

# CDP

---



## Research Update -- March 14, 2024

### What's Here:

- A Literature Review of Mental Health Symptom Outcomes in U.S. Veterans and Servicemembers Following Combat Exposure and Military Sexual Trauma.
- Adverse Childhood Experiences and Adult Mental Health Outcomes.
- Virtual Reality and Transcranial Direct Current Stimulation for Posttraumatic Stress Disorder: A Randomized Clinical Trial.
- Associations between transdiagnostic traits of psychopathology and hybrid posttraumatic stress disorder factors in a trauma-exposed community sample.
- Posttraumatic stress disorder, Veterans Health Administration use, and care-seeking among recent-era U.S. veterans.
- Health-Related Outpatient Visits Among Adolescents and Young Adults, 2006-2019.
- Prospective association of attachment style with suicide attempts among US Army soldiers.
- The prevalence and determinants of PTSD, anxiety, and depression in Ukrainian civilian physicians and paramedics in wartime-An observational cross-sectional study six months after outbreak.
- Forecasts regarding mental disorders in people in the post-war period.
- Living with a friend mediates PTSD and CPTSD symptoms among trauma-exposed Ukrainians during the second year of 2022 Russian invasion.

- Facets of Suicidal Ideation.
- Association between suicidal ideation and burnout: A meta-analysis.
- Divergent trends in accidental deaths since return from an Afghanistan/Iraq deployment among army soldiers.
- PTSD, depression, and anxiety after the October 7, 2023 attack in Israel: a nationwide prospective study.
- Military Adverse Childhood Experiences: Ex-Servicemen's Experience of Military Discharge and Its Impact on Their Sense of Identity.
- Insomnia, anxiety and related disorders: a systematic review on clinical and therapeutic perspective with potential mechanisms underlying their complex link.
- Virtual first: implementation of a novel sleep telehealth platform in the United States military.
- Associations between Predictors of PTSD and Psychosocial Functioning in Veterans: Results from a Longitudinal Assessment Study.
- Impulsivity and Psychiatric Diagnoses as Mediators of Suicidal Ideation and Suicide Attempts Among Veterans With Traumatic Brain Injury.
- Factors influencing shared decision-making for insomnia and obstructive sleep apnea treatment among veterans with mild traumatic brain injury.
- The role of problem solving appraisal and support in the relationship between stress exposure and posttraumatic stress symptoms of military spouses and service member partners.
- United States Army Reserve/National Guard soldiers' healthcare experiences, attitudes, and preferences: Differences based on deployment status.
- The mediating effect of dysmorphic concern in the association between avoidant restrictive food intake disorder and suicidal ideation in adults.
- Cohort Differences in PTSD Symptoms and Military Experiences: A Life Course Perspective.
- Links of Interest
- Resource of the Week – Defense Primer: Military Health System (Congressional Research Service).

-----  
<https://doi.org/10.1177/15248380231178764>

## **A Literature Review of Mental Health Symptom Outcomes in U.S. Veterans and Servicemembers Following Combat Exposure and Military Sexual Trauma.**

Yancey, J. R., Carson, C. N., McGlade, E. C., & Yurgelun-Todd, D. A.

Trauma, Violence, & Abuse  
2024; 25(2), 1431-1447

Combat exposure (CE) and military sexual trauma (MST) are among the most common types of traumatic experiences faced by veterans and active duty servicemembers and, as such, have both garnered increased research focus over the past decades. However, there has not yet been a critical review of the literature to examine the distinct clinical presentations associated with different trauma types. This is particularly important, as understanding distinct clinical profiles could help researchers and clinicians refine treatment approaches based on trauma type. To address this question, we conducted a search of the available literature in PsycINFO and PubMed prior to October 2022. We identified 43 articles evaluating the distinct and overlapping clinical symptoms of CE and MST. Study findings were conceptually organized by psychiatric condition. In general, there was substantial variability in study methodology including sample size, composition, and operationalizations of CE and MST. Despite this variability, notable patterns emerged across studies. Specifically, MST and CE uniquely predicted posttraumatic stress disorder symptoms, MST was more related to depressive symptoms and suicidality than CE, and CE appeared to be more related to alcohol use and other externalizing behaviors. Gender also played a significant role in the relationship between CE, MST, and clinical variables across studies. This review suggests that individuals with a history of MST and CE likely have distinct clinical presentations and more research into these presentations could better inform assessment and treatment. Important methodological gaps in the literature are also discussed.

-----  
<https://doi.org/10.1001/jamapsychiatry.2024.0039>

## **Adverse Childhood Experiences and Adult Mental Health Outcomes.**

Daníelsdóttir, H. B., Aspelund, T., Shen, Q., Halldorsdottir, T., Jakobsdóttir, J., Song, H., Lu, D., Kuja-Halkola, R., Larsson, H., Fall, K., Magnusson, P. K. E., Fang, F., Bergstedt, J., & Valdimarsdóttir, U. A.

JAMA Psychiatry

March 6, 2024

## Key Points

### Question

Are adverse childhood experiences (ACEs) associated with poor mental health in adulthood after adjustment for familial confounding due to shared genetic and environmental factors?

### Findings

In this cohort study using twin data, there were associations between ACEs and adult mental health outcomes in dizygotic and monozygotic twin pairs, while odds ratios were attenuated compared with the full cohort. Twins who were exposed to ACEs compared with co-twins who were not exposed had increased odds of clinically confirmed adult psychiatric disorders, particularly after sexual abuse or multiple ACEs.

### Meaning

These findings support an association between ACEs and poor mental health in adulthood, notwithstanding evidence for familial confounding from shared genetic and environmental factors.

## Abstract

### Importance

Exposure to adverse childhood experiences (ACEs) has consistently been associated with multiple negative mental health outcomes extending into adulthood. However, given that ACEs and psychiatric disorders cluster within families, it remains to be comprehensively assessed to what extent familial confounding contributes to associations between ACEs and clinically confirmed adult psychiatric disorders.

### Objective

To investigate whether associations between ACEs and adult mental health outcomes remain after adjusting for familial (genetic and environmental) confounding.

### Design, Setting, and Participants

This Swedish twin cohort study used a discordant twin pair design based on monozygotic (MZ) and dizygotic (DZ) twins. A total of 25 252 adult twins (aged 18-47

years) from the Swedish Twin Registry born between 1959 and 1998 were followed up from age 19 years until 2016, with a maximum follow-up time of 39 years. Data were analyzed from April 2022 to November 2023.

### Exposures

A total of 7 ACEs, including family violence, emotional abuse or neglect, physical neglect, physical abuse, sexual abuse, rape, and hate crime, were assessed with items from the Life Stressor Checklist-Revised in a web-based survey.

### Main Outcomes and Measures

Adult (ages >18 years) clinical diagnosis of psychiatric disorders (ie, depressive, anxiety, alcohol or drug misuse, or stress-related disorders) were obtained from the Swedish National Patient Register.

### Results

Of 25 252 twins included in the study (15 038 female [59.6%]; mean [SD] age at ACE assessment, 29.9 [8.7] years), 9751 individuals (38.6%) reported exposure to at least 1 ACE. A greater number of ACEs was associated with increased odds of any psychiatric disorder in the full cohort (odds ratio [OR] per additional ACE, 1.52; 95% CI, 1.48-1.57). The association remained but ORs per additional ACE were attenuated in DZ (1.29; 95% CI, 1.14-1.47) and MZ (1.20; 95% CI, 1.02-1.40) twin pairs. Individuals who were exposed to sexual abuse compared with those who were not exposed had increased odds of any clinically confirmed psychiatric disorder in all comparisons: full cohort (OR, 3.09; 95% CI, 2.68-3.56), DZ twin pairs (OR, 2.10; 95% CI, 1.33-3.32), and MZ twin pairs (1.80; 95% CI, 1.04-3.11).

### Conclusions and relevance

This study found that associations between ACEs and adult mental health outcomes remained after controlling for shared genetic and environmental factors, which was particularly evident after multiple ACEs or sexual abuse. These findings suggest that targeted interventions may be associated with reduced risks of future psychopathology.

---

<https://doi.org/10.1001/jamapsychiatry.2023.5661>

**Virtual Reality and Transcranial Direct Current Stimulation for Posttraumatic Stress Disorder: A Randomized Clinical Trial.**

van 't Wout-Frank, M., Arulpragasam, A. R., Faucher, C., Aiken, E., Shea, M. T., Jones, R. N., Greenberg, B. D., & Philip, N. S.

JAMA Psychiatry

March 6, 2024

## Key Points

### Question

Can therapeutic exposure using virtual reality (VR) be augmented with simultaneously applied transcranial direct current stimulation (tDCS) to reduce symptoms of posttraumatic stress disorder (PTSD)?

### Findings

In this randomized clinical trial including 54 US military veterans with warzone-related trauma, active tDCS delivered during VR exposure significantly improved self-reported PTSD symptoms, reduced measures of autonomic arousal, and improved social functioning compared with sham stimulation during VR exposure. This trial replicated key findings from a prior pilot study.

### Meaning

These findings suggest that the use of combined VR exposure plus tDCS could be a promising treatment for warzone-related PTSD.

## Abstract

### Importance

Posttraumatic stress disorder (PTSD) is a common psychiatric disorder that is particularly difficult to treat in military veterans. Noninvasive brain stimulation has significant potential as a novel treatment to reduce PTSD symptoms.

### Objective

To test whether active transcranial direct current stimulation (tDCS) plus virtual reality (VR) is superior to sham tDCS plus VR for warzone-related PTSD.

### Design, Setting, and Participants

This double-blind randomized clinical trial was conducted among US military veterans enrolled from April 2018 to May 2023 at a secondary care Department of Veterans Affairs hospital and included 1- and 3-month follow-up visits. Participants included US military veterans with chronic PTSD and warzone-related exposure, recruited via referral and advertisement. Patients in psychiatric treatment had to be on a stable

regimen for at least 6 weeks to be eligible for enrollment. Data were analyzed from May to September 2023.

### Intervention

Participants were randomly assigned to receive 2-mA anodal tDCS or sham tDCS targeted to the ventromedial prefrontal cortex, during six 25-minute sessions of standardized warzone VR exposure, delivered over 2 to 3 weeks.

### Main Outcomes and Measures

The co-primary outcomes were self-reported PTSD symptoms, measured via the PTSD checklist for DSM-5 (PCL-5), alongside quality of life. Other outcomes included psychophysiological arousal, clinician-assessed PTSD, depression, and social/occupational function.

### Results

A total of 54 participants (mean [SD] age, 45.7 [10.5] years; 51 [94%] males) were assessed, including 26 in the active tDCS group and 28 in the sham tDCS group. Participants in the active tDCS group reported a superior reduction in self-reported PTSD symptom severity at 1 month ( $t = -2.27$ ,  $P = .02$ ; Cohen  $d = -0.82$ ). There were no significant differences in quality of life between active and sham tDCS groups. Active tDCS significantly accelerated psychophysiological habituation to VR events between sessions compared with sham tDCS ( $F_{5,7689.8} = 4.65$ ;  $P < .001$ ). Adverse effects were consistent with the known safety profile of the corresponding interventions.

### Conclusions and Relevance

These findings suggest that combined tDCS plus VR may be a promising strategy for PTSD reduction and underscore the innovative potential of these combined technologies.

### Trial Registration

ClinicalTrials.gov Identifier: [NCT03372460](https://clinicaltrials.gov/ct2/show/study/NCT03372460)

---

<https://doi.org/10.1002/jts.23023>

**Associations between transdiagnostic traits of psychopathology and hybrid posttraumatic stress disorder factors in a trauma-exposed community sample.**

Joel G. Sprunger, Jeffrey M. Girard, Kathleen M. Chard

Journal of Traumatic Stress  
First published: 01 March 2024

Dimensional conceptualizations of psychopathology hold promise for understanding the high rates of comorbidity with posttraumatic stress disorder (PTSD). Linking PTSD symptoms to transdiagnostic dimensions of psychopathology may enable researchers and clinicians to understand the patterns and breadth of behavioral sequelae following traumatic experiences that may be shared with other psychiatric disorders. To explore this premise, we recruited a trauma-exposed online community sample (N = 462) and measured dimensional transdiagnostic traits of psychopathology using parceled facets derived from the Personality Inventory for DSM-5 Faceted–Short Form. PTSD symptom factors were measured using the PTSD Checklist for DSM-5 and derived using confirmatory factor analysis according to the seven-factor hybrid model (i.e., Intrusions, Avoidance, Negative Affect, Anhedonia, Externalizing Behaviors, Anxious Arousal, And Dysphoric Arousal). We observed hypothesized associations between PTSD factors and transdiagnostic traits indicating that some transdiagnostic dimensions were associated with nearly all PTSD symptom factors (e.g., emotional lability:  $r_{\text{mean}} = .35$ ), whereas others showed more unique relationships (e.g., hostility–Externalizing Behavior:  $r = .60$ ; hostility with other PTSD factors:  $r_s = .12-.31$ ). All PTSD factors were correlated with traits beyond those that would appear to be construct-relevant, suggesting the possibility of indirect associations that should be explicated in future research. The results indicate the breadth of trait-like consequences associated with PTSD symptom exacerbation, with implications for case conceptualization and treatment planning. Although PTSD is not a personality disorder, the findings indicate that increased PTSD factor severity is moderately associated with different patterns of trait-like disruptions in many areas of functioning.

---

<https://doi.org/10.1002/jts.23019>

**Posttraumatic stress disorder, Veterans Health Administration use, and care-seeking among recent-era U.S. veterans.**

Ben Porter, Mary E. Dozier, Amber D. Seelig, Yunnuo Zhu, Michaela S. Patoilo, Edward J. Boyko, Rudolph P. Rull

Journal of Traumatic Stress  
First published: 29 February 2024



The current study investigated the associations among probable posttraumatic stress disorder (PTSD), recent Veterans Health Administration (VHA) health care use, and care-seeking for PTSD in U.S. military veterans. Analyses were conducted among 19,691 active duty military personnel enrolled in the Millennium Cohort Study who separated from the military between 2000 and 2012 and were weighted to the 1,130,103 active duty personnel who separated across this time period. VHA utilization was identified from electronic medical records in the year before survey completion, and PTSD care-seeking and PTSD symptoms were assessed through self-report on the 2014–2016 survey; thus, the observation period regarding care-seeking and VHA use encompassed 2013–2016. Veterans with probable PTSD were more likely to use VHA services than those without probable PTSD, aOR = 1.12, 95% CI [1.01, 1.24], although the strongest association with recent VHA use was a depression diagnosis, aOR = 2.47, 95% CI [2.26, 2.70]. Among veterans with probable PTSD, the strongest predictor of care-seeking was recent VHA use compared to community care, aOR = 4.01, 95% CI [3.40, 4.74]; reporting a diagnosis of depression was the second strongest predictor of PTSD care-seeking, OR = 2.99, 95% CI [2.53, 3.54]. However, the absolute number of veterans with probable PTSD who were not seeking care was approximately equivalent between veterans using VHA services and those not using VHA services. Additionally, certain groups were identified as being at risk of not seeking care, namely Air Force veterans and veterans with high physical and mental functioning despite substantial PTSD symptoms.

---

<https://doi.org/10.1001/jamanetworkopen.2024.1468>

## **Health-Related Outpatient Visits Among Adolescents and Young Adults, 2006-2019.**

Ahn-Horst, R. Y., & Bourgeois, F. T.

JAMA Network Open  
March 7, 2024

### Question

What are the trends in mental health–related outpatient visits and psychotropic medication use among adolescents and young adults in the US from 2006 to 2019?

## Findings

In this cross-sectional analysis of nationally representative data, the proportion of mental health–related outpatient visits and visits associated with psychotropic medications increased almost 2-fold. There were significant increases specifically for visits related to mood, behavioral conditions, and substance use.

## Meaning

The findings of this study suggest that youth experienced a significant and sustained increase in mental health burden for over a decade preceding the COVID-19 pandemic, and treatment and prevention strategies will need to address preexisting psychiatric needs in addition to the direct effects of the COVID-19 pandemic.

---

<https://doi.org/10.1017/S0033291723002489>

## **Prospective association of attachment style with suicide attempts among US Army soldiers.**

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

Psychological Medicine  
2024; 54(4): 785-793

## Background

Insecure attachment styles are associated with retrospectively reported suicide attempts (SAs). It is not known if attachment styles are prospectively associated with medically documented SAs.

## Methods

A representative sample of US Army soldiers entering service (n = 21 772) was surveyed and followed via administrative records for their first 48 months of service. Attachment style (secure, preoccupied, fearful, dismissing) was assessed at baseline. Administrative medical records identified SAs. Discrete-time survival analysis examined associations of attachment style with future SA during service, adjusting for time in service, socio-demographics, service-related variables, and mental health diagnosis (MH-Dx). We examined whether associations of attachment style with SA differed based on sex and MH-Dx.

## Results

In total, 253 respondents attempted suicide. Endorsed attachment styles included secure (46.8%), preoccupied (9.1%), fearful (15.7%), and dismissing (19.2%). Examined separately, insecure attachment styles were associated with increased odds of SA: preoccupied [OR 2.5 (95% CI 1.7–3.4)], fearful [OR 1.6 (95% CI 1.1–2.3)], dismissing [OR 1.8 (95% CI 1.3–2.6)]. Examining attachment styles simultaneously along with other covariates, preoccupied [OR 1.9 (95% CI 1.4–2.7)] and dismissing [OR 1.7 (95% CI 1.2–2.4)] remained significant. The dismissing attachment and MH-Dx interaction was significant. In stratified analyses, dismissing attachment was associated with SA only among soldiers without MH-Dx. Other interactions were non-significant. Soldiers endorsing any insecure attachment style had elevated SA risk across the first 48 months in service, particularly during the first 12 months.

## Conclusions

Insecure attachment styles, particularly preoccupied and dismissing, are associated with increased future SA risk among soldiers. Elevated risk is most substantial during first year of service but persists through the first 48 months. Dismissing attachment may indicate risk specifically among soldiers not identified by the mental healthcare system.

---

<https://doi.org/10.1016/j.psychres.2024.115836>

## **The prevalence and determinants of PTSD, anxiety, and depression in Ukrainian civilian physicians and paramedics in wartime-An observational cross-sectional study six months after outbreak.**

Rzońca, P., Podgórski, M., Łazarewicz, M., Gałązkowski, R., Rzońca, E., Detsyk, O., & Włodarczyk, D.

Psychiatry Research

Volume 334, April 2024, 115836

## Highlights

- Psychological consequences of wars can be harmful and far-reaching.
- The healthcare workers experience trauma as part of professional duties.
- The increased risk of mental health disorders should consider many variables.
- The higher the levels of PTSD, anxiety, the higher the levels of disability.
- It is advisable to monitor the mental state and need for help among civilian medics.

## Abstract

Russia's invasion of Ukraine is the largest European land offensive since World War II. Individuals affected by conflicts such as war are at an increased risk of mental disorders, which result from frequent exposure to traumatic events and the breakdown of supportive social networks. The aim of the study was to assess the prevalence and determinants of PTSD, anxiety, and depression in Ukrainian civilian physicians and paramedics six months after the Russian invasion of Ukraine. A cross-sectional study was conducted using validated questionnaires: The Life Events Checklist, PTSD Checklist for DSM-5, The International Trauma Questionnaire (ICD-11), The Generalized Anxiety Disorder-7, The Patient Health Questionnaire-9, The World Health Organization Disability Assessment Schedule 2.0. The study showed that 61.1 % of participants indicated combat or exposure to a war zone as the most bothersome event in their experience. Physicians and paramedics did not differ in the prevalence of PTSD according to the DSM-5 diagnostic rule and of depression (criteria met by 14.5 % and 9 % of participants, respectively). However, more physicians than paramedics met the criteria of PTSD according to the ICD-11 diagnostic rule (5.1 % vs. 1.2 %) and of anxiety (16.5 % vs. 10.0 %). The risk factors for the mental health problems included personal combat experience, total trauma exposure, parenthood, and economic situation. Despite the differences found in the prevalence of PTSD depending on the criteria used, the severity of mental problems and disability in this group is significant. It is advisable to monitor the mental state and need for help among Ukrainian civilian medical personnel.

---

<https://doi.org/10.1016/j.ejtd.2024.100378>

## **Forecasts regarding mental disorders in people in the post-war period.**

Liana Spytka

European Journal of Trauma & Dissociation  
Volume 8, Issue 1, March 2024, 100378

## Background

In connection with the onset of difficult times associated with the war, Ukrainians are exposed to traumatic factors for mental health. The research is relevant in connection with the real threat to the mental state of the population in the long term, because this type of disease can be in a latent phase for a long time.

## Objective

The purpose of the study is to record the specifics of the impact of the war on the psyche of Ukrainian citizens, which also includes the hypothetical post-war situation in the country.

## Methods

The method of typological analysis identified six main mental disorders that can be caused by war. As an analysis of the current situation in the country, an appropriate psychodiagnostic technique was selected for each disorder. To predict the future situation in the post-war period, a comparison method was used, based on recording the experience of countries that have passed the stage of ending the conflict.

## Results

It was found that approximately half of the interviewees have signs of post-traumatic stress disorder (PTSD), adjustment disorder, depression, anxiety disorders, and somatoform disorders. But signs of dependence on psychoactive substances were observed in about a quarter of those surveyed. Women were more prone to PTSD, anxiety and somatoform disorders, and men to addiction to psychoactive substances. Risk factors that may cause further complication of the situation with mental illnesses in post-war Ukraine were highlighted.

## Conclusion

The results of the study are relevant for state and non-state organizations related to activities aimed at psychological or psychiatric assistance to the population.

---

<https://doi.org/10.1108/MHSI-11-2023-0118>

## **Living with a friend mediates PTSD and CPTSD symptoms among trauma-exposed Ukrainians during the second year of 2022 Russian invasion.**

Velykodna, M., Charyieva, O., Kvitka, N., Mitchenko, K., Shylo, O. and Tkachenko, O.

Mental Health and Social Inclusion

Article publication date: 9 January 2024

## Purpose

This study aims to develop and test multivariable psychosocial prediction models of

perceived post-traumatic stress disorder (PTSD) and complex post-traumatic stress disorder (CPTSD) symptoms development among trauma-exposed Ukrainian adults (n = 761) after 1.5 years of the 2022 Russian invasion of Ukraine.

#### Design/methodology/approach

This research was designed as a survey in line with the methodology of “Transparent reporting of a multivariable prediction model for individual prognosis or diagnosis” checklist. The survey included a questionnaire on sociodemographic characteristics and specifics of trauma exposure, as well as validated self-reported inventories: The International Trauma Questionnaire, Acceptance and Action Questionnaire – version 2, Connor–Davidson Resilience Scale-10 and the Modified BBC Subjective Well-being Scale.

#### Findings

Regression analysis revealed different prediction models for PTSD and CPTSD symptoms, explaining 18.4% and 41.4% of their variance with five and eight predictors, respectively. Four variables were similar in predicting PTSD and CPTSD: war-relatedness of trauma, living with a friend, perceived physical health and regret for the past. War-relatedness of trauma the respondents were exposed to was among the strongest predictors for PTSD and CPTSD severity. However, living with a friend was almost equally strong in mitigating these mental consequences. Regret for past and lowly rated physical health were assessed as relatively weaker but statistically significant predictors in this study.

#### Originality/value

Upon the original theoretical framework, two psychosocial prediction models were developed for PTSD and CPTSD symptoms in a non-clinical sample of trauma-exposed Ukrainian adults.

---

<https://doi.org/10.1080/13811118.2023.2299259>

#### **Facets of Suicidal Ideation.**

David A. Jobes, Abby A. Mandel, Evan M. Kleiman, Craig J. Bryan, Sheri L. Johnson & Thomas E. Joiner

Archives of Suicide Research  
Published online: 04 Jan 2024

According to SAMHSA (Citation2023), approximately 16,600,000 American adults and teens reported having serious thoughts of suicide in 2022. While suicide prevention has primarily focused on suicide deaths and attempts, we contend that suicidal ideation (SI) deserves more in-depth investigation and should be an essential intervention target on its own. In support of this point, we provide three examples of ways to improve specificity in understanding of SI through the study of controllability of SI, the language used to assess SI, and measuring SI in real time. We also consider qualitative work on the content of SI, its treatment, and definitional considerations. We thus call for an increased general focus on SI within research, clinical care, and policy.

---

<https://doi.org/10.1080/07481187.2023.2300064>

### **Association between suicidal ideation and burnout: A meta-analysis.**

Javier Esparza-Reig & Martín Julián

Death Studies

Published online: 05 Jan 2024

Approximately 700,000 people die by suicide annually worldwide. Researchers have explored a spectrum of experiences that involve stress in academic or work environments and potentially intensify suicidal thoughts or behaviors. However, no meta-analysis has examined the relationship between suicidal ideation (SI) and burnout. This study consisted of a meta-analysis to examine the association between SI and burnout syndrome, utilizing the WoS Core Collection, Scopus, PubMed, PsycINFO, DIALNET, and Google Scholar databases. Twenty-one samples met the study's eligibility criteria for inclusion in the analysis. The results revealed a significant relationship between SI and burnout, with the type of burnout (occupational, academic, and parental) emerging as the most significant moderating variable. Occupational burnout exhibited the lowest correlation, followed by academic and parental burnout. These findings suggest the importance of developing tools to assess SI within the context of the work environment, parenting and academics, and psychoeducational programs for managing stress.

---

## **Divergent trends in accidental deaths since return from an Afghanistan/Iraq deployment among army soldiers.**

RS Adams, JE Forster, JL Gradus, CA Hoffmire, TA Hostetter, MJ Larson, AA Smith, CG Walsh, LA Brenner

Annals of Epidemiology  
Volume 91, March 2024, Pages 23-29

### Highlights

- Accidental deaths were the most common type of postdeployment mortality.
- Accidental deaths were mostly motor vehicle accidents or overdose deaths.
- Motor vehicle accident death rates were highest immediately postdeployment.
- Accidental overdose death rates were lowest immediately postdeployment.
- Hazard rates for types of accidental deaths had divergent trends over time.

### Abstract

#### Purpose

Accidental death is a leading cause of mortality among military members and Veterans; however, knowledge is limited regarding time-dependent risk following deployment and if there are differences by type of accidental death.

#### Methods

Longitudinal cohort study (N = 860,930) of soldiers returning from Afghanistan/Iraq deployments in fiscal years 2008–2014. Accidental deaths (i.e., motor vehicle accidents [MVA], accidental overdose, other accidental deaths), were identified through 2018. Crude and age-adjusted mortality rates, rate ratios, time-dependent hazard rates and trends postdeployment were compared across demographic and military characteristics.

#### Results

During the postdeployment observation period, over one-third of deaths were accidental; most were MVA (46.0 %) or overdoses (37.9 %). Across accidental mortality categories (all, MVA, overdose), younger soldiers (18–24, 25–29) were at higher risk compared to older soldiers (40+), and females at lower risk than males. MVA death rates were highest immediately postdeployment, with a significant decreasing hazard rate over time (annual percent change [APC]: –6.5 %). Conversely, accidental overdose



death rates were lowest immediately following deployment, with a significant increasing hazard rate over time (APC: 9.9 %).

## Conclusions

Observed divergent trends in risk for the most common types of accidental deaths provide essential information to inform prevention and intervention planning for the immediate postdeployment transition and long-term.

---

<https://doi.org/10.1016/j.eclinm.2023.102418>

## **PTSD, depression, and anxiety after the October 7, 2023 attack in Israel: a nationwide prospective study.**

Yossi Levi-Belz, Yoav Groweiss, Carmel Blank, Yuval Neria

EClinical Medicine

Published: January 05, 2024

## Background

The magnitude of the Oct 7, 2023 attack in southern Israel was without precedent. More than 1300 civilians were murdered, and 240 civilians were kidnapped and taken hostage. In this national cohort study, for which baseline outcome data were established before the attacks, a prospective assessment of posttraumatic stress disorder (PTSD), depression, and generalized anxiety disorder (GAD) was conducted one month after the attack.

## Methods

A representative sample of 710 Israeli adults (362 female, 51.1%), Jews (557, 79.9%) and Arabs (153, 20.1%), aged 18–85 years (mean = 41.01, SD = 13.72) completed the study at two timepoints: T1, on Aug 20–30, 2023 (6–7 weeks before the attack) and T2, on Nov 9–19, 2023 (5–6 weeks after the attack). 30 (4.2%) of the 710 participants had direct exposure to the attack, and 131 (18.5%) had loved ones who were murdered, kidnapped, or injured during the attack.

## Findings

Probable PTSD prevalence almost doubled from 16.2% at T1 to 29.8% at T2 ( $p < 0.0001$ ), with the prevalence of probable GAD and depression also increasing from 24.9% at T1 to 42.7% at T2, and from 31.3% at T1 to 44.8% at T2, respectively. Direct

exposure to the attack was found to contribute to probable PTSD (OR = 3.15, 95% CI = 1.48–6.65) and probable depression (OR = 2.18, 95% CI = 1.02–4.87) at T2.

#### Interpretation

Our study suggests a broad and significant impact of the Oct 7, 2023 attack on the mental health of the Israeli population. The findings underscore the need to provide rapid, nationwide assessments and triage for interventions to address the mental health needs of Jewish and Arab citizens.

---

<https://doi.org/10.1037/hum0000344>

### **Military Adverse Childhood Experiences: Ex-Servicemen's Experience of Military Discharge and Its Impact on Their Sense of Identity.**

Gerry Dolan, Mathew McCauley, Dominic Murphy

Humanistic Psychologist  
Advance online publication

How service people make sense of their identity is suggested to be one of the key determinants to a successful military discharge (Ahern et al., 2015; Binks & Cambridge, 2018; Herman & Yarwood, 2014). Service people may be more vulnerable to transitional junctures as they are significantly more likely to have experienced adverse childhoods than the general population (Blosnich et al., 2014; McCauley et al., 2015), something which is suggested to detrimentally impact transition success (Forster et al., 2020) as well as lead to identity salience difficulties (Carroll et al., 2017; Katon et al., 2015; Wong et al., 2019). We explored individuals' sense of self during and after discharge by conducting semistructured telephone interviews with 10 U.K. ex-servicemen from significantly adverse childhood backgrounds (four or more adverse childhood experiences), using interpretative phenomenological analysis and a social identity theory (SIT) lens. Four superordinate themes were developed: abandoned in discharge, reborn into a foreign land, you never leave the forces, and us and them. Our findings highlight the role of identity in discharge, in particular the difficulties/importance in reconceptualizing self during this process.

---

<https://doi.org/10.1016/j.nsa.2024.103936>

**Insomnia, anxiety and related disorders: a systematic review on clinical and therapeutic perspective with potential mechanisms underlying their complex link.**

Laura Palagini, Mario Miniati, Valerio Caruso, Gaspare Alfi, ... Stefano Pini

Neuroscience Applied  
Volume 3, 2024, 103936

Anxiety and anxiety-related disorders are the most common mental disturbances, with dysregulation in emotions and cognition as central features. Since the function of sleep in regulating emotions, cognition stress response and inflammation is quintessential, sleep disturbances may be ideal modifiable factors in anxiety and related disorders. Accordingly, the aim of the review was to systematically review the association between insomnia symptoms and anxiety and related disorders. A systematic search has been conducted, and 93 papers have been selected for insomnia and General Anxiety Disorder, Panic Disorders, Social Anxiety Disorder, Separation anxiety, Obsessive Compulsive Disorder and Post Traumatic Stress Disorder, according to PRISMA. This review represents a comprehensive overview of clinical and therapeutic approaches to insomnia in the framework of anxiety and related disorders with a discussion of potential mechanisms underlying their complex link.

---

<https://doi.org/10.3389/frsle.2024.1304743>

**Virtual first: implementation of a novel sleep telehealth platform in the United States military.**

Wickwire Emerson M., Collen Jacob, Capaldi Vincent F., Assefa Samson Z., Jones Rachell, Williams Scott G., Thomas Connie L., Williams Daniel C., Albrecht Jennifer S.

Front. Sleep, 08 February 2024  
Sec. Precision Sleep Medicine  
Volume 3 - 2024

Background:

There is a gross shortage of sleep specialist providers within the military health system.

Telehealth and mobile health represent promising approaches to increase access to high quality, cost-effective care in the U.S military.

#### Objectives:

This paper reports findings from a mixed-methods clinical implementation study of a novel sleep telehealth platform at two military treatment facilities in the National Capitol Region. The platform includes a mobile app and integrated wearable sensors (i.e., a commercial off-the-shelf sleep tracker [Fitbit]). The primary purpose was to evaluate the implementation of a 10-day remote monitoring assessment and provision of evidence-based sleep treatment recommendations to patients and providers. In addition, we sought to observe, in an exploratory manner, subsequent engagement with the app during 5 days of personalized sleep education and training.

#### Methods:

Patients with sleep problems completed an intensive 10-day remote monitoring assessment that included a baseline intake questionnaire, daily sleep diaries, twice daily symptom surveys, and Fitbit. Based on this assessment, patients received personalized assessment results. Concurrently, a provider report was generated that included provisional diagnoses and evidence-based treatment recommendations. Next, participants gained access to personalized sleep education and trainings within the mobile app. Within an established implementation science framework, outcomes were assessed via behavioral adherence (engagement with the app) and separate questionnaires for patients and providers. Last, we conducted four focus groups with patients and 12 key informant interviews with primary care managers (PCMs) and economic stakeholders to seek feedback and recommendations for future directions.

#### Results:

Two hundred and seventy patients participated in the study. Using validated research questionnaires, participants reported high-risk for obstructive sleep apnea (65.6%), moderate to severe insomnia (38.2%), and moderate to severe daytime sleepiness (38.5%), and moderate to severe anxiety (14.1%) and depressive (20.4%) symptoms. Total sleep time was 6.6 (SD = 1.8) h based on sleep diaries and 6.1 (SD = 1.8) h based on Fitbit. Regarding implementation, reach, effectiveness, adoption, implementation, and maintenance were all notably high, based on quantitative and qualitative data from participants and PCMs.

#### Conclusions:

Sleep telehealth and mobile health represent promising approaches to increase access to cost-effective, evidence-based care for sleep disorders in the U.S. military.

---

<https://doi.org/10.1155/2024/9719635>

## **Associations between Predictors of PTSD and Psychosocial Functioning in Veterans: Results from a Longitudinal Assessment Study.**

R Pearson, C Mendoza, JD Coppin, SK Creech

Depression and Anxiety

Volume 2024 | Article ID 9719635

Impairments in psychosocial functioning are common in veterans, especially in those with significant mental health symptoms. Although available treatments are aimed at alleviating these symptoms, impairments in psychosocial functioning do not appear to be fully addressed. To achieve rehabilitation and full societal participation, there is a need to identify longitudinal associations of both symptoms and functional outcomes which can be targeted in treatment. United States veterans (N=491) of the Iraq and Afghanistan wars were recruited as part of a longitudinal assessment study which examined predictors of postdeployment adjustment. Veterans were assessed at four timepoints over the course of a two-year period. A Bayesian multivariate multilevel model was used to estimate the association of predictors of PTSD (depression, alcohol use, suicidal ideation, and sleep) on psychosocial functioning as encompassed by quality of life (Quality of Life Scale (QLS)) and disability (World Health Organization Disability Assessment Schedule (WHODAS)) scores over time. As female veterans have unique environmental exposures and functional demands, interactions between predictors and gender were included in all models. There was significant overlap between predictors of PTSD and predictors of disability across domains and quality of life. Depressive symptoms and social support emerged as the strongest predictors of psychosocial functioning. Additionally, suicidality and alcohol use emerged as predictors of quality of life, but not disability. As expected, increases in PTSD symptoms predicted increased disability and decreased quality of life. The effect of depressive symptoms on quality of life was more pronounced for male veterans, and the effect of PTSD and alcohol use on quality of life was more pronounced for female veterans. Findings highlight various treatment targets which have the potential to improve symptoms of PTSD and functional outcomes. Findings highlight an opportunity to leverage intervention and prevention efforts focused on decreasing depression and increasing social support to improve trauma symptoms and maximize rehabilitation and functional recovery in veterans.

-----  
<https://doi.org/10.1176/appi.neuropsych.20230044>

## **Impulsivity and Psychiatric Diagnoses as Mediators of Suicidal Ideation and Suicide Attempts Among Veterans With Traumatic Brain Injury.**

Alexandra L. Aaronson, M.D., Bridget Smith, Ph.D., Kelly Krese, P.T., D.P.T., Meghan Barnhart, M.S., Maheen Adamson, Ph.D., Harriet de Wit, Ph.D., Noah S. Philip, M.D., Lisa A. Brenner, Ph.D., Theresa Bender-Pape, Dr.P.H., Amy A. Herrold, Ph.D.

The Journal of Neuropsychiatry and Clinical Neurosciences  
Published Online: 9 Jan 2024

### **Objective:**

Traumatic brain injury (TBI) is a risk factor for suicide, but questions related to mechanisms remain unanswered. Impulsivity is a risk factor for suicide and is a common sequela of TBI. The authors explored the relationships between TBI and both suicidal ideation and suicide attempts and explored whether impulsivity and comorbid psychiatric diagnoses mediate these relationships.

### **Methods:**

This cross-sectional retrospective chart review study included 164 veterans enrolled in a previous study. Sixty-nine veterans had no TBI history, and 95 had a TBI history (mild, N=44; moderate, N=13; severe, N=12; and unclear severity, N=26). To examine the associations between TBI and suicidal ideation or suicide attempts, as well as potential mediators of these relationships, chi-square tests, t tests, and logistic regression models were used.

### **Results:**

Unadjusted analyses indicated that veterans with TBI were more likely to report suicidal ideation; however, in analyses controlling for mediators, this relationship was no longer significant. Among veterans with TBI, suicidal ideation was related most strongly to high impulsivity (odds ratio=15.35, 95% CI=2.43–96.79), followed by depression (odds ratio=5.73, 95% CI=2.53–12.99) and posttraumatic stress disorder (odds ratio=2.57, 95% CI=1.03–6.42). TBI was not related to suicide attempts, yet suicide attempts were related to high impulsivity (odds ratio=6.95, 95% CI=1.24–38.75) and depression (odds ratio=3.89, 95% CI=1.56–9.40).

## Conclusions:

These findings suggest that impulsivity, followed by psychiatric diagnoses, most strongly mediate the relationships between TBI and both suicidal ideation and suicide attempts. Impulsivity may be mechanistically related to, and serve as a future treatment target for, suicidality among veterans with TBI.

---

<https://doi.org/10.5664/jcsm.10994>

## **Factors influencing shared decision-making for insomnia and obstructive sleep apnea treatment among veterans with mild traumatic brain injury.**

Adam R. Kinney, PhD, OTR/L , Lisa A. Brenner, PhD , Morgan Nance , Joseph Mignogna , Audrey D. Cobb , Jeri E. Forster, PhD , Christi S. Ulmer, PhD, CBSM , Risa Nakase-Richardson, PhD , Nazanin H. Bahraini, PhD

Journal of Clinical Sleep Medicine

Published Online: January 8, 2024

### STUDY OBJECTIVES:

We elicited perspectives of clinical stakeholders and Veterans regarding barriers and facilitators to implementing shared decision-making (SDM) for co-morbid mild traumatic brain injury (mTBI) and sleep disorders in the Veterans Health Administration (VHA). We also compared the perspectives of clinical stakeholders and Veterans regarding determinants of SDM.

### METHODS:

Semi-structured interviews were conducted with 29 clinical stakeholders and 20 Veterans (n=49). Clinical stakeholders included VHA providers and policymakers involved in the management of mTBI and/or sleep disorders (insomnia disorder; obstructive sleep apnea [OSA]). Veterans included those with a clinician-confirmed mTBI who received care for insomnia disorder and/or OSA within the past year. Themes were identified using a Descriptive and Interpretive approach to qualitative analysis. We compared results across clinical stakeholders and Veterans.

### RESULTS:

Barriers to implementing SDM were identified by both groups at the patient- (e.g., mTBI sequelae), provider- (e.g., de-prioritization of Veteran preferences), encounter- (e.g., time constraints), and facility-levels (e.g., reduced care access). Similarly, both groups



identified facilitators at the patient- (e.g., enhanced trust), provider- (e.g., effective communication), encounter- (e.g., decision support), and facility-levels (e.g., mitigating access barriers). Integrated services and provider discontinuity were factors identified by clinical stakeholders and Veterans alone, respectively.

#### CONCLUSIONS:

Our study revealed factors shaping the implementation of SDM at the levels of the patient, provider, encounter, and facility. Findings can inform the development of strategies aimed at implementing SDM for co-morbid mTBI and sleep disorders, promoting patient-centered care and enhancing clinical outcomes.

---

<https://doi.org/10.1002/smi.3371>

### **The role of problem solving appraisal and support in the relationship between stress exposure and posttraumatic stress symptoms of military spouses and service member partners.**

Kathrine S. Sullivan, Yangjin Park, Sabrina Richardson, Valerie Stander, James Jaccard

Stress & Health

First published: 06 January 2024

Using a stress process lens, this paper considers the interrelationship between individual and family-level stress exposures and military spouse resources, including problem-solving appraisals and problem-solving support (PSS), and their associations with posttraumatic stress symptoms (PTSS) among both partners in military marital dyads. The study employs data from the Millennium Cohort Family Study, a longitudinal survey of married military dyads, with an initial panel of 9,872 spouses enrolled from 2011 to 2013. A structural equation model explored the associations between service member and spouse childhood maltreatment exposure, nonmilitary and military stressors, as well as interactions with spouse resources on self-reported PTSS among both service member (SM) and spouse (SP). Among our findings, spouse childhood maltreatment muted later self-reported problem-solving appraisal and support. Spouse resources, in turn, had both protective (problem-solving appraisal) and promotive (problem-solving support) effects on PTSS for both service members and spouses. These findings emphasise the central role of spouses in military families, as more



psychological resources among spouses appeared to buffer against the deleterious effects of stress exposure on both their own and their partners mental health.

---

<https://doi.org/10.1080/13548506.2024.2303409>

## **United States Army Reserve/National Guard soldiers' healthcare experiences, attitudes, and preferences: Differences based on deployment status.**

Rachel A. Hoopsick, Bonnie M. Vest, D. Lynn Homish & Gregory G. Homish

Psychology, Health & Medicine

Published online: 09 Jan 2024

Some United States Army Reserve/National Guard (USAR/NG) soldiers have substantial health needs, which may be service-related, but not necessarily resulting from deployment. However, most USAR/NG members need to have been deployed to qualify for Veterans Administration (VA) benefits. Therefore, many USAR/NG soldiers seek care from civilian healthcare providers (HCPs). Using a subset (N = 430 current/former soldiers) of Operation: SAFETY study data, we used regression models to examine differences in healthcare experiences, attitudes, and preferences by deployment status (never-deployed vs. previously-deployed). Final models controlled for age, sex, rank (enlisted vs. officer), military status (current vs. former military), and RAND SF-36 General Health Score. Over 40% of soldiers agreed that civilian HCPs should ask patients about their military service, but never-deployed soldiers were less likely to report being asked about their service ( $p < 0.05$ ) or how their service affects their health ( $p < 0.10$ ). Never-deployed soldiers were also less likely to attribute their health concerns to military service ( $p < 0.001$ ). Although never-deployed soldiers were more likely to prefer receiving physical ( $p < 0.05$ ) and mental ( $p < 0.05$ ) healthcare outside of the VA than previously-deployed soldiers, never-deployed soldiers had low confidence in their HCP's understanding of their needs (49% thought that their civilian HCP did not understand them; 71% did not think that their civilian HCP could address military-related health concerns; 76% thought that their civilian HCP did not understand military culture). Findings demonstrate that although civilian HCPs may be the preferred (and only) choice for never-deployed USAR/NG soldiers, they may need additional support to provide care to this population.

---

<https://doi.org/10.1186/s12888-023-05490-5>

## **The mediating effect of dysmorphic concern in the association between avoidant restrictive food intake disorder and suicidal ideation in adults.**

Gaëlle Salameh, Nour El Khoury, Rabih Hallit, Diana Malaeb, Fouad Sakr, Mariam Dabbous, Feten Fekih-Romdhane, Sahar Obeid & Souheil Hallit

BMC Psychiatry

Published: 10 January 2024

### Background

Reflecting on the existing literature on suicidal ideation and Avoidant/Restrictive Food Intake Disorder (ARFID), this article investigates the complex relationship between them, hypothesizing about the possibility of dysmorphic concerns, being a mediator linking ARFID to suicidal ideation.

### Methods

Using a snowball sampling approach, a survey was created on Google Forms and circulated across messaging applications and social media networks (WhatsApp, Instagram, Messenger). The sample involved 515 participants recruited between February and March 2023. The questionnaire included the following scales: Nine-items Avoidant/Restrictive Food Intake Disorder screen (NIAS), Dysmorphic Concern Questionnaire (DCQ), and Columbia-Suicide Severity Rating Scale (C-SSRS). When filling the questionnaire, respondents were warned that they can experience distress when answering certain questions and received information about mental health services. Five hundred fifteen adults participated in this study, with a mean age of  $27.55 \pm 10.92$  years and 60.1% females.

### Results

After adjusting over potential confounders (i.e., age, education, marital status, and household crowding index), analyses showed that dysmorphic concerns fully mediated the association between avoidant restrictive eating and suicidal ideation. Higher avoidant restrictive eating was significantly associated with more dysmorphic concerns, and higher dysmorphic concerns were significantly associated with the presence of suicidal ideation. Finally, avoidant restrictive eating was not significantly associated with suicidal ideation.

### Conclusion

This study highlights the potential indirect link between ARFID and suicidal ideation

mediated by dysmorphic concerns. While no direct connection was observed between ARFID and suicidal ideation, the presence of dysmorphic concerns appeared to be a crucial factor in amplifying the risk of suicidal ideation in individuals with ARFID. This emphasizes the importance of addressing dysmorphic concerns alongside ARFID treatment to enhance mental health interventions and outcomes.

---

<https://doi.org/10.1093/geront/gnad129>

### **Cohort Differences in PTSD Symptoms and Military Experiences: A Life Course Perspective.**

Maria L Kurth, PhD, Dakota D Witzel, PhD, Suzanne C Segerstrom, MPH, PhD, Soyoung Choun, PhD, Carolyn M Aldwin, PhD

The Gerontologist

Volume 64, Issue 2, February 2024

#### Background and Objectives

There have been major changes in military service over the past 50 years. Most research on posttraumatic stress disorder (PTSD) among combat Veterans comes from help-seeking Vietnam and WWII cohorts; results from more recent cohort comparisons are mixed. The present study addressed these gaps by exploring cohort differences among Vietnam, Persian Gulf, and Post-9/11 combat Veterans from a life course perspective.

#### Research Design and Methods

We recruited community-dwelling combat and war zone Veterans (N = 167), primarily from Veterans' associations in Oregon from three cohorts: Vietnam, Persian Gulf, and Post-911. Online surveys assessed current PTSD symptoms, life course (demographics and cohort membership), and experiential variables (combat severity, appraisals of military service, homecoming, and social support).

#### Results

Cohorts were comparable in demographics and war experiences. Step one of a hierarchical regression found that PTSD symptoms were higher among Veterans of color and those with lower incomes,  $R^2 = 0.37$ ,  $p < .001$ . When cohort was added, Vietnam Veterans had higher symptoms than Post-9/11; income and race/ethnicity remained significant,  $\Delta R^2 = 0.01$ ,  $p = .13$ . The final model added experiential variables,

$\Delta R^2 = 0.38, p < .001$ ; cohort and income were no longer significant, although Veterans of color still reported higher symptoms. Those with more undesirable service appraisals and who sought social support had higher symptoms, while desirable appraisals were protective.

### Discussion and Implications

From a life course perspective, the particular war zone that Veterans served in was less important than demographics and both service and postservice experiences, suggesting generalizability of risk and protective factors, as well as treatment modalities, across cohorts.

-----

### Links of Interest

Are Psychiatric Disorders Brain Diseases?—A New Look at an Old Question

<https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2815182>

Staff Perspective: To Share or Not Share a Bed - Understanding Sleep Divorce and Common Solutions

<https://deploymentpsych.org/blog/staff-perspective-share-or-not-share-bed-understanding-sleep-divorce-and-common-solutions>

BROKEN TRACK: Suicides & suffering in Army's exhausted armor community

<https://www.armytimes.com/news/your-army/2024/03/11/broken-track-suicides-suffering-in-armys-exhausted-armor-community/>

BROKEN TRACK: Why the Iron Knights chose to speak out about suicides

<https://www.armytimes.com/news/your-army/2024/03/12/broken-track-why-the-iron-knights-chose-to-speak-out-about-suicides/>

My Husband Keeps Leaving Me

A marriage between a soldier and a pacifist strains and changes

[https://www.nytimes.com/2024/03/08/style/modern-love-my-husband-keeps-leaving-me.html?unlocked\\_article\\_code=1.b00.9v9y.n9x-SraXcJfh&smid=url-share](https://www.nytimes.com/2024/03/08/style/modern-love-my-husband-keeps-leaving-me.html?unlocked_article_code=1.b00.9v9y.n9x-SraXcJfh&smid=url-share)

DOD, VA to allow IVF for unmarried people, same-sex couples and more

<https://www.militarytimes.com/news/pentagon-congress/2024/03/11/dod-va-to-allow-ivf-for-unmarried-people-same-sex-couples-and-more/>

Doggone deployment: Navy carriers em-‘bark’ mental health pups  
<https://www.militarytimes.com/news/your-navy/2024/03/12/doggone-deployment-navy-carriers-em-bark-with-mental-health-pups/>

Why employment is only half the battle for America’s veterans  
<https://thehill.com/policy/defense/4520006-employment-battle-veterans/>

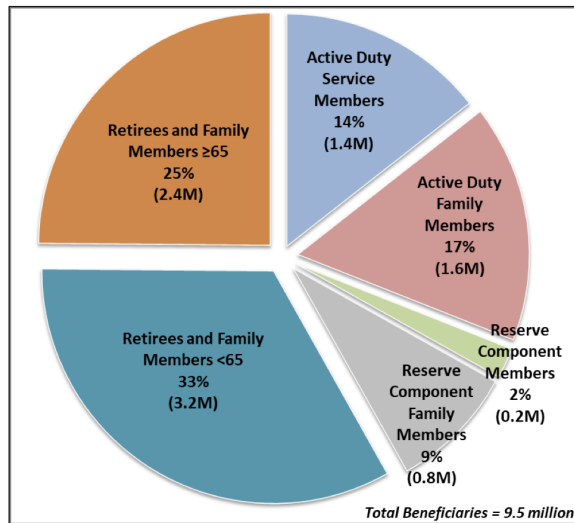
-----

**Resource of the Week – [Defense Primer: Military Health System](#)**

Updated March 4, 2024 by the Congressional Research Service:

The Department of Defense (DOD) administers a statutory health entitlement (under Title 10, Chapter 55, of the U.S. Code) through the Military Health System (MHS). The MHS offers health care benefits and services through its TRICARE program to approximately 9.5 million beneficiaries composed of servicemembers, military retirees, and family members. Health care services are available through DOD-operated hospitals and clinics, referred to collectively as military treatment facilities (MTFs), or through civilian health care providers participating in the TRICARE program.

**Figure 1. MHS Beneficiaries, FY2022**



**Source:** DHA, *Evaluation of the TRICARE Program: Fiscal Year 2023 Report to Congress*, Washington, DC, 2023, p. 31.

**Note:** Numbers may not add up to total due to rounding.

-----

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



Henry M. Jackson Foundation for the Advancement of Military Medicine