

CDP



Research Update -- June 1, 2023

What's Here:

- Reducing Opioid Use for Chronic Pain With a Group-Based Intervention: A Randomized Clinical Trial.
- Cannabis Use Disorder and Subsequent Risk of Psychotic and Nonpsychotic Unipolar Depression and Bipolar Disorder.
- Understanding a Time of High Risk for Suicide: Adversities Associated with Separation from Military Service among National Guard and Reserve Service Members.
- Family and occupational functioning following military trauma exposure and moral injury.
- Clinical Practice Guidelines for Cannabis and Cannabinoid-Based Medicines in the Management of Chronic Pain and Co-Occurring Conditions.
- Longitudinal profiles of sleep during residential PTSD treatment.
- A prospective study of marital distress and mental health symptoms across the deployment cycle.
- Identifying potentially morally injurious events from the Veteran perspective: A qualitative descriptive study.
- Anxiety Sensitivity and Intolerance of Uncertainty: Transdiagnostic Risk Factors for Anxiety as Targets to Reduce Risk of Suicide.
- Analysis of Reported Suicide Safety Events Among Veterans Who Received Treatment Through Department of Veterans Affairs–Contracted Community Care.

- Compensation and Pension Exams for Military Sexual Trauma–Related Posttraumatic Stress Disorder: Examiner Perspectives, Clinical Impacts on Veterans, and Strategies.
- A disproportionate burden: Prevalence of trauma and mental health difficulties among sexual minority versus heterosexual U.S. military veterans.
- Nightmares: an independent risk factor for cardiovascular disease?
- Suicidal Thoughts and Behaviors in Older U.S. Military Veterans: Results From the National Health and Resilience in Veterans Study.
- Evaluation of Implementation Strategies for Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness-Based Stress Reduction (MBSR): a Systematic Review.
- The Role of Unit and Interpersonal Support in Military Sexual Trauma and Posttraumatic Stress Disorder Symptoms.
- Longitudinal Trends in Suicidal Thoughts and Behaviors Among US Military Veterans During the COVID-19 Pandemic.
- Suicidal thoughts and behaviors in patients with chronic pain, with and without co-occurring opioid use disorder.
- Emotion Dysregulation and Substance Use Risk and Protective Factors among Veterans in Residential Treatment.
- Use of Cannabidiol in the Management of Insomnia: A Systematic Review.
- Potential Utility of Cannabidiol in Stress-Related Disorders.
- Adverse Childhood Experiences in Military, Veteran, and Civilian Families.
- Post-9/11 Veterans' Pursuit and Completion of Post-secondary Education: Social Connection, Mental Health, and Finances.
- Suicide risk among veterans using VHA justice-involved services: a latent class analysis.
- Prevalence and correlates of destructive behaviors in the US Naval Surface Forces from 2010–2020.
- Links of Interest
- Resource of the Week: DOD Domestic School System: Background and Issues (Congressional Research Service)

<https://doi.org/10.1001/jama.2023.6454>

Reducing Opioid Use for Chronic Pain With a Group-Based Intervention: A Randomized Clinical Trial.

Sandhu, H. K., Booth, K., Furlan, A. D., Shaw, J., Carnes, D., Taylor, S. J. C., Abraham, C., Alleyne, S., Balasubramanian, S., Betteley, L., Haywood, K. L., Iglesias-Urrutia, C. P., Krishnan, S., Lall, R., Manca, A., Mistry, D., Newton, S., Noyes, J., Nichols, V., Padfield, E., ... Underwood, M.

JAMA

May 23/30, 2023

Key Points

Question

Among patients with chronic pain, does a multicomponent intervention consisting of group meetings, education, individual support, and skill-based learning reduce opioid use and improve pain interference with daily activities compared with usual care?

Findings

In this multicentered, randomized clinical trial that included 608 participants with chronic pain due to nonmalignant causes from primary care settings in the UK, at 12-month follow-up, 29% of people in the intervention group, compared with 7% in the usual care group, discontinued opioids, but there were no statistically significant differences in pain interference with daily life activities between the 2 groups at 12 months.

Meaning

Among patients with chronic pain due to nonmalignant causes, a group-based educational intervention significantly reduced opioid use had no effect on perceived pain compared with usual care.

Abstract

Importance

Opioid use for chronic nonmalignant pain can be harmful.

Objective

To test whether a multicomponent, group-based, self-management intervention reduced opioid use and improved pain-related disability compared with usual care.

Design, Setting, and Participants

Multicentered, randomized clinical trial of 608 adults taking strong opioids (buprenorphine, dipipanone, morphine, diamorphine, fentanyl, hydromorphone, methadone, oxycodone, papaveretum, pentazocine, pethidine, tapentadol, and tramadol) to treat chronic nonmalignant pain. The study was conducted in 191 primary care centers in England between May 17, 2017, and January 30, 2019. Final follow-up occurred March 18, 2020.

Intervention

Participants were randomized 1:1 to either usual care or 3-day-long group sessions that emphasized skill-based learning and education, supplemented by 1-on-1 support delivered by a nurse and lay person for 12 months.

Main Outcomes and Measures

The 2 primary outcomes were Patient-Reported Outcomes Measurement Information System Pain Interference Short Form 8a (PROMIS-PI-SF-8a) score (T-score range, 40.7-77; 77 indicates worst pain interference; minimal clinically important difference, 3.5) and the proportion of participants who discontinued opioids at 12 months, measured by self-report.

Results

Of 608 participants randomized (mean age, 61 years; 362 female [60%]; median daily morphine equivalent dose, 46 mg [IQR, 25 to 79]), 440 (72%) completed 12-month follow-up. There was no statistically significant difference in PROMIS-PI-SF-8a scores between the 2 groups at 12-month follow-up (-4.1 in the intervention and -3.17 in the usual care groups; between-group difference: mean difference, -0.52 [95% CI, -1.94 to 0.89]; $P = .15$). At 12 months, opioid discontinuation occurred in 65 of 225 participants (29%) in the intervention group and 15 of 208 participants (7%) in the usual care group (odds ratio, 5.55 [95% CI, 2.80 to 10.99]; absolute difference, 21.7% [95% CI, 14.8% to 28.6%]; $P < .001$). Serious adverse events occurred in 8% (25/305) of the participants in the intervention group and 5% (16/303) of the participants in the usual care group. The most common serious adverse events were gastrointestinal (2% in the intervention group and 0% in the usual care group) and locomotor/musculoskeletal (2% in the intervention group and 1% in the usual care group). Four people (1%) in the intervention group received additional medical care for possible or probable symptoms of opioid

withdrawal (shortness of breath, hot flushes, fever and pain, small intestinal bleed, and an overdose suicide attempt).

Conclusions and Relevance

In people with chronic pain due to nonmalignant causes, compared with usual care, a group-based educational intervention that included group and individual support and skill-based learning significantly reduced patient-reported use of opioids, but had no effect on perceived pain interference with daily life activities.

Trial Registration

isrctn.org Identifier: [ISRCTN49470934](https://isrctn.com/ISRCTN49470934)

<https://doi.org/10.1001/jamapsychiatry.2023.1256>

Cannabis Use Disorder and Subsequent Risk of Psychotic and Nonpsychotic Unipolar Depression and Bipolar Disorder.

Jefsen, O. H., Erlangsen, A., Nordentoft, M., & Hjorthøj, C.

JAMA Psychiatry

May 24, 2023

Key Points

Question

Is cannabis use disorder associated with an increased risk of psychotic and nonpsychotic unipolar depression and bipolar disorder?

Findings

In this cohort study of 6 651 765 individuals in Denmark, cannabis use disorder was associated with an increased risk of both psychotic and nonpsychotic unipolar depression and bipolar disorder.

Meaning

The findings suggest that cannabis use disorder is independently associated with bipolar disorder and unipolar depression.

Abstract

Importance

Cannabis use is increasing worldwide and is suspected to be associated with increased risk of psychiatric disorders; however, the association with affective disorders has been insufficiently studied.

Objective

To examine whether cannabis use disorder (CUD) is associated with an increased risk of psychotic and nonpsychotic unipolar depression and bipolar disorder and to compare associations of CUD with psychotic and nonpsychotic subtypes of these diagnoses.

Design, Setting, and Participants

This prospective, population-based cohort study using Danish nationwide registers included all individuals born in Denmark before December 31, 2005, who were alive, aged at least 16 years, and living in Denmark between January 1, 1995, and December 31, 2021.

Exposure

Register-based diagnosis of CUD.

Main Outcome and Measures

The main outcome was register-based diagnosis of psychotic or nonpsychotic unipolar depression or bipolar disorder. Associations between CUD and subsequent affective disorders were estimated as hazard ratios (HRs) using Cox proportional hazards regression with time-varying information on CUD, adjusting for sex; alcohol use disorder; substance use disorder; having been born in Denmark; calendar year; parental educational level (highest attained); parental cannabis, alcohol, or substance use disorders; and parental affective disorders.

Results

A total of 6 651 765 individuals (50.3% female) were followed up for 119 526 786 person-years. Cannabis use disorder was associated with an increased risk of unipolar depression (HR, 1.84; 95% CI, 1.78-1.90), psychotic unipolar depression (HR, 1.97; 95% CI, 1.73-2.25), and nonpsychotic unipolar depression (HR, 1.83; 95% CI, 1.77-1.89). Cannabis use was associated with an increased risk of bipolar disorder in men (HR, 2.96; 95% CI, 2.73-3.21) and women (HR, 2.54; 95% CI, 2.31-2.80), psychotic bipolar disorder (HR, 4.05; 95% CI, 3.52-4.65), and nonpsychotic bipolar disorder in men (HR, 2.96; 95% CI, 2.73-3.21) and women (HR, 2.60; 95% CI, 2.36-2.85). Cannabis use disorder was associated with higher risk for psychotic than nonpsychotic subtypes of bipolar disorder (relative HR, 1.48; 95% CI, 1.21-1.81) but not unipolar depression (relative HR, 1.08; 95% CI, 0.92-1.27).

Conclusions and Relevance

This population-based cohort study found that CUD was associated with an increased risk of psychotic and nonpsychotic bipolar disorder and unipolar depression. These findings may inform policies regarding the legal status and control of cannabis use.

<https://doi.org/10.1080/00332747.2023.2188627>

Understanding a Time of High Risk for Suicide: Adversities Associated with Separation from Military Service among National Guard and Reserve Service Members.

Wang, J., Ursano, R. J., Dinh, H., Thomas, J. L., Cohen, G. H., Sampson, L. A., Galea, S., & Fullerton, C. S.

Psychiatry

2023 Summer; 86(2): 124-136

Objective:

The purpose was to examine five types of adversity and their associations with separating from military service among a nationally representative sample of U.S. National Guard and Reserve (NGR) service members.

Methods:

Multivariate logistic regression analyses were conducted to examine the association between separating from the service and adversities, and demographic differences in adversities experienced among those who had separated from the service and those who stayed in the service.

Results:

Those who left the military were more likely to report financial (OR = 1.65, 95% CI = 1.01-2.70) and healthcare access problems (OR = 2.21, 95% CI = 1.10-4.46). Among those who left the military, female service members were more likely to experience interpersonal adversity (OR = 4.28, 95% CI = 1.15-15.87), and Army and Marine service members were more likely to experience job-employment adversity (OR = 4.92, 95% CI = 1.50-16.12) and financial adversity (OR = 6.46, 95% CI = 1.22-34.33).

Conclusion:

Separating service members experience financial adversity and challenges with

healthcare access. Interpersonal difficulties are particularly experienced by female service members, and job/employment difficulties experienced by Army and Marine veterans. Continued efforts are needed to facilitate service delivery for NGR separating service members who need them.

<https://doi.org/10.1136/bmjmilitary-2020-001770>

Family and occupational functioning following military trauma exposure and moral injury.

Williamson, V., Murphy, D., Stevelink, S. A., Jones, E., Allen, S., & Greenberg, N.

BMJ Military Health
2023 Jun; 169(3): 205-211

Introduction:

Evidence is growing regarding the impact of potentially morally injurious events (PMIEs) on mental health; yet how moral injury may affect an individual's occupational and familial functioning remains poorly understood.

Method:

Thirty male veterans who reported exposure to either traumatic or morally injurious events and 15 clinicians were recruited for semi-structured qualitative interviews.

Results:

While many veterans experienced psychological distress postevent, those who experienced PMIEs especially reported social withdrawal and engagement in aggressive, risk-taking behaviours. This was highly distressing for family members and created a tense, volatile home and workplace environment that was difficult for others to navigate. Following PMIEs, employment could be used as a cognitive avoidance strategy or as a means to atone for transgressive acts. In cases of moral injury, clinicians considered that targeted support for spouses and accessible guidance to help children to better understand how their military parent may be feeling would be beneficial.

Conclusions:

This study provides some of the first evidence of the pervasive negative impact of PMIEs on veterans' familial and occupational functioning. These findings highlight the

need to comprehensively screen for the impact of moral injury on daily functioning in future studies that goes beyond just an assessment of psychological symptoms.

<https://doi.org/10.1089/can.2021.0156>

Clinical Practice Guidelines for Cannabis and Cannabinoid-Based Medicines in the Management of Chronic Pain and Co-Occurring Conditions.

Alan D. Bell, Caroline MacCallum, Shari Margolese, Zach Walsh, Patrick Wright, Paul J. Daeninck, Enrico Mandarino, Gary Lacasse, Jagpaul Kaur Deol, Lauren de Freitas, Michelle St. Pierre, Lynne Belle-Isle, Marilou Gagnon, Sian Bevan, Tatiana Sanchez, Stephanie Artt, Max Monahan-Ellison, James O'Hara, Michael Boivin, Cecilia Costiniuk, External Review Panel, Nancy Chow, Dr. Rob Sealey, and Dr. Lynda Balneaves.

Cannabis and Cannabinoid Research
Published Online: 27 Mar 2023

Background:

One in five individuals live with chronic pain globally, which often co-occurs with sleep problems, anxiety, depression, and substance use disorders. Although these conditions are commonly managed with cannabinoid-based medicines (CBM), health care providers report lack of information on the risks, benefits, and appropriate use of CBM for therapeutic purposes.

Aims:

We present these clinical practice guidelines to help clinicians and patients navigate appropriate CBM use in the management of chronic pain and co-occurring conditions.

Materials and Methods:

We conducted a systematic review of studies investigating the use of CBM for the treatment of chronic pain. Articles were dually reviewed in accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Clinical recommendations were developed based on available evidence from the review. Values and preferences and practical tips have also been provided to support clinical application. The GRADE system was used to rate the strength of recommendations and quality of evidence.

Results:

From our literature search, 70 articles met inclusion criteria and were utilized in guideline development, including 19 systematic reviews and 51 original research studies. Research typically demonstrates moderate benefit of CBM in chronic pain management. There is also evidence for efficacy of CBM in the management of comorbidities, including sleep problems, anxiety, appetite suppression, and for managing symptoms in some chronic conditions associated with pain including HIV, multiple sclerosis, fibromyalgia, and arthritis.

Conclusions:

All patients considering CBM should be educated on risks and adverse events. Patients and clinicians should work collaboratively to identify appropriate dosing, titration, and administration routes for each individual.

Systematic Review Registration:

PROSPERO no. 135886.

<https://doi.org/10.1016/j.sleep.2023.03.020>

Longitudinal profiles of sleep during residential PTSD treatment.

Katherine E. Miller, Gisselle Tamayo, Ned Arsenault, Andrea L. Jamison, Steven H. Woodward

Sleep Medicine

Volume 106, June 2023, Pages 52-58

Highlights

- No studies have examined objectively-measured sleep during PTSD programs.
- Three profiles of sleep period were identified via data from mattress actigraphy.
- Results highlight the opportunities of intensive longitudinal sleep measurement.

Abstract

We investigated longitudinal profiles of objectively measured sleep periods (SP) over the course of residential treatment for posttraumatic stress disorder (PTSD) in a cohort of U.S. male veterans. Participants (N = 190) slept on mattress-actigraphy systems in a Veterans Affairs (VA) residential PTSD program. The final sample included 4078 sleep periods. Latent class mixed model analyses were used to identify between-subject

profiles in sleep period durations, controlling for daily medication intake, over the first fifty days of residency. Logistic regression was used to determine the association of pre-treatment characteristics with identified profiles. Three longitudinal profiles of sleep period characterized most of the sample: 'stable' (56%), 'decreasing' (35%), and 'increasing' (8%). Less severe pre-treatment PTSD avoidance symptoms predicted membership in the 'decreasing' class and increased depression symptoms were predictive of membership in the 'increasing' class. Nearly half of the sample reported a summary change of 1 h or more over the course of the initial 50-nights in the program. Future work is needed to identify how these profiles might drive inpatient treatment decisions regarding the provision of adjunctive sleep-focused treatment such as cognitive-behavioral treatment for insomnia or hypnotic medications.

<https://doi.org/10.1037/fam0001079>

A prospective study of marital distress and mental health symptoms across the deployment cycle.

Knobloch, L. K., & Whisman, M. A.

Journal of Family Psychology
Advance online publication

Although recent findings imply that marital distress and mental health symptoms are intertwined among military personnel, a prospective longitudinal study is needed to evaluate the bidirectionality of the link between marital distress and mental health symptoms across the deployment cycle. We investigated over time associations using data from the Pre–Post Deployment Study component of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS). Married soldiers (N = 2,585) reported on their marital distress, anxiety symptoms, depressive symptoms, and posttraumatic stress disorder (PTSD) symptoms 1 month before deploying to Afghanistan and 3 months and 9 months after they returned home. The data were analyzed using cross-lagged panel models, adjusting for a variety of demographic and military covariates (including deployment stress, measured 1 month after homecoming). Results indicated (a) no associations between marital distress and mental health symptoms during the 13-month lag from predeployment to postdeployment, (b) bidirectional associations between marital distress and symptoms of anxiety and depression during the 6-month lag from 3 to 9 months after homecoming, and (c) a unidirectional association from PTSD symptoms to marital distress during the 6-month

lag from 3 to 9 months after homecoming. These findings shed light on a lingering debate about the directionality of the longitudinal association between marital distress and psychopathology. They also imply points of intervention to help buffer military personnel from the harmful effects of marital distress and mental health symptoms across the deployment cycle. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.3138/jmvfh-2022-0049>

Identifying potentially morally injurious events from the Veteran perspective: A qualitative descriptive study.

Heather A. King, Kathleen R. Perry, Stephanie Ferguson, Bret L. Hicken, George L. Jackson, Chanee Lynch, Sandra L. Woolson, Jennifer H. Wortmann, Jason A. Nieuwsma, Kimber J. Parry

Journal of Military, Veteran and Family Health
Volume 9 Issue 2, April 2023, pp. 27-39

Current conceptualizations of potentially morally injurious events (PMIEs) emphasize war atrocities (e.g., killing of children or civilians, witnessing abuse of prisoners of war). Additional research on PMIEs could inform provision of patient-centred care in pursuit of healing for those experiencing moral injury. The field would benefit from an operationalization of PMIEs that is not only grounded in empirical data and meaningful to clinicians but also accounts for the perspectives of the Veterans who experienced PMIEs. This study sought to gain a more in-depth understanding of and explore Veterans' experiences surrounding PMIEs.

Introduction:

Current conceptualizations of potentially morally injurious events (PMIEs) emphasize war atrocities. However, additional research on the breadth of PMIEs could inform provision of patient-centred care for those experiencing moral injury. This study sought to gain a more in-depth understanding of Veterans' experiences surrounding PMIEs.

Methods:

Semi-structured, in-depth individual interviews were conducted with 32 Veterans who agreed or strongly agreed that they witnessed, did not stop (despite believing they could have), did things they felt were morally wrong during their time in a war zone, or any

combination of these. Participants were asked what is important to know about such events and probed to describe the events in whatever level of detail they felt comfortable. Applied thematic analysis was used to code and analyze the data, including structural and content coding. Coding discrepancies were resolved by mutual consensus.

Results:

In addition to war atrocities, analyses revealed types of events that may be overlooked as potentially morally injurious but that were salient to Veterans: 1) fraud, waste, and abuse, 2) animal cruelty, 3) bullying and reputation smearing, 4) infidelity, 5) racism and sexism, 6) morally abhorrent practices, and 7) events outside the military. Veterans also reported and described multiple events at once or over time given multiple deployments and time in service rather than identifying a single specific PMIE.

Discussion:

The field would benefit from an operationalization of PMIEs not only grounded in empirical data and meaningful to clinicians but that also accounts for the perspectives of the Veterans who experienced PMIEs.

<https://doi.org/10.1007/s11920-023-01413-z>

Anxiety Sensitivity and Intolerance of Uncertainty: Transdiagnostic Risk Factors for Anxiety as Targets to Reduce Risk of Suicide.

Nicholas P. Allan, Stephanie M. Gorka, Kevin G. Saulnier & Craig J. Bryan

Current Psychiatry Reports

Published: 31 March 2023

Purpose of Review

Suicide has a profound impact on individuals, families, and society. One prominent, if understudied, risk factor for suicide is anxiety. More than 70% of people with at least one suicide attempt meet diagnostic criteria for an anxiety disorder. There are several limitations to exploring the associations between anxiety and suicide using diagnosis-based classification systems. A better approach would be to consider transdiagnostic risk factors for anxiety.

Recent Findings

Through a negative reinforcement model of suicide, anxiety sensitivity (AS) and intolerance of uncertainty (IU) appear to exacerbate the experience of unpleasant anxiety sensations and likely contribute to chronic suicide risk as well as acute suicidal acts.

Summary

Although more research is needed to clarify the mechanisms through which AS and IU confer risk, brief interventions may offer an ideal suicide prevention strategy for anxious people.

<https://doi.org/10.1093/milmed/usad088>

Analysis of Reported Suicide Safety Events Among Veterans Who Received Treatment Through Department of Veterans Affairs–Contracted Community Care.

Natalie B Riblet, MD, MPH, Christina Soncrant, MPH, Peter Mills, PhD, MS, Edward E Yackel, DNP

Military Medicine

Published: 31 March 2023

Introduction

Veteran patients have access to a broad range of health care services in the Veterans' Health Administration (VHA). There are concerns, however, that all Veteran patients may not have access to timely care. The Maintaining Internal Systems and Strengthening Integrated Outside Networks Act was passed in 2018 to ensure that eligible Veterans can receive timely, high-quality care. The Maintaining Internal Systems and Strengthening Integrated Outside Networks Act makes use of Department of Veterans Affairs (VA)–contracted care to achieve its goal. There are concerns, however, that these transitions of care may, in fact, place Veterans at a higher risk of poor health outcomes. This is a particular concern with regard to suicide prevention. No study has investigated suicide-related safety events in Veteran patients who receive care in VA–contracted community care settings.

Materials and Methods

A retrospective analysis of root-cause analysis (RCA) reports and patient safety reports of suicide-related safety events that involved VA–contracted community care was

conducted. Events that were reported to the VHA National Center for Patient Safety between January 1, 2018, and June 30, 2022, were included. A coding book was developed to abstract relevant variables from each report, for example, report type and facility and patient characteristics. Root causes reported in RCAs were also coded, and the factors that contributed to the events were described in the patient safety reports. Two reviewers independently coded 10 cases, and we then calculated a kappa. Because the kappa was greater than 80% (i.e. 89.2%), one reviewer coded the remaining cases.

Results

Among 139 potentially eligible reports, 88 reports were identified that met the study inclusion criteria. Of these 88 reports, 62.5% were patient safety reports and 37.5% were RCA reports. There were 129 root causes of suicide-related safety events involving VA-contracted community care. Most root causes were because of health care–related processes. Reports cited concerns around challenges with communication and deficiencies in mental health treatment. A few reports also described concerns that community care providers were not available to engage in patient safety activities. Patient safety reports voiced similar concerns but also pointed to specific issues with the safety of the environment, for example, access to methods of strangulation in community care treatment settings in an emergency room or a rehabilitation unit.

Conclusions

It is important to strengthen the systems of care across VHA- and VA-contracted community care settings to reduce the risk of suicide in Veteran patients. This includes developing standardized methods to improve the safety of the clinical environment as well as implementing robust methods to facilitate communication between VHA and community care providers. In addition, Veteran patients may benefit from quality and safety activities that capitalize on the collective knowledge of VHA- and VA-contracted community care organizations.

<https://doi.org/10.1016/j.whi.2023.02.002>

Compensation and Pension Exams for Military Sexual Trauma–Related Posttraumatic Stress Disorder: Examiner Perspectives, Clinical Impacts on Veterans, and Strategies.

Aliya R. Webermann, M. Shae Nester, Mayumi O. Gianoli, Anne C. Black, ... Galina A. Portnoy

Women's Health Issues

Available online 30 March 2023

Background

It is estimated that in one in three women veterans experience military sexual trauma (MST), which is strongly associated with posttraumatic stress disorder (PTSD). A 2018 report indicated the Veterans Benefits Administration (VBA) processed approximately 12,000 disability claims annually for PTSD related to MST, most of which are filed by women. Part of the VBA adjudication process involves reviewing information from a Compensation and Pension (C&P) exam, a forensic diagnostic evaluation that helps determine the relationship among military service, diagnoses, and current psychosocial functioning. The quality and outcome of these exams may affect veteran well-being and use of Veterans Health Administration (VHA) mental health care, but no work has looked at examiner perspectives of MST C&P exams and their potential clinical impacts on veteran claimants.

Methods

Thirteen clinicians (“examiners”) who conduct MST C&P exams through VHA were interviewed. Data were analyzed using rapid qualitative methods.

Results

Examiners described MST exams as more clinically and diagnostically complex than non-MST PTSD exams. Examiners noted that assessing “markers” of MST (indication that MST occurred) could make veterans feel disbelieved; others raised concerns related to malingered PTSD symptoms. Examiners identified unique challenges for veterans who underreport MST (e.g., men and lesbian, gay, bisexual, transgender, and queer [LGBTQ+] veterans), and saw evaluations as a conduit to psychotherapy referrals and utilization of VHA mental health care. Last, examiners used strategies to convey respect and minimize retraumatization, including a standardized process and validating the difficulty of the process.

Conclusions

Examiners’ responses offer insight into a process entered by thousands of veterans annually with PTSD. Strengthening the MST C&P process is a unique opportunity to enhance trust in the VBA claims process and increase likelihood of using VHA mental health care, especially for women veterans.

<https://doi.org/10.1016/j.jpsychires.2023.03.042>

A disproportionate burden: Prevalence of trauma and mental health difficulties among sexual minority versus heterosexual U.S. military veterans.

Cindy J. Chang, Ian C. Fischer, Colin A. Depp, Sonya B. Norman, ... Robert H. Pietrzak

Journal of Psychiatric Research
Volume 161, May 2023, Pages 477-482

This study examined sociodemographic, military, and trauma characteristics, and mental health concerns that differ by sexual orientation in a nationally representative sample of U.S. military veterans. Data were analyzed from 4069 veterans who participated in the National Health and Resilience Veterans Study (NHRVS). Compared with veterans who self-reported as heterosexual ($n = 3,491$, 94.7%), sexual minority veterans ($n = 161$, 5.3%) were more likely to be younger, women, Hispanic, unmarried/partnered, have lower household income, and to have enlisted in the military, and served for 4–9 years (relative to 3 or less or 10 or more). After adjusting for demographic variables, sexual minority veterans remained more likely to report childhood sexual abuse (odds ratio [OR] = 2.82), military sexual trauma (OR = 2.29), adverse childhood experiences (Cohen's $d = 0.11$), current and lifetime drug use disorder (ORs = 3.66 and 2.41, respectively), current alcohol use disorder (OR = 1.62), current and lifetime posttraumatic stress disorder (PTSD; ORs = 2.03 and 1.55, respectively), non-suicidal self-injury (NSSI; OR = 3.19), and future suicide intent (OR = 2.65). Among sexual minority veterans, more years of military service was associated with greater odds of lifetime PTSD, and lower annual household income with greater odds of lifetime drug use disorder and NSSI. Consistent with research in non-veterans, results suggest that sexual minority veterans experience greater trauma and mental health burden relative to their heterosexual peers. They further underscore the importance of interventions that prevent and mitigate adverse mental health outcomes in this population.

<https://doi.org/10.1093/sleep/zsad089>

Nightmares: an independent risk factor for cardiovascular disease?

Allison A Campbell, Kenneth A Taylor, Ann V Augustine, Andrew Sherwood, Jade Q Wu, Jean C Beckham, Jeffrey M Hoerle, VA Mid-Atlantic MIRECC, Christi S Ulmer

Sleep

Published: 30 March 2023

Study Objectives

Prior work has established associations between post-traumatic stress disorder (PTSD), disrupted sleep, and cardiovascular disease (CVD), but few studies have examined health correlates of nightmares beyond risks conferred by PTSD. This study examined associations between nightmares and CVD in military veterans.

Methods

Participants were veterans (N = 3468; 77% male) serving since September 11, 2001, aged 38 years (SD = 10.4); approximately 30% were diagnosed with PTSD. Nightmare frequency and severity were assessed using the Davidson Trauma Scale (DTS). Self-reported medical issues were assessed using the National Vietnam Veterans Readjustment Study Self-report Medical Questionnaire. Mental health disorders were established using the Structured Clinical Interview for DSM-IV. The sample was stratified by the presence or absence of PTSD. Within-group associations between nightmare frequency and severity and self-reported CVD conditions, adjusting for age, sex, race, current smoking, depression, and sleep duration.

Results

Frequent and severe nightmares during the past week were endorsed by 32% and 35% of participants, respectively. Those endorsing nightmares that were frequent, severe, and the combination thereof were more likely to also evidence high blood pressure (ORs 1.42, OR 1.56, and OR 1.47, respectively) and heart problems (OR 1.43, OR 1.48, and OR 1.59, respectively) after adjusting for PTSD diagnosis and other covariates.

Conclusions

Nightmare frequency and severity among veterans are associated with cardiovascular conditions, even after controlling for PTSD diagnosis. Study findings suggest that nightmares may be an independent risk factor for CVD. Additional research is needed to validate these findings using confirmed diagnoses and explore potential mechanisms.

<https://doi.org/10.1016/j.jagp.2023.04.013>

Suicidal Thoughts and Behaviors in Older U.S. Military Veterans: Results From the National Health and Resilience in Veterans Study.

Ian C. Fischer, Brandon Nichter, Frances M. Aunon, David B. Feldman, ... Robert H. Pietrzak

The American Journal of Geriatric Psychiatry
Available online 29 April 2023

Objective

To identify the prevalence and correlates associated with suicidal thoughts and behaviors (STBs) in a nationally representative sample of older (55+) US military veterans.

Methods

Data were analyzed from the 2019–2020 National Health and Resilience in Veterans Study (N = 3,356; mean age = 70.6). Self-report measures of past-year suicidal ideation (SI), lifetime suicide plan, lifetime suicide attempt(s), and future suicide intent were examined in relation to sociodemographic, neuropsychiatric, trauma, physical health, and protective factors.

Results

A total of 6.6% (95% CI = 5.7%–7.8%) of the sample endorsed past-year SI, 4.1% (CI = 3.3%–5.1%) a lifetime suicide plan, 1.8% (CI = 1.4%–2.3%) a lifetime suicide attempt, and 0.9% (CI = 0.5%–1.3%) future suicide intent. Higher levels of loneliness and lower levels of purpose in life were most strongly associated with past-year SI; lifetime history of major depressive disorder with suicide plan and suicide attempt; and frequency of past-year SI and more negative expectations regarding emotional aging with future suicide intent.

Conclusion

These findings provide the most up-to-date nationally representative prevalence estimates of STBs among older military veterans in the United States. Several modifiable vulnerability factors were found to be associated with suicide risk in older US military veterans, suggesting that these factors may be targets for intervention in this population.

<https://doi.org/10.1007/s11606-023-08140-4>

Evaluation of Implementation Strategies for Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Mindfulness-Based Stress Reduction (MBSR): a Systematic Review.

Journal of General Internal Medicine

Published: 03 April 2023

Background

Improving access to evidence-based psychotherapies (EBPs) is a Veterans Health Administration (VHA) priority. Cognitive behavioral therapy (CBT), acceptance and commitment therapy (ACT), and mindfulness-based stress reduction (MBSR) are effective for chronic pain and several mental health conditions. We synthesized evidence on implementation strategies to increase EBP access and use.

Methods

We searched MEDLINE, Embase, PsycINFO, and CINAHL from inception until March 2021 for articles on EBP implementation within integrated health systems to treat chronic pain or chronic mental health conditions. Reviewers independently screened articles, extracted results, coded qualitative findings, and rated quality using modified criteria from Newcastle–Ottawa (quantitative results) or Critical Appraisal Skills Programme (qualitative results). We categorized implementation strategies using the Expert Recommendations for Implementing Change (ERIC) framework and classified outcomes using RE-AIM domains (Reach, Effectiveness, Adoption, Implementation, Maintenance).

Results

Twelve articles (reporting results from 10 studies) evaluated CBT ($k = 11$) and ACT ($k = 1$) implementation strategies in large integrated healthcare systems. No studies evaluated MBSR implementation. Eight articles evaluated strategies within VHA. Six articles reported on national VHA EBP implementation programs; all involved training/education, facilitation, and audit/feedback. CBT and ACT implementation demonstrated moderate to large improvements in patient symptoms and quality of life. Trainings increased mental health provider self-efficacy in delivering EBPs, improved provider EBP perceptions, and increased provider EBP use during programs, but had unclear impacts on Reach. It was unclear whether external facilitation added benefit. Provider EBP maintenance was modest; barriers included competing professional time demands and patient barriers.

Discussion

Multi-faceted CBT and ACT implementation programs increased provider EBP Adoption but had unclear impacts on Reach. Future implementation efforts should further evaluate Reach, Adoption, and Maintenance; assess the added value of external facilitation; and consider strategies targeting patient barriers. Future work should use implementation frameworks to guide evaluations of barriers and facilitators, processes of change, and outcomes.

Registration

PROSPERO registration number CRD42021252038.

<https://doi.org/10.1177/08862605231165>

The Role of Unit and Interpersonal Support in Military Sexual Trauma and Posttraumatic Stress Disorder Symptoms.

Webermann, A. R., Relyea, M. R., Portnoy, G. A., Martino, S., Brandt, C. A., & Haskell, S. G.

Journal of Interpersonal Violence

First published online April 2, 2023

Military sexual trauma (MST) is strongly associated with posttraumatic stress disorder (PTSD). Among many potential factors explaining this association are unit and interpersonal support, which have been explored in few studies with veterans who have experienced MST. This project examines unit and interpersonal support as moderators and/or mediators of PTSD symptoms among post-9/11 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn veterans who experienced MST. MST, unit support, and interpersonal support variables were collected at Time 1 (T1; N = 1,150, 51.4% women), and PTSD symptoms 1 year later at Time 2 (T2; N = 825; 52.3% women). Given gender differences in endorsed MST, models with the full sample (men and women) and women only were examined, while controlling for covariates related to PTSD, and a path model was examined among women veterans. Mediation was supported in the full model and women-only models, with the combination of both mediators demonstrating the strongest mediation effects (full-model: $\beta = .06$, 95% confidence interval [CI] [0.03, 0.10], $p < .001$; women-only model: $\beta = .07$, [0.03, 0.14], $p = .002$). Among the women-only model, MST was negatively

associated with unit support ($\beta = -.23$, $[-0.33, -0.13]$, $p < .001$) and interpersonal support ($\beta = -.16$, $[-0.27, -0.06]$, $p = .002$) and both support types were negatively associated with PTSD symptoms (unit support: $\beta = -.13$, $[-0.24, -0.03]$, $p = .014$; interpersonal support: $\beta = -.25$, $[-0.35, -0.15]$, $p < .001$). Moderation was not supported in the full model nor in the women-only model. Experiencing MST is associated with receiving less unit and/or interpersonal support, which in turn is associated with greater PTSD symptoms. More work is needed to understand and improve the impact of unit and community responses to MST on service members who experience MST.

<https://doi.org/0.1001/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.

<https://doi.org/10.1093/pm/pnad043>

Suicidal thoughts and behaviors in patients with chronic pain, with and without co-occurring opioid use disorder.

Cheatle, M. D., Giordano, N. A., Themelis, K., & Tang, N. K. Y.

Pain Medicine

Published: 04 April 2023

Background

Individuals with chronic pain and a co-occurring substance use disorder present higher risk of suicide, but the individual and joint impacts of chronic pain and substance use disorders on suicide risk are not well defined. The objective of this study was to examine the factors associated with suicidal thoughts and behaviors in a cohort of patients with chronic non-cancer pain (CNCP), with or without concomitant opioid use disorder (OUD).

Design

Cross sectional cohort design

Setting

Primary care clinics, pain clinics, and substance abuse treatment facilities in Pennsylvania, Washington, and Utah

Subjects

In total, 609 adults with CNCP treated with long-term opioid therapy (≥ 6 months) who either developed an OUD (cases, $n = 175$) or displayed no evidence of OUD (controls, $n = 434$).

Methods

The predicted outcome was elevated suicidal behavior in patients with CNCP as indicated by a Suicide Behavior Questionnaire-Revised (SBQ-R) score of 8 or above. The presence of CNCP and OUD were key predictors. Covariates included demographics, pain severity, psychiatric history, pain coping, social support, depression, pain catastrophizing and mental defeat.

Results

Participants with CNCP and co-occurring OUD had an increased odds ratio of 3.44 in reporting elevated suicide scores as compared to participants with chronic pain only. Multivariable modeling revealed that mental defeat, pain catastrophizing, depression, and having chronic pain, and co-occurring OUD significantly increased the odds of elevated suicide scores.

Conclusions

Patients with CNCP and co-morbid OUD are associated with a 3-fold increase in risk of suicide.

<https://doi.org/10.1080/10826084.2023.2196575>

Emotion Dysregulation and Substance Use Risk and Protective Factors among Veterans in Residential Treatment.

Brianna M. Byllesby, Alison M. Haney & Octaviana Hemmy Asamsama

Substance Use & Misuse
Volume 58, 2023 - Issue 7

Background:

Substance use disorders (SUDs) are frequent concerns among healthcare providers serving military personnel and Veterans, and SUDs are also associated with high healthcare utilization. Problematic substance use is consistently associated with deficits in emotion regulation, and changes in emotional regulatory processes may be important factors during treatment and recovery.

Methods:

The present study examined emotion regulation and substance use risk and protective factors among Veterans seeking residential treatment for SUD within the Veterans Health Administration (VHA). Data were collected from 138 Veterans at pre-treatment and post-treatment to examine if changes in emotion regulation were associated with post-treatment outcomes.

Results:

Results indicated difficulties with emotion dysregulation at discharge predicted substance use risk factors, but not substance use protective factors, after controlling for

scores at intake. Emotion regulation significantly improved throughout the course of treatment. Facets of emotion dysregulation at post-treatment, specifically difficulties engaging in goal-directed behavior, lower emotional clarity, lower emotional awareness, and more impulse control difficulties, predicted future admission to withdrawal management services, but not future mental health engagement, mortality, or resumed use (positive urine drug screen).

Conclusions:

Emotion regulation skills may be valuable treatment components, as they are related to reduced substance use risk factors; however, the results of improved emotion regulation were mixed for other measures of treatment outcome.

<https://doi.org/10.1089/can.2022.0122>

Use of Cannabidiol in the Management of Insomnia: A Systematic Review.

Rylea M. Ranum, Mary O. Whipple, Ivana Croghan, Brent Bauer, Loren L. Toussaint, and Ann Vincent

Cannabis and Cannabinoid Research
Apr 2023; 213-229

Background:

Cannabidiol (CBD), one of the major cannabinoids derived from the cannabis plant, is available over the counter. CBD is often used by patients for the management of insomnia, yet research supporting CBDs effectiveness as a treatment for insomnia is inadequate.

Objective:

The objective of this review was to critically evaluate the literature regarding the therapeutic benefits of CBD in the management of insomnia.

Methods:

A comprehensive search of the following databases from inception to December 29, 2021, was conducted: Ovid MEDLINE® and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily, Ovid Embase, Ovid Cochrane Central Register of Controlled Trials, Ovid Cochrane Database of Systematic Reviews, and Scopus. The search included randomized controlled trials, nonrandomized experimental studies,

cross-sectional studies, cohort studies, case series, and case reports. Risk of bias was assessed with the Agency for Healthcare Research and Quality design-specific recommended criteria.

Results:

Thirty-four studies were eligible for inclusion. All studies reported improvement in the insomnia symptoms of at least a portion of their participants. Of the 34 studies, 19 studies used CBD predominant therapy and 21 studies used nearly equal ratios of CBD to Δ 9-tetrahydrocannabinol (THC). Of the studies that performed hypothesis testing, 4 of 7 studies with a CBD predominant arm and 12 of 16 studies with a nearly equal ratio of CBD to THC arm reported significant improvement in insomnia outcomes. However, only 2 of the 34 studies focused on patients with insomnia, of which 1 study was a case report. Additionally, several studies used nonvalidated subjective measures, and most studies failed to include objective measures for symptom assessment.

Conclusions:

The results of our systematic review suggest that CBD alone or with equal quantities of THC may be beneficial in alleviating the symptoms of insomnia. Nevertheless, future research assessing CBDs effectiveness in population of patients specifically with insomnia utilizing validated subjective and objective measures is necessary before definitive inferences can be made.

<https://doi.org/10.1089/can.2022.0130>

Potential Utility of Cannabidiol in Stress-Related Disorders.

Nicole A. Lookfong, Wesley M. Raup-Konsavage, and Yuval Silberman

Cannabis and Cannabinoid Research

Apr 2023; 230-240

Background:

The endocannabinoid (eCB) system plays an important role in homeostatic regulation of anxiety and stress responses; however, the eCB system can be disrupted following traumatic stressors. Additionally, traumatic or chronic stressors that occur during adulthood or early life can cause long-lasting disturbances in the eCB system. These alterations interfere with hypothalamic–pituitary–adrenal axis function and may be

involved in lifelong increased fear and anxiety behaviors as well as increased risk for development of post-traumatic stress disorder (PTSD).

Methods:

This review focuses on the implications of trauma and significant stressors on eCB functionality and neural pathways, both in adolescence and into adulthood, as well as the current state of testing for CBD efficacy in treating pediatric and adult patients suffering from stress-induced eCB dysregulation. Articles were searched via Pubmed and included studies examining eCB modulation of stress-related disorders in both clinical settings and preclinical models.

Conclusion:

Given the potential for lifelong alterations in eCB signaling that can mediate stress responsiveness, consideration of pharmaceutical or nutraceutical agents that impact eCB targets may improve clinical outcomes in stress-related disorders. However, caution may be warranted in utilization of medicinal cannabinoid products that contain delta-9-tetrahydrocannabinol due to pronounced euphorogenic effects and potential to exacerbate stress-related behaviors. Other cannabinoid products, such as cannabidiol (CBD), have shown promise in reducing stress-related behaviors in pre-clinical models. Overall, pre-clinical evidence supports CBD as a potential treatment for stress or anxiety disorders resulting from previously stressful events, particularly by reducing fearful behavior and promoting extinction of contextual fear memories, which are hallmarks of PTSD. However, very limited clinical research has been conducted examining the potential effectiveness of CBD in this regard and should be examined further.

<https://doi.org/10.1177/0095327X231161>

Adverse Childhood Experiences in Military, Veteran, and Civilian Families.

Hinojosa, M. S., Hinojosa, R., Condon, J., & DaSilva, S.

Armed Forces & Society

First published online April 6, 2023

Adverse childhood experiences are traumatic early life experiences that can lead to poorer mental, physical, and social outcomes. Children in military and veteran families can face unique challenges compared with civilian families. This study utilizes data from

2017–2019 National Survey of Children’s Health to examine 56,655 children living in military, veteran, and civilian families to predict the prevalence of adverse childhood experiences. Findings indicate that children living in veteran families (compared with civilian families) have higher odds of witnessing parents use violence and witnessing parents with alcohol or substance use problems. Children in military families had higher odds of divorce and lower odds of experiencing parental death. It is also noted that children living in military, veteran, and civilian families are similar across other ACEs including the incarceration of a parent, child as victim of violence, living with family with mental illness, unfair treatment because of race, and difficulty covering basics like food and housing.

<https://doi.org/10.1177/00220574231168638>

Post-9/11 Veterans’ Pursuit and Completion of Post-secondary Education: Social Connection, Mental Health, and Finances.

Morgan, N. R., Aronson, K. R., McCarthy, K. J., Balotti, B. A., & Perkins, D. F.

Journal of Education

First published online April 6, 2023

This study examined how veteran social engagement predicted post-secondary school attainment. Nearly 10,000 post-9/11 veterans, who separated from military service in 2016, were surveyed on the programs/services they used over 4 years following separation. More than half of veterans had obtained a degree within 4 years of separation. A higher proportion of veterans of color and female veterans reported attending only some higher education than White non-Hispanic male veterans. Positive predictors of educational attainment included participating in veterans’ centers and veteran-student organizations, while negative predictors included financial and mental health problems. Implications for veteran-serving programs of post-secondary institutions are discussed.

<https://doi.org/10.1186/s12888-023-04725-9>

Suicide risk among veterans using VHA justice-involved services: a latent class analysis.

Ryan Holliday, Adam R. Kinney, Alexandra A. Smith, Jeri E. Forster, Matthew A. Stimmel, Sean C. Clark, Shawn Liu, Lindsey L. Monteith & Lisa A. Brenner

BMC Psychiatry

Published: 07 April 2023

Background

Justice-involved Veterans experience notable risk for psychosocial stressors (e.g., homelessness) and psychiatric multimorbidity, which can result in complex clinical presentations. However, research examining how such factors coalesce to impact risk for suicide remains limited.

Methods

We conducted a latent class analysis of 180,454 Veterans accessing Veterans Health Administration (VHA) justice-related services from 2005 to 2018.

Results

A four-model class membership solution was identified. Among these classes, risk for suicide was highest among Veterans with greater psychiatric burden, with risk most notable among those with high VA service use. Veterans seeking healthcare primarily focused on substance use disorders or with low psychiatric burden and service use had a lower risk for suicide.

Conclusions

Psychiatric multimorbidity is salient as it relates to suicide among Veterans accessing VHA justice-related services. Further evaluation of existing VHA services for this population and methods of augmenting and enhancing care for justice-involved Veterans with histories of co-occurring psychiatric conditions may be beneficial in facilitating suicide prevention efforts.

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

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

Kevin Lai, Jason T. Jameson & Dale W. Russell

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).

Links of Interest

Army Secretary to Remind Commanders They Can't Deny Soldiers' Parental Leave

<https://www.military.com/daily-news/2023/05/26/soldiers-cant-be-denied-parental-leave-commanders-army-secretary-will-tell-force.html>

First Episode Psychosis in Service Members

<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/First-Episode-Psychosis-in-Service-Members>

Managing Significant Life Events for Better Mental Health

<https://www.health.mil/News/Dvids-Articles/2023/05/25/news445581>

Unlocking Resilience: Walter Reed expert shares 5 ways to prioritize mental health

<https://www.dvidshub.net/news/445044/unlocking-resilience-walter-reed-expert-shares-5-ways-prioritize-mental-health>

Mental Health First Aid: Training People to Help Others

<https://www.rand.org/blog/rand-review/2023/05/mental-health-first-aid-training-people.html>

Wives of Top Air Force, Space Force Generals Share 5 Keys to Life as a Military Spouse

<https://www.airandspaceforces.com/5-keys-military-spouse-air-force-space-force/>

Resource of the Week: [DOD Domestic School System: Background and Issues](#)

Recent publication from the Congressional Research Service:

The Department of Defense Education Activity (DODEA) manages a federal school system that provides pre- kindergarten through grade 12 education, primarily for the children of active duty servicemembers living on military installations. In 2023, DODEA operated 160 schools globally, including 50 domestic schools across 17 installations and one virtual school. These schools employ nearly 12,000 staff for a student population of about 70,000. Military families have generally cited the availability of DOD

schools as a positive quality-of-life issue. This report focuses only on DOD's Domestic Dependent Elementary and Secondary Schools (DDESS).

Table 2. Comparison of DODEA and State Public School Scores to National Scores on the NAEP

% of students at or above proficient, 2022

Jurisdiction	Grade 4 Math	Grade 4 Reading	Grade 8 Math	Grade 8 Reading
Alabama	27%	28%	19%	22%
Georgia	34%	32%	24%	31%
Kentucky	33%	32%	23%	29%
New York	28%	29%	28%	33%
North Carolina	35%	36%	26%	26%
South Carolina	34%	33%	22%	26%
Virginia	38%	32%	31%	31%
DODEA	51%	50%	41%	55%
Nation	35%	32%	26%	29%

Source: NAEP, *The Nation's Report Card*, 2022,

<http://www.nationsreportcard.gov/>.

Notes: States listed are those with military installations that support DDESS schools. DODEA figures include both domestic and overseas schools. State scores are for public schools only. Boxes shaded green indicate proficiency levels above national average, red boxes indicate proficiency levels below average and unshaded boxes indicate no statistically significant difference between state and national levels.

Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine

Email: shirley.kennedy.ctr@usuhs.edu