

CDP



Research Update -- August 3, 2023

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Military to civilian cultural transition experiences of retired military personnel: A systematic meta-synthesis.

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Military Psychology

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Military organizations often demonstrate contrasting features compared to civilian ones, including indoctrination of military identity and mind-set. Therefore, on returning after retirement, military personnel undergo acculturation to reconnect to the civilian world. Many military retirees face difficulty readjusting in multiple professional and personal life domains, and report decreased life satisfaction due to this transition. The present review conducted a thematic meta-synthesis of 28 studies that had qualitatively assessed military to civilian transition experiences. The aim was to understand the military-civilian culture gap and identify the challenges faced during this transition. The analysis led to six themes – “Military Institutionalization, Military-Civilian Cultural Contrast, The Three S’s of Transition Challenges – Stereotypes, Skills, and Support, The Losses of Identity, Reconnecting with Family, Friends, and Civilian Counterparts, and Facilitators in Transition – Covering the Military-Civilian Gap.” Based on these findings, the review further presents possible intervention suggestions for retirement adjustment and future research direction.

<https://doi.org/10.1001/jamapsychiatry.2023.2285>

Rural-Urban Disparities in Video Telehealth Use During Rapid Mental Health Care Virtualization Among American Indian/Alaska Native Veterans.

Kusters, I. S., Amspoker, A. B., Frosio, K., Day, S. C., Day, G., Ecker, A., Hogan, J., Lindsay, J. A., & Shore, J.

JAMA Psychiatry

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Key Points

Question

Are there differences in use of video telehealth (VTH) for mental health care between American Indian/Alaska Native and non–American Indian/Alaska Native veterans by rurality and urbanicity?

Findings

In this cohort study including 1 754 311 veterans, VTH use increased among all veteran groups during the study period, but a significant difference in VTH use was seen between rural and urban populations, especially among American Indian/Alaska Native veterans.

Meaning

The findings highlight the importance of addressing geographic, socioeconomic, and infrastructural barriers to health care and the need for improved communication and collaboration between health care practitioners and organizations and the communities they serve.

Abstract

Importance

American Indian/Alaska Native veterans experience a high risk for health inequities, including mental health (MH) care access. Rapid virtualization of MH care in response to the COVID-19 pandemic facilitated care continuity across the Veterans Health Administration (VHA), but the association between virtualization of care and health inequities among American Indian/Alaska Native veterans is unknown.

Objective

To examine differences in video telehealth (VTH) use for MH care between American Indian/Alaska Native and non–American Indian/Alaska Native veterans by rurality and urbanicity.

Design, Setting, and Participants

In this cohort study, VHA administrative data on VTH use among a veteran cohort that received MH care from October 1, 2019, to February 29, 2020 (prepandemic), and April 1 to December 31, 2020 (early pandemic), were examined.

Exposures

At least 1 outpatient MH encounter during the study period.

Main Outcomes and Measures

The main outcome was use of VTH among all study groups (ie, American Indian/Alaska Native, non–American Indian/Alaska Native, rural, or urban) before and during the early pandemic. American Indian/Alaska Native veteran status and rurality were examined as factors associated with VTH utilization through mixed models.

Results

Of 1 754 311 veterans (mean [SD] age, 54.89 [16.23] years; 85.21% male), 0.48% were rural American Indian/Alaska Native; 29.04%, rural non–American Indian/Alaska Native; 0.77%, urban American Indian/Alaska Native; and 69.71%, urban non–American Indian/Alaska Native. Before the pandemic, a lower percentage of urban ($b = -0.91$; SE, 0.02; 95% CI, -0.95 to -0.87 ; $P < .001$) and non–American Indian/Alaska Native ($b = -0.29$; SE, 0.09; 95% CI, -0.47 to -0.11 ; $P < .001$) veterans used VTH. During the early pandemic period, a greater percentage of urban ($b = 1.37$; SE, 0.05; 95% CI, 1.27-1.47; $P < .001$) and non–American Indian/Alaska Native ($b = 0.55$; SE, 0.19; 95% CI, 0.18-0.92; $P = .003$) veterans used VTH. There was a significant interaction between rurality and American Indian/Alaska Native status during the early pandemic ($b = -1.49$; SE, 0.39; 95% CI, -2.25 to -0.73 ; $P < .001$). Urban veterans used VTH more than rural veterans, especially American Indian/Alaska Native veterans (non–American Indian/Alaska Native: rurality $b = 1.35$ [SE, 0.05; 95% CI, 1.25-1.45; $P < .001$]; American Indian/Alaska Native: rurality $b = 2.91$ [SE, 0.38; 95% CI, 2.17-3.65; $P < .001$]). The mean (SE) increase in VTH was 20.34 (0.38) and 15.35 (0.49) percentage points for American Indian/Alaska Native urban and rural veterans, respectively (difference in differences [DID], 4.99 percentage points; SE, 0.62; 95% CI, 3.77-6.21; $t = -7.999$; df, 11 000; $P < .001$), and 12.97 (0.24) and 11.31 (0.44) percentage points for non–American Indian/Alaska Native urban and rural veterans, respectively (DID, 1.66; SE, 0.50; 95% CI, 0.68-2.64; $t = -3.32$; df, 15 000; $P < .001$).

Conclusions and Relevance

In this cohort study, although rapid virtualization of MH care was associated with greater VTH use in all veteran groups studied, a significant difference in VTH use was seen between rural and urban populations, especially among American Indian/Alaska Native veterans. The findings suggest that American Indian/Alaska Native veterans in rural areas may be at risk for VTH access disparities.

<https://doi.org/10.1001/jamapsychiatry.2023.2289>

Substances Detected During Coroner Postmortem Toxicology Analyses in Poisoning- and Nonpoisoning-Related Suicides.

Lim, J. S., Buckley, N. A., Cairns, R., Schumann, J., Schaffer, A. L., & Chitty, K. M.

JAMA Psychiatry

July 26, 2023

Key Points

Question

What are the substances detected at the time of death in poisoning and nonpoisoning suicides?

Findings

In this cross-sectional study, data were extracted from postmortem toxicology reports from 13 664 suicide deaths in Australia. Psychotropic medicine usage was higher in poisoning than nonpoisoning suicides, especially for antidepressants, benzodiazepines, and opioids; alcohol was almost equally prevalent, whereas cannabinoids and amphetamines were more commonly detected in nonpoisonings.

Meaning

Substance misuse is a risk factor for all suicide, and substances overrepresented in poisonings should be prescribed cautiously.

Abstract

Importance

Determining the association between drug use and suicide is complicated but can help to inform targeted suicide prevention strategies.

Objective

To examine the substances prevalent in poisoning- and nonpoisoning-related suicides in Australia.

Design, Setting, and Participants

This was a multiple-year, cross-sectional study of suicides from July 2013 to October 2019 in Australia with toxicology data available in a national coronial database. The cause of death was classified as poisoning related if any type of poisoning was determined by the coroner to contribute to the cause of death. Prevalence ratios (PRs)

were calculated to compare substance detection in poisoning- vs nonpoisoning-related suicides. Data were analyzed from October 2021 to April 2023.

Exposures

All substances detected in decedents at the time of death according to toxicology reports were recorded.

Main Outcome(s) and Measure(s)

The most common individual substances and substance classes were identified. From these, blood concentrations of substances of interest were analyzed, and the most commonly occurring combinations of substance classes were listed.

Results

Toxicology was performed on 13 664 suicide decedents (median [IQR] age, 44 [31-57] years; 10 350 male [76%]). From these, 3397 (25%) were poisoning-related suicides (median [IQR] age, 50 [38-63] years; 2124 male [63%]). The remainder were classified as nonpoisoning-related suicides (median [IQR] age, 42 [29-55] years; 8226 male [80%]). PRs for common medicine classes being detected in poisoning-related suicides compared with nonpoisoning-related suicides were as follows: antidepressants (PR, 1.63; 95% CI, 1.54-1.73), benzodiazepines (PR, 2.01; 95% CI, 1.90-2.13), nonopioid analgesics/anti-inflammatory drugs (PR, 1.88; 95% CI, 1.78-2.00), and opioids (PR, 2.72; 95% CI, 2.58-2.87). Alcohol (as ethanol ≥ 0.03 g/100 mL) was almost equally prevalent in poisoning- and nonpoisoning-related deaths (PR, 1.07; 95% CI, 1.01-1.14), whereas amphetamines (PR, 0.68; 95% CI, 0.61-0.77) and cannabinoids (PR, 0.67; 95% CI, 0.60-0.74) were detected more often in nonpoisoning-related suicides. Combinations of multiple sedative agents in poisoning-related suicides were common.

Conclusions and Relevance

Both poisoning- and nonpoisoning-related suicide deaths featured a high prevalence of psychotropic medicines or potential intoxication, which suggests the association of suicide with poor mental health and substance misuse. Findings suggest that substances with a high involvement in poisoning-related suicides should be prescribed cautiously, including antidepressants that are toxic in overdose, sedatives, opioids, and potentially lethal combinations.

<https://doi.org/10.1002/jts.22958>

Early and recent military and nonmilitary stressors associated with posttraumatic stress symptoms among military service members and their spouses.

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Journal of Traumatic Stress
First published: 19 July 2023

Disparities in posttraumatic stress symptoms (PTSS) have been observed among military service members (SMs) and spouses (SPs) compared to their civilian peers, but exposure to military stressors does not adequately explain observed differences. Using a stress process framework, this study considered the associations between early and recent military and nonmilitary stressors and PTSS among SMs and SPs. We analyzed data from 3,314 SM–SP dyads in the Millennium Cohort and Millennium Cohort Family Studies. Accounting for covariates, multiple linear regression and dominance analyses were employed to consider the effects of SM and SP childhood maltreatment, recent nonmilitary stressors (e.g., financial difficulties), and recent military stressors (e.g., deployment) on their own and their partner's self-reported PTSS. For both SMs and SPs, childhood maltreatment was the strongest predictor of their own PTSS, followed by nonmilitary stressors. Couple crossover dynamics were evident as SP maltreatment and nonmilitary stressors significantly predicted SM PTSS, and SM maltreatment predicted SP PTSS. Maltreatment also multiplied the effects of SM, product term $B = 0.92$, $p = .031$, and SP, product term $B = 0.75$, $p = .004$, nonmilitary stressors. The findings emphasize the essential role of exposure to early adversity in understanding PTSS among SMs and SPs, as childhood maltreatment strongly predicted PTSS and exacerbated the effects of other stressors on PTSS. Providers should assess for early adversity among both SMs and SPs and consider the provision of services at the couple level given the potential for the transmission of stress within couples.

<https://doi.org/10.1002/jts.22957>

Symptom validity indices in the Posttraumatic Stress Disorder Checklist for DSM-5.

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Journal of Traumatic Stress
First published: 18 July 2023

The use of symptom validity tests (SVTs) is standard practice in psychodiagnostic assessments. Embedded measures are indices within self-report measures. To date, no embedded SVTs have been identified in the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5). This research aimed to develop and validate PCL-5 SVTs in two samples of veterans. Participants completed one of two prospective research studies that included cognitive and psychological tests. Participants in Study 1 were veterans (N = 464) who served following the September 11, 2001, terrorist attacks; participants in Study 2 were veterans or service members (N = 338) who had been deployed to Iraq and/or Afghanistan. Both studies included the PCL-5 and the Structured Inventory of Malingered Symptomatology (SIMS), the latter of which served as the criterion for identifying PCL-5 SVTs. For Study 1, two separate SVTs were developed: the PCL-5 Symptom Severity scale (PSS), based on the PCL-5 total score, and the PCL-5 Rare Items scale (PRI), based on PCL-5 items infrequently endorsed at the highest item ratings. At the most conservative SIMS cutoff score, the PSS achieved excellent discrimination for both the Study 1, AUC = .840, and Study 2 samples, AUC = .858, with specific cutoff scores of ≥ 51 and ≥ 56 maximizing sensitivity while maintaining a specificity of .90. The PRI achieved good discrimination, AUCs = .760 and .726, respectively, with a cutoff score of 2 or higher indicated by both studies. The results of these two studies provide provisional support for these two embedded SVTs in the PCL-5.

<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
2023 Jun; 37(4): 507-516

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/10.1177/0192513X231162968>

“Sometimes, During Deployment, It Seems Like We Won’t Make It”: U.S. Military Deployment Transition Issues as a Precursor to Couples’ Reintegration Issues.

Weiss, J. K., & Anzur, C. K.

Journal of Family Issues

First published online March 29, 2023

The bulk of the literature on the Relational Turbulence Model relating to U.S. military couples clusters around examining relational turbulence and communication issues when a service member returns from a deployment and reintegrates back into the home. Lacking in comparison is a deeper examination of turbulence and all of its related variables when the service member leaves the home to go on the deployment. The

current study examines these components as they relate to overseas military deployment. A thematic analysis of participants' perceptions uncovered major themes of Relational Uncertainty, Partner Interferences, and Relational Turbulence along with several subthemes and additional subtheme-types. If we consider the well-established relational communication issues couples face during reintegrating, these findings suggest that those issues may actually stem from the perceptions of relational turbulence in the initial parts of the deployment cycle during deployment.

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Associations of Military-Related Traumatic Brain Injury With New-Onset Mental Health Conditions and Suicide Risk.

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

JAMA Network Open
2023 Jul 3; 6(7): e2326296

Importance:

Research to identify the direct and indirect associations of military-related traumatic brain injury (TBI) with suicide has been complicated by a range of data-related challenges.

Objective:

To identify differences in rates of new-onset mental health conditions (ie, anxiety, mood, posttraumatic stress, adjustment, alcohol use, and substance use disorders) among soldiers with and without a history of military-related TBI and to explore the direct and indirect (through new-onset mental health disorders) associations of TBI with suicide.

Design, setting, and participants:

This retrospective cohort study used data from the Substance Use and Psychological Injury Combat Study (SUPIC) database. Demographic, military, and health data from the Department of Defense within SUPIC were compiled and linked with National Death Index records to identify deaths by suicide. Participants included US Army soldiers who returned from an Afghanistan or Iraq deployment. Data were analyzed from September to December 2022.

Exposures:
Military-related TBI.

Main outcomes and measures:

The outcome of interest was suicide. Secondary outcomes were incidence of new-onset mental health conditions. Mediation analyses consisted of accelerated failure time (AFT) models in conjunction with the product of coefficients method. The 6 new-onset mental health diagnosis categories and the 2 or more categories variable were each considered separately as potential mediators; therefore, a total of 14 models plus the overall AFT model estimating the total effect associated with TBI in suicide risk were fit.

Results:

The study included 860 892 soldiers (320 539 soldiers [37.2%] aged 18-24 at end of index deployment; 766 454 [89.0%] male), with 108 785 soldiers (12.6%) with at least 1 documented TBI on their military health record. Larger increases in mental health diagnoses were observed for all conditions from before to after documented TBI, compared with the matched dates for those without a history of TBI, with increases observed for mood (67.7% vs 37.5%) and substance use (100% vs 14.5%). Time-to-suicide direct effect estimates for soldiers with a history of TBI were similar across mediators. For example, considering new-onset adjustment disorders, time-to-suicide was 16.7% faster (deceleration factor, 0.833; 95% CI, 0.756-0.912) than for soldiers without a history of TBI. Indirect effect estimates of associations with TBI were substantial and varied across mediators. The largest indirect effect estimate was observed through the association with new-onset substance use disorder, with a time to suicide 63.8% faster (deceleration factor, 0.372; 95% CI, 0.322-0.433) for soldiers with a history of TBI.

Conclusions and relevance:

In this longitudinal cohort study of soldiers, rates of new-onset mental health conditions were higher among individuals with a history of TBI compared with those without. Moreover, risk for suicide was both directly and indirectly associated with history of TBI. These findings suggest that increased efforts are needed to conceptualize the accumulation of risk associated with multiple military-related exposures and identify evidence-based interventions tha

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Psychiatric Issues in Women Veterans.

Alpert, E., Baier, A. L., & Galovski, T. E.

Psychiatric Clinics of North America
2023 Sep; 46(3): 621-633

Women veterans have unique life experiences and mental health needs, perhaps in part related to their high rates of exposure to traumatic events including military sexual trauma, combat trauma, and intimate partner violence. We review mental health difficulties among women veterans and describe related functional impairment. Evidence-based treatments are available, but barriers to care remain, including providers' lack of awareness of the unique needs of women veterans. Efforts are needed to increase access to evidence-based interventions, remove barriers to care, and improve provider competency working with this population to maximize clinical outcomes.

<https://doi.org/10.1080/20008066.2023.2235983>

Post-traumatic stress in war veterans and secondary traumatic stress among parents of war veterans five years after the 2014 Israel-Gaza military conflict.

Leshem, S., Keha, E., & Kalanthroff, E.

European Journal of Psychotraumatology
2023; 14(2): 2235983

Secondary traumatic stress (STS) has been studied in therapists, spouses, and mainly in children of traumatised individuals. To date, the relationship between children's posttraumatic stress disorder (PTSD) symptoms and their parents' mental health outcomes have been understudied, and specifically, long term STS symptoms of parents of war veterans were not investigated. The current study examined PTSD symptoms among veterans of the 2014 Israel-Gaza war and STS among their parents, five years after the war. The control group consisted of veterans from combat military units who were on active duty at the time of the war but did not actively participate in the war (stand-by units) - providing a natural experiment condition. We found that PTSD symptoms were almost twice as high in the directly active war veterans (DAV, N = 32) group compared to the indirectly active war veterans (IAV, N = 26) group. Results showed that mothers had higher STS symptoms in general, and DAV PTSD symptoms

correlated with their fathers STS symptoms. The current study provides novel evidence for: (a) subclinical PTSD symptoms in war veterans 5 years after the war, and (b) transmission of trauma from war veterans to their parents. The overall negative effect of sending a child to war on the parents are also discussed.

<https://doi.org/10.1093/milmed/usac292>

Military Medical Students' Coping With Stress to Maintain Well-being.

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Military Medicine

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Introduction

Previous studies have shown that medical students experience a great level of burnout and poor well-being during their clinical training periods. In this study, we sought to understand how military medical students cope with stress to prevent burnout and support their well-being. We also investigated if these coping strategies are associated with military medical students' self-reported well-being, burnout, and depression levels. The findings could help inform programming, resources, and educational strategies to better support students to thrive in their careers long term.

Methods

Using a cross-sectional research design, we surveyed military medical students and conducted content analysis on participant responses to the open-ended item by trained coders. Coding was based on the existing coping theory frameworks as well as categories that emerged inductively to represent the data.

Results

The primary four strategies military medical students utilized included social connection (59.9%), exercise (58.3%), personal relaxation (36%), and work–life balance (15.7%). The use of work–life balance strategy was significantly associated with more positive well-being and lower depression compared to those who did not use this strategy. Three main coping typologies were further extracted, including personal care, connection, and cognitive strategies. Based on the typologies, 62% of students were recognized as multi-type copers (who combined more than two coping typologies), who reported

significantly more positive well-being compared to students who relied on a single typology.

Conclusions

The findings demonstrate that certain coping strategies are more positively associated with a good state of well-being and less burnout, and that utilization of multiple types of coping strategies is more supportive. This study amplifies the voice of military medical students concerning the importance of prioritizing self-care and available resources given the unique pressures and demands of their dual military medical curriculum.

<https://doi.org/10.1093/milmed/usac120>

Well-being at a Military Medical School and Implications for Military Retention.

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Military Medicine

Volume 188, Issue Supplement_2, May-June 2023, Pages 19–25

Introduction

Physical and psychological well-being play a critical role in the academic and professional development of medical students and can alter the trajectory of a student's quality of personal and professional life. Military medical students, given their dual role as officer and student, experience unique stressors and issues that may play a role in their future intentions to continue military service, as well as practice medicine. As such, this study explores well-being across the 4 years of medical school at Uniformed Services University (USU) and how well-being relates to a student's likelihood to continue serving in the military and practicing medicine.

Methods

In September 2019, 678 USU medical students were invited to complete a survey consisting of three sections—the Medical Student Well-being Index (MSWBI), a single-item burnout measure, and six questions regarding their likelihood of staying in the military and medical practice. Survey responses were analyzed using descriptive

statistics, analysis of variance (ANOVA), and contingency table analysis. Additionally, thematic analysis was conducted on open-ended responses included as part of the likelihood questions.

Results

Our MSWBI and burnout scores suggest that the overall state of well-being among medical students at USU is comparable to other studies of the medical student population. ANOVA revealed class differences among the four cohorts, highlighted by improved well-being scores as students transitioned from clerkships to their fourth-year curriculum. Fewer clinical students (MS3s and MS4s), compared to pre-clerkship students, indicated a desire to stay in the military. In contrast, a higher percentage of clinical students seemed to “reconsider” their medical career choice compared to their pre-clerkship student counterparts. “Medicine-oriented” likelihood questions were associated with four unique MSWBI items, whereas “military-oriented” likelihood questions were associated with one unique MSWBI item.

Conclusion

The present study found that the overall state of well-being in USU medical students is satisfactory, but opportunities for improvement exist. Medical student well-being seemed to have a stronger association with medicine-oriented likelihood items than with military-oriented likelihood items. To obtain and refine best practices for strengthening engagement and commitment, future research should examine if and how military and medical contexts converge and diverge throughout training. This may enhance the medical school and training experience and, ultimately, reinforce, or strengthen, the desire and commitment to practice and serve in military medicine.

<https://doi.org/10.1093/milmed/usad177>

National Guard Deployment in Support of COVID-19: Psychological and Behavioral Health.

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Military Medicine

Published: 20 May 2023

Introduction

The National Guard (NG) served as a critical component of the USA's response to the Coronavirus Disease 2019 (COVID-19) pandemic, while concurrently managing their personal responses to the pandemic. Determining whether the activation of NG service members in response to the COVID-19 pandemic was associated with a greater psychological strain can identify NG's needs for mental health support.

Materials and Methods

We surveyed 3993 NG unit (NGU) service members (75% Army NG, 79% enlisted, 52% 30-49 years old, and 81% males) during the COVID-19 pandemic, with surveys administered between August and November 2020. Almost half (46%) of NGU service members reported being activated in response to COVID-19 (mean activation length = 18.6 weeks). Activated service members completed the survey approximately 2 to 3 months post-activation. Surveys assessed demographics, service-related characteristics, unit cohesion and positive leadership skills (leadership), and COVID-19 activation, and outcomes including probable post-traumatic stress disorder (PTSD), clinically significant anxiety and depression, and anger. Descriptive and logistic regression analyses were conducted. The study was approved by the Institutional Review Board of the Uniformed Services University of the Health Sciences in Bethesda, MD.

Results

In all, 9.7% met the criteria for probable PTSD, 7.6% reported clinically significant anxiety and depression, and 13.2% reported feeling angry/anger outbursts. Multivariate logistic regression analyses, adjusting for demographic and service-related characteristics, indicated that COVID-19 activation was not associated with a greater risk of PTSD, anxiety and depression, or anger. Regardless of activation status, NGU service members with low levels of unit cohesion and leadership were more likely to report PTSD and anger, and low levels of unit cohesion were associated with clinically significant anxiety and depression.

Conclusions

COVID-19 activation did not increase the risk of mental health difficulties among NGU service members. However, low levels of unit cohesion were associated with the risk of PTSD, anxiety and depression, and anger, and low levels of leadership were associated with the risk of PTSD and anger. The results suggest a resilient psychological response to COVID-19 activation and the potential for strengthening all NG service members through enhancing unit cohesion and leadership support. Future research on specific activation exposures, including the type of work tasks in which service members are engaged, particularly those associated with high-stress work conditions, is needed to

help better understand their activation experience and how it may influence post-activation responses.

<https://doi.org/10.1093/milmed/usad144>

Veteran Experiences With Suicide Ideation, Suicide Attempt, and Social Support in Safety Planning Within the Department of Veterans Affairs.

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Military Medicine

Published: 16 May 2023

Introduction

This evaluation examined the role of safety plans, one of a host of clinical suicide prevention interventions available for veterans through the United States Department of Veterans Affairs' national network of health care facilities managed by the Veterans Health Administration (VHA).

Materials and Methods

Interviews were conducted with veterans who had experienced suicidal ideation or a suicide attempt since enrolling in the Department of Veterans Affairs health care system (N = 29). Topics included negative life experiences, triggers for suicidal ideation or a suicide attempt, ability to recall and utilize safety plans in crisis, safety plan elements found most and least useful, and improvements to safety planning.

Results

Eighteen (62.07%) of the veterans in the sample had attempted suicide. Drug use was by far the most triggering and overdose was the most negative life event to subsequent ideation or attempt. Although all at-risk veterans should have a safety plan, only 13 (44.38%) created a safety plan, whereas 15 (51.72%) could not recall ever creating a safety plan with their provider. Among those who did recall making a safety plan, identifying warning signs was the most remembered portion. The most useful safety plan elements were: recognizing warning signs, supportive people and distracting social settings, names and numbers of professionals, giving the veteran personal coping strategies, options for using the plan, and keeping their environment safe. For some

veterans, safety plans were seen as insufficient, undesirable, not necessary, or lacking a guarantee. The suggested improvements included involving concerned significant others, specific actions to take in a crisis, and potential barriers and alternatives.

Conclusions

Safety planning is a critical component in suicide prevention within the VHA. However, future research is needed to ensure safety plans are accessible, implemented, and useful to veterans when in crisis.

<https://doi.org/10.1080/02699052.2023.2210293>

Impact of depression and post-traumatic stress on manual and oculomotor performance in service members with a history of mild TBI.

Lars Hungerford, Stephanie Agtarap & Mark Ettenhofer

Brain Injury

Volume 37, 2023 - Issue 8

Objective

To determine the impact of depression and post-traumatic stress on an automated oculomotor and manual measure of visual attention, compared to conventional neuropsychological assessment. Setting: Military traumatic brain injury (TBI) rehabilitation program.

Participants

188 Active Duty Service Members (ADSM) with a history of mild TBI.

Design

A cross-sectional and correlational study with data obtained through an IRB-approved data registry study. Main measures: Bethesda Eye & Attention Measure (BEAM); brief neuropsychological battery; self-reported symptom surveys including Neurobehavioral Symptom Inventory (NSI), Patient Health Questionnaire-8 (PHQ-8), and PTSD Checklist-5 (PCL-5).

Results

Small effect sizes were found for partial correlations between both depression and post-traumatic stress and key BEAM metrics. In contrast, small-to-medium effects sizes were

found across all traditional neuropsychological test measures.

Conclusion

This study illustrates the profile of impairments associated with depression and post-traumatic stress on saccadic eye movements and manual responses to BEAM relative to conventional neuropsychological tests. Results demonstrated that among ADSM seen for mTBI, depression and PTS exert a significant negative impact on measures of processing speed, attention, executive function, and memory across saccadic, manual, and conventional neuropsychological tests. However, the unique psychometric features of each of these assessment approaches may assist in distinguishing the effects of psychiatric comorbidities within this population.

<https://doi.org/10.1037/tra0001494>

Clinical outcomes of veterans affairs residential PTSD treatment for PTSD and depressive symptoms: 1-year follow-up outcomes and gender differences.

Gross, G. M., Spiller, T. R., Carretta, R., Sippel, L. M., Smith, N., & Harpaz-Rotem, I.

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

Objective:

The long-term effectiveness of Department of Veterans Affairs (VA) residential treatment for posttraumatic stress disorder (PTSD), and how it may vary for men and women veterans, is unknown. This is the first national investigation of symptom change from admission, discharge, 4 months, and 1-year postdischarge from VA PTSD residential rehabilitation treatment programs (RRTPs).

Method:

Participants included all veterans discharged from 40 VA PTSD RRTPs October 1, 2017–September 30, 2020 ($n = 2,937$; 14.3% women). Linear mixed models examined PTSD and depressive symptoms across time points; it was hypothesized that women veterans would experience greater symptom reduction during and after treatment.

Results:

Overall, veterans reported large-sized reductions of PTSD symptoms at all time points (Cohen's d : discharge = 1.23, 4-month follow-up $d = 0.97$, 1-year follow-up $d = 1.51$).

Treatment effects for depressive symptoms were large-sized at all time points (Cohen's d ; discharge = 1.03, 4-month follow-up d = 0.94, 1-year follow-up d = 1.05). Women veterans showed greater improvement in PTSD and depressive symptom severity ($p < .001$) than men at discharge, but not at 4-month or 1-year follow-ups.

Conclusions:

Veterans reported significant reductions in PTSD and depressive symptoms, and treatment gains were maintained one year postdischarge. Women experienced greater benefit during, but not after, treatment. Results not only provide support for the effectiveness of VA residential treatment for PTSD but also highlight the continued need for strategies to maximize and maintain treatment gains. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1371/journal.pone.0285714>

The military spouse experience of living alongside their serving/veteran partner with a mental health issue: A systematic review and narrative synthesis.

Senior E, Clarke A, Wilson-Menzfeld G

PLoS ONE

Published: May 18, 2023

Introduction

Military healthcare studies have reported a wide range of mental health issues amongst military personnel. Globally, mental health issues are one of the main causes of ill health. Military personnel have a greater prevalence of mental health issues than that of the general population. The impact of mental health issues can be wide and far reaching for family and carers. This systematic narrative review explores the military spouse experience of living alongside their serving or veteran partner with a mental health issue.

Methods

The systematic review performed was based on the PRISMA guide for searching, screening, selecting papers for data extraction and evaluation. Studies were identified from CINHAL, ASSIA, Proquest Psychology, Proquest Nursing & Allied Health source, Proquest Dissertations & Theses, ETHOS, PsychArticles, Hospital collection, Medline, Science Direct Freedom Collection and hand searching of citations and reference lists.

Results

Twenty-seven studies were included in the narrative synthesis. Five overarching themes from the experiences of military spouses' living alongside their serving/veteran partners mental health issue were identified: caregiver burden, intimate relationships, psychological/psychosocial effects on the spouse, mental health service provision and spouse's knowledge and management of symptoms.

Conclusions

The systematic review and narrative synthesis identified that the majority of studies focused on spouses of veterans, very few were specific to serving military personnel, but similarities were noted. Findings suggest that care burden and a negative impact on the intimate relationship is evident, therefore highlight a need to support and protect the military spouse and their serving partner. Likewise, there is a need for greater knowledge, access and inclusion of the military spouse, in the care and treatment provision of their serving partner's mental health issue.

<https://doi.org/10.1080/08995605.2023.2209006>

Military experiences, connection to military identity, and time since military discharge as predictors of United States veteran suicide risk.

Emily Edwards, Terra Osterberg, Brettland Coolidge, Ashley L. Greene, Gabriella Epshteyn, Daniel Gorman, Danny Ruiz & Paul El-Meouchy

Military Psychology

Published online: 19 May 2023

Veterans navigating the military-to-civilian transition appear at elevated risk for suicide. However, research on the transition-suicide association often fails to consider co-occurring risk factors. The independent association of time since military discharge and suicide among veterans therefore remains unclear. Data from 1,495 post-Vietnam community veterans provided estimates of suicide risk, military-based stressful experiences, connection to military identity, and recency of military discharge. Hierarchical regression analyses examined independent, incremental utility of factors associated with suicide risk after controlling for quality of life, age, and duration of military service among the total veteran sample and a subsample discharged from military service within five years prior. The resulting model explained 41% of variance in

suicide risk in the total veteran sample and 51% of variance in suicide risk in the recently discharged subsample. Recency of discharge, combat exposure, moral injury, poor quality of life, and poor psychological wellness showed statistically significant, independent associations with suicide risk, whereas connection to military identity did not show significant, independent associations. Results highlight the salience of the military-to-civilian transition as an independent risk factor for veteran suicide even after controlling for military-based stressful experiences, military identity, quality of life, age, and service duration.

<https://doi.org/10.1016/j.sleh.2023.03.003>

Physical and behavioral characteristics of soldiers acquiring recommended amounts of sleep per night.

Tyson Grier, Timothy Benedict, Olivia Mahlmann, Latoya Goncalves, Bruce H. Jones

Sleep Health

Available online 22 May 2023

Objectives

Only one-third of U.S. Army Soldiers meet the recommended sleep guideline of 7 or more hours per night. Soldiers meeting the recommended sleep guideline are more likely to perform better on cognitive and physical tasks. The purpose of this analysis was to compare the physical and behavioral characteristics of Soldiers who met and did not meet the sleep recommendation guideline and determine associations between physical and behavioral characteristics and the acquisition of recommended amounts of sleep per night.

Methods

A survey was administered to U.S. Army Soldiers. Adjusted odds ratios and corresponding 95% confidence intervals were calculated to determine associations between achieving the recommended number of hours of sleep per night and age, physical characteristics, health behaviors, physical training, and physical performance.

Results

A survey was completed by 4229 men and 969 women. Male Soldiers who met the recommended sleep requirement had lower estimated body fat [$20.3 \pm 4.2\%$ vs. $21.1 \pm 4.4\%$], were less likely to use tobacco [11.5% vs. 16.2%] and exercised more [$259 \pm$

226 vs. 244 ± 224 min/wk] compared with those who did not obtain 7 hours of sleep per night. Female Soldiers who met the recommended sleep requirement had lower estimated body fat [$31.4 \pm 4\%$ vs. $32.1 \pm 4.6\%$] and exercised more [258 ± 206 vs. 241 ± 216 min/wk] compared with those who did not obtain 7 hours of sleep per night.

Conclusion

Soldiers who choose to adopt healthy lifestyle characteristics may be more likely to meet the recommended sleep duration guideline.

<https://doi.org/10.1111/cfs.13030>

Adolescent difficulties during parental deployment and anxiety: A focus on measurement and family processes.

Haley Sherman MS, CFLE, Catherine Walker O'Neal PhD, Allison Tidwell MS, Mallory Lucier-Greer PhD, LMFT

Child & Family Social Work

First published: 16 May 2023

Approximately 60% of deployed service members leave behind immediate family members, and although military families tend to be adaptive and resilient, evidence suggests that deployments are challenging and difficulties can arise during transitions and family separation, especially for adolescents. Grounded in the family attachment network model and the ABC-X model of family stress, the current study utilized a sample of 204 military families with an active-duty father, civilian mother and adolescent and examined parents' perceptions of adolescents' difficulties during deployment in relation to all three family members' perceptions of the adolescents' mental health (i.e., anxiety symptoms) following deployment. First, analyses of measurement invariance indicated that service members and civilian parents were generally reporting on the same underlying construct of their adolescents' difficulties during parental deployment. Next, a structural equation model demonstrated considerable overlap in service member and civilian parent reports of their adolescents' difficulties during a parental deployment ($r = 0.47$). Finally, both parents' perceptions of adolescent difficulties during parental deployment were related to their own perceptions of the adolescent's current anxiety but not to the adolescents' reports of their own anxiety symptoms or to the other parent's report of the adolescents' anxiety symptoms. Findings provide support for utilizing these theories in combination, such that disruptions to the family system, and

the attachment relationships within that system, in one stage of the deployment cycle, may imply that there are implications for individual-level functioning, namely, anxiety, in the next stage of the deployment cycle. Findings also underscore the importance of examining our measurement tools and collecting data from multiple family members to understand family processes.

<https://doi.org/10.1016/j.pmedr.2023.102267>

Geographical access to specialized behavioral health treatment programs for U.S. active duty service members and military families from military installations.

Jonathan H. Cantor, Patricia K. Tong

Preventive Medicine Reports
Volume 34, August 2023, 102267

Active duty service members and their families have unique behavioral health care service needs. The purpose of this study is to determine geographical access to specialized behavioral health programs tailored to active duty U.S. service members and military families from military installations. This study generated network distance measures between active duty military installations and licensed substance use disorder (SUD) treatment facilities and mental health treatment facilities for 2015–2018 using data from national surveys administered by the Substance Abuse and Mental Health Services Administration and coordinates for active duty military installations from the Defense Installation Spatial Data Infrastructure Program. Using regression analysis, we calculated the share of installations that are at-risk of being remote from behavioral healthcare services. Separately, we calculated the share of treatment facilities accepting military insurance that offer specialized programs for active duty service members and/or military families within a 30-minute drive to an installation. Three out of 10 installations were at-risk of being remote from a behavioral health treatment facility. About 25 percent of behavioral health treatment facilities accepting military insurance within a 30-minute drive to an installation offered a specialized treatment program for active duty military or military families. Lack of a specialized treatment programs could suggest facilities may not be equipped to manage stressors unique to being in the military, and as a consequence, could adversely impact the health and well-being of this population. Further research is necessary to understand what specialized treatment programs for military populations entail.

<https://doi.org/10.1186/s12888-023-04840-7>

Exploring the importance of predisposing, enabling, and need factors for promoting Veteran engagement in mental health therapy for post-traumatic stress: a multiple methods study.

Megan Shepherd-Banigan, Abigail Shapiro, Karen M. Stechuchak, Kate L. Sheahan, Princess E. Ackland, Valerie A. Smith, Barbara G. Bokhour, Shirley M. Glynn, Patrick S. Calhoun, David Edelman, Hollis J. Weidenbacher, Madeleine R. Eldridge & Courtney H. Van Houtven

BMC Psychiatry

Published: 27 May 2023

Purpose

This study explored Veteran and family member perspectives on factors that drive post-traumatic stress disorder (PTSD) therapy engagement within constructs of the Andersen model of behavioral health service utilization. Despite efforts by the Department of Veterans Affairs (VA) to increase mental health care access, the proportion of Veterans with PTSD who engage in PTSD therapy remains low. Support for therapy from family members and friends could improve Veteran therapy use.

Methods

We applied a multiple methods approach using data from VA administrative data and semi-structured individual interviews with Veterans and their support partners who applied to the VA Caregiver Support Program. We integrated findings from a machine learning analysis of quantitative data with findings from a qualitative analysis of the semi-structured interviews.

Results

In quantitative models, Veteran medical need for health care use most influenced treatment initiation and retention. However, qualitative data suggested mental health symptoms combined with positive Veteran and support partner treatment attitudes motivated treatment engagement. Veterans indicated their motivation to seek treatment increased when family members perceived treatment to be of high value. Veterans who experienced poor continuity of VA care, group, and virtual treatment modalities expressed less care satisfaction. Prior marital therapy use emerged as a potentially new facilitator of PTSD treatment engagement that warrants more exploration.

Conclusions

Our multiple methods findings represent Veteran and support partner perspectives and show that amid Veteran and organizational barriers to care, attitudes and support of family members and friends still matter. Family-oriented services and intervention could be a gateway to increase Veteran PTSD therapy engagement.

<https://doi.org/10.1111/jsr.13945>

Longitudinal associations between insomnia, cannabis use and stress among US veterans.

Davis, J. P., Prindle, J., Saba, S. K., Castro, C. A., Hummer, J., Canning, L., & Pedersen, E. R.

Journal of Sleep Research
2023 May 26; e13945

Insomnia is highly prevalent among military veterans, with rates nearly double that of civilian populations. Insomnia typically co-occurs with other psychological problems, including substance use (e.g. cannabis) and perceived stress. Much of the research focused on insomnia, stress and cannabis use explores cannabis as a sleep aid and a mechanism for stress relief. However, recent theoretical and empirical evidence suggests a dynamic interplay between insomnia, cannabis use and perceived stress, yet few longitudinal studies exist. Using a sample of 1105 post-9/11 veterans assessed over four time points across 12 months, we used latent difference score modelling to examine proportional change between insomnia, perceived stress and cannabis use. Results revealed a complex interplay between all three constructs. In particular, we show that higher prior levels of insomnia are associated with greater increases in perceived stress, and greater prior levels of stress are associated with greater increases in cannabis use. Perhaps more importantly, our results also point to cannabis use as a catalyst for greater increases in both stress and insomnia severity. Our results suggest there may be both benefits and costs of cannabis use among veterans. Specifically, for veterans who experience chronic sleep problems, perceived stress may become overwhelming, and the benefit of stress reduction from increased cannabis use may come at the cost of increasing insomnia symptomology.

<https://doi.org/10.1093/sleep/zsad077.0734>

Gender Differences in US Military Personnel with Insomnia, Obstructive Sleep Apnea & Comorbid Insomnia and Obstructive Sleep Apnea.

Vincent Mysliwec, Matthew Brock, Panagiotis Matsangas, Kristi Pruiksma, Tyler Powell, Shana Hansen, Jennifer Martin, Daniel Taylor, Shannon Foster, Sara Mithani, Casey Straud, Stacey Young-McCaughan, Sarah Zwetzig, Alan Peterson

Sleep

Volume 46, Issue Supplement_1, May 2023, Page A323

Introduction

Women constitute approximately 17% of the military. Yet, relatively little is known regarding sleep disorders and comorbid diagnoses effecting this gender. The aim of this study was to determine if there were gender-related differences in symptoms of sleep disorders and sleep-related impairment, comorbid sleep, behavioral medicine, and traumatic brain injury (TBI) diagnoses and polysomnographic (PSG) variables in military personnel with insomnia, OSA, and comorbid insomnia and OSA (COMISA).

Methods

Participants were 372 military personnel (46.2% females, 53.8% males) with an average age of 37.7 ± 7.46 years and median BMI of 28.4 (5.50) kg/m². Based on clinical evaluation and video-PSG, participants were diagnosed with insomnia (n = 118, 71.2% female), OSA (n = 118, 28.8% female) and COMISA (n = 136, 39.7% female). Insomnia severity, excessive daytime sleepiness, sleep quality, nightmare disorder, sleep impairment, fatigue, posttraumatic stress disorder (PTSD), anxiety, depression symptoms, and traumatic brain injury (TBI) were evaluated with validated questionnaires. Descriptive statistics, parametric and non-parametric pairwise comparisons and effect-size analyses were used to assess differences between sexes in terms of variables of interest.

Results

Female service members had significantly greater symptoms of nightmare disorder, PTSD, anxiety, and depression than their male counterparts. There were no significant differences between males and females with insomnia or OSA in sleep-related symptoms, impairment, or PSG based apnea-hypopnea index (AHI). Male service members with COMISA had a significantly greater AHI; females with COMISA had

significantly greater symptoms of nightmare disorder, PTSD and anxiety.

Conclusion

In the largest study to date to clinically evaluate sleep disorders in military personnel, COMISA was the most frequent diagnosis. Surprisingly, there were minimal differences in self-reported symptoms of sleep disorders and PSG characteristics. However, male servicemembers with COMISA have more severe sleep disordered breathing while female servicemembers with COMISA have greater mental health morbidity. Military service may result in distinct sleep disorder phenotype(s).

Links of Interest

Defense Health Agency Kicks Off Dog Days of Summer, Showcases Dogs Who Support Overall Health

<https://health.mil/News/Dvids-Articles/2023/07/19/news449480>

Wounded Warriors and Facility Dogs: A Mutual Respect

<https://health.mil/News/Dvids-Articles/2023/07/25/news449882>

“Going to the Soldier Recovery Unit was probably the best thing to happen in my Army career”

<https://www.dvidshub.net/news/448280/going-soldier-recovery-unit-probably-best-thing-happen-my-army-career>

Key to Beating Burnout: Prioritizing Self-Care

<https://health.mil/News/Dvids-Articles/2023/07/13/news449137>

Tips for managing post-PCS stress

https://www.army.mil/article/268321/tips_for_managing_post_pcs_stress

Defense public health experts investigate whether minority group service members are more likely to experience behavioral health problems

<https://www.dvidshub.net/news/449384/defense-public-health-experts-investigate-whether-minority-group-service-members-more-likely-experience-behavioral-health-problems>

Eyeing the future, DoD leaders reflect on 75 years of desegregation

<https://www.militarytimes.com/news/your-military/2023/07/28/eyeing-the-future-dod-leaders-reflect-on-75-years-of-desegregation/>

Do you know a struggling student veteran? Here's where to start

<https://www.militarytimes.com/education-transition/2023/07/28/do-you-know-a-struggling-student-veteran-heres-where-to-start/>

SpouseLink helps veterans, spouses through difficult transition phase

<https://www.marinecorpstimes.com/education-transition/2023/07/31/spouselink-helps-veterans-spouses-through-difficult-transition-phase/>

Virtual Reality Showing Promise as Medical Treatment for PTSD

<https://www.military.com/daily-news/2023/08/01/virtual-reality-showing-promise-medical-treatment-ptsd.html>

Resource of the Week: [Low-Level Blast Exposure](#)

From the [Traumatic Brain Injury Center of Excellence](#):

Both providers and service members should be aware of the potential effects of low-level blast exposure and which occupations and heavy weapon systems are associated with increased risk of LLB exposure.

What Is Low-Level Blast?

Blast generated from firing heavy weapon systems or explosives in combat or training environments. Exposure to low-level blast does not typically result in a clinically diagnosable concussion/mild traumatic brain injury. Exposure does not equal injury!

Military Occupations and Heavy Weapon Systems That Can Increase Risk of LLB Exposure

Armor, Artillery,
and Gunnery
Combat Engineer



Breaching
Charges



Explosive
Ordnance Disposal
Special Operations
Forces



Shoulder
Mounted
Weapons



Infantry
Military Training
Instructor



.50 Caliber
Weapons



Medical Assets Attached
to Expeditionary Units



Indirect Fire
Weapons



Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



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