

CDP



Research Update -- September 12, 2024

What's Here:

- Draft Guidance on Reporting Gender, Sex, Gender Identity, Sexual Orientation, and Age in Medical and Scientific Publication-Call for Review and Comment.
- Risk of Suicide Across Medical Conditions and the Role of Prior Mental Disorder.
- Cannabis Laws and Utilization of Medications for the Treatment of Mental Health Disorders.
- GLP-1 Receptor Agonist Use and Risk of Suicide Death.
- The contribution of maladaptive personality traits to PTSD and depression symptoms among Israeli female veterans.
- Trajectories of moral injury and their associations with posttraumatic stress symptoms among recently discharged Israeli veterans.
- Perinatal mental health and active-duty military spouses: a scoping review.
- Sleep disorder symptoms and suicidal urges among US Marines seeking suicide treatment: Findings from an intensive daily assessment study.
- Elevated body temperature is associated with depressive symptoms: results from the TemPredict Study.
- Finances and Fights: How Military Members' Financial Attitudes and Behaviors Are Linked to Romantic Relationship Processes and Outcomes.
- An evaluation of the associations among posttraumatic stress disorder, depression, and complicated grief in active duty military personnel with traumatic loss.

- Mild Traumatic Brain Injury in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.
- Examining Ethnoracial Differences in Retention in Evidence-Based Treatments for Posttraumatic Stress Disorder Secondary to Military Sexual Trauma.
- Efficacy of eHealth Versus In-Person Cognitive Behavioral Therapy for Insomnia: Systematic Review and Meta-Analysis of Equivalence.
- “Working within broken systems”: Social workers bridge the fractures of U.S. healthcare: A qualitative inquiry on moral injury.
- Threat perceptions, defensive behaviors, and the perceived suicide prevention value of specific firearm storage practices.
- A qualitative study of special operations forces chaplaincy teams' relationship building for suicide prevention, intervention, and postvention.
- All-cause mortality among United States military personnel: Findings from the Millennium Cohort Study, 2001–2021.
- Cultural Humility in Veteran Research and Practice.
- Assessing shared psychological constructs as risk factors in comorbid PTSD-AUD combat-exposed male veterans.
- Prolonged exposure for posttraumatic stress disorder following spinal cord injury: A randomized controlled trial.
- Meaning in life (but not life satisfaction) moderates the effects of battlefield experiences on suicidal ideation and anxiety.
- Patterns and Correlates of Traumatic Stress, Depression, Anxiety, and Moral Injury in U.S. Health Care Providers Late in the COVID-19 Pandemic.
- Scoping review of spirituality-integrated psychotherapies for posttraumatic stress disorder.
- Past, Present, and Future of Cognitive Behavioral-based Psychotherapies for Moral Injury.
- Links of Interest
- Resource of the Week: Military Child Education Coalition

<https://doi.org/10.1001/jama.2024.16646>

Draft Guidance on Reporting Gender, Sex, Gender Identity, Sexual Orientation, and Age in Medical and Scientific Publication-Call for Review and Comment.

Flanagin, A., Frey, T., Christiansen, S., & Bibbins-Domingo, K.

JAMA

The AMA Manual of Style Committee calls for public review and comment on “Draft Guidance on Reporting Gender, Sex, Gender Identity, Sexual Orientation, and Age in Medical and Scientific Publication.” The committee welcomes comments that will improve the goal of this guidance to encourage clarity, inclusiveness, respect, and fairness in use and reporting of gender, sex, gender identity, sexual orientation, and age in the medical and science literature.

- [Draft Guidance](#)
- [Form for Comments](#) (Due by September 30, 2024)
- [Rationale and Formal Call for Review and Comment](#) (August 27, 2024)

<https://doi.org/10.1001/jamapsychiatry.2024.2561>

Risk of Suicide Across Medical Conditions and the Role of Prior Mental Disorder.

Østergaard, S. D., Momen, N. C., Heide-Jørgensen, U., & Plana-Ripoll, O.

JAMA Psychiatry
September 4, 2024

Key Points

Question

How do medical conditions relate to suicide and which role does prior mental disorder play in this regard?

Findings

This cohort study involving 6 635 857 individuals found a statistically significant

increased risk of suicide for individuals with a higher burden of medical conditions. For those without but not for those with a previous hospital-treated mental disorder, there was a dose-response–like relationship between the disability burden of medical conditions and suicide.

Meaning

The risk of suicide is elevated among individuals diagnosed with medical conditions; those with mental disorder appear to be at such elevated risk of suicide that additional disability associated with medical conditions has little impact in this regard.

Abstract

Importance

According to the World Health Organization, more than 700 000 individuals worldwide die by suicide each year. Medical conditions likely increase the risk of suicide.

Objective

To (1) provide age- and sex-specific pairwise estimates of the risk of suicide across a comprehensive range of medical conditions, (2) investigate whether there is a dose-response–like relationship at play (ie, the higher the disability burden due to medical morbidity, the higher the risk of suicide), and (3) determine if the risk of suicide with medical conditions is particularly pronounced among those who had mental disorder preceding the medical conditions.

Design, Setting, and Participants

This cohort study was an observational study of population-based data for all individuals living in Denmark at some point between 2000 and 2020. The data analysis took place from September 2023 to May 2024.

Exposures

Thirty-one specific medical conditions as well as prior mental disorder.

Main Outcomes and Measures

The main outcome was suicide. Associations between the 31 specific medical conditions, nested within 9 categories, and suicide were examined via Poisson regression, yielding incidence rate ratios (IRRs). Subsequent analyses included an interaction term to assess whether a previous hospital-treated mental disorder modified the associations. Finally, the association between the disability burden of medical conditions and suicide was examined for those with and without prior mental disorder, respectively.

Results

A total of 6 635 857 individuals (3 337 613 females and 3 298 244 males) were included in the analyses of the associations between medical conditions and suicide. Except for endocrine disorders, all categories of medical conditions were associated with a statistically significant increased risk of suicide (which was most pronounced for gastrointestinal conditions [IRR, 1.7; 95% CI, 1.5-1.8], cancer [IRR, 1.5; 95% CI, 1.4-1.6], and hematological conditions [IRR, 1.5; 95% CI, 1.3-1.6]). Interaction between mental disorder and individual medical conditions did not seem to play a major role for suicide risk. For those without but not for those with mental disorder, there was a dose-response-like relationship between the disability burden of medical conditions and suicide.

Conclusions and Relevance

Medical conditions are generally associated with increased risk of suicide in a dose-response-like manner. Individuals with hospital-treated mental disorder appear to be at such elevated risk of suicide that additional disability associated with medical conditions has little impact in this regard.

<https://doi.org/10.1001/jamanetworkopen.2024.32021>

Cannabis Laws and Utilization of Medications for the Treatment of Mental Health Disorders.

Bradford, A. C., Lozano-Rojas, F., Shone, H. B., Bradford, W. D., & Abraham, A. J.

JAMA Network Open

September 5, 2024

Key Points

Question

Is access to cannabis, via medical or recreational legalization, associated with changes in dispensing of prescription medications to treat mental health disorders in a commercially insured population?

Findings

This cross-sectional study of 9 438 716 commercially insured patients found statistically significant reductions in benzodiazepine dispensing after increases in both medical and

recreational cannabis access. However, evidence suggests increases in other types of psychotropic dispensing.

Meaning

This study suggests that cannabis laws may be significantly associated with the population-level use of prescription drugs to treat mental health disorders, although the associations vary by drug class and state.

Abstract

Importance

Mental health disorders are prevalent yet undertreated health conditions in the US. Given perceptions about the potential effect of cannabis on individuals with mental health disorders, there is a need to understand the association of cannabis laws with psychotropic use.

Objective

To investigate the association of medical and recreational cannabis laws and dispensary openings with the dispensing of psychotropic medications used to treat mental health disorders in the US.

Design, Setting, and Participants

This cross-sectional study of 10 013 948 commercially insured patients used a synthetic control method to examine the association of cannabis policies with prescribing. Data on all patients dispensed prescriptions for each of the 5 classes of psychotropic medications from January 1, 2007, to December 31, 2020, were extracted from Optum's deidentified Clinformatics Data Mart Database. Statistical analysis was performed from September 2022 to November 2023.

Exposures

The 4 exposure variables measured were whether medical or recreational cannabis laws were in effect and whether medical or recreational cannabis dispensaries were open in each state and calendar quarter.

Main Outcome and Measures

One measure of the extensive margins of dispensing and 2 measures of the intensive margins of dispensing were constructed for 5 medication classes (benzodiazepines, antidepressants, antipsychotics, barbiturates, and sleep medications).

Results

The primary sample (the benzodiazepine sample) included 3 848 721 patients (mean

[SD] age, 46.1 [11.4] years; 65.4% women; 53.7% aged 35-54 years). Medical cannabis laws were associated with a 12.4% reduction in the benzodiazepine fill rate (average treatment effect on the treated [ATT], -27.4; 95% CI, -14.7 to 12.0; P = .001), recreational cannabis laws were associated with a 15.2% reduction in the fill rate (ATT, -32.5; 95% CI, -24.4 to 20.1; P = .02), and medical cannabis laws were associated with a 1.3% reduction in the mean number of benzodiazepine fills per patient (ATT, -0.02; 95% CI, -0.02 to 0.02; P = .04). Medical dispensaries were associated with a 3.9% reduction in mean days' supply per benzodiazepine fill (ATT, -1.7; 95% CI, -0.8 to 0.6; P = .001), while recreational dispensaries were associated with a 6.2% reduction (ATT, -2.4; 95% CI, -1.0 to 0.9; P < .001). Medical cannabis laws were associated with a 3.8% increase in antidepressant fills (ATT, 27.2; 95% CI, -33.5 to 26.9; P = .048), and medical dispensaries were associated with an 8.8% increase (ATT, 50.7; 95% CI, -32.3 to 28.4; P = .004). The mean number of antipsychotic medication fills per patient increased by 2.5% (ATT, 0.06; 95% CI, -0.04 to 0.05; P = .02) after medical cannabis laws and by 2.5% (ATT, 0.06; 95% CI, -0.04 to 0.04; P = .02) after medical dispensary openings. Findings for the other drug classes showed substantial heterogeneity by state and direction of association.

Conclusions and Relevance

This cross-sectional study of commercially insured patients suggests that there may have been meaningful heterogeneous associations between cannabis policy and state and between cannabis policy and drug class (eg, decreases in dispensing of benzodiazepines but increases in dispensing of antidepressants and antipsychotics). This finding suggests additional clinical research is needed to understand the association between cannabis use and mental health. The results have implications for patient substance use and mental health-related outcomes.

<https://doi.org/10.1001/jamainternmed.2024.4369>

GLP-1 Receptor Agonist Use and Risk of Suicide Death.

Ueda, P., Söderling, J., Wintzell, V., Svanström, H., Pazzagli, L., Eliasson, B., Melbye, M., Hviid, A., & Pasternak, B.

JAMA Internal Medicine
September 3, 2024

Key Points

Question

What is the association between use of glucagon-like peptide-1 (GLP-1) receptor agonists and risk of suicide death in patients treated in routine clinical practice?

Findings

In this cohort study of 298 553 adults initiating a GLP-1 receptor agonist or a sodium-glucose cotransporter-2 inhibitor nationwide in Sweden and Denmark, the incidence rate of suicide death was low, and those initiating GLP-1 receptor agonist use did not experience increased risk.

Meaning

This study provides reassuring data showing that those initiating GLP-1 receptor agonist use were not at increased risk of suicide death, although the study could not assess small risk increases.

Abstract

Importance

Concerns have been raised regarding a link between use of glucagon-like peptide-1 (GLP-1) receptor agonists and increased risk of suicidality and self-harm.

Objective

To assess the association between use of GLP-1 receptor agonists and the risk of suicide death in routine clinical practice.

Design, Setting, and Participants

This active-comparator new-user cohort study used nationwide register data from Sweden and Denmark from 2013 to 2021. Adults 18 to 84 years old who initiated treatment with GLP-1 receptor agonists or the comparator sodium-glucose cotransporter-2 (SGLT2) inhibitors were included. Data were analyzed from March to June 2024.

Exposure

Initiation of treatment with a GLP-1 receptor agonist or SGLT2 inhibitor.

Main Outcomes and Measures

The primary outcome was suicide death recorded in the cause of death registers. Secondary outcomes were the composite of suicide death and nonfatal self-harm and the composite of incident depression and anxiety-related disorders. Using propensity

score weighting, hazard ratios (HRs) with 95% CIs were calculated separately in the 2 countries and pooled in a meta-analysis.

Results

In total, 124 517 adults initiated a GLP-1 receptor agonist and 174 036 initiated an SGLT2 inhibitor; among GLP-1 receptor agonist users, the mean (SD) age was 60 (13) years, and 45% were women. During a mean (SD) follow-up of 2.5 (1.7) years, 77 suicide deaths occurred among users of GLP-1 receptor agonists and 71 suicide deaths occurred among users of SGLT2 inhibitors: weighted incidences were 0.23 vs 0.18 events per 1000 person-years (HR, 1.25; 95% CI, 0.83-1.88), with an absolute difference of 0.05 (95% CI, -0.03 to 0.16) events per 1000 person-years. The HR was 0.83 (95% CI, 0.70-0.97) for suicide death and nonfatal self-harm, and the HR was 1.01 (95% CI, 0.97-1.06) for incident depression and anxiety-related disorders.

Conclusions and Relevance

This cohort study, including mostly patients with type 2 diabetes, does not show an association between use of GLP-1 receptor agonists and an increased risk of suicide death, self-harm, or incident depression and anxiety-related disorders. Suicide death among GLP-1 receptor agonist users was rare, and the upper limit of the confidence interval was compatible with an absolute risk increase of no more than 0.16 events per 1000 person-years.

<https://doi.org/10.1037/tra0001779>

The contribution of maladaptive personality traits to PTSD and depression symptoms among Israeli female veterans.

Zerach, G., Shem Tov, E., & Shati, S.

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

Objective:

Exposure to potentially traumatic events during military service is associated with mental health problems such as posttraumatic stress disorder (PTSD) and depression symptoms. However, knowledge regarding the implications of maladaptive personality traits in psychopathology among female veterans is sparse. The present study aims to use the Diagnostic and Statistical Manual of Mental Disorders, fifth edition—an

alternative model of personality disorder, to examine associations between maladaptive personality traits, PTSD and depression symptoms, among female Israeli veterans.

Method:

A volunteer sample of female Israeli combat veterans (n = 616) and noncombat veterans (n = 484) responded to self-report questionnaires in a cross-sectional study.

Results:

Combat veterans reported higher levels of combat exposure and PTSD symptoms, but not depressive symptoms, than noncombat veterans. Combat veterans also reported lower levels of negative affectivity but higher levels of disinhibition than noncombat veterans. All five traits were positive predictors of PTSD and depression symptoms, with psychoticism constituting the strongest predictor. A moderated-mediation analysis indicated four traits (negative affectivity, detachment, disinhibition, and psychoticism) that had a moderating effect on the relationship between combat exposure and PTSD symptoms, and two of the traits (antagonism and disinhibition) that had a moderate effect on the relationship between combat exposure and depressive symptoms.

Conclusions:

Maladaptive personality traits play an important role in psychological distress following female veterans' combat service. Future prospective research is necessary to determine the temporal associations between preenlistment maladaptive personality traits and postdeployment mental health of veterans. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Our results revealed that female combat veterans endorse more posttraumatic stress disorder symptoms, but not depressive symptoms, than noncombat veterans. Combat veterans also reported lower levels of negative affectivity but higher levels of disinhibition than noncombat veterans. Clinicians should pay attention to the cumulative nature of potentially traumatic events and their associations with psychological distress among female veterans. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1016/j.ipsychores.2024.07.025>

Trajectories of moral injury and their associations with posttraumatic stress symptoms among recently discharged Israeli veterans.

Levinstein, Y., Zerach, G., Levi-Belz, Y., & Bonanno, G. A.

Journal of Psychiatric Research

Volume 177, September 2024, Pages 321-329

Background

While it is already known that potentially morally injurious events (PMIEs) have a deleterious effect on veterans, little is known about the changes in PMIEs subjective appraisals over time, as well as its contribution to changes in psychiatric symptoms. In the current study, we longitudinally assessed subjective appraisals of PMIEs experienced during combat military service and their associations with posttraumatic stress symptoms (PTSS) among recently discharged combat veterans.

Method

Participants were 374 veterans who participated in a one-year longitudinal study with three measurement points: T1-one month before discharge from army service, and then again six months and twelve months following discharge (T2 and T3, respectively).

Results

Latent Growth Mixture Modeling (LGMM) indicated heterogenic patterns of changes in PMIEs across measurements. The 'resilient' (low and stable PMIEs) trajectory best represented PMIE, followed by 'recovery' and 'chronic' fluctuating trajectories. Moreover, the 'resilient' PMIEs trajectory was found to be consistently associated with lower PTSS scores compared to 'chronic' or 'worsening' trajectories.

Conclusions

Our findings are the first to identify longitudinal trajectories of PMIEs subjective appraisals and to provide evidence of their association with PTSS, which might serve as potential assessment and intervention targets among recently discharged traumatized veterans.

<https://doi.org/10.1186/s12884-024-06727-1>

Perinatal mental health and active-duty military spouses: a scoping review.

Pretorius, K., Sposato, M. F., & Trueblood-Miller, W.

Introduction

Mental health conditions (i.e. depression or anxiety) are the most common complication of pregnancy and childbirth in the United States (U.S.) and are associated with increased maternal and infant morbidity and mortality. Research has demonstrated a relationship between stress and mental health diagnoses in pregnancy; therefore, it is concerning that military families face unique challenges which contribute to additional stressors among spouses of active-duty (AD) military personnel during the perinatal period. The objective of this scoping review was to understand the current state of research on perinatal stress or perinatal mental health among American spouses of AD military personnel.

Methods

The Boolean phrase was created in consultation with 2 health science librarians and the following databases searched in October 2023: PubMed, Embase, Military and Government Collection, CINAHL, and PsychINFO. 2 reviewers identified 481 studies for screening once duplicates were removed. After applying inclusion and exclusion criteria, 21 studies remained for data extraction and analysis.

Results

Most of the studies were quantitative, took place in the southern U.S., and the most represented military branch was Air Force. Most of the studies included both AD military members and AD spouses; 28% focused solely on AD spouses. Samples were not racially diverse, and findings identified racial disparities in perinatal mental health conditions. There was a wide variety in outcome measures, including the following general categories: (1) stress, anxiety, and/or depression, (2) maternal-infant attachment, (3) group prenatal care, and (4) deployment focus. Our review identified the following concepts: spouses most at risk for perinatal mental health conditions, the need for perinatal mental health screening, and the need for social support.

Conclusions

Findings from the identified studies indicate a need for additional research in this area. Additionally, findings highlight circumstances unique to this population that result in an increased risk of stress and/or mental health conditions during the perinatal period. Such challenges demand improved mental health screening and additional resources for this population. Meeting the needs of this unique population also requires significant funding and policy change to allow for increased access to mental health resources and to ensure the health of the birthing person and infant.

<https://doi.org/10.1016/j.jpsychires.2024.08.040>

Sleep disorder symptoms and suicidal urges among US Marines seeking suicide treatment: Findings from an intensive daily assessment study.

Brown, L. A., Zhu, Y., Feler, B., Kautz, M., Taylor, D. J., Pruiksma, K. E., Baker, J., Young, J., Khazem, L., Bryan, C. J., & Wiley, J.

Journal of Psychiatric Research
Volume 178, October 2024, Pages 388-396

Background

Rates of suicide in United States Marines are among the highest in the military, and sleep disorder symptoms are a known risk factor for suicide in the military. Intensive ecological momentary assessments (EMA) might improve the ability to detect periods that are characterized by increased suicidal ideation. Marines who were at high risk for suicide were intensively assessed for one month on sleep, suicidal urges, posttraumatic stress disorder (PTSD) and depression symptoms.

Methods

U.S. Marines (N = 40) who had a past month suicide attempt or suicidal urges with intent were sent EMA for 28 days. Mixed effects models explored associations among daily sleep, suicidal urges, PTSD, and depression symptoms.

Results

Worsened sleep indicators on a given night significantly predicted higher maximum values of suicide urges the following day. Worse sleep quality the prior night was moderately associated with more severe PTSD symptoms and depression symptoms. Greater severity of PTSD symptoms and depression symptoms were strongly associated with both the maximum value and the range of suicide urges. PTSD and depression symptoms mediated the relationship between sleep quality and suicidal urges. Participants reported that 0000–0300 had the greatest elevation in endorsement of highest suicide urges.

Limitations

This study had a small sample size may not generalize beyond active duty Marines.

Conclusions

Poor sleep quality and other sleep markers were an important risk factor for suicidal urges among U.S. Marines. This relationship was mediated by exacerbations in PTSD and depression symptoms. Interventions are needed to interrupt suicide risk during and following nights with poor sleep.

<https://doi.org/10.1038/s41598-024-51567-w>

Elevated body temperature is associated with depressive symptoms: results from the TemPredict Study.

Ashley E. Mason, Patrick Kasl, Severine Soltani, Abigail Green, Wendy Hartogensis, Stephan Dilchert, Anoushka Chowdhary, Leena S. Pandya, Chelsea J. Siwik, Simmie L. Foster, Maren Nyer, Christopher A. Lowry, Charles L. Raison, Frederick M. Hecht & Benjamin L. Smarr

Scientific Reports

14, Article number: 1884 (2024)

Correlations between altered body temperature and depression have been reported in small samples; greater confidence in these associations would provide a rationale for further examining potential mechanisms of depression related to body temperature regulation. We sought to test the hypotheses that greater depression symptom severity is associated with (1) higher body temperature, (2) smaller differences between body temperature when awake versus asleep, and (3) lower diurnal body temperature amplitude. Data collected included both self-reported body temperature (using standard thermometers), wearable sensor-assessed distal body temperature (using an off-the-shelf wearable sensor that collected minute-level physiological data), and self-reported depressive symptoms from > 20,000 participants over the course of ~ 7 months as part of the TemPredict Study. Higher self-reported and wearable sensor-assessed body temperatures when awake were associated with greater depression symptom severity. Lower diurnal body temperature amplitude, computed using wearable sensor-assessed distal body temperature data, tended to be associated with greater depression symptom severity, though this association did not achieve statistical significance. These findings, drawn from a large sample, replicate and expand upon prior data pointing to body temperature alterations as potentially relevant factors in depression etiology and may hold implications for development of novel approaches to the treatment of major depressive disorder.

<https://doi.org/10.1891/JFCP-2023-0146>

Finances and Fights: How Military Members' Financial Attitudes and Behaviors Are Linked to Romantic Relationship Processes and Outcomes.

Peterson, Clairee; O'Neal, Catherine Walker; Lucier-Greer, Mallory; Okamoto, Rachel

Journal of Financial Counseling and Planning
Aug 2024

Grounded in the theory of planned behavior and family systems theory, this study examined the notion that financial attitudes are a driving force in financial management behaviors and healthy financial behaviors, in turn, have implications for couple relationship processes and outcomes. This study was based on the experiences of a sample of service members, who may be at elevated financial and relational risk given the transitional nature of military life (N = 255 U.S. service members). Evidence from a path model largely supported study hypotheses and suggested that financial attitudes were directly and indirectly associated with a range of relationship processes and outcomes via financial management behaviors. When service members reported positive attitudes toward financial management behaviors, they tended to engage in healthier financial behaviors, and healthier financial behaviors were related to salient relational factors, such as greater agreement on spending with partners, better relationship satisfaction, and greater relationship commitment.

<https://doi.org/10.1002/jts.23080>

An evaluation of the associations among posttraumatic stress disorder, depression, and complicated grief in active duty military personnel with traumatic loss.

Vanessa M. Jacoby, Casey L. Straud, Hannah Tyler, Katherine A. Dondanville, Jeffrey S. Yarvis, Jim Mintz, Stacey Young-McCaughan, Alan L. Peterson, Jennifer Schuster Wachen, Patricia A. Resick, for the STRONG STAR Consortium

Between 44% and 87% of active duty service members and veterans who deployed following the September 11, 2001, terrorist attacks know someone who was killed or seriously injured in combat. Considering the high frequency and known impact of traumatic loss, it is important to understand if and how traumatic loss may impede posttraumatic stress disorder (PTSD) treatment progress in military personnel. Additionally, experiencing a traumatic loss elevates the risk of developing prolonged grief disorder (PGD), which is associated with higher levels of PTSD symptoms, more functional impairment, and more lifetime suicide attempts among military personnel. Given what is known about the association between PGD and PTSD in treatment-seeking service members and veterans, it is also important to understand whether grief-related symptom severity negatively impacts PTSD treatment response. The current study examined associations among traumatic loss, complicated grief, depressive symptoms, and PTSD treatment response among military personnel ($N = 127$) who participated in variable-length cognitive processing therapy (CPT). There was no direct, $F(2, 125) = 0.77, p = .465$, or indirect, $\beta = .02, p = .677$, association between a traumatic loss index event and PTSD treatment response compared with other trauma types. Prior assessments of depressive symptom severity were directly related to PTSD at later assessments across two models, $ps < .001$ – $p = .021$. Participants with a traumatic loss index trauma demonstrated significant reductions in complicated grief, depressive symptoms, and PTSD following CPT, $ps < .001, ds = -0.61$ – -0.83 . Implications, study limitations, and suggestions for future research are presented.

<https://doi.org/10.1080/00332747.2024.2392226>

Mild Traumatic Brain Injury in U.S. Military Veterans: Results from the National Health and Resilience in Veterans Study.

Sarah Meshberg-Cohen, Joan M. Cook, Ian C. Fischer & Robert H. Pietrzak

Psychiatry

Published online: 26 Aug 2024

Objective

This study provides nationally representative data on the prevalence, risk factors, and

associated mental health and functional outcomes of mild traumatic brain injury (mTBI) in U.S. military veterans.

Methods

Data (N = 4,069) were analyzed from the National Health and Resilience in Veterans Study (NHRVS). Analyses estimated mTBI prevalence, exposure to different mTBI injuries, and past-week mTBI symptoms (i.e. persistent post-concussive symptoms [PCS]). Comparisons were made between veterans with and without mTBI+PCS on sociodemographic, military, trauma, and psychiatric characteristics. Associations between mTBI+PCS and measures of cognitive, mental, and psychosocial functioning were examined.

Results

Overall, 43.7% endorsed a possible mTBI event on the Veterans Affairs' Mild TBI Injury Screening and Evaluation tool, and 10.0% screened positive for mTBI. After combining a self-reported healthcare professional diagnosis of concussion/mTBI/TBI (5.8%) with a positive mTBI screen, the prevalence of mTBI+PCS was 3.0%. Veterans with specific trauma characteristics (e.g. adverse childhood events), military service (e.g. combat), and lifetime psychiatric conditions were more likely to have mTBI+PCS. mTBI+PCS was associated with increased odds of current posttraumatic stress disorder, major depressive disorder, generalized anxiety disorder, and drug use disorder. These veterans also scored significantly lower on cognitive, mental, and psychosocial functioning.

Conclusions

Overall, 3.0% of veterans had mTBI+PCS, suggesting that while mTBI may be prevalent in this population, the majority will likely recover without developing chronic symptoms. Those with mTBI+PCS are at significant risk for comorbid psychiatric diagnoses and poorer psychosocial functioning relative to those without mTBI+PCS, and early targeted identification may assist in prevention of disability and recovery.

<https://doi.org/10.1891/VV-2023-0069>

Examining Ethnoracial Differences in Retention in Evidence-Based Treatments for Posttraumatic Stress Disorder Secondary to Military Sexual Trauma.

Grau, Peter P., PhD; Fedele, Katherine M., PhD; Fernando, Michelle A., PhD; Hall-Clark, Brittany, PhD; Rauch, Sheila A. M., PhD; Porter, Katherine E., PhD; Sexton, Minden, PhD

Improving and expanding mental health treatment for Veterans who have experienced military sexual trauma (MST) are currently a top priority in Veterans Healthcare Administration. Many of these Veterans develop posttraumatic stress disorder (PTSD), and there is increasing recognition that diversity is a core treatment consideration for Veterans who have experienced trauma. As such, more information is needed concerning the relationship between trauma-focused treatment attrition and ethnoracial identity in Veterans who have experienced MST. This article presents two studies exploring dropout from a Midwestern Department of Veterans Affairs (VA) PTSD clinic in samples of Veterans who experienced MST. These studies aim to reduce this knowledge gap by contrasting Black and White Veterans' retention in trauma-focused care. In Study 1 (n = 141), we examined ethnoracial differences in dropout in a cohort of treatment-seeking Veterans who experienced MST and engaged in cognitive processing therapy (CPT) in a VA specialty PTSD clinic. In Study 2 (n = 109), we explored the same questions related to treatment attrition in a separate cohort of treatment-seeking Veterans who experienced MST and engaged in prolonged exposure (PE) in a VA specialty PTSD clinic. Results from both studies did not indicate ethnoracial differences in attrition rate (for both total sessions and an 8-week minimally adequate care [MAC] window) across evidence-based PTSD treatment. However, it remains important to consider the impact of racial and cultural factors on retention. Future research should aim to recruit a larger racially and ethnically diverse sample to explore possible varying retention outcomes of CPT and PE for MST-related PTSD.

<https://doi.org/10.2196/58217>

Efficacy of eHealth Versus In-Person Cognitive Behavioral Therapy for Insomnia: Systematic Review and Meta-Analysis of Equivalence.

Knutzen, S. M., Christensen, D. S., Cairns, P., Damholdt, M. F., Amidi, A., & Zachariae, R.

JMIR Mental Health
26.8.2024 in Vol 11 (2024)

Background:

Insomnia is a prevalent condition with significant health, societal, and economic impacts. Cognitive behavioral therapy for insomnia (CBTI) is recommended as the first-line treatment. With limited accessibility to in-person–delivered CBTI (ipCBTI), electronically delivered eHealth CBTI (eCBTI), ranging from telephone- and videoconference-delivered interventions to fully automated web-based programs and mobile apps, has emerged as an alternative. However, the relative efficacy of eCBTI compared to ipCBTI has not been conclusively determined.

Objective:

This study aims to test the comparability of eCBTI and ipCBTI through a systematic review and meta-analysis of equivalence based on randomized controlled trials directly comparing the 2 delivery formats.

Methods:

A comprehensive search across multiple databases was conducted, leading to the identification and analysis of 15 unique randomized head-to-head comparisons of ipCBTI and eCBTI. Data on sleep and nonsleep outcomes were extracted and subjected to both conventional meta-analytical methods and equivalence testing based on predetermined equivalence margins derived from previously suggested minimal important differences. Supplementary Bayesian analyses were conducted to determine the strength of the available evidence.

Results:

The meta-analysis included 15 studies with a total of 1083 participants. Conventional comparisons generally favored ipCBTI. However, the effect sizes were small, and the 2 delivery formats were statistically significantly equivalent ($P < .05$) for most sleep and nonsleep outcomes. Additional within-group analyses showed that both formats led to statistically significant improvements ($P < .05$) in insomnia severity; sleep quality; and secondary outcomes such as fatigue, anxiety, and depression. Heterogeneity analyses highlighted the role of treatment duration and dropout rates as potential moderators of the differences in treatment efficacy.

Conclusions:

eCBTI and ipCBTI were found to be statistically significantly equivalent for treating insomnia for most examined outcomes, indicating eCBTI as a clinically relevant alternative to ipCBTI. This supports the expansion of eCBTI as a viable option to increase accessibility to effective insomnia treatment. Nonetheless, further research is needed to address the limitations noted, including the high risk of bias in some studies and the potential impact of treatment duration and dropout rates on efficacy.

Trial Registration:

PROSPERO CRD42023390811;

https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=390811

<https://doi.org/10.1016/j.socscimed.2024.117262>

“Working within broken systems”: Social workers bridge the fractures of U.S. healthcare: A qualitative inquiry on moral injury.

P Thibodeau, A Arena, H Wolfson, M Talamantes, K Albright

Social Science & Medicine

Volume 358, October 2024, 117262

Highlights

- Healthcare social workers describe moral injury using real work experiences.
- Street-level bureaucracy frames moral injury for healthcare social workers.
- Moral injury is explained as a constraint against doing the right thing.
- Healthcare social workers positionality at work is a risk factor for moral injury.
- Systems-level gaps adversely impact healthcare social workers' well-being.

Abstract

Healthcare social workers (HSWs) in the United States are integral to interdisciplinary teams and health services. HSWs have a unique role in healthcare, as they care for their patients' psychosocial needs, through case management and clinical services. There is a gap in understanding how HSWs are impacted by their healthcare work. This study aims to understand the experience of moral injury, a marker of well-being, amongst HSWs in one state in the United States. Moral injury is the moral transgression (or boundary breaking) by oneself or someone in a position of power in high stakes situations and the negative outcomes of those experiences. Using a qualitative approach, semi-structured interviews were conducted with 24 HSWs in August of 2022. Thematic analysis was used to understand the lived experience of moral injury for HSWs. Three themes emerged: 1) HSWs' definition and examples of moral injury; 2) HSWs situated in the “in-between” of policy and practice; and 3) upholding social work values within the medical model. These findings impact healthcare practice and policy,

in delineating what falls within the bounds of social work, changing the workflow of health services, and creating further opportunities for interdisciplinary training, well-being initiatives, and systems-level changes. The findings from this work highlight the importance of understanding the moral impact of healthcare work on social workers, which should be further examined in depth not only amongst HSWs but also across the healthcare workforce.

<https://doi.org/10.1111/sltb.13123>

Threat perceptions, defensive behaviors, and the perceived suicide prevention value of specific firearm storage practices.

Anestis, M. D., Bryan, C. J., Bryan, A. O., & Capron, D. W.

Suicide and Life-Threatening Behavior

First published: 26 August 2024

Introduction

Secure firearm storage has been proposed as a suicide prevention method within the military; however, secure storage practices are uncommon. Service members may perceive limited value in secure storage as a suicide prevention tool and threat-related factors may influence such perceptions.

Method

A nationally representative sample of firearm-owning military service members (n = 719) was recruited between December 3, 2021 and January 4, 2022 to complete a self-report survey by Ipsos using their KnowledgePanel calibration approach to optimize representativeness.

Results

Threat sensitivity was associated with less perceived suicide prevention value across all within-home storage practices as well as out-of-home storage. Defensive firearm ownership was associated with less perceived out-of-home storage value. Contrary to expectations, PTSD symptoms were associated with greater perceived suicide prevention value across all storage practices and intolerance of uncertainty was associated with greater perceived out-of-home storage value.

Discussion

Perceptions of, sensitivity to, and reactions to threat represent a complicated confluence of factors that may influence firearm views and behaviors in disparate ways. Viewing the world as dangerous and other people as a threat may limit perceived suicide prevention value for secure storage and increase the drive for firearm access.

<https://doi.org/10.1037/ser0000894>

A qualitative study of special operations forces chaplaincy teams' relationship building for suicide prevention, intervention, and postvention.

Lee-Tauler, S. Y., Grammer, J., Ekman, E., LaCroix, J., & Ghahramanlou-Holloway, M.

Psychological Services

Advance online publication

The U.S. special operations forces (SOF) contribute to a range of complex missions and experience high operational tempo, which may result in heightened professional and personal stressors. Those who are experiencing stressors may be reluctant to seek professional mental health services due to career concerns. The chaplaincy community is at the forefront of bearing and responding to the pain of others including those at risk for suicide. As a formative step to developing a tailored suicide prevention curriculum for the U.S. SOF religious support teams (RSTs), we sought to understand SOF RSTs' common strategies for suicide prevention, intervention, and postvention. We conducted confidential interviews with SOF RSTs via telephone and in person. We used an inductive thematic analysis to code a total of 57 transcripts. SOF RSTs prominently expressed that building relationships with SOF community members was foundational to their suicide prevention, intervention, and postvention practices: (a) Suicide prevention involved being available and cultivating a community of insiders who can provide resources as needed prior to crisis escalation; (b) Suicide intervention involved listening and responding to suicide risk and building autonomy for a suicidal SOF member to seek outside help; (c) Suicide postvention involved reaching out to suicide-loss survivors and grieving together through memorial services. The salient theme of building relationships points to opportunities to capitalize on RSTs' social connections and to enhance skills and resources for military suicide prevention, intervention, and postvention practices. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Building relationships is essential to special operations forces chaplains' suicide mitigation practices. Relationship building efforts differ across suicide prevention, intervention, and postvention. Military suicide-related efforts can leverage special operations forces chaplains' social connections. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1016/j.annepidem.2024.08.006>

All-cause mortality among United States military personnel: Findings from the Millennium Cohort Study, 2001–2021.

FR Carey, J Harbertson, N Sharifian, EJ Boyko, RP Rull, for the Millennium Cohort Study Team

Annals of Epidemiology
Volume 99, November 2024, Pages 1-8

Purpose

The goal of this study was to estimate all-cause mortality among Operations Enduring Freedom, Iraqi Freedom, and New Dawn era service members and veterans and to identify protective and risk factors for mortality.

Methods

Using 20 years of longitudinal data from the Millennium Cohort Study (2001–2021), sequential Cox proportional hazard models were conducted to examine demographic, military, and health-related characteristics associated with all-cause mortality among service members and veterans.

Results

Among 201,619 participants, 3806 (1.9 %) were deceased by the end of the observation period, with an age- and sex-adjusted incidence of 37.6 deaths per 100,000 person-years. Deployed service members had lower all-cause mortality risk than those who did not deploy. Personnel who experienced combat had higher mortality risk compared with those who did not in unadjusted models; this association was nonsignificant after accounting for health-related factors. Enlisted and Army personnel both had a higher mortality risk, while women and Hispanic individuals had a lower risk. Stressful life

events, lower physical health related quality of life, problem drinking, and smoking were also associated with greater mortality risk.

Conclusion

These profiles may be useful for developing preventive education and intervention efforts in military and veteran populations to reduce premature mortality.

<https://doi.org/10.1177/19394225241277079>

Cultural Humility in Veteran Research and Practice.

Kroenlein, S. W., & Wilson, D. L.

New Horizons in Adult Education and Human Resource Development

First published online August 28, 2024

Veterans Studies is an increasing area of study. Central to the field of veteran studies is the transition from military to civilian life. Research in this domain focuses on the challenges veterans face in navigating civilian norms, securing employment, and redefining their identities. Research findings contribute to the development of more effective policies and programs for veterans. Engaging with or conducting research with veteran populations, however, necessitates special ethical considerations. We advocate for a cultural humility approach, which emphasizes openness, self-reflection, and an understanding of historical and cultural contexts. We encourage researchers, educators, and practitioners to recognize the unique aspects of military culture, acknowledge past injustices, and address power imbalances that could affect research outcomes and service provider relationships. By integrating cultural humility, professionals can enhance veteran support while fostering respectful and effective approaches in both research and practice. This article outlines the principles of cultural humility, provides historical context of U.S. veteran integration efforts, and discusses ethical considerations for research involving veterans. The discussion also includes practical resources for researchers, educators, and HRD professionals when working with, and alongside, veteran populations.

<https://doi.org/10.1080/08995605.2024.2387914>

Assessing shared psychological constructs as risk factors in comorbid PTSD-AUD combat-exposed male veterans.

Angela J. Zaur, Silviu A. Bacanu, Ananda B. Amstadter & Christina M. Sheerin

Military Psychology

Published online: 29 Aug 2024

PTSD and AUD are frequently comorbid post-trauma outcomes. Much remains unknown about shared risk factors as PTSD and AUD work tends to be conducted in isolation. We examined how self-report measures of distress tolerance (DT), experiential avoidance (EA), and drinking motives (DM) differed across diagnostic groups in white, male combat-exposed veterans ($n = 77$). A MANOVA indicated a significant difference in constructs by group, $F(5, 210) = 4.7$, $p < .001$. Follow-up ANOVAs indicated DM subscales (Coping: $F(3, 82) = 21.3$; Social: $F(3, 82) = 13.1$; Enhancement: $F(3, 82) = 10.4$; $p_s < .001$) and EA ($F(3, 73) = 7.8$, $p < .001$) differed by groups but not DT. Post hoc comparisons indicated that mean scores of the comorbid and AUD-only groups were significantly higher than controls for all DM subscales (all $p_s < .01$). EA scores were significantly higher for the comorbid as compared to control ($p < .001$) and PTS-only ($p = .007$) groups. Findings support shared psychological factors in a comorbid PTSD-AUD population.

<https://doi.org/10.1037/rep0000580>

Prolonged exposure for posttraumatic stress disorder following spinal cord injury: A randomized controlled trial.

Douglas, M. E., Bennett, M., Jones, K. A., Pogue, J. R., Chauvette, G. V., Sikka, S., Driver, S., Hamilton, R., Curcio, N., Patel, S., Wierzchowski, A., Adams, M., Thomas, E. V., Turner, E., Leonard, K., Carl, E., Foreman, M., Warren, A. M., & Powers, M. B.

Rehabilitation Psychology

Advance online publication

Purpose/Objective:

Individuals with a spinal cord injury (SCI) may experience posttraumatic stress disorder

(PTSD) at a higher rate, which is associated with worse psychiatric comorbidity, decreased quality of life, and greater disability. Yet, effective PTSD interventions remain understudied for individuals with SCI. We conducted the first randomized controlled trial (RCT) of an evidence-based psychotherapy (prolonged exposure [PE]) with survivors of SCI during acute rehabilitation. We examined the efficacy, feasibility, and secondary outcomes.

Research Method/Design:

Participants (n = 29) were adults recruited from 2018 to 2021 1-month postinjury with PTSD randomized into either PE therapy or treatment as usual. The primary outcome was PTSD assessed at baseline, 6, 10, and 32 weeks postenrollment.

Results:

An overall group-by-time interaction was not statistically significant ($p = .102$), but effect sizes demonstrated moderate and large improvements in PTSD for the PE group at 6 (-19.4 vs. -9.7) and 10 (-25.8 vs. -5.7), respectively. Similarly, moderate to large effect sizes were observed for depression, maladaptive posttraumatic cognitions, disruptive nocturnal behaviors, SCI-related quality of life, and risky alcohol consumption. Low rates of enrollment (50%) and treatment completion (25%) suggest feasibility challenges; however, treatment completers did report high satisfaction (100%).

Conclusions/Implications:

Results suggest that individuals who received PE had a quicker and clinically meaningful reduction in PTSD symptoms, but delivery during acute rehabilitation is not feasible for many individuals. Future research should examine abbreviated versions of PE for PTSD to enhance the feasibility of treatment in this setting. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/tra0001773>

Meaning in life (but not life satisfaction) moderates the effects of battlefield experiences on suicidal ideation and anxiety.

Cornwell, J. F. M., Wood, M. D., Erbe, R. G., & Wetzler, E. L.

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

Objective:

Although research has been conducted in the last decade distinguishing between meaning in life and life satisfaction, no research has examined whether their potential moderating role in mental health problems is distinct. Among military personnel, mental health is paramount, and suicide is one of the leading causes of death.

Method:

Data were collected to determine the potential moderating effects of meaning in life and/or life satisfaction of battlefield experiences on depression, anxiety, and thoughts about death (including suicidal ideation). Data were collected on 851 total military personnel, spanning two distinct survey administrations, who reported at least one combat deployment.

Results:

Findings suggest that meaning in life has a significant moderating effect on the impact of life-threatening experiences on anxiety and thoughts about death (including suicidal ideation), but no moderating effect on depression. Life satisfaction had no significant moderating role for any mental health outcome.

Conclusions:

This research suggests that meaning in life is a significant buffer against certain negative mental health outcomes stemming from life-threatening experiences. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

This research suggests that the relationship between life-threatening experiences in military service and anxiety and suicidal ideation is moderated by meaning in life. The results provide guidance concerning whether these kinds of events are relevant to these mental health symptoms presented by military veterans and personnel, suggesting a particularly strong impact among those who lack meaning in life specifically, rather than those lacking satisfaction with life generally. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/tra0001780>

Patterns and Correlates of Traumatic Stress, Depression, Anxiety, and Moral Injury in U.S. Health Care Providers Late in the COVID-19 Pandemic.

Papa, A., Okun, A. H., Barile, J. P., Jia, H., Thompson, W. W., & Guerin, R. J.

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

Objective:

Providing health care during the COVID-19 pandemic has been associated with a high mental health burden for health care providers. This study examined patterns of responses and correlates of class membership across commonly assessed mental health symptoms, psychosocial functioning, and moral injury for providers in the United States in Fall 2022.

Method:

A convenience sample of 1,504 primary care physicians, pediatricians, nurse practitioners, and physician assistants who had been in practice for three or more years (Mage = 46.1 years, SDage = 11.3, 58% male) completed self-report measures in an online, opt-in panel survey from September to November 2022.

Results:

Using latent class analysis, three classes were identified: No/Low Symptoms (64.8%), High Moral Injury (19.9%), and Elevated Symptoms (15.2%). Several factors were correlated with class membership including age, sex, social support, personal risk of COVID-19, pandemic-related work stressors, proportion of COVID-19 patients seen at the height of the pandemic, and death of a patient due to COVID-19.

Conclusions:

This study found high levels of mental health symptoms, and problems with psychosocial functioning and moral injury in health care providers well past the pandemic's peak. The results also demonstrated the importance of considering the unique contribution of moral injury to psychosocial functional difficulties experienced by health care providers during the pandemic given their defined role as essential workers. These findings have implications for preventing and managing mental health problems and burnout among providers postpandemic as well as for future pandemics at both the organizational and individual levels.

Clinical Impact Statement

This study examined patterns in reported symptoms of depression, anxiety, posttraumatic stress, moral injury (feeling morally responsible for causing or failing to prevent harm to others), and psychosocial functioning in health care providers 2 years into the pandemic. We found three patterns, no/low symptoms (65%), high moral injury

and psychosocial functional problems with moderate posttraumatic stress (19.9%), and moderate to high symptoms across all outcomes (15.2%), suggesting that many providers are still struggling with mental health problems. This study also highlighted moral injury's role in postpandemic psychological adjustment and identified several factors associated with classification into the symptomatic groups.

<https://doi.org/10.1037/scp0000335>

Scoping review of spirituality-integrated psychotherapies for posttraumatic stress disorder.

Field, T. A., White, D. B., Davis, J., Park, J. S., & Pierson, J. L.

Spirituality in Clinical Practice
2024; 11(3), 203–221

In this scoping review, we sought to determine the current quality of the evidence base for spirituality-integrated psychotherapies (SIPs) for posttraumatic stress disorder (PTSD) compared with existing evidence-based practices. Using a rigorous identification, screening, selection, and inclusion method, we extracted data from 33 articles to analyze trends within and across four categories of SIPs between 2002 and 2022 (building spiritual strengths and moral injury, spiritually integrated meditation and mind–body–spirit interventions, Islamic healing practices, other SIPs). Meditation and mind–body–spirit interventions such as transcendental meditation have high-quality randomized controlled trials demonstrating equivalent effect sizes and efficacy to existing evidence-based treatments for PTSD. Transcendental meditation specifically appears to have sufficient empirical support to be considered “evidence based.” Interventions in the other categories currently lack sufficient research support to be designated as such. We contend that more high-quality randomized controlled trial designs with bona fide comparison conditions and between-group comparative baseline symptom evaluation are needed to support the efficacy of these approaches. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Past, Present, and Future of Cognitive Behavioral-based Psychotherapies for Moral Injury.

Walker, H.E., O'Donnell, K.P. & Litz, B.T.

Current Treatment Options in Psychiatry

Published: 30 August 2024

Purpose of Review

In the last 15 years, there has been a burgeoning interest in moral injury, particularly among veterans and in high-risk occupational contexts. Estimates of exposure frequency to potentially morally injurious events (PMIEs) are high among veterans. Psychotherapies for posttraumatic stress disorder (PTSD) have been posited as sufficient for treating moral injury, which is tacitly conceptualized as a form of trauma. Several psychotherapies have also been developed to treat moral injury, or specific aspects of the purported syndrome (e.g., guilt). We describe and critically review individual and group psychotherapies that are putatively designed to address moral injury.

Recent Findings

There have been no randomized controlled trials using a primary endpoint of moral injury. Instead, investigators have chiefly argued that existing evidence-based therapies for PTSD are de facto appropriate for PMIE-exposed individuals. Consequently, there is insufficient evidence to suggest a best-practice approach.

Summary

There is still no consensus definition of moral injury, nor a widely used gold standard outcome measure, which has led to a body of research with significant validity issues. Clinical trials are needed that use clinically significant moral injury as an entry criterion, repeated assessments of moral injury symptoms, and the functional impact of those symptoms.

Links of Interest

No Judgment. Just Help: What You Can Do to Support Suicide Prevention Month Efforts

<https://www.samhsa.gov/blog/no-judgment-just-help-what-you-can-do-support-suicide-prevention-month-efforts>

Flipping the script: Redefining how we look at Veteran suicide prevention

<https://news.va.gov/134394/redefining-how-we-look-at-suicide-prevention/>

PTSD and eating disorders

<https://news.va.gov/134250/ptsd-and-eating-disorders/>

Obesity among troops costs Pentagon more than \$1 billion per year, new study finds

<https://www.stripes.com/theaters/us/2024-09-04/troops-obesity-fitness-study-pentagon-15069492.html>

- [White Paper — Costs and Consequences: Obesity's Compounding Impact on the Military Health System](#)

The best employment search resources for military spouses

<https://www.militarytimes.com/news/your-military/2024/09/05/the-best-employment-search-resources-for-military-spouses/>

Department of Defense Highlights its Commitment to Taking Care of People During Suicide Prevention and Awareness Month 2024

<https://www.defense.gov/News/Releases/Release/Article/3895718/department-of-defense-highlights-its-commitment-to-taking-care-of-people-during/>

How to harness the power of therapy-speak

<https://www.apa.org/monitor/2024/09/therapy-speak>

The Problem With Saying Suicide Is Preventable

<https://time.com/7016958/suicide-preventable-problem-essay/>

Resource of the Week: [Military Child Education Coalition](#)

Our Vision

Every military-connected child is college-, work-, and life-ready.

Our Mission

MCEC supports all military-connected children by educating, advocating, and collaborating to resolve education challenges associated with the military lifestyle.

Our Goals

The enduring strategic goals that the Military Child Education Coalition seeks are:

- Military-connected children's academic, social and emotional needs are recognized, supported and appropriate responses provided.
- Parents, and other supporting adults, are empowered with the knowledge to ensure military-connected children are college, workforce and life-ready.
- A strong community of partners is committed to support an environment where military-connected children thrive.

Our team works with public school districts and private schools to help military families overcome the many academic and social challenges of moving, which can include making sure:

- The student can be enrolled in the desired school.
- The school is flexible with how the credits transfer.
- The school implements the Military Interstate Children's Compact Commission for extra-curricular activities.
- The student maintains a consistent learning pace from state to state.
- The differences in curriculum do not lead to delays in graduation.
- The student can be accepted in special programs (ie. gift or talented).
- The school accepts transfer of Individualized Education Programs (IEP).
- The student has help needed to navigate the emotional toll of moving.
- The student has specialized counseling and host groups, even if the school does not support them.
- And many more.



Military life is ever-changing. Our help is always here.

We understand the impact a military lifestyle can have on a child — academically, emotionally, and socially. That's why we've made it our mission to serve the children of those who serve us all — connecting them to schools, organizations, and other resources to make sure they're college-, work-, and life-ready.

Featured Resource: [Back-to-School Toolkit](#)

Shirl Kennedy

Research Editor

HJF employee collaborating with Center for Deployment Psychology

DoD and Uniformed Service Contractor

Phone: (727) 537-6160

Email: shirley.kennedy.ctr@usuhs.edu



Henry M. Jackson Foundation for the Advancement of Military Medicine