

CDP



Research Update -- February 1, 2024

What's Here:

- Characteristics of Mental Health Specialists Who Shifted Their Practice Entirely to Telemedicine.
- Challenges and Opportunities to Maximize Mental Health among Shipboard Sailors: A Qualitative Study.
- Addressing moral injury in the military.
- Alcohol Use Patterns During and After the COVID-19 Pandemic Among Veterans in the United States.
- Subjective cognitive complaints and objective cognitive functioning in combat veterans: Effects of PTSD and deployment mild TBI.
- Bedtime regularity predicts positive affect among veterans with posttraumatic stress disorder: an ecological momentary assessment study.
- Gender differences in mental health outcomes among Afghanistan veterans exposed to war zone trauma.
- Department of the Air Force Family Advocacy Program: Exploring the Impact of an Antiviolence Intervention Program for Women.
- The effectiveness of telehealth interventions in suicide prevention: A systematic review and meta-analysis.
- Systematic Review and Meta-Analysis: Effectiveness of Stand-Alone Digital Suicide Preventive Interventions for the Self-Management of Suicidality.

- Mindfulness-Based Cognitive Therapy for Individuals Who Are Suicidal: A Randomized Controlled Trial.
- The Meaning of Mental Imagery in Acute Suicidal Episodes: A Qualitative Exploration of Lived Experiences.
- Military exposures and Gulf War illness in veterans with and without posttraumatic stress disorder.
- Prevalence of Sexual Violence and Intimate Partner Violence Among US Military Veterans: Findings from Surveys with Two National Samples.
- Machine learning models predict PTSD severity and functional impairment: A personalized medicine approach for uncovering complex associations among heterogeneous symptom profiles.
- Alcohol-involved sexual assault in the US military: a scoping review.
- Cognitive behavioral therapy for insomnia in a military traumatic brain injury clinic: a quality improvement project assessing the integration of a smartphone application with behavioral treatment.
- Optimism, Sociability, and the Risk of Future Suicide Attempt among U.S. Army Soldiers.
- The Impact of Cognitive Behavioral Therapy for Substance Use Disorders on Veterans' Interpersonal Difficulties.
- Predicting Suicidal Ideation 3 Months Following Intensive Posttraumatic Stress Disorder Treatment.
- Pain tolerance and threshold in suicide attempters: A systematic review and meta-analysis.
- Fear of sleep in first responders: associations with trauma types, psychopathology, and sleep disturbances.
- Cumulative trauma load and timing of trauma prior to military deployment differentially influences inhibitory control processing across deployment.
- Links of Interest
- Resource of the Week – Veteran Single Parents: Surviving but Not Thriving (RAND)

<https://doi.org/10.1001/jamahealthforum.2023.4982>

Characteristics of Mental Health Specialists Who Shifted Their Practice Entirely to Telemedicine.

Hailu, R., Huskamp, H. A., Busch, A. B., Uscher-Pines, L., Raja, P., & Mehrotra, A.

JAMA Health Forum
January 26, 2024

Introduction

The COVID-19 pandemic–related shift to telemedicine has been particularly prominent and sustained in mental health care. In 2021, more than one-third of mental health visits were conducted via telemedicine. While most mental health specialists have in-person and telemedicine visits, some have transitioned to fully virtual practice, perhaps for greater work-life flexibility (including avoiding commuting) and eliminating expenses of maintaining a physical clinic. The decision by some clinicians to practice only via telemedicine has gained importance due to Medicare’s upcoming requirement, effective in 2025, that patients have an annual in-person visit to receive telemedicine visits for mental illness and new requirements from some state Medicaid programs that clinicians offer in-person visits. We assessed the number and characteristics of mental health specialists who have shifted fully to telemedicine.

Methods

This cohort study used national, deidentified commercial health insurance claims from OptumLabs Data Warehouse for commercial insurance and Medicare Advantage enrollees from January 1 to December 31, 2019, and January 1 to December 31, 2022. Harvard Medical School exempted this study from review and informed consent because data were deidentified. We followed the STROBE guideline.

We identified mental health specialists (psychiatrists, psychologists, social workers, and psychiatric mental health nurse practitioners [PMHNPs]) who had at least 30 visits and 5 patients in both 2019 and 2022 and conducted less than 25% of visits virtually in 2019 (eTable in Supplement 1). Clinicians defined as “telemedicine only” conducted more than 95% of visits virtually in 2022. We did not use 100% because of potential billing errors. For each clinician, we captured specialty, sex, US region, whether most patients were younger than 18 or older than 65 years, proportion of patients with severe mental illness (schizophrenia or bipolar disorder), and median house value and population per

square mile in the county where most of their patients resided (eAppendix in Supplement 1). We ran a multivariable logit model in SAS, version 9.4, on the likelihood a clinician provided telemedicine-only care in 2022 by clinician variables and present marginal effect estimates. Two-sided $P < .05$ was significant.

Results

Among 51 309 mental health specialists meeting our inclusion criteria, 13.0% provided telemedicine-only care in 2022 (Figure). The adjusted rate was highest among PMHNPs (18.7%; 95% CI, 17.1%-20.3%) and lowest among psychiatrists (9.1%; 95% CI, 8.6%-9.7%). In multivariable models, characteristics associated with greater likelihood of switching to telemedicine only were being female (adjusted rate, 14.0% [95% CI, 13.6%-14.3%] vs 11.1% [95% CI, 10.6%-11.6%] for males; $P < .001$) and working in counties in the top (vs lowest) quartile of housing value (16.6% [95% CI, 15.9%-17.4%] vs 8.8% [95% CI, 8.2%-9.4%]; $P < .001$) and population density (16.0% [95% CI, 15.4%-16.7%] vs 8.8% [95% CI, 8.3%-9.4%]; $P < .001$) (Table). Clinicians with a pediatric focus were less likely than general clinicians to have a telemedicine-only practice (6.7% [95% CI, 6.0%-7.5%] vs 14.1% [95% CI, 13.8%-14.4%]; $P < .001$).

Discussion

In 2022, 13.0% of mental health specialists serving commercially insured or Medicare Advantage enrollees had shifted to telemedicine only. Rates were higher among female clinicians and those working in densely populated counties with higher real estate prices. A virtual-only practice allowing clinicians to work from home may be more attractive to female clinicians, who report spending more time on familial responsibilities, and those facing long commutes and higher office-space costs.

<https://doi.org/10.1037/ser0000760>

Challenges and Opportunities to Maximize Mental Health among Shipboard Sailors: A Qualitative Study.

Emily A. Schmied, Elizabeth M. Harrison, Robyn M. Englert, Cynthia J. Thomsen & Lisa H. Glassman

Psychological Services
(2024) 21(1), 1–12

Caring Letters is a prevention program aimed at reducing suicide risk; however, clinical trials indicate mixed results among military and veteran samples. The present study aimed to pilot a new version of the Caring Letters intervention that was adapted to military culture in order to emphasize peer support. The supportive letters, traditionally sent from clinicians, were written by peer veterans (PVs) who volunteered from local Veteran Service Organizations (VSOs). PVs (n = 15) attended a 4-hr workshop to learn about Caring Letters and write six letters to a veteran with a recent hospitalization for suicide risk (hospitalized veterans [HVs]; n = 15 completed a baseline assessment). Letters from PVs were sent to HVs once a month for 6 months following discharge from the psychiatric inpatient unit. The study used a limited efficacy approach to examine feasibility outcomes including implementation procedures, participant recruitment and retention rates, and barriers and facilitators. Acceptability measures examined HV satisfaction, perceived privacy and safety, and PV workshop satisfaction. Among HVs, results suggested that suicidal ideation improved from baseline to follow-up (g = 3.19). Results suggested resilience scores improved among HVs (g = 0.99). Results also suggested a possible reduction in stigma associated with mental health treatment among PVs at 1-month postworkshop assessment. Interpretation of the results is limited by the design and sample size, but the results provide preliminary support for the feasibility and acceptability of a PV approach to Caring Letters. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

This pilot study adapted the Caring Letters suicide intervention by recruiting peer veterans (PVs) from Veteran Service Organizations to write letters to veterans with a recent hospitalization for suicide risk. The results supported feasibility and acceptability. Results suggested that suicidal ideation improved among hospitalized veterans postintervention. PVs showed a possible reduction in stigma associated with mental health treatment (1-month postletter writing). Results provide preliminary support for a PV approach to Caring Letters. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1136/bmjmilitary-2022-002128>

Addressing moral injury in the military.

Phelps, A. J., Adler, A. B., Belanger, S. A. H., Bennett, C., Cramm, H., Dell, L., Fikretoglu, D., Forbes, D., Heber, A., Hosseiny, F., Morganstein, J. C., Murphy, D., Nazarov, A., Pedlar, D., Richardson, J. D., Sadler, N., Williamson, V., Greenberg, N., Jetly, R., & Members of the Five Eyes Mental Health Research and Innovation Collaborative

BMJ Military Health
(2024) 170(1), 51–55

Moral injury is a relatively new, but increasingly studied, construct in the field of mental health, particularly in relation to current and ex-serving military personnel. Moral injury refers to the enduring psychosocial, spiritual or ethical harms that can result from exposure to high-stakes events that strongly clash with one's moral beliefs. There is a pressing need for further research to advance understanding of the nature of moral injury; its relationship to mental disorders such as posttraumatic stress disorder and depression; triggering events and underpinning mechanisms; and prevalence, prevention and treatment. In the meantime, military leaders have an immediate need for guidance on how moral injury should be addressed and, where possible, prevented. Such guidance should be theoretically sound, evidence-informed and ethically responsible. Further, the implementation of any practice change based on the guidance should contribute to the advancement of science through robust evaluation. This paper draws together current research on moral injury, best-practice approaches in the adjacent field of psychological resilience, and principles of effective implementation and evaluation. This research is combined with the military and veteran mental health expertise of the authors to provide guidance on the design, implementation and evaluation of moral injury interventions in the military. The paper discusses relevant training in military ethical practice, as well as the key roles leaders have in creating cohesive teams and having frank discussions about the moral and ethical challenges that military personnel face.

<https://doi.org/10.1016/j.amjmed.2023.11.013>

Alcohol Use Patterns During and After the COVID-19 Pandemic Among Veterans in the United States.

Wong, R. J., Yang, Z., Ostacher, M., Zhang, W., Satre, D., Monto, A., Khalili, M., Singal, A. K., & Cheung, R.

Background

Veterans may be especially susceptible to increased alcohol consumption following the COVID-19 pandemic. We aim to evaluate trends in alcohol use among US Veterans prior to, during, and following the onset of the COVID-19 pandemic.

Methods

All US Veterans utilizing Veterans Affairs health care facilities in the United States from March 1, 2018 to February 28, 2023 with ≥ 1 AUDIT-C score were categorized into 1) No alcohol use (AUDIT-C = 0), 2) Low-risk alcohol use (AUDIT-C 1-2 for women, 1-3 for men), and 3) High-risk alcohol use (AUDIT-C ≥ 3 for women, ≥ 4 for men). Trends in the proportion of Veterans reporting high-risk alcohol use, stratified by sex, age, race/ethnicity, and urbanicity were evaluated.

Results

Among a cohort of 2.15 to 2.60 million Veterans, 15.5% reported high-risk alcohol use during March 2018-February 2019, which decreased to 14.6% during the first year of the pandemic, increased to 15.2% in the second year, and then decreased to 14.9% from March 2022-February 2023. Among non-Hispanic whites, African Americans, Asians, and Hispanics, the proportion of women reporting high-risk alcohol use surpassed that of men during the onset of the pandemic and beyond. The greatest proportion of high-risk alcohol use was observed among young Veterans ages 18-39 years (17%-27%), which was consistent across all race/ethnic groups.

Conclusions

High-risk alcohol use among US Veterans has increased since the COVID-19 pandemic onset, and in the third year following pandemic onset, 15% of Veterans overall and over 20% of young Veterans ages 18-39 years reported high-risk alcohol use.

<https://doi.org/10.1080/23279095.2023.2280807>

Subjective cognitive complaints and objective cognitive functioning in combat veterans: Effects of PTSD and deployment mild TBI.

Anna S. Ord, Sarah L. Martindale, Elizabeth R. Jenks & Jared A. Rowland

Objectives

(1) Examine the relationship between subjective cognitive complaints and objective cognitive functioning in combat veterans; and (2) evaluate conditional effects of posttraumatic stress disorder (PTSD) and deployment-related mild traumatic brain injury (TBI) within that relationship.

Method

Combat veterans (N = 225, 86.22% male) completed a lifetime TBI interview, a structured interview assessing PTSD symptoms, a neuropsychological assessment battery, and a self-report measure of cognitive symptoms.

Results

All correlations between subjective cognitive complaints and objective cognitive measures were not statistically significant. Hierarchical linear regression indicated that cognitive performance was not significantly related to cognitive complaints, but both PTSD diagnosis and history of deployment mild TBI explained a significant amount of unique variance in self-reported cognitive symptoms. Interactions between the studied variables were not significant.

Conclusions

PTSD and history of deployment mild TBI were uniquely related to cognitive complaints, but cognitive test performance was not. No confounding effects of PTSD or deployment mild TBI were observed in the relationship between cognitive performance and cognitive complaints. This provides support that symptom distress may be a better explanatory factor for perception of lower cognitive functioning than actual cognitive performance.

<https://doi.org/10.1186/s12888-023-05373-9>

Bedtime regularity predicts positive affect among veterans with posttraumatic stress disorder: an ecological momentary assessment study.

Song, J., Fisher, A.J. & Woodward, S.H.

BMC Psychiatry
23, 869 (2023)

Background

Regularizing bedtime and out-of-bed times is a core component of behavioral treatments for sleep disturbances common among patients with posttraumatic stress disorder (PTSD). Although improvements in subjective sleep complaints often accompany improvements in PTSD symptoms, the underlying mechanism for this relationship remains unclear. Given that night-to-night sleep variability is a predictor of physical and mental well-being, the present study sought to evaluate the effects of bedtime and out-of-bed time variability on daytime affect and explore the optimal window lengths of over which variability is calculated.

Methods

For about 30 days, male U.S. military veterans with PTSD (N = 64) in a residential treatment program provided ecological momentary assessment data on their affect and slept on beds equipped with mattress actigraphy. We computed bedtime and out-of-bed time variability indices with varying windows of days. We then constructed multilevel models to account for the nested structure of our data and evaluate the impact of bedtime and out-of-bed time variability on daytime affect.

Results

More regular bedtime across 6–9 days was associated with greater subsequent positive affect. No similar effects were observed between out-of-bed time variability and affect.

Conclusions

Multiple facets of sleep have been shown to differently predict daily affect, and bedtime regularity might represent one of such indices associated with positive, but not negative, affect. A better understanding of such differential effects of facets of sleep on affect will help further elucidate the complex and intertwined relationship between sleep and psychopathology.

Trial registration

The trial retrospectively was registered on the Defense Technical Information Center website: Award # W81XWH-15–2-0005.

<https://doi.org/10.1002/jts.23015>

Gender differences in mental health outcomes among Afghanistan veterans exposed to war zone trauma.

Line Rønning, Andreas Espetvedt Nordstrand, Odin Hjemdal, Hans Jakob Bøe

Journal of Traumatic Stress

First published: 25 January 2024

Research has sought to identify whether women have an increased risk of developing mental health problems following military trauma compared to men, but the results are mixed. This study examined gender differences in a range of mental health outcomes within three levels of war zone trauma exposure and investigated gender differences in risk and protective factors associated with clinical mental health problems. Using data from a cross-sectional, postdeployment survey, a sample of Norwegian veterans of recent military operations in Afghanistan (N = 6,205, 8.3% women) were sorted according to reported war zone trauma exposure level (low, medium, high), then assessed for symptoms of posttraumatic stress disorder (PTSD), posttraumatic distress, anxiety, depression, insomnia, and alcohol problems. The findings revealed that men who reported low war zone exposure had lower levels of posttraumatic distress symptoms than women, $d = -0.20$, $p = .040$, but were more likely to report symptoms of alcohol problems within the low, $d = 0.33$, $p < .001$; medium, $d = 0.39$, $p < .001$; and high, $d = 0.37$, $p = .049$, exposure groups; however, these differences disappeared when all symptom variables were combined into one clinical mental health problem variable. Women with a clinical mental health problem were less likely to report war zone exposure than men, $OR = 0.93$, $95\% CI [0.90, 0.97]$, $p = .001$. Findings suggest that although gender differences in mental health symptoms exist, male and female veterans with mental health problems may share more similarities than previously recognized.

<https://doi.org/10.1177/10778012231216714>

Department of the Air Force Family Advocacy Program: Exploring the Impact of an Antiviolence Intervention Program for Women.

Larance, L. Y., Miller, S. L., Collins, P., & Liu, L.

Violence Against Women

First published online November 23, 2023

This mixed-methods study explores the impact of the Vista curriculum, a trauma-informed antiviolence intervention program for women who have used force in their

intimate relationships, delivered by the Department of the Air Force Family Advocacy Program clinicians. Questions sought to understand any changes in personal growth, self-awareness, beliefs, and relationship interaction skills for 62 cisgender women. Findings suggest that women gained personal growth, self-awareness, and increased relationship tools. Women identified the positive impact cofacilitator support and non-judgment had on them and their ability to heal from their experiences and increase their awareness of viable non-forceful alternatives. Policy and practice implications are discussed.

<https://doi.org/10.1177/00207640231206059>

The effectiveness of telehealth interventions in suicide prevention: A systematic review and meta-analysis.

Shoib, S., Shaheen, N., Anwar, A., Saad, A. M., Mohamed Akr, L., I Saud, A., Kundu, M., Nahidi, M., Chandradasa, M., Swed, S., & Saeed, F.

International Journal of Social Psychiatry
First published online November 23, 2023

Background:

Suicidal attempt is a significant risk factor for future attempts, with the highest risk during the first-year post-suicide. Telepsychiatry has shown promise by providing easy access to evidence-based interventions during mental health crises.

Aims:

Investigation the effectiveness of telehealth interventions in suicide prevention.

Methods:

Four electronic databases (PubMed, Scopus, Web of Science, and Ovid) were systematically searched for studies on patients undergoing telepsychiatry intervention (TPI) up to June 2022. Following PRISMA guidelines, a systematic review and meta-analysis were conducted to investigate the effectiveness of telehealth interventions in suicide prevention. Continuous data were pooled as standardised mean difference (SMD), and dichotomous data were pooled as risk ratio using the random effects model with the corresponding 95% confidence intervals (CI).

Results:

Sixteen studies were included in the review. Most studies were case-control and randomised controlled trials conducted in Europe and North America. The findings of the studies generally showed that TPIs are effective in reducing suicide rates (odds ratio = 0.68; 95% CI [-0.47, 0.98], $p = .04$) and suicidal reattempts. The interventions were also found to be well-accepted, with high retention rates.

Conclusion:

Our results suggest that TPIs are well-accepted and effective in reducing suicide rates and reattempts. It is recommended to maintain telephone follow-ups for at least 12 months. Further research is needed to understand the potential of telepsychiatry in suicide prevention fully.

<https://doi.org/10.1007/s41347-023-00374-7>

Systematic Review and Meta-Analysis: Effectiveness of Stand-Alone Digital Suicide Preventive Interventions for the Self-Management of Suicidality.

Sara Sutori, Gergö Hadlaczky, Emma Eliasson, Danuta Wasserman & Vladimir Carli

Journal of Technology in Behavioral Science

Published: 30 December 2023

Suicide is a global issue accounting for more than 700,000 deaths annually, with low- and middle-income countries being disproportionately affected. Technology-enhanced interventions have been suggested as a preventive method with various benefits—e.g., increased scalability and sustainability, making them relevant for developed and especially for developing nations. However, despite the increasing number of such interventions, their effectiveness is seldom appropriately evaluated. The current review aims to tackle this need by synthesizing the evidence with the goal of answering whether these interventions can be recommended for the self-management of suicidality. A systematic review was carried out across multiple databases (PubMed/Medline, Global Index Medicus, PsychINFO, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, and Cumulative Index to Nursing and Allied Health Literature), identifying 4520 individual reports up to November 2021. Ten of these were deemed sufficient to inform the evaluation, but only four were included in the meta-analyses. Quality assessment via GRADE reveals some concerns, primarily regarding selection of reported results. Results suggest negligible effect on the outcomes of

deaths by suicide, suicide attempts, and a small effect on suicidal ideation—favoring digital interventions over no intervention. Conclusively, there is not enough evidence to allow for the recommendation of digital interventions as stand-alone care, but they are promising if developed on the grounds of evidence-based practices. The review also highlights the challenges of evaluation, by discussing excessive safety procedures and considering parallelly ongoing treatment. Additionally, the need to involve low- and middle-income countries is emphasized as currently these regions are underrepresented, even though they have a high potential for benefiting from stand-alone digital interventions.

<https://doi.org/10.1080/13811118.2023.2282663>

Mindfulness-Based Cognitive Therapy for Individuals Who Are Suicidal: A Randomized Controlled Trial.

Eva De Jaegere, Eva Dumon, Kees van Heeringen, Renate van Landschoot, Pauline Stas & Gwendolyn Portzky

Archives of Suicide Research
Published online: 23 Nov 2023

There is a need for well-described treatments targeting individuals at risk for suicidal behaviors. The present study aims to investigate the effectiveness of MBCT adapted to individuals who are suicidal (MBCT-S) in a randomized controlled trial, comparing an intervention group receiving MBCT-S and treatment as usual (TAU) with a control group receiving TAU only. Participants who were 18 years or older and experienced suicidal ideation were included. Assessments on suicidal ideation and symptoms associated with suicidal behavior were carried out at baseline, post-treatment, and 12 weeks after the end of the training. When comparing the intervention group with the control group, a significant reduction was found at follow-up in suicidal ideation and depressive symptoms. When focusing on the intervention group only, a significant reduction was found in suicidal ideation, depressive symptoms, hopelessness, worrying, defeat, and entrapment, and a significant increase in mindfulness both at post-treatment and at follow-up. The findings suggest that MBCT-S is a promising suicide-specific intervention as it may have the potential to reduce suicidal ideation and suicide-related components.

<https://doi.org/10.1177/00302228231218562>

The Meaning of Mental Imagery in Acute Suicidal Episodes: A Qualitative Exploration of Lived Experiences.

Nilsson, A. M., Waern, M., Ehnvall, A., & Skärsäter, I.

OMEGA - Journal of Death and Dying
First published online November 25, 2023

Clinical assessment of suicidal ideation focuses on cognitions in the form of verbal thoughts. However, cognitions also take the shape of mental imagery. The aim of this qualitative study was to explore the meaning of mental imagery in acute suicidal episodes (ASEs). Eight persons with severe previous ASEs participated in repeated in-depth interviews and in the semi-structured Suicidal Cognitions Interview. Textual data from both sources underwent content analysis. All participants experienced suicide-related imagery during ASEs. Analysis resulted in two themes. (1) Suicide-approaching imagery: intrusive looming images that contributed to loss of control, flashforwards that clarified the suicidal solution, or desirable but unattainable images. (2) Suicide preventive imagery: death-alienating, life-affirming, or potentially helpful images. The meaning of mental imagery in ASEs is suggested to be understood in relation to the context of the individual ASE. A narrative approach is encouraged, as is an increased clinical focus on mental imagery in general.

<https://doi.org/10.1002/jts.22994>

Military exposures and Gulf War illness in veterans with and without posttraumatic stress disorder.

Stephen H. Boyle, Julie Upchurch, Elizabeth J. Gifford, Thomas S. Redding IV, Elizabeth R. Hauser, Deeksha Malhotra, Ashlyn Press, Kellie J. Sims, Christina D. Williams

Journal of Traumatic Stress
First published: 23 November 2023

Gulf War illness (GWI) is a chronic multisymptom disorder of unknown etiology that is believed to be caused by neurotoxicant exposure experienced during deployment to the

Gulf War. Posttraumatic stress disorder (PTSD) covaries with GWI and is believed to play a role in GWI symptoms. The present study examined the association between self-reported military exposures and GWI, stratified by PTSD status, in veterans from the Gulf War Era Cohort and Biorepository who were deployed to the Persian Gulf during the war. Participants self-reported current GWI and PTSD symptoms as well as military exposures (e.g., pyridostigmine [PB] pills, pesticides/insecticides, combat, chemical attacks, and oil well fires) experienced during the Gulf War. Deployed veterans' (N = 921) GWI status was ascertained using the Centers for Disease Control and Prevention definition. Individuals who met the GWI criteria were stratified by PTSD status, yielding three groups: GWI-, GWI+/PTSD-, and GWI+/PTSD+. Multivariable logistic regression, adjusted for covariates, was used to examine associations between GWI/PTSD groups and military exposures. Apart from insect bait use, the GWI+/PTSD+ group had higher odds of reporting military exposures than the GWI+/PTSD- group, adjusted odds ratio (aOR) = 2.15, 95% CI [1.30, 3.56]—aOR = 6.91, 95% CI [3.39, 14.08]. Except for PB pills, the GWI+/PTSD- group had a higher likelihood of reporting military exposures than the GWI- group, aOR = 2.03, 95% CI [1.26, 3.26]—aOR = 4.01, 95% CI [1.57, 10.25]. These findings are consistent with roles for both PTSD and military exposures in the etiology of GWI.

<https://doi.org/10.1007/s11606-023-08486-9>

Prevalence of Sexual Violence and Intimate Partner Violence Among US Military Veterans: Findings from Surveys with Two National Samples.

Katherine M. Iverson PhD, Whitney S. Livingston PhD, Dawne Vogt PhD, Brian N. Smith PhD, Shannon M. Kehle-Forbes PhD & Karen S. Mitchell PhD

Journal of General Internal Medicine

Published: 27 November 2023

Background

Sexual violence (SV) and intimate partner violence (IPV) experiences are major social determinants of adverse health. There is limited prevalence data on these experiences for veterans, particularly across sociodemographic groups.

Objective

To estimate the prevalence of SV before, during, and after military service and lifetime and past-year IPV for women and men, and explore differences across

sociodemographic groups.

Design

Data are from two national cross-sectional surveys conducted in 2020. Weighted prevalence estimates of SV and IPV experiences were computed, and weighted logistic regression models were used for comparisons across gender, race, ethnicity, sexual orientation, and age.

Participants

Study 1 included veterans of all service eras (N = 1187; 50.0% women; 29% response rate). Study 2 included recently separated post-9/11 veterans (N = 1494; 55.2% women; 19.4% response rate).

Main Measures

SV was assessed with the Deployment Risk and Resilience Inventory-2 (DRRI-2). IPV was assessed with the extended Hurt-Insult-Threaten-Scream Tool.

Key Results

Women were more likely than men to experience pre-military SV (study 1: 39.9% vs. 8.7%, OR = 6.96, CIs: 4.71–10.28; study 2: 36.2% vs. 8.6%, OR = 6.04, CIs: 4.18–8.71), sexual harassment and/or assault during military service (study 1: 55.0% vs. 16.8%, OR = 6.30, CIs: 4.57–8.58; study 2: 52.9% vs. 26.9%, OR = 3.08, CIs: 2.38–3.98), and post-military SV (study 1: 12.4% vs. 0.9%, OR = 15.49, CIs: 6.42–36.97; study 2: 7.5% vs. 1.5%, OR = 5.20, CIs: 2.26–11.99). Women were more likely than men to experience lifetime IPV (study 1: 45.7% vs. 37.1%, OR = 1.38, CIs: 1.04–1.82; study 2: 45.4% and 34.8%, OR = 1.60, CIs: 1.25–2.04) but not past-year IPV (study 1: 27.9% vs. 28.3%, OR = 0.95, CIs: 0.70–1.28; study 2: 33.1% vs. 28.5%, OR = 1.24, CIs: 0.95–1.61). When controlling for gender, there were few differences across other sociodemographic groups, with the exception of sexual orientation.

Conclusions

Understanding veterans' experiences of SV and IPV can inform identification and intervention efforts, especially for women and sexual minorities.

<https://doi.org/10.1037/tra0001602>

Machine learning models predict PTSD severity and functional impairment: A personalized medicine approach for uncovering complex associations among heterogeneous symptom profiles.

Park, A. H., Patel, H., Mirabelli, J., Eder, S. J., Steyrl, D., Lueger-Schuster, B., Scharnowski, F., O'Connor, C., Martin, P., Lanius, R. A., McKinnon, M. C., & Nicholson, A. A.

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

Objective:

Posttraumatic stress disorder (PTSD) is a debilitating psychiatric illness, experienced by approximately 10% of the population. Heterogeneous presentations that include heightened dissociation, comorbid anxiety and depression, and emotion dysregulation contribute to the severity of PTSD, in turn, creating barriers to recovery. There is an urgent need to use data-driven approaches to better characterize complex psychiatric presentations with the aim of improving treatment outcomes. We sought to determine if machine learning models could predict PTSD-related illness in a real-world treatment-seeking population using self-report clinical data.

Method:

Secondary clinical data from 2017 to 2019 included pretreatment measures such as trauma-related symptoms, other mental health symptoms, functional impairment, and demographic information from adults admitted to an inpatient unit for PTSD in Canada ($n = 393$). We trained two nonlinear machine learning models (extremely randomized trees) to identify predictors of (a) PTSD symptom severity and (b) functional impairment. We assessed model performance based on predictions in novel subsets of patients.

Results:

Approximately 43% of the variance in PTSD symptom severity ($R^2_{avg} = .43$, $R^2_{median} = .44$, $p = .001$) was predicted by symptoms of anxiety, dissociation, depression, negative trauma-related beliefs about others, and emotion dysregulation. In addition, 32% of the variance in functional impairment scores ($R^2_{avg} = .32$, $R^2_{median} = .33$, $p = .001$) was predicted by anxiety, PTSD symptom severity, cognitive dysfunction, dissociation, and depressive symptoms.

Conclusions:

Our results reinforce that dissociation, cooccurring anxiety and depressive symptoms, maladaptive trauma appraisals, cognitive dysfunction, and emotion dysregulation are critical targets for trauma-related interventions. Machine learning models can inform personalized medicine approaches to maximize trauma recovery in real-world inpatient populations.

Clinical Impact Statement

Machine learning models accurately predicted self-reported trauma symptom severity and functional impairment scores in a masked subset of data, consisting of a sample of adults seeking inpatient treatment for posttraumatic stress disorder (PTSD). In order of decreasing importance, anxiety, dissociation, depression, negative trauma-related beliefs about the world, and emotion dysregulation were the greatest contributors of PTSD symptom severity; whereas anxiety, PTSD symptom severity, cognitive dysfunction, dissociation, and depression best accounted for functional impairment. Evidence-based interventions that specifically target these symptoms may be important for reducing the severity and burden of trauma-related illness.

<https://doi.org/10.1080/20008066.2023.2282020>

Alcohol-involved sexual assault in the US military: a scoping review.

Erin L. Miggantz, Lindsay M. Orchowski, Jessica L. Beltran, Kristen H. Walter, Julia C. Hollingsworth, Kelly Cue Davis, Zoe Y. Zong, Richard Meza-Lopez, Anna Hutchins & Amanda K. Gilmore

European Journal of Psychotraumatology

Published online: 27 Nov 2023

Background:

Sexual assault and alcohol use are significant public health concerns, including for the United States (US) military. Although alcohol is a risk factor for military sexual assault (MSA), research on the extent of alcohol-involvement in MSAs has not been synthesised.

Objective:

Accordingly, this scoping review is a preliminary step in evaluating the existing literature on alcohol-involved MSAs among US service members and veterans, with the goals of

quantifying the prevalence of alcohol-involved MSA, examining differences in victim versus perpetrator alcohol consumption, and identifying additional knowledge gaps.

Method:

In accordance with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines for Scoping Reviews, articles in this review were written in English, published in 1996 or later, reported statistics regarding alcohol-involved MSA, and included samples of US service members or veterans who experienced MSA during military service.

Results:

A total of 34 of 2436 articles identified met inclusion criteria. Studies often measured alcohol and drug use together. Rates of reported MSAs that involved the use of alcohol or alcohol/drugs ranged from 14% to 66.1% (M = 36.94%; Mdn = 37%) among servicemen and from 0% to 83% (M = 40.27%; Mdn = 41%) among servicewomen. Alcohol use was frequently reported in MSAs, and there is a dearth of information on critical event-level characteristics of alcohol-involved MSA. Additionally, studies used different definitions and measures of MSA and alcohol use, complicating comparisons across studies.

Conclusion:

The lack of event-level data, and inconsistencies in definitions, measures, and sexual assault timeframes across articles demonstrates that future research and data collection efforts require more event-level detail and consistent methodology to better understand the intersection of alcohol and MSA, which will ultimately inform MSA prevention and intervention efforts.

HIGHLIGHTS

- A total of 34 of 2436 articles identified met inclusion criteria. Studies often measured alcohol and drug use together. Rates of reported military sexual assaults that involved the use of alcohol or alcohol/drugs ranged from 14% to 66.1% (M = 36.94%; Mdn = 37%) among servicemen and from 0% to 83% (M = 40.27%; Mdn = 41%) among servicewomen.
- More precise prevalence estimates of the intersection between alcohol and military sexual assault were limited due to inconsistencies in the definitions of sexual assault and alcohol use, measures of sexual assault and alcohol use, and timeframe for reporting across studies.
- Future research should standardise the measures, definitions, and timeframes of sexual assault and alcohol-involvement to allow for a more precise estimation of alcohol-involved military sexual assault. Furthermore, event-level data is needed

including amount and timeframe of alcohol consumption, relationship between victim and perpetrator, location of alcohol consumption and military sexual assault, and whether the assault was opportunistic or facilitated, to inform military sexual assault prevention and intervention efforts in the military.

<https://doi.org/10.3389/frsle.2023.1268967>

Cognitive behavioral therapy for insomnia in a military traumatic brain injury clinic: a quality improvement project assessing the integration of a smartphone application with behavioral treatment.

JT Matsuura, NS Keller, MB Lustik, CE Campbell, CE Grills

Frontiers in Sleep
19 December 2023

Objectives:

While the association between insomnia and traumatic brain injury (TBI) is well established, TBI rehabilitation programs that focus on sleep as a primary target are limited. Cognitive behavioral therapy for insomnia (CBTi) is an effective treatment for insomnia, however; its use within TBI clinics is relatively unknown. Therefore, our aim was to evaluate the implementation of CBTi, used in conjunction with a smartphone app for insomnia, within a US military TBI program to improve care within this setting.

Setting: A TBI clinic at a US military installation.

Methods:

MHS beneficiaries underwent 6 sessions of CBTi and a 1-month post-treatment follow up session. Data was collected at each treatment session as part of routine clinical care.

Results:

A total of 69 US MHS beneficiaries seen at a TBI clinic with a diagnosis of insomnia began CBTi. Attrition rate at the end of the CBTi program and 1-month posttreatment session was 35% and 48%, respectively. Results demonstrated that sleep onset latency (SOL) and wake after sleep onset (WASO) decreased during treatment (p 's < 0.001). Further, symptoms reported on the Insomnia Severity Index (ISI) improved during CBTi (p < 0.001).

Conclusion:

Findings demonstrate how CBTi used in conjunction with a CBTi smartphone application can be used to effectively treat insomnia for MHS beneficiaries seeking care for TBIs. This evaluation provides the basis for further research on how CBTi may improve care within TBI programs.

<https://doi.org/10.1093/milmed/usad457>

Optimism, Sociability, and the Risk of Future Suicide Attempt among U.S. Army Soldiers.

James A Naifeh, PhD, Robert J Ursano, MD, Murray B Stein, MD, MPH, Holly B. Herberman Mash, PhD, Pablo A Aliaga, MS, Carol S Fullerton, PhD, Rachel Shor, PhD, Tzu-Cheg Kao, PhD, Nancy A Sampson, BA, Ronald C Kessler, PhD

Military Medicine

Published: 28 November 2023

Introduction

Most research on suicide attempts among U.S. service members has been focused on risk factors that occur during service. There is an important gap in our understanding of premilitary factors, such as personality characteristics, that may be associated with future suicide attempt risk during service. Of particular importance is identifying risk factors for the 1/3 of suicide attempters who never receive a mental health diagnosis (MH-Dx)—and therefore are not identified as having a mental health problem in the military healthcare system—prior to their suicide attempt.

Materials and Methods

Using two components of the Army Study to Assess Risk and Resilience in Servicemembers, we examined the association of personality facets from the Tailored Adaptive Personality Assessment System, a computerized instrument administered prior to entering service, with medically documented suicide attempts during service. A 2010–2016 sample of historical administrative records from U.S. Regular Army enlisted soldiers with complete data on 11 commonly administered Tailored Adaptive Personality Assessment System facets was examined using a series of logistic regression analyses to identify the facets associated with future suicide attempt. Significant facets were then applied to data from a longitudinal cohort study of 11,288 soldiers surveyed upon entering basic combat training and followed via administrative records for their first

48 months of service. This research was approved by the Institutional Review Boards at the collaborating institutions.

Results

Analysis of the historical administrative data (87.0% male, 61.6% White non-Hispanic), found that low Optimism (odds ratio (OR) = 1.2 [95% CI = 1.0-1.4]) and high/low (vs. moderate) Sociability (OR = 1.3 [95%CI = 1.1-1.6]) were associated with suicide attempt after adjusting for other univariable-significant facets and socio-demographic and service-related variables. When examined in the longitudinal survey cohort, low Optimism (OR = 1.7 [95% CI = 1.1-2.4]) and high/low (vs. moderate) Sociability (OR = 1.7 [95% CI = 1.1-2.5]) were still associated with increased odds of documented suicide attempt during service, even after adjusting for each other, socio-demographic and service-related variables, and medically documented MH-Dx. Mental health diagnosis had a significant two-way interaction with Optimism ($F = 5.27$, $p = 0.0236$) but not Sociability. Stratified analyses indicated that low Optimism was associated with suicide attempt among soldiers without, but not among those with, a MH-Dx. Interactions of Optimism and Sociability with gender were nonsignificant. In the full model, population attributable risk proportions for Optimism and Sociability were 15.0% and 18.9%, respectively. Optimism and Sociability were differentially associated with suicide attempt risk across time in service.

Conclusions

Optimism and Sociability, assessed prior to entering U.S. Army service, are consistently associated with future suicide attempt during service, even after adjusting for other important risk factors. While Sociability is equally associated with suicide attempt among those with and without a MH-Dx, Optimism is specifically associated with suicide attempt among soldiers not identified in the mental healthcare system. Risk differences across time in service suggest that Optimism and Sociability interact with stressors and contextual factors in particular developmental and Army career phases.

<https://doi.org/10.1080/10826084.2023.2287192>

The Impact of Cognitive Behavioral Therapy for Substance Use Disorders on Veterans' Interpersonal Difficulties.

Jerika C. Norona, Brian Borsari, Matthew M. Yalch, Catherine Baxley, Maryann Gnys & Josephine M. DeMarce

Substance Use & Misuse
Published online: 01 Dec 2023

Background:

Substance use disorders (SUDs) negatively impact veterans and their relationships with others. Although there are several evidence-based treatments for SUD symptoms, there is less research on whether reduction in SUD symptoms coincides with reduction in interpersonal difficulties.

Methods:

In this study we examined the relationship between SUD and relationships in a national sample of 458 veterans who received approximately 12 sessions of Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD) through the Veterans Health Administration (VHA).

Results:

Parallel latent growth curve modeling (LGCM) indicated that self-reported alcohol use, drug use, and interpersonal difficulties decreased over the course of treatment. Alcohol and drug use were positively associated with each other and with interpersonal difficulties at each time point, and baseline alcohol and drug use were negatively associated with the reduction of use over time. However, there was little evidence that reductions in substance use led to a reduction in interpersonal difficulties (or vice-versa).

Conclusions:

Findings highlight promising strategies to further understand how CBT-SUD may enhance reductions in substance use as well as improve relationships with family and friends.

<https://doi.org/10.1037/tra0001614>

Predicting Suicidal Ideation 3 Months Following Intensive Posttraumatic Stress Disorder Treatment.

Smith, D. L., Tharaud, J. B., Pridgen, S. A., & Held, P.

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

Objective:

This study examined whether posttraumatic stress disorder (PTSD) symptom change during a 3- and 2-week intensive treatment program (ITP)-based in cognitive processing therapy was predictive of reduced suicidal ideation (SI) following treatment.

Method:

Veterans completed either a 3-week ($n = 274$, $M_{age} = 42.35$, $SD = 9.43$, 64.23% male, 65.33% White) or 2-week ($n = 177$, $M_{age} = 42.90$, $SD = 9.81$, 57.63% male, 66.67% White) ITP and self-reported PTSD, depression, and SI symptoms prior to, during, and 3 months following treatment.

Results:

Mixed-effects-based two-stage location scale models assessed change in both overall PTSD severity over the course of the 3- and 2-week ITPs, as well as how this change predicted 3-month follow-up SI. Veterans in both programs reported moderate reductions in SI from baseline to posttreatment (3 weeks: $d = 0.49$; 2 weeks: $d = 0.48$). Of the 210 veterans across both programs who endorsed at least some SI at baseline, two-thirds (65.24%) reported reductions in SI posttreatment; three-quarters (74.45%) of these maintained posttreatment SI at 3-month follow-up that was lower than baseline levels.

Conclusions:

Both baseline SI and greater individual improvement in PTSD symptom severity during the ITPs were associated with lower SI at 3-month follow-up. Overall, study findings suggest that veterans with PTSD who also endorse SI can be successfully treated using the intensive delivery format and are likely to experience a reduction in SI both during and following treatment.

Clinical Impact Statement

The current study examined the relationship between posttraumatic stress disorder (PTSD) symptom change and suicidal ideation (SI) among veterans who completed a 3-week and 2-week cognitive processing therapy-based intensive treatment program for PTSD. Both baseline SI and greater individual improvement in PTSD symptom severity during treatment were associated with lower SI at 3-month follow-up. These findings indicate that veterans with PTSD are likely to experience a reduction in SI both during and following intensive treatment and can be successfully treated using the intensive delivery format.

<https://doi.org/10.1016/j.psychres.2023.115618>

Pain tolerance and threshold in suicide attempters: A systematic review and meta-analysis.

N Risch, A Alacreu-Crespo, S Khan, R Caceda, T Teissman, ML Rogers, P Courtet, E Olie

Psychiatry Research
Volume 331, January 2024, 115618

It has been hypothesized that individuals less sensitive to pain could be at higher risk of suicide. However, data on pain sensitivity in suicide attempters (SA) obtained using experimental procedures are heterogeneous. The aim of this systematic review and meta-analysis was to investigate and compare pain tolerance and threshold in SA (patients with lifetime history of suicide attempt), non-attempters (psychiatric controls, PC), and healthy controls (HC).

A random effects meta-analysis was used to estimate the standardized mean differences using data from 16 studies that compared physical pain tolerance and threshold in SA and PC or HC.

Pain tolerance and threshold were not significantly different in SA and PC. However, pain tolerance, but not threshold, was higher in SA than HC.

Our findings do not support the hypothesis of an altered pain perception related as a trait for suicidal vulnerability, but rather suggest altered pain perception related to psychiatric vulnerability.

<https://doi.org/10.1093/sleepadvances/zpad053>

Fear of sleep in first responders: associations with trauma types, psychopathology, and sleep disturbances.

Anthony N Reffi, David A Kalmbach, Philip Cheng, Peter Tappenden, Jennifer Valentine, Christopher L Drake, Wilfred R Pigeon, Scott M Pickett, Michelle M Lilly

Study Objectives

Fear of sleep contributes to insomnia in some individuals with posttraumatic stress disorder (PTSD) but remains uncharacterized in first responders, a population with high rates of insomnia and PTSD. We evaluated the clinical relevance of fear of sleep in first responders by (1) examining its relationship with trauma types and clinical symptoms and (2) assessing differences in fear of sleep severity between those reporting provisional PTSD, insomnia, or both.

Methods

A cross-sectional study of 242 first responders across the United States (59.2% male, 86.4% white, 56.2% law enforcement officers, 98.7% active duty, and Myears of service = 17). Participants completed the Fear of Sleep Inventory-Short Form and measures of trauma history, psychopathology (e.g. PTSD), and sleep disturbances (insomnia and trauma-related nightmares).

Results

Fear of sleep was associated with trauma types characterized by interpersonal violence and victimization, as well as symptoms of PTSD, depression, anxiety, stress, alcohol use problems, insomnia, and trauma-related nightmares. Fear of sleep was most pronounced among first responders reporting provisional PTSD comorbid with insomnia compared to those with PTSD or insomnia only. Post hoc analyses revealed PTSD hyperarousal symptoms and trauma-related nightmares were independently associated with fear of sleep, even after adjusting for the remaining PTSD clusters, insomnia, sex, and years of service.

Conclusions

Fear of sleep is a clinically relevant construct in first responders that is associated with a broad range of psychopathology symptoms and is most severe among those with cooccurring PTSD and insomnia. Fear of sleep may merit targeted treatment in first responders. This paper is part of the Sleep and Circadian Health in the Justice System Collection.

<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.

Lisa N. Miller, David Forbes, Alexander C. McFarlane, Ellie Lawrence-Wood, Julian G. Simmons & Kim Felmingham

Scientific Reports

Volume 13, Article number: 21414 (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.

Links of Interest

Consumer Guide: How Can a Peer Specialist Support My Recovery From Problematic Substance Use? For People Seeking Recovery

<https://store.samhsa.gov/product/how-can-peer-specialist-support-my-recovery-problematic-substance-use-for-people-seeking-recovery/pep23-02-01-004>

Semaglutide Linked With Lower Risk of Suicidal Thoughts

<https://jamanetwork.com/journals/jama/fullarticle/2814393>

Violence Against Partners, Children Tied to Broader Health Problems

<https://jamanetwork.com/journals/jama/fullarticle/2813756>

Military Health System Stabilization: Rebuilding Health Care Access is 'Critical to the Wellbeing of our Patients'

<https://health.mil/News/Articles/2024/01/19/Military-Health-System-Stabilization-Rebuilding-Health-Care-Access-is-Critical-to-the-Wellbeing-of-our-Patients>

Medical students often ill-equipped to help suicidal patients

<https://www.washingtonpost.com/health/2024/01/30/suicide-doctor-training/>

Tim Kennedy takes veteran suicide forum to nation's largest gun show

<https://www.militarytimes.com/veterans/2024/01/23/tim-kennedy-takes-veteran-suicide-forum-to-nations-largest-gun-show/>

Military to cover IVF for unmarried couples, single troops and more

<https://www.militarytimes.com/news/your-military/2024/01/24/military-to-cover-ivf-for-unmarried-couples-single-troops-and-more/>

Veterans abuse alcohol at higher rates since coronavirus pandemic, study shows

<https://www.stripes.com/veterans/2024-01-24/veterans-alcohol-abuse-coronavirus-pandemic-12782547.html>

- [Alcohol Use Patterns During and After the COVID-19 Pandemic Among Veterans in the United States](#)

Resource of the Week – [Veteran Single Parents: Surviving but Not Thriving](#)

New, from the RAND Corporation:

The demographics of the veteran population are changing. Veterans who served after September 11, 2001 (post-9/11 veterans), are more likely to be female and identify as a person of color than their older counterparts. They are also more likely to be raising children, many of them without support from a partner. This report provides a comprehensive look at the financial, physical, and mental

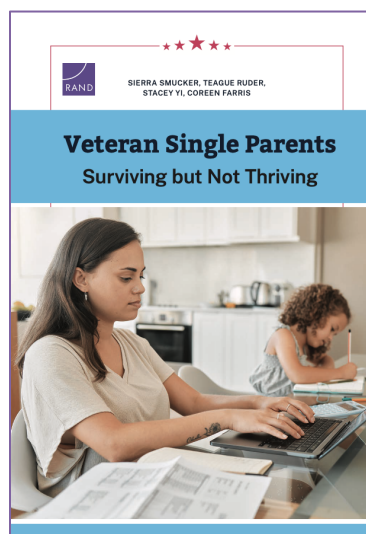
health of veteran single parents; explores the differences across these factors by race, ethnicity, and gender; and includes recommendations on policies and programs that can better support veteran single parents and their children.

Key Findings

- Veteran single parents are more likely to be women and less likely to be White than veteran coupled parents.
- Veteran single parents face greater financial insecurity than veteran coupled parents but have greater financial security than nonveteran single parents.
- Veteran single parents report relatively similar mental and physical health to veteran coupled parents but lower access to health care services.
- Veteran single parents are using their G.I. Bill benefits to pursue higher education; Black and Hispanic single mothers report the highest rates of school enrollment across all veteran single parents.
- Veteran single parents enrolled in higher education reported significant barriers to using their G.I. Bill benefits and achieving academic success.

Recommendations

- Create transition services that target single parents as a unique group.
- Provide financial support for child care for veterans.
- Rethink elements of the G.I. Bill to better support veteran single parents (and parents in general) who are pursuing higher education (e.g., address in-person attendance requirements and part-time attendance disincentives, which are key barriers for single parents).
- Develop targeted outreach to connect single mothers with mental health care and encourage single fathers to seek out primary care.



Shirl Kennedy
Research Editor, HJF
In Support of the Center for Deployment Psychology
Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine