

CDP



Research Update -- June 15, 2023

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<https://doi.org/10.1037/trm0000448>

Toward military cultural competence among new civilian mental health providers.

Collins, A. L., Russell, M. C., & Figley, C. R.

Traumatology

Advance online publication

The U. S. military requires culturally competent practices in clinical mental health. This article aims to affirm that our military has a language, system of rank, norms and values, identity, ethics, and rapport that are distinct from U.S. civilian culture. Civilian mental health providers hired to work with the military must become familiar with military culture. Chronic mental health staffing shortages at both the Veterans' Administration and Department of Defense have resulted in a hiring surge. Therefore, the burden to meet the overwhelming mental health needs of military populations is essentially passed onto civilians and newly uniformed providers. During this campaign to fill the staffing shortages, we would like to offer 11 trainings for new practitioners without prior military experience or exposure. Those that were cited and thoroughly discussed are: Uniformed Services University—Center for Deployment Psychology. Uniformed Services University—Star Behavioral Health Providers. Uniformed Services University—Center for the Study of Traumatic Stress (CSTS). National Alliance on Mental Illness—Homefront. Massachusetts General Hospital—Home Base Program. Veteran's Health Administration (VHA) TRAIN. U.S. Department of Veterans Affairs. Substance Abuse and Mental Health Services Administration—Service Members, Veterans, and their Families Technical Assistance Center. Psych Armor. Volunteer/Experiential Exposure. VA/DoD Clinical Practice Guidelines. Although other research articles have argued for the military to become part of the conversation regarding cultural competence (Hobbs, 2008; Meyer, 2015; Reger et al., 2008), no other article to date has provided an exhaustive list of current trainings. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1080/08995605.2023.2222630>

The association of military sexual assault and nonsuicidal self-injury in U.S. Gulf War-I era veterans.

Tapan A. Patel, Adam J. Mann, Tate F. Halverson, Faith O. Nomamiukor, Patrick S. Calhoun, Jean C. Beckham, Mary J. Pugh & Nathan A. Kimbrel

Military Psychology

Published online: 09 Jun 2023

Military sexual assault (MSA) is a prevalent issue among military personnel that has been linked to adverse mental and physical health outcomes, including posttraumatic stress disorder (PTSD) and suicidal thoughts and behaviors. The present study sought to investigate the relationship between MSA and nonsuicidal self-injury (NSSI) in a national sample of Gulf War-I Era U.S. veterans. The study analyzed data from 1,153 Gulf War-I veterans collected through a cross-sectional survey that assessed demographic information, clinical outcomes, military background, and history of MSA and NSSI. MSA was found to be significantly associated with NSSI at the bivariate level (OR = 2.19, $p < .001$). Further, MSA remained significantly associated with NSSI (AOR = 2.50, $p = .002$) after controlling for relevant demographics and clinical outcomes. Veterans with a history of MSA were approximately two and half times more likely to engage in NSSI than veterans who had not experienced MSA. The present findings provide preliminary evidence linking MSA and NSSI. Further, the findings highlight the importance of assessing MSA and NSSI in veteran populations, particularly among those seeking treatment for PTSD.

<https://doi.org/10.1001/jamanetworkopen.2023.16111>

Smoking Cessation and Changes in Anxiety and Depression in Adults With and Without Psychiatric Disorders.

Wu, A. D., Gao, M., Aveyard, P., & Taylor, G.

JAMA Network Open

2023 May 1; 6(5): e2316111

Importance:

Although many people report a desire to quit smoking, concerns about mental health worsening after quitting are often raised by clinicians and people who smoke.

Objective:

To assess changes in mental health following smoking cessation using 3 confirmatory coprimary analytical approaches.

Design, setting, and participants:

This cohort study was conducted using data from a large, randomized clinical trial, the Evaluating Adverse Events in a Global Smoking Cessation Study. Analytical approaches included multivariable Tobit regression, propensity score adjustment, and instrumental variable regressions conducted from August to October 2022. Missing data were imputed for sensitivity analysis. The trial occurred in 16 countries at 140 centers between 2011 and 2015. Only data from participants who completed the trial collected in the US were available for this secondary analysis. Participants included adults with or without a psychiatric disorder who smoked.

Exposure:

Smoking abstinence between weeks 9 through 24.

Main outcomes and measures:

Anxiety and depression scores were measured using the Hospital Anxiety and Depression Scale at 24 weeks, where a lower score indicates better mental health (range, 0-21).

Results:

Of the 4260 participants included (mean [SD] age, 46.5 [12.4] years; 2485 women [58.3%]; 3044 White individuals [71.5%]), 2359 (55.4%) had a history of mental illness. The mean (SD) baseline Hospital Anxiety and Depression Scale score was 4.25 (3.68) (median [IQR], 3 [1-6]) for anxiety and 2.44 (2.91) (median [IQR], 1 [0-4]) for depression. After adjustment for demographics and baseline variables, smoking cessation was associated with a decrease in scores for both anxiety (-0.40 point; 95% CI, -0.58 to -0.22 point) and depression (-0.47 point; 95% CI, -0.61 to -0.33 point) compared with continuing smoking. Similarly, propensity score-adjusted models indicated that smoking cessation was associated with reduced scores for anxiety ($\beta = -0.32$; 95% CI, -0.53 to -0.11) and depression ($\beta = -0.42$; 95% CI, -0.60 to -0.24). Instrumental variable analysis was underpowered, and estimates were imprecise. Findings were robust to planned sensitivity and subgroup analyses, with larger effect sizes in people with a history of mental illness.

Conclusions and relevance:

In this cohort study of people with and without psychiatric disorders, smoking cessation, sustained for at least 15 weeks, was associated with improved mental health outcomes

in observational analyses, but the instrumental variable analysis provided inconclusive evidence. Findings like these may reassure people who smoke and their clinicians that smoking cessation likely will not worsen and may improve mental health.

<https://doi.org/10.1111/sltb.12961>

Personality Assessment Inventory suicidality scales: Suicidal Ideation (SUI), Suicide Potential Index (SPI), and S_Chron in an Afghanistan/Iraq-era active and Veteran military sample.

Shura, R. D., Miskey, H. M., McDonald, S., Rowland, J. A., Martindale, S. L., Wagner, H. R., & Tupler, L. A.

Suicide & Life-Threatening Behavior
2023 Jun ;53(3): 522-533

Introduction:

This study validated Personality Assessment Inventory (PAI) Suicidal Ideation (SUI), Suicide Potential Index (SPI), and S_Chron scales against chronic and acute suicide risk factors and symptom validity measures.

Methods:

Afghanistan/Iraq-era active-duty and Veteran participants completed a prospective study on neurocognition (N = 403) that included the PAI. The Beck Depression Inventory-II (specifically item 9) administered at two time points assessed acute and chronic suicide risk; the Beck Scale for Suicide Ideation item 20 identified history of suicide attempts. Major depressive disorder (MDD), posttraumatic stress disorder (PTSD), and traumatic brain injury (TBI) were evaluated using structured interviews and questionnaires.

Results:

All three PAI suicide scales were significantly related to independent indicators of suicidality, with the largest effect for SUI (AUC 0.837-0.849). All three suicide scales were significantly related to MDD ($r = 0.36-0.51$), PTSD ($r = 0.27-0.60$), and TBI ($r = 0.11-0.30$). The three scales were not related to suicide attempt history for those with invalid PAI protocols.

Conclusions:

Although all three suicide scales do show significant relationships to other indicators of risk, SUI showed the highest association and greatest resistance to response bias.

<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, I. C., Nichter, B., Na, P. J., Norman, S. B., Krystal, J. H., & Pietrzak, R. H.

JAMA Psychiatry

2023 Jun 1; 80(6): 577-584

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/10.1111/sltb.12955>

Contribution of veterans' initial post-separation vocational, financial, and social experiences to their suicidal ideation trajectories following military service.

Hoffmire, C. A., Borowski, S., & Vogt, D.

Suicide & Life Threatening Behavior
2023 Jun; 53(3): 443-456

Background:

Veterans' success with navigating the challenges of transition from military service may contribute to their risk for suicidal outcomes. The concept of well-being can help to conceptualize and assess successful navigation of reintegration challenges and may serve as an optimal target for public health-oriented suicide prevention.

Methods:

The relationship between US veterans' psychosocial well-being and experiences of suicidal ideation (SI) during the first 3 years following military separation was evaluated using multinomial logistic regression predicting SI trajectories over time in a population-

based, longitudinal, post-9/11 veteran cohort. At 3-months post-separation, veterans reported on their socio-material conditions, functioning, and satisfaction with respect to vocational, financial, and social domains. SI frequency was assessed at 3-, 9-, 15-, 21-, and 27-months post-separation using the Patient Health Questionnaire-9.

Results:

Veterans' vocational, financial, and social well-being were associated with their SI trajectories, even after accounting for mental health. Socio-material conditions, functioning, and satisfaction all emerged as important predictors of SI trajectories, although results varied across domains. Effects were largest for social well-being.

Conclusions:

Suicide prevention efforts may benefit from a holistic approach that considers veterans' needs for support across their vocational, financial, and social well-being, inclusive of their socio-material conditions, functioning, and satisfaction within each domain.

<https://doi.org/10.1136/military-2023-002352>

Staging model of PTSD: a strategy for the implementation of precision medicine in military settings.

McFarlane A.

BMJ Military Health
2023 Jun 6; e002352

Biomarkers have been of considerable interest in military medicine as a strategy to identify objective measures of resilience in the context of the cumulative trauma exposure of combat as well defining the emerging neurobiological dysregulation associated with post-traumatic stress disorder (PTSD). This body of work has been driven by the imperative of developing strategies to optimally manage the long-term health outcomes of personnel and finding novel treatment approaches. However, the challenge of defining the relevant phenotypes of PTSD and in the context of the multiplicity of biological systems of interest has hampered the identification of biomarkers that have clinical utility. One key strategy to improve the utility of precision medicine in military settings is to use a staging approach to define the relevant phenotypes. A staging model of PTSD captures the progression of the disorder and the transitions from being at risk to subsyndromal disorder and the path to chronic

disorder. A staging approach addresses the longitudinal course of PTSD and the fluidity of the disorder across time. Staging describes how symptoms evolve into more stable diagnostic syndromes and the stepwise changes in clinical status which is key to the identification of phenotypes that can be tied to relevant biomarkers. When a population is exposed to a trauma, the individuals will be at different stages in the emergence of risk and the development of PTSD. The staging approach provides a method of capturing the matrix of phenotypes that need to be demarcated to study the role of multiple biomarkers. This paper forms part of the Special issue of BMJ Military Health dedicated to personalised digital technology for mental health in the armed forces.

<https://doi.org/10.1177/1357633X20987704>

Factors contributing to veterans' satisfaction with PTSD treatment delivered in person compared to telehealth.

White, C. N., Kauffman, B. Y., & Acierno, R.

Journal of Telemedicine and Telecare
2023 Jul; 29(6): 426-434

Introduction:

Telehealth is an increasingly popular treatment delivery modality for mental healthcare, including evidence-based treatment for complex and intense psychopathologies such as post-traumatic stress disorder (PTSD). Despite the growing telehealth literature, there is a need for more confirmatory research on satisfaction with PTSD telehealth treatment, particularly among veterans, for whom the most rapid and permanent expansion of telehealth services has been implemented through the Department of Veterans Affairs.

Methods:

The current paper integrates data from two concurrent PTSD treatment outcome studies that compared prolonged exposure therapy delivered both in person and via telehealth for veterans (N = 140). Using two different measures of satisfaction (the Charleston Psychiatric Outpatient Satisfaction Scale-Veteran Affairs Version (CPOSS) and the Service Delivery Perception Questionnaire (SDPQ)), we hypothesized that PTSD improvement would predict satisfaction, but that delivery modality (in person vs telehealth) would not.

Results:

Results only partially supported the hypotheses, in that PTSD symptom improvement was associated with greater satisfaction, and in-person treatment modality was associated with satisfaction as measured by the CPOSS (but not the SDPQ). Subgroup differences by sex were found, such that male veterans, typically with combat-related trauma, were more satisfied with their PTSD treatment compared to female veterans, who were most frequently seen in this study for military sexual trauma.

Discussion:

Altogether, results illustrate a need for additional satisfaction studies with diverse samples and large sample sizes. Future research may benefit from examining satisfaction throughout treatment, identifying predictors of greater PTSD improvement, and further examining demographic subgroups.

<https://doi.org/10.1016/j.jpsychores.2023.111336>

Associations between risky alcohol use, disability, and problem-solving impairment among Veterans with Gulf War Illness: Secondary data analysis of a randomized clinical trial.

Laura M. Lesnewich, Shou-En Lu, Karly S. Weinreb, Sharron O. Sparks, ... Lisa M. McAndrew

Journal of Psychosomatic Research
Volume 170, July 2023, 111336

Objective:

Gulf War Illness (GWI) and alcohol use are both major sources of disability among Gulf War Veterans. The goal of this secondary data analysis was to examine associations between risky alcohol use, problem-solving impairment, and disability among Veterans in a randomized clinical trial of problem-solving treatment (PST) for GWI. We examined cross-sectional associations and conducted longitudinal analyses to test if alcohol use moderated treatment outcome of PST.

Methods:

Participants were 268 United States military Veterans with GWI randomized to PST or a control intervention. Participants were assessed at four timepoints. Measures included the World Health Organization Disability Assessment Schedule 2.0 (WHO-DAS 2.0),

Problem Solving Inventory (PSI), and Alcohol Use Disorders Identification Test-Concise (AUDIT-C). We conducted multivariate regression (cross-sectional) and mixed model analyses (longitudinal) with separate models for WHO-DAS 2.0 and PSI. All models included AUDIT-C and household income. This analysis was pre-registered on the Open Science Framework.

Results:

Cross-sectional analyses revealed a significant negative association with small effect size between AUDIT-C and WHO-DAS 2.0 ($p = 0.006$; $f^2 = 0.05$); worse disability was associated with less risky alcohol use. There was no evidence that risky alcohol use moderated effects of PST on disability or PSI.

Conclusion:

If replicated, the cross-sectional findings suggest high levels of disability may deter heavy drinking among Veterans with GWI. We did not find evidence that risky alcohol use moderated treatment outcome of PST for GWI. More research is needed to identify moderators of GWI interventions and to understand risky drinking among Veterans with complex health problems.

<https://doi.org/10.1080/07420528.2023.2189952>

Associations between post-traumatic stress symptoms and sleep/circadian parameters: Exploring the effect of chronotype as a moderator variable.

F. Cruz-Sanabria, S. Bruno, A. Bazzani, C. Bonelli, M. Violi, P. Frumento & U. Faraguna

Chronobiology International
Volume 40, 2023 - Issue 5

The present study aimed at evaluating how post-traumatic stress symptoms (PTSS) are associated with rest-activity circadian and sleep-related parameters, assessed both subjectively (via questionnaires) and objectively (via actigraphy). Specifically, we explored whether chronotype could moderate the association between sleep/circadian parameters and PTSS. Participants ($n = 120$ adults; mean age 35.6 ± 14 ; 48 male) were assessed through the Trauma and Loss Spectrum Self Report (TALS-SR) for lifetime PTSS, the reduced version of the Morningness-Eveningness Questionnaire (rMEQ) for chronotype, the Pittsburgh Sleep Quality Index (PSQI) for self-reported sleep quality, and wrist actigraphy for sleep and circadian parameters. Eveningness, poor self-

reported sleep quality, lower sleep efficiency (SE), lower interdaily stability (IS), and higher intradaily variability (IV) were correlated with higher TALS-SR scores. Regression analyses showed that IV, SE, and PSQI remained associated with TALS symptomatic domains after adjusting for potentially confounding factors (age and gender). Moderation analysis showed that only the PSQI remained significantly associated with TALS symptomatic domains; however, the interaction with chronotype was not significant. Targeting self-reported sleep disturbances and rest-activity rhythms fragmentation could mitigate PTSS. Although the effect of chronotype as a moderator of the associations between sleep/circadian parameters and PTSS was not significant, eveningness was associated with higher TALS scores, thus confirming the vulnerability of evening types to worse stress reactions.

<http://dx.doi.org/10.1136/military-2022-002312>

Optimising and personalising behavioural healthcare in the US Department of Defense through Primary Care Behavioral Health.

Goodie JL, Hunter CL, Dobbmeyer AC.

BMJ Military Health

Published Online First: 12 April 2023

Over the past 25 years, one way the US Department of Defense (DoD) has worked to optimise and personalise the delivery of behavioural healthcare is by integrating behavioural health providers into primary care settings. Using the Primary Care Behavioral Health (PCBH) model for integration allows behavioural health providers to see service members and their families for brief and targeted appointments. These appointments are focused on ensuring that the patient receives the care that is needed, while reducing the barriers (eg, delays in receiving care, negative stigma, isolated from other medical care) that are often associated with seeking behavioural healthcare. We review the primary components of the PCBH model, detail the history of how the DoD implemented the PCBH model, review the training methods used by the DoD and briefly describe some of the research that has been conducted by the DoD evaluating the PCBH model.

<https://doi.org/10.1001/jamanetworkopen.2023.7597>

Comparative Effectiveness of Digital Cognitive Behavioral Therapy vs Medication Therapy Among Patients With Insomnia.

Lu, M., Zhang, Y., Zhang, J., Huang, S., Huang, F., Wang, T., Wu, F., Mao, H., & Huang, Z.

JAMA Network Open
2023 Apr 3; 6(4): e237597

Importance:

Although digital cognitive behavioral therapy for insomnia (dCBT-I) has been studied in many randomized clinical trials and is recommended as a first-line treatment option, few studies have systematically examined its effectiveness, engagement, durability, and adaptability in clinical settings.

Objective:

To evaluate the clinical effectiveness, engagement, durability, and adaptability of dCBT-I.

Design, setting, and participants:

This retrospective cohort study was conducted using longitudinal data collected via a mobile app named Good Sleep 365 between November 14, 2018, and February 28, 2022. Three therapeutic modes (ie, dCBT-I, medication, and their combination) were compared at month 1, month 3, and month 6 (primary). Inverse probability of treatment weighting (IPTW) using propensity scores was applied to enable homogeneous comparisons between the 3 groups.

Exposures:

Treatment with dCBT-I, medication therapy, or combination therapy according to prescriptions.

Main outcomes and measures:

The Pittsburgh Sleep Quality Index (PSQI) score and its essential subitems were used as the primary outcomes. Effectiveness on comorbid somnolence, anxiety, depression, and somatic symptoms were used as secondary outcomes. Cohen d effect size, P value, and standardized mean difference (SMD) were used to measure differences in treatment outcomes. Changes in outcomes and response rates (≥ 3 points change in PSQI score) were also reported.

Results:

A total of 4052 patients (mean [SD] age, 44.29 [12.01] years; 3028 [74.7%] female participants) were selected for dCBT-I (n = 418), medication (n = 862), and their combination (n = 2772). Compared with the change in PSQI score at 6 months for participants receiving medication alone (from a mean [SD] of 12.85 [3.49] to 8.92 [4.03]), both dCBT-I (from a mean [SD] of 13.51 [3.03] to 7.15 [3.25]; Cohen d, -0.50; 95% CI, -0.62 to -0.38; P < .001; SMD = 0.484) and combination therapy (from a mean [SD] of 12.92 [3.49] to 6.98 [3.43]; Cohen d, 0.50; 95% CI, 0.42 to 0.58; P < .001; SMD = 0.518) were associated with significant reductions; dCBT-I had a comparable effect as combination therapy (Cohen d, 0.05; 95% CI, -0.05 to 0.15; P = .66; SMD = 0.05), but showed unstable durability. Outcomes of dCBT-I improved steadily and rapidly during the first 3 months, and then fluctuated. The response rates with dCBT-I and combination therapy were higher than with medication. Changes in secondary outcomes indicated statistically significant benefits from dCBT-I and combination therapy. The results of subgroup analysis were consistent with the main findings, demonstrating the superiority of dCBT-I vs medication therapy in various subpopulations.

Conclusions and relevance:

In this study, clinical evidence suggested that combination therapy was optimal, and dCBT-I was more effective than medication therapy, with long-term benefits for insomnia. Future studies are needed to analyze its clinical effectiveness and reliability in distinct subpopulations.

<https://doi.org/10.1371/journal.pone.0283633>

VA's implementation of universal screening and evaluation for the suicide risk identification program in November 2020 –Implications for Veterans with prior mental health needs.

Gujral K, Bahraini N, Brenner LA, Van Campen J, Zulman DM, Illarmo S, Wagner T

PLoS ONE

Published: April 11, 2023

Importance

United States Veterans are at higher risk for suicide than non-Veterans. Veterans in

rural areas are at higher risk than their urban counterparts. The coronavirus pandemic intensified risk factors for suicide, especially in rural areas.

Objective

To examine associations between Veterans Health Administration's (VA's) universal suicide risk screening, implemented November 2020, and likelihood of Veterans being screened, and receiving follow-up evaluations, as well as post-screening suicidal behavior among patients who used VA mental health services in 2019.

Methods

VA's Suicide Risk Identification Strategy (Risk ID), implemented October 2018, is a national, standardized process for suicide risk screening and evaluation. In November 2020, VA expanded Risk ID, requiring annual universal suicide screening. As such, we are evaluating outcomes of interest before and after the start of the policy among Veterans who had ≥ 1 VA mental health care visit in 2019 ($n = 1,654,180$; rural $n = 485,592$, urban $n = 1,168,588$). Regression-adjusted outcomes were compared 6 months pre-universal screening and 6, 12 and 13 months post-universal screening implementation.

Measures

Item-9 on the Patient Health Questionnaire (I-9, VA's historic suicide screener), Columbia- Suicide Severity Risk Scale (C-SSRS) Screener, VA's Comprehensive Suicide Risk Evaluation (CSRE), and Suicide Behavior and Overdose Report (SBOR).

Results

12 months post-universal screening implementation, 1.3 million Veterans (80% of the study cohort) were screened or evaluated for suicide risk, with 91% the sub-cohort who had at least one mental health visit in the 12 months post-universal screening implementation period were screened or evaluated. At least 20% of the study cohort was screened outside of mental health care settings. Among Veterans with positive screens, 80% received follow-up CSREs. Covariate-adjusted models indicated that an additional 89,160 Veterans were screened per month via the C-SSRS and an additional 30,106 Veterans/month screened via either C-SSRS or I-9 post-universal screening implementation. Compared to their urban counterparts, 7,720 additional rural Veterans/month were screened via the C-SSRS and 9,226 additional rural Veterans/month were screened via either the C-SSRS or I-9.

Conclusion

VA's universal screening requirement via VA's Risk ID program increased screening for suicide risk among Veterans with mental health care needs. A universal approach to

screening may be particularly advantageous for rural Veterans, who are typically at higher risk for suicide but have fewer interactions with the health care system, particularly within specialty care settings, due to higher barriers to accessing care. Insights from this program offer valuable insights for health systems nationwide.

<https://doi.org/10.26828/cannabis/2023/000150>

Cannabis Use and Perceptions Among Current and Former Military Service Members.

Jessica A. Kulak, D. Lynn Homish, Lynn T. Kozlowski, Gregory G. Homish

Cannabis

Published 2023-05-05

Background:

Research indicates separation from the military may result in increased risk of alcohol use. However, there is little data on cannabis use among military service members, particularly when examining the period after separation from military service. This research examines cannabis-related perceptions and use among U.S. Army Reserve/National Guard (USAR/NG) current and former soldiers.

Methods:

Data come from Operation: SAFETY (Soldiers And Families Excelling Through the Years), an ongoing study examining health among male and female USAR/NG soldiers. The current sample was comprised of 401 current and former USAR/NG soldiers. Logistic regression models examined the associations between past-year cannabis use, military status (i.e., current versus former), attitudes towards recreational cannabis, perceived ease of access, and perceived risk of cannabis use, while controlling for age, problematic alcohol use, and current cigarette smoking.

Results:

Overall, 7.4% of current and 20.3% of former military service members used cannabis in the past year. Favorable attitudes towards cannabis use and perceived ease of accessing cannabis were associated with increased odds of use among all soldiers. In adjusted models, former military members had greater odds (AOR = 5.28, 95% CI = 2.16, 12.87) of past-year cannabis use compared to current service members.

Conclusions:

Findings indicate that separation from the military may be an important risk factor to consider when assessing cannabis use in the military. Additional research is needed to examine socioenvironmental factors (e.g., access to post-deployment support services and healthcare, state legalization laws, other behavioral health conditions) that contribute to former service members' cannabis use.

<https://doi.org/10.1093/milmed/usad131>

An Analysis of Irregular Discharges From Residential Treatment Programs in the Department of Veterans Affairs Health Care System.

Natalie B Riblet, MD, MPH, Daniel J Gottlieb, MS, Brian Shiner, MD, MPH, Lisa Zubkoff, PhD, Korie Rice, MPH, Bradley V Watts, MD, MPH, Brett Rusch, MD

Military Medicine

Published: 11 May 2023

Introduction

Veteran populations are frequently diagnosed with mental health conditions such as substance use disorder and PTSD. These conditions are associated with adverse outcomes including a higher risk of suicide. The Veterans Health Administration (VHA) has designed a robust mental health system to address these concerns. Veterans can access mental health treatment in acute inpatient, residential, and outpatient settings. Residential programs play an important role in meeting the needs of veterans who need more structure and support. Residential specialty types in the VHA include general mental health, substance use disorder, PTSD, and homeless/work programs. These programs are affiliated with a DVA facility (i.e., medical center). Although residential care can improve outcomes, there is evidence that some patients are discharged from these settings before achieving the program endpoint. These unplanned discharges are referred to using language such as against medical advice, self-discharge, or irregular discharge. Concerningly, unplanned discharges are associated with patient harm including death by suicide. Although there is some initial evidence to locate factors that predict irregular discharge in VHA residential programs, no work has been done to examine features associated with irregular discharge in each residential specialty.

Methods

We conducted a retrospective cohort study of patients who were discharged from VHA

residential treatment programs between January 2018 and September 2022. We included the following covariates: Principal diagnosis, gender, age, race/ethnicity, number of physical health conditions, number of mental health diagnostic categories, marital status, risk of homelessness, urbanicity, and service connection. We considered two discharge types: Regular and irregular. We used logistic regression to determine the odds of irregular discharge using models stratified by bed specialty as well as combined odds ratios and 95% CIs across program specialties. The primary purposes are to identify factors that predict irregular discharge and to determine if the factors are consistent across bed specialties. In a secondary analysis, we calculated facility-level adjusted rates of irregular discharge, limiting to facilities with at least 50 discharges. We identified the amount of residual variation that exists between facilities after adjusting for patient factors.

Results

A total of 279 residential programs (78,588 patients representing 124,632 discharges) were included in the analysis. Substance use disorder and homeless/work programs were the most common specialty types. Both in the overall and stratified analyses, the number of mental health diagnostic categories and younger age were predictors of irregular discharge. In the facility analysis, there was substantial variation in irregular discharge rates across residential specialties even after adjusting for all patient factors. For example, PTSD programs had a mean adjusted irregular discharge rate of 15.3% (SD: 7.4; range: 2.1–31.2; coefficient of variation: 48.4%).

Conclusions

Irregular discharge is a key concern in VHA residential care. Patient characteristics do not account for all of the observed variation in rates across residential specialty types. There is a need to develop specialty-specific measures of irregular discharge to learn about system-level factors that contribute to irregular discharge. These data can inform strategies to avoid harms associated with irregular discharge.

<https://doi.org/10.1037/aap0000322>

Health and social experiences of Asian American and Pacific Islanders in the U.S. military.

Park, J., Park-Taylor, J., Takooshian, H., & Chevalier, R.

Asian Americans and Pacific Islanders (AAPI) make up approximately 4%–5% of the total U.S. Armed Forces. Recent studies suggest a lack of adequate representation of AAPI military-focused research despite AAPIs having the highest rates of suicide within the military. Social interactions and teamwork are essential to efficient operations and functioning within the military, and strong unit cohesion may serve as a protective factor against adversity. Instances of discrimination, on the other hand, may place chronic strain on an individual's well-being. This cross-sectional study surveyed 167 AAPI service members in the U.S. military to examine how their social experiences in the military influenced their perceptions of health and well-being. The online surveys were completed between October 2020 and December 2020. Significant negative associations were identified between perceptions of discrimination and unit cohesion and perceptions of discrimination and health outcomes, while a significant positive association was identified between perceptions of unit cohesion and health outcomes. A post hoc moderation analysis was completed; however, the findings were not significant. Implications for policy, practice, and theory and future directions for research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1007/s00127-023-02478-0>

Relationship of social determinants of health with symptom severity among Veterans and non-Veterans with probable posttraumatic stress disorder or depression.

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Social Psychiatry and Psychiatric Epidemiology
Published: 12 May 2023

Purpose

Social determinants of health (SDoH) refer to the conditions in the environments in which people live that affect health outcomes and risks. SDoH may provide proximal, actionable targets for interventions. This study examined how SDoH are associated with posttraumatic stress disorder (PTSD) and depression symptoms among Veterans and non-Veterans with probable PTSD or depression.

Methods

Four multiple regressions were conducted. Two multiple regressions with Veterans examined the impact of SDoH on PTSD symptoms and on depression symptoms. Two multiple regressions with non-Veterans examined the impact of SDoH on PTSD symptoms and on depression symptoms. Independent variables included demographic characteristics, adverse experiences (in childhood and adulthood), and SDoH (discrimination, education, employment, economic instability, homelessness, justice involvement, and social support). Correlates that were statistically significant ($p < 0.05$) and clinically meaningful ($r_{part} > |0.10|$) were interpreted.

Results

For Veterans, lower social support ($r_{part} = -0.14$) and unemployment ($r_{part} = 0.12$) were associated with greater PTSD symptoms. Among non-Veterans, greater economic instability ($r_{part} = 0.19$) was associated with greater PTSD symptoms. In the depression models, lower social support ($r_{part} = -0.23$) and greater economic instability ($r_{part} = 0.12$) were associated with greater depression for Veterans, while only lower social support was associated with greater depression for non-Veterans ($r_{part} = -0.14$).

Conclusion

Among Veterans and non-Veterans with probable PTSD or depression, SDoH were associated with PTSD and depression symptoms, particularly social support, economic instability, and employment. Beyond direct treatment of mental health symptoms, addressing social support and economic factors such as instability and employment in the context of PTSD and depression are potential intervention targets that would benefit from future research.

<https://doi.org/10.1093/milmed/usad128>

Practices and Policies That Support Breastfeeding Among Military Women: A Systematic Review.

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Military Medicine

Published: 11 May 2023

Background

Previous and limited assessments of breastfeeding in women serving on active duty in the U.S. military demonstrate varied and conflicting data regarding breastfeeding outcomes. Disparities exist within the military where enlisted service members have consistently lower rates of breastfeeding duration compared to officers. Yet, little is known about successful care practices and military policies that promote breastfeeding in military women. The aim of this systematic review is to examine care practices and military policies associated with increased breastfeeding initiation and duration among women serving in the U.S. military.

Materials and Methods

We searched Cochrane Database, Cumulative Index of Nursing and Allied Health Literature, PubMed, and PsycInfo for studies published from 2000 to 2022 that included U.S. military personnel and that focused on care practices and military policies that support breastfeeding. Our search terms included (breastfeeding OR breastfeed AND military) and (lactation OR lactating AND military). We included randomized controlled trials, quasi-experimental, cohort, cross-sectional, and other observational designs. We evaluated potential bias in studies using the Evidence Project Risk of Bias Tool and synthesized the overall evidence using the Johns Hopkins Nursing Evidence-Based Practice Synthesis and Recommendations Tool.

Results

We included 14 studies that were independently reviewed by two authors. Breastfeeding initiation rates among military women were between 66% and 98%, and breastfeeding duration rates at 6 months ranged from 13% to 62%. In these studies, researchers examined various inpatient care practices (skin-to-skin care, timing of circumcision, and infant baths) (n = 3), care delivered by different types of providers (n = 3), group versus individual prenatal care (n = 2), breastfeeding education (n = 2), length of maternity leave (n = 2), and workplace support (n = 2). Skin-to-skin contact following delivery was positively associated with breastfeeding outcomes. There is insufficient evidence to determine if care by different types of medical providers, different types of prenatal care and education, timing of circumcision or baths, length of maternity leave, and workplace support influence breastfeeding outcomes.

Conclusion

Certain perinatal practices designed to encourage early skin-to-skin contact appear to improve breastfeeding initiation and duration among women serving in the U.S. military. However, there is an overall lack of quality evidence supporting effective practices and policies associated with increased breastfeeding initiation and duration in this population. Given the recent movement toward policy changes that support pregnant

and postpartum service members across services, more research is needed to determine the impact of these and other practices and policies on breastfeeding rates, specifically among enlisted service members who have demonstrated lower breastfeeding rates than officers.

<https://doi.org/10.1080/13811118.2023.2200795>

Food Insecurity and Suicidal Ideation: Results from a National Longitudinal Study of Military Veterans.

Eric B. Elbogen, Robert C. Graziano, Gillian LaRue, Alicia J. Cohen, Dina Hooshyar, H. Ryan Wagner & Jack Tsai

Archives of Suicide Research
Published online: 10 May 2023

Objective

Research examining social determinants of suicide risk in veterans suggests a potential link between food insecurity and subsequent suicidal ideation in military veterans. The objective of this study is to investigate, if and how, food insecurity predicts subsequent suicidal ideation in a nationally representative longitudinal survey of veterans.

Methods

A national longitudinal survey was analyzed of participants randomly drawn from over one million U.S. military service members who served after September 11, 2001. N = 1,090 veterans provided two waves of data one year apart (79% retention rate); the final sample was representative of post-9/11 veterans in all 50 states and all military branches.

Results

Veterans with food insecurity had nearly four times higher suicidal ideation one year later compared to veterans not reporting food insecurity (39% vs 10%). In multivariable analyses controlling for demographic, military, and clinical covariates, food insecurity (OR = 2.37, $p = .0165$) predicted suicidal ideation one year later, as did mental health disorders (OR = 2.12, $p = .0097$). Veterans with both food insecurity and mental health disorders had a more than nine-fold increase in predicted probability of suicidal ideation in the subsequent year compared to veterans with neither food insecurity nor mental health disorders (48.5% vs. 5.5%).

Conclusion

These findings identify food insecurity as an independent risk marker for suicidal ideation in military veterans in addition to mental disorders. Food insecurity is both an indicator of and an intervention point for subsequent suicide risk. Regularly assessing for food insecurity, and intervening accordingly, can provide upstream opportunities to reduce odds of suicide among veterans.

HIGHLIGHTS

- Military veterans with food insecurity were at elevated risk of suicidal ideation.
- Veterans with mental health disorders had higher odds of suicidal ideation one year later.
- Food insecurity plus mental health disorders led to a substantial increase in suicidal ideation.

<https://doi.org/10.1093/milmed/usad122>

Diagnosed Behavioral Health Disorders, Related Duty Limitations, and Return to Duty Time in the U.S. Army: Population-based Data, from 2017 to 2019.

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Military Medicine

Published: 09 May 2023

Introduction

Less than half of service members with a behavioral health (BH) problem seek care. Soldiers may avoid seeking needed care because of concerns related to being placed on a duty-limiting profile and the related medical disclosures that follow.

Materials and Methods

This study used a retrospective population-based design to identify all new BH diagnoses across the U.S. Army. The relationship between diagnostic category, risk of being issued a duty limitation (profile), and time until return to full duty was also examined. Data were collected from a comprehensive data repository that includes medical and administrative records. Soldiers with a new BH diagnosis were identified

from 2017 to 2018. All duty limitation profiles within 12 months of initial diagnosis were identified.

Results

Records for 614,107 unique service members were reviewed. This cohort was mostly male, enlisted, unmarried, and White. The mean age was 27.13 years (SD = 8.05). Soldiers with a new BH diagnosis accounted for 16.7% (n = 102,440) of the population. The most common diagnostic category was adjustment disorder (55.7%). About a quarter (23.6%) of soldiers with a new diagnosis were issued a related profile. The mean length of these profiles was 98.55 days (SD = 56.91). Of those with a new diagnosis, sex and race failed to have an effect on the odds of being placed on a profile. Overall, enlisted, unmarried, or younger soldiers had greater odds of being placed on a profile.

Conclusion

These data provide relevant information for both the service member who seeks care and command teams seeking readiness projections.

<https://doi.org/10.1016/j.jneb.2023.02.004>

Exploring Influences of Eating Behaviors Among Emerging Adults in the Military.

MR Troncoso, C Wilson, JM Scott, PA Deuster

Journal of Nutrition Education and Behavior
Volume 55, Issue 5, May 2023, Pages 331-342

Objective

Identify factors influencing eating behaviors among emerging adults in the military.

Design

Focused ethnography using interviews, observations, and artifacts for data.

Setting

Three US Naval installations.

Participants

Thirty-two active-duty Sailors aged 18–25 years.

Analysis

Qualitative data were organized in NVivo and analyzed sequentially to categorize culturally relevant domains and themes using a social ecological model (SEM). Descriptive statistics were used to describe questionnaire data in SPSS (version 27.0, IBM, 2020).

Results

Leaders encouraged healthy eating through policies and messages, but cultural contradictions and environmental barriers undermined Sailors' efforts to eat healthily. Stress and resource constraints (intrapersonal), peer pressure (social), unhealthy food environments and lack of access to food preparation (environmental), and eating on the go because of mission-first norms (cultural) promoted unhealthy eating behaviors. Nutrition and culinary literacy (intrapersonal); peer support and leadership engagement (social); access to healthy, convenient, and low-cost foods (environmental); and indoctrination to healthy eating during recruit training (cultural) positively influenced eating behaviors.

Conclusion and Implications

The eating behaviors of service members are influenced by many modifiable factors. Targeted education, leadership engagement, and policies that make nutritious foods easily accessible, appealing, and preferred are needed.

<https://doi.org/10.1037/ser0000760>

A peer veteran approach to the caring letters suicide prevention program: Preliminary data.

Livingston, W. S., Carter, S. P., Leitner, R., Ton, A. T., Gebhardt, H., Zoellner, L. A., Mizik, N., Rojas, S. M., Buchholz, J. R., & Reger, M. A.

Psychological Services

Advance online publication

Caring Letters is a prevention program aimed at reducing suicide risk; however, clinical trials indicate mixed results among military and veteran samples. The present study aimed to pilot a new version of the Caring Letters intervention that was adapted to military culture in order to emphasize peer support. The supportive letters, traditionally

sent from clinicians, were written by peer veterans (PVs) who volunteered from local Veteran Service Organizations (VSOs). PVs (n = 15) attended a 4-hr workshop to learn about Caring Letters and write six letters to a veteran with a recent hospitalization for suicide risk (hospitalized veterans [HVs]; n = 15 completed a baseline assessment). Letters from PVs were sent to HVs once a month for 6 months following discharge from the psychiatric inpatient unit. The study used a limited efficacy approach to examine feasibility outcomes including implementation procedures, participant recruitment and retention rates, and barriers and facilitators. Acceptability measures examined HV satisfaction, perceived privacy and safety, and PV workshop satisfaction. Among HVs, results suggested that suicidal ideation improved from baseline to follow-up (g = 3.19). Results suggested resilience scores improved among HVs (g = 0.99). Results also suggested a possible reduction in stigma associated with mental health treatment among PVs at 1-month postworkshop assessment. Interpretation of the results is limited by the design and sample size, but the results provide preliminary support for the feasibility and acceptability of a PV approach to Caring Letters. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Links of Interest

Mental health resources available for women veterans

<https://www.militarytimes.com/education-transition/2023/06/07/mental-health-resources-available-for-women-veterans/>

Biden looks to boost military spouse employment with new order

<https://www.militarytimes.com/news/pentagon-congress/2023/06/09/biden-looks-to-boost-military-spouse-employment-with-new-order/>

Practice What You Preach: Defend Your Own Mental Health

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Practice-What-You-Preach-Defend-Your-Own-Mental-Health>

Managing Significant Life Events for Better Mental Health

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

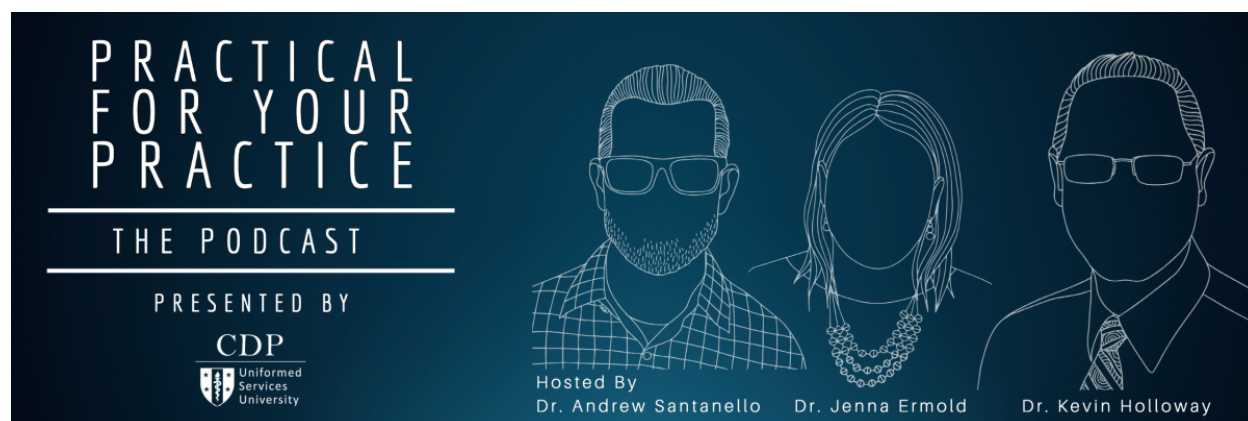
Taking an important step in supporting military and veteran caregiving children (opinion)

<https://thehill.com/opinion/congress-blog/4045802-taking-an-important-step-in-supporting-military-and-veteran-caregiving-children/>

Resource of the Week: [Practical for Your Practice Podcast](#)

From the Center for Deployment Psychology:

This bi-weekly podcast features stories, ideas, support and actionable intel to empower providers to keep working toward implementing EBPs with fidelity and effectiveness. Check out Drs. Jenna Ermold, Kevin Holloway, Andy Santanello and national expert guests as they discuss practical issues between colleagues which can enhance the work you do. Don't forget to subscribe on your favorite platform!



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