

CDP



Research Update -- October 5, 2023

What's Here:

- Associations of active-duty mental health trajectories with post-military adjustment: Results from the STARRS Longitudinal Study.
- Suicide Risks of Health Care Workers in the US.
- Impairment and Disability Identity and Perceptions of Trust, Respect, and Fairness.
- Prospective associations of emotion reactivity and risk behaviors with suicide attempts in US Army soldiers.
- Longitudinal associations between transgressions of moral beliefs and suicidal ideation among recently discharged veterans.
- Women Veterans' experiences discussing household firearms with their intimate partners: collaborative, devalued, and deferential relational types.
- The Experiences of LGBTQ Healthcare Professionals within Military Medical Culture.
- Minority stress and mental health in lesbian, gay, bisexual, transgender, and queer survivors of sexual assault.
- Neighborhood disadvantage is associated with sleep disturbance in a sample of trauma-exposed Veterans.
- Perceived Barriers and Benefits of Exercise Among Men with Histories of Sexual Violence: Impact of PTSD and Physical Activity Status.

- Cigarette Smoking Among Veterans at High Risk for Suicide: Challenges and Opportunities for Intervention.
- Intelligence quotient, combat experiences, psychosocial functioning, and depressive symptoms' roles in PTSD symptom severity and treatment completion.
- Novel treatment based on acceptance and commitment therapy versus cognitive behavioral therapy for insomnia: A randomized comparative effectiveness trial in women veterans.
- The role of premeditation in suicide: Identifying factors associated with increased planning among suicide decedents.
- Prevalence of suicidal thoughts and attempts in the transgender population of the world: a systematic review and meta-analysis.
- A trans-conceptual model for suicide prevention in social work practice: military and veteran populations as an example.
- Purpose in life protects against the development of suicidal thoughts and behaviors in U.S. veterans without a history of suicidality: A 10-year, nationally representative, longitudinal study.
- How to e-mental health: a guideline for researchers and practitioners using digital technology in the context of mental health. (consensus statement)
- Love Is Not All You Need: Understanding the Association Between Relationship Status and Relationship Dysfunction With Self-Directed Violence in Veterans.
- Veteran Cultural Competence Training: Initial Effectiveness and National-Level Implementation.
- Relative Risk of All-Cause Medical Evacuation for Behavioral Health Conditions in U.S. Central Command.
- Do Crisis Details Differentiate Suicide-Related 911 Call Outcomes?
- Links of Interest
- Resource of the Week: A review of evidence-based strategies to help military families navigate relocation (Military REACH at Auburn University)

<https://doi.org/10.1016/j.jad.2023.08.029>

Associations of active-duty mental health trajectories with post-military adjustment: Results from the STARRS Longitudinal Study.

Laura Campbell-Sills, Jason D. Kautz, Caitlin Ray, Paul B. Lester, ... Paul D. Bliese

Journal of Affective Disorders

Volume 340, 1 November 2023, Pages 535-541

Highlights

- We investigated whether changes in mental health over a deployment period predicted adjustment after leaving the Army.
- Larger increases in posttraumatic stress, anger, and depression over the deployment predicted higher civilian life stress.
- Larger increases in anger and depression over the deployment period predicted lower civilian job satisfaction.
- Some of these associations remained significant when controlling for average symptom levels during the deployment period.
- Results may have implications for identifying soldiers who need extra support during the military-to-civilian transition.

Abstract

Background

Many servicemembers experience difficulties transitioning from military to civilian life. We examined whether changes in mental health observed during active duty were associated with indices of post-military adjustment.

Methods

Survey data from the multi-wave Army STARRS Pre/Post Deployment Study (PPDS; conducted 2012–2014) were linked to follow-up data from wave 1 of the STARRS Longitudinal Study (STARRS-LS1; conducted 2016–2018). Empirical Bayes estimates of intercepts and slopes of posttraumatic stress, problematic anger, and depressive symptoms during the PPDS were extracted from mixed-effects growth models and evaluated as predictors of life stress among 1080 participants who had separated or retired from the Army at STARRS-LS1; and of job satisfaction among 586 veterans who were employed at STARRS-LS1.

Results

Higher average levels and larger increases in posttraumatic stress, anger, and

depression over the deployment period were each associated with increased stress and (in the case of anger and depression) reduced job satisfaction. Posttraumatic stress and anger slopes were associated with overall stress ($b = 5.60$, $p < 0.01$ and $b = 15.64$, $p = 0.04$, respectively) and relationship stress ($b = 5.50$, $p = 0.01$ and $b = 22.86$, $p = 0.01$, respectively) beyond the average levels of those symptoms.

Limitations

Some transition-related difficulties may have resolved before outcome assessment; some measures were not previously validated.

Conclusions

Larger increases in posttraumatic stress and anger over a deployment period were associated with increased stress after leaving the Army, even after controlling for average symptom levels during the same period. Monitoring changes in mental health during active duty may help identify personnel who need additional support to facilitate the military-to-civilian transition.

<https://doi.org/10.1001/jama.2023.15787>

Suicide Risks of Health Care Workers in the US.

Olfson, M., Cosgrove, C. M., Wall, M. M., & Blanco, C.

JAMA

September 26, 2023

Key Points

Question

Are US health care workers at greater risk of suicide than non–health care workers?

Findings

From a nationally representative cohort of approximately 1.84 million employed adults observed from 2008 through 2019 and controlling for potentially confounding sociodemographic characteristics, the risk of suicide was higher for health care workers compared with non–health care workers including specifically registered nurses, health care support workers, and health technicians.

Meaning

Heightened suicide risk for registered nurses, health care support workers, and health technicians highlights the need for concerted efforts to support their mental health.

Abstract

Importance

Historically elevated risks of suicide among physicians may have declined in recent decades. Yet there remains a paucity of information concerning suicide risks among other health care workers.

Objective

To estimate risks of death by suicide among US health care workers.

Design, Setting, and Participants

Cohort study of a nationally representative sample of workers from the 2008 American Community Survey (N = 1 842 000) linked to National Death Index records through December 31, 2019.

Main Outcomes and Measures

Age- and sex-standardized suicide rates were estimated for 6 health care worker groups (physicians, registered nurses, other health care—diagnosing or treating practitioners, health technicians, health care support workers, social/behavioral health workers) and non—health care workers. Cox models estimated hazard ratios (HRs) of suicide for health care workers compared with non—health care workers using adjusted HRs for age, sex, race and ethnicity, marital status, education, and urban or rural residence.

Results

Annual standardized suicide rates per 100 000 persons (median age, 44 [IQR, 35-53] years; 32.4% female [among physicians] to 91.1% [among registered nurses]) were 21.4 (95% CI, 15.4-27.4) for health care support workers, 16.0 (95% CI, 9.4-22.6) for registered nurses, 15.6 (95% CI, 10.9-20.4) for health technicians, 13.1 (95% CI, 7.9-18.2) for physicians, 10.1 (95% CI, 6.0-14.3) for social/behavioral health workers, 7.6 (95% CI, 3.7-11.5) for other health care—diagnosing or treating practitioners, and 12.6 (95% CI, 12.1-13.1) for non—health care workers. The adjusted hazards of suicide were increased for health care workers overall (adjusted HR, 1.32 [95% CI, 1.13-1.54]), health care support workers (adjusted HR, 1.81 [95% CI, 1.35-2.42]), registered nurses (adjusted HR, 1.64 [95% CI, 1.21-2.23]), and health technicians (adjusted HR, 1.39 [95% CI, 1.02-1.89]), but adjusted hazards of suicide were not increased for physicians (adjusted HR, 1.11 [95% CI, 0.71-1.72]), social/behavioral health workers (adjusted HR,

1.14 [95% CI, 0.75-1.72]), or other health care–diagnosing or treating practitioners (adjusted HR, 0.61 [95% CI, 0.36-1.03) compared with non–health care workers (reference).

Conclusions

Relative to non–health care workers, registered nurses, health technicians, and health care support workers in the US were at increased risk of suicide. New programmatic efforts are needed to protect the mental health of these US health care workers.

<https://doi.org/10.1001/jamahealthforum.2023.3180>

Impairment and Disability Identity and Perceptions of Trust, Respect, and Fairness.

Salinger, M. R., Feltz, B., Chan, S. H., Gosline, A., Davila, C., Mitchell, S., & Iezzoni, L. I.

JAMA Health Forum
September 22, 2023

Key Points

Question

Are impairment and disability identity associated with patient perceptions of procedural justice (ie, trust, communication, respect, and fairness) in health care encounters?

Findings

In this cross-sectional analysis of 1822 survey participants, participants with impairments had worse perceptions of procedural justice in health care visits than those without impairments. Participants with functional impairments who identified as disabled rated clinicians' effort and understanding of health goals more favorably but their fairness and respectful communication worse than participants without disability identity.

Meaning

These findings suggest that alongside functional measures, health systems should capture disability identity to better address disparities for patients with disabilities.

Abstract

Importance

Most studies use impaired functioning alone to specify populations with disabilities. However, some people with functional impairments do not identify as disabled. With functional status-based definitions, studies have shown disparate care quality for people with disabilities.

Objective

To examine whether impairment and disability identity have different associations with perceived health care experiences and explore factors associated with disability identification.

Design, Setting, and Participants

This cross-sectional study used a nationally representative survey of US adults conducted from April 20 through May 31, 2021, and analyzed between June 1 and August 31, 2022. Survey participants were 1822 English- or Spanish-speaking adults responding either online or via telephone.

Exposures

Using 8 survey questions, participants were grouped according to presence of impairment and disability identity.

Main Outcomes and Measures

Likert scale measures of trust, respect, and fairness (henceforth, procedural justice measures) were dichotomized. Sociodemographic characteristics and rates of procedural justice responses were compared across groups. Multivariable logistic regressions adjusting for baseline characteristics were performed to (1) estimate associations of impairment and disability identity with perceptions of procedural justice and (2) explore factors associated with disability identification. Analyses applied survey weights.

Results

Of 6126 individuals invited to participate, 1854 (30.3%) completed the survey. Thirty-two were excluded due to unreportable gender, for a final analytic sample of 1822 participants. Participants with impairments ($n = 816$; mean [SD] age, 48.1 [17.0] years; 51.2% women, 48.8% men) had worse perceptions on 7 of 10 procedural justice measures (crude) compared with those without impairments ($n = 1006$; mean [SD] age, 49.6 [18.1] years, 55.1% female, 44.9% male). Among respondents with impairments, those who did ($n = 340$) vs did not ($n = 476$) identify as disabled gave better ratings for clinician communication efforts (a lot of effort, 38.8% vs 31.0%) and having health goals

understood (understood very or fairly well, 77.2% vs 70.1%) but gave worse ratings for respect (almost never felt inferior or talked down to, 66.1% vs 59.1%). Disability identification was associated with more reports of unfair treatment (31.0% vs 22.4%; adjusted odds ratio, 1.65; 95% CI, 1.12-2.42) and of being unafraid to ask questions or disagree (50.5% vs 40.1%; adjusted odds ratio, 1.51; 95% CI, 1.04-20.19). Income and employment were associated with disability identification.

Conclusions and Relevance

In this cross-sectional survey study of US adults, health care perceptions differed between groups defined by impairment status and disability identity. These findings suggest that, alongside functional measures, health systems should capture disability identity to better address disparities for people with impairments.

<https://doi.org/10.1017/S0033291722003300>

Prospective associations of emotion reactivity and risk behaviors with suicide attempts in US Army soldiers.

Naifeh, J. A., Ursano, R. J., Stein, M. B., Mash, H. B. H., Aliaga, P. A., Fullerton, C. S., Dinh, H. M., Kao, T. C., Sampson, N. A., & Kessler, R. C.

Psychological Medicine
2023 Oct; 53(13): 6124-6131

Background:

Emotion reactivity and risk behaviors (ERRB) are transdiagnostic dimensions associated with suicide attempt (SA). ERRB patterns may identify individuals at increased risk of future SAs.

Methods:

A representative sample of US Army soldiers entering basic combat training (n = 21 772) was surveyed and followed via administrative records for their first 48 months of service. Latent profile analysis of baseline survey items assessing ERRB dimensions, including emotion reactivity, impulsivity, and risk-taking behaviors, identified distinct response patterns (classes). SAs were identified using administrative medical records. A discrete-time survival framework was used to examine associations of ERRB classes with subsequent SA during the first 48 months of service, adjusting for time in service, socio-demographic and service-related variables, and mental health diagnosis (MH-Dx).

We examined whether associations of ERRB classes with SA differed by year of service and for soldiers with and without a MH-Dx.

Results:

Of 21 772 respondents (86.2% male, 61.8% White non-Hispanic), 253 made a SA. Four ERRB classes were identified: 'Indirect Harming' (8.9% of soldiers), 'Impulsive' (19.3%), 'Risk-Taking' (16.3%), and 'Low ERRB' (55.6%). Compared to Low ERRB, Impulsive [OR 1.8 (95% CI 1.3-2.4)] and Risk-Taking [OR 1.6 (95% CI 1.1-2.2)] had higher odds of SA after adjusting for covariates. The ERRB class and MH-Dx interaction was non-significant. Within each class, SA risk varied across service time.

Conclusions:

SA risk within the four identified ERRB classes varied across service time. Impulsive and Risk-Taking soldiers had increased risk of future SA. MH-Dx did not modify these associations, which may therefore help identify risk in those not yet receiving mental healthcare.

<https://doi.org/10.1016/j.psychres.2023.115392>

Longitudinal associations between transgressions of moral beliefs and suicidal ideation among recently discharged veterans.

Gadi Zerach, Yoav Levinstein, Yossi Levi-Belz

Psychiatry Research
Volume 327, September 2023, 115392

Highlights

- This study examines longitudinal, temporal relations between PMIEs and SI among combat veterans.
- A history of lifetime suicidality was associated with higher levels of PMIEs.
- Cross-lagged pathway analyses indicated bi-directional pathways between PMIEs and SI.

Abstract

We evaluated longitudinal associations between subjective appraisals of transgressions of moral beliefs, values, and expectations (potential morally injurious events; PMIEs) and suicidal ideation (SI) among recently discharged combat veterans. Participants

were 374 active-duty Israeli combatants who participated in a five-year longitudinal study with four measurement points: T1- one year before enlistment, T2- one month before discharge from army service, and then again six months and twelve months following discharge (T3 and T4, respectively). A history of lifetime suicidal ideation and behavior was associated with higher levels of subjective appraisals of PMIEs, as compared to no history of suicidal ideation and behavior. Above and beyond pre-enlistment personal characteristics, cross-lagged pathway analyses indicated significant bi-directional pathways between subjective appraisals of PMIEs and SI. For all PMIEs dimensions, SI was associated with greater subjective appraisals of PMIEs, on subsequent measurement. However, cross-lagged effects of PMIEs-‘other’ (T2) predicting SI (T3) and PMIEs-‘betrayal’ (T3) predicting SI (T4) were also found. Our findings are the first to provide evidence of longitudinal, temporal associations between subjective appraisals of PMIEs and SI, which might serve as potential intervention targets among recently discharged traumatized veterans.

<https://doi.org/10.1186/s40621-023-00452-7>

Women Veterans’ experiences discussing household firearms with their intimate partners: collaborative, devalued, and deferential relational types.

Evan R. Polzer, Carly M. Rohs, Suzanne M. Thomas, Ryan Holliday, Christin N. Miller, Joseph A. Simonetti, Katherine M. Iverson, Lisa A. Brenner & Lindsey L. Monteith

Injury Epidemiology

Published: 31 July 2023

Background

Rates of firearm suicide have increased among women Veterans. Discussing firearm access and reducing access to lethal means of suicide when suicide risk is heightened are central tenets of suicide prevention, as is tailoring suicide prevention strategies to specific populations. While research has begun to explore how to optimize firearm lethal means safety counseling with women Veterans, there is limited knowledge of women Veterans' perspectives on including their intimate partners in such efforts. This gap is notable since many women Veterans have access to firearms owned by other household members. Understanding women Veterans’ experiences and perspectives regarding including their partners in firearm lethal means safety conversations can provide important information for tailoring firearm lethal means safety counseling for women Veterans.

Methods

Qualitative interviews were conducted with 40 women Veterans with current or prior household firearm access. Interview questions focused on the roles of women Veterans' partners in household firearm access and storage, as well as women Veterans' perspectives regarding including intimate partners in firearm lethal means safety counseling. Inductive thematic analysis was performed.

Results

Three relational types characterized how household firearms were discussed between women Veterans and their partners: collaborative, devalued, and deferential. These types were distinguished via women Veterans' agency in decision-making related to household firearms, partners' receptivity to women Veterans' mental health or trauma histories, and willingness (or lack thereof) of partners to change household firearm access and storage considering such histories. Intimate partner violence was common in the devalued relational subtype.

Conclusions

Findings extend knowledge regarding the context of women Veterans' household firearm access, including relational dynamics between women Veterans and their partners. The acceptability, feasibility, challenges, and facilitators of including women Veterans' partners in firearm lethal means safety efforts likely vary for each relational type. For example, in dyads with a collaborative dynamic, incorporating partners may create opportunities for increased firearm safety, whereas including partners in devalued dynamics may present unique challenges. Research is warranted to determine optimal methods of navigating firearm lethal means safety counseling in the presence of each relational dynamic.

<https://doi.org/10.1093/milmed/usad375>

The Experiences of LGBTQ Healthcare Professionals within Military Medical Culture.

Ricardo Aldahondo, MBA, Rebekah Cole, PhD

Military Medicine

Published: 31 July 2023

Background

Creating a positive workplace culture affects patient outcomes and force readiness. An inclusive workplace culture is especially important for lesbian, gay, bisexual, transgender, and queer (LGBTQ) military healthcare professionals, who have historically faced discrimination within the United States military. While research has examined LGBTQ service members' experiences in the military as a whole, there is a gap in the professional literature regarding LGBTQ healthcare workers' experiences within military medicine.

Methods

This qualitative phenomenological study explored the experiences of ten LGBTQ military healthcare professionals. We interviewed each participant for one hour. Our research team then coded each interview and came to a consensus on how to organize these codes into emerging themes. We used reflexivity and member checking to increase the credibility of our results.

Results

Four themes emerged from our data analysis: (1) implicit bias; (2) explicit bias; (3) response to discrimination; and (4) recommendations for improving workplace culture. The participants described both the underlying and outright discrimination they faced at work. They made recommendations for reducing this discrimination through education, training, and increased leadership representation.

Conclusions

Our results revealed that LGBTQ healthcare professionals continue to face discrimination in the workplace. This discrimination must be addressed to create an inclusive workplace environment within military medicine, which will enhance force readiness.

<https://doi.org/10.1002/jts.22970>

Minority stress and mental health in lesbian, gay, bisexual, transgender, and queer survivors of sexual assault.

Carter E. Bedford, Aoife M. Trotter, Miracle Potter, Norman B. Schmidt

Journal of Traumatic Stress

First published: 30 September 2023

Extant research has shown that sexual violence disproportionately affects lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals, conferring risk for the development of posttraumatic stress symptoms (PTSS) and related mental health conditions. However, little research has focused on specific vulnerabilities among LGBTQ+-identified sexual assault (SA) survivors (e.g., minority stress) and their associations with post-SA psychopathology. To address this gap, we examined associations between experiences of minority stress and post-SA psychopathology in a sample of LGBTQ+ individuals who experienced SA (N = 92) and completed a battery of self-report measures. Results revealed significant differences in internalized stigma, community connectedness, alcohol use, and cannabis use across sexual orientation and gender modality groups, $\eta^2 = .08$ – $.11$. Additionally, regression analyses indicated that experiences of violence and victimization were significantly associated with higher PTSS, $\beta = .31$, $p = .020$; anxiety, $\beta = .39$, $p = .003$; and alcohol use severity, $\beta = .31$, $p = .027$, over and above other experiences of minority stress and psychopathology risk factors. Internalized stigma was significantly associated with cannabis use severity, $\beta = .34$, $p = .011$. Finally, community connectedness was significantly associated with lower anxiety symptom severity, $\beta = -.42$, $p = .001$. Although longitudinal work is needed, findings indicate that experiences of minority stress may serve as risk or maintenance factors for post-SA psychopathology. These results offer important considerations for future treatment approaches tailored to LGBTQ+ survivors of SA.

<https://doi.org/10.1016/j.sleh.2023.06.006>

Neighborhood disadvantage is associated with sleep disturbance in a sample of trauma-exposed Veterans.

Katherine E. Miller, Christine J. So, Janeese A. Brownlow, Steven H. Woodward, Philip R. Gehrman

Sleep Health

Available online 31 July 2023

Objectives

This study examined associations among neighborhood disadvantage, all-night respiratory sinus arrhythmia, fear of sleep, nightmare frequency, and sleep duration in a sample of trauma-exposed Veterans.

Methods

Participants completed baseline assessments and slept on a mattress actigraphy system for seven nights. Neighborhood disadvantage was assessed with the Area Deprivation Index, a census-based socioeconomic index. Differences between the least and most disadvantaged groups on the sleep variables were analyzed.

Results

Data were available from 37 Veterans. Residing in neighborhoods with greater disadvantage was associated with elevated fear of sleep and reduced sleep-period respiratory sinus arrhythmia. No significant differences were observed for nightmare frequency or sleep duration. A regression confirmed that neighborhood context had a significant effect on respiratory sinus arrhythmia, after controlling for other baseline sleep variables.

Conclusions

In this sample of Veterans, sleep context may increase hypervigilance in turn serving as a mechanism by which trauma-induced sleep disruptions are maintained.

<https://doi.org/10.1177/08862605231188>

Perceived Barriers and Benefits of Exercise Among Men with Histories of Sexual Violence: Impact of PTSD and Physical Activity Status.

Pebole, M. M., Singleton, C. R., Hall, K. S., Petruzzello, S. J., Alston, R., Darroch, F. E., & Gobin, R. L.

Journal of Interpersonal Violence

First published online July 31, 2023

This study reported on perceived benefits and barriers of exercise among men with histories of sexual violence (SV) and compared these perceptions by activity level and post-traumatic stress disorder (PTSD) status. An online, cross-sectional, survey of men with histories of SV (N = 198) was completed using Amazon Mechanical Turk. Inclusion criteria were identifying sex at birth as male, age between 18 and 65 years, self-reported history of SV, and living in the United States (U.S.). A total of 1,260 men were screened for the study, of which 316 met the inclusion criteria, and 198 met all data quality requirements and were included in the study. Sociodemographic information, exercise behavior, PTSD symptoms, and perceived exercise barriers/benefits were collected.

Comparisons by activity and PTSD status were analyzed. Additionally, two open-ended qualitative research questions were included to provide nuance to perceived barriers/benefits of exercise. The most salient benefits included physical performance, psychological outlook, and preventative health. Open-ended responses also noted the mental and physical benefits of exercise. The most salient barrier was physical exercise, with open-ended responses emphasizing lack of time, chronic pain and health concerns, and poor mental health and lack of motivation as impediments to exercise. Significant differences were found in benefits (psychological outlook, physical performance) and barriers (exercise environment, high time expenditure, and family discouragement) between active and insufficiently active men with histories of SV ($p < .05$; Cohen's d s = 0.32–0.57). Significant differences were found by PTSD status on benefits (physical performance, social interaction, and preventative health) and barriers (exercise milieu, time expenditure, hard physical exercise, family discouragement) ($p < .05$; Cohen's d s = 0.40–1.10). Findings provide new gender-specific strategies for promoting exercise among men with histories of SV: integrating exercise physiologists into trauma recovery programs, psychoeducation, engaging friends and family members, peer-support, and building self-efficacy.

<https://doi.org/10.1093/milmed/usad269>

Cigarette Smoking Among Veterans at High Risk for Suicide: Challenges and Opportunities for Intervention.

Herbst, E., Hoggatt, K. J., & McCaslin, S.

Military Medicine

2023 Jul 24: usad269

Preventing suicide remains a top clinical priority of the Department of Veterans Affairs (VA). In 2019, U.S. military veterans experienced a suicide rate of 52.3% higher than non-Veteran U.S. adults. Cigarette smoking has been found to be independently associated with an elevated risk of suicidal ideation, attempts, plans, and deaths among veterans and non-veterans. However, tobacco use is frequently overlooked in suicide risk assessment and mitigation and is not yet a target for intervention in VA suicide prevention protocols. In this commentary, we recommend that cigarette smoking be considered in suicide risk assessment protocols and that tobacco cessation interventions be considered as a potential beneficial treatment intervention to reduce the risk of suicide. Given the public health threat of suicide among veterans, it is

essential to elucidate promising areas of intervention for those at high risk of suicide. Cigarette smoking is a modifiable target, associated with suicide risk, for which there are evidence-based interventions. Therefore, tobacco use disorder identification and treatment should be considered for inclusion in VA suicide risk protocols.

<https://doi.org/10.1016/j.jbct.2023.07.001>

Intelligence quotient, combat experiences, psychosocial functioning, and depressive symptoms' roles in PTSD symptom severity and treatment completion.

Gail D. Tillman, Elizabeth Ellen Morris, Tyler Rawlinson, Christina Bass, ... John Hart

Journal of Behavioral and Cognitive Therapy
Available online 5 August 2023

Pre-, peri-, and post-deployment factors, including demographic factor, psychological traits, and previous trauma experience, have been hypothesized to influence severity of combat-related posttraumatic stress disorder (PTSD) and whether an individual completes a treatment trial. Here we report on the roles of these factors on pretreatment PTSD symptom severity and how these factors affected treatment drop-out in 103 participants enrolled in a previously conducted treatment trial for PTSD for these individuals. We found that comorbid depression, IQ, breadth of combat experiences, and psychosocial functioning play significant roles in accounting for PTSD severity, with those five variables accounting for ~51% of the variance, with depressive symptoms (~38% of the variance in CAPS total score), extent of trauma exposure (~5%), IQ (~3%), the index trauma being related to witnessing a threat (~3%), and psychosocial functioning (~2%) contributing significantly. The same factors were investigated to assess their influence on completion of treatment protocols, where higher IQs and less diversity of trauma exposures were associated with a higher completion rate. Thus, the factors contributing to PTSD symptoms and treatment completion are diverse, encompass pre-, peri-, and post-trauma conditions, and span the breadth of neurobiological, combat, and psychosocial factors.

ClinicalTrials.gov identifier: NCT01391832.

<https://doi.org/10.1037/ccp0000836>

Novel treatment based on acceptance and commitment therapy versus cognitive behavioral therapy for insomnia: A randomized comparative effectiveness trial in women veterans.

Martin, J. L., Carlson, G. C., Kelly, M. R., Song, Y., Mitchell, M. N., Josephson, K. R., McGowan, S. K., Culver, N. C., Kay, M. A., Erickson, A. J., Saldana, K. S., May, K. J., Fiorentino, L., Alessi, C. A., Washington, D. L., & Yano, E. M.

Journal of Consulting and Clinical Psychology
(2023) 91(11), 626–639

Objective:

This randomized comparative effectiveness trial evaluated a novel insomnia treatment using acceptance and commitment therapy (ACT) among women veterans. Participants received either the acceptance and the behavioral changes to treat insomnia (ABC-I) or cognitive behavioral therapy for insomnia (CBT-I). The primary objectives were to determine whether ABC-I was noninferior to CBT-I in improving sleep and to test whether ABC-I resulted in higher treatment completion and adherence versus CBT-I.

Method:

One hundred forty-nine women veterans with insomnia disorder (Mage = 48.0 years) received ABC-I or CBT-I. The main sleep outcomes were Insomnia Severity Index (ISI), Pittsburgh Sleep Quality Index (PSQI), and sleep efficiency (SE) by actigraphy (objective) and sleep diary (subjective). Measures were collected at baseline, immediate posttreatment, and 3-month posttreatment follow-up. Treatment completion and adherence were assessed during the interventions.

Results:

Both interventions improved all sleep outcomes from baseline to immediate posttreatment and 3-month posttreatment follow-up. At immediate posttreatment, ABC-I was statically noninferior for sleep diary SE and objective SE, but noninferiority was not statistically confirmed for ISI or PSQI total scores. At 3-month posttreatment follow-up, ABC-I was noninferior for all four of the key outcome variables. There was not a statistically significant difference between the number of participants who discontinued CBT-I (11%) versus ABC-I (18%; $p = .248$) before completing treatment. ABC-I was superior to CBT-I for some adherence metrics.

Conclusions:

Overall, ABC-I was similar in effectiveness compared to CBT-I for the treatment of insomnia and may improve adherence to some behavioral elements of treatment.

(PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1002/jclp.23577>

The role of premeditation in suicide: Identifying factors associated with increased planning among suicide decedents.

Stephanie H. Gomez, James Overholser, Christopher McGovern, Christiana Silva, Craig A. Stockmeier

Journal of Clinical Psychology

First published: 04 August 2023

Introduction

Suicide premeditation is a critical factor to consider when assessing suicide risk. Understanding which individuals are more or less likely to plan their suicidal behavior can shed light on how suicidal thoughts turn into actions.

Method

The present study used psychological autopsy data to identify factors associated with level of premeditation among 131 adults who died by suicide.

Results

Logistic regression analyses indicated that suicide decedents with higher premeditation scores had higher odds of being diagnosed with a depressive disorder and choosing a violent suicide method, specifically a firearm. Individuals with lower premeditation scores had higher odds of being diagnosed with a polysubstance use disorder.

Conclusion

Suicide decedents exhibiting greater premeditation before their deaths were different in several ways from suicide decedents exhibiting less premeditation. A better understanding of suicide premeditation can ultimately aid in the development of improved risk assessments and targeted safety interventions for those struggling with suicidal thoughts.

<https://doi.org/10.1186/s12991-023-00460-3>

Prevalence of suicidal thoughts and attempts in the transgender population of the world: a systematic review and meta-analysis.

Parisa Kohnepoushi, Maziar Nikouei, Mojtaba Cheraghi, Parsa Hasanabadi, Hamza Rahmani, Maryam Moradi, Ghobad Moradi, Farhad Moradpour & Yousef Moradi

Annals of General Psychiatry

Published: 05 August 2023

Background

The aim of this meta-analysis was to determine global pooled prevalence of suicide thoughts and attempts in transgender population.

Methods

For doing comprehensive search strategy related to objectives in the presence meta-analysis, all international databases like PubMed (Medline), Scopus, Embase, Web of Sciences, PsycINFO, and the Cumulative Index to Nursing and Allied Health Literature (CINHAL) were searched from January 1990 to December 2022. The quality of the final selected studies was evaluated according to Newcastle–Ottawa Quality Assessment Scale for cross-sectional studies. The subgroup analysis was done based on type of transgender (female to male, male to female) and prevalence (point, period, and lifetime), country, and criteria of diagnosis. All analysis was done in STATA version 17.

Results

From the total number of 65 selected studies, 71 prevalence of suicidal thoughts, including point, period, and lifetime prevalence were extracted and combined. After combining these values, the prevalence of suicidal thoughts in the transgender population in the world was 39% in the past month (pooled point prevalence: 39%; 95% CI 35–43%), 45% in the past year (pooled period prevalence: 45%; % 95 CI 35–54%) and 50% during lifetime (pooled lifetime prevalence: 50%; % 95 CI 42–57%). Also, the prevalence of suicide attempt in the transgender population of the world was 16% in the past month (pooled point prevalence: 16%; 95% CI 13–19%), 11% in the past year (pooled period prevalence: 11%; % 95 CI 5–19%) and 29% during lifetime (pooled lifetime prevalence: 29%; % 95 CI 25–34%).

Conclusion

The present meta-analysis results showed the prevalence of suicidal thoughts and attempts in the transgender community was high, and more importantly, about 50% of transgenders who had suicidal thoughts, committed suicide.

<https://doi.org/10.1080/15332985.2023.2244624>

A trans-conceptual model for suicide prevention in social work practice: military and veteran populations as an example.

Josh Bylotas, MSW

Social Work in Mental Health
Published online: 07 Aug 2023

Despite the multi-disciplinarity of suicidology, social work's contribution to the conceptual framing of suicide has been limited. Consequently, modern prevention efforts insufficiently reflect person in environment and systems perspectives that are foundational to social work practice. This article centers the potential for social work to serve a critical role within the theoretical framing and conceptualization of suicide. Building upon contemporary suicidological perspectives like the interpersonal theory of suicide and critical responses, such as the cultural-structural theory of suicide, a trans-conceptual model for social work practice is presented. Application is highlighted through the example of military personnel and veterans.

<https://doi.org/10.1016/j.jad.2023.08.040>

Purpose in life protects against the development of suicidal thoughts and behaviors in U.S. veterans without a history of suicidality: A 10-year, nationally representative, longitudinal study.

Ian C. Fischer, Brandon Nichter, David B. Feldman, Peter J. Na, ... Robert H. Pietrzak

Journal of Affective Disorders
Volume 340, 1 November 2023, Pages 551-554

Highlights

- Purpose in life (PIL) may protect against the development of suicidal thoughts and behaviors (STBs) in US Veterans.
- Studies documenting the association between PIL and STBs have typically relied on convenience samples, cross-sectional designs, or relatively short follow-ups.
- In this 10-year study, PIL emerged as the strongest predictor of both incident suicidal ideation and suicide attempts in US Veterans.

Abstract

Objectives

To determine the incidence of suicidal ideation and suicide attempts (STBs) in veterans without an endorsed history of STBs and identify baseline predictors of these outcomes over a 10-year period.

Methods

Population-based prospective cohort study of 2307 US military veterans using five waves of the 2011–2021 National Health and Resilience in Veterans Study. Baseline data were collected in 2011, with follow-up assessments conducted 2-(2013), 4-(2015), 7-(2018), and 10-years (2021) later.

Results

In total, 10.1 % (N = 203) of veterans endorsed incident suicidal ideation (SI) over the 10-year period and 3.0 % (N = 55) endorsed an incident suicide attempt (SA). Multivariable regression analyses revealed the following baseline predictors of incident SI: lower annual household income, current posttraumatic stress disorder, current alcohol use disorder (AUD), disability with activities of daily living (i.e., ADLs) or instrumental activities of daily living (i.e., IADLs), lower perceived social support, lower community integration, and lower purpose in life. Current AUD, greater cumulative trauma burden, and lower purpose in life at baseline were predictive of incident SA. Relative importance analyses revealed that lower purpose in life was the strongest predictor of both incident SI and SA.

Conclusions

Psychosocial determinants of health, such as purpose in life, may be more reliable predictors of incident suicidal thoughts and behaviors than traditional risk factors (e.g., psychiatric distress; history of SA) in those without a history of STBs. Evidence-based interventions that facilitate purpose in life and feelings of connectedness and belonging should be examined as possible treatments for STBs.

<https://doi.org/10.1038/s44220-023-00085-1>

How to e-mental health: a guideline for researchers and practitioners using digital technology in the context of mental health. (consensus statement)

Caroline Seiferth, Lea Vogel, Benjamin Aas, Isabel Brandhorst, Per Carlbring, Annette Conzelmann, Narges Esfandiari, Marlene Finkbeiner, Karsten Hollmann, Heinrich Lautenbacher, Edith Meinzingler, Alexandra Newbold, Ansgar Opitz, Tobias J. Renner, Lasse Bosse Sander, Philip S. Santangelo, Ramona Schoedel, Björn Schuller, Clemens Stachl, sysTelios Think Tank, Yannik Terhorst, John Torous, Katarzyna Wac, Aliza Werner-Seidler, ...Johanna Löchner

Nature Mental Health

Published: 07 August 2023

Despite an exponentially growing number of digital or e-mental health services, methodological guidelines for research and practical implementation are scarce. Here we aim to promote the methodological quality, evidence and long-term implementation of technical innovations in the healthcare system. This expert consensus is based on an iterative Delphi adapted process and provides an overview of the current state-of-the-art guidelines and practical recommendations on the most relevant topics in e-mental health assessment and intervention. Covering three objectives, that is, development, study specifics and intervention evaluation, 11 topics were addressed and co-reviewed by 25 international experts and a think tank in the field of e-mental health. This expert consensus provides a comprehensive essence of scientific knowledge and practical recommendations for e-mental health researchers and clinicians. This way, we aim to enhance the promise of e-mental health: low-threshold access to mental health treatment worldwide.

<https://doi.org/10.1080/13811118.2023.2237097>

Love Is Not All You Need: Understanding the Association Between Relationship Status and Relationship Dysfunction With Self-Directed Violence in Veterans.

Danielle M. Weber, Tate F. Halverson, Samantha E. Daruwala, Mary Jo Pugh, Patrick S. Calhoun, Jean C. Beckham & Nathan A. Kimbrel

Introduction

Research indicates that being married is associated with reduced risk of suicide and self-directed violence (SDV) relative to being divorced. Simultaneously, difficulties within relationships predict poorer health outcomes. However, research on relationship status rarely examines relationship functioning, obfuscating the joint contribution of these variables for SDV risk.

Method

Veterans (N = 1,049) completed a survey that included assessment of relationship status, relationship functioning, and SDV history. Logistic regression models tested how (a) relationship status, (b) relationship dysfunction, and (c) being divorced compared to being in a low- or high-dysfunction relationship were associated with SDV, controlling for several intrapersonal risk factors.

Results

Veterans in a relationship did not differ in SDV history compared to divorced/separated veterans. However, more dysfunction within relationships was associated with greater odds of a history of SDV and suicidal cognitions. Finally, SDV histories were more likely among veterans endorsing high-dysfunction relationships compared with (a) low-dysfunction relationships and (b) divorced veterans.

Conclusion

It may be insufficient to only consider relationship status when evaluating interpersonal risk factors for SDV. A single item assessing relationship dysfunction was associated with enacted SDV and suicidal cognitions over and above intrapersonal risk factors. Integrating such single-item measures into clinical practice could improve identification and subsequent tailored intervention for veterans at greater risk for SDV.

HIGHLIGHTS

- Relationship dysfunction was related to self-directed violence (SDV) history independent of other risk factors.
- Being in a relationship alone was not related to SDV history relative to being divorced.
- A single item assessing relationship dysfunction was related to SDV history.

<https://doi.org/10.1176/appi.ps.202100437>

Veteran Cultural Competence Training: Initial Effectiveness and National-Level Implementation.

Joseph C. Geraci, Ph.D., Emily R. Edwards, Ph.D., David May, M.A., Tiffany Halliday, M.A., Natesha Smith-Isabell, Ph.D., Paul El-Meouchy, M.A., Sarah Lowell, M.A., Nicholas Armstrong, Ph.D., Gilly Cantor, M.A., Chris DeJesus, M.A., Ariana Dichiara, Psy.D., Marianne Goodman, M.D.

Psychiatric Services

Published Online: 9 Aug 2023

Objective:

Because service professionals often lack cultural competence in working with veterans, veterans often perceive such professionals as “not understanding.” The authors developed, evaluated, and implemented Veteran Cultural Competence Training (VCCT), combining educational and experiential components in an in-person training focused on building awareness, knowledge, and skills to better work with veterans.

Methods:

Study 1 was a type 1 effectiveness-implementation hybrid trial examining VCCT effectiveness in a sample of social service professionals (N=41) compared with a matched comparison group (N=41) via the Multicultural Counseling Self-Efficacy Scale–Veteran Form (MCSE-V) instrument. In study 2, the authors used the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to conduct a type 2 effectiveness-implementation hybrid trial and implemented VCCT with an expanded population (N=312) during eight training sessions in three U.S. states.

Results:

Results from study 1 indicated that VCCT significantly increased self-efficacy of trainees in veteran cultural competence compared with the matched group ($p < 0.001$). In study 2, the RE-AIM framework highlighted the importance of building coalitions and utilizing implementation facilitation to maintain fidelity. The within-group effectiveness of VCCT was statistically significant and maintained across settings and professions ($p < 0.001$), and trainees were satisfied with VCCT. Maintenance analysis revealed expansion of VCCT after implementation in terms of the number of training sessions (N=9), regions hosting the training (N=5), staff hired (N=13), and trainee applications (N=1,018).

Conclusions:

VCCT effectively increases self-efficacy in veteran cultural competence. Gains appeared across different professions, demographic characteristics, and locations. Participation in VCCT may increase professionals' competence in understanding veteran culture, thereby potentially improving veteran services.

<https://doi.org/10.1093/milmed/usad306>

Relative Risk of All-Cause Medical Evacuation for Behavioral Health Conditions in U.S. Central Command.

Andrew Hall, MD, Cara Olsen, DrPH, Jennifer Gomes, FNP-C, Jouhayna Bajjani-Gebara, PhD, Eric Meyers, MD, Ramey Wilson, MD

Military Medicine

Published: 07 August 2023

Introduction

Behavioral health disorders are the leading category of evacuations from the U.S. Central Command (USCENTCOM) area of responsibility. Understanding the relative risk of behavioral health conditions associated with all-cause evacuation is important for the allocation of resources to reduce the evacuation burden.

Materials and Methods

Data from the USTRANSCOM Regulating and Command & Control Evacuation System and Theater Medical Data Store covering personnel deployed to the USCENTCOM area of responsibility between January 1, 2017 and December 31, 2021 were collected and analyzed. All individuals who were diagnosed with a behavioral health-specific ICD-9 (290–316) or ICD-10 (F00–F99) code during the period were included. Using the earliest medical encounter, the number of individuals diagnosed with a particular code and the frequency individuals were evacuated being diagnosed with any code were calculated.

Results

The mean monthly USCENTCOM population during this period was 62,535. A total of 22,870 individuals were diagnosed with a behavioral health-related disorder during the study period. Of this population, 1,414 individuals required an evacuation. The relative risk of the top 30 diagnosis codes used during the initial visit of individuals during the

study period was calculated. Within this group of initial diagnoses, F32.9 ‘Major depressive disorder, single episode, unspecified’ had the highest proportion evacuated at 15.9%.

Conclusions

There is a broad array of behavioral health–specific diagnoses used initially in the care of behavioral health disorders with a great variation in their association with evacuation risk. Variations of diagnoses associated with anxiety, depressive, and adjustment disorders are most associated with eventual evacuation.

<https://doi.org/10.1027/0227-5910/a000921>

Do Crisis Details Differentiate Suicide-Related 911 Call Outcomes?

Katherine L. O’Connell, Molly Hassler, Nicole Moreira, Ben Barnette, Anna Gilbert, Cammy Widman, and Keyne C. Law

Crisis

Published Online: August 09, 2023

Background The outcomes of calling 911 for suicide crises remain largely unexplored. **Aims** To investigate how characteristics of individuals in a suicidal crisis (e.g., age, gender identity, help-seeking source, means, disclosure of historical suicidality, or self-harm) may differentiate outcomes when contacting 911. **Method** The authors analyzed 1,073 Washington State Police 911 call logs, coding for characteristics and outcome (unknown, monitoring, intervention, adverse outcome). Descriptive and inferential statistics, including multinomial logistic regressions, were used to explore associations. **Results** When individuals experiencing a suicidal crisis were referred by bystander or associates’ observations, there was a greater likelihood of adverse outcome. Self-referral led to a greater likelihood of intervention. Referral from the suicidal individual contacting a known associate led to a greater likelihood of monitoring. Any disclosure of means led to a greater likelihood of intervention or adverse outcomes. Positive disclosure of historical suicidality or self-harm was more likely to result in monitoring. **Limitations** The dataset was intended for operational use in acute suicidality triage rather than research purposes. **Conclusion** This study highlights the importance of supporting first responders with research to enhance their triage of people experiencing suicidal crises.

Links of Interest

Child care fees plunge for many military families

<https://www.militarytimes.com/pay-benefits/mil-money/2023/09/28/child-care-fees-plunge-for-many-military-families/>

Maui Wildfires Disaster Mental Health Response and Recovery Resources

<https://www.cstsonline.org/resources/resource-master-list/202308-maui-wildfires-disaster-mental-health-response-and-recovery-resources>

Staff Perspective: Behavioral Health Resources I Wish I Had Known About for Suicide Prevention

<https://deploymentpsych.org/blog/staff-perspective-behavioral-health-resources-i-wish-i-had-known-about-suicide-prevention>

Wags of wellness: Dogs enlisted in Navy effort to improve sailors' mental health

<https://www.stripes.com/branches/navy/2023-09-29/dogs-navy-suicides-mental-health-11530707.html>

Air Force to review discharges of troops with mental health conditions

<https://www.airforcetimes.com/news/your-air-force/2023/09/29/air-force-to-review-discharges-of-troops-with-mental-health-conditions/>

Military Housing: Strengthened Oversight Needed to Make and Sustain Improvements to Living Conditions (GAO)

<https://www.gao.gov/products/gao-23-107038>

Hidden in the Hippocampus are the Neural Secrets Behind False Memories

<https://neurosciencenews.com/hippocampus-hidden-memory-23998/>

Military pay, benefits may be better than you think, report says

<https://www.militarytimes.com/pay-benefits/2023/10/02/military-pay-benefits-may-be-better-than-you-think-report-says/>

Is there a link between TBI and veteran suicide?

<https://taskandpurpose.com/news/tbi-veteran-suicide/>

Detangling the Association Between Traumatic Brain Injury, Mental Health, and Suicide in Active Duty Service Members (commentary)

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807789>

U.S. Military Departments Implement Brandon Act to Improve Mental Health Support

<https://health.mil/News/Dvids-Articles/2023/09/28/news454551>

The Suicide CPR Initiative at USU Builds Interventions to Reduce Military Suicide Risk

<https://news.usuhs.edu/2023/09/the-suicide-cpr-initiative-at-usu.html>

Resource of the Week: [A review of evidence-based strategies to help military families navigate relocation](#)

From Military REACH (Auburn University):

The Military REACH team reviewed research related to how families are affected by relocation in the context of permanent change of station (PCS) moves, with an emphasis on research that speaks to building resilience and enhancing family well-being throughout the process. This report summarizes practical, evidence-based strategies across the five domains of Military Family Readiness (MFR): career, finance, community ties, health, and social relationships (Office of the Under Secretary of Defense for Personnel and Readiness [USD (P&R)], 2021). For the purpose of this report, we conceptualize the relocation process as occurring in two phases: (1) preparation for the move and (2) adjustment and adaptation after the move. Drawing from the available research, for each phase, we identify typical stressors that families may experience (What to Expect) and offer tips for how helping professionals can develop tools for resilience and well-being (Leverage Points).

A Review of Evidence-Based Strategies to Help Military Families Navigate Relocation

Military REACH at Auburn University

Carlynn Vandenberg, PhD
Research Associate

Emily Hanson, MNM, MPA
Research Assistant

Allison Tidwell, MS
Graduate Research Assistant

Haley Sherman, MS
Graduate Research Assistant

Chia-Feng Chen, PhD
Postdoctoral Research Fellow

Catherine W. O'Neal, PhD
Co-Investigator

Mallory Lucier-Greer, PhD
Principal Investigator



Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology



Henry M. Jackson Foundation for the Advancement of Military Medicine

Email: shirley.kennedy.ctr@usuhs.edu