2023.208964>

## **Alcohol use and treatment utilization in a national sample of veterans and nonveterans.**

Rachel M. Ranney, Paul A. Bernhard, Dawne Vogt, John R. Blosnich, ... Shira Maguen

Journal of Substance Use and Addiction Treatment  
Volume 146, March 2023, 208964

### Highlights

- Veterans were more likely to utilize lifetime alcohol treatment than nonveterans.
- Veterans and nonveterans did not differ in past-year alcohol treatment utilization.
- Veterans and nonveterans did not differ in need for intensive alcohol treatment.

### Abstract

#### Background

Research comparing prevalence of alcohol use problems and alcohol treatment utilization between veterans and nonveterans is lacking. Whether predictors of alcohol use problems and alcohol treatment utilization differ in veterans vs. nonveterans is also unclear.

#### Methods

Using survey data from national samples of post-9/11 veterans and nonveterans (N = 17,298; 13,451 veterans, 3847 nonveterans), we investigated associations between veteran status and 1) alcohol consumption, 2) need for intensive alcohol treatment, and 3) past-year and lifetime alcohol treatment utilization. We also investigated associations between predictors and these three outcomes in separate models for veterans and nonveterans. Predictors included age, gender, racial/ethnic identity, sexual orientation, marital status, education, health coverage, financial difficulty, social support, adverse childhood experiences (ACEs), and adult sexual trauma.

#### Results

Population weighted regression models demonstrated that veterans reported modestly higher alcohol consumption than nonveterans, but were not significantly more likely to need intensive alcohol treatment. Veterans and nonveterans did not differ in past-year alcohol treatment utilization, but veterans were 2.8 times more likely to utilize lifetime treatment than nonveterans. We found several differences between veterans and nonveterans in associations between predictors and outcomes. For veterans, being

male, having higher financial difficulty, and lower social support were associated with need for intensive treatment, but for nonveterans, only ACEs were associated with need for intensive treatment.

### Conclusions

Veterans may benefit from interventions with social and financial support to reduce alcohol problems. These findings can help to identify veterans and nonveterans who are more likely to need treatment.

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<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, Jones F, et al.

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)

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<https://doi.org/10.1111/sltb.12938>

### **Suicide attempts and mental health diagnoses in combat-injured service members: A retrospective cohort study.**

Walker, L. E., Poltavskiy, E., Howard, J. T., Janak, J. C., Watrous, J., Alcover, K., Pettey, W. B. P., Ambardar, S., Meyer, E., Gundlapalli, A. V., & Stewart, I. J.

### Suicide & Life-Threatening Behavior

2023 Apr; 53(2): 227-240

### Introduction:

Examinations of risk factors for suicide attempt in United States service members at high risk of mental health diagnoses, such as those with combat injuries, are essential to guiding prevention and intervention efforts.

### Methods:

Retrospective cohort study of 8727 combat-injured patients matched to deployed, non-injured patients utilizing Department of Defense and Veterans Affairs administrative records.

#### Results:

Combat injury was positively associated with suicide attempt in the univariate model (HR = 1.75, 95% CI 1.5-2.1), but lost significance after adjustment for mental health diagnoses. Utilizing Latent Transition Analysis in the combat-injured group, we identified five mental/behavioral health profiles: (1) Few mental health diagnoses, (2) PTSD and depressive disorders, (3) Adjustment disorder, (4) Multiple mental health comorbidities, and (5) Multiple mental health comorbidities with alcohol use disorder (AUD). Multiple mental health comorbidities with AUD had the highest suicide attempt rate throughout the study and more than four times that of Multiple mental health comorbidities in the first study year (23.4 vs. 5.1 per 1000 person years, respectively).

#### Conclusion:

Findings indicate that (1) combat injury's impact on suicide attempt is attenuated by mental health and (2) AUD with multiple mental health comorbidities confers heightened suicide attempt risk in combat-injured service members.

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<https://doi.org/10.1002/jclp.23488>

### **The association among insomnia symptom severity, comorbid symptoms, and suicidal ideation in two veteran cohorts meeting diagnostic criteria for insomnia disorder.**

Kramer, E. B., Gaeddert, L. A., Jackson, C. L., Hostetter, T. A., Forster, J. E., & Nazem, S.

Journal of Clinical Psychology  
2023 May; 79(5): 1420-1433

#### Objective:

Examine the association between insomnia symptom severity and suicidal ideation (SI), after adjusting for clinical comorbidity in veterans meeting diagnostic criteria for insomnia disorder.

#### Methods:

Secondary data analyses of psychometrically validated baseline assessments of depression, posttraumatic stress disorder (PTSD), and anxiety symptoms from two online insomnia intervention randomized clinical trials (n = 232; n = 80) were conducted.

Multiple linear regression was used to determine the association between insomnia symptom severity and SI, after controlling for clinical comorbidity and demographics.

**Results:**

Insomnia symptom severity was significantly correlated with comorbid depression, PTSD, and anxiety symptoms in both cohorts and significantly correlated with SI in one. After controlling for demographics and clinical comorbidity, insomnia symptom severity was not significantly associated with SI in linear regression models.

**Conclusion:**

Findings extend insomnia-suicide research by providing evidence that insomnia symptom severity may not confer a unique risk for SI above comorbid mental health symptoms in veterans meeting diagnostic criteria for insomnia disorder.

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<https://doi.org/10.1186/s40359-023-01134-1>

**Prevalence and correlates of destructive behaviors in the US Naval Surface Forces from 2010-2020.**

Lai, K., Jameson, J. T., & Russell, D. W.

BMC Psychology  
2023 Apr 7; 11(1): 103

**Purpose:**

To estimate the prevalence of domestic violence, sexual assault, and suicide for United States Navy (USN) personnel between 2010 and 2020 and identify potential associated factors.

**Methods:**

Official report data were used to calculate prevalence rates and odds ratios, accounting for sample and general USN population demographic data to assess differences in over- or underrepresentation of destructive behaviors.

**Results:**

Domestic violence and sexual assault offenders tended to be younger lower-ranked males. For sexual assaults, offenders were three times more likely to be senior to the victim, which was not the case for domestic violence. Females were overrepresented in



terms of suicidal ideation and attempts relative to the USN population, while males accounted for more actual suicides. The relative rates of suicidal ideation and attempts for females exceeded those for males (i.e., comparing the sample rate against the USN male and female populations), but the sample proportion for completed suicides (compared to the USN population) were greater for males than for females. Those in the junior enlisted (E1-E3) paygrades exhibited greater odds of suicide attempts versus suicidal ideations relative to those in the Petty Officers (E4-E6) paygrades, although E4-E6s completed more suicides.

#### Conclusion:

The descriptive profile of destructive behaviors in a representative sample of USN personnel provides an overview of the possible factors associated with destructive behaviors and includes an exploration of the relational dynamics and nature of the incidents. The results suggest that sexual assault and domestic violence are characterized by unique relational dynamics and that these destructive behaviors should not necessarily be classified together as male-oriented aggressions (i.e., mainly perpetrated by males against female victims). Those in the E1-E3 and E4-E6 paygrades displayed different patterns in suicidal ideation, attempts, and actual suicides. The results highlight individual characteristics to help inform the development of targeted policies, practices, and interventions for military and other hierarchical organizations (e.g., police).

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<https://doi.org/10.1016/j.genhosppsy.2023.03.006>

### **Treatment outcomes after screening positive for suicidal ideation in United States military veterans.**

Lancaster, S. L., & Linkh, D. J.

General Hospital Psychiatry  
2023 May-Jun; 82: 62-65

Suicidal ideation is a significant risk factor for suicidal behaviors, precipitating increased levels of clinical assessment and concern. The purpose of the current study was to determine if screening positive for ideation significantly predicted treatment outcomes in a non-VHA veteran population. Participants were military veterans seen at a Cohen Veterans Network clinic between January 1, 2016, and December 31, 2021. Of 12,178 episodes of care, 673 (5.5%) were positive screens (moderate or high risk on the C-

SSRS) and 234 (1.9%) were high risk. Overall, a positive screen was not a significant predictor of the reason for discharge or whether it was planned or unplanned. However, meeting the criteria for being high risk was associated with negative treatment outcomes in terms of the reason for discharge and the planned or unplanned nature of the discharge. These findings emphasize the significance of stratifying suicide risk as well as the advantages of routinely gathering data on reasons for client discharge.

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<https://doi.org/10.1111/sltb.12942>

### **Disrupted interoception in Military Service Members and Veterans with a history of suicidality.**

Smith, A. R., Witte, T. K., Grunewald, W., Kinkel-Ram, S., Santivaschi, C., Crosby, E., Williams, T., Esche, A., Tubman, D., & Dretsch, M.

Suicide & Life-Threatening Behavior  
2023 Apr; 53(2): 289-302

#### Introduction:

This project tested whether Service Members (SM) and Veterans with current suicidal ideation or a history of suicide attempt had greater interoceptive dysfunction than SM and Veterans with past or no suicidal ideation.

#### Method:

Participants (N = 195; 69% male) were SM (62%) and Veterans (38%) who completed measures of suicidal thoughts and behaviors and subjective and objective interoceptive dysfunction. Participants were split into the following suicide groups: no suicidality, lifetime ideation, current ideation, and past attempt. Planned orthogonal contrasts tested for differences.

#### Results:

The combined suicidality group (lifetime ideation, current ideation, or past attempt) had worse body trust relative to the no suicidality group, and the current ideation group had worse body trust relative to those with lifetime ideation. Those with a history of suicide attempt had worse body appreciation than the combined group of ideators, and those with current ideation had worse body appreciation relative to those with lifetime ideation. The groups did not differ on objective interoception.

Conclusion:

Interoception is disrupted among individuals with suicidality histories within a predominantly male-identified military sample. Individuals with current suicidal ideation had both worse body trust and appreciation relative to those with past ideation. Suicide risk assessments may benefit from including questions related to body trust.

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<https://doi.org/10.1002/jclp.23485>

**Informing measurement of gender differences in suicide risk and resilience: A national study of United States military veterans.**

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

Journal of Clinical Psychology  
2023 May; 79(5): 1371-1385

Objective:

To inform measure selection when examining gender differences in suicide risk, this paper evaluates measure performance for a set of gender-relevant constructs and examines gender differences in mean scores.

Methods:

A national sample of veterans ( $n = 968$ ) who had recently attempted suicide (past 6 months) completed measures assessing life experience-, psychosocial-, and health-related constructs. A multigroup latent variable model was used to assess similarity of measurement properties between women and men.

Results:

Metric and scalar invariance indicated that the latent variables functioned similarly between women and men. Women had higher scores on negative coping, institutional betrayal, and social rejection; men had higher scores on self-compassion, autonomy, and suicide ideation.

Conclusions:

Measurement properties and gender differences in mean values support the use of these measures for research on gender differences. Findings also suggest further

investigation of social rejection, institutional betrayal, and negative coping among women veterans at risk for suicide.

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<https://doi.org/10.1111/sltb.12940>

**Differences in firearm storage practices among United States military servicemembers who have and have not disclosed suicidal thoughts or attended behavioral health sessions.**

Anestis, M. D., Bond, A. E., Capron, D. W., Bryan, A. O., & Bryan, C. J.

Suicide & Life-Threatening Behavior  
2023 Apr; 53(2): 262-269

Introduction:

Two-thirds of military suicides are by firearm, and unsafe storage increases the risk of suicide. Understanding who is at risk for suicide, their interactions with behavioral healthcare, and their firearm storage habits have implications for suicide prevention.

Method:

Probability-based sampling was used. Inclusion criteria were current military service and firearm ownership. Analyses focused on those who endorsed past year (n = 180) or past month suicidal ideation (n = 85).

Results:

Servicemembers with undisclosed past year ideation stored firearms at home more often and with a locking device less often. Servicemembers with past year ideation who did not attend recent behavioral health sessions stored firearms with a locking device and loaded less often. Servicemembers with undisclosed suicidal ideation in the past month stored firearms with a locking device less often. Servicemembers with past month ideation who have not attended recent behavioral health sessions stored firearms with a locking device and loaded less often.

Conclusions:

Servicemembers experiencing undisclosed suicidal ideation and who are not receiving treatment generally have more ready access to firearms. Safe firearm storage messaging needs to be disseminated in a manner that shifts social norms around firearm storage, whether or not suicide risk is known.

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<https://doi.org/10.1111/pere.12469>

**Psychological distress with relationship satisfaction is moderated by anticipatory relational savoring among non-deployed military partners.**

Nicole M. Froidevaux, Hugo Sanchez Hernandez, Vida Pourmand, Asal Yunusova, David A. Sbarra, Jessica L. Borelli

Personal Relationships

First published: 21 January 2023

This study recruited participants whose partners were deployed for active-duty military service to examine whether anticipatory relational savoring moderated the association of psychological distress with relationship satisfaction. Two weeks prior to their partner's deployment (T1), participants (N = 73) completed a self-report measure of relationship satisfaction. Then, 2 weeks into their partner's deployment (T2), participants completed self-report measures of stress, loneliness, and depression (combined into a composite index of psychological distress), and relationship satisfaction. Participants also completed a stream-of-consciousness task at T2 in which they imagined and discussed their partner's return from deployment. We coded the stream-of-consciousness task for anticipatory relational savoring regarding their upcoming reunion with their deployed partner. We found that anticipatory relational savoring moderated the association of psychological distress with during-deployment relationship satisfaction after adjusting for demographics, interpersonal variables, and deployment-specific variables; the association did not hold after adjusting for pre-deployment relationship satisfaction, and thus was robust when considering the distress-satisfaction association during the deployment but was not when considering changes in relationship satisfaction from pre- to during-deployment. We discuss the potential importance of anticipatory relational savoring for this unique population.

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<https://doi.org/10.1002/ajcp.12655>

**Relationship of perceived neighborhood danger with depression and PTSD among veterans: The moderating role of social support and neighborhood cohesion.**

Galovski, T. E., Rossi, F. S., Fox, A. B., Vogt, D., Duke, C. C., & Nillni, Y. I.

American Journal of Community Psychology

2023 Jan 20

Little is known about the impact of perceived neighborhood danger on military veterans' mental health, a population potentially at higher risk for this experience, or whether interpersonal social support and neighborhood cohesion can help buffer against poor mental health. This study examined: (1) the impact of perceived neighborhood danger on depression and posttraumatic stress disorder (PTSD) among veterans; (2) whether interpersonal social support and neighborhood cohesion can mitigate these effects; and (3) how prior trauma history may interact with these factors. Six moderation models were examined using data from 3049 veterans enrolled in the Longitudinal Investigation of Gender, Health, and Trauma study, a mail-based survey that oversampled for veterans in high crime neighborhoods. Most notably, results indicated that perceived neighborhood danger was associated with increased depression and PTSD (all  $p < .001$ ). Interpersonal social support or neighborhood cohesion mitigated the effect of perceived neighborhood danger on veterans' depression, but, only for those without prior trauma (all  $p < .011$ ). For trauma-exposed veterans, interpersonal social support was more effective in mitigating the effect of perceived neighborhood danger on depression than neighborhood cohesion ( $p = .006$ ). Findings help inform interventions to improve the mental health of veterans living in high crime neighborhoods.

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<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.

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<https://doi.org/10.31219/osf.io/bc8vr>

## **The Nomological Network of Reports of Abusive Violence Among Post-9/11 U.S. Military Veterans.**

ML Crowe, C Hyatt, BT Litz, TM Keane, BP Marx

Preprint

Last edited: January 30, 2023

Acts of abusive violence by U.S. military personnel are well documented, but little is known regarding the frequency of participation in and/or observation of such behaviors within the modern military and its potential associations with psychosocial impairment. The current analyses expand this work by examining the frequency and correlates of participation in and observation of nine distinct abusive violence behaviors within a sample (N = 1,345) of deployed Veterans over-selected for trauma-related symptoms.

Observation of at least one abusive violence behavior was reported by 40% of the total sample. Participation in at least one form of abusive violence was reported by 14% of the total sample. The nomological networks of abusive violence participation and observation were highly similar to each other, but distinct from that of lifetime potentially traumatic event exposure.

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<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)

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<https://doi.org/10.5664/jcsm.10428>

**Cannabis and sleep disorders: not ready for prime time? A qualitative scoping review.**

Caio Amaral, MD , Carolina Carvalho, MD, MScCH (HPTE), PhD , Anabel Scaranelo, MD, MSc, PhD, FSBI , Kenneth Chapman, MD, MSc, FRCPC, FACP, FERS , Jose Chatkin, MD, PhD , Ivone Ferreira, MD, MSc, PhD, FRCPC



#### STUDY OBJECTIVES:

To perform a qualitative scoping literature review for studies involving the effects of cannabis on sleep and sleep disorders.

#### METHODS:

Two electronic databases MEDLINE and EMBASE searched for comprehensive published abstracted studies that involved human participants. Inclusion criteria were article of any type, published in English, a target population of cannabis users and reported data on cannabis effect on sleep and sleep disorders. The Joanna Briggs Institute's (JBI) approach was elected as the methodology framework guidance in the scoping review process.

#### RESULTS:

A total of 40 unique publications were found. The majority (82.5%) were from the Americas with 60% published in the last decade. Of the 40 studies, only 25% were randomized control trials and the sleep outcome measurements were similar and comparable in only 20%. Cannabis users studied were reported either 73% frequent users or 27% sporadic users. The utilization of cannabis showed improved sleep (21%), worse sleep (48%), mixed results (14%) or no impact at all (17%) in the studies published in the last five decades.

#### CONCLUSIONS:

Our findings summarize the lack of robust evidence to support the use of cannabis for sleep disorders. The varied cannabis user-related characteristics may account for the inconsistent results identified. Further studies assessing cannabis and sleep are needed discerning what works in what context, how it works and for whom.

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#### **Links of Interest**

Families Can Spot Signs of Veterans' Mental Health Concerns

<https://www.maketheconnection.net/read-stories/families-can-spot-signs-of-veterans-mental-health-concerns/>

Diversity: Necessary for readiness or the bogeyman?

<https://www.militarytimes.com/news/your-military/2023/04/10/the-diversity-bogeyman-is-the-us-too-woke-to-wage-war/>

DoD's highest-ranking trans official: 'Ostracizing anybody' will hurt military readiness

<https://www.politico.com/news/2023/04/07/shawn-skelly-gop-trans-00090488>

Making a military move? The road may be bumpy; these tips will help

<https://www.militarytimes.com/pay-benefits/mil-money/2023/04/07/making-a-military-move-the-road-may-be-bumpy-these-tips-will-help/>

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**Resource of the Week: [Evaluation of the DoD's Management of Traumatic Brain Injury \(DODIG-2023-059\)](#)**

From the Office of Inspector General, United States Department of Defense:

**Objective**

The objective of this evaluation was to determine the extent to which the Defense Health Agency and Military Service medical departments implemented policies and procedures and provided oversight to ensure that Service members who experienced a traumatic brain injury (TBI) were identified and screened to determine their appropriate level of care. In addition, we determined the extent to which the U.S. Central Command (USCENTCOM) Service Components screened, identified, and documented signs and symptoms of TBIs.

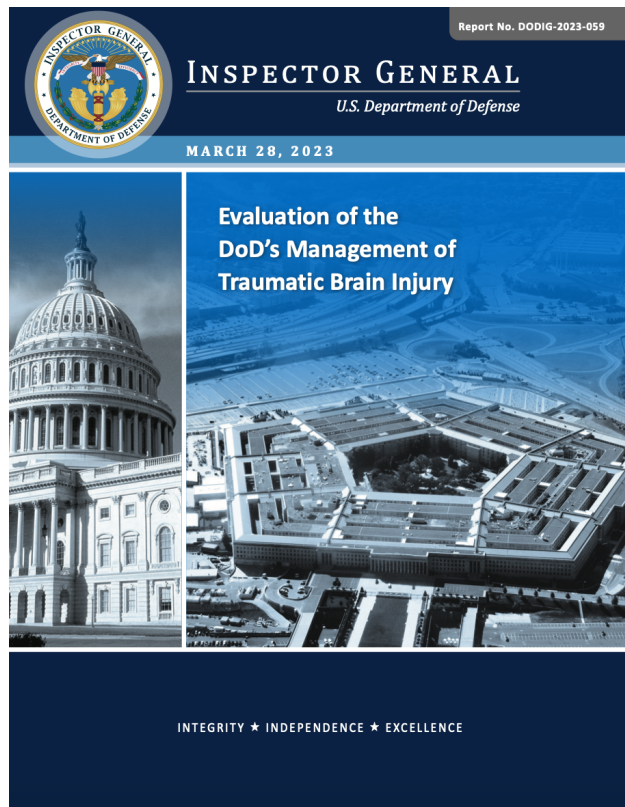
**Background**

As highlighted in the DoD OIG November 2021 report on traumatic brain injuries in the USCENTCOM area of responsibility, TBIs are one of the invisible wounds of war and one of the signature injuries of troops wounded in Afghanistan and Iraq. From 2000 to 2022, approximately 458,894 Service members were diagnosed with a TBI during training or in combat. Due to the high rate of TBIs, the National Defense Authorization Act for FY 2020 required the DoD to study the effectiveness of the use of routine neuroimaging in diagnosis, treatment, and prevention of brain injury due to blast pressure exposure during combat and training. In a 2020 letter to the DoD Acting Inspector General, the Congressional Brain Injury Task Force emphasized the importance of accurate and transparent reporting of traumatic brain injuries.

## Finding

The DoD did not consistently implement policies and procedures to determine the care needed for Service members with TBIs. Specifically:

- Military Health System (MHS) providers did not consistently identify and assess patients with TBIs;
- the DoD did not implement consistent processes for the management of TBI care; and
- the DoD did not implement consistent processes for the disposition of care, including return to duty status for patients diagnosed with a TBI.



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