

CDP



Research Update -- November 16, 2023

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An examination of relationship satisfaction as a predictor of outcomes of brief couple therapy for posttraumatic stress disorder.

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Journal of Traumatic Stress

First published: 29 October 2023

The pretreatment quality of intimate relationships can promote or interfere with couple therapy for posttraumatic stress disorder (PTSD) treatment response. We tested whether baseline relationship satisfaction predicted clinical and process outcomes in two dyadic treatments for PTSD. Using data from a randomized trial comparing brief cognitive behavioral conjoint therapy (bCBCT) for PTSD to PTSD family education (PFE) among 137 military veterans and their partners (N = 274, Mage = 42.3 years, 46.7% White, 81.0% male veteran partner), we examined whether baseline relationship satisfaction (Couples Satisfaction Index; CSI-32) predicted change in PTSD symptom severity (Clinician Administered PTSD Scale for DSM-5; CAPS-5), psychosocial functioning (Brief Inventory of Psychosocial Functioning; B-IPF), and relationship satisfaction at posttreatment and 6-month follow-up. We also explored associations with process outcomes (working alliance, treatment satisfaction, dropout). In both treatment conditions, neither partner's baseline CSI-32 score moderated change in veteran CAPS-5 or B-IPF score or any process variable. However, baseline CSI-32 scores moderated both partners' CSI-32 score change during bCBCT and PFE; participants who scored in the distressed range at baseline (n = 123) experienced significant improvements in relationship satisfaction, $\beta = .199$, whereas there was no change among those in the nondistressed range at baseline (n = 151), $\beta = .025$. Results suggest bCBCT and PFE are effective in improving PTSD symptoms and psychosocial functioning regardless of whether a couple is experiencing clinically significant relationship distress; further, these treatments improve relationship satisfaction for the most distressed individuals.

<https://doi.org/10.1001/jamanetworkopen.2023.42750>

External Validation and Updating of a Statistical Civilian-Based Suicide Risk Model in US Naval Primary Care.

Ripperger, M. A., Kolli, J., Wilimitis, D., Robinson, K., Reale, C., Novak, L. L., Cunningham, C. A., Kasuske, L. M., Grover, S. G., Ribeiro, J. D., & Walsh, C. G.

JAMA Network Open
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Key Points

Question

How well does a civilian-based suicide risk model generalize in US Navy primary care?

Findings

In this cohort study with 260 583 service members, domain and temporal validation showed internal retraining and external validation had similar performance. Updating with US Navy–specific factors added minimal improvement.

Meaning

These findings suggest that civilian-based risk models might generalize to military health settings; prior to transferring risk models, external validation might demonstrate adequate performance in new settings and avoid costly internal development.

Abstract

Importance

Suicide remains an ongoing concern in the US military. Statistical models have not been broadly disseminated for US Navy service members.

Objective

To externally validate and update a statistical suicide risk model initially developed in a civilian setting with an emphasis on primary care.

Design, Setting, and Participants

This retrospective cohort study used data collected from 2007 through 2017 among active-duty US Navy service members. The external civilian model was applied to every visit at Naval Medical Center Portsmouth (NMCP), its NMCP Naval Branch Health Clinics (NBHCs), and TRICARE Prime Clinics (TPCs) that fall within the NMCP area. The model was retrained and recalibrated using visits to NBHCs and TPCs and updated

using Department of Defense (DoD)–specific billing codes and demographic characteristics, including expanded race and ethnicity categories. Domain and temporal analyses were performed with bootstrap validation. Data analysis was performed from September 2020 to December 2022.

Exposure

Visit to US NMCP.

Main Outcomes and Measures

Recorded suicidal behavior on the day of or within 30 days of a visit. Performance was assessed using area under the receiver operating curve (AUROC), area under the precision recall curve (AUPRC), Brier score, and Spiegelhalter z-test statistic.

Results

Of the 260 583 service members, 6529 (2.5%) had a recorded suicidal behavior, 206 412 (79.2%) were male; 104 835 (40.2%) were aged 20 to 24 years; and 9458 (3.6%) were Asian, 56 715 (21.8%) were Black or African American, and 158 277 (60.7%) were White. Applying the civilian-trained model resulted in an AUROC of 0.77 (95% CI, 0.74-0.79) and an AUPRC of 0.004 (95% CI, 0.003-0.005) at NBHCs with poor calibration (Spiegelhalter $P < .001$). Retraining the algorithm improved AUROC to 0.92 (95% CI, 0.91-0.93) and AUPRC to 0.66 (95% CI, 0.63-0.68). Number needed to screen in the top risk tiers was 366 for the external model and 200 for the retrained model; the lower number indicates better performance. Domain validation showed AUROC of 0.90 (95% CI, 0.90-0.91) and AUPRC of 0.01 (95% CI, 0.01-0.01), and temporal validation showed AUROC of 0.75 (95% CI, 0.72-0.78) and AUPRC of 0.003 (95% CI, 0.003-0.005).

Conclusions and Relevance

In this cohort study of active-duty Navy service members, a civilian suicide attempt risk model was externally validated. Retraining and updating with DoD-specific variables improved performance. Domain and temporal validation results were similar to external validation, suggesting that implementing an external model in US Navy primary care clinics may bypass the need for costly internal development and expedite the automation of suicide prevention in these clinics.

<https://doi.org/10.1093/milmed/usad211>

Association of Chronic Pain With Alcohol Consumption and Tobacco Use in Active Duty Soldiers.

Skelly, S. K., Ee, J. S., Dogbey, G. Y., & Agnello, R. N.

Military Medicine

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Introduction

Chronic pain and lifestyle habits, namely alcohol consumption and tobacco use, impact soldier readiness. This study examines the relationship between chronic pain and these lifestyle habits in soldiers seen at the Interdisciplinary Pain Management Center (IPMC).

Materials and Methods

This cross-sectional retrospective review utilized data from active duty soldiers receiving treatment at the IPMC. Soldiers (N = 203, 85% men) treated at the IPMC completed an intake questionnaire that included the Defense and Veterans Pain Rating Scale, the Alcohol Use Disorders Identification Test-Concise, and inquiries about tobacco use. Tobacco use was quantified as the amount and frequency of cigarettes smoked. Other tobacco products were converted to an equivalent number of cigarettes. Data were analyzed using descriptive statistics, Pearson's correlation, and independent samples t-test analyses.

Results

The mean duration of pain reported was 34.73 ± 38.66 months (median = 24.00). Soldiers engaging in hazardous drinking reported significantly higher interference with sleep (mean = 6.53 versus 5.40, $P = .03$) and greater negative effect on mood (mean = 6.33 versus 5.30, $P = .04$) compared to the no hazardous drinking group. Nonsignificant differences were found between tobacco users and non-tobacco users regarding pain intensity and pain effect on activity, sleep, mood, and stress (all $P > .05$). Among tobacco users, a significant negative correlation was found between a daily number of cigarettes used and sleep interference ($r = -0.29$, $P = .024$) as well as effect on mood ($r = -0.33$, $P = .010$). Years of tobacco use showed a significant negative correlation with the average pain intensity ($r = -0.32$, $P = .025$).

Conclusions

The results suggest that addressing alcohol consumption is an essential part of chronic pain treatment. The finding of a negative association between years of nicotine use and

pain intensity suggests that nicotine use may have served as a coping mechanism. Further research is needed.

<https://doi.org/10.1093/milmed/usad126>

Association Between Clinical Depression, Anxiety, and Chronic Pain in the Active Duty Army Personnel.

Ee, J. S., Hing, M. S., Dogbey, G. Y., Cook, M. A., Agnello, R. N., Skelly, S. K., & Frost, L. S.

Military Medicine

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Introduction

Chronic pain is highly prevalent among soldiers leading to costly impacts on disability and readiness. Depression and anxiety (D&A) are frequently comorbid with chronic pain, but previous studies tend to focus on reporting the odds of co-occurrence. The aim of this study was to examine the association of properly diagnosed D&A disorders on chronic pain indicators among active duty soldiers.

Materials and Methods

Data were drawn from the intake assessments of 203 soldiers seen at an Interdisciplinary Pain Management Center. The Diagnostic and Statistical Manual of Mental Disorders-5 diagnostic criteria and the D&A subscales of the Patient Health Questionnaire were used to identify patients who met criteria for clinical depression or anxiety. Of the 203 patients, 129 met neither depression nor anxiety criteria (No D&A), 12 met clinical depression criteria only, 16 met clinical anxiety only, and 46 showed coexisting D&A disorders. The D&A and No D&A groups were compared using validated measures to assess the pain intensity rating and pain effect on well-being, physical functioning, and catastrophizing tendency. Data were analyzed using descriptive statistics and independent samples t-test analyses.

Results

Significant differences were found between the D&A and No D&A groups on all pain-related measures (all P s < .001). Patients in the D&A group reported higher average intensity of pain (6.11 versus 5.05) and greater effect of pain on activity (6.91 versus 5.37), sleep (7.20 versus 4.90), emotional state (7.74 versus 4.47), and stress (8.13

versus 4.78). Depression and anxiety patients also reported higher pain-catastrophizing tendency (38.56 versus 18.50) and greater physical disability (18.20 versus 12.22).

Conclusions

Soldiers who have chronic pain with coexisting D&A disorders experience a greater degree of perceived negative impacts. Consequently, attentiveness to proper diagnosis and treatment of coexisting clinical mood disorders is an essential step in fully addressing chronic pain management.

<https://doi.org/10.1093/milmed/usad060>

Mental Health Predictors of Response to Standard Medical Intervention at a Military Pain Specialty Clinic.

Espejo, E. P., Sheridan, T. M., Pino, C. A., & Phillips, C. R.

Military Medicine

Volume 188, Issue Supplement_6, November/December 2023, Pages 149–156

Introduction

Chronic pain among active duty service members can negatively impact operational readiness and contributes to significant health care costs within military treatment facilities. Response to standard medical intervention (SMI) for chronic pain is highly variable. The objective of the current study was to examine whether mental health indicators predict individual variation in response to SMI for chronic pain in a military pain specialty clinic.

Methods

This is a retrospective observational study of data previously collected at the Pain Medicine Center at Naval Medical Center San Diego (NMCS D) approved by the NMCS D Institutional Review Board. We included 286 ADSMs who completed the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) at two assessment points (mean = 118.45 days apart, SD = 37.22) as part of standard care. Hierarchical linear regression analyses were conducted to examine whether pretreatment mental health measures predict changes in the pain impact score (PIS)—a composite measure of pain intensity, pain interference, and physical functioning—over the course of treatment.

Results

After controlling for pretreatment PIS, pretreatment PTSD symptoms, fatigue, and anger were all significant predictors of posttreatment PIS: Higher PTSD symptoms, higher fatigue, and lower anger predicted poorer response to treatment (all P s < .05).

Conclusion

Higher pretreatment PTSD and fatigue symptoms may portend poorer response to SMI for chronic pain. Poor response to treatment may also be predicted by lower pretreatment anger. Further investigation is warranted to identify the best strategies for treating chronic pain in military treatment facilities when these conditions are identified during initial evaluation.

<https://doi.org/10.1093/milmed/usad137>

Factors Associated With Chronic Pain Intensity in U.S. Army Soldiers.

Ee, J. S., Dogbey, G. Y., Fitzpatrick, J. K., Agnello, R. N., Skelly, S. K., Chang, M. H., & Frost, L. S.

Military Medicine

Volume 188, Issue Supplement_6, November/December 2023, Pages 340–345

Introduction

Chronic pain is prevalent among U.S. military personnel and veterans. The effectiveness of evidence-based pain treatments can be boosted with knowledge of factors associated with chronic pain perception. This study examined the factors that influence soldiers' self-rating of their chronic pain intensity.

Materials and Methods

The study design was a retrospective review of the intake questionnaire from 203 soldiers seen at an Interdisciplinary Pain Management Center. The intake covered various aspects of soldiers' chronic pain experience, including pain intensity, interference in functioning, emotional sequelae, and pain-related catastrophic thinking. Pain intensity and impact were measured using the Defense and Veterans Pain Rating Scale. The mood was measured using the depression (Patient Health Questionnaire [PHQ]-9) and the anxiety (Generalized Anxiety Disorder-7) scales from the PHQ. Pain-related catastrophic thinking was measured using the Pain Catastrophizing Scale (PCS). Pain interference was assessed using a five-item scale that inquired about

concentration, life and recreation enjoyment, task performance, and socializing. Data were analyzed using descriptive statistics and linear regression analyses.

Results

The mean duration of pain was 34.73 ± 38.66 months. Regression analysis using scores from the PHQ-9, Generalized Anxiety Disorder-7, three PCS subscales (rumination, magnification, and helplessness), and pain interference scale as predictors showed that pain interference and PCS helplessness factors were significant predictors of average pain rating ($R^2 = 24\%$, $P < .001$).

Conclusions

Pain interference in functioning and pain-related thoughts of helplessness accounted for a significant degree of the variance in soldiers' self-rating of their chronic pain. The findings suggest that added attention should be directed at helping patients boost their self-efficacy in using pain-coping methods to improve their functioning and address the perception of helplessness about their pain.

<https://doi.org/10.1093/milmed/usad244>

Chronic Pain and Childhood Adversity Experiences Among U.S. Military Personnel.

Ee, J. S., Culp, P. A., Bevis, Z. J., Dogbey, G. Y., Agnello, R. N., & Chang, M. H.

Military Medicine

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Introduction

Chronic pain in a military population is prevalent, is costly, and can limit daily activities and affect soldier readiness. It has been associated with childhood adversity (CA) within the veteran, adult, and pediatric populations. Given the need to maximize soldier resiliency, an examination of the link between CA and chronic pain in an active duty population for a better understanding that informs treatment options is warranted.

Materials and Methods

The analytic sample comprised 32 men and 8 women drawn from a retrospective review of 203 intake assessments at an interdisciplinary pain management center. We identified a group (CA) of 20 patients who reported a history of pre-adolescent sexual

abuse or living in an “abusive” childhood home and compared it with a control group (no-CA) of 20 patients, matched for age, gender, pain history duration, and pain problem. Validated measures were used to assess pain intensity, interference in functioning and well-being, emotional sequelae of pain as reflected in symptoms of depression and anxiety, and pain-related catastrophic thinking. Data were analyzed using descriptive statistics and independent samples t-test analyses.

Results

Differences in current, worst, and average pain ratings were non-significant between groups. The CA group reported significantly greater effect of pain on mood (mean: 6.20 versus 4.25, $P < .02$) and showed a trend toward higher pain interference in functioning (mean: 17.70 versus 15.05, $P = .053$). The CA patients had significantly more serious depression (mean: 12.65 versus 4.50, $P < .001$) and anxiety symptoms (mean: 10.60 versus 2.35, $P < .001$) and significantly higher pain catastrophizing tendency (mean: 30.05 versus 20.50, $P < .03$).

Conclusions

Overall, the findings suggest that childhood trauma should be considered by providers when treating depression and anxiety in soldiers with chronic pain. Being mindful of trauma-informed care may have implications, perhaps, for cases perceived as treatment resistant.

<https://doi.org/10.1093/milmed/usad200>

Impact of the COVID-19 Pandemic on Indicators of Psychological Health and Suicidal Ideation Within an Active Duty U.S. Military Population.

Baker, J. C., Bholá, S., Tabares, J. V., Beckman, D., Martin, C., Khazem, L. R., Bryan, A. O., & Bryan, C. J.

Military Medicine

Volume 188, Issue Supplement_6, November/December 2023, Pages 450–456

Introduction

The COVID-19 pandemic has had a significant impact on the psychological health of individuals. The pandemic has contributed to increased anxiety, elevated rates of depression, and worsening suicidal ideation among civilians. Reported rates of burnout are also elevated as employees and employers adapted to ever-changing work

environments, finding it increasingly difficult to maintain a work-life balance. The objective of this study is to determine how the COVID-19 pandemic impacted the psychological health and rates of suicidal ideation of active duty military personnel in the USA.

Materials and Methods

A total of 2055 military personnel and military-adjacent employees stationed at a U.S. Air Force base completed a self-report survey that was administered six times from January 2020 to December 2021. Validated scales assessed measures of psychological health and suicidal ideation. General Estimating Equations were used to examine how indicators of time and psychological health predicted suicidal ideation in a military population.

Results

Life satisfaction, happiness, feeling life is worthwhile, depression severity, and suicidal ideation did not statistically change across the six time points. Worry ($P < .01$) and depression ($P < .001$) did decrease significantly, while burnout ($P = .01$) significantly increased across these time points. Feeling life is worthwhile significantly predicted reduced suicidal ideation ($B = -.19$; $SE = 0.05$), while depression ($B = 0.11$; $SE = 0.03$), depression severity ($B = 0.24$; $SE = 0.05$), worry ($B = 0.06$; $SE = 0.02$), and burnout ($B = 0.15$; $SE = 0.07$) predicted increased suicidal ideation.

Conclusions

The rates of depression and worry decreased throughout the pandemic for those in the study while rates of suicidal ideation remained constant, demonstrating the potential resilience of military personnel and military-adjacent employees in response to the COVID-19 pandemic. However, burnout increased and significantly predicted elevated rates of suicidal ideation, highlighting the importance of focusing on reducing workplace stressors for military personnel.

<https://doi.org/10.1093/milmed/usac403>

Incidence of Suicidal Ideation and Suicide Attempt Based on Time in a Deployed Environment.

Hall, A., Qureshi, I., Meyer, E. G., Currier, G. W., Castaneda, R., & Cardin, S.

Introduction

Knowing when suicidal ideation (SI) or suicide attempt (SA) is most likely to occur in a deployed environment would aid in focusing prevention efforts. This study aims to determine when evacuation for SA and SI is most likely to occur based on the absolute and relative number of months in a deployed setting.

Materials and Methods

This is a case–control study of active-duty military personnel evacuated from the U.S. Central Command area of responsibility for SI or an SA between April 1, 2020, and March 30, 2021. The arrival month and expected departure month were identified for all the included evacuees. The month of evacuation and proportion of completed deployment were compared. Secondary outcomes of mental health diagnosis or need for a waiver was also examined.

Results

A total of 138 personnel evacuated for SI or attempted suicide during the 12-month study period were included in the analysis. Evacuations occurring during month 3 of deployment were significantly higher ($P < .0001$) than those during other months. The 30% and 50% completion point of deployment had statistically higher frequencies of evacuations for SI/SA ($< .0001$). A secondary analysis revealed that 25.4% of the individuals had a documented preexisting behavioral health condition before deployment ($P < .0001$).

Conclusion

Specific points along a deployment timeline were significant predictors for being evacuated for SI and SA.

<https://doi.org/10.1093/milmed/usad085>

The Impact of Lifetime Traumatic Brain Injury (TBI) on Mental Health Symptoms among Service Members in Interdisciplinary TBI Programs.

Remigio-Baker, R. A., Bailie, J. M., Ettenhofer, M. L., Cordero, E., & Hungerford, L. D.

Introduction

Traumatic brain injury (TBI) is highly prevalent among active duty service members (ADSMs) and imposes a significant health burden, particularly on mental health (e.g., post-traumatic stress disorder [PTSD] and depressive symptoms). Little is known about how TBI setting characteristics impact PTSD and depressive symptom expression in service members undergoing interdisciplinary TBI care.

Materials and Methods

The study included 455 patients enrolled in interdisciplinary, outpatient TBI programs within the military health system. Using Poisson regression with robust error variance, TBI injury setting characteristics (i.e., before military service, during military training, and during noncombat/combat deployment) were evaluated against clinically-elevated PTSD (PTSD Checklist, DSM-5 score ≥ 33) and depressive (Patient Health Questionnaire-8 score ≥ 15) symptoms.

Results

In adjusted models, TBI sustained before military service was associated with less likelihood for clinically-elevated PTSD symptoms at pretreatment (prevalence ratio [PR] = 0.76, confidence interval [CI] = 0.60-0.96) and post-treatment (PR = 0.67, CI = 0.52-0.87). TBI sustained during combat deployment, however, resulted in the greatest impact on clinically-elevated pretreatment PTSD (PR = 1.49, CI = 1.16-1.91) and depressive (PR = 1.47, CI = 1.06-2.03) symptoms. Null results were found between military training/noncombat deployment and mental health symptoms. Regardless of the TBI setting, following TBI treatment, there remained 37.5% (n = 180) and 24.8% (n = 108) with clinically-elevated PTSD and depressive symptoms, respectively.

Conclusions

There was a differential impact of TBI settings, particularly between TBI sustained before military service and that from combat deployment among ADSMs enrolled in outpatient TBI programs. This may be indicative of differences in the characteristics of these environments (e.g., injury severity) or the impact of such an event during recovery from current TBIs. The large percentage of ADSMs who present with clinically-elevated mental health symptoms after treatment may suggest the need for additional resources to address mental health needs before, during, and after treatment in TBI programs.

<https://doi.org/10.1002/jclp.23592>

Suicide risk profiles among service members and veterans exposed to suicide.

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Journal of Clinical Psychology

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Objectives

Rates of suicide exposure are high among service members and Veterans and are especially concerning given the link between suicide exposure and subsequent suicide risk. However, to date, it is unclear which individuals who are exposed to suicide are subsequently at high risk for suicide. Latent profile analysis (LPA) can provide information on unique risk profiles and subgroups of service members and Veterans who have higher suicide risk after suicide exposure, which has not yet been empirically studied. The purpose of this study was to utilize LPA to identify subgroups of service members and Veterans who are at the highest risk for suicidal thoughts and behaviors following suicide exposure.

Methods

We analyzed data using LPA from 2570 service members and Veterans (82.1% male, 69.5% White, and 12.1% Latino/a/x) who completed the Military Suicide Research Consortium's Common Data Elements, a battery of self-report suicide-related measures. Psychopathology, substance use, mental health service utilization, interpersonal theory of suicide, and suicide exposure variables were used to validate classes.

Results

Three latent classes emerged from analyses, one low-risk class and two-high risk classes with differing profile compositions (one primarily differentiated by anxiety symptoms and one differentiated by substance use).

Conclusion

Class-specific recommendations for suicide prevention efforts will be discussed.

<https://doi.org/10.1007/s11920-023-01446-4>

Psychedelic-Assisted Therapy in Military and Veterans Healthcare Systems: Clinical, Legal, and Implementation Considerations.

Wolfgang, A.S., Hoge, C.W.

Current Psychiatry Reports

Published: 08 September 2023

Purpose of Review

This review discusses the current and projected landscape of psychedelic-assisted therapy (PAT), with a focus on clinical, legal, and implementation considerations in Department of Defense (DoD) and Department of Veterans Affairs (VA) healthcare systems.

Recent Findings

3,4-Methylenedioxymethamphetamine (MDMA)- and psilocybin-assisted therapy have shown promising outcomes in efficacy, safety, tolerability, and durability for PTSD and depression, respectively. MDMA-assisted therapy is already approved by the Food and Drug Administration (FDA) on an Expanded Access (“compassionate use”) basis for PTSD, with full approval projected for 2024. Psilocybin-assisted therapy is projected to be FDA-approved for depression soon thereafter. Other psychedelics are in earlier stages of development. The VA is currently conducting PAT clinical trials.

Summary

Although there are clear legal pathways for the VA and DoD to conduct PAT trials, a number of implementation barriers exist, such as the very high number of clinical hours necessary to treat each patient, resource requirements to support treatment infrastructure, military-specific considerations, and the high level of evidence necessary for PAT to be recommended in clinical practice guidelines. Ongoing considerations are whether and how PAT will be made available to VA and DoD beneficiaries, feasibility and cost-effectiveness, and ethical safeguards that must be implemented to prioritize access to PAT given the likelihood of extremely limited initial availability. However, with imminent FDA approval of PATs and considerable national interest in these treatments, DoD and VA policymakers must be prepared with clearly delineated policies and plans for how these healthcare systems will approach PAT.

<https://doi.org/10.1037/cns0000374>

Predictors of psychedelic treatment outcomes among special operations forces veterans.

Xin, Y., Armstrong, S. B., Averill, L. A., Sepeda, N., & Davis, A. K.

Psychology of Consciousness: Theory, Research, and Practice
Advance online publication

A Prior study demonstrated that psychedelic-assisted therapy was related to reductions in mental health symptoms and associated consequences among U.S. Special Operations Forces Veterans seeking treatment in Mexico. The present study extends this analysis to explore the prospective associations of baseline predictors on treatment outcomes and whether changes in psychological flexibility mediate the relationship between acute changes in consciousness and clinical outcomes. Data were prospectively collected in an ibogaine-and-5-methoxy-N,N-dimethyltryptamine treatment program at pretreatment, 1-, 3-, and 6-month follow-up during September 2019–March 2021 among Special Operations Forces Veterans with a history of trauma exposure (N = 86; Mage = 42.9; Caucasian = 87.2%; male = 100%). Findings showed younger age and higher levels of depression and anxiety at baseline were correlated with greater improvements in satisfaction with life, cognitive functioning, psychological flexibility, trauma symptoms, and acute effects on personal meaningfulness and spiritual significance from baseline to 1-month follow-up. Additionally, greater intensity of changes in consciousness (e.g., personal meaningfulness, spiritual significance, psychological insightfulness) was correlated with greater improvements in long-term mental health outcomes (e.g., cognitive functioning, trauma symptoms) and psychosocial outcomes (e.g., social relationships, attitudes about life, behavioral changes, spirituality) from baseline to 6-month follow-up. Furthermore, increases in psychological flexibility from baseline to 1-month follow-up mediated the relationship between the greater intensity of changes in consciousness and greater decreases in trauma, depression, and anxiety symptoms at 1-month follow-up. Findings suggest that acute effects of the combined ibogaine-and-5-methoxy-N,N-dimethyltryptamine treatment experience, and improvements in psychological flexibility are critical factors associated with positive outcomes, as are younger age and greater symptom severity before treatment. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

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Soldier Self-Regulation: Applying Self-Regulatory Concepts to the U.S. Army Context.

Nicholas A. Moon, Mina Milosevic, Kauer Lor, Allyson R. Clubb, Patrick D. Converse, Richard L. Griffith, Kenneth Pitts, Rhett Graves, Kimberly Gomes, Jacqueline Kirshenbaum & Brian Moore

Military Behavioral Health

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Army personnel operate in volatile and stressful environments where self-regulation is critical to maintain performance, health, and well-being. Though self-regulation is a malleable construct, the complex nature of both self-regulation and the Army context in which it is enacted makes a tailored application for individual development challenging. In this paper, we explore salient issues in the potential application of self-regulation concepts and techniques to the Army context. In doing so, we review leading conceptualizations and major theoretical models of self-regulation, discuss aspects of military professions in which self-regulation may be particularly relevant, and identify challenges associated with applying existing approaches to self-regulation in the Army context. Finally, we discuss promising self-regulation interventions for competency development that may be beneficial for the Army and highlight where future efforts should be directed.

<https://doi.org/10.1037/ccp0000832>

The role of therapy delivery and clinic organizational factors in explaining therapist effects for trauma-focused psychotherapies in the Veterans Health Administration.

Sayer, N. A., Wiltsey Stirman, S., Rosen, C. S., Kehle-Forbes, S., Spont, M. R., Eftekhari, A., Chard, K. M., Kaplan, A., & Nelson, D. B.

Journal of Consulting and Clinical Psychology
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Objective:

This study estimated the size of therapist effects (TEs) for dropout and clinical effectiveness of two trauma-focused psychotherapies (TFPs) and evaluated whether therapy delivery and clinic organizational factors explained observed TEs.

Method:

Participants were 180 therapists (54.4% psychologists, 42.2% social workers) from 137 Veterans Health Administration facilities and 1,735 patients (24.7% women; 27.2% people of color) who completed at least two TFP sessions. Outcomes were dropout (< 8 TFP sessions) and for a subsample (n = 1,273), clinically meaningful improvement and recovery based on posttraumatic stress disorder checklist for DSM-5 (PCL-5) scores. Therapist-level predictors were ascertained through survey, manual chart review, and administrative data. Multilevel models estimated TEs.

Results:

Over half (51.2%) of patients dropped out and those who dropped out were less likely to meet criteria for clinically meaningful improvement or recovery ($p < .001$). Adjusting for case-mix and TFP type, therapists accounted for 5.812% ($p < .001$) of the unexplained variance in dropout. The average dropout rate for the 45 therapists in the top performing quartile was 27.0%, while the average dropout rate for the 45 therapists in the bottom performing quartile was 78.8%. Variation between therapists was reduced to 2.031% ($p = .140$) when therapists' mean of days between sessions, adherence, implementation climate, and caseload were added to multilevel models. TEs were nonsignificant for clinically meaningful improvement and recovery.

Conclusions:

Interventions targeting therapy delivery and clinic organization have the potential to reduce variation between therapists in TFP dropout, so that more patients stay engaged long enough to experience clinical benefit. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

Impact Statement

In routine care, some therapists were more effective than others at retaining patients in trauma-focused psychotherapy. Specifically, approximately one in four patients dropped out among therapists in the best performing quartile, while almost four in five patients dropped out among therapists in the worst performing quartile. Because patients who dropped out from a trauma-focused psychotherapy generally did not demonstrate clinically meaningful improvement or recovery, identification of modifiable factors that enhance therapists' ability to reduce dropout is critical. Our findings suggest that interventions to reduce the time between sessions and enhance clinic support for

delivery of trauma-focused psychotherapy have the potential to reduce the difference in dropout rates between high and low performing therapists. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<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.

NT Kearns, B Trachik, B Fawver, J Osgood, MN 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/10.1007/s10943-023-01905-5>

Moral Injury is a Risk Factor for Substance Use and Suicidality Among US Military Veterans with and without Traumatic Brain Injury.

Justin T. McDaniel, Ryan Redner, Wasantha Jayawardene, Jolie Haun, John Clapp, Dunren Che, Karen Renzaglia & Dania Abou-Jabal

Journal of Religion and Health
Published: 07 September 2023

A national survey of United States veterans was conducted, yielding 252 veterans with Traumatic Brain Injury (TBI) and 1235 veterans without TBI. Participants were asked questions about moral injury, suicidality, substance use, and other sociodemographic variables. Multivariable linear regression analysis was used to examine the previously described relationships. Increasing severity of moral injury was associated with higher scores on the substance use tool ($b = 0.02$, $p = 0.04$), although the magnitude of effect was not different from those without TBI ($Z = -0.57$, $p = 0.72$). Increasing severity of moral injury was positively associated with suicidal behavior scores ($b = 0.10$, $p < 0.01$). The strength of this relationship was stronger in veterans with TBI than those without TBI ($Z = 1.78$, $p = 0.04$). Rehabilitation programs that treat veterans for TBI may need to consider the evaluation of moral injury given its association with adverse events in this population.

<https://doi.org/10.1186/s12874-023-02018-z>

Survey response over 15 years of follow-up in the Millennium Cohort Study.

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Background

Patterns of survey response and the characteristics associated with response over time in longitudinal studies are important to discern for the development of tailored retention efforts aimed at minimizing response bias. The Millennium Cohort Study, the largest and longest running cohort study of military personnel and veterans, is designed to examine the long-term health effects of military service and experiences and thus relies on continued participant survey responses over time. Here, we describe the response rates for follow-up survey data collected over 15 years and identify characteristics associated with follow-up survey response and mode of response (paper vs. web).

Method

Patterns of follow-up survey response and response mode (web, paper, none) were examined among eligible participants ($n=198,833$), who were initially recruited in four panels from 2001 to 2013 in the Millennium Cohort Study, for a follow-up period of 3–15 years (2004–2016). Military and sociodemographic factors (i.e., enrollment panel, sex, birth year, race and ethnicity, educational attainment, marital status, service component, service branch, pay grade, military occupation, length of service, and time deployed), life experiences and health-related factors (i.e., military deployment/combat experience, life stressors, mental health, physical health, and unhealthy behaviors) were used to examine follow-up response and survey mode over time in multivariable generalized estimating equation models.

Results

Overall, an average response rate of 60% was observed across all follow-up waves. Factors associated with follow-up survey response over time included increased educational attainment, married status, female sex, older age, military deployment (regardless of combat experience), and higher number of life stressors, mental health issues, and physical health diagnoses.

Conclusion

Despite the challenges associated with collecting multiple waves of follow-up survey data from members of the U.S. military during and after service, the Millennium Cohort Study has maintained a relatively robust response rate over time. The incorporation of tailored messages and outreach to those groups least likely to respond over time may improve retention and thereby increase the representativeness and generalizability of collected survey data.

<https://doi.org/10.1016/j.sleh.2023.07.002>

Guideline-concordant use of cognitive behavioral therapy for insomnia in the Veterans Health Administration.

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Sleep Health

Available online 12 September 2023

Objective

To characterize guideline-concordant use of cognitive behavioral therapy for insomnia vs. sleep medications among Veterans Health Administration patients.

Methods

Cognitive behavioral therapy for insomnia was identified from the text of psychotherapy notes within the Veterans Health Administration's electronic medical record. Patients that received first-line cognitive behavioral therapy for insomnia (ie, no prior insomnia treatment) were compared to those who first received a sleep medication in fiscal year 2021.

Results

Among 5,519,016 patients, first-line cognitive behavioral therapy for insomnia was received by 9313 (0.2%) whereas 225,618 (4.1%) were newly prescribed a sleep medication without prior cognitive behavioral therapy for insomnia. Patients over 60 years old and those with substance use disorders were less likely to receive first-line cognitive behavioral therapy for insomnia compared to other patients.

Conclusions

Adherence to practice guidelines to provide cognitive behavioral therapy for insomnia as first-line treatment for insomnia disorder remains a challenge, highlighting the need to better integrate effective implementation strategies within therapist training programs. Targeted strategies may be needed for older patients or those with substance use disorders.

<https://doi.org/10.1016/j.beth.2023.08.011>

A Randomized Controlled Pilot Trial of Primary Care Treatment Integrating Motivation and Exposure Treatment (PC-TIME) in Veterans with PTSD and Harmful Alcohol Use.

Kyle Possemato, Nadine R. Mastroleo, Christina Balderrama-Durbin, Paul King, ...
Sheila A.M. Rauch

Behavior Therapy

Available online 10 September 2023

Individuals with Posttraumatic Stress Disorder (PTSD) often engage in harmful alcohol use. These co-occurring conditions are associated with negative health consequences and disability. PTSD and harmful drinking are typically experienced as closely related thus treatments that target both simultaneously are preferred by patients. Many individuals with PTSD and harmful alcohol use receive primary care services but encounter treatment barriers in engaging in specialty mental health and substance use services. A pilot randomized controlled trial of a brief integrated treatment for PTSD and harmful drinking versus primary care-treatment as usual (PC-TAU) took place in three Veterans Affairs (VA) primary care clinics. The intervention (Primary Care Treatment Integrating Motivation and Exposure [PC-TIME]) combines Motivational Interviewing to reduce alcohol use and brief Prolonged Exposure for PTSD delivered over five brief sessions. Participants (N=63) were veterans with PTSD and harmful drinking. Multilevel growth curve modeling examined changes in drinking (average number of drinks per drinking day and percentage of heavy drinking days) and self-reported PTSD severity at baseline, 8-, 14-, and 20-weeks. Participants reported high satisfaction with PC-TIME and 70% (n=23) completed treatment. As hypothesized, a significantly steeper decrease in self-reported PTSD severity and heavy drinking was evident for participants randomized to PC-TIME compared with PC-TAU. Contrary to expectations, no significant post-treatment differences in PTSD diagnoses were observed. PC-TIME participants were less likely to exceed NIAAA guidelines for harmful alcohol use post-treatment compared with PC-TAU participants. PC-TIME is a promising brief, primary care-based treatment for individuals with co-occurring PTSD and harmful alcohol use. A full-scale randomized clinical trial is needed to fully test its effectiveness.

<https://doi.org/10.1016/j.amepre.2023.09.006>

Suicide Among Asian American, Native Hawaiian, and Pacific Islander Veterans: Rates and Methods, 2005–2019.

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American Journal of Preventive Medicine

Published: September 11, 2023

Introduction

Knowledge of suicide rates and methods among Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Veterans remains sparse. Age- and sex-specific suicide rates, methods, and trends were examined among AANHPI Veterans and were compared with findings reported for all Veterans.

Methods

For this population-based retrospective cohort study, average annual suicide rates (2005–2019) were computed in 2023 using population (U.S. Veterans Eligibility Trends and Statistics) and mortality (National Death Index [NDI]) data. The cohort included 416,454 AANHPI Veterans (356,146 males, 60,229 females) separated from military service and alive as of 1/1/2005. Suicide was determined from NDI underlying cause-of-death ICD-10 codes.

Results

The age-adjusted average annual suicide rate among AANHPI Veterans increased 36.85% from 2005–2009 to 2015–2019 (2015–2019: 30.97/100,000). Relative to other ages, 2015–2019 suicide rates were highest among AANHPI Veterans 18–34 (overall: 53.52/100,000; males: 58.82/100,000; females: 32.24/100,000) and exceeded those of similarly aged Veterans in the overall Veteran population (overall: 44.71/100,000; males: 50.59/100,000; females: 19.24/100,000). The sex difference in suicide rates was lower among AANHPI Veterans than in Veterans overall (relative risk [males to females]=1.65 and 2.33, among those 18–54). Firearms were used less and suffocation more among AANHPI Veterans, relative to Veterans overall.

Conclusions

Suicide among AANHPI Veterans is an increasing public health concern, with younger males and females at particularly elevated risk. Lethal means safety strategies for

AANHPI Veterans should consider distinctions in suicide methods compared to the overall Veteran population. Research is warranted to understand the lower magnitude sex difference in suicide rates among AANHPI Veterans.

<https://doi.org/10.1080/13284207.2023.2247532>

The need for culturally valid psychological assessment tools in Indigenous mental health.

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Clinical Psychologist

Published online: 10 Sep 2023

A clear understanding of the nature and extent of suicidal behaviour and other mental health issues in Aboriginal and Torres Strait Islander populations has been limited by the national failure to develop clinically and culturally valid assessments and to ensure the cultural competence of practitioners. The default position for Australian mental health researchers is to continue to adapt existing mainstream assessments. The problem with this approach is it doesn't enable researchers to determine culture-specific symptoms or phenomena that are critical to establishing true cultural validity. The mental health field needs culturally co-designed psychometric tools to capture culture-specific expression and manifestation of symptoms, and to capture culture-specific symptoms. Two such tools exist: the WASC-Y and WASC-A. However, there are few data on their psychometric properties beyond the initial developmental research reported in the test manuals. This needs to be a focus for future research.

<https://doi.org/10.1111/jgs.18577>

Measuring the unmet needs of American military Veterans and their caregivers: Survey protocol of the HERO CARE survey.

Dang, S., Garcia-Davis, S., Noël, P. H., Hansen, J., Brintz, B. J., Munoz, R., Valencia Rodrigo, W. M., Rupper, R., Bouldin, E. D., Trivedi, R., Penney, L. S., Pugh, M. J., Kinosian, B., Intrator, O., Leykum, L. K., & Elizabeth Dole Center of Excellence for Veteran and Caregiver Research Team

Background

Empowering Veterans to age in place is a Department of Veterans Affairs priority. Family or unpaid caregivers play an important role in supporting Veterans to achieve this goal. Effectively meeting the needs of Veterans and caregivers requires identifying unmet needs and relevant gaps in resources to address those needs.

Methods

Using a modified Socio-Ecological Model, we developed a prospective longitudinal panel design survey. We randomly selected 20,000 community-dwelling Veterans enrolled in the Veterans Health Administration (VHA), across five VHA sites. We oversampled Veterans with a higher predicted 2-year long-term institutional care (LTIC) risk. Veterans were mailed a packet containing a Veteran survey and a caregiver survey, to be answered by their caregiver if they had one. The Veteran survey assessed the following health-related domains: physical, mental, social determinants of health, and caregiver assistance. Caregivers completed questions regarding their demographic factors, caregiving activities, impact of caregiving, use of VA and non-VA services, and caregiver support resources. Follow-up surveys will be repeated twice at 12-month intervals for the same respondents. This article describes the HERO CARE survey protocol, content, and response rates.

Results

We received responses from 8,056 Veterans and 3,579 caregivers between July 2021 and January 2022, with 95.6% being received via mail. Veteran respondents were mostly males (96.5%), over 65 years of age (94.9%), married (55.0%), Non-Hispanic White (75.2%), and residing in urban areas (80.7%).

Conclusions

This longitudinal survey is unique in its comprehensive assessment of domains relevant to older Veterans stratified by LTIC risk and their caregivers, focusing on social determinants, caregiver support, and the use of caregiver support resources. Survey data will be linked to Centers for Medicare & Medicaid Services and VA data. The results of this study will inform better planning of non-institutional care services and policy for Veterans and their caregivers.

Links of Interest

Psychedelics may soon be available — sort of — to treat vets with PTSD

<https://www.militarytimes.com/news/your-military/2023/11/08/psychedelics-may-soon-be-available-sort-of-to-treat-vets-with-ptsd/>

Latino vets more likely to reach economic milestones than peers

<https://www.militarytimes.com/news/your-military/2023/11/08/latino-vets-more-likely-to-reach-economic-milestones-than-peers/>

The day I became a veteran (opinion)

<https://www.washingtonpost.com/opinions/2023/11/10/when-i-became-veteran/>

Mental health evacuations for deployed US troops are on the rise

<https://www.militarytimes.com/flashpoints/2023/11/09/mental-health-evacuations-for-deployed-us-troops-are-on-the-rise/>

988 Crisis Line: 1 Million Veterans, Service Members Called in a Year

<https://www.health.mil/News/Dvids-Articles/2023/11/10/news457600>

Marines grapple with highest suicide rate of all US military services

<https://www.marinecorpstimes.com/news/your-marine-corps/2023/11/13/marines-grapple-with-highest-suicide-rate-of-all-us-military-services/>

Study Seeks TBI Caregivers and Relatives

<https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/Research/TBICoE-Research-Study-Participation>

Chaplains, Behavioral Health Providers Collaborate for Mental Health Support

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Chaplains-Behavioral-Health-Providers-collaborate-for-Mental-Health-Support>

Caregivers of Veterans Spend \$11,500 on Average Each Year on Expenses, New Data Shows

<https://www.military.com/daily-news/2023/11/14/caregivers-of-veterans-spend-11500-average-each-year-expenses-new-data-shows.html>

Resource of the Week: [Mental Health Stigma Reduction Toolkit](#)

From the [Psychological Health Center of Excellence](#) (PHCoE):

Mental health stigma is a social phenomenon that involves:

- Negative attitudes or beliefs about individuals with mental health and substance use conditions.
- Prejudices and stereotypes that minimize the strengths and resiliencies demonstrated by individuals who are successfully living with and managing these conditions.

Self-stigma is the internalization of public stigma.

- Service members may feel they failed to demonstrate the critical attribute of resiliency.
- Self-stigma can pose additional barriers to seeking care for mental health and substance use conditions.



Alternatives to Stigmatizing Language¹

 Avoid language that **defines someone by their condition** or assumes their condition can't be managed or overcome.

✓ **SAY**
A person with schizophrenia
Diagnosed with

Instead of
Schizophrenic
Mentally disabled/Suffering from

 Avoid language that **makes judgments** or assumes intention.

✓ **SAY**
Determined by a court to lack decision-making capacity or pose a threat to self or others
Die by suicide
Suicide attempt

Instead of
Mentally defective/incompetent
Commit suicide
Failed suicide attempt

 Describe without downplaying or **becoming overly graphic**.

✓ **SAY**
Suicidal statements or behaviors
Non-suicidal self-harm

Instead of
Suicide threats
Self-mutilation

 Use updated, **accurate terminology**.

✓ **SAY**
Mental disorder
Psychiatric treatment facility
Legal substances: substance misuse
Illegal substances: substance use

Instead of
Mental disease
Mental institution
Substance abuse

1. Deputy Secretary of Defense, (2022), U.S. Department of Defense, Review of Policies to Eliminate Stigmatizing Language Related to Mental Health. Memorandum for Senior Pentagon Leadership Defense Agency and DOD Field Activity Directors.

PHCoE
PSYCHOLOGICAL HEALTH CENTER OF EXCELLENCE

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