

CDP



Research Update – August 10, 2023

What's Here:

- Leadership perspectives on facilitators and barriers to sustaining evidence-based prevention interventions in the United States Military.
- Age differences in long-term mortality among male nonveterans, noncombat veterans, and combat veterans.
- Associations between DSM-5 posttraumatic stress disorder Criterion E2 endorsement and selected self-destructive behaviors in recent-era veterans: A focus on disordered eating.
- What do the Public Understand About Intimate Partner Violence in the Context of Military Veteran Status and PTSD?
- Contribution of Insomnia After Trauma to Depression and Posttraumatic Stress Disorder in Women Service Members.
- Effects of pre-sleep alcohol consumption on sleep and heart rate (HR).
- Is Evaluating for Dreams and Nightmares during Clinically Indicated Polysomnography Useful?
- Trends in Alcohol-Related Deaths by Sex in the US, 1999-2020.
- The American Congress of Rehabilitation Medicine Diagnostic Criteria for Mild Traumatic Brain Injury.
- Comparison of behavioral activation-enhanced cognitive processing therapy and cognitive processing therapy among U.S. service members: A randomized clinical trial.

- Prospective Association of Unmet Mental Health Treatment Needs With Suicidal Behavior Among Combat-Deployed Soldiers.
- Exposure to potentially morally injurious events, disruption in assumptive world, moral injury symptoms, and psychological distress among Israeli female veterans.
- Evidence-Based Intervention Adaptations Within the Veterans Health Administration: a Scoping Review.
- How future self-continuity mediates the impact of job loss on negative mental health outcomes among transitioning veterans.
- Daily associations with cannabis use and sleep quality in anxious cannabis users.
- Eating disorder outcomes: findings from a rapid review of over a decade of research.
- A History of Heart Attack and Experiencing Frequent Mental Distress Among US Veterans and Adult Civilians: A 2019 National Level Cross-Sectional Study.
- Ethical considerations for psychedelic-assisted therapy in military clinical settings.
- Race and Socioeconomic Status: Interlinked Drivers of Sleep Health Disparities.
- Exacerbated PTSD symptoms among older U.S. military veterans during the COVID-19 pandemic: Results from the national health and resilience in veterans study.
- The Purple Heart and suicide risk in Post-9/11 U.S. Army Combat Veterans with a traumatic brain injury: A mixed methods study.
- The Effect of Concussion Mechanism of Injury on Sleep Problems in Active Duty Service Members Following Deployment.
- Predictors of suicide attempt within 30 days of first medically documented major depression diagnosis in U.S. army soldiers with no prior suicidal ideation.
- Links of Interest
- Resource of the Week: Gun Control, Veterans' Benefits, and Mental Incompetency Determinations (Congressional Research Service)

<https://doi.org/10.1080/08995605.2023.2241591>

Leadership perspectives on facilitators and barriers to sustaining evidence-based prevention interventions in the United States Military.

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Military Psychology

Published online: 01 Aug 2023

The U.S. Department of Defense (DoD) aims to prevent suicide, harassment, sexual assault, and partner and child maltreatment by implementing evidence-based behavioral health interventions (EBIs). However, sustaining EBI implementation over time and with fidelity to result in meaningful impacts is a tremendous challenge. We interviewed 35 military leaders in positions to observe, and possibly hinder, the erosions of EBI implementations to learn what distinguishes EBIs that sustain in the military from those that fade away. Thematic analysis identified barriers and supports to EBI sustainment consistent with the Consolidated Framework for Implementation Research, reflecting the domains: outer setting, inner setting, individuals, and innovation. Participants described how factors at different levels of the social ecology interact with each other and emphasized how aspects of military culture (e.g., hierarchical structure, frequent moves, mission focus) can both support and challenge implementing and sustaining behavioral-health EBIs. EBI implementation in the military differs from most civilian settings in that service member participation in certain preventative programs is mandated. The results indicate how policy and practice can strengthen sustained EBI implementation to reduce harm and support service members.

<https://doi.org/10.1002/jts.22956>

Age differences in long-term mortality among male nonveterans, noncombat veterans, and combat veterans.

Scott D. Landes, Jennifer R. Piazza

Research documenting differences in mortality risk across the life course between veterans and nonveterans has not accounted for combat status. To address this gap in the literature, the current study examined differences in long-term mortality among midlife and older-adult male nonveterans, noncombat veterans, and combat veterans. Data were drawn from Wave 2 (2004/2005) of the Midlife Development in the United States survey and linked to 2020 mortality data (N = 2,024). Based on interpretation of a veteran-combat status by age interaction term, compared to nonveterans, noncombat veterans experienced a mortality advantage at younger ages, OR_{main effect} = 0.12, 95% CI [0.03, 0.54], p = .006, and a mortality disadvantage at older ages, OR_{interaction term} = 1.06, 95% CI [1.01, 1.05], p = .004, with the crossover occurring at 73.4 years. A similar pattern was present among combat veterans, with the mortality advantage at younger ages not reaching significance, OR_{main effect} = 0.16; 95% CI [0.02, 1.18], p = .072; a mortality advantage at older ages, OR_{interaction term} = 1.03, 95% CI [1.00, 1.05], p = .040; and the crossover occurring 4.2 years earlier at 69.2 years. The findings suggest that combat status may accelerate the age-related mortality disadvantage among veterans. Studies of health and mortality outcomes among veterans should, therefore, account for combat status. When data allow, future studies should confirm whether this pattern is present in nationally representative samples.

<https://doi.org/10.1002/jts.22960>

Associations between DSM-5 posttraumatic stress disorder Criterion E2 endorsement and selected self-destructive behaviors in recent-era veterans: A focus on disordered eating.

Rachel L. Zelkowitz, Shannon M. Kehle-Forbes, Brian N. Smith, Dawne S. Vogt, Karen S. Mitchell

Revisions to the posttraumatic stress disorder (PTSD) criteria in the DSM-5 included a new criterion in the alterations in arousal and reactivity cluster (i.e., engagement in reckless and self-destructive behaviors; Criterion E2). Despite its clinical significance, little is known about how this symptom corresponds to engagement in specific direct

and indirect self-harm behaviors. We examined associations between E2 and self-reported recent engagement in direct and indirect self-harm behaviors, including disordered eating, which is not included in the prototypical E2 symptom scope, in a trauma-exposed sample of 1,010 recent-era veterans (61.5% self-identified women, 38.5% self-identified men). We also tested whether gender moderated these associations. We repeated analyses in a subsample of participants with clinically elevated PTSD symptoms. Participants self-reported past-month PTSD symptoms (PCL-5) as well as past-month nonsuicidal self-injury, suicidal ideation, suicide planning, fasting, purging, binge eating, compulsive exercise, and problematic alcohol and drug use. We found no evidence for moderation by gender for any of the behaviors examined in the main sample. However, after controlling for gender and demographic covariates, weighted logistic regressions showed small, significant associations between E2 score and direct self-harm behaviors, substance use, purging, and binge eating, aORs = 1.30–1.91. Criterion E2 was linked to behaviors included in the typical symptom scope (self-directed violence, substance use) and those that are not (disordered eating behaviors). Comprehensive screening for self-destructive behaviors, including disordered eating, among veteran men and women who endorse Criterion E2 is indicated.

<https://doi.org/10.1177/00332941231180104>

What do the Public Understand About Intimate Partner Violence in the Context of Military Veteran Status and PTSD?

Mackinnon, J., Paskell, R., & Hamilton-Giachritsis, C.

Psychological Reports

First published online May 29, 2023

Intimate Partner Violence (IPV) represents a significant public and social health concern and may present particular complexities in military veteran relationships which are subject to unique stressors including separations, transition to civilian life and increased risk of Post-Traumatic Stress Disorder (PTSD). Public understanding is vital in terms of ensuring access to services and appropriate intervention. However, little is known about the public perception of IPV in this context. This study sought to assess how public recognition and discourse is affected by military veteran status and a diagnosis of PTSD. Community participants (N = 269) were randomly allocated to one of four conditions and presented with a story containing IPV in which the profession (military

veteran/civilian worker) and diagnostic status (PTSD/No PTSD) were manipulated. All participants rated the extent to which they felt the story contained IPV; additionally, half (n = 123) took part in a story completion task designed to elicit qualitative data with regards to public discourse. The mean scores in all conditions were weighted towards IPV recognition. Results indicated a small interaction between job role and PTSD ($F[1265] = 7.888, p < 0.01, \text{partial } \eta^2 = 0.029$) meaning that the public are more likely to recognise IPV when it is perpetrated by a military veteran than a civilian with PTSD. Diagnostic status made no difference to recognising abuse perpetrated by a military veteran. However, the fit of the model was weak ($r^2 = .040$) meaning that the large majority of variance was due to factors not accounted for. Qualitative findings indicated that in a military population trauma may be assumed even where not indicated and the public appear less likely to consider current stressors or acknowledge that PTSD cannot justify abuse. Victims of IPV in military relationships may therefore be particularly vulnerable to discourses that prioritise the victim status of the perpetrator.

<https://doi.org/10.1093/sleep/zsad077.0349>

Contribution of Insomnia After Trauma to Depression and Posttraumatic Stress Disorder in Women Service Members.

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Sleep

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Introduction

Trauma can lead to mental health disorders, such as posttraumatic stress disorder (PTSD) and depression. Historically, insomnia was thought of as a secondary symptom of these mental health disorders, but current research suggests insomnia can be an independent clinical disorder and can contribute to the development and severity of PTSD and depression among civilians. However, previous studies examining insomnia and mental health symptoms among service members are limited by cross-sectional designs, reliance on retrospective data, or inclusion of predominately male -samples. We prospectively examined associations among trauma exposure, insomnia, and mental health symptoms in an exclusive sample of women service members and veterans.

Methods

We analyzed 2 waves of survey data (2011-2013, Time 1 [T1], and 2014-2016, Time 2 [T2]) from 26,443 current and former women service members from the Millennium Cohort Study. We assessed recent traumas (combat experience and sexual trauma) in the past 3 years, probable insomnia at T1, and probable PTSD and depression at T2. A longitudinal mediation model was used to quantify separate indirect effects of recent traumas on mental health outcomes through probable insomnia.

Results

Women who experienced recent sexual assault (odds ratio [OR] = 1.68; 95% CI, 1.24-2.10), sexual harassment (OR = 1.22; 95% CI, 1.05-1.41), or combat (OR = 1.34; 95% CI, 1.20-1.49) at T1 had greater risk of probable insomnia at T1 compared with women who had not recently experienced these events. Probable insomnia at T1, in turn, was associated with probable depression (OR = 2.66; 95% CI, 2.31-3.06) and PTSD (OR = 2.57; 95% CI, 2.27-2.90) at T2. Recent combat experience did not moderate the associations of recent sexual trauma with insomnia or mental health outcomes.

Conclusion

Insomnia contributes to subsequent mental health symptoms following trauma. The diagnosis and treatment of post-trauma insomnia during military service should be prioritized to mitigate the development of posttraumatic mental health symptoms. Sleep health in women service members remains an understudied area of research and should also be prioritized.

Support (if any)

Millennium Cohort Study; Military Operational Medicine Research Program, Defense Health Program, and Department of Veterans Affairs. VA HSR&D (RCS-20-191, Martin); NHLBI (K24HL143055, Martin).

<https://doi.org/10.1093/sleep/zsad077.0127>

Effects of pre-sleep alcohol consumption on sleep and heart rate (HR).

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Sleep

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Introduction

Sympathetic nervous system (SNS) activity is relatively low, parasympathetic NS (PNS) relatively high, and heart rate (HR) is slow in NREM sleep. In tonic REM sleep, PNS activity remains high, but phasic REM sleep is associated with brief alterations of SNS/PNS balance along with irregular and phasic changes in HR. Alcohol elevates SNS activity, producing an overall increased HR during sleep. We propose to examine HR in NREM N2, N3, and REM sleep to determine whether the alcohol-related HR increase is present in these states.

Methods

27 healthy adults [(mean \pm SD) 32.8 \pm 12.4 y, 13 women] completed the study. Participants kept a consistent 8-9hr sleep schedule at home followed by 2 nonconsecutive in-lab nights with order of alcohol vs. mixer counterbalanced. Alcohol condition included vodka + mixer (dose adjusted by sex/height/weight/age) to target peak breath alcohol concentration (BrAC) of 0.08 \pm 0.02 g%; a non-alcohol mixer beverage was provided on the other night. Drinking occurred over 45 minutes ending one hour before lights out. Sleep recordings included EEG, EOG, EMG and HR from modified lead-I or II EKG placement. Sleep was scored in 30-sec epochs and matched to mean HR values.

Results

A statistically significant increase in HR following alcohol was found for N2 ($t=5.24$, $p<0.000$; alcohol HR=67.22 \pm 5.29, mixer HR=61.68 \pm 5.00); N3 ($t=3.43$, $p=0.002$; alcohol HR=68.81 \pm 4.32, mixer HR=62.26 \pm 4.54); and REM sleep ($t=4.54$, $p<0.000$; alcohol HR=70.00 \pm 11.27, mixer HR=64.70 \pm 6.53)

Conclusion

Overall, alcohol significantly increased HR in N2, N3, and REM sleep. We plan to examine whether this effect persists across three consecutive nights of pre-sleep alcohol and may vary with time of night.

Support (if any)

This study was funded under grant R01AA025593

<https://doi.org/10.1093/sleep/zsad077.0658>

Is Evaluating for Dreams and Nightmares during Clinically Indicated Polysomnography Useful?

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Sleep

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Introduction

The incidence of nightmares and dreams during clinically indicated polysomnography (PSG) is rarely reported. We sought to (1) describe the incidence of nightmares and dreams during PSG, (2) PSG characteristics of nightmares and dreams, and (3) identify clinical correlates.

Methods

Ninety-three patients undergoing an initial clinically indicated PSG had a post-PSG and initial intake questionnaire reviewed. Questionnaires included Epworth Sleepiness Scale (ESS), Insomnia Severity Index (ISI) and Nightmare Disorder Index (NDI), as well as a structured post-PSG dreams and nightmares questionnaire. Dreams were self-reported, and a nightmare was differentiated from a bad dream if the former caused a patient-reported awakening.

Results

Overall, 87.1% were Active Duty and 89.2% reported the presence or absence of dreams. In total, 50.5% (47) reported no dreams, 22.6% (21) reported a dream, 2.2% (2) a bad dream, and 14% (13) a nightmare with 12/13 reporting details of their nightmare. The mean total NDI differed significantly between groups (6 ± 5 vs. 7 ± 6 vs. 12 ± 0 vs. 11 ± 5 , respectively) ($p=0.029$). The groups were not significantly different based on sex, age, BMI, diagnosis of depression, anxiety, PTSD, TBI, chronic pain, being prescribed a sleep aid or psychoactive medication, or their ESS and ISI values. PSG characteristics including REM percentage did not differ significantly between groups. Of those reporting a nightmare 75% (9) reported associated autonomic symptoms and 5 (41.7%) reported a trauma related nightmare (TRN). Of those with a TRN, one was related to combat, one sexual assault, two an accident, and one related to death. Two patients with TRN reported their nightmare was an accurate replay of the trauma, 2 reported a mix of replay/non-replay events, and one did not answer.

Conclusion

Despite rare reports of nightmare capture in sleep labs, our cohort uniquely demonstrated that at least half of first time PSG patients at a military sleep center experience a dream or nightmare during their PSG. Higher NDI scores may predict who

is more likely to suffer from a bad dream or nightmare in the sleep lab. Assessing for the occurrence of dreams or nightmares during PSG is likely indicated.

<https://doi.org/10.1001/jamanetworkopen.2023.26346>

Trends in Alcohol-Related Deaths by Sex in the US, 1999-2020.

Karaye, I. M., Maleki, N., Hassan, N., & Yunusa, I.

JAMA Network Open
2023 Jul 3; 6(7): e2326346

Importance:

Alcohol consumption rates have been increasing among women in the US, which may affect mortality rates and sex gaps. Therefore, conducting a comprehensive assessment of sex differences in alcohol-related deaths is essential to inform targeted interventions and policies aimed at reducing the burden of alcohol-related harm among the population.

Objective:

To examine sex differences in the burden and trends of alcohol-related mortality in the US from 1999 to 2020.

Design, setting, and participants:

This cross-sectional time series study used Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research data on alcohol-related deaths from 1999 to 2020. Alcohol-related deaths were identified from the underlying cause of death files using International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, codes, including alcohol-related poisoning, liver disease, gastritis, cardiomyopathy, myopathy, polyneuropathy, and pseudo-Cushing syndrome, among others.

Main outcomes and measures:

Age-adjusted mortality rates (AAMRs) were analyzed by sex and substratified by race and ethnicity, age, and census region. Rate ratios and 95% CIs calculated by Taylor series were used to assess sex differences in mortality burden. Joinpoint regression was used to assess temporal trends.

Results:

A total of 605 948 alcohol-attributed deaths were identified in the US from 1999 through 2020 (AAMR, 8.3 per 100 000 persons; 95% CI, 8.3-8.3 per 100 000 persons). The mortality burden was higher among male individuals than female individuals, with male individuals being 2.88 (95% CI, 2.86-2.89) times more likely to die compared with female individuals. However, temporal trends showed an increase in alcohol-related deaths for both male and female individuals in recent years, with higher rates of increase among female individuals relative to male individuals. The AAMR increased by 12.5% (95% CI, 6.4%-19.1%) per year among male individuals from 2018 to 2020 but increased by 14.7% (95% CI, 9.1%-20.5%) per year among female individuals during the same period. Trend differences were observed across subtypes of age, race and ethnicity, cause, and region.

Conclusions and relevance:

This study of alcohol-related mortality in the US suggests there has been a significantly higher rate of increase in deaths among female individuals in recent years. These findings underscore the need for further research to understand the specific factors associated with this trend. The development of targeted interventions and evidence-based treatments for alcohol use among female individuals becomes imperative in effectively addressing the increasing rates of alcohol-related deaths.

<https://doi.org/10.1016/j.apmr.2023.03.036>

The American Congress of Rehabilitation Medicine Diagnostic Criteria for Mild Traumatic Brain Injury.

Silverberg, N. D., Iverson, G. L., ACRM Brain Injury Special Interest Group Mild TBI Task Force members:, Cogan, A., Dams-O'Connor, K., Delmonico, R., Graf, M. J. P., Iaccarino, M. A., Kajankova, M., Kamins, J., McCulloch, K. L., McKinney, G., Nagele, D., Panenka, W. J., Rabinowitz, A. R., Reed, N., Wethe, J. V., Whitehair, V., ACRM Mild TBI Diagnostic Criteria Expert Consensus Group:, Anderson, V., ... Zemek, R.

Archives of Physical Medicine and Rehabilitation
2023 Aug; 104(8): 1343-1355

Objective:

To develop new diagnostic criteria for mild traumatic brain injury (TBI) that are

appropriate for use across the lifespan and in sports, civilian trauma, and military settings.

Design:

Rapid evidence reviews on 12 clinical questions and Delphi method for expert consensus.

Participants:

The Mild Traumatic Brain Injury Task Force of the American Congress of Rehabilitation Medicine Brain Injury Special Interest Group convened a Working Group of 17 members and an external interdisciplinary expert panel of 32 clinician-scientists. Public stakeholder feedback was analyzed from 68 individuals and 23 organizations.

Results:

The first 2 Delphi votes asked the expert panel to rate their agreement with both the diagnostic criteria for mild TBI and the supporting evidence statements. In the first round, 10 of 12 evidence statements reached consensus agreement. Revised evidence statements underwent a second round of expert panel voting, where consensus was achieved for all. For the diagnostic criteria, the final agreement rate, after the third vote, was 90.7%. Public stakeholder feedback was incorporated into the diagnostic criteria revision prior to the third expert panel vote. A terminology question was added to the third round of Delphi voting, where 30 of 32 (93.8%) expert panel members agreed that 'the diagnostic label 'concussion' may be used interchangeably with 'mild TBI' when neuroimaging is normal or not clinically indicated.'

Conclusions:

New diagnostic criteria for mild TBI were developed through an evidence review and expert consensus process. Having unified diagnostic criteria for mild TBI can improve the quality and consistency of mild TBI research and clinical care.

<https://doi.org/10.1016/j.psychres.2023.115330>

Comparison of behavioral activation-enhanced cognitive processing therapy and cognitive processing therapy among U.S. service members: A randomized clinical trial.

Walter, K. H., Hunt, W. M., Otis, N. P., Kline, A. C., Miggantz, E. L., Thomsen, C. J., & Glassman, L. H.

Psychiatry Research
2023 Aug; 326: 115330

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) frequently co-occur and can cause significant impairment. Data are lacking as to whether interventions targeting both PTSD and MDD may improve treatment outcomes among individuals with this comorbidity compared with existing evidence-based PTSD treatments alone. This randomized trial compared the effectiveness of cognitive processing therapy (CPT) enhanced with behavioral activation (BA+CPT) versus CPT among 94 service members (52 women and 42 men; age M = 28.5 years) with comorbid PTSD and MDD. The primary outcome was clinician-administered depression symptom severity on the Montgomery-Åsberg Depression Rating Scale (MADRS) from pretreatment through 3-month follow-up. Intent-to-treat analyses using multilevel models showed statistically and clinically significant decreases in MADRS scores for both conditions over time, with no significant differences between BA+CPT and CPT. Secondary depression and PTSD symptom outcomes followed a similar pattern of results. For diagnostic MDD and PTSD outcomes using available data, no statistically significant differences between treatments emerged at posttreatment or 3-month follow-up. Sessions attended, dropout rate, and treatment satisfaction did not significantly differ between treatments. Outcomes were comparable for both treatments, suggesting that BA+CPT and CPT were similarly effective psychotherapy options for comorbid PTSD and MDD.

<https://doi.org/10.1176/appi.ps.20220248>

Prospective Association of Unmet Mental Health Treatment Needs With Suicidal Behavior Among Combat-Deployed Soldiers.

Luu, A., Campbell-Sills, L., Sun, X., Kessler, R. C., Ursano, R. J., Jain, S., & Stein, M. B.

Psychiatric Services
2023 Aug 1; 74(8): 809-815

Objective:

Military personnel frequently report discontinuing or not pursuing psychiatric treatment despite perceiving a need for services. This study aimed to examine how unmet need

for treatment or support among U.S. Army soldiers relates to future suicidal ideation (SI) or suicide attempt (SA).

Methods:

Mental health treatment need and help seeking in the past 12 months were evaluated for soldiers (N=4,645) who subsequently deployed to Afghanistan. Weighted logistic regression models were used to examine the prospective association of predeployment treatment needs with SI and SA during and after deployment, with adjustment for potential confounders.

Results:

Compared with soldiers without predeployment treatment needs, those who reported not seeking help despite needing it had increased risk for SI during deployment (adjusted OR [AOR]=1.73), past-30-day SI at 2-3 months postdeployment (AOR=2.08), past-30-day SI at 8-9 months postdeployment (AOR=2.01), and SA through 8-9 months postdeployment (AOR=3.65). Soldiers who sought help and stopped treatment without improvement had elevated SI risk at 2-3 months postdeployment (AOR=2.35). Those who sought help and stopped after improving did not have increased SI risk during or 2-3 months after deployment but had elevated risks for SI (AOR=1.71) and SA (AOR=3.43) by 8-9 months postdeployment. Risks for all suicidality outcomes were also elevated among soldiers who reported receiving ongoing treatment before deployment.

Conclusions:

Unmet or ongoing needs for mental health treatment or support before deployment are associated with increased risk for suicidal behavior during and after deployment. Detecting and addressing treatment needs among soldiers before deployment may help prevent suicidality during deployment and reintegration periods.

<https://doi.org/10.1002/smi.3214>

Exposure to potentially morally injurious events, disruption in assumptive world, moral injury symptoms, and psychological distress among Israeli female veterans.

Zerach, G., & Levi-Belz, Y.

Stress and Health

2023 Aug; 39(3): 651-662

Exposure to potentially morally injurious events (PMIEs) during military service is associated with mental health problems. However, knowledge about these associations and possible mechanisms of effect among female combat veterans is sparse. This study examines associations between PMIEs, posttraumatic stress disorder (PTSD), complex PTSD, depression and anxiety symptoms among female veterans, as well as the mediating role of disruption in assumptive world and moral injury (MI) symptoms. A volunteer sample of Israeli female combat veterans (n = 885) and non-combat veterans (n = 728) responded to self-report questionnaires in a cross-sectional design study. Results show that combat veterans reported higher levels of PMIEs, PTSD and MI symptoms, but not CPTSD, depression and anxiety symptoms, as compared to non-combat veterans. Importantly, PMIEs was indirectly associated with PTSD, complex PTSD, depression and anxiety symptoms through serial mediators of disruption in assumptive world and MI symptoms. This study emphasized the exposure to PMIEs and its posttraumatic sequelae among female combat veterans as compared to non-combat veterans. Our findings also suggest that future longitudinal studies should examine the mediating role of disruption in assumptive world and MI symptoms for the deleterious effects of exposure to PMIEs during military service.

<https://doi.org/10.1007/s11606-023-08218-z>

Evidence-Based Intervention Adaptations Within the Veterans Health Administration: a Scoping Review.

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Journal of General Internal Medicine

Published: 30 May 2023

Background

Veterans receiving care within the Veterans Health Administration (VA) are a unique population with distinctive cultural traits and healthcare needs compared to the civilian population. Modifications to evidence-based interventions (EBIs) developed outside of the VA may be useful to adapt care to the VA healthcare system context or to specific cultural norms among veterans. We sought to understand how EBIs have been modified for veterans and whether adaptations were feasible and acceptable to veteran populations.

Methods

We conducted a scoping review of EBI adaptations occurring within the VA at any time prior to June 2021. Eligible articles were those where study populations included veterans in VA care, EBIs were clearly defined, and there was a comprehensive description of the EBI adaptation from its original context. Data was summarized by the components of the Framework for Reporting Adaptations and Modifications to Evidence-based interventions (FRAME).

Findings

We retrieved 922 abstracts based on our search terms. Following review of titles and abstracts, 49 articles remained for full-text review; eleven of these articles (22%) met all inclusion criteria. EBIs were adapted for mental health (n = 4), access to care and/or care delivery (n = 3), diabetes prevention (n = 2), substance use (n = 2), weight management (n = 1), care specific to cancer survivors (n = 1), and/or to reduce criminal recidivism among veterans (n = 1). All articles used qualitative feedback (e.g., interviews or focus groups) with participants to inform adaptations. The majority of studies (55%) were modified in the pre-implementation, planning, or pilot phases, and all were planned proactive adaptations to EBIs.

Implications for D&I Research

The reviewed articles used a variety of methods and frameworks to guide EBI adaptations for veterans receiving VA care. There is an opportunity to continue to expand the use of EBI adaptations to meet the specific needs of veteran populations.

<https://doi.org/10.1080/08995605.2023.2215697>

How future self-continuity mediates the impact of job loss on negative mental health outcomes among transitioning veterans.

Chynna Levin, Sterling Nenninger, Devora Freundlich, Sofie Glatt & Yosef Sokol

Military Psychology

Published online: 30 May 2023

Veterans in the transition stage out of the military have an increased risk for negative mental health outcomes and suicide. Previous research has found that finding and retaining employment is the most challenging post-service adjustment for veterans. Job

loss may have a greater impact on mental health for veterans than for civilians due to the myriad challenges often faced when transitioning to the civilian workplace, as well as preexisting vulnerabilities that are common among veterans such as trauma exposure or service-related injuries. Previous studies have demonstrated that low Future Self-Continuity (FSC), which refers to the sense of “psychological connectedness” that a person has between their present and future selves, has also been associated with the abovementioned mental health outcomes. 167 U.S. military veterans who exited the military 10 or fewer years prior to their participation in the study, of which 87 experienced subsequent job loss, completed a series of questionnaires to assess future self-continuity (FSC) and mental health outcomes. Results confirmed previous findings in that job loss, as well as low FSC, were individually associated with an increased risk for negative mental health outcomes. Findings suggest that FSC may act as a mediator, where levels of FSC mediate the effects of job loss on negative mental outcomes (depression, anxiety, stress, and suicidality) among veterans during their first 10 years out of the military. These findings may have implications for enhancing current clinical interventions for veterans experiencing job loss and mental health difficulties during the transition period.

<https://doi.org/10.1080/15402002.2023.2217969>

Daily associations with cannabis use and sleep quality in anxious cannabis users.

LC Bidwell, SR Sznitman, R Martin-Willett & LH Hitchcock

Behavioral Sleep Medicine

Published online: 31 May 2023

Introduction

Cannabis is increasingly used to self-treat anxiety and related sleep problems, without clear evidence of either supporting or refuting its anxiolytic or sleep aid effects. In addition, different forms of cannabis and primary cannabinoids Δ 9-tetrahydrocannabinol (THC) and cannabidiol (CBD) have differing pharmacological effects.

Methods

Thirty days of daily data on sleep quality and cannabis use were collected in individuals who use cannabis for mild-to-moderate anxiety (n = 347; 36% male, 64% female; mean

age = 33 years). Participants self-reported both the form (flower or edible) and the ratio of THC to CBD in the cannabis used during the observation period.

Results

Individuals who reported cannabis use on a particular day also reported better sleep quality the following night. Moderation analyses showed that better perceived sleep after cannabis use days was stronger for respondents with higher baseline affective symptoms. Further, respondents who used cannabis edibles with high CBD concentration reported the highest perceived quality of sleep.

Conclusions

Among individuals with affective symptoms, naturalistic use of cannabis was associated with better sleep quality, particularly for those using edible and CBD dominant products.

<https://doi.org/10.1186/s40337-023-00801-3>

Eating disorder outcomes: findings from a rapid review of over a decade of research.

Jane Miskovic-Wheatley, Emma Bryant, Shu Hwa Ong, Sabina Vatter, Anvi Le, National Eating Disorder Research Consortium, Stephen Touyz & Sarah Maguire

Journal of Eating Disorders

Published: 30 May 2023

Background

Eating disorders (ED), especially Anorexia Nervosa (AN), are internationally reported to have amongst the highest mortality and suicide rates in mental health. With limited evidence for current pharmacological and/or psychological treatments, there is a grave responsibility within health research to better understand outcomes for people with a lived experience of ED, factors and interventions that may reduce the detrimental impact of illness and to optimise recovery. This paper aims to synthesise the literature on outcomes for people with ED, including rates of remission, recovery and relapse, diagnostic crossover, and mortality.

Methods

This paper forms part of a Rapid Review series scoping the evidence for the field of ED, conducted to inform the Australian National Eating Disorders Research and Translation

Strategy 2021–2031, funded and released by the Australian Government.

ScienceDirect, PubMed and Ovid/MEDLINE were searched for studies published between 2009 and 2022 in English. High-level evidence such as meta-analyses, large population studies and Randomised Controlled Trials were prioritised through purposive sampling. Data from selected studies relating to outcomes for people with ED were synthesised and are disseminated in the current review.

Results

Of the over 1320 studies included in the Rapid Review, the proportion of articles focused on outcomes in ED was relatively small, under 9%. Most evidence was focused on the diagnostic categories of AN, Bulimia Nervosa and Binge Eating Disorder, with limited outcome studies in other ED diagnostic groups. Factors such as age at presentation, gender, quality of life, the presence of co-occurring psychiatric and/or medical conditions, engagement in treatment and access to relapse prevention programs were associated with outcomes across diagnoses, including mortality rates.

Conclusion

Results are difficult to interpret due to inconsistent study definitions of remission, recovery and relapse, lack of longer-term follow-up and the potential for diagnostic crossover. Overall, there is evidence of low rates of remission and high risk of mortality, despite evidence-based treatments, especially for AN. It is strongly recommended that research in long-term outcomes, and the factors that influence better outcomes, using more consistent variables and methodologies, is prioritised for people with ED.

Plain English summary

Eating disorders are complex psychiatric conditions that can seriously impact a person's physical health. Whilst they are consistently associated with high mortality rates and significant psychosocial difficulties, lack of agreement on definitions of recovery, remission and relapse, as well as variations in methodology used to assess for standardised mortality and disability burden, means clear outcomes can be difficult to report. The current review is part of a larger Rapid Review series conducted to inform the development of Australia's National Eating Disorders Research and Translation Strategy 2021–2031. A Rapid Review is designed to comprehensively summarise a body of literature in a short timeframe to guide policymaking and address urgent health concerns. This Rapid Review synthesises the current evidence-base for outcomes for people with eating disorders and identifies gaps in research and treatment to guide decision making and future clinical research. A critical overview of the scientific literature relating to outcomes in Western healthcare systems that may inform health policy and research in an Australian context is provided in this paper. This includes remission, recovery and relapse rates, diagnostic cross-over, the impact of relapse

prevention programs, factors associated with outcomes, and findings related to mortality.

<https://doi.org/10.1177/15598276231175424>

A History of Heart Attack and Experiencing Frequent Mental Distress Among US Veterans and Adult Civilians: A 2019 National Level Cross-Sectional Study.

Passini JN, Oancea SC

American Journal of Lifestyle Medicine

First published online May 30, 2023

Introduction

Frequent mental distress (FMD) is poor mental health for ≥ 14 days in the past month. Prevalence and risk for depression and suicide are higher among US veterans (USV) than US civilians (USC). Limited research has been done among USV regarding FMD. Anyone can experience mental distress without being clinically depressed—examining FMD more broadly captures health burden of poor mental state. This study's purpose was to examine the association between having a history of heart attack (HHHA) and FMD among USV vs USC.

Methods

This cross-sectional study used the 2019 Behavioral Risk Factor Surveillance System (n = 274 352) data. Weighted and adjusted logistic regression models were conducted overall and by USV/USC status.

Results

HHHA increases weighted adjusted odds (WAO) of FMD. Among insured not obese USV with HHHA, the WAO of FMD were 1.4x significantly greater ($P < .05$) than among insured not obese USV without HHHA. Among uninsured obese USC with HHHA, the WAO of FMD were 3.2x significantly greater ($P < .0001$) than among uninsured obese USC without HHHA, and significantly lower among USV.

Conclusions

Study findings suggest a distinction in FMD among USV/USC with HHHA.

Understanding this association can inform policy for FMD screening post-heart attack as another potential intervention to prevent/reduce suicide among USV/USC.

<https://doi.org/10.1136/jme-2023-108943>

Ethical considerations for psychedelic-assisted therapy in military clinical settings.

Hoener S, Wolfgang A, Nissan D, Howe E

Journal of Medical Ethics

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Psychedelic treatments, particularly 3,4-methylenedioxymethamphetamine (MDMA)-assisted and psilocybin-assisted therapies, have recently seen renewed interest in their clinical potential to treat various mental health conditions. Clinical trials for both MDMA-assisted and psilocybin-assisted therapies have shown to be highly efficacious for post-traumatic stress disorder and major depression. Recent research trials for psychedelic-assisted therapies (PAT) have demonstrated that although they are resource-intensive, their effects are rapid-acting, durable and cost-effective. These results have generated enthusiasm among researchers seeking to investigate psychedelic therapies in active-duty service members of the US military, particularly those with treatment refractory mental health conditions. At the same time, psychedelics remain in early stages of clinical investigation, have not yet achieved regulatory approval for general clinical use and may confer unique psychological and neurobiological effects that could raise novel ethical considerations when treating active-duty service members. Should psychedelics achieve regulatory approval, military relevant considerations may include issues of access to these treatments, appropriate procedures for informed consent, confidentiality standards, and possible unanticipated mental health risks and other psychological sequelae. A service member's deployability, as well as their ability to return to full military duty following PAT, may also be of unique concern. The authors argue that MDMA-assisted therapy currently represents a promising treatment that should be more rapidly investigated as a clinical therapy for service members while still taking a measured approach that accounts for the many military-specific uncertainties that remain.

<https://doi.org/10.1089/heq.2023.0012>

Race and Socioeconomic Status: Interlinked Drivers of Sleep Health Disparities.

Rojanapairat, O., Beggs, A., Zeidler, M., & Prasad, B.

Health Equity

2023 May 26 ;7(1): 307-311

The effect of race and socioeconomic status on sleep disorders has significant effects on the availability of healthcare and health outcomes. This paper examines how race and SES contribute to sleep health disparities, emphasizing the importance of understanding their impact on sleep disorders and treatment particularly in minority populations and veterans.

<https://doi.org/10.1016/j.jpsychires.2023.05.078>

Exacerbated PTSD symptoms among older U.S. military veterans during the COVID-19 pandemic: Results from the national health and resilience in veterans study.

Cations, M., Cook, J. M., Fischer, I., & Pietrzak, R. H.

Journal of Psychiatric Research

Volume 163, July 2023, Pages 386-390

Research has demonstrated that the impact of the coronavirus 2019 (COVID-19) pandemic on the mental health of United States (U.S.) veterans was less negative than originally anticipated. However, U.S. veterans are susceptible to exacerbation of post-traumatic stress disorder (PTSD) symptomology in late life. The aims of this study were to examine the extent to which older U.S. veterans experienced an exacerbation of PTSD symptoms during the COVID-19 pandemic, and to identify pre- and peri-pandemic factors that conferred risk for symptom exacerbation. Participants were U.S. military veterans aged 60 and older who completed three waves of the 2019–2022 National Health and Resilience in Veterans Study (NHRVS) (n=1858). PTSD symptoms were measured at all waves using the PTSD Checklist for DSM-5, and a latent growth mixture model was conducted to compute latent slopes of change of PTSD symptoms over the 3-year period. 159 (8.3%) participants experienced a worsening of PTSD

symptomology over the pandemic period. Factors related to PTSD exacerbation were incident trauma exposure between Waves 1 and 2, more medical conditions with onset prior to the pandemic, and peri-pandemic social restriction stress. Number of incident traumas moderated the relationship between both number of pre-pandemic medical conditions and pre-pandemic social connectedness, and exacerbated PTSD symptoms. These results suggest that the pandemic did not confer additional risk for PTSD exacerbation than would be expected over a 3-year period for older veterans. Those who experience incident trauma exposure should be monitored for symptom exacerbation.

<https://doi.org/10.1080/08995605.2023.2204790>

The Purple Heart and suicide risk in Post-9/11 U.S. Army Combat Veterans with a traumatic brain injury: A mixed methods study.

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Military Psychology

Published online: 01 Jun 2023

Active service members and Veterans with a combat-related traumatic brain injury (TBI) are four times more likely to attempt suicide than those without a TBI. TBIs are the signature injuries of the Post-9/11 conflicts and Combat Veterans (i.e., current and former service members who deployed in support of a combat mission) with these injuries are entitled to receive the Purple Heart medal. However, potentially tens of thousands of Combat Veterans did not receive, or were denied the Purple Heart during the first decade of the Global War on Terrorism because a TBI was not documented during the deployment. To our knowledge, this is the first study to explore the meaning of the Purple Heart and examine the impact of the Purple Heart on Army Combat Veterans with a combat-related TBI. Findings from this mixed methods study revealed that not receiving the Purple Heart is associated with increased suicide risk and lower quality of life after a brain injury. Additionally, thwarted belongingness, perceived burdensomeness, and perceived military institutional betrayal are associated with increased suicide risk in Army Combat Veterans with a TBI. This mixed methods study provides important insights into how Army culture is perceived and the power of the Purple Heart among this high-risk group of Combat Veterans.

<https://doi.org/10.1093/milmed/usad197>

The Effect of Concussion Mechanism of Injury on Sleep Problems in Active Duty Service Members Following Deployment.

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Military Medicine

Published: 03 June 2023

Introduction

Sleep disruption is pervasive in the military and is generally exacerbated during deployment, partially due to increases in operational tempo and exposure to stressors and/or trauma. In particular, sleep disruption is a commonly reported symptom following deployment-related traumatic brain injury (TBI), though less is known about the prevalence of sleep disturbance as a function of whether the TBI was induced by high-level blast (HLB) or direct impact to the head. TBI assessment, treatment, and prognosis are further complicated by comorbidity with posttraumatic stress disorder (PTSD), depression, and alcohol misuse. Here, we examine whether concussion mechanism of injury is associated with differences in the prevalence of self-reported sleep disturbance following deployment in a large sample of U.S. Marines while accounting for probable PTSD, depression, and alcohol misuse.

Materials and Methods

This was a retrospective cohort study of active duty enlisted Marines with a probable concussion (N = 5757) who completed the Post-Deployment Health Assessment between 2008 and 2012. Probable concussion was defined as endorsement of a potentially concussive event with corresponding loss or alteration of consciousness. The presence of concussion-related sleep problems was assessed with a dichotomous item. Probable PTSD, depression, and alcohol misuse were assessed using the Primary Care PTSD Screen, the Patient Health Questionnaire-2, and the Alcohol Use Identification Test-Concise, respectively. Logistic regression models investigated the effects of mechanism of injury (HLB vs. impact), PTSD, depression, and alcohol misuse on the presence of sleep problems, adjusting for sex and pay grade. The study was approved by the Naval Health Research Center Institutional Review Board.

Results

Approximately 41% of individuals with a probable deployment-related concussion

reported sleep problems following the event; 79% of concussed individuals reporting both HLB and probable PTSD reported sleep problems. All main effects were significantly associated with sleep disturbance in adjusted models. PTSD showed the strongest association with sleep disturbance (adjusted odds ratio [AOR] = 2.84), followed by depression (AOR = 2.43), HLB exposure (AOR = 2.00), female sex (AOR = 1.63), alcohol misuse (AOR = 1.14), and pay grade (AOR = 1.10). A significant HLB × PTSD interaction emerged (AOR = 1.58), which suggests that sleep disturbance was elevated among those with both HLB-induced (vs. impact-induced) concussions and presence (vs. absence) of PTSD. No other significant interactions emerged.

Conclusion

To our knowledge, this is the first study to examine the prevalence of concussion-related sleep complaints following deployment as a function of the mechanism of injury in individuals with and without probable PTSD and depression. Individuals with HLB-induced concussion were twice as likely to report sleep problems as those with an impact-induced concussion. Future work should examine these effects longitudinally with validated measures that assess greater precision of exposure and outcome assessment (e.g., blast intensity and type of sleep disturbance).

<https://doi.org/10.1186/s12888-023-04872-z>

Predictors of suicide attempt within 30 days of first medically documented major depression diagnosis in U.S. army soldiers with no prior suicidal ideation.

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BMC Psychiatry
23, 392 (2023)

Background

Understanding mental health predictors of imminent suicide attempt (SA; within 30 days) among soldiers with depression and no prior suicide ideation (SI) can inform prevention and treatment. The current study aimed to identify sociodemographic and service-related characteristics and mental disorder predictors associated with imminent SA among U.S. Army soldiers following first documented major depression diagnosis (MDD) with no history of SI.

Methods

In this case-control study using Army Study to Assess Risk and Resilience in Servicemembers (STARRS) administrative data, we identified 101,046 active-duty Regular Army enlisted soldiers (2010–2016) with medically-documented MDD and no prior SI (MDD/No-SI). We examined risk factors for SA within 30 days of first MDD/No-SI using logistic regression analyses, including socio-demographic/service-related characteristics and psychiatric diagnoses.

Results

The 101,046 soldiers with documented MDD/No-SI were primarily male (78.0%), < 29 years old (63.9%), White (58.1%), high school-educated (74.5%), currently married (62.0%) and < 21 when first entering the Army (56.9%). Among soldiers with MDD/No-SI, 2,600 (2.6%) subsequently attempted suicide, 16.2% (n = 421) within 30 days (rate: 416.6/100,000). Our final multivariable model identified: Soldiers with less than high school education ($\chi^2_{23} = 11.21$, OR = 1.5[95%CI = 1.2–1.9]); combat medics ($\chi^2_{22} = 8.95$, OR = 1.5[95%CI = 1.1–2.2]); bipolar disorder (OR = 3.1[95%CI = 1.5–6.3]), traumatic stress (i.e., acute reaction to stress/not PTSD; OR = 2.6[95%CI = 1.4–4.8]), and “other” diagnosis (e.g., unspecified mental disorder: OR = 5.5[95%CI = 3.8–8.0]) diagnosed same day as MDD; and those with alcohol use disorder (OR = 1.4[95%CI = 1.0–1.8]) and somatoform/dissociative disorders (OR = 1.7[95%CI = 1.0–2.8]) diagnosed before MDD were more likely to attempt suicide within 30 days. Currently married soldiers ($\chi^2_{22} = 6.68$, OR = 0.7[95%CI = 0.6–0.9]), those in service 10 + years ($\chi^2_{23} = 10.06$, OR = 0.4[95%CI = 0.2–0.7]), and a sleep disorder diagnosed same day as MDD (OR = 0.3[95%CI = 0.1–0.9]) were less likely.

Conclusions

SA risk within 30 days following first MDD is more likely among soldiers with less education, combat medics, and bipolar disorder, traumatic stress, and “other” disorder the same day as MDD, and alcohol use disorder and somatoform/dissociative disorders before MDD. These factors identify imminent SA risk and can be indicators for early intervention.

Links of Interest

Veterans and advocates sue DoD, VA over fertility policies

<https://www.militarytimes.com/news/your-military/2023/08/02/now-nyc-and-air-force-veteran-sue-dod-and-va-over-ivf-policies/>

Depression After Head Injury Might Be Separate Disorder

<https://jamanetwork.com/journals/jama/fullarticle/2807422>

Staff Perspective: The Rate of Mental Health Diagnoses Among Deployed Soldiers

<https://deploymentpsych.org/blog/staff-perspective-rate-mental-health-diagnoses-among-deployed-soldiers>

Staff Perspective: A Behavioral Health Force Multiplier - Leveraging the Chaplain Corps to Bridge the Mental Health Access Gap

<https://deploymentpsych.org/blog/staff-perspective-behavioral-health-force-multiplier-leveraging-chaplain-corps-bridge-mental>

Are thousands of potential recruits being disqualified unnecessarily?

<https://www.militarytimes.com/news/your-military/2023/08/04/are-thousands-of-potential-recruits-being-disqualified-unnecessarily/>

Service Members and Their Families Are Paying for the Air Force's Fiscal Shortfalls

<https://www.rand.org/blog/2023/07/service-members-and-their-families-are-paying-for-the.html>

Air Force rolls out new mental health policies under the Brandon Act

<https://taskandpurpose.com/military-life/air-force-mental-health-brandon-act/>

Overseas and under the poverty line: The system that keeps so many military spouses abroad unemployed

<https://www.stripes.com/theaters/europe/2023-08-07/overseas-and-under-the-poverty-line:-the-system-that-keeps-so-many-military-spouses-abroad-unemployed%C2%A0-10941745.html>

Finding new purpose: Military members prepare to enter civilian workforce

<https://www.pilotonline.com/2023/08/07/finding-new-purpose-military-members-prepare-to-enter-civilian-workforce/>

The Navy's deployed resiliency counselor program evolves, 10 years in

<https://www.navytimes.com/news/your-navy/2023/08/08/the-navys-deployed-resiliency-counselor-program-evolves-10-years-in/>

Resource of the Week: [Gun Control, Veterans' Benefits, and Mental Incompetency Determinations](#)

New, from the Congressional Research Service:

The federal Gun Control Act of 1968, as amended, prohibits certain classes of persons from purchasing or possessing firearms and ammunition. One of the classes of prohibited persons are those who have been “adjudicated as a mental defective” or committed to a mental institution. Under the provisions of the Brady Handgun Violence Prevention Act of 1993, the Federal Bureau of Investigation (FBI) administers the National Instant Criminal Background Check System (NICS) that allows federally-licensed firearms dealers to perform a required background check on potential buyers to ensure they are not prohibited from purchasing firearms and ammunition.

The Department of Veterans Affairs (VA) has the authority to determine if a VA program beneficiary is incompetent based on the beneficiary’s inability to manage his or her own affairs. Beneficiaries who are determined to be incompetent have their benefits paid on their behalf to a third-party fiduciary. It is the policy of the VA to refer the names of all beneficiaries determined to be incompetent to NICS under the category of “adjudicated as a mental defective.” The VA is responsible for approximately 98% of the NICS referrals based on mental health conditions made by federal agencies. Under the provisions of the NICS Improvement Amendments Act of 2007 and the 21st Century Cures Act, VA beneficiaries have certain rights to challenge the VA’s determination of incompetency and referral to NICS before and after the agency has taken action.

Since the 110th Congress, the Veterans 2nd Amendment Protection Act has been introduced in each Congress. This legislation would prohibit the VA from referring a beneficiary to NICS solely on the determination that the beneficiary must have a fiduciary to manage his or her benefits, unless there is a finding from a judicial authority that the beneficiary is a threat to self or others. In the 118th Congress, the Veterans 2nd Amendment Protection Act has been introduced in the House of Representatives by Representative Mike Bost (H.R. 705) and in the Senate by Senator John Kennedy (S. 1875).



Gun Control, Veterans' Benefits, and Mental Incompetency Determinations

July 14, 2023

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Research Editor

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