

CDP



Research Update -- December 14, 2023

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<https://doi.org/10.1176/appi.ajp.20230168>

Trends in Prevalence of Cannabis Use Disorder Among U.S. Veterans With and Without Psychiatric Disorders Between 2005 and 2019.

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The American Journal of Psychiatry

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Objective:

Cannabis use disorder diagnoses are increasing among U.S. adults and are more prevalent among people with comorbid psychiatric disorders. Recent changes in cannabis laws, increasing cannabis availability, and higher-potency cannabis may have placed people with cannabis use and psychiatric disorders at disproportionately increasing risk for cannabis use disorder. The authors used Veterans Health Administration (VHA) data to examine whether trends in cannabis use disorder prevalence among VHA patients differ by whether they have psychiatric disorders. Methods: VHA electronic health records from 2005 to 2019 (N range, 4,332,165–5,657,277) were used to identify overall and age-group-specific (<35, 35–64, and ≥65 years) trends in prevalence of cannabis use disorder diagnoses among patients with depressive, anxiety, posttraumatic stress, bipolar, or psychotic spectrum disorders and to compare these to corresponding trends among patients without any of these disorders. Given transitions in ICD coding, differences in trends were tested within two periods: 2005–2014 (ICD-9-CM) and 2016–2019 (ICD-10-CM).

Methods:

VHA electronic health records from 2005 to 2019 (N range, 4,332,165–5,657,277) were used to identify overall and age-group-specific (<35, 35–64, and ≥65 years) trends in prevalence of cannabis use disorder diagnoses among patients with depressive, anxiety, posttraumatic stress, bipolar, or psychotic spectrum disorders and to compare these to corresponding trends among patients without any of these disorders. Given transitions in ICD coding, differences in trends were tested within two periods: 2005–2014 (ICD-9-CM) and 2016–2019 (ICD-10-CM).

Results:

Greater increases in prevalence of cannabis use disorder diagnoses were observed among patients with psychiatric disorders compared to those without (difference in prevalence change, 2005–2014: 1.91%, 95% CI=1.87–1.96; 2016–2019: 0.34%, 95% CI=0.29–0.38). Disproportionate increases in cannabis use disorder prevalence among patients with psychiatric disorders were greatest among those under age 35 between 2005 and 2014, and among those age 65 or older between 2016 and 2019. Among patients with psychiatric disorders, the greatest increases in cannabis use disorder prevalences were observed among those with bipolar and psychotic spectrum disorders.

Conclusions:

The findings highlight disproportionately increasing disparities in risk of cannabis use disorder among VHA patients with common psychiatric disorders. Greater public health and clinical efforts are needed to monitor, prevent, and treat cannabis use disorder in this population.

<https://doi.org/10.1001/jamanetworkopen.2023.44862>

Yoga vs Cognitive Processing Therapy for Military Sexual Trauma-Related Posttraumatic Stress Disorder: A Randomized Clinical Trial.

Zaccari, B., Higgins, M., Haywood, T. N., Patel, M., Emerson, D., Hubbard, K., Loftis, J. M., & Kelly, U. A.

JAMA Network Open
December 8, 2023

Key Points

Question

What is the effectiveness of Trauma Center Trauma-Sensitive Yoga (TCTSY) compared with first-line cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD) related to military sexual trauma in women veterans?

Findings

In this randomized clinical trial of 131 women veterans with PTSD who use US Department of Veterans Affairs health care, TCTSY had large within-group effect sizes,

equivalent effectiveness to CPT, and a 42.6% higher treatment completion rate than CPT.

Meaning

The findings demonstrate that TCTSY is a cost-effective means to expand Veterans Affairs PTSD treatment options; increase access to acceptable, patient-driven, and effective PTSD treatment for women veterans; and provide a treatment option that could improve associated symptoms (eg, depression, anxiety).

Abstract

Importance

First-line treatment for posttraumatic stress disorder (PTSD) in the US Department of Veterans Affairs (VA), ie, trauma-focused therapy, while effective, is limited by low treatment initiation, high dropout, and high treatment refraction.

Objective

To evaluate the effectiveness of Trauma Center Trauma-Sensitive Yoga (TCTSY) vs first-line cognitive processing therapy (CPT) in women veterans with PTSD related to military sexual trauma (MST) and the hypothesis that PTSD outcomes would differ between the interventions.

Design, Setting, and Participants

This multisite randomized clinical trial was conducted from December 1, 2015, to April 30, 2022, within 2 VA health care systems located in the southeast and northwest. Women veterans aged 22 to 71 years with MST-related PTSD were enrolled and randomized to TCTSY or CPT.

Interventions

The TCTSY intervention (Hatha-style yoga focusing on interoception and empowerment) consisted of 10 weekly, 60-minute group sessions, and the CPT intervention (cognitive-based therapy targeting modification of negative posttraumatic thoughts) consisted of 12 weekly, 90-minute group sessions.

Main Outcome and Measures

Sociodemographic data were collected via self-report survey. The primary outcome, PTSD symptom severity, was assessed using the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) and PTSD Checklist for DSM-5 (PCL-5). Assessments were conducted at baseline, midintervention, 2 weeks post intervention, and 3 months post intervention.

Results

Of 200 women veterans who consented to participate, the intent-to-treat sample comprised 131 participants (mean [SD] age, 48.2 [11.2] years), with 72 randomized to TCTSY and 59 randomized to CPT. Treatment was completed by 47 participants (65.3%) in the TCTSY group and 27 (45.8%) in the CPT group, a 42.6% higher treatment completion rate in the TCTSY group ($P = .03$). Both treatment groups improved over time on the CAPS-5 (mean [SD] scores at baseline: 36.73 [8.79] for TCTSY and 35.52 [7.49] for CPT; mean [SD] scores at 3 months: 24.03 [11.55] for TCTSY and 22.15 [13.56]) and the PCL-5 (mean [SD] scores at baseline: 49.62 [12.19] for TCTSY and 48.69 [13.62] for CPT; mean [SD] scores at 3 months: 36.97 [17.74] for TCTSY and 31.76 [12.47]) ($P < .001$ for time effects). None of the group effects or group-by-time effects were significant. Equivalence analyses of change scores were not significantly different between the TCTSY and CPT groups, and the two one-sided test intervals fell within the equivalence bounds of plus or minus 10 for CAPS-5 for all follow-up time points.

Conclusions and Relevance

In this comparative effectiveness randomized clinical trial, TCTSY was equivalent to CPT in reducing PTSD symptom severity, with both groups improving significantly. The higher treatment completion rate for TCTSY indicates its higher acceptability as an effective and acceptable PTSD treatment for women veterans with PTSD related to MST that could address current VA PTSD treatment limitations.

Trial Registration

ClinicalTrials.gov Identifier: [NCT02640690](https://clinicaltrials.gov/ct2/show/study/NCT02640690)

<https://doi.org/10.1001/jamapsychiatry.2023.5138>

Telehealth Mindfulness-Oriented Recovery Enhancement vs Usual Care in Individuals With Opioid Use Disorder and Pain: A Randomized Clinical Trial.

Cooperman, N. A., Lu, S. E., Hanley, A. W., Puvananayagam, T., Dooley-Budsock, P., Kline, A., & Garland, E. L.

JAMA Psychiatry
December 7, 2023

Key Points

Question

What is the relative efficacy of Mindfulness-Oriented Recovery Enhancement (MORE) as an adjunct to methadone treatment as usual (usual care) as compared with usual care only?

Findings

In this randomized clinical trial of 154 individuals with chronic pain in methadone treatment for an opioid use disorder, relative to usual care, MORE plus usual care demonstrated efficacy for decreasing drug use, pain, and depression and increasing methadone treatment retention and adherence.

Meaning

Phase 3 clinical trials of MORE and the development of strategies to train clinicians to integrate MORE into methadone treatment programs are warranted.

Abstract

Importance

Methadone treatment (MT) fails to address the emotion dysregulation, pain, and reward processing deficits that often drive opioid use disorder (OUD). New interventions are needed to address these factors.

Objective

To evaluate the efficacy of MT as usual (usual care) vs telehealth Mindfulness-Oriented Recovery Enhancement (MORE) plus usual care among people with an OUD and pain.

Design, Setting, and Participants

This study was a randomized clinical trial conducted from August 2020 to June 2022. Participants receiving MT for OUD and experiencing chronic pain were recruited at 5 clinics in New Jersey.

Interventions

In usual care, participants received MT, including medication and counseling. Participants receiving MORE plus usual care attended 8 weekly, 2-hour telehealth groups that provided training in mindfulness, reappraisal, and savoring in addition to usual care.

Main Outcomes and Measure

Primary outcomes were return to drug use and MT dropout over 16 weeks. Secondary

outcomes were days of drug use, methadone adherence, pain, depression, and anxiety. Analyses were based on an intention-to-treat approach.

Results

A total of 154 participants (mean [SD] age, 48.5 [11.8] years; 88 female [57%]) were included in the study. Participants receiving MORE plus usual care had significantly less return to drug use (hazard ratio [HR], 0.58; 95% CI, 0.37-0.90; $P = .02$) and MT dropout (HR, 0.41; 95% CI, 0.18-0.96; $P = .04$) than those receiving usual care only after adjusting for a priori-specified covariates (eg, methadone dose and recent drug use, at baseline). A total of 44 participants (57.1%) in usual care and 39 participants (50.6%) in MORE plus usual care returned to drug use. A total of 17 participants (22.1%) in usual care and 20 participants (13.0%) in MORE plus usual care dropped out of MT. In zero-inflated models, participants receiving MORE plus usual care had significantly fewer days of any drug use (ratio of means = 0.58; 95% CI, 0.53-0.63; $P < .001$) than those receiving usual care only through 16 weeks. A significantly greater percentage of participants receiving MORE plus usual care maintained methadone adherence (64 of 67 [95.5%]) at the 16-week follow-up than those receiving usual care only (56 of 67 [83.6%]; $\chi^2 = 4.49$; $P = .04$). MORE reduced depression scores and ecological momentary assessments of pain through the 16-week follow-up to a significantly greater extent than usual care (group \times time $F_{2,272} = 3.13$; $P = .05$ and group \times time $F_{16,13000} = 6.44$; $P < .001$, respectively). Within the MORE plus usual care group, EMA pain ratings decreased from a mean (SD) of 5.79 (0.29) at baseline to 5.17 (0.30) at week 16; for usual care only, pain decreased from 5.19 (0.28) at baseline to 4.96 (0.29) at week 16. Within the MORE plus usual care group, mean (SD) depression scores were 22.52 (1.32) at baseline and 18.98 (1.38) at 16 weeks. In the usual care-only group, mean (SD) depression scores were 22.65 (1.25) at baseline and 20.03 (1.27) at 16 weeks. Although anxiety scores increased in the usual care-only group and decreased in the MORE group, this difference between groups did not reach significance (group \times time unadjusted $F_{2,272} = 2.10$; $P = .12$; Cohen $d = .44$; adjusted $F_{2,268} = 2.33$; $P = .09$). Within the MORE plus usual care group, mean (SD) anxiety scores were 25.5 (1.60) at baseline and 23.45 (1.73) at 16 weeks. In the usual care-only group, mean (SD) anxiety scores were 23.27 (1.75) at baseline and 24.07 (1.73) at 16 weeks.

Conclusions and Relevance

This randomized clinical trial demonstrated that telehealth MORE was a feasible adjunct to MT with significant effects on drug use, pain, depression, treatment retention, and adherence.

Trial Registration

ClinicalTrials.gov Identifier: [NCT04491968](https://clinicaltrials.gov/ct2/show/study/NCT04491968)

<https://doi.org/10.1001/jamanetworkopen.2023.46709>

Well-Being of US Military Veterans.

Na, P. J., Fischer, I. C., Krist, A. H., Kudler, H. S., Jeste, D. V., & Pietrzak, R. H.

JAMA Network Open

December 7, 2023

To our knowledge, this study is the first to examine ratings and correlates of well-being in a nationally representative sample of US veterans. The positive age gradient in well-being ratings aligns with a recent study using the same scale in the general US adult population. This finding could also be explained in part by greater life stressors (eg, burnout, financial instability) and prevalence of trauma and psychiatric disorders among younger veterans. Furthermore, lower well-being ratings among female and Hispanic veterans may be partly explained by these subpopulations being overrepresented among younger veterans.

A composite measure of protective psychosocial factors (ie, purpose in life, grit, resilience) was the strongest correlate of well-being, and purpose in life moderated the negative association of physical health conditions with well-being. Furthermore, having fewer physical health difficulties and greater emotional stability and social connectedness were strongly correlated with overall well-being, which suggests that interventions targeting these clinical and psychosocial factors may have potential utility in enhancing well-being in veterans.

<https://doi.org/10.1001/jamahealthforum.2023.4213>

Trends in US Adult Smoking Prevalence, 2011 to 2022.

Meza, R., Cao, P., Jeon, J., Warner, K. E., & Levy, D. T.

JAMA Health Forum
December 1, 2023

Key Points

Question

Is smoking still decreasing among US adults and do the trends vary by age, income, and race and ethnicity?

Findings

In this cross-sectional study of 353 555 adults responding to the 2011 to 2022 National Health Interview Surveys, adults younger than 40 years had dramatic declines in smoking prevalence during the last decade, especially among those with higher incomes. In contrast, relatively slow declines were observed among adults aged 40 to 64 years, with no decrease in smoking among those 65 years or older.

Meaning

These findings suggest that the precipitous decline in smoking among younger adults should be maintained, but that additional efforts are required to further reduce smoking in older adults.

Abstract

Importance

President Biden recently prioritized the fight against smoking as key to reducing cancer mortality.

Objective

To assess trends in smoking and illuminate the association between smoking and reducing deaths due to cancer.

Design, Setting, and Participants

This cross-sectional study used responses to National Health Interview Surveys from January 1, 2011, to December 31, 2022, to characterize trends in current smoking for key sociodemographic groups among US adults.

Exposures

Age (18-24, 25-39, 40-64, and ≥ 65 years), family income (<200%, 200%-399%, and $\geq 400\%$ of the federal poverty level [FPL]), educational level (less than high school, high school degree or General Educational Development, some college, and college degree or above), and race and ethnicity (Black, Hispanic, White, and other).

Main Outcomes and Measures

Weighted current smoking prevalence with 95% CIs by analysis group from 2011 to 2022. Average annual percentage change (AAPC) in smoking prevalence by analysis group is calculated using Joinpoint regression.

Results

Data from 353 555 adults surveyed by the National Health Interview Surveys from 2011 to 2022 were included (12.6% Black, 15.0% Hispanic, 65.2% White, and 7.3% other race or ethnicity). Overall, smoking prevalence decreased among adults aged 18 to 24 years from 19.2% (95% CI, 17.5%-20.9%) in 2011 to 4.9% (95% CI, 3.7%-6.0%) in 2022 at an AAPC of -11.3% (95% CI, -13.2% to -9.4%), while it remained roughly constant among adults 65 years or older at 8.7% (95% CI, 7.9%-9.5%) in 2011 and 9.4% (95% CI, 8.7%-10.2%) in 2022 (AAPC, -0.1% [95% CI, -0.8% to 0.7%]). Among adults 65 years or older, smoking prevalence increased from 13.0% (95% CI, 11.2%-14.7%) in 2011 to 15.8% (95% CI, 14.1%-17.6%) for those with income less than 200% FPL (AAPC, 1.1% [95% CI, 0.1%-2.1%]) and remained roughly constant with no significant change for those of higher income. Similar age patterns are seen across educational level and racial and ethnic groups.

Conclusions and Relevance

This cross-sectional study found that smoking prevalence decreased from 2011 to 2022 in all age groups except adults 65 years or older, with faster decreases among younger than older adults. These findings suggest that the greatest gains in terms of reducing smoking-attributable morbidity and mortality could be achieved by focusing on individuals with low socioeconomic status, as this population has the highest smoking rates and the worst health prospects.

<https://doi.org/10.1371/journal.pone.0295042>

Women Veterans' perspectives, experiences, and preferences for firearm lethal means counseling discussions.

Polzer, E. R., Holliday, R., Rohs, C. M., Thomas, S. M., Miller, C. N., Simonetti, J. A., Brenner, L. A., & Monteith, L. L.

PLoS ONE

Published: December 6, 2023

Aims

Firearms have become an increasingly common method of suicide among women Veterans, yet this population has rarely been a focus in firearm suicide prevention research. Limited knowledge is available regarding the preferences, experiences, or needs of women Veterans with respect to firearm lethal means counseling (LMC), an evidence-based suicide prevention strategy. Understanding is necessary to optimize delivery for this population.

Method

Our sample included forty women Veterans with lifetime suicidal ideation or suicide attempt(s) and firearm access following military separation, all enrolled in the Veterans Health Administration. Participants were interviewed regarding their perspectives, experiences, and preferences for firearm LMC. Data were analyzed using a mixed inductive-deductive thematic analysis.

Results

Women Veterans' firearm and firearm LMC perspectives were shaped by their military service histories and identity, military sexual trauma, spouses/partners, children, rurality, and experiences with suicidal ideation and attempts. Half reported they had not engaged in firearm LMC previously. For those who had, positive aspects included a trusting, caring relationship, direct communication of rationale for questions, and discussion of exceptions to confidentiality. Negative aspects included conversations that felt impersonal, not sufficiently comprehensive, and Veterans' fears regarding implications of disclosure, which impeded conversations. Women Veterans' preferences for future firearm LMC encompassed providers communicating why such conversations are important, how they should be framed (e.g., around safety and genuine concern), what they should entail (e.g., discussing concerns regarding disclosure), whom should initiate (e.g., trusted caring provider) and where they should occur (e.g., safe spaces, women-specific groups comprised of peers).

Discussion

This study is the first to examine women Veterans' experiences with, and preferences for, firearm LMC. Detailed inquiry of the nuances of how, where, why, and by whom firearms are stored and used may help to facilitate firearm LMC with women Veterans.

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

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

Peterson, A., Chen, J., Bozzay, M., Bender, A., & Chu, C.

Journal of Clinical Psychology

First published: 02 September 2023

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/10.1038/s41598-023-48505-7>

Cumulative trauma load and timing of trauma prior to military deployment differentially influences inhibitory control processing across deployment.

Miller, L. N., Forbes, D., McFarlane, A. C., Lawrence-Wood, E., Simmons, J. G., & Felmingham, K.

Scientific Reports

Published: 05 December 2023

Military personnel experience high trauma load that can change brain circuitry leading to impaired inhibitory control and posttraumatic stress disorder (PTSD). Inhibitory control processing may be particularly vulnerable to developmental and interpersonal trauma. This study examines the differential role of cumulative pre-deployment trauma and timing of trauma on inhibitory control using the Go/NoGo paradigm in a military population. The Go/NoGo paradigm was administered to 166 predominately male army combat personnel at pre- and post-deployment. Linear mixed models analyze cumulative trauma, trauma onset, and post-deployment PTSD symptoms on NoGo-N2 and NoGo-P3 amplitude and latency across deployment. Here we report, NoGo-N2 amplitude increases and NoGo-P3 amplitude and latency decreases in those with high prior interpersonal trauma across deployment. Increases in NoGo-P3 amplitude following adolescent-onset trauma and NoGo-P3 latency following childhood-onset and adolescent-onset trauma are seen across deployment. Arousal symptoms positively correlated with conflict monitoring. Our findings support the cumulative trauma load and sensitive period of trauma exposure models for inhibitory control processing in a military population. High cumulative interpersonal trauma impacts conflict monitoring and response suppression and increases PTSD symptoms whereas developmental trauma differentially impacts response suppression. This research highlights the need for tailored strategies for strengthening inhibitory control, and that consider timing and type of trauma in military personnel.

<https://doi.org/10.15288/jsad.23-00094>

Alcohol-related Problems as Moderators of PTSD Symptom Change During Use of a Web-based Intervention for Hazardous Drinking and PTSD.

Craig P. Polizzi, Rebecca E. Sistad, Nicholas A. Livingston, Deborah Brief, Scott Litwack, Monica Roy, Marika Solhan, David Rosenbloom, and Terence M. Keane

Journal of Studies on Alcohol and Drugs

Published Online: October 03, 2023

Objective:

Alcohol-related problems (e.g., physical, interpersonal, intrapersonal, impulse control, social responsibility) can impact PTSD symptoms during treatment. Evidence-based online self-help tools exist to target alcohol use and related problems and co-occurring PTSD symptoms. It is unknown to what degree individuals with varying alcohol-related problems respond differently to web-based interventions for hazardous alcohol use and PTSD. The current study evaluated specific alcohol-related problems as potential moderators of PTSD symptom changes during the VetChange online intervention while controlling for average daily alcohol use, gender, race, and age.

Method:

We conducted a secondary analysis of a randomized controlled trial that included N = 600 post-9/11 veterans (518 males and 32 females). Mixed effects regression models of alcohol-related problems on PTSD severity scores over time were performed separately in an Initial Intervention Group (IIG; n = 404) and a Delayed Intervention Group (DIG; n = 196) that was utilized as a comparison condition.

Results:

Interpersonal problems emerged as a moderator of PTSD symptom changes in IIG such that veterans endorsing greater interpersonal problems demonstrated larger reductions in PTSD symptoms throughout VetChange. There were no significant moderation effects in DIG. Non-white veterans reported significantly higher PTSD symptoms during VetChange. Post-hoc analyses indicated that veterans with higher interpersonal problems were more likely to engage in online intervention content focused on identifying high-risk drinking situations and coping with symptoms.

Conclusions:

Findings imply that veterans reporting alcohol-related interpersonal problems may benefit the most, and be more motivated to utilize, online interventions for hazardous alcohol use and PTSD symptoms.

<https://doi.org/10.1371/journal.pone.0287141>

Factors associated with suicide/self-inflicted injuries among women aged 18–65 years in the United States: A 13-year retrospective analysis of the National Inpatient Sample database.

Akinyemi O, Ogundare T, Oladunjoye AF, Nasef KE, Lipscombe C, Akinbote JA, Bezold M

Background

Suicide is a significant cause of mortality in the United States, accounting for 14.5 deaths/100,000. Although there are data on gender disparity in suicide/self-inflicted injury rates in the United States, few studies have examined the factors associated with suicide/self-inflicted injury in females.

Objective

To determine factors associated with suicide/self-inflicted injuries among women aged 18–65 years in the United States.

Methods

Hospitalizations for suicide or self-inflicted injuries were identified using the National Inpatient Sample database from 2003–2015 using sample weights to generate national estimates. Independent predictors of suicide/self-inflicted injuries were identified using multivariable regression models. Interaction term analysis to identify the interaction between race/ethnicity and income were conducted.

Results

There were 1,031,693 adult women hospitalizations in the U.S. with a primary diagnosis of suicide/self-inflicted injury in the study period. The highest suicide/self-inflicted injury risk was among women aged 31–45 years (OR = 1.23, CI = 1.19–1.27, $p < 0.05$). Blacks in the highest income strata had a 20% increase in the odds of suicide/self-inflicted injury compared to Whites in the lowest socioeconomic strata (OR = 1.20, CI = 1.05–1.37, $p < 0.05$). Intimate partner violence increased suicide/self-inflicted injury risk 6-fold (OR = 5.77, CI = 5.01–6.65, $p < 0.05$).

Conclusion

Suicide risk is among women aged 31–45 years, higher earning Black women, intimate partner violence victims, uninsured, and current smokers. Interventions and policies that reduce smoking, prevents intimate partner violence, addresses racial discrimination and bias, and provides universal health coverage are needed to prevent excess mortality from suicide deaths.

<https://doi.org/10.1016/j.jad.2023.10.007>

The temporal relationship between marriage and risk for suicidal ideation.

Mallory Stephenson, Elizabeth Prom-Wormley, Séverine Lannoy, Alexis C. Edwards

Journal of Affective Disorders

Volume 343, 15 December 2023, Pages 129-135

Background

Marriage is consistently identified as a protective factor for suicidality, but it remains unclear whether this relationship varies by time elapsed since the transition to marriage.

Methods

Participants were 15,870 individuals (52 % female, mean age = 44.63 years, age range = 18–99 years) from the Collaborative Psychiatric Epidemiology Surveys. Cox proportional hazards models were used to test the relationship between marriage, as well as time elapsed since the transition to marriage (0–5 years, 6–10 years, or 11+ years), and suicidal ideation. Years of education and race and ethnicity were included as covariates, and analyses were stratified by sex. Separate hazard ratios were estimated for individuals aged <30 years and 30+ years to address violations of the proportionality assumption.

Results

Being married was associated with lower risk for suicidal ideation across age and sex. Among individuals aged <30 years, marriage was reliably associated with lower risk for suicidal ideation, regardless of the time elapsed since marriage. For individuals aged 30+ years, being married for 0–5 years or 6–10 years was associated with increased risk for suicidal ideation, particularly in females. Being married for 11+ years was associated with decreased risk across sex.

Limitations

Analyses focused on participants' first marriage and did not examine mediators of the association between marriage and suicidal ideation.

Conclusions

Overall, being married protects against suicidal ideation. However, among individuals aged 30 years or older, the first 10 years of marriage are associated with elevated risk for suicidal thoughts, and clinical outreach may be warranted.

<https://doi.org/10.1007/s11414-023-09862-3>

Barriers and Facilitators to Behavioral Healthcare for Women Veterans: a Mixed-Methods Analysis of the Current Landscape.

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The Journal of Behavioral Health Services & Research

Published: 05 October 2023

Women veterans have historically faced barriers to behavioral health treatment, particularly through the VA. In conjunction, there have been changes in behavioral healthcare delivery resulting from efforts to improve care for women veterans and the COVID-19 pandemic (e.g., widespread telehealth implementation). The current study draws on a quantitative and qualitative study centering current perspectives of women veterans in their choices to seek or not seek behavioral healthcare in VA and non-VA settings through interviewing 18 women recruited from a larger survey study on veteran behavioral health (n = 83 women, n = 882 men) on their experiences with behavioral health care access and satisfaction, including barriers and facilitators to seeking care. Quantitative findings are descriptively reported from the larger study, which outlined screening for behavioral health problems, behavioral health utilization, treatment modality preferences, and barriers/facilitators to care. While women in the survey sample screened for various behavioral health disorders, rates of treatment seeking remained relatively low. Women reported positive and negative experiences with telehealth and endorsed many barriers to treatment seeking in interviews not captured by survey findings, including lack of women-specific care (e.g., care for military sexual trauma, women-only groups), reports of stranger harassment at the VA, and lack of female providers. Women veterans continue to face barriers to behavioral healthcare; however, ongoing efforts to improve care access and quality, including the implementation of telehealth, show promise in reducing these obstacles. Continued efforts are needed to ensure diverse treatment modalities continue to reach women veterans as this population grows.

<https://doi.org/10.1037/cpb0000243>

Workplace perceptions based upon disability and veteran identities.

Edwards, M., Yanchus, N. J., Gibson, A., Meyer, A., & Osatuke, K.

Consulting Psychology Journal
(2023); 75(3), 258–276

We investigated the intersectionality of disability and veteran status to determine whether workplace perceptions were impacted by diverse identity experiences. Our sample was 16,000 U.S. Department of Veterans Affairs (VA) employees who reported having a disability, were veterans, or both. We also included a subset of nondisabled, nonveteran staff for comparative purposes. The data source was the 2021 VA All Employee Survey, an annual, confidential, voluntary organizational-satisfaction census within the VA. Using a mixed-method approach, we found that disabled, nonveteran employees reported greatest dissatisfaction with the workplace, particularly around feelings of disrespect from colleagues. Individuals with disabilities (both veterans and nonveterans) reported higher levels of burnout than those without disabilities. Finally, veterans were more concerned about accountability of staff and leaders compared to nonveterans. We discuss results in an applied context, suggesting how they can inform organizational efforts for diversity, equity, and inclusion. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1177/03616843231202706>

Gender Microaggressions That Target Women in the U.S. Military: Examining Links with Depression and the Moderating Role of Rank and Coping.

Kim, Y., Dimberg, S. K., Spanierman, L. B., & Clark, D. A.

Psychology of Women Quarterly
First published online October 5, 2023

In this study, we examined active-duty women's experiences with gender microaggressions in the U.S. military and their associations with depressive symptoms. We also tested if rank and coping strategies would moderate the link between gender microaggressions and depressive symptoms. Participants comprised 682 self-identified

women from the U.S. Air Force, Army, and Navy. Results from an online survey indicated that active-duty women's experiences with gender microaggressions were positively and significantly associated with their scores on a measure of depressive symptoms. Military rank moderated this association but coping strategies did not. Specifically, among those in lower military ranks (i.e., enlisted service members) we found a stronger association between gender microaggressions and depressive symptoms, whereas higher rank (i.e., officers) served as a buffer. Our results suggest that clinicians should be aware of the potential effects of gender microaggressions on active-duty women's mental health, especially among enlisted women. Commanding officers and military policymakers should consider potential implications of gender microaggressions on unit cohesion, unit performance, and mission effectiveness.

<https://doi.org/10.1037/tra0001597>

Trauma symptom patterns in a large sample of military personnel outpatients: Differential relations to trauma exposure, depression, and anxiety symptoms.

Spaegele, N., Lewin, T., & Talmon, A.

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

Objective:

Posttraumatic stress disorder (PTSD) results from experiencing or witnessing a traumatic event and is the most common clinical syndrome seen in military personnel. However, each patient experiences the impact of trauma differently exhibiting individual patterns of trauma symptoms. The current study endeavors to investigate individual patterns of trauma symptoms in military personnel and specifically analyze potential linkage and/or relation between blast exposure, anxiety, and depression.

Method:

We employed a person-centered approach of latent class analysis (LCA) to stratify 594 military personnel outpatients based on their response patterns in the Trauma Symptom Inventory (TSI). Then, we related the resulting clusters to the number of blasts to which they were exposed, as well as to depression (Zung Self-Rating Depression Scale) and anxiety symptom severity (Beck Anxiety Inventory) using one-way analyses of variance with Bonferroni pairwise comparisons.

Results:

We found three distinct clusters of traumatic symptoms: (a) Atypical response with low overall symptom burden, (b) increased response level and arousal, and (c) severe trauma symptom burden with tension-reduction behaviors. Individuals in Cluster 2 were exposed to significantly more blasts than in Cluster 1. Moreover, individuals in Cluster 3 reported the highest depression and anxiety symptom severities, followed by Cluster 2, followed by Cluster 1.

Conclusions:

These results suggest heterogeneity among military personnel suffering from trauma and reveal their distinct relations to clinical comorbidities—emphasizing the role of person-centered, tailored approaches in clinical practice. (PsyInfo Database Record (c) 2023 APA, all rights reserved)

<https://doi.org/10.1016/j.ejtd.2023.100356>

Grief reactions in veterans: Influence of diagnostic comorbidity, social support, and functional impairment.

DF Gros, JM Pavlacic, R Acierno

European Journal of Trauma & Dissociation
Volume 7, Issue 4, December 2023, 100356

Loss and subsequent complicated grief reactions are common in military and veteran populations. Despite the high occurrence, limited work exists examining complicated grief in veterans. To address this gap in the literature, the present study investigated diagnostic comorbidity, domains of symptomatology, functional impairment, and social support in 166 veterans with clinically significant symptoms of complicated grief. Participants completed a diagnostic interview and various symptoms measures as part of a larger intervention study for veterans with complicated grief. Consistent with prior research, there was significant diagnostic comorbidity with posttraumatic stress disorder (PTSD) and major depressive disorder, and participants with comorbidity evidenced the most severe symptoms and impairment. Comorbid depressive symptoms were associated with impairments in emotional functioning and reduced social support. Findings highlight the significance of comorbidity and potential symptom overlap between complicated grief, PTSD, and depression, and have direct treatment

implications, including use of transdiagnostic psychotherapies targeting common etiological mechanisms, opposed to singular diagnostic categories.

<https://doi.org/10.1002/jts.22984>

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

Lauren M. Sippel, Kayla C. Knopp, Tamara Wachsman, Chandra E. Khalifian, Shirley M. Glynn, Leslie A. Morland

Journal of Traumatic Stress

Volume 36, Issue 6, December 2023, Pages 1115-1125

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/10.1002/jts.22982>

The interactions between patient preferences, expectancies, and stigma contribute to posttraumatic stress disorder treatment outcomes.

John C. Moring, Alan L. Peterson, Casey L. Straud, Jordan Ortman, Jim Mintz, Stacey Young-McCaughan, Cindy A. McGeary, Donald D. McGeary, Brett T. Litz, Alexandra Macdonald, John D. Roache, Patricia A. Resick, for the STRONG STAR Consortium

Journal of Traumatic Stress

Volume 36, Issue 6, December 2023, Pages 1126-1137

Cognitive processing therapy (CPT) is an effective treatment for posttraumatic stress disorder (PTSD); however, some patients do not improve to the same extent as others. It is important to understand potential factors that can be modified for better patient outcomes. This clinical trial implemented a three-arm, equipoise-stratified randomization design to allow for the accommodation of patient preference before randomization to one of three CPT treatment modalities: in-home, in-office, or telehealth. This study examined whether satisfaction with the modality, perceived stigma, expectations of therapy, and credibility of the therapist differed between modalities and whether these factors impacted treatment outcomes. We hypothesized that the contributions of these variables would depend upon whether participants opted out of any treatment arms and that these factors would predict treatment outcomes. Participants who endorsed less perceived stigma demonstrated larger reductions in PTSD symptom severity than those with similar levels of perceived stigma in the telehealth and in-office conditions, $\eta^2 = .12-.18$. Participants who endorsed lower satisfaction with their treatment modality and were assigned to the in-home condition experienced larger PTSD symptom reductions than those with similar dissatisfaction in the telehealth and in-office conditions, $\eta^2 = .20$. The results show the robustness of evidence-based therapies for PTSD given that dissatisfaction did not impede treatment success. In addition, they demonstrate that it is important for clinicians to address stigma before initiating evidence-based therapies for PTSD. Strategies to address these factors are discussed.

<https://doi.org/10.1002/jts.23004>

Evidence-based treatment for posttraumatic stress disorder decreases suicidal ideation by reducing perceived burdensomeness among veterans in an outpatient program.

Rachel C. Blain, Colleen E. Martin, Carolina C. Ehlinger, Kathleen M. Chard

Journal of Traumatic Stress

Volume 36, Issue 6, December 2023, Pages 1138-1150

Evidenced-based posttraumatic stress disorder (PTSD) treatments generally reduce suicidal ideation (SI), and the interpersonal theory of suicide (ITS) may theoretically account for this finding. The ITS posits that SI stems from feeling like a burden (i.e., perceived burdensomeness) and a lack of belonging (i.e., thwarted belongingness). Previous research suggests that change in PTSD severity has a significant indirect effect on change in SI through changes in perceived burdensomeness, but not thwarted belongingness, among patients receiving residential PTSD treatment in a Veterans Affairs (VA) medical center; however, no research has investigated these associations in an outpatient VA setting with fewer confounding factors that might affect ITS constructs. Therefore, the current sample included veterans ($N = 126$) who completed PTSD treatment and pre- and posttreatment assessments in a VA outpatient clinic. Results from parallel models of multiple indirect effects suggest that change in PTSD severity was indirectly associated with change in SI through changes in perceived burdensomeness, $B = 0.35$, $p < .001$; $\beta = .36$, $p < .001$, $SE = .10$, 95% CI [.15, .54], but not thwarted belongingness, $B = 0.14$, $p = .146$; $\beta = .14$, $p = .161$, $SE = .10$, 95% CI [-.05, .33]. Additional models were examined using PTSD cluster scores for exploratory purposes. The results indicate that PTSD treatment reduces the perceived and objective burden of PTSD to decrease SI. Study findings support the importance of access to evidence-based care to treat PTSD and alleviate burdensomeness for suicide prevention.

<https://doi.org/10.1002/jts.22971>

Differential impact of type of killing on posttraumatic stress disorder symptoms in U.S. Army soldiers deployed to Afghanistan.

Brian C. Kok, Moira Dux, Terry Lee-Wilk, Kristina Clarke-Walper, Joshua E. Wilk

Journal of Traumatic Stress

Volume 36, Issue 6, December 2023, Pages 1151-1156

Over the past 20 years, U.S. military conflicts in Iraq and Afghanistan have been marked by high rates of combat and wartime killings. Research on Vietnam-era service members suggests that the type of killing (i.e., killing a combatant vs. noncombatant) is an important predictor of later mental health problems, including posttraumatic stress disorder (PTSD). The present study aimed to update these findings by exploring the impact of type of killing on PTSD symptoms using a sample of postdeployment active duty U.S. Army personnel (N = 875). Using multiple regression analysis, we found that the act of killing a noncombatant was significantly associated with PTSD symptoms, $B = 7.50$, $p < .001$, whereas killing a combatant was not, $B = -0.85$, $p = .360$. This remained significant after controlling for demographic variables, depressive symptoms, and general combat experiences. These findings support the need for thoughtful postdeployment screenings and targeted clinical interventions.

<https://doi.org/10.1002/jts.22977>

Employment status among US military veterans with a history of posttraumatic stress disorder: Results from the National Health and Resilience in Veterans Study.

Ian C. Fischer, Paula P. Schnurr, Robert H. Pietrzak

Journal of Traumatic Stress

Volume 36, Issue 6, December 2023, Pages 1167-1175

The current study examined the prevalence and correlates of employment status in a nationally representative sample of U.S. military veterans with a probable lifetime history of posttraumatic stress disorder. Participants were 4,609 veterans from National Health and Resilience in Veterans Study (NHRVS) Bivariate analyses compared the employment status of veterans with regard to sociodemographic, military, health, and psychiatric characteristics. A multinomial regression analysis was conducted to determine the effect of lifetime PTSD status on employment and identify variables that differentiated employment status among veterans with a history of PTSD. In the total sample, 450 (weighted 12.5%) screened positive for lifetime PTSD. Veterans with PTSD were more than twice as likely to be unemployed, $OR = 2.41$, and retired, $OR = 2.26$, and nearly 4 times as likely to be disabled, $OR = 3.84$, relative to those without PTSD. Among veterans with PTSD, 203 (54.0%) were employed, 178 were retired (28.2%), 31 (7.3%) were unemployed, and 38 (10.5%) were disabled. Relative to employed veterans, retired veterans were older and reported more medical conditions;

unemployed veterans were almost 5 times as likely to be female; disabled veterans reported lower income, more medical conditions, and more severe symptoms of current major depressive disorder but less severe symptoms of alcohol use disorder, ORs = 0.88–4.88. This study provides an up-to-date characterization of employment status in a nationally representative sample of U.S. military veterans with a history of PTSD. Results may inform efforts to provide sustainable employment in this segment of the population.

<https://link.springer.com/article/10.1007/s41811-023-00187-9>

Opiate Use and Rise in U.S. Suicide Rates: a Network Analysis Approach on the National Violent Death Reporting System Data.

ME Jeon, M Robison, ML Rogers, TE Joiner

International Journal of Cognitive Therapy

Published: 05 October 2023

Suicide is a serious public health threat in the U.S. as evidenced by increases in suicide rates between 1999 and 2018 and between 2020 and 2022. Opiate use has been implicated as a contributor of such trends in suicide rates by directly influencing overdose deaths and indirectly by exacerbating mental health and life circumstances. A moderated network model was estimated on a subset of the National Violent Death Reporting System Data ($n = 78,089$) to examine the partial correlation structure of suicidal thoughts and behaviors, opiate use at the time of death, stressful life circumstances, experience of depression, alcohol abuse, and substance abuse. Moderation effects of year of death and opiate use at the time of death were independently tested to compare network structures across suicide decedent cohorts/years and opiate use at the time of death. Results showed that overall network structures appeared to be very stable over years/cohorts. Opiate use at the time of death, stressful life circumstances, experience of depression, alcohol abuse, and substance abuse explained limited variance of suicidal thoughts and behaviors. Simultaneously, connections between suicidal thoughts and behaviors, as well as depressed mood, increasingly strengthened over years/cohorts. Alcohol and substance abuse were also increasingly co-occurring over years/cohorts, although they were less co-occurring in decedents who had used opiates at the time of death. Future studies should aim to examine if partial correlation structures identified in the current study generalize in non-decedents and in those with marginalized identities.

<https://doi.org/10.1016/j.jpsychires.2023.10.011>

The interactive effects of AS and trauma exposure on suicide capability and suicide risk.

H Fox, TJ Preston, D Morabito, NB Schmidt, BJ Albanese

Journal of Psychiatric Research
Volume 167, November 2023, Pages 100-107

Background

Trauma exposure has been linked with heightened suicide risk purportedly through habituation to threatening stimuli, thereby reducing fear of suicide. However, no research has examined variables that may influence this process. Anxiety sensitivity (AS) is one cognitive-affective factor that may strengthen the relationship between trauma exposure and reduced fear of suicide by amplifying traumatic reactivity. The present study evaluated this by examining the interaction of AS and trauma exposure type (e.g., direct vs. witnessed) predicting fear of suicide and self-reported suicide risk.

Methods

Participants (n = 124) were recruited for a long-term (~3–4 years) follow-up after participation in a clinical trial targeting suicide risk factors and were asked to complete self-report measures of trauma history, AS, fear of suicide, and suicide risk.

Results

Significant interactions emerged such that a greater number of direct traumas experienced predicted lower fear of suicide and greater suicide risk among those with greater AS. The interactive effect of witnessed traumas and AS predicting suicidality was insignificant. Results remained even after including relevant covariates.

Discussion

The current findings suggest that AS augments the effects of repeated trauma exposure on fear of suicide and suicide risk. It is plausible these painful and provocative events are more potent among those with high AS due to the amplification of traumatic affective responses, though future research examining the longitudinal relations is needed to confirm this process.

<https://doi.org/10.1016/j.amepre.2023.10.001>

U.S. Military Tobacco and Nicotine Policy Lagging Behind the Times.

Adam Edward Lang, PharmD; Kathleen J. Porter, PhD; Rebecca A. Krukowski, PhD; Abigail G. Wester, MPH; Asal Pilehvari, PhD; Melissa A. Little, PhD

American Journal of Preventive Medicine

Published online: October 07, 2023

It has been nearly a decade since Secretary of Defense Ash Carter's report issued a call for tobacco-free military installations. Despite this, the U.S. military personnel continue to have among the highest rates of tobacco use in the U.S., and roughly 38% of military service members who smoke initiate use after enlisting. Although tobacco use is a major public health issue among service members, progress toward achieving the Secretary of Defense's call has been slow. This limited progress could be because of the misconception that the impacts of tobacco use are long-term, whereas other health behaviors, such as drug use, alcohol abuse, or not meeting weight standards, can have immediate impacts on performance. Studies have documented that service members who smoke exhibit lower productivity than nonsmoking counterparts, miss more workdays, perform worse on their fitness tests, and are more likely to be hospitalized. Because hundreds of thousands of service members use nicotine products, and even more are exposed to these products in their work environments on a daily basis, there is a need for stricter policies to reduce tobacco use disparities among military service members.

Links of Interest

Caregiving Tied to Mental Health Decline, Including in Younger People

<https://jamanetwork.com/journals/jama/fullarticle/2812831>

Air Force wearable tech gives first sergeants a read on stress levels

https://www.stripes.com/branches/air_force/2023-12-05/air-force-smartwatches-12262833.html

Sexual assaults in Canadian military have risen significantly -data

<https://www.reuters.com/world/americas/sexual-assaults-canadian-military-have-risen-significantly-data-2023-12-05/>

Coast Guard service members don't feel safe, new review says

<https://www.navytimes.com/news/your-navy/2023/12/07/coast-guard-service-members-dont-feel-safe-new-review-says/>

Nearly half of female vets in VA homeless programs have experienced sexual trauma in the military

<https://www.stripes.com/veterans/2023-12-06/female-veterans-homelessness-sexual-trauma-12276895.html>

DOD watchdog report warns of issues across military health care system

<https://www.militarytimes.com/news/your-military/2023/12/07/dod-watchdog-report-warns-of-issues-across-military-health-care-system/>

Political fights aren't discouraging recruits, military recruiters say

<https://www.militarytimes.com/news/pentagon-congress/2023/12/06/political-fights-arent-d discouraging-recruits-military-recruiters-say/>

Department of Defense Works to Dispel Stigma of Seeking Mental Health Care

<https://health.mil/News/Dvids-Articles/2023/12/04/news458878>

Opinion: A lack of sleep is breaking the US military

<https://www.militarytimes.com/opinion/2023/12/12/a-lack-of-sleep-is-breaking-the-us-military/>

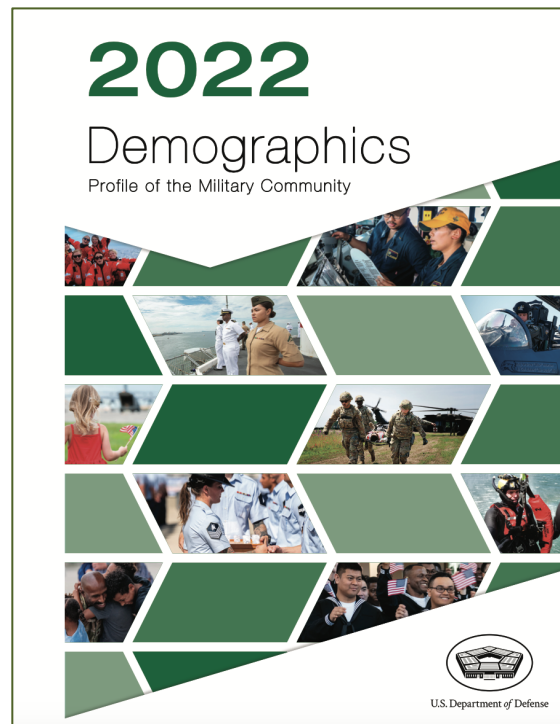
Resource of the Week: [2022 Demographics Profile of the Military Community](#)

From [DOD press release](#):

The Defense Department's newly released 2022 Demographics Profile of the Military Community shows the number of service members dropped 2.7% over the previous year while the percentage of women in the military inched upward.

According to the annual demographics report, the active-duty and selected reserve population was 58,282 lower than in 2021, for a total of 2,077,630 service members. Over the same period, the percentage of women increased slightly – rising to 17.5% of the active duty force from 17.3% and 21.6% of the selected reserve from 21.4%. Since 2005, the percentage of active duty military women has increased by 2.9% while the percentage of women in the selected reserve has risen by 4.4%. The annual report contains the latest publicly available information on the makeup of the military community, including service members and their dependents.

Data highlighted in the report includes information from all services, including gender, race, age, education, family members, paygrades and geographic location. It provides a standard resource for policymakers, program planners and those doing analysis to support the military community.



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