

CDP



Research Update -- April 11, 2024

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- Longitudinal effects of military separation and mental health symptomatology on substance use among a cohort of reservists.
- Exploring Care and Recovery for Individuals With Post-traumatic Stress Disorder: A Scoping Review.
- Inventory of School Supports-Youth Report (ISS-YR): Development and Validation with Military-Connected Students.
- Pretreatment relationship characteristics predict outcomes from an uncontrolled trial of intensive, multicouple group PTSD treatment.
- Links of Interest
- Resource of the Week: Taking Care of Our Military Children (Military OnceSource)

April is the Month of the Military Child.

<https://doi.org/10.1001/jamapsychiatry.2024.0303>

Trends in Deaths of Despair by Race and Ethnicity From 1999 to 2022.

Friedman, J., & Hansen, H.

JAMA Psychiatry

April 10, 2024

Midlife mortality from deaths of despair has risen sharply since the concept was defined, with particularly large increases for American Indian or Alaska Native and Black individuals. As of 2022, rates among Black individuals were higher than rates among White individuals, and rates among American Indian or Alaska Native individuals remained higher than rates in the other groups. Study limitations include possible misclassification of race and ethnicity, which could underestimate observed inequalities, and ecological design that precludes measuring causality of underlying factors.

Rising inequalities in deaths of despair among American Indian or Alaska Native and Black individuals were largely attributable to disproportionate early mortality from drug- and alcohol-related causes, which increased leading up to and during the COVID-19 pandemic. The increases have, in part, been associated with differential access to safety resources in the context of an increasingly toxic illicit drug supply, increased rates of polysubstance use, worsening economic precarity, and stark disparities in access to mental health and substance use treatment programs. Interventions to address these challenges must be culturally appropriate and targeted to reduce inequalities.

<https://doi.org/10.1001/jamahealthforum.2024.0234>

In-Person Visits Before Initiation of Telemedicine for Mental Illness.

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

JAMA Health Forum

April 5, 2024

Debate continues regarding whether in-person visits should be required for patients receiving telemedicine. In 2020, Congress permanently expanded Medicare telemental health coverage but required an in-person visit within 6 months before a first telemental health visit. Many organizations are concerned this in-person requirement will impede patient access to care. Subsequent legislation delayed the requirement until January 2025.

Given little empirical research on this topic, we examined how often patients had an in-person visit before their first telemental health visit between 2019 and 2022 (when in-person requirements were not in place). The results may shed light on whether clinicians currently view in-person visits as clinically necessary and how clinical practice may need to change to comply with new rules.

<https://doi.org/10.1001/jamanetworkopen.2024.4525>

Metabolic Profile and Long-Term Risk of Depression, Anxiety, and Stress-Related Disorders.

Chourpiliadis, C., Zeng, Y., Lovik, A., Wei, D., Valdimarsdóttir, U., Song, H., Hammar, N., & Fang, F.

JAMA Network Open
April 2, 2024

Key Points

Question

Are the biomarkers of carbohydrate, lipid, and apolipoprotein metabolism associated with the risk of depression, anxiety, and stress-related disorders?

Findings

In this population-based cohort study of more than 200 000 individuals, high levels of glucose and triglycerides and a low level of high-density lipoprotein were associated with a higher future risk of depression, anxiety, and stress-related disorders.

Meaning

These findings suggest that carbohydrate and lipid metabolism may be involved in the development of common psychiatric disorders.

Abstract

Importance

Biomarkers of lipid, apolipoprotein, and carbohydrate metabolism have been previously suggested to be associated with the risk for depression, anxiety, and stress-related disorders, but results are inconsistent.

Objective

To examine whether the biomarkers of carbohydrate, lipid, and apolipoprotein metabolism are associated with the risk of depression, anxiety, and stress-related disorders.

Design, Setting, and Participants

This population-based cohort study with longitudinal data collection assessed 211 200 participants from the Apolipoprotein-Related Mortality Risk (AMORIS) cohort who underwent occupational health screening between January 1, 1985, and December 31, 1996, mainly in the Stockholm region in Sweden. Statistical analysis was performed during 2022 to 2023.

Exposures

Lipid, apolipoprotein, and carbohydrate biomarkers measured in blood.

Main Outcomes and Measures

The associations between biomarker levels and the risk of developing depression, anxiety, and stress-related disorders through the end of 2020 were examined using Cox proportional hazards regression models. In addition, nested case-control analyses were conducted within the cohort, including all incident cases of depression, anxiety, and stress-related disorders, and up to 10 control individuals per case who were individually matched to the case by year of birth, sex, and year of enrollment to the AMORIS cohort, using incidence density sampling. Population trajectories were used to illustrate the temporal trends in biomarker levels for cases and controls.

Results

A total of 211 200 individuals (mean [SD] age at first biomarker measurement, 42.1 [12.6] years; 122 535 [58.0%] male; 188 895 [89.4%] born in Sweden) participated in the study. During a mean (SD) follow-up of 21.0 (6.7) years, a total of 16 256 individuals were diagnosed with depression, anxiety, or stress-related disorders. High levels of glucose (hazard ratio [HR], 1.30; 95% CI, 1.20-1.41) and triglycerides (HR, 1.15; 95% CI, 1.10-1.20) were associated with an increased subsequent risk of all tested psychiatric disorders, whereas high levels of high-density lipoprotein (HR, 0.88; 95% CI, 0.80-0.97) were associated with a reduced risk. These results were similar for male and

female participants as well as for all tested disorders. The nested case-control analyses demonstrated that patients with depression, anxiety, or stress-related disorders had higher levels of glucose, triglycerides, and total cholesterol during the 20 years preceding diagnosis, as well as higher levels of apolipoprotein A-I and apolipoprotein B during the 10 years preceding diagnosis, compared with control participants.

Conclusions and Relevance

In this cohort study of more than 200 000 participants, high levels of glucose and triglycerides and low levels of high-density lipoprotein were associated with future risk of depression, anxiety, and stress-related disorders. These findings may support closer follow-up of individuals with metabolic dysregulations for the prevention and diagnosis of psychiatric disorders.

<http://dx.doi.org/10.15585/mmwr.mm7308a1>

Deaths from Excessive Alcohol Use — United States, 2016–2021.

Esser MB, Sherk A, Liu Y, Naimi TS

Morbidity and Mortality Weekly Report (MMWR)
February 29, 2024 / 73(8);154–161

What is already known about this topic?

U.S. deaths from causes fully due to excessive alcohol use increased during the past 2 decades.

What is added by this report?

Average annual number of deaths from excessive alcohol use, including partially and fully alcohol-attributable conditions, increased approximately 29% from 137,927 during 2016–2017 to 178,307 during 2020–2021, and age-standardized death rates increased from approximately 38 to 48 per 100,000 population. During this time, deaths from excessive drinking among males increased approximately 27%, from 94,362 per year to 119,606, and among females increased approximately 35%, from 43,565 per year to 58,701.

What are the implications for public health practice?

Evidence-based alcohol policies (e.g., reducing the number and concentration of places selling alcohol and increasing alcohol taxes) could help reverse increasing alcohol-attributable death rates.

<https://doi.org/10.1001/jamapsychiatry.2024.0189>

Validation of a Multivariable Model to Predict Suicide Attempt in a Mental Health Intake Sample.

Papini, S., Hsin, H., Kipnis, P., Liu, V. X., Lu, Y., Girard, K., Sterling, S. A., & Iturralde, E. M.

JAMA Psychiatry
March 27, 2024

Key Points

Question

Can a model predicting suicide attempts accurately stratify suicide risk among individuals scheduled for an intake visit to outpatient mental health care?

Findings

In this prognostic study testing a previously validated model of suicide attempts using a sample of 1 623 232 mental health intake appointments scheduled during the past decade, the model showed good overall classification performance. The 10% of appointments at the highest risk level accounted for 48.8% of the appointments followed by a suicide attempt within 90 days.

Meaning

These findings suggest that risk for suicidal behavior may be accurately stratified for mental health care intake appointments to facilitate targeted preventive interventions for individuals who are seeking to initiate an episode of care.

Abstract

Importance

Given that suicide rates have been increasing over the past decade and the demand for mental health care is at an all-time high, targeted prevention efforts are needed to identify individuals seeking to initiate mental health outpatient services who are at high

risk for suicide. Suicide prediction models have been developed using outpatient mental health encounters, but their performance among intake appointments has not been directly examined.

Objective

To assess the performance of a predictive model of suicide attempts among individuals seeking to initiate an episode of outpatient mental health care.

Design, Setting, and Participants

This prognostic study tested the performance of a previously developed machine learning model designed to predict suicide attempts within 90 days of any mental health outpatient visit. All mental health intake appointments scheduled between January 1, 2012, and April 1, 2022, at Kaiser Permanente Northern California, a large integrated health care delivery system serving over 4.5 million patients, were included. Data were extracted and analyzed from August 9, 2022, to July 31, 2023.

Main Outcome and Measures

Suicide attempts (including completed suicides) within 90 days of the appointment, determined by diagnostic codes and government databases. All predictors were extracted from electronic health records.

Results

The study included 1 623 232 scheduled appointments from 835 616 unique patients. There were 2800 scheduled appointments (0.17%) followed by a suicide attempt within 90 days. The mean (SD) age across appointments was 39.7 (15.8) years, and most appointments were for women (1 103 184 [68.0%]). The model had an area under the receiver operating characteristic curve of 0.77 (95% CI, 0.76-0.78), an area under the precision-recall curve of 0.02 (95% CI, 0.02-0.02), an expected calibration error of 0.0012 (95% CI, 0.0011-0.0013), and sensitivities of 37.2% (95% CI, 35.5%-38.9%) and 18.8% (95% CI, 17.3%-20.2%) at specificities of 95% and 99%, respectively. The 10% of appointments at the highest risk level accounted for 48.8% (95% CI, 47.0%-50.6%) of the appointments followed by a suicide attempt.

Conclusions and Relevance

In this prognostic study involving mental health intakes, a previously developed machine learning model of suicide attempts showed good overall classification performance. Implementation research is needed to determine appropriate thresholds and interventions for applying the model in an intake setting to target high-risk cases in a manner that is acceptable to patients and clinicians.

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<https://doi.org/10.1001/jamapsychiatry.2024.0378>

Susceptibility to Treatment-Resistant Depression Within Families.

Cheng, C. M., Chen, M. H., Tsai, S. J., Chang, W. H., Tsai, C. F., Lin, W. C., Bai, Y. M., Su, T. P., Chen, T. J., & Li, C. T.

JAMA Psychiatry
April 3, 2024

Key Points

Question

Is the treatment-resistant depression (TRD) phenotype transmitted within a family?

Findings

This cohort study found that, compared with control individuals match for birth year, sex, and kinship, first-degree-relatives of individuals with TRD had an increased risk of developing TRD and increased suicide mortality.

Meaning

The findings suggest that a family history of TRD might be a clinically significant risk factor for resistance to antidepressant treatment and increased suicide mortality, indicating that combining or altering therapies for depression might be considered instead of monotherapy at an earlier treatment stage.

Abstract

Importance

Antidepressant responses and the phenotype of treatment-resistant depression (TRD) are believed to have a genetic basis. Genetic susceptibility between the TRD phenotype and other psychiatric disorders has also been established in previous genetic studies, but population-based cohort studies have not yet provided evidence to support these outcomes.

Objective

To estimate the TRD susceptibility and the susceptibility between TRD and other psychiatric disorders within families in a nationwide insurance cohort with extremely high coverage and comprehensive health care data.

Design, Setting, and Participants

This cohort study assessed data from the Taiwan national health insurance database across entire population (N = 26 554 001) between January 2003 and December 2017. Data analysis was performed from August 2021 to April 2023. TRD was defined as having experienced at least 3 distinct antidepressant treatments in the current episode, each with adequate dose and duration, based on the prescribing records. Then, we identified the first-degree relatives of individuals with TRD (n = 34 467). A 1:4 comparison group (n = 137 868) of first-degree relatives of individuals without TRD was arranged for the comparison group, matched by birth year, sex, and kinship.

Main Outcomes and Measures

Modified Poisson regression analyses were performed and adjusted relative risks (aRRs) and 95% CIs were calculated for the risk of TRD, the risk of other major psychiatric disorders, and different causes of mortality.

Results

This study included 172 335 participants (88 330 male and 84 005 female; mean [SD] age at beginning of follow-up, 22.9 [18.1] years). First-degree relatives of individuals with TRD had lower incomes, more physical comorbidities, higher suicide mortality, and increased risk of developing TRD (aRR, 9.16; 95% CI, 7.21-11.63) and higher risk of other psychiatric disorders than matched control individuals, including schizophrenia (aRR, 2.36; 95% CI, 2.10-2.65), bipolar disorder (aRR, 3.74; 95% CI, 3.39-4.13), major depressive disorder (aRR, 3.65; 95% CI, 3.44-3.87), attention-deficit/hyperactivity disorders (aRR, 2.38; 95% CI, 2.20-2.58), autism spectrum disorder (aRR, 2.26; 95% CI, 1.86-2.74), anxiety disorder (aRR, 2.71; 95% CI, 2.59-2.84), and obsessive-compulsive disorder (aRR, 3.14; 95% CI, 2.70-3.66). Sensitivity and subgroup analyses validated the robustness of the findings.

Conclusions and Relevance

To our knowledge, this study is the largest and perhaps first nationwide cohort study to demonstrate TRD phenotype transmission across families and coaggregation with other major psychiatric disorders. Patients with a family history of TRD had an increased risk of suicide mortality and tendency toward antidepressant resistance; therefore, more intensive treatments for depressive symptoms might be considered earlier, rather than antidepressant monotherapy.

<https://doi.org/10.1080/20008066.2024.2312756>

Male sex and hazardous alcohol use following military sexual assault increase suicide risk among US service members and veterans.

Blais, R. K., Xu, B., Tannahill, H., & Dulin, P.

European Journal of Psychotraumatology
Volume 15, 2024 - Issue 1

Background:

Higher alcohol use and military sexual assault (MSA) are associated with increased risk of death by suicide. Risk for death by suicide is rapidly increasing among females, who report higher rates of MSA, yet actual death by suicide and alcohol use are higher among males. It is not well understood whether higher alcohol use confers greater suicide risk in male or female service members and veterans who have experienced MSA.

Objective:

To determine whether the association between alcohol misuse and suicide risk was moderated by biological sex in a sample of male and female service members (N = 400, 50% female) who reported MSA.

Method:

Participants completed surveys of alcohol use and suicide risk as well as a demographic inventory. Linear regression with an interaction term was used to determine if suicide risk differed by sex and alcohol use severity after accounting for discharge status, sexual orientation, and age.

Results:

Average scores on the suicide risk measure were consistent with an inpatient psychiatric sample and scores on the AUDIT-C were indicative of a probable positive screen for alcohol misuse. Suicide risk was most pronounced among males who reported higher levels of hazardous alcohol use. A sensitivity analysis examining suicide risk by sex and screening results for alcohol misuse (positive/negative) showed that men with a probable positive screen had higher suicide risk.

Discussion:

The current study provides novel findings on suicide risk among survivors of military

sexual violence by including both male and female survivors. Interventions to decrease suicide risk following MSA may consider alcohol reduction strategies, and optimizing these interventions in males. Engaging military culture at both the US Departments of Defense and Veterans Affairs to encourage more healthy alcohol consumption may mitigate this public health concern. Future research may consider how country of origin relates to these associations.

HIGHLIGHTS

- Average scores for the suicide risk measure and alcohol use were high among a sample of male and female survivors of military sexual assault.
- Suicide risk was most pronounced among males who reported higher levels of hazardous alcohol use.
- A sensitivity analysis examining suicide risk by sex and screening results for alcohol misuse (positive/negative) showed that men with a probable positive screen had higher suicide risk.

<https://doi.org/10.1080/20008066.2024.2330305>

Cognitive-behavioural conjoint therapy versus prolonged exposure for PTSD in military service members and veterans: results and lessons from a randomized controlled trial.

Monson, C. M., Pukay-Martin, N. D., Wagner, A. C., Crenshaw, A. O., Blount, T. H., Schobitz, R. P., Dondanville, K. A., Young-McCaughan, S., Mintz, J., Riggs, D. S., Brundige, A., Hembree, E. A., Litz, B. T., Roache, J. D., Yarvis, J. S., Peterson, A. L., & STRONG STAR Consortium

European Journal of Psychotraumatology
Volume 15, 2024 - Issue 1

Background:

Military personnel and veterans are at heightened risk for exposure to traumatic events and posttraumatic stress disorder (PTSD), as well as intimate relationship problems associated with PTSD.

Objective:

The purpose of this study was to evaluate the relative efficacy of CBCT and PE in improving intimate relationship functioning in active duty military personnel or veterans

and their intimate partners; both conditions were hypothesized to significantly improve PTSD.

Method:

In this study, 32 military service members or veterans with PTSD and their intimate partners were randomized to receive either Cognitive–Behavioral Conjoint Therapy for PTSD (n = 15; CBCT; [Monson, C. M., & Fredman, S. J. (2012).

Cognitive-behavioral conjoint therapy for posttraumatic stress disorder: Harnessing the healing power of relationships. Guilford]), a trauma-focused couple therapy, or Prolonged Exposure (n = 17; PE; [Foa, E. B., Hembree, E. A., Dancu, C. V., Peterson, A. L., Cigrang, J. A., & Riggs, D. S. (2008). Prolonged exposure treatment for combat-related stress disorders – provider’s treatment manual [unpublished]. Department of Psychiatry, University of Pennsylvania]), a front-line evidence-based individual treatment for PTSD.

Results:

There were significant challenges with recruitment and a significant difference in dropout from treatment for the two therapies (65% for PE; 27% for CBCT). Treatment dropout was differentially related to pre-treatment relationship functioning; those with below average relationship functioning had higher dropout in PE compared with CBCT, whereas those with above average relationship functioning did not show differential dropout. In general, CBCT led to relational improvements, but this was not consistently found in PE. Clinician- and self-reported PTSD symptoms improved with both treatments.

Conclusions:

This study is the first to test a couple or family therapy against a well-established, front-line recommended treatment for PTSD, with expected superiority of CBCT over PE on relationship outcomes. Lessons learned in trial design, including considerations of equipoise, and the effects of differential dropout on trial analyses are discussed. This trial provides further support for the efficacy of CBCT in the treatment of PTSD and enhancement of intimate relationships.

HIGHLIGHTS

- Differential dropout from trial of couple versus individual therapy for PTSD.
- General pattern of improvements in relationship outcomes in couple therapy for PTSD.
- PTSD symptoms improved in the individual and couple therapy for PTSD.
- Lessons learned in trial design, including considerations of equipoise, and the effects of differential dropout by condition on trial analyses are discussed.

<https://doi.org/10.3389/fpubh.2024.1357836>

Incidence of mental disorders in soldiers deployed to Afghanistan who have or have not experienced a life-threatening military incident-a quasi-experimental cohort study.

Wesemann, U., Renner, K. H., Rowlands, K., Köhler, K., Hüttermann, N., & Himmerich, H.

Frontiers in Public Health
21 February 2024

Introduction:

There is very good international research on deployment-related mental disorders in military personnel. The incidence rates show a very wide range. A new strategy is therefore proposed in order to achieve better standardization and thus better comparability of the studies. In addition to a non-deployed comparison group, we propose to compare deployed soldiers with and without critical military incidents during the deployment. This additional distinction makes it possible to differentiate between the influencing variables of actual threat and general deployment stress.

Methods:

N = 358 male combat soldiers deployed to Afghanistan were included in the study. Clinical interviews were conducted several days before deployment and after deployment. Of them, n = 80 soldiers suffered a life-threatening military incident during deployment, whereas 278 soldiers did not. Odds ratios (OR) were calculated for the groups with and without critical military incidents and the new onset for PTSD, anxiety disorders and depressive disorders.

Results:

When comparing both groups, we found significantly higher 1-year incidence rates in the group with critical military incidents: 6.4% vs. 1.1% (OR 6.2) for post-traumatic stress disorder (PTSD); 7.0% vs. 1.1% (OR 6.5) for depression; and 15.9% vs. 2.8% (OR 6.6) for anxiety disorders. The 1-year incidence rate of mental multimorbidity (PTSD with anxiety or depression) was 4.8% vs. 0.4% (OR 12.0).

Discussion:

These results indicate that life-threatening military incidents during military deployment are important to mental health. As the different threat levels of the various missions are taken into account, additional predictors could be determined more precisely in further research.

<https://doi.org/10.1177/08862605231216722>

Military Sexual Trauma As a Risk Factor for Treatment Non-Response from an Online, Self-Management Posttraumatic Stress Disorder Treatment for Women Veterans.

Chen, J. A., Shofer, J., Barnes, M. L., Livingston, W. S., Upham, M., & Simpson, T. L.

Journal of Interpersonal Violence
2024; 39(9-10), 2214-2237

Women veterans are exposed to high rates of trauma, including military sexual trauma (MST), and face unique barriers to posttraumatic stress disorder (PTSD) treatment. Telehealth interventions that are tailored to women veterans' unique lived experiences may improve treatment engagement and outcomes. It is important to ascertain how beneficial new telehealth interventions are in the context of different patient characteristics and trauma types, particularly for lower-intensity telehealth interventions (e.g., web-based programs or apps). This secondary analysis of a randomized clinical trial conducted in a sample of 102 women veterans examines predictors of treatment response to a self-management, telehealth intervention for PTSD: Delivery of Self Training and Education for Stressful Situations-Women Veterans (DESTRESS-WV). In the trial, women veterans with PTSD received either an online cognitive behavioral intervention with phone coaching, or phone monitoring alone. We examined associations between baseline patient characteristics (demographics, trauma types, and clinical symptoms) and treatment outcome at post-treatment, 3 months, and 6 months, focusing on the association between treatment outcome and MST. Our primary outcomes were changes in PTSD (PTSD Symptom Checklist, Version 5, PCL-5) and depression (8-item Patient Health Questionnaire, PHQ-8) in the full sample, adjusting for treatment condition. Women veterans who identified MST as the primary trauma for which they were seeking PTSD treatment experienced a nearly nine-point lesser improvement on the PCL-5 than those seeking PTSD treatment for other trauma types (e.g., childhood abuse, combat trauma; $p = .0073$). Similar patterns were found for

depression symptoms. To our knowledge, this is the first study to examine the association between trauma type and treatment outcomes within the context of a self-management, telehealth treatment for PTSD. While the study was not powered to examine differential treatment response for patient subgroups, our exploratory findings suggest that gaps remain in providing effective PTSD care for women veterans who experienced MST.

Trial registration: The trial and analysis plan were preregistered in ClinicalTrials.gov (Identifier: [NCT02917447](https://clinicaltrials.gov/ct2/show/study/NCT02917447)).

<https://doi.org/10.1016/j.jpsychires.2024.02.013>

Generalized anxiety and mild anxiety symptoms in U.S. military veterans: Prevalence, characteristics, and functioning.

G Macdonald-Gagnon, EA Stefanovics, MN Potenza, Rh Pietrzak

Journal of Psychiatric Research
Volume 171, March 2024, Pages 263-270

Generalized anxiety disorder (GAD) is a mental disorder characterized by excessive anxiety and worries that impair daily functioning. While prior work has documented the prevalence and correlates of GAD and subthreshold GAD (SGAD) in clinical samples, contemporary data on the epidemiology of anxiety symptoms are lacking, particularly in higher-risk populations such as military veterans. To address this gap, we analyzed data from a large, nationally representative sample of U.S. veterans to examine the: prevalence of probable GAD and mild anxiety symptoms measured using a brief screener; sociodemographic and military characteristics associated with anxiety symptoms; and psychiatric and functional correlates of anxiety symptoms. Results revealed that a total of 7.9% (95% confidence interval [CI] = 6.7–9.3%) and 22.1% (95%CI = 20.5–23.9%) of veterans screened positive for probable GAD and mild anxiety symptoms, respectively. Relative to veterans without anxiety symptoms, those with probable GAD and mild anxiety symptoms were younger, more likely to be female and racial/ethnic minorities, and more likely to have served 2+ deployments. Further, a “dose-response” association was observed between anxiety symptom severity and clinical correlates, with robust associations observed between probable GAD and poorer mental health, suicidal thoughts and behaviors, and functional impairment. Mild anxiety symptoms showed intermediate magnitude associations with these outcomes.

Results of this study suggest that 3-of-10 U.S. veterans report anxiety symptoms. While the use of a brief screener to assess mild anxiety symptoms and probable GAD is limited, findings underscore the importance of a dimensional approach to assessing anxiety symptoms and associated clinical and functional characteristics in veterans.

<https://doi.org/10.1037/ser0000819>

Mental health treatment utilization patterns among 108,457 Afghanistan and Iraq veterans with depression.

Panaite, V., Cohen, N. J., Luther, S. L., Finch, D. K., Alman, A., Schultz, S. K., Haun, J., Miles, S. R., Belanger, H. G., Kozel, F. A., Rottenberg, J., & Pfeiffer, P. N.

Psychological Services

Advance online publication

People with depression often underutilize mental health care. This study was conceived as a first step toward a clinical decision support tool that helps identify patients who are at higher risk of underutilizing care. The primary goals were to (a) describe treatment utilization patterns, early termination, and return to care; (b) identify factors associated with early termination of treatment; and (c) evaluate the accuracy of regression models to predict early termination. These goals were evaluated in a retrospective cohort analysis of 108,457 U.S. veterans who received care from the Veterans Health Administration between 2001 and 2021. Our final sample was 16.5% female with an average age of 34.5. Veterans were included if they had a depression diagnosis, a positive depression screen, and received general health care services at least a year before and after their depression diagnosis. Using treatment quality guidelines, the threshold for treatment underutilization was defined as receiving fewer than four psychotherapy sessions or less than 84 days of antidepressants. Over one fifth of veterans (21.6%) received less than the minimally recommended care for depression. The odds of underutilizing treatment increased with lack of Veterans Administration benefits, male gender, racial/ethnic minority status, and having received mental health treatment in the past (adjusted OR > 1.1). Posttraumatic stress disorder comorbidity correlated with increased depression treatment utilization (adjusted OR < .9). Models with demographic and clinical information from medical records performed modestly in classifying patients who underutilized depression treatment (area under the curve = 0.595, 95% CI [0.588, 0.603]). Most veterans in this cohort received at least the minimum recommended treatment for depression. To improve the prediction of

underutilization, patient factors associated with treatment underutilization likely need to be supplemented by additional clinical information. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.5664/jcsm.11026>

Toward personalized care for insomnia in the US Army: a machine learning model to predict response to cognitive behavioral therapy for insomnia.

Frances H. Gabbay, PhD , Gary H. Wynn, MD , Matthew W. Georg, MPH , Sarah M. Gildea, BA , Chris J. Kennedy, PhD , Andrew J. King, MS , Nancy A. Sampson, BA , Robert J. Ursano, MD , Murray B. Stein, MD , James R. Wagner, PhD , Ronald C. Kessler, PhD , Vincent F. Capaldi, MD

Journal of Clinical Sleep Medicine
Published Online: February 1, 2024

STUDY OBJECTIVES:

The standard of care for military personnel with insomnia is cognitive behavioral therapy for insomnia (CBT-I). However, only a minority seeking insomnia treatment receive CBT-I, and little reliable guidance exists to identify those most likely to respond. As a step toward personalized care, we present results of a machine learning (ML) model to predict CBT-I response.

METHODS:

Administrative data were examined for n=1,449 nondeployed US Army soldiers treated for insomnia with CBT-I who had moderate-severe baseline Insomnia Severity Index (ISI) scores and completed one or more follow-up ISIs 6-12 weeks after baseline. An ensemble ML model was developed in a 70% training sample to predict clinically significant ISI improvement (reduction of at least two standard deviations on the baseline ISI distribution). Predictors included a wide range of military administrative and baseline clinical variables. Model accuracy was evaluated in the remaining 30% test sample.

RESULTS:

19.8% of patients had clinically significant ISI improvement. Model AU-ROC (SE) was 0.60 (0.03). The 20% of test sample patients with highest probabilities of improvement were twice as likely to have clinically significant improvement as the remaining 80%

(36.5% versus 15.7%; $\chi^2=9.2$, $p=.002$). Nearly 85% of prediction accuracy was due to ten variables, the most important of which were baseline insomnia severity and baseline suicidal ideation.

CONCLUSIONS:

Pending replication, the model could be used as part of a patient-centered decision-making process for insomnia treatment. Parallel models will be needed for alternative treatments before such a system is of optimal value.

<https://doi.org/10.1016/j.sleep.2024.02.006>

The obstructive sleep apnoea endotypes are similar in elderly trauma-exposed veterans with and without diagnosed PTSD.

Elliot J. Brooker, Shane A. Landry, Dwayne Mann, Emina Prguda, ... Bradley A. Edwards

Sleep Medicine

Volume 115, March 2024, Pages 48-54

Highlights

- This study investigated whether PTSD influences the OSA endotype traits among older, male veterans.
- We found the OSA endotype traits were similar between veteran OSA patients with and without PTSD.
- PTSD may have little influence on the OSA endotype traits in elderly veterans.
- The reason why OSA is so prevalent in older individuals with PTSD remains unclear.
- Similar research needs to be conducted in younger and more diverse samples with PTSD.

Abstract

Background

Approximately 60% of veterans living with posttraumatic stress disorder (PTSD) experience obstructive sleep apnoea (OSA). Why OSA is so prevalent in individuals with PTSD remains unknown, though PTSD may influence the underlying endotypes known to cause OSA. We examined whether these endotypes (upper airway

collapsibility, muscle compensation, loop gain, and the arousal threshold) differ between those with comorbid OSA and PTSD relative to their counterparts with OSA-only.

Methods

Using the ventilatory flow pattern from diagnostic polysomnography, the OSA endotypes were measured in a retrospective cohort of 21 OSA patients with PTSD and 27 OSA-only patients. All participants were trauma exposed elderly male Australian Vietnam War veterans with mild-to-severe OSA (median Apnoea-Hypopnea index: 20.2 vs. 23.6 events/h). Age and BMI were similar between groups (70.7 vs. 71.7 years, and 28.4 vs. 28.4 kg/m²).

Results

There were no significant differences in the OSA endotype traits between PTSD + OSA and OSA-only patients for upper airway collapsibility (76.68 [71.53–83.56] vs. 78.35 [72.81–83.82] %Veupnea, median [IQR]), muscle compensation (4.27 [0.34–9.18] vs. 5.41 [1.83–7.21] %Veupnea), loop gain (0.56(0.17) vs. 0.60(0.14)), and arousal threshold (135.76 [126.59–147.54] vs. 146.95 [128.64–151.28] %Veupnea).

Conclusion

The OSA endotypes in veterans with PTSD were similar to their trauma exposed OSA-only counterparts. PTSD appears to exert little influence on the OSA endotypes beyond the effect that age and trauma exposure may have. The aetiology of increased prevalence of OSA in PTSD remains unclear. Further work examining OSA endotypes using larger and more diverse samples is needed before robust conclusions can be made.

<https://doi.org/10.1016/j.sleep.2024.01.021>

Sleep duration and mental health in young adults.

Cecilie L. Vestergaard, Jens C. Skogen, Mari Hysing, Allison G. Harvey, ... Børge Sivertsen

Sleep Medicine

Volume 115, March 2024, Pages 30-38

Highlights

- The connection between sleep duration and mental health in young adults is U-shaped.
- Young adults sleeping <8 h have the highest risk for mental illness.
- Young adults sleeping 8–9 h have the lowest risk for mental illness.

Abstract

Background

The association between sleep duration and mental illness has been established in middle-aged and older populations, yet remains less explored in younger adults. Additionally, a common limitation to existing studies is the lack of statistical power to explore less common disorders. The purpose of this study was to examine sleep duration as a predictor for a range of mental disorders and well-being in a longitudinal sample of young adults.

Methods

Data were derived from two waves (w1, w2) of the SHoT survey, which invited all full-time university and college students in Norway. The response rates were 34.4 % (n = 62,498) in 2021 (w1) and 35.1 % (n = 59,554) 2022 (w2). This study utilized a nested longitudinal sample from both w1 and w2, encompassing 21,289 students. Demographics, sleep duration (w1), and mental health (w2) were measured by self-report questionnaires. Sex-stratified linear regression models and log-link binomial regression analyses were employed to determine the proportion and calculate the risk ratios, respectively, for mental illness across different sleep duration categories.

Results

The mean age of the sample was 24.8 years \pm 4.5 years (w1). Students with shorter sleep durations, and to some degree longer sleep durations (illustrating a U-shaped association), exhibited a higher risk for all assessed mental disorders and well-being outcomes one year later, compared to students sleeping 8–9 h. The U-shaped trend was consistent for both female and male students.

Conclusion

Sleep duration appears to be a transdiagnostic marker for mental health in young adults.

<https://doi.org/10.1016/j.sleep.2024.02.002>

The effects of exercise on insomnia disorders: An umbrella review and network meta-analysis.

Chen Tian, Yuanyuan Wei, Meng Xu, Jianing Liu, ... Long Ge

Sleep Medicine

Volume 115, March 2024, Pages 66-75

Highlights

- Exercise has a positive effect on relieving the insomnia disorders.
- Effect of various intensities, types of exercise in improving insomnia are different.
- Exercise can alleviate the severity of insomnia and improve sleep quality.
- The evidence on the effect of exercise on insomnia is low in quantity and quality.
- In the future, more high-quality studies are needed.

Abstract

Objective

To summarize the evidence of various exercise modalities on population with insomnia disorders.

Method

PubMed, Embase, Cochrane Library, and Web of Science were searched for eligible studies published from inception to October 2022 and updated on September 2023. Systematic reviews with meta-analyses and randomized controlled trials designed to investigate the effect of various exercise modalities on population with insomnia were eligible.

Results

A total of 4 SRs with (very) low methodological quality and 1034 participants in 10 network meta-analyses explored the association between different types and intensity exercise modalities with insomnia disorders. Various exercise modalities could significantly improve total sleep time and sleep quality and alleviate insomnia severity. Compared to passive control, moderate aerobic exercise, moderate aerobic exercise combined with light intensity strength and mind-body exercise can improve sleep efficiency and reduce wake after sleep onset by objectively measured. Moderate intensity strength, light intensity strength and mind-body exercise can improve sleep efficiency subjectively measured; mind-body exercise can reduce sleep onset latency

and wake time after sleep onset, and increase total sleep time; moderate aerobic exercise can reduce sleep onset latency. Moderate intensity strength, light intensity strength, mind body exercise and moderate aerobic exercise combined with light intensity strength can the severity of insomnia and improv sleep quality.

Conclusion

Exercise had a positive effect on relief insomnia and improve sleep quality. Moderate aerobic exercise, mind-body exercise and moderate aerobic exercise combined with light intensity strength play an important role in improving the sleep quality in people with insomnia disorders.

<https://doi.org/10.1016/j.amepre.2024.01.018>

Predicting Homelessness Among Transitioning U.S. Army Soldiers.

Jack Tsai, Dorota Szymkowiak, Dina Hooshyar, Sarah M. Gildea, ... Ronald C. Kessler

American Journal of Preventive Medicine

Available online 3 February 2024

Introduction

This study develops a practical method to triage Army transitioning service members (TSMs) at highest risk of homelessness to target a preventive intervention.

Methods

The sample included 4,790 soldiers from the Study to Assess Risk and Resilience in Servicemembers-Longitudinal Study (STARRS-LS) who participated in 1 of 3 Army STARRS 2011–2014 baseline surveys followed by the third wave of the STARRS-LS online panel surveys (2020–2022). Two machine learning models were trained: a Stage-1 model that used administrative predictors and geospatial data available for all TSMs at discharge to identify high-risk TSMs for initial outreach; and a Stage-2 model estimated in the high-risk subsample that used self-reported survey data to help determine highest risk based on additional information collected from high-risk TSMs once they are contacted. The outcome in both models was homelessness within 12 months after leaving active service.

Results

Twelve-month prevalence of post-transition homelessness was 5.0% (SE=0.5). The

Stage-1 model identified 30% of high-risk TSMs who accounted for 52% of homelessness. The Stage-2 model identified 10% of all TSMs (i.e., 33% of high-risk TSMs) who accounted for 35% of all homelessness (i.e., 63% of the homeless among high-risk TSMs).

Conclusions

Machine learning can help target outreach and assessment of TSMs for homeless prevention interventions.

<https://doi.org/10.1016/j.amepre.2024.03.009>

Veterans Crisis Line Contacts After the 988 Suicide and Crisis Lifeline Rollout.

Kiersten L. Strombotne, Yufei Li, Rachel Sayko Adams, Izabela D. Sadej, Melissa M. Garrido

American Journal of Preventive Medicine

Available online 18 March 2024

Introduction

This study identifies changes in Veterans Crisis Line (VCL) contact volume following the 988 National Suicide Prevention Hotline rollout, and examines changes in contact volume for self-identified Veterans.

Methods

VCL's Medora database was analyzed from July 2018 to June 2023, fitting linear interrupted time series models to forecast trends after the July 2022 rollout of the 988 Suicide Prevention Hotline. Data analysis was performed from 2023 to 2024.

Results

After the 988 rollout, average monthly VCL contact volume increased by 5,388 contacts (8.2%). The number of contacts self-identifying as Veterans increased by 2,739 (6.2%), while the percentage of self-identifying Veteran contacts who could be linked to VHA records declined by 3.8%.

Conclusions

The 988 rollout was associated with increased VCL contact volume and broad changes in the profile of users. This underscores the importance of crisis services in adapting to

dynamic user needs and highlights the potential of national suicide prevention initiatives to reach diverse populations.

<https://doi.org/10.1016/j.amepre.2024.03.007>

Tobacco Quitline Callers Who Use Cannabis and Their Likelihood of Quitting Cigarette Smoking.

Shu-Hong Zhu, Gary J. Tedeschi, Shuwen Li, Jijiang Wang, ... Yue-Lin Zhuang

American Journal of Preventive Medicine

Available online 3 February 2024

Introduction

Cigarette smoking continues to decline in the U.S., but cannabis use is increasing. Many people who smoke cigarettes also use cannabis. This study examines the characteristics of persons who co-use and those who do not co-use and the likelihood of quitting cigarettes for callers to Kick It California, a large state tobacco quitline.

Methods

Data were examined from Kick It California callers from January 2020 through December 2023 (N=45,151), including those from a subgroup randomly sampled and reached for evaluation at 7 months after quitline enrollment (n=3,545). The rate of cigarette smoking cessation at 7 months after enrollment for people who co-use cannabis was compared with that for people who do not. Analyses started in 2023 and concluded in January 2024.

Results

More than a quarter (27.2%) of Kick It California callers co-used cannabis. They were more likely to be male, to be younger, and to have a mental health condition than those who did not. Those who co-use cannabis and those who do not have similar rates of receiving quitline counseling or using Food and Drug Administration–approved cessation aids. Controlled for effects of personal characteristics and use of smoking-cessation services, people who co-use cannabis were less likely to quit cigarette smoking 7 months after enrollment (23.2% vs 28.9%; $p<0.001$). Among those who co-use, 42.9% intended to quit using cannabis in the next 30 days.

Conclusions

A substantial percentage of tobacco quitline callers use cannabis. Those who do co-use quit cigarette smoking at a lower rate than those who do not. Over 40% of people who co-use reported intention to quit cannabis, making tobacco quitlines a rich environment to learn about people who co-use and develop strategies for intervention.

<https://doi.org/10.1007/s11126-024-10067-w>

Problematic Alcohol Use Trajectories in U.S. Military Veterans during a Public Health Crisis: Results from a 3-year, Nationally Representative, Longitudinal Study.

Peter J. Na, Ian C. Fischer, Ismene L. Petrakis & Robert H. Pietrzak

Psychiatric Quarterly

Published: 06 February 2024

A growing number of studies have examined alcohol use during the COVID-19 pandemic. However, few longitudinal studies evaluated the prevalence and correlates of different trajectories of problematic alcohol use in vulnerable segments of the population, such as US veterans, over the 3-year course of the COVID-19 pandemic. Data were analyzed from the National Health and Resilience in Veterans Study, a nationally representative, longitudinal study of 2,441 US veterans. Latent growth mixture modeling was used to identify the trajectories and correlates of problematic alcohol use. Four trajectories were identified: consistent (N = 170, weighted 7.2%), decreasing (N = 38, weighted 2.2%), increasing (N = 22, weighted 1.2%), and low (N = 2,211, weighted 89.4%) problematic alcohol use. Greater household income, pre-pandemic drug use disorder (DUD), lower social support, and COVID-19 infection to self or non-household members were associated with an increasing relative to decreasing problematic alcohol use trajectory. Greater household income, adverse childhood experiences (ACEs), pre-pandemic DUD, lower social support, and greater COVID-related social restriction stress were associated with an increasing relative to a low problematic alcohol use trajectory. Younger age, male sex, ACEs, pre-pandemic DUD, lower pre-pandemic and greater decline in protective psychosocial characteristics, COVID-19 infection to non-household member, and lower COVID-related financial stress were associated with a consistent relative to a low problematic alcohol use trajectory. Overall, pre-pandemic greater income, DUD, and lower social support were associated with an increase in problematic alcohol use among US veterans during the

COVID-19 pandemic. Results may help inform prevention efforts to mitigate problematic alcohol use during prolonged crises in this population.

<https://doi.org/10.1080/16506073.2024.2313740>

Trauma-focused therapy retention among military sexual trauma survivors: relationship with veterans' sexual or gender minority identification.

Minden B. Sexton, Heather M. Cochran, Jessica R. Schubert, Hillary M. Gorin, Julia L. Paulson, Meredith R. Boyd

Cognitive Behaviour Therapy
Published online: 06 Feb 2024

Military servicemembers identifying as sexual and gender minorities (SGM) are at increased risk for military sexual trauma (MST) exposure and Post-traumatic Stress Disorder (PTSD). Although evidence-based treatments can reduce symptoms of PTSD, treatment attrition is concerning. Unfortunately, evaluations of such approaches with veterans identifying as SGM are currently restricted to case studies offering limited information regarding treatment completion. Both historic and current contextual factors related to military and mental health practices may uniquely influence minority veterans' treatment engagement in veteran healthcare settings. We explored associations between SGM identification and treatment of MST-focused therapy completion patterns (finishing the full protocol [FP] or receiving minimally adequate care [MAC; defined as attending eight or more sessions]). Veterans (N = 271, 12.5% SGM) enrolled in individual Prolonged Exposure or Cognitive Processing Therapies at a Midwestern veterans hospital system. Those identifying as SGM were more likely than non-identifying peers to complete FP treatment and, even when attrition occurred, they were retained longer. For MAC, the SGM group was as likely as non-SGM peers to be retained. This research suggests SGM veterans represent a notable minority of those seeking treatment in association with MST and do not appear at greater risk for discontinuation from trauma-focused treatment.

<https://doi.org/10.1093/sleepadvances/zpae005>

Sleepy and grumpy go hand in hand for US Navy Sailors.

Christopher K McClernon, Panagiotis Matsangas, Nita Lewis Shattuck

SLEEP Advances

Volume 5, Issue 1, 2024, zpae005

Study Objectives

The study explores how sleep, sleep-related practices, and behaviors, in addition to various demographic and occupational characteristics, are related to overall mood of US Navy sailors when they are underway.

Methods

Longitudinal assessment of US Navy sailors performing their underway duties (N = 873, 79.2% males, median age 25 years). Participants completed standardized questionnaires, wore wrist-worn actigraphs, and completed daily activity logs.

Results

Sailors who reported worse profile of mood states (POMS) total mood disturbance scores had shorter sleep duration, worse sleep quality, and more episodes of split sleep. The group with worse mood also reported more symptoms of excessive daytime sleepiness as well as more symptoms of insomnia. In addition to sleep results, sailors with worse mood also tended to be younger, more likely to use nicotine and tobacco products, and less likely to have an exercise routine when compared to sailors with better POMS scores. Finally, the group with worse POMS scores included more enlisted personnel, tended to work more hours per day, and were more likely to stand watch—especially on rotating watch schedules.

Conclusions

The results found significant associations between the sleep practices and mood of sailors aboard US Navy ships. Numerous other demographic and occupational factors were also strongly associated with mood. This paper is part of the Sleep and Circadian Rhythms: Management of Fatigue in Occupational Settings Collection.

<https://doi.org/10.15288/jsad.23-00160>

Longitudinal effects of military separation and mental health symptomatology on substance use among a cohort of reservists.

Objective:

The relationship between mental health and substance use among military populations is well-established, and evidence suggests these risks may be greater for those who have left the military. However, it is less clear what independent effects leaving the military may have on substance use behaviors. This study examined the longitudinal relationship between leaving the military and substance use outcomes (hazardous drinking, frequent heavy drinking, non-medical use of prescription drugs, illicit drug use) in a cohort of Reserve and National Guard (R/NG) soldiers. Further, we examined whether mental health symptoms moderate the relationship between leaving the military and substance use.

Method:

Analyses used data (N=485 soldiers) from the first four annual waves of Operation: SAFETY, an ongoing prospective cohort study of US Army R/NG soldiers and their spouses. We used generalized estimating equations (GEE) to examine the relationships between military status (former vs. current soldier) and substance use outcomes over four years. Lastly, we examined interactions between military status and mental health indicators (anxiety, anger, depression, and PTSD) on substance use over time.

Results:

After controlling for sex, age, race, years of military service, sleep problems, bodily pain, and substance use norms, being a former soldier, compared to a current soldier, was associated with greater odds of current illicit drug use (AOR: 2.86; 95% CI: 1.47, 5.57; $p < .01$). Mental health symptomatology did not moderate the relationship between leaving the military and current drug use.

Conclusions:

Leaving the military in and of itself may result in increased drug use for some individuals, regardless of mental health symptomatology.

<https://doi.org/10.7759/cureus.53741>

Exploring Care and Recovery for Individuals With Post-traumatic Stress Disorder: A Scoping Review.

Smith, J. R., Drouillard, K. J., & Foster, A. M.

Cureus

2024; 16(2), e53741

Most people experience trauma at some point in their lives. The sources of trauma can include accidents, natural disasters, physical or sexual assault, combat, torture, or the death of a loved one. Experiencing or witnessing any of these, or other terrifying events, may make one susceptible to developing post-traumatic stress disorder (PTSD), a trauma- and stressor-related mental health condition. The common symptoms and consequences of PTSD include intrusive and distressing thoughts, memories, or flashbacks related to the traumatic event; avoidance of situations, people, or activities that remind one of the traumatic event; irritability, sleep difficulties, or hypervigilance; feelings of guilt, shame, or fear; substance use; strains on relationships; and suicidal thoughts and behaviors. These consequences can have devastating effects on the individual and their family members, friends, co-workers, peers, and communities. Effectively treating PTSD, therefore, is critical not only for the individual but also for the well-being of families, communities, and society at large. However, while treatments for PTSD exist, effectively treating patients with PTSD remains elusive. Further, despite the recognition that people's experiences are essential in understanding PTSD and provide valuable insights into what interventions are effective and how they impact recovery, patient perspectives and experiences of care and recovery have not been well-explored.

We conducted a scoping review to address the following question: what is known about the experiences and perspectives of care and recovery for individuals with PTSD? We searched the Medical Literature Analysis and Retrieval System Online (MEDLINE), Embase, American Psychological Association's (APA) PsycInfo, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PTSDPubs, and Google Scholar for peer-reviewed and grey literature that used qualitative methods to report on the recovery or care experiences of adults with lived experiences of PTSD. We extracted information about study objectives, study characteristics, and key findings; reported summary statistics; and performed content and thematic analyses.

We identified 14 relevant studies that provide insight into the participants' lived experiences and perspectives of PTSD care and recovery. Though limited, the body of literature sheds light on critical themes and processes in the journey of care of PTSD, which we organized into four overarching categories: pre-treatment understanding and experiences of PTSD, the experience of care or treatment, the importance of relationships and social support, and expanding the understandings of recovery.

Living with and healing from PTSD are a unique and individualized human experience of developing and redeveloping relationships with oneself, with others, and with society. The recommendations for practice include educating and establishing well-informed support networks for individuals with PTSD, training healthcare practitioners in all aspects of formal and informal PTSD treatment and care needs, ensuring a continuum of care, and understanding the human experience of PTSD.

<https://doi.org/10.1007/s12310-024-09631-3>

Inventory of School Supports-Youth Report (ISS-YR): Development and Validation with Military-Connected Students.

Jake C. Steggerda, Timothy A. Cavell, Alison L. Drew, Juliann H. Nicholson, Carla Herrera, Debby Gaffney, Amy M. Smith Slep & Renée Spencer

School Mental Health

Published: 10 February 2024

This study describes the development of a 12-item inventory of school supports for military-connected (MC) children. Participants were 444 students (grades 3 or 5) with an active-duty military parent (48% female; 57.3% White, 10.7% Black, 6.2% Native American, 5% Asian, 3.3% Pacific Islander, 17.5% bi/multiracial; 19% Latinx). Youth completed the Inventory of School Supports-Youth Report (ISS-YR) and measures of academic efficacy, parental involvement in school, school connectedness, and whether they had a non-parental supportive adult in their life. Parents reported on parent–teacher relationship quality. Confirmatory factor analyses supported a two-factor model (functional and relational support). Results psychometrically supported the ISS-YR. Scores demonstrated adequate internal consistency reliability. Results also supported the measure’s convergent and criterion validity as evidenced by positive associations with school connectedness, academic efficacy, parental school involvement, and parent–teacher relationship quality. Youth with a supportive adult in their life at and outside of school had the highest ISS-YR scores. Implications of these findings for schools’ efforts to support MC students are discussed.

<https://doi.org/10.1037/fam0001185>

Pretreatment relationship characteristics predict outcomes from an uncontrolled trial of intensive, multicouple group PTSD treatment.

Fredman, S. J., Le, Y., Monson, C. M., Mogle, J. A., Macdonald, A., Blount, T. H., Hall-Clark, B. N., Fina, B. A., Dondanville, K. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Yarvis, J. S., Keane, T. M., Peterson, A. L., & Consortium to Alleviate PTSD.

Journal of Family Psychology
2024; 38(3), 502–509

Cognitive behavioral conjoint therapy for posttraumatic stress disorder (CBCT for PTSD; Monson & Fredman, 2012) is associated with improvements in patients' and partners' mental health and relationship satisfaction. Some pretreatment relationship characteristics have predicted CBCT for PTSD outcomes for patients, but findings were limited to a single community sample consisting primarily of female patients with male partners. A better understanding of whether pretreatment relationship characteristics predict outcomes in other patient populations and whether there are partners who may be particularly responsive to couple therapy for PTSD could optimize treatment matching. This study investigated whether pretreatment partner accommodation and relationship satisfaction predicted patient and partner treatment outcomes from an uncontrolled trial of an abbreviated, intensive, multicouple group version of CBCT for PTSD conducted with 24 active-duty military or veteran couples (96% male patients/female partners). In general, changes in patients' PTSD and comorbid symptoms and relationship satisfaction did not vary by pretreatment partner accommodation or patients' own pretreatment relationship satisfaction. In contrast, pretreatment relationship characteristics predicted partner outcomes. Partners who engaged in higher levels of accommodation pretreatment and partners who reported lower levels of pretreatment relationship satisfaction experienced greater declines in psychological distress following treatment. Also, partners who began the study relationally distressed exhibited significant increases in relationship satisfaction following treatment, whereas those who were not relationally distressed did not. Findings suggest that improvements generally do not vary by pretreatment relationship characteristics for patients, whereas partners who begin treatment with elevated relationship risk factors may be especially likely to experience improvement across outcomes. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

Links of Interest

It's time to stop downsizing health care, the Pentagon says. This couple can't wait
<https://www.npr.org/2024/04/03/1240724195/pentagon-outsource-healthcare-tricare>

How veterans are using virtual reality to cope with PTSD
<https://thehill.com/policy/defense/4547679-veterans-virtual-reality-ptsd/>

Georgia Veterans Are Healing Through Therapeutic Writing
<https://www.military.com/daily-news/2024/04/04/georgia-veterans-are-healing-through-therapeutic-writing.html>

Binge Eating in the Military
<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Binge-Eating-in-the-Military>

- [CDP Presents: Eating Disorders - Assessment and Treatment in a Military Behavioral Health Context, Online via Zoom, 14 May 2024](#)

Pentagon Running Late to Release Suicide Data by Job Specialty
<https://www.airandspaceforces.com/pentagon-suicide-job-data/>

Integrated Primary Harm Prevention and Intervention
Healthy Relationships and Intimate Partner Violence
<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/PHCoE-Clinician-Resources/Integrated-Primary-Harm-Prevention>

FDA clears first digital treatment for depression, but experts caution that research is still early
<https://www.cnn.com/2024/04/02/health/fda-rejoyn-depression-digital-treatment/index.html>

Report: Veterans with extremist views had bad experiences in military
<https://www.airforcetimes.com/flashpoints/extremism-disinformation/2024/04/09/report-veterans-with-extremist-views-had-bad-experiences-in-military/>

Air Force extends enforcement deadline for new body composition test
<https://www.airforcetimes.com/news/your-air-force/2024/04/09/air-force-extends-enforcement-deadline-for-new-body-composition-test/>

Resource of the Week: [Taking Care of Our Military Children](#)

April is the Month of the Military Child.

From Military OneSource:

Every April, all month long, we celebrate the courage, perseverance and tenacity demonstrated by our military-connected children, youth and teens and what they mean to our community. Though MilKids are some of the most adaptable and resilient youth in the world, we know frequent moves and family separations can be hard on them. That's why the Defense Department is here with powerful resources at the ready to help family units stay strong.



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Henry M. Jackson Foundation for the Advancement of Military Medicine