

CDP



Research Update -- October 19, 2023

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 - Intimate partner violence among lesbian, gay, and bisexual veterans.
 - Exploring Racial/Ethnic Disparities in Substance Dependence and Serious Psychological Distress among US Veterans.
 - Factors associated with the recurrence of suicidal thoughts and behaviours among depressed Veterans who have attempted suicide.
 - Pilot Evaluation of the Online 'Chaplains-CARE' Program: Enhancing Skills for United States Military Suicide Intervention Practices and Care.
 - Links of Interest
 - Resource of the Week: Emotional Wellness Toolkit (National Institutes of Health) October is Emotional Wellness Month.
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<https://doi.org/10.1007/s10488-023-01289-4>

Heterogeneity in Unmet Treatment Need and Barriers to Accessing Mental Health Services Among U.S. Military Service Members with Serious Psychological Distress.

Michael S. Dunbar, Joshua Breslau, Rebecca Collins, Robin Beckman & Charles C. Engel

Administration and Policy in Mental Health and Mental Health Services Research
Published: 18 August 2023

The goal of the current study is to examine heterogeneity in mental health treatment utilization, perceived unmet treatment need, and barriers to accessing care among U.S. military members with probable need for treatment. Using data from the 2018 Department of Defense Health Related Behavior Survey, we examined a subsample of 2,336 respondents with serious psychological distress (SPD; past-year K6 score ≥ 13) and defined four mutually exclusive groups based on past-year mental health treatment (treated, untreated) and self-perceived unmet treatment need (recognized, unrecognized). We used chi-square tests and adjusted regression models to compare groups on sociodemographic factors, impairment (K6 score; lost work days), and endorsement of treatment barriers. Approximately 43% of respondents with SPD reported past-year treatment and no unmet need (Needs Met). The remainder (57%) met criteria for unmet need: 18% endorsed treatment and recognized unmet need (Treated/Additional Need); 7% reported no treatment and recognized unmet need (Untreated/Recognized Need); and 32% reported no treatment and no unmet need (Untreated/Unrecognized Need). Compared to other groups, those with Untreated/Unrecognized Need tended to be younger (ages 18–24; $p = 0.0002$) and never married ($p = 0.003$). The Treated/Additional Need and Untreated/Recognized Need groups showed similar patterns of treatment barrier endorsement, whereas the Untreated/Unrecognized Need group endorsed nearly all barriers at lower rates. Different strategies may be needed to increase appropriate mental health service use among different subgroups of service members with unmet treatment need, particularly those who may not self-perceive need for treatment.

<https://doi.org/10.1080/07317107.2023.2246131>

Improving Outcomes for Military Families with Young Children: Effects of a Novel Dyadic Coaching-Based Parenting Intervention in Two Exploratory Case Studies.

Alixandra Risi , Judy A. Pickard & Amy L. Bird

Child & Family Behavior Therapy

Published online: 17 Aug 2023

This article presents an intervention model for military families with young children reintegrating after deployment that aims to strengthen parent-child relationships and improve family outcomes. The Coaching and Parent Emotion Support (CaPES) program integrates emotion and behavioural regulation principles, within an intensive, dyadic, coaching-based delivery format. We outline the application and outcomes of CaPES in two case studies of Australian Defence Force (ADF) families. The results offer preliminary evidence of the efficacy of CaPES in improving parent-child relationship quality, parental mental health and wellbeing, and children's behavioural and emotional outcomes in military families with young children.

<https://doi.org/10.1016/j.smr.2023.101840>

Global prevalence of poor sleep quality in military personnel and veterans: A systematic review and meta-analysis of epidemiological studies.

Wei Bai, Zhen Gui, Meng-Yi Chen, Qinge Zhang, ... Yu-Tao Xiang

Sleep Medicine Reviews

Volume 71, October 2023, 101840

Poor sleep quality is prevalent among members of the military but rates of poor sleep quality vary between studies. This study examined the global prevalence of poor sleep quality in military personnel and veterans as well as possible moderators of prevalence differences between studies. PubMed, EMBASE, Web of Science, and PsycINFO were systematically searched from their inception dates to September 1, 2022. Studies were included if they were conducted on military personnel and/or veterans and prevalence estimates of poor sleep quality could be generated from assessments with standardized tools. A random-effects model was used to calculate the pooled prevalence and its 95%

confidence intervals (CIs). Fifty-nine studies (N = 28,100) were included for analysis with sample sizes ranging from 14 to 8481. Two studies were rated as “high quality” (3.39%), while 57 were rated as “moderate quality” (96.61%). The overall pooled prevalence of poor sleep quality in military personnel and veterans was 69.00% (95% CI: 62.33–75.30%); pooled rates were 57.79% (95% CI: 49.88–65.50%) and 82.88% (95% CI: 74.08–90.21%) for active duty personnel and veterans, respectively. Subgroup analyses indicated study region, study design, sampling method, Pittsburg Sleep Quality Index cut-off values, and service type moderated prevalence of poor sleep quality. Meta-regression analyses indicated sample size, mean age, depression and posttraumatic stress disorder (PTSD) were associated with prevalence differences between studies. Poor sleep quality was more common in both active duty military personnel and veterans who were older and those who reported PTSD or depression. Regular monitoring of sleep quality and sleep hygiene should be promoted in this population. More relevant studies in middle- and low-income countries should also be conducted.

<https://doi.org/10.1111/sltb.12983>

Brief relationship support as a selective suicide prevention intervention: Piloting the Relationship Checkup in veteran couples with relationship and mental health concerns.

Dev Crasta PhD, Jennifer S. Funderburk PhD, Tatiana D. Gray PhD, James V. Cordova PhD, Peter C. Britton PhD

Suicide and Life-Threatening Behavior

First published: 18 August 2023

Introduction

Close relationship problems play a key role in many contemporary theories of suicide. However, the potential of relationship support in suicide prevention is understudied. This study explores the feasibility, safety, acceptability, and promise of utilizing the 3-session Relationship Checkup (RC) in veterans with mental health and romantic relationship concerns.

Methods

We conducted a single-arm pilot of telehealth RC in veterans with a positive mental

health screen and their romantic partners. Couples completed baseline and post-treatment assessments of study outcomes.

Results

Feasibility analyses showed we were able to recruit an elevated-risk sample (30% history of attempts or interrupted attempts), take them through the service (90% treatment completion), and had minimal harm events (no suicidal behavior, no physical harm in arguments). Multimethod acceptability analyses suggested high satisfaction with the program, though some desired more intensive services. Couples reported improvements in relationship functioning, emotional intimacy, thwarted belongingness, depression, and posttraumatic stress. Perceived burdensomeness only improved for identified patients and drinking did not change for either partner.

Conclusion

The RC is a feasible, safe, and acceptable strategy for providing relationship support to couples at elevated risk. Although further randomized trials are needed, RC shows promise to reduce relationship-level and individual-level suicide risk factors.

<https://doi.org/10.1007/s10943-023-01885-6>

Examining the Association Between Moral Injury and Suicidal Behavior in Military Populations: A Systematic Review.

Nikki Jamieson, Lindsay B. Carey, Anthony Jamieson & Myfanwy Maple

Journal of Religion and Health

Published: 17 August 2023

The increasing number of suicides among military populations cannot be fully accounted for by conventional risk factors like Post-Traumatic Stress Disorder (PTSD). As a result, researchers and theorists propose that delving into the concept of Moral Injury could offer a more comprehensive understanding of the phenomenon of suicide. Moral Injury is not currently a recognized mental health disorder but can be associated with PTSD. Moral Injury is a multi-dimensional issue that profoundly affects emotional, psychological, behavioral, social, and spiritual well-being. The objective of this systematic review is to examine the association between Moral Injury and suicidal behavior (suicide ideation, plans and or suicide attempt) within military populations. The review will specifically concentrate on identifying and analyzing studies that have

investigated the connection between these variables, with a specific focus on the context of military personnel both serving and former serving members. Of the 2214 articles identified as part of this review, 12 studies satisfied the research criteria with a total participant sample having an average age of 40.7 years. The male population accounted for 78.6% of the overall sample. Two studies were identified as high-quality, while the remaining ten were rated as moderate. The analysis of these twelve studies consistently affirms a connection between Moral Injury and suicidal behavior; most obviously, that exposure to morally injurious events substantially amplify the risk of suicide, with higher levels of potential exposure being linked to increased Moral Injury and heightened levels of suicidal behavior. Our review uncovered noteworthy findings regarding the association between Moral Injury and suicidal behavior, marking a pioneering effort in exploring this association and offering valuable insights into this emerging issue. Several limitations are noted regarding this review and recommendations are made concerning the need to prioritize, expand and employ longitudinal research designs that include non-military populations such as first responders (e.g., police, paramedics, firefighters) and medical, nursing, or allied health professionals—all disciplines known to be impacted by Moral Injury.

<https://doi.org/10.1001/jamanetworkopen.2023.37685>

Screening for Intimate Partner Violence Experience and Use in the Veterans Health Administration.

Portnoy, G. A., Relyea, M. R., Presseau, C., Oraziotti, S. A., Bruce, L. E., Brandt, C. A., & Martino, S.

JAMA Network Open
October 13, 2023

Key Points

Question

What are the rates of intimate partner violence (IPV) experience, IPV use, and factors associated with IPV disclosures among adults presenting for mental health care at 5 Veterans Health Administration medical centers?

Findings

Among 155 patients screened, 43.2% reported both IPV experience and use concurrently, with only 5.8% endorsing unidirectional IPV experiences and 3.2%

endorsing unidirectional IPV use. Younger age and posttraumatic stress disorder diagnosis were associated with IPV disclosures.

Meaning

These findings suggest that implementation of screening for IPV experience and use concurrently across genders and ages may present an opportunity to identify and respond to a high-risk population within the health care system.

Abstract

Importance

The practice of screening women for intimate partner violence (IPV) in health care settings has been a critical part of responding to this major public health problem. Yet, IPV prevention would be enhanced with detection efforts that extend beyond screening for IPV experiences to identifying those who use violence in relationships as well.

Objective

To determine rates of IPV experiences and use (ie, among perpetrators of IPV) and factors associated with disclosures among adult patients seeking mental health services at the Veterans Health Administration.

Design, Setting, and Participants

This cross-sectional study used electronic medical record data drawn from a quality improvement initiative at 5 Veterans Health Administration medical centers conducted between November 2021 and February 2022 to examine IPV disclosures following concurrent screening for IPV experience and use. Participants included patients engaged in mental health services. Data were analyzed in April and May 2023.

Exposure Mental health clinicians were trained to screen for IPV experience and use concurrently and instructed to screen all patients encountered through routine mental health care visits during a 3-month period.

Main Outcomes and Measures

Outcomes of interest were past-year prevalence of IPV use and experience, sociodemographic characteristics, and clinical diagnoses among screened patients.

Results

A total of 200 patients were offered IPV screening. Of 155 participants (mean [SD] age, 52.45 [15.65] years; 124 [80.0%] men) with completed screenings, 74 (47.7%) denied past-year IPV experience and use, 76 (49.0%) endorsed past-year IPV experience, and 72 (46.4%) endorsed past-year IPV use, including 67 participants (43.2%) who reported

IPV experience and use concurrently; only 9 participants (5.8%) endorsed unidirectional IPV experiences and 5 participants (3.2%) endorsed unidirectional IPV use. Patients who reported past-year IPV experience and use were younger than those who denied IPV (experience: mean difference, -7.34 [95% CI, 2.51-12.17] years; use: mean difference, -7.20 [95% CI, 2.40-12.00] years). Patients with a posttraumatic stress disorder diagnosis were more likely to report IPV use (43 patients [59.7%]) than those without a posttraumatic stress disorder diagnosis (29 patients [40.3%]; odds ratio, 2.14; [95% CI, 1.12-4.06]). No other demographic characteristics or clinical diagnoses were associated with IPV use or experience.

Conclusions and Relevance

In this cross-sectional study of IPV rates and associated factors, screening for IPV found high rates of both IPV experience and use among patients receiving mental health care. These findings highlight the benefit of screening for IPV experience and use concurrently across gender and age. Additionally, the associations found between PTSD and IPV use underscore the importance of strengthening and developing additional targeted treatment for IPV.

<https://doi.org/10.1001/jamanetworkopen.2023.37679>

Suicide Ideation, Plans, and Attempts Among Military Veterans vs Nonveterans With Disability.

Blais, R. K., Xie, Z., Kirby, A. V., & Marlow, N. M.

JAMA Network Open
October 13, 2023

Key Points

Question

Is service in the US military associated with suicide risk among those with disability?

Findings

In this survey study with self-reported cross-sectional data from 231 099 US adults, representing more than 236 million individuals, service in the military was associated with higher suicide risk among those without disability. However, among those with disability, military service was associated with lower suicide risk compared with nonveterans with disability.

Meaning

These findings suggest that military service could be a protective factor against suicide among a subpopulation of US adults.

Abstract

Importance

People with disability are at heightened risk for suicide ideation, planning, and attempt, with risk growing as the number of disabling limitations increases. Military veterans have higher rates of suicide deaths and disability relative to nonveterans.

Objective

To evaluate whether veteran status is associated with greater risk for suicide in those with disability.

Design, Setting, and Participants

This survey study used cross-sectional self-reported data from US adults who participated in the 2015-2020 National Survey on Drug Use and Health. Data were weighted to represent the population. Data analysis was conducted from July to August 2022.

Main Outcomes and Measures

Suicide ideation, planning, and attempt served as primary outcomes. Disability status (present or absent) and number of disabling limitations (1, 2, or ≥ 3) served as factors. Veteran status was determined based on self-report (veteran or nonveteran). Multivariable logistic regression examined suicide ideation, planning, and attempt as a function of veteran status and disability variables.

Results

Participants included 231 099 US veterans and nonveterans, representing 236 551 727 US adults, of whom 20.03% (weighted $n = 47\,397\,876$) reported a disabling limitation, 8.92% were veterans (weighted $n = 21\,111\,727$; 16.0% aged 35-49 years; 91.0% men; 6.7% Hispanic; 10.9% non-Hispanic Black; and 78.4% non-Hispanic White) and 91.08% were nonveterans (weighted $n = 215\,440\,000$; 25.4% aged 35-49 years; 44.0% male; 16.5% Hispanic; 11.7% non-Hispanic Black; and 63.3% non-Hispanic White). Overall, 4.39% reported suicide ideation, planning, or attempt (weighted $n = 10\,401\,065$). Among those with no disability, veteran status was associated with higher risk of suicide planning (adjusted odds ratio [AOR], 1.71; 95% CI, 1.17-2.49). Among those with 1 or 2 disabling limitations, being a veteran was associated with a lower risk of suicide

planning (AOR, 0.57; 95% CI, 0.34-0.95) and history of attempt (AOR, 0.46; 95% CI, 0.24-0.88).

Conclusions and Relevance

In this study of how suicide risk differs as a function of disability and veteran status, risk for death by suicide was lower among veterans with disability relative to nonveterans with disability. Veteran status may mitigate risk for suicide given increased receipt of more disability-related care through the Department of Veterans Affairs. Further research would extend this line of inquiry by examining the cause and type of disability as well as perceptions of disability on self-worth. It is possible that physical wounds of war are protective because of the meaning and value of service to one's country.

<https://doi.org/10.1001/jamanetworkopen.2023.37192>

Diagnostic Criteria for Identifying Individuals at High Risk of Progression From Mild or Moderate to Severe Alcohol Use Disorder.

Miller, A. P., Kuo, S. I., Johnson, E. C., Tillman, R., Brislin, S. J., Dick, D. M., Kamarajan, C., Kinreich, S., Kramer, J., McCutcheon, V. V., Plawecki, M. H., Porjesz, B., Schuckit, M. A., Salvatore, J. E., Edenberg, H. J., Bucholz, K. K., Meyers, J. L., Agrawal, A., & Collaborative Study on the Genetics of Alcoholism (COGA)

JAMA Network Open
October 10, 2023

Key Points

Question

Does emphasis on specific criteria for alcohol use disorder (AUD) improve the identification of individuals at risk for developing more severe AUD?

Findings

In this cohort study, cross-sectional and longitudinal multimodal secondary analyses involving a combined 15 928 individuals indicated that endorsement of criteria empirically designated as representing greater severity of AUD was significantly associated with 2-fold increased likelihood of progression from mild-to-moderate AUD to severe AUD, even after accounting for total criterion count.

Meaning

Emphasis on more severe criteria as indicators of vulnerability for severe AUD in current diagnostic approaches may increase detection of individuals with greater likelihood for disorder progression.

Abstract

Importance

Current Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) (DSM-5) diagnoses of substance use disorders rely on criterion count–based approaches, disregarding severity grading indexed by individual criteria.

Objective

To examine correlates of alcohol use disorder (AUD) across count-based severity groups (ie, mild, moderate, mild-to-moderate, severe), identify specific diagnostic criteria indicative of greater severity, and evaluate whether specific criteria within mild-to-moderate AUD differentiate across relevant correlates and manifest in greater hazards of severe AUD development.

Design, Setting, and Participants

This cohort study involved 2 cohorts from the family-based Collaborative Study on the Genetics of Alcoholism (COGA) with 7 sites across the United States: cross-sectional (assessed 1991-2005) and longitudinal (assessed 2004-2019). Statistical analyses were conducted from December 2022 to June 2023.

Main Outcomes and Measures

Sociodemographic, alcohol-related, psychiatric comorbidity, brain electroencephalography (EEG), and AUD polygenic score measures as correlates of DSM-5 AUD levels (ie, mild, moderate, severe) and criterion severity–defined mild-to-moderate AUD diagnostic groups (ie, low-risk vs high-risk mild-to-moderate).

Results

A total of 13 110 individuals from the cross-sectional COGA cohort (mean [SD] age, 37.8 [14.2] years) and 2818 individuals from the longitudinal COGA cohort (mean baseline [SD] age, 16.1 [3.2] years) were included. Associations with alcohol-related, psychiatric, EEG, and AUD polygenic score measures reinforced the role of increasing criterion counts as indexing severity. Yet within mild-to-moderate AUD (2-5 criteria), the presence of specific high-risk criteria (eg, withdrawal) identified a group reporting heavier drinking and greater psychiatric comorbidity even after accounting for criterion count differences. In longitudinal analyses, prior mild-to-moderate AUD characterized by endorsement of at least 1 high-risk criterion was associated with more accelerated

progression to severe AUD (adjusted hazard ratio [aHR], 11.62; 95% CI, 7.54-17.92) compared with prior mild-to-moderate AUD without endorsement of high-risk criteria (aHR, 5.64; 95% CI, 3.28-9.70), independent of criterion count.

Conclusions and Relevance

In this cohort study of a combined 15 928 individuals, findings suggested that simple count-based AUD diagnostic approaches to estimating severe AUD vulnerability, which ignore heterogeneity among criteria, may be improved by emphasizing specific high-risk criteria. Such emphasis may allow better focus on individuals at the greatest risk and improve understanding of the development of AUD.

<https://doi.org/10.1001/jamanetworkopen.2023.37011>

Depressive Symptoms and Mortality Among US Adults.

Zhang, Z., Jackson, S. L., Gillespie, C., Merritt, R., & Yang, Q.

JAMA Network Open

October 9, 2023

Key Points

Question

What is the association between depressive symptoms and death from all causes, cardiovascular disease, and ischemic heart disease?

Findings

This cohort study of 23 694 individuals found a higher risk of all-cause, cardiovascular disease, and ischemic heart disease mortality among adults with moderate to severe depressive symptoms compared to those without depressive symptoms.

Meaning

The findings of this study may help support the need for a comprehensive, nationwide strategy to reduce the burden of depression.

Abstract

Importance

Depression is a common mental health disorder in the US. Depressive symptoms have

been associated with increased cardiovascular disease incidence and mortality, but studies have largely focused on narrow population subgroups.

Objective

To examine the association between depressive symptoms and mortality in a large, diverse, nationally representative sample of US adults, and to examine how lifestyle factors mediate this association.

Design, Setting, and Participants

This was a prospective cohort study of a nationally representative sample of US adults using National Health and Nutrition Examination Survey 2005 to 2018 data linked with the National Death Index through 2019 for adults aged 20 years and older. Data were analyzed between March 1 and May 26, 2023.

Main Outcomes and Measures

All-cause, cardiovascular disease, and ischemic heart disease mortality. Depressive symptoms were defined by Patient Health Questionnaire-9 scores and were categorized as none or minimal, mild, and moderate to severe. Secondarily, we assessed degree of mediation by lifestyle factors.

Results

A total of 23 694 participants were included (unweighted $n = 11\,862$ male [weighted 49.8%]; mean [SE] age, 44.7 [0.24] years). Prevalences of mild and moderate to severe depression were 14.9% and 7.2%, respectively. For all-cause mortality, hazard ratios were 1.35 (95% CI, 1.07-1.72) for mild depressive symptoms vs none and 1.62 (95% CI, 1.24-2.12) for moderate to severe depressive symptoms vs none. The corresponding hazard ratios were 1.49 (95% CI, 1.11-2.00) and 1.79 (95% CI, 1.22-2.62) for cardiovascular disease mortality and 0.96 (95% CI, 0.58-1.60) and 2.21 (95% CI, 1.24-3.91) for ischemic heart disease mortality. The associations were largely consistent across subgroups. Approximately 11.0% to 16.1% of the associations between depression and mortality could be explained by lifestyle factors. Feeling tired or having little energy, poor appetite or overeating, and having little interest in doing things were independently associated with all-cause and cardiovascular disease mortality but not with ischemic heart disease mortality.

Conclusions and Relevance

In this prospective cohort study of a nationally representative sample of US adults, there was a graded positive association between depressive symptoms and mortality. Public health efforts to improve awareness and treatment of depression and associated risk

factors could support a comprehensive, nationwide strategy to reduce the burden of depression.

<http://doi.org/10.1089/can.2023.0065>

Cannabinoids for Substance Use Disorder Treatment: What Does the Current Evidence Say?

João Ariel Bonar Fernandes, Renato Filev, and Thiago M. Fidalgo

Cannabis and Cannabinoid Research
Oct 2023.703-715

Background:

The prevalence of Substance Use Disorder (SUD) is increasing along with the need to develop approaches to reduce the harm associated with substance use, including investigating alternatives such as cannabinoids, which show promising results, although the current evidence is limited. This scoping review focuses on the limitations and potentials of cannabinoid-based treatments for SUDs.

Methods:

We examined between-subject randomized controlled trials (RCTs) investigating the use of CBD and THC as pharmacological treatment for SUDs in adults, with the procedures attending the expectations of the Preferred Reporting Items for Scoping reviews and Meta-Analyses (PRISMA) for Scoping Reviews guidelines and assessed risk of bias using the Cochrane Risk of Bias Assessment Tool 2.

Results:

Ten RCTs were included, with six demonstrating low risk of bias, and positive results were found for treating Cannabis Use Disorder, while contradictory results were found for Opioid Use Disorder, and inconclusive results for treating Cocaine Use Disorder.

Conclusions:

CBD and THC demonstrate potential for treating some SUDs, but evidence is limited. Robust RCTs with larger samples and longer follow-up periods are necessary to assess carefully developed outcomes for different SUD patients. New cannabinoid-based medications and scientific-based policies may advance SUD treatment. A

comprehensive approach to treatment and careful methodological choices may benefit patients with SUD.

See also: [Implications of Cannabis Legalization on Substance-Related Benefits and Harms for People Who Use Opioids: A Canadian Perspective.](#)

<https://doi.org/10.1001/jamahealthforum.2023.3274>

Educational Attainment and US Drug Overdose Deaths.

Powell D.

JAMA Health Forum
October 6, 2023

Key Points

Question

Was educational attainment associated with overdose death rate growth in the US from 2000 to 2021?

Findings

In this cross-sectional study of 912 057 overdose deaths in the US from 2000 to 2021, overdose deaths increased sharply among individuals without any college education. The overdose death rate increased substantially between 2018 and 2021 for those without a high school diploma, primarily due to increases in deaths with synthetic opioid involvement.

Meaning

In this study, educational attainment, an important component of socioeconomic status, was found to be associated with overdose deaths, especially during the COVID-19 pandemic.

Abstract

Importance

Educational attainment in the US is associated with life expectancy. As the opioid crisis worsens, it is critical to understand how overdose death rate trends evolve across education groups.

Objective

To investigate the association between educational attainment and overdose death rates, with emphasis on trends during the COVID-19 pandemic.

Design, Setting, and Participants

This cross-sectional study used National Vital Statistics System Mortality Multiple Cause-of-Death data describing overdose death rates in the US by educational attainment from January 1, 2000, to December 31, 2021, with a focus on 2018 to 2021. Overdose deaths were aggregated by year and educational level for decedents aged 25 years or older.

Exposure

Educational attainment, categorized as no high school (HS) diploma, HS diploma (or General Educational Development) but no college, some college but no bachelor's degree, and bachelor's degree or more.

Main Outcomes and Measures

The main outcomes were rates of all overdose deaths, overdose deaths involving opioids, and overdose deaths involving synthetic opioids.

Results

Of 912 057 overdose deaths with education information from 2000 to 2021 (mean [SD] age at death, 44.9 [12.3] years; 64.1% male), there were 625 400 deaths (68.6%) among individuals with no college education and 286 657 deaths (31.4%) among those with at least some college. The overdose death rate was 19.9 per 100 000 population. From 2018 to 2021, there were 301 557 overdose deaths, including 58 319 (19.3%) among individuals without an HS diploma, 153 603 (50.9%) among people with an HS diploma, 64 682 (21.4%) among individuals with some college, and 24 953 (8.3%) among individuals with a bachelor's degree. There were 3324 overdose deaths (1.1%) among American Indian or Alaska Native individuals, 2968 (1.0%) among Asian American or Pacific Islander individuals, 49 152 (16.3%) among Black individuals, 31 703 (10.5%) among Hispanic individuals, 211 359 (70.1%) among White individuals, and 3051 (1.0%) among multiracial individuals. From 2018 to 2021, the overdose death rate was 33.4 per 100 000 population, the opioid-related overdose death rate was 24.2 per 100 000 population, and the synthetic opioid overdose death rate was 19.1 per 100 000 population. From 2018 to 2021, the overdose death rate for those without a HS diploma increased by 35.4 per 100 000 population compared with 1.5 per 100 000 population for those with a bachelor's degree. This differential growth was primarily due to increased rates of death involving synthetic opioids.

Conclusions and Relevance

In this cross-sectional study, lower educational attainment was found to be associated with higher growth in overdose deaths. As the opioid crisis has transitioned to fentanyl and polysubstance use, overdose deaths have become more prevalent in groups with lower socioeconomic status, potentially exacerbating existing life-expectancy disparities.

<https://doi.org/10.1016/j.smr.2023.101840>

Global prevalence of poor sleep quality in military personnel and veterans: A systematic review and meta-analysis of epidemiological studies.

Wei Bai, Zhen Gui, Meng-Yi Chen, Qinge Zhang, ... Yu-Tao Xiang

Sleep Medicine Reviews

Volume 71, October 2023, 101840

Poor sleep quality is prevalent among members of the military but rates of poor sleep quality vary between studies. This study examined the global prevalence of poor sleep quality in military personnel and veterans as well as possible moderators of prevalence differences between studies. PubMed, EMBASE, Web of Science, and PsycINFO were systematically searched from their inception dates to September 1, 2022. Studies were included if they were conducted on military personnel and/or veterans and prevalence estimates of poor sleep quality could be generated from assessments with standardized tools. A random-effects model was used to calculate the pooled prevalence and its 95% confidence intervals (CIs). Fifty-nine studies (N = 28,100) were included for analysis with sample sizes ranging from 14 to 8481. Two studies were rated as “high quality” (3.39%), while 57 were rated as “moderate quality” (96.61%). The overall pooled prevalence of poor sleep quality in military personnel and veterans was 69.00% (95% CI: 62.33–75.30%); pooled rates were 57.79% (95% CI: 49.88–65.50%) and 82.88% (95% CI: 74.08–90.21%) for active duty personnel and veterans, respectively. Subgroup analyses indicated study region, study design, sampling method, Pittsburgh Sleep Quality Index cut-off values, and service type moderated prevalence of poor sleep quality. Meta-regression analyses indicated sample size, mean age, depression and posttraumatic stress disorder (PTSD) were associated with prevalence differences between studies. Poor sleep quality was more common in both active duty military personnel and veterans who were older and those who reported PTSD or depression. Regular monitoring of sleep quality and sleep hygiene should be promoted in this

population. More relevant studies in middle- and low-income countries should also be conducted.

<https://doi.org/10.1037/tra0001564>

Psychometric properties of the PTSD checklist for DSM-5 in treatment-seeking Black veterans.

Patrick, G., Ferrie, M. L., Petell, J., Hunter, L. R., Franklin, C. L., & Raines, A. M.

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

Objective:

Despite widespread use of the posttraumatic stress disorder (PTSD) Checklist for Diagnostic and Statistical Manual of Mental Disorders—fifth edition (PCL-5) across various trauma-exposed populations, little is known about the psychometric properties of the instrument in certain ethnic minority groups with increased risk of trauma exposure, including Black veterans. To this end, the current study examined the internal consistency of the PCL-5, convergent validity using correlations between the PCL-5 and another measure of PTSD, and discriminant validity using correlations between the PCL-5 and other commonly occurring psychiatric symptoms, including depression as well as alcohol and substance misuse.

Method:

The sample was composed of 327 Black veterans (84% male, Mage = 51.87, SD = 13.72) presenting to a PTSD specialty clinic at a large Veterans Affairs hospital in the Midwest United States to receive psychological services. In addition to a diagnostic interview, veterans were asked to complete a brief battery of self-report questionnaires to assist with diagnostic clarification and treatment planning.

Results:

The PCL-5 demonstrated excellent internal consistency. Furthermore, the PCL-5 was significantly and positively correlated with PTSD diagnostic status, suggesting evidence of convergent validity. Finally, the PCL-5 was strongly correlated with symptoms of depression and moderately correlated with alcohol and substance misuse.

Conclusions:

Findings suggest that the PCL-5 is a psychometrically sound measure to assess PTSD symptoms among Black veterans. Considering the brevity of PCL-5 administration, clinicians should consider utilizing this and other psychometric tests in clinical care to reduce disparities in health equity among Black patients. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1007/s10943-023-01885-6>

Examining the Association Between Moral Injury and Suicidal Behavior in Military Populations: A Systematic Review.

Nikki Jamieson, Lindsay B. Carey, Anthony Jamieson & Myfanwy Maple

Journal of Religion and Health

Published: 17 August 2023

The increasing number of suicides among military populations cannot be fully accounted for by conventional risk factors like Post-Traumatic Stress Disorder (PTSD). As a result, researchers and theorists propose that delving into the concept of Moral Injury could offer a more comprehensive understanding of the phenomenon of suicide. Moral Injury is not currently a recognized mental health disorder but can be associated with PTSD. Moral Injury is a multi-dimensional issue that profoundly affects emotional, psychological, behavioral, social, and spiritual well-being. The objective of this systematic review is to examine the association between Moral Injury and suicidal behavior (suicide ideation, plans and or suicide attempt) within military populations. The review will specifically concentrate on identifying and analyzing studies that have investigated the connection between these variables, with a specific focus on the context of military personnel both serving and former serving members. Of the 2214 articles identified as part of this review, 12 studies satisfied the research criteria with a total participant sample having an average age of 40.7 years. The male population accounted for 78.6% of the overall sample. Two studies were identified as high-quality, while the remaining ten were rated as moderate. The analysis of these twelve studies consistently affirms a connection between Moral Injury and suicidal behavior; most obviously, that exposure to morally injurious events substantially amplify the risk of suicide, with higher levels of potential exposure being linked to increased Moral Injury and heightened levels of suicidal behavior. Our review uncovered noteworthy findings regarding the association between Moral Injury and suicidal behavior, marking a

pioneering effort in exploring this association and offering valuable insights into this emerging issue. Several limitations are noted regarding this review and recommendations are made concerning the need to prioritize, expand and employ longitudinal research designs that include non-military populations such as first responders (e.g., police, paramedics, firefighters) and medical, nursing, or allied health professionals—all disciplines known to be impacted by Moral Injury.

<https://doi.org/10.1080/21635781.2023.2246900>

Psychological Flexibility Training to Enhance Resilience in Military Personnel.

Wyatt R. Evans, Eric C. Meyer, Brian A. Moore & Alan L. Peterson

Military Behavioral Health

Published online: 21 Aug 2023

The U.S. Department of Defense continues to have a significant interest in the development and evaluation of evidence-based programs for enhancing resilience in military personnel. However, few studies have documented evidence-based interventions to maintain or boost performance and enhance resilience among service members. A robust body of literature describes the positive association between psychological flexibility and resilience as well as outcomes including performance, mental health, and social functioning in both healthy and clinical populations. Acceptance and Commitment Therapy (ACT) is an evidence-based intervention that directly targets the enhancement of psychological flexibility. In the current paper, we first describe the association between psychological flexibility and resilience. Then we briefly note the limitations of existing military resilience training programs and outline the relevant evidence in support of an ACT-based resilience training program. Finally, we describe the six psychological flexibility processes that comprise ACT interventions along with the relevance of each process for resilience enhancement in military personnel. We conclude with information about an in-progress study of a novel ACT-based training program targeting resilience enhancement and readiness optimization in active duty service members.

<https://doi.org/10.1016/j.alcohol.2023.08.008>

Healthcare utilization and readiness outcomes among soldiers with post-deployment at-risk drinking, by multimorbidity class.

Joshua C. Gray, Mary Jo Larson, Natalie Moresco, Steven Dufour, ... Rachel Sayko Adams

Alcohol

Available online 22 August 2023

Although alcohol use disorder (AUD) regularly co-occurs with other conditions, there has not been investigation of specific multimorbidity classes among military members with at-risk alcohol use. We used latent class analysis (LCA) to cluster 138,929 soldiers with post-deployment at-risk drinking based on their co-occurring psychological and physical health conditions and indicators of alcohol severity. We examined the association of these multimorbidity classes with healthcare utilization and military readiness outcomes. Latent class analysis was conducted on 31 dichotomous indicators capturing alcohol use severity, mental health screens, psychological and physical health diagnoses, and tobacco use. Longitudinal survival analysis was used to examine the relative hazards of class membership regarding healthcare utilization (e.g., emergency department visit, inpatient stay) and readiness outcomes (e.g., early separation for misconduct). Latent class analysis identified five classes: Class-1-Relatively Healthy (51.6%); Class-2-Pain/Tobacco (17.3%); Class-3-Heavy Drinking/Pain/Tobacco (13.1%); Class-4-Mental Health/Pain/Tobacco (12.7%); and Class-5-Heavy Drinking/Mental Health/Pain/Tobacco (5.4%). Musculoskeletal pain and tobacco use were prevalent in all classes, though highest in Classes 2, 4, and 5. Classes 4 and 5 had the highest hazards of all outcomes. Class-5 generally exhibited slightly higher hazards of all outcomes than Class-4, demonstrating the exacerbation of risk among those with heavy drinking/AUD in combination with mental health conditions and other multimorbidity. This study provides new information about the most common multimorbidity presentations of at-risk drinkers in the military so that targeted, individualized care may be employed. Future research is needed to determine if tailored prevention and treatment approaches for soldiers in different multimorbidity classes is associated with improved outcomes.

<https://doi.org/10.1016/j.alcohol.2023.09.001>

Alcohol Motivations Associated with Frequency of Alcohol Use, Binge, and Alcohol Problems among Active Duty Junior Enlisted Soldiers and Non-Commissioned Officers.

Nathan T. Kearns, Benjamin Trachik, Bradley Fawver, Jeffrey Osgood, Michael N. Dretsch

Alcohol

Available online 6 September 2023

Problematic alcohol use is a serious threat to the behavioral health of active-duty Service Members (ADSM), resulting in numerous calls from governmental agencies to better understand mechanistic factors contributing to alcohol misuse within the military. Alcohol use motives are reliable predictors of alcohol-related behaviors, and are considered malleable targets for prevention and interventions efforts. However, empirical research indicates that drinking motives vary across contextually-distinct populations. Although some research has been conducted among veteran and reservist populations, limited work has been specifically focused on ADSM and no research has evaluated motives and alcohol metrics among ADSM based on military rank. Participants for the current study included 682 ADSM recruited from a large military installation in the U.S. Structural equation modeling evaluated associations between four drinking motives (i.e., enhancement, social, conformity, coping) and three alcohol misuse metrics (i.e., alcohol frequency, binge frequency, alcohol problems). Three models were evaluated: one full (combined) model and two separate models based on military rank – junior enlisted (i.e., E1-E4) and non-commissioned officers (NCOs) (i.e., E5-E9). Results for junior enlisted ADSM indicated that coping and enhancement motives were most strongly associated with all alcohol misuse metrics. However, among NCOs, results indicated that alcohol problems were only associated with coping motives. Notably, results also indicated that alcohol use motives accounted for substantively more variance across all alcohol-related metrics among NCOs. Findings generally support extant military-related literature indicating use of alcohol for coping (e.g., with anxiety) as the motivation most consistently associated with increased alcohol misuse. However, novel findings highlight enhancement motives – using alcohol to attain some positive internal reward – as another, often stronger, motivation impacting alcohol use outcomes. Further, findings highlight notable distinctions between alcohol use motives (i.e., coping vs. enhancement) and the impact of alcohol use motives (i.e., effect size) on alcohol metrics between junior enlisted and NCOs.

<https://doi.org/10.1080/07481187.2023.2246018>

A qualitative study of factors involved in the helping behaviors of suicide prevention gatekeepers.

Corentin Montiel & Brian L. Mishara

Death Studies

Published online: 21 Aug 2023

This study explores the factors involved in the capacity of newly trained suicide prevention gatekeepers to engage in the identification and support of people at risk of suicide. In-depth telephone interviews were conducted with 18 gatekeepers from various settings who had participated in a larger quantitative study of the impact of gatekeeper training. Conventional content analysis was performed on the data collected. Participants said that gatekeeper training provided key information and legitimized their role. Previous experience with suicidal friends and family members motivated their involvement and helped them to engage with at-risk individuals. Support available from the setting, including attitudes toward suicide, resources for referrals and promotion of the gatekeeper activities, were instrumental in gatekeepers' ability to fulfill their role. Gatekeeper programs may benefit from adopting a comprehensive approach to gatekeeper helping behaviors by attending to their contextual influences, and the effects of gatekeepers' personal experiences.

<https://doi.org/10.1097/HTR.0000000000000891>

Associations of Nightmares and Sleep Disturbance With Neurobehavioral Symptoms Postconcussion.

Faerman, Afik PhD; Nabasny, Andrew MS; Wright, Brittany PhD; Juengst, Shannon B. PhD, CRC

Journal of Head Trauma Rehabilitation

August 14, 2023

Objective:

This study investigates the association of nightmares beyond general sleep disturbance on neurobehavioral symptoms in adults with mild traumatic brain injury (mTBI).

Design:

Secondary analysis of a concussion cohort study.

Participants:

One hundred and eleven adults older than 20 years with mTBI were recruited from a specialized concussion treatment center.

Main Measures:

Behavioral Assessment Screening Tool, Pittsburgh Sleep Quality Index, and self-report of nightmare frequency in the past 2 weeks.

Results:

Among adults with mTBI, nightmares accounted for the greatest amount of variability in negative affect ($\beta = .362$, $P < .001$), anxiety ($\beta = .332$, $P < .001$), and impulsivity ($\beta = .270$, $P < .001$) after adjusting for age and sex. Overall sleep disturbance had the strongest association with depression ($\beta = .493$, $P < .001$), fatigue ($\beta = .449$, $P < .001$), self-reported executive dysfunction ($\beta = .376$, $P < .001$), and overall burden from concussive symptoms ($\beta = .477$, $P < .001$).

Conclusions:

Nightmares and sleep disturbance are differentially associated with variance in neurobehavioral symptoms. Nightmares were independently associated with neurobehavioral symptoms representing an excess of normal functioning (eg, anxiety, impulsivity), while general sleep disturbance was associated with neurobehavioral symptoms representing functioning below normal levels (eg, depression, fatigue, self-reported executive dysfunction). Clinical and research implications are discussed.

<https://doi.org/10.1037/ser0000797>

Intimate partner violence among lesbian, gay, and bisexual veterans.

Warren, A. R., Relyea, M. R., Gross, G. M., Eleazer, J. R., Goulet, J. L., Brandt, C. A., Haskell, S. G., & Portnoy, G. A.

Psychological Services
Advance online publication

The present study describes intimate partner violence (IPV) perpetration and victimization alongside theoretically associated variables in a sample of lesbian, gay, and bisexual veterans. We conducted bivariate analyses (chi-square tests and independent t test) to examine whether the frequencies of IPV perpetration and victimization varied by demographic characteristics, military sexual trauma, alcohol use, and mental health symptoms. Out of the 69 lesbian, gay, and bisexual (LGB) veterans who answered the questions on IPV, 16 (23.2%) reported some form of IPV victimization in the past year, and 38 (55.1%) reported past-year perpetration. Among the 43 veterans who reported psychological IPV, roughly half (48.9%) reported bidirectional psychological IPV, 39.5% reported perpetration only, and 11.6% reported victimization only. LGB veterans who reported bidirectional psychological IPV in their relationships were younger and reported greater symptoms of posttraumatic stress disorder symptoms and depression. The results presented here call for universal screening of IPV perpetration and victimization to both accurately assess and ultimately intervene among all veterans. Inclusive interventions are needed for all genders and sexual orientations, specifically interventions that do not adhere to gendered assumptions of perpetrators and victims. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1007/s40615-023-01753-9>

Exploring Racial/Ethnic Disparities in Substance Dependence and Serious Psychological Distress among US Veterans.

Schuyler C. Lawson, Mehreen Arif, Rachel A. Hoopsick, D. Lynn Homish & Gregory G. Homish

Journal of Racial and Ethnic Health Disparities

Published: 21 August 2023

Objectives

There are substantial racial/ethnic disparities in substance use and mental health among civilian populations, but few studies have examined these disparities in veterans using a nationally representative sample. Thus, we examined differences in substance

dependence and serious psychological distress (SPD) by race/ethnicity among a national sample of US veterans.

Methods

We pooled cross-sectional data from the 2015–2019 waves of the National Survey on Drug Use and Health (N = 7,653 veterans aged 18–64 years). Regression models were utilized to examine racial/ethnic differences in DSM-IV substance dependence and SPD with a Benjamini–Hochberg correction applied.

Results

Compared to non-Hispanic White veterans: American Indian/Alaska Native veterans had significantly higher odds of past-year alcohol dependence (AOR = 2.55, 95% CI: 1.28, 5.08); Asian American veterans had significantly lower odds of past-year alcohol dependence (AOR = 0.12, 95% CI: 0.02, 0.62); non-Hispanic Black (AOR = 0.60, 95% CI: 0.48, 0.77), Hispanic (AOR = 0.47, 95% CI: 0.34, 0.65), and veterans of more than one race (AOR = 0.55, 95% CI: 0.36, 0.83) had significantly lower odds of past-month nicotine dependence; Asian American veterans had significantly lower odds of past-year illicit drug dependence (AOR = 0.05, 95% CI: 0.01, 0.35); and non-Hispanic Black veterans had significantly lower odds of past-year SPD (AOR = 0.69, 95% CI: 0.55, 0.85) after correction for multiple comparisons.

Conclusion

Overall, racial/ethnic disparities in substance dependence and SPD among veterans are not as stark as in civilian populations, but some disparities remain.

<https://doi.org/10.1080/03069885.2023.2247548>

Factors associated with the recurrence of suicidal thoughts and behaviours among depressed Veterans who have attempted suicide.

A. Athey, J. C. Overholser, S.C. Hernandez & J.A. Ridley

British Journal of Guidance & Counselling

Published online: 20 Aug 2023

The recurrence of suicidal thoughts and behaviours represent a common threat to the wellbeing and lives of people who attempt suicide. It is not clear whether suicide risk models reflect risk for multiple suicide attempts, especially in high-risk groups. Factors

associated with the recurrence of suicidal ideation and attempts was assessed in 82 military Veterans who had attempted suicide. Participants completed clinical diagnostic interviews and self-reported assessments of suicidal thoughts and behaviours, depression severity, hopelessness and burdensomeness. Hopelessness, perceived burdensomeness and beliefs about suicide were associated with the recent recurrence of suicidal ideation among Veterans who attempted suicide. Beliefs about suicide, suicidal planning and help seeking following a suicide attempt were significantly associated with multiple suicide attempts. Suicide postvention interventions should target beliefs about suicide and adaptive help seeking in depressed military Veterans who have attempted suicide.

<https://doi.org/10.1007/s10943-023-01882-9>

Pilot Evaluation of the Online ‘Chaplains-CARE’ Program: Enhancing Skills for United States Military Suicide Intervention Practices and Care.

Su Yeon Lee-Tauler, Joseph Grammer, Jessica M. LaCroix, Adam K. Walsh, Sandra Elizabeth Clark, Kathryn J. Holloway, Ramya Sundararaman, Chaplain K. Madison Carter, Chaplain Bruce Crouterfield, Chaplain Gregory R. Hazlett, Chaplain Robert M. Hess, Chaplain John M. Miyahara, Chaplain Charles E. Varsogea, Chaplain Christilene Whalen & Marjan Ghahramanlou-Holloway

Journal of Religion and Health

Published: 23 August 2023

Chaplains frequently serve as first responders for United States military personnel experiencing suicidal thoughts and behaviors. The Chaplains-CARE Program, a self-paced, e-learning course grounded in suicide-focused cognitive behavioral therapy principles, was tailored for United States military chaplains to enhance their suicide intervention skills. A pilot program evaluation gathered 76 Department of Defense (DoD), Veterans Affairs (VA), and international military chaplain learners’ responses. Most learners indicated that the course was helpful, easy to use, relevant, applicable, and that they were likely to recommend it to other chaplains. Based on open-ended responses, one-quarter (25.0%) of learners indicated that all content was useful, and over one-quarter (26.3%) of learners highlighted the usefulness of the self-care module. One-third (30.3%) of learners reported the usefulness of the interactive e-learning features, while others (26.3%) highlighted the usefulness of chaplains’ role play demonstrations, which portrayed counseling scenarios with service members.

Suggested areas of improvement include specific course adaptation for VA chaplains and further incorporation of experiential learning and spiritual care principles. The pilot findings suggest that Chaplains-CARE Online was perceived as a useful suicide intervention training for chaplains. Future training can be enhanced by providing experiential, simulation-based practice of suicide intervention skills.

Links of Interest

Vets more likely than civilians to own home, experience homelessness

<https://www.militarytimes.com/veterans/2023/10/12/vets-more-likely-than-civilians-to-own-home-experience-homelessness/>

Posttraumatic stress disorder in adults: Treatment overview

<https://www.uptodate.com/contents/posttraumatic-stress-disorder-in-adults-treatment-overview>

Nearly 70% of active service members are overweight, report finds

<https://www.militarytimes.com/news/your-military/2023/10/13/nearly-70-of-active-service-members-are-overweight-report-finds/>

- [Combating Military Obesity: Stigma's Persistent Impact on Operational Readiness](#) (American Security Project)

Workload and poor mattresses hinder Navy efforts to alleviate fatigue, study finds

<https://www.stripes.com/branches/navy/2023-10-13/navy-fatigue-collisions-sleep-11689600.html>

- [Navy Readiness: Challenges to Addressing Sailor Fatigue in the Surface Fleet Continue](#) (Government Accountability Office)

VA Asks Veterans to Call 10 Vet Friends for National Buddy Check Week Starting Monday

<https://www.military.com/daily-news/2023/10/13/va-asks-veterans-call-10-vet-friends-national-buddy-check-week-starting-monday.html>

How this Army unit's new program is driving down bad behavior

<https://www.armytimes.com/news/your-army/2023/10/16/how-this-army-units-new-program-is-driving-down-bad-behavior/>

Resource of the Week: [Emotional Wellness Toolkit](#)

October is Emotional Wellness Month.

From the National Institutes of Health:

How you feel can affect your ability to carry out everyday activities, your relationships, and your overall mental health. How you react to your experiences and feelings can change over time. Emotional wellness is the ability to successfully handle life's stresses and adapt to change and difficult times.

The screenshot shows the NIH website's "Emotional Wellness Toolkit" page. At the top left is the NIH logo with the tagline "Turning Discovery Into Health". To the right is a search bar labeled "Search NIH" and navigation links for "Virtual Tour", "Staff Directory", and "En Español". Below this is a blue navigation bar with tabs for "Health Information", "Grants & Funding", "News & Events", "Research & Training", "Institutes at NIH", and "About NIH". The main content area has a blue header "HEALTH INFORMATION" and a sub-header "Your Healthiest Self". The main title is "Emotional Wellness Toolkit". Below the title is a paragraph of text: "How you feel can affect your ability to carry out everyday activities, your relationships, and your overall mental health. How you react to your experiences and feelings can change over time. Emotional wellness is the ability to successfully handle life's stresses and adapt to change and difficult times. Flip each card below for checklists on how to improve your health in each area. Click on the images to read articles about each topic. You can also print the checklists separately or all together to share with others or as a reminder to yourself." To the right of this text is a blue button labeled "En español". On the left side of the page, there is a sidebar with links: "Health Information", "Health Care Providers & Facilities", "Health Info Lines", "HealthCare.gov", "MedlinePlus Health Info", "Wellness Toolkits", "NIH Clinical Research Trials and You", and "Talking to Your Doctor". Below these links is a section titled "About Your Healthiest Self".

- [Emotional Wellness Toolkit — More Resources](#)

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