

CDP



Research Update -- October 24, 2024

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<https://doi.org/10.1016/j.amepre.2024.06.011>

County Characteristics and Veteran Suicide in the United States, 2011–2018.

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American Journal of Preventive Medicine
Volume 67, Issue 5, November 2024, Pages 689-697

Introduction

Few studies have examined county-level hotspots of veteran suicide and associated place-based contributors, limiting development of targeted community-level prevention strategies. The objectives of this national spatial analysis of all veteran suicides were to identify areas of the United States with higher-than-expected veteran suicide rates and determine county-level social and economic characteristics associated with areas of higher risk.

Methods

Using Bayesian hierarchical modeling, county-level standardized mortality ratios for veteran suicide deaths were estimated for time periods 2011–2018, 2011–2014, and 2015–2018. Adjusted relative risk, accounting for community characteristics, for each county was then estimated and associations between community characteristics and veteran suicide risk were examined. Analyses were conducted in 2023–2024.

Results

Risk of veteran suicide is predominantly concentrated in the Mountain West and West. Significant predictors of risk across all time periods were per capita number of firearm retailers (2011–2018 relative risk [RR]=1.065 [95% credible interval [CI] 1.030–1.102]), the proportion of residents who moved in the past year (2011–2018 RR=1.060 [95% CI 1.039–1.081]), the proportion of residents who live alone (2011–2018 RR=1.067 [95% CI 1.046–1.089]), the proportion of residents in rental housing (2011–2018 RR=1.041 [95% CI 1.018–1.065]), and the proportion of married residents (2011–2018 RR=0.915 [95% CI 0.890–0.941]).

Conclusions

This study contributes to a comprehensive public health approach to veteran suicide prevention by identifying where resources are needed most, and which place-based

intervention targets have the largest potential for impact. Findings suggest that public health efforts to address suicide among veterans should address community-level firearm access and identify ways to alleviate deleterious effects of social fragmentation.

<https://doi.org/10.1007/s10900-024-01408-8>

Exploring Veteran Mental Health Disparities: A Comparative Analysis of Rural and Urban Communities in the Midwest of the United States.

Luke Manietta, Sarah McLaughlin, Matthew MacArthur, Jack Landmann, Chesmi Kumbalataru, Madeleine Love & Justin McDaniel

Journal of Community Health

Published: 05 October 2024

Veterans face unique mental health challenges influenced by their service experiences and post-military transitions into civilian life. Geographic location also plays an integral role in impacting veterans' outcomes and access to proper care. The purpose of this case study is to examine disparities between rural and urban veterans in the Midwest using data collected from the 2022 Behavioral Risk Factor Surveillance System (BRFSS). Self-reported bad mental health days among veterans in rural and urban regions across twelve Midwestern states were analyzed through direct rate estimation and small area estimation techniques utilizing RStudio software. Higher rates of poor mental health days were ultimately observed among urban veterans in most states through both analyses. The results of the direct rate analysis revealed 13.5% of veterans reporting 14 + poor mental health days per month versus 9.5% in rural areas. Likewise, the results of the small area analysis demonstrated 12.2% of veterans reporting 14 + days of poor mental health days per month in urban areas versus 9.8% in rural areas. This highlights the significance of environmental stressors and social determinants of health in differentially impacting mental health outcomes. Thus, tailored interventions utilizing interdisciplinary teams are needed to meet the unique barriers for veterans in different geographic contexts. Despite the cross-sectional nature of the study and reliance on self-reported data, this case study provides valuable insights for mental health disparities among Midwest veterans. Creating a more equitable and accessible mental health landscape for veterans will require targeted and collaborative approaches.

<https://doi.org/10.1016/j.amepre.2024.06.026>

Reasons for Gun Ownership Among Demographically Diverse New and Prior Gun Owners.

Julie A. Ward, Rebecca A. Valek, Vanya C. Jones, Cassandra K. Crifasi

American Journal of Preventive Medicine
Volume 67, Issue 5, November 2024, Pages 730-739

Introduction

Pandemic-era social and political tensions may have accelerated pre-existing trends in gun owner diversification and shifts toward protection from people as a primary reason for gun ownership. Specific ownership motivations may shape storage behaviors, use patterns, policy support, and perceptions of safety. This study's objective was to assess the importance of specific reasons for owning guns, including protection from whom and in what circumstances, among demographic subgroups of new and prior gun owners.

Methods

From January 4, 2023 to February 6, 2023, the National Survey of Gun Policy was fielded among a nationally representative sample of U.S. adults (N=3,096), including gun owners (n=1,002). Respondents rated the importance of 10 potential reasons for gun ownership, including at-home protection, out-of-home protection, protection in ideologic conflict, and hunting or recreation. In 2023–2024, respondents' self-report of important and highly important reasons for gun ownership were compared across political affiliation, race, ethnicity, age, sex, location, income, education, and recency of first purchase.

Results

Majorities of gun owners from all demographic groups cited at-home protection, out-of-home protection, and hunting or recreation as very or extremely important. At least 10% of every demographic group endorsed at least 1 ideologic reason as extremely important. Newer gun owners more frequently endorsed multiple important reasons.

Conclusions

Concurrent, strongly held motivations may produce ambivalence or resistance to public health messaging that narrowly focuses on preventing violent firearm-related injury. Permissive firearm policies may compound behavioral ambivalence, exacerbating

conditions that threaten collective safety and civic expression. These conditions call for more nuanced, multidimensional, societal efforts to assure collective safety.

<https://doi.org/10.1016/j.amepre.2024.06.015>

Predicting State-Level Firearm Suicide Rates: A Machine Learning Approach Using Public Policy Data.

Evan V. Goldstein, Fernando A. Wilson

American Journal of Preventive Medicine
Volume 67, Issue 5, November 2024, Pages 753-758

Introduction

Over 40,000 people die by suicide annually in the U.S., and firearms are the most lethal suicide method. There is limited evidence on the effectiveness of many state-level policies on reducing firearm suicide. The objective of this study was to identify public policies that best predict state-level firearm suicide rates.

Methods

Data from the Centers for Disease Control and Prevention's WONDER system and the State Firearm Law Database, a longitudinal catalog of 134 firearm safety laws, were analyzed. The analysis included 1,450 observations from 50 states spanning 1991–2019. An ElasticNet regression technique was used to analyze the relationship between the policy variables and firearm suicide rates. Nested cross-validation was performed to tune the model hyperparameters. The study data were collected and analyzed in 2023 and 2024.

Results

The optimized ElasticNet approach had a mean squared error of 2.07, which was superior to nonregularized and dummy regressor models. The most influential policies for predicting the firearm suicide rate on average included laws requiring firearm dealers that sell handguns to have a state license and laws requiring individuals to obtain a permit to purchase a firearm through an approval process that includes law enforcement, among others.

Conclusions

On average, firearm suicide rates were lower in state-years that had each influential

policy active. Notably, these analyses were ecological and noncausal. However, this study was able to use a supervised machine learning approach with inherent feature selection and many policy types to make predictions using unseen data (i.e., balancing Lasso and Ridge regularization penalties).

<https://doi.org/10.1080/10615806.2024.2333374>

The impact of moral injury on trajectories of depression: a five-year longitudinal study among recently discharged Israeli veterans.

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

Anxiety, Stress, & Coping
Volume 37, 2024 - Issue 6

Background

Perpetrating or witnessing acts that violate one's moral code are frequent among military personnel and active combatants. These events, termed potentially morally injurious events (PMIEs), were found to be associated with an increased risk of depression, in cross-sectional studies. However, the longitudinal contribution of PMIEs to depression among combatants remains unclear.

Method

Participants were 374 active-duty combatants who participated in a longitudinal study with four measurement points: T1-one year before enlistment, T2-at discharge from army service, and then again 6- and 12-months following discharge (T3 and T4, respectively). At T1, personal characteristics assessed through semi-structured interviews. At T2-T4, PMIEs and depressive symptoms were assessed.

Results

At discharge (T2), a total of 48.7% of combatants reported experiencing PMIEs incident, compared with 42.4% at T3 and 30.7% at T4. We found a significant interaction effect in which combatants endorsing PMIEs at discharge reported higher severity of depression symptoms at discharge (T2) than combatants who reported no PMIEs. This effect decreased over time as depression levels were lower at T3 and T4.

Conclusions

PMIE experiences, and especially PMIE-Betrayal experiences, were found to be valid

predictors of higher severity of depression symptoms after the first year following discharge.

<https://doi.org/10.1007/s10900-024-01410-0>

Veterans' Mental Health in Community-Based Care.

Colleen Bloeser

Journal of Community Health
Published: 28 September 2024

United States Veterans are at an elevated risk for suicide despite the expansion of public outreach initiatives. Department of Veterans Affairs (VA) health care centers may not be accessible to a large proportion of Veterans, but on the other hand, community-based physicians often do not feel they have tools to meet these patients' unique needs. This issue may be addressed via collaboration between VA and community-based providers to develop military cultural competence alongside increased education on the breadth of resources available to Veteran patients.

<https://doi.org/10.1002/smi.3485>

Confronting moral injury across health systems: Enhancing medical social workers' resilience and well-being.

Sophia Fantus, Rebecca Cole, Latisha Thomas, Timothy J. Usset

Stress & Health
First published: 28 September 2024

Research has demonstrated that encounters of potentially moral injurious events (PMIEs) may result in longstanding psychological trauma that impact healthcare workers' mental health and well-being. In this paper, we explore strategies to alleviate PMIEs for medical social workers. In-depth semi-structured interviews (30–60 min) were conducted with medical social workers (n = 75) across the state of Texas. Supported by directed content analysis, textual data were coded and categorised to finalize emerging

themes. Findings demonstrate that multilevel strategies ought to be implemented into daily healthcare practice. PMIEs that impact frontline healthcare delivery can be alleviated by having formal and informal support systems (e.g., mentorship, supervision, counselling) as well as honest and transparent interprofessional collaborative care to facilitate psychological team safety. PMIEs across the healthcare organisation, perhaps due to internal policies and practices, may be reduced by implementing educational initiatives and building ethical workplace cultures that serve to explicitly reduce stigma associated with mental health and enhance worker well-being. PMIEs that derive from macro-level social policies (e.g., insurance, health disparities) may be alleviated by instituting patient advocacy initiatives and dismantling systems of oppression to lessen psychological stress and trauma. Hospital leadership ought to understand how the United States healthcare industry triggers PMIEs across the healthcare workforce. Multi-tiered practices and policies that addresses frontline delivery care, leadership and administrative responsibilities, and the healthcare industry can enhance psychologically safe workplaces and elicit macro-level institutional reform in how health systems function. These findings have important implications for healthcare policy makers, practitioners, educators, and researchers to inform future research and practice development.

<https://doi.org/10.1037/trm0000432>

General Moral Injury Scale (GMIS): Scale development and association with drug misuse behavior in two samples.

Schew, L., Fleischut, A., Black, P., & Hendy, H. M.

Traumatology
2024; 30(3), 346–355

“Moral injury” occurs when adults have concerns about experiences that challenge their sense of right and wrong. Past research with veterans, refugees, and youth has provided measures of moral injury concerns, which are often associated with negative outcomes such as depression, anxiety, anger, and suicide ideation. The present study adds to the literature by developing a brief General Moral Injury Scale (GMIS) for more widespread application and by adding drug misuse behavior as a possible negative outcome associated with moral injury. Study participants included Sample 1 of 436 U.S. adults and Sample 2 of 291 adults in drug treatment. Participants completed surveys to report demographics, responses to eight items of moral injury concerns, and measures

of drug misuse behavior for depressants, stimulants, and hallucinogens. Exploratory factor analysis with Sample 1 and confirmatory factor analysis with Sample 2 supported three GMIS subscales: Personal Betrayal, Transgressions by Others, and Transgressions by Self. Comparisons of the three moral injury concerns as predictors of drug misuse revealed that Personal Betrayal was associated with misuse by all three drug types for Sample 1 (depressants, stimulants, and hallucinogens) and two drug types for Sample 2 (depressants and stimulants), whereas Transgression by Self was associated with hallucinogens for Sample 1 and depressants for Sample 2. Clinicians could use the GMIS to identify whether clients experience moral injury concerns most linked with drug misuse and select interventions to reduce these concerns by increasing a sense of safety, forgiveness, and/or self-compassion. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1007/s10899-024-10359-7>

Gambling and Substance Use Disorders in U.S. Military Veterans: Prevalence, Clinical Characteristics, and Suicide Risk.

Elina A. Stefanovics, Marc N. Potenza, Jack Tsai & Robert H. Pietrzak

Journal of Gambling Studies

Published: 29 September 2024

Gambling and substance use disorders (SUDs) are prevalent among U.S. military veterans and often co-occur. However, little is known about the clinical and behavioral correlates and suicidal risk of SUDs and gambling among veterans that can help inform targeted interventions for their co-occurrence. In the current study, we analyzed data from a nationally representative sample of 4069 veterans who participated in the National Health and Resilience in Veterans Study. Self-reported measures of lifetime SUDs and past-year gambling (Brief Problem Gambling Screen) were administered. A multinomial logistic regression analysis was conducted to examine differences between four groups: non-SUD/non-gambling, 40.3%; SUD-only 27.3%; Gambling-only 16.3%; and SUD + Gambling, 16.1%. The Gambling-only, SUD-only, and SUD + Gambling groups reported more adverse childhood experiences relative to the non-SUD/non-gambling group. The SUD-only and SUD + Gambling groups had higher odds for all lifetime and current clinical and trauma variables relative to the non-SUD/non-gambling group. The SUD + Gambling group had higher odds of suicidality, non-suicidal self-injury, nicotine dependence and mental health treatment relative to the SUD-only group

and all assessed clinical measures relative to the Gambling-only group. Results suggest that SUDs and gambling are associated with substantial trauma and mental health burden among U.S. veterans, with co-occurring SUDs and gambling linked particularly to suicidality/self-harm and mental health treatment. The findings underscore the importance of multicomponent assessments and interventions targeting SUDs, gambling, and related concerns, such as trauma-related mental health difficulties, in this population.

<https://doi.org/10.1016/j.jad.2024.09.163>

Sex differences in insomnia and hypersomnia complaints during major depressive episode: Results from a national sample.

Pierre A. Geoffroy, Alejandro Edán-Sánchez, Marina Sánchez-Rico, Sibylle Mauries, ...
Nicolas Hoertel

Journal of Affective Disorders

Volume 369, 15 January 2025, Pages 202-210

Highlights

- 93.3 % of women and 91.0 % of men reported sleep complaints during depression.
- Men with sleep issues often had mania, anxiety, personality or drug use disorders.
- Women more likely black, low-income, with personality disorder or specific phobias.
- “Never married” women had fewer sleep complaints; opposite for men.
- Findings highlight gender-specific links between sleep complaints and depression.

Abstract

Background

Sex differences in sleep disturbances during major depressive episodes (MDE) have been suggested. This study compares the prevalence, sociodemographic characteristics, and psychiatric comorbidity associated with sleep complaints specific to each sex among adults with MDE. These findings are crucial for precise diagnosis, personalized treatment, and improved clinical outcomes.

Methods

In a large nationally representative prospective survey, we used multi-adjusted logistic regression models including sociodemographic characteristics, psychiatric comorbidity, and depression severity to examine whether associations differ between men and women.

Results

Among women, 93.3 % reported at least one type of sleep complaints (i.e., trouble falling asleep, early morning awakening or hypersomnia) while 91.0 % of men did, with respectively 78.3 % and 77.2 % of insomnia complaints, and 46.2 % and 41.3 % of hypersomnia complaints. Women with sleep complaints were more likely to be black, with lower individual incomes, have histrionic personality disorder or a specific phobia. Conversely, men with sleep complaints were more likely to have a lifetime diagnosis of mania spectrum disorder, generalized anxiety disorder, drug use disorder, as well as dependent and schizotypal personality disorders. Surprisingly, being “never married” has emerged as a protective factor against sleep complaints in women, while posing as a risk factor in men compared to other marital statuses. Differences and specificities were also noted concerning subtypes of insomnia and hypersomnia complaints.

Limitations

The cross-sectional design means the associations found do not imply causality.

Conclusions

These findings provide insights into the complex relationship between sleep and depression in men and women, highlighting the need for personalized interventions.

<https://doi.org/10.1037/ser0000907>

Sexual orientation moderates the association between health care utilization-related factors and mental health service nonutilization among United States military veterans.

Chang, C. J., Fischer, I. C., Harper, K. L., Livingston, N. A., Depp, C. A., Norman, S. B., & Pietrzak, R. H.

Psychological Services
Advance online publication

This study examined mental health treatment nonutilization among sexual minority versus heterosexual Veterans with demonstrated psychiatric need. Data were analyzed from 820 Veterans with psychiatric need who participated in the National Health and Resilience in Veterans Study, which surveyed a nationally representative sample of U.S. military Veterans. Results revealed that current mental health service nonutilization did not differ between sexual minority versus heterosexual Veterans (70.5% vs. 74.0%). Significant interactions between sexual orientation and sex assigned at birth, primary source of health care (Veteran Affairs [VA] vs. non-VA), and beliefs that peers would blame them for their mental health problems were observed in analyses predicting current mental health treatment utilization. Among Veterans primarily utilizing VA health care, sexual minority Veterans were less likely than heterosexual Veterans to engage in mental treatment; among those primarily using non-VA, this pattern was reversed. Sexual minority Veterans were significantly more likely than heterosexual Veterans to report not knowing where to get help, not having adequate transportation, and having difficulty scheduling an appointment. Taken together, the results of this study suggest that rates of mental health nonutilization are high for both sexual minority and heterosexual Veterans, and that factors that influence utilization may differ by sexual orientation. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Impact Statement

Among Veterans with demonstrated psychiatric need, both sexual minority and heterosexual Veterans are unlikely to be receiving mental health treatment. Sexual minority Veterans are more likely than heterosexual Veterans to use mental health treatment if they receive care outside of Veterans Affairs, whereas they are less likely to use mental health treatment if they receive care within Veterans Affairs. Our findings suggest that factors that are related to mental health service utilization may be different for sexual minority and heterosexual Veterans. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1136/ip-2023-045211>

Association of veteran suicide risk with state-level firearm ownership rates and firearm laws in the USA.

Morrall, A. R., Schell, T. L., & Scherling, A.

Injury Prevention

First published September 30, 2024

Background

Veterans have higher suicide rates than matched non-veterans, with firearm suicides being especially prevalent among veterans. We examined whether state firearm laws and state firearm ownership rates are important risk factors for suicide among veterans.

Methods

US veteran's and demographically matched non-veteran's suicide rates, 2002–2019, are modelled at the state level as a function of veteran status, lethal means, state firearm law restrictiveness, household firearm ownership rates and other covariates.

Results

Marginal effects on expected suicide rates per 100 000 population were contrasted by setting household firearm ownership to its 75th versus 25th percentile values of 52.3% and 35.3%. Ownership was positively associated with suicide rates for both veterans (4.35; 95% credible interval (CrI): 1.90, 7.14) and matched non-veterans (3.31; 95% CrI: 1.11, 5.77). This association was due to ownership's strong positive association with firearms suicide, despite a weak negative association with non-firearm suicide. An IQR difference in firearm laws corresponding to three additional restrictive laws was negatively associated with suicide rates for both veterans (−2.49; 95% CrI: −4.64 to −0.21) and matched non-veterans (−3.19; 95% CrI: −5.22 to −1.16). Again, these differences were primarily due to associations with firearm suicide rates. Few differences between veterans and matched non-veterans were found in the associations of state firearm characteristics with suicide rates.

Discussion

Veterans' and matched non-veterans' suicide risk, and specifically their firearm suicide risk, was strongly associated with state firearm characteristics.

Conclusions

These results suggest that changes to state firearm policies might be an effective primary prevention strategy for reducing suicide rates among veterans and non-veterans.

<https://doi.org/10.1037/adb0001033>

Motives for alcohol use across the 24 hours prior to a suicide attempt.

Himes, K. P., Littlefield, A. K., Conner, K. R., & Bagge, C. L.

Psychology of Addictive Behaviors

Advance online publication

Objective:

Acute alcohol use is a risk factor for suicidal behavior. This study examined sources of variance (between-person, within-person) in hour-to-hour self-reported alcohol consumption and drinking motives and assessed the interrelations of different motives for alcohol use across the 24 hr preceding a suicide attempt.

Method:

This multisite study utilized interview data obtained retrospectively from adult patients hospitalized following a suicide attempt. The current analysis examined participants ($n = 110$) who reported using alcohol within 24 hr of the attempt ($M_{age} = 39.59$; 48.2% female, 72.7% White; 4.5% Hispanic/Latinx). Participants reported suicide-facilitative drinking motives using three items from the Suicide Facilitative Drinking Motives Scale and reported typical, nonfacilitative motives using three items from the Drinking Motives Questionnaire–Revised. Data were analyzed using hierarchical linear modeling.

Results:

Most variance in reported drinking motives occurred between participants, though there was substantial within-person variability. Within-person increases in alcohol use were associated with suicide-facilitative motives for alcohol use, but not nonfacilitative motives. Social and enhancement motives were consistently negatively associated with facilitative motives, while coping motives were positively associated with reported drinking to reduce fear regarding suicide.

Conclusions:

Results suggest the assessment of motives for alcohol use in at-risk patients may provide key clinical targets (i.e., the function of drinking) for preventing suicidal behavior. When alcohol is consumed for coping motives or used to facilitate suicidal behavior, it is particularly concerning and warrants clinical intervention. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1037/ser0000903>

Transitioning an implementation research intervention to a sustained clinical service: Telehealth primary care mental health integration implementation in Veterans Health Administration.

Woodward, E. N., Oliver, K. A., Drummond, K. L., Bartnik, M. K., McCorkindale, A., Meit, S. S., Owen, R. R., & Kirchner, J. E.

Psychological Services
Advance online publication

Often in implementation science efforts, an intervention originated by research funding does not continue in clinical practice after funding ends, or if it does, the process by which it was sustained remains known only to the implementation research or clinical teams. From 2018 to 2020, we implemented a complex telehealth interdisciplinary behavioral health program supported by research funding. The intervention was Primary Care Mental Health Integration (PCMHI) delivered via televideo from a large parent medical facility to rural satellite clinics (tele-PCMHI) within the Veterans Health Administration. Two implementation facilitators worked closely with clinical leaders and staff to plan, launch, and sustain tele-PCMHI across four sites. The intervention is still maintained by the clinical service and has spread to eight sites. Based on ethnographic and qualitative data collected weekly over 2 years, we categorized sustainment strategies across distinct time periods for this complex program, theoretically grounded in the Dynamic Sustainability Framework, emphasizing changes to adapt intervention fit to rapidly changing context. To contextualize, we identified barriers and strengths, such as difficulty training staff to use new equipment, restructuring clinic workflow, and determining suicide risk management remotely. New barriers arose, and, thus, new strategies were needed to continue implementing at the onset of the COVID-19 pandemic in 2020. Different strategies at different stages of implementation allowed sustainment to be a dynamic and evolving process. Plus, proactive and persistent planning for sustainment early in the effort, along with alignment with performance metrics and national policy, supported continued delivery in real-world organized care. (PsyInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1016/j.jpsychires.2024.09.044>

Differential prevalence of psychiatric disorders and mental health characteristics associated with lifetime suicide attempts in the Asian American and Pacific Islander adult population.

PG Yeh, J Tsai

Journal of Psychiatric Research
Volume 180, December 2024, Pages 86-95

Highlights

- Sociodemographic correlates with mental health disorders of AAPI adults are not well characterized.
- AAPI adults may have a lower lifetime prevalence of mental health disorders.
- Divergent associations with lifetime suicide attempts were seen in AAPI versus non-AAPI adults.
- In AAPI adults, being a veteran and having a diagnosis of panic disorder was associated with suicide attempts.

Abstract

Background

Asian American and Pacific Islander (AAPI) adults are an understudied group in terms of their mental health and mental healthcare needs. This has been complicated by the difficulty of recruiting adequate national samples of AAPI adults for research.

Objective

This study aimed to analyze national data to examine the lifetime prevalence of major psychiatric disorders among AAPI adults relative to non-AAPI adults, as well as to identify and compare sociodemographic and clinical characteristics associated with lifetime suicide attempts among AAPI and non-AAPI adults.

Methods

Cross-sectional data on 36,109 adults, including 1801 AAPI adults, from the National Epidemiological Survey of Alcohol and Related Conditions-III (NESARC-III), were analyzed with a series of chi-square and logistic regression analyses.

Results

We found a significantly lower lifetime prevalence of mental health disorders in the AAPI

versus the non-AAPI population nationally, including 2% of AAPI adults reporting lifetime suicide attempts as compared to about 5% of non-AAPI adults. Female sex and a history of major depressive disorder diagnosis were associated with lifetime suicide attempts in the AAPI and non-AAPI populations. Several unique factors were associated with having a history of suicide attempts in only the AAPI population, including a military service history and a diagnosis of panic disorder.

Discussion

Our analysis demonstrated the significant sectors of the AAPI population that merit research, support, and intervention, including the AAPI veteran population. This study identifies several characteristics among AAPI adults that may make them particularly vulnerable to psychiatric problems and suicide risk, which may inform targeted prevention and efforts to provide culturally competent care to this population.

<https://doi.org/10.1037/vio0000555>

Childhood histories of family violence and adult intimate partner violence use among U.S. military veterans.

Stover, C. S., Relyea, M. R., Presseau, C., Brandt, C. A., Haskell, S. G., & Portnoy, G. A.

Psychology of Violence
Advance online publication

Objective:

There is ample evidence for associations among childhood family violence and adult intimate partner violence (IPV) use. This study was designed to examine potential differential associations between childhood physical abuse, childhood sexual abuse, witnessing parental IPV, posttraumatic stress symptom (PTSS) severity, and IPV use for veteran men and women.

Method:

Survey data from 825 veterans who participated in a longitudinal multisite investigation of post-9/11 veterans who completed measures of childhood family violence history, PTSS, IPV use, and experiences were used. Moderation analysis in hierarchical linear regression tested whether veteran men with childhood family violence had higher rates of IPV use than veteran women. A gender-stratified causal mediation was conducted to

test whether PTSS severity mediated the relationships among childhood family violence types and IPV use for men and women.

Results:

Veteran women reported significantly higher rates of all forms of childhood family violence than men, but there were no significant gender differences in rates of reported IPV use. PTSS severity did not mediate the association between childhood family violence types and adult IPV use for men or women. For men PTSS severity was the only factor significantly positively associated with IPV use. Childhood sexual abuse was the only factor significantly positively associated with IPV use for women.

Conclusions:

These differential findings for veteran men and women support screening and intervention based on gender for veterans accessing the Veterans Affairs health care and the need for interventions that address childhood trauma, PTSS, and IPV within the Veterans Affairs health care system. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://www.nber.org/papers/w33009>

Intergenerational Transmission of Occupation: Lessons from the United States Army.

Kyle Greenberg, Matthew Gudgeon, Adam Isen, Corbin L. Miller & Richard W. Patterson

WORKING PAPER 33009

DOI 10.3386/w33009

ISSUE DATE September 2024

This paper estimates causal intergenerational occupation transmission in the military using discontinuities in parents' eligibility for service from the Armed Forces Qualification Test. A parent's enlistment in the Army increases their children's military service propensity by between 58% and 110%. Intergenerational occupational transmission rates vary by race and sex---they are highest for demographic groups whose parents gained the most economically from service and for same-sex parent-child pairs. Our findings provide new evidence on the mechanisms driving intergenerational occupation correlations and show that intergenerational transmission

is an important channel for getting under-represented groups into high-quality occupations.

<https://doi.org/10.1016/j.drugalcdep.2024.112459>

Interactive effects of genetic liability and combat exposure on risk of alcohol use disorder among US service members.

Laura Campbell-Sills, Karmel W. Choi, Sam D. Strizver, Jason D. Kautz, ... Paul D. Bliese

Drug and Alcohol Dependence
Volume 264, 1 November 2024, 112459

Highlights

- Combat exposure has been linked to alcohol use disorder (AUD) in service members.
- We tested if this relationship varied based on differences in polygenic risk for AUD.
- Combat exposure was more strongly related to later AUD in those with high genetic risk.
- High combat exposure + genetic risk was associated with 60 % greater odds of AUD.
- More work is needed to assess if genetic risk scores can aid in targeted prevention.

Abstract

Background

An improved understanding of pathways to alcohol use disorder (AUD) among service members may inform efforts to reduce the substantial impact of AUD on this population. This study examined whether the relationship between a service-related risk factor (combat exposure) and later AUD varied based on individual differences in genetic liability to AUD.

Methods

The sample consisted of 1203 US Army soldiers of genetically determined European ancestry who provided survey and genomic data in the Army STARRS Pre/Post

Deployment Study (PPDS; 2012–2014) and follow-up survey data in wave 1 of the STARRS Longitudinal Study (2016–2018). Logistic regression was used to estimate the conditional effect of combat exposure level (self-reported in PPDS) on odds of probable AUD diagnosis at follow-up, as a function of a soldier's polygenic risk score (PRS) for AUD.

Results

The direct effect of combat exposure on AUD risk was non-significant (AOR=1.12, 95 % CI=1.00–1.26, $p=.051$); however, a significant combat exposure x PRS interaction was observed (AOR=1.60, 95 % CI=1.03–2.46, $p=.033$). Higher combat exposure was more strongly associated with elevated AUD risk among soldiers with heightened genetic liability to AUD.

Conclusions

The effect of combat exposure on AUD risk appeared to vary based on a service member's level of genetic risk for AUD. Continued investigation is warranted to determine whether PRS can help stratify AUD risk within stress-exposed groups such as combat-deployed soldiers. Such efforts might reveal opportunities to focus prevention efforts on smaller subgroups at the intersection of having both environmental exposures and genetic vulnerability to AUD.

<https://doi.org/10.1080/16506073.2024.2408386>

Transitioning into trauma-focused evidence-based psychotherapy for posttraumatic stress disorder from other treatments: a qualitative investigation.

Holder, N., Ranney, R. M., Delgado, A. K., Purcell, N., Iwamasa, G. Y., Batten, A., ... Maguen, S.

Cognitive Behaviour Therapy

Published online: 03 Oct 2024

Although trauma-focused evidence-based psychotherapy (TF-EBP) is recommended for posttraumatic stress disorder (PTSD), rates of TF-EBP initiation among veterans is very low. Service delivery research has shown that other treatments are commonly provided to veterans diagnosed with PTSD, including stabilization treatments. As little is known about how veterans experience the transition to TF-EBP, we conducted a qualitative examination of veterans' perspectives on transitions in PTSD treatment. We recruited a

diverse sample of veterans (n = 30) who recently initiated TF-EBP to complete semi-structured qualitative interviews focusing on six domains (PTSD treatment options, cultural sensitivity of treatment, PTSD treatment selection, transition criteria, beliefs about stabilization treatment, treatment needs/preferences). Rapid qualitative analysis procedures were used to identify themes. Themes included: (1) wanting to learn about TF-EBP earlier; (2) perceived risks of transition; (3) relationships with non-TF-EBP providers as transition barriers; (4) high symptoms and poor interpersonal functioning as transition facilitators; (5) benefits of treatment planning and handoffs; (6) prior therapy best when aligned with TF-EBP; (7) socialization as a key benefit of prior therapy; and (8) medications supporting TF-EBP. Results highlight the importance of introducing TF-EBP early to veterans, establishing and communicating a comprehensive care plan, and anchoring stabilization treatment in TF-EBP concepts.

<https://doi.org/10.1111/famp.13041>

Discrepancies in perceptions of PTSD symptoms among veteran couples: Links to poorer relationship and individual functioning.

Kathleen M. Grubbs, Kayla C. Knopp, Chandra E. Khalifian, Elizabeth R. Wrape, Margaret-Anne Mackintosh, Min Ji Sohn, Alexandra Macdonald, Leslie A. Morland

Family Process

First published: 01 October 2024

Veteran and intimate partner perceptions of posttraumatic stress disorder (PTSD) may differ, and little is known about how agreement or disagreement on symptom severity is related to relationship satisfaction. Veterans and their partners (N = 199 couples) completed a baseline assessment for a clinical trial evaluating two couple-based PTSD interventions. Veterans completed the PTSD Checklist for DSM-5 (PCL-5). Partners completed the collateral PCL-5 (PCL-5-C), which asked them to rate the severity of the veteran's PTSD symptoms. Both partner and veteran completed the Couples Satisfaction Index (CSI-32). Intraclass correlations (ICC) assessed agreement between PCL-5 and PCL-5-C total and subscale scores, which was low for total PCL and for all subscales (ICC = 0.15–0.46). Actor-Partner Interdependence Models (APIMs; actor-only pattern) tested associations between relationship satisfaction and PTSD symptom severity (total PCL and subscales), and the magnitude and direction of difference between PCL-5 and PCL-5-C (total and subscales). For veterans, more severe total PTSD and negative cognition/mood scores were associated with lower relationship

satisfaction, and the direction of discrepancy for negative cognition/mood (i.e., higher veteran-rated PTSD symptoms relative to partner's collateral report) was also associated with lower satisfaction. For partners, more severe collateral-reported symptoms for total PTSD and all four subscales were associated with lower relationship satisfaction; further, a larger discrepancy between veterans' and partners' reports of total PTSD, negative cognition/mood, and hyperarousal were associated with lower satisfaction. These results suggest that partners may have different perceptions of PTSD symptoms, and support the potential of fostering a shared understanding of PTSD symptom severity in couples.

<https://doi.org/10.1007/s40501-024-00334-9>

Moral Injury for LGBTQ+ Individuals and their Communities.

Joel R. Anderson, Natasha Darke, Jordan D. X. Hinton, Serena Pehlivanidis & Timothy W. Jones

Current Treatment Options in Psychiatry

Published: 03 October 2024

Introduction

Moral injury describes the severe distress and associated impairments that result from experiencing specific traumatic events. These are events that violate the values or core beliefs of the injured person, and are often directed from a person in a position of power. Research on moral injury is not new, but has typically had a limited focus (e.g., on moral injury sustained during war) and has only recently begun to focus on the context and severity of moral injuries for individuals from minoritized communities.

Contents of Paper

This paper: (a) puts forward a case that members of the LGBTQ+ communities are at-risk individuals for moral injury, and in particular religious or spiritual injuries; (b) presents the findings of a scoping review (using a systematic search) that evaluates the extant evidence on LGTBQ + moral injury, and; (c) details a series of considerations for practitioners who are supporting LGBTQ+ survivors of moral injury.

Conclusion

We close this paper with an urgent call for more on the scope and nature of moral injury

for LGBTQ+ individuals and their communities, in order to help better inform interventions and other forms of support for survivors.

<https://doi.org/10.1007/s40501-024-00332-x>

Moral Injury and Institutional Betrayal Among Cis Women and Sexual and Gender Minorities.

Susannah Robb Kondrath, Elizabeth A. Bagioni Brandt, Katharine Campbell, Elizabeth S. Chamberlin, Paul Dordal, Rotunda East, Sophia Fantus, Sheila B. Frankfurt, Kristin B. Golden, Brandon J. Griffin, J. Irene Harris, Rebecca K. Hiltner, Caroline S. Holman, Adam McGuire & Timothy J. Usset

Current Treatment Options in Psychiatry

Published: 04 October 2024

Purpose of Review

This review paper addresses the betrayal-based moral injury experiences of cis women and sexual and gender minorities (SGM). Since the experiences of these groups have not received as much attention in the literature as other groups, such as cis men in the military, this paper encourages continued scholarship and partnership with communities of cis women and SGM to better understand and treat their experiences of moral injury and institutional betrayal. This review is designed to capture a) the cultural contexts that place this population at greater risk for betrayal-based moral injury, b) the impact of betrayal-based moral injury (e.g., suicide risk and neurological and biological sequelae), and, finally, c) considerations for assessment and treatment.

Recent Findings

While few peer-reviewed published studies have used published measures for moral injury to quantitatively assess moral injury following institutional betrayal and betrayal traumas, background literature demonstrates that SGM and cis women face harassment, bullying, and violence. Sexual and gender-based violence are frequently underreported within cultures that excuse or condone such behaviors. Betrayal by trusted others can lead to changes in thinking, difficulty trusting again, disconnection, chronic pain, and other psychological sequelae (such as anxiety, depression), and suicidal ideation and attempts. Cis women and SGM report greater experiences of institutional betrayal than cis men, putting them at unique risk for associated harmful sequelae (Denneson et al. in *J Affect Disord.* 360:412-20, 2024). For example,

institutional betrayal uniquely predicts psychological distress and suicide risk for cis woman and SGM.

Summary

Underrepresentation of cis women and SGM in studies on moral injury limits research generalizability. More inclusive studies are needed to build more robust measures and effective treatments for moral injury to improve health equity.

<https://doi.org/10.1038/s44323-024-00008-y>

Prior-night sleep predicts next-day symptoms over ten days among military personnel with sleep problems.

Emerson M. Wickwire, Jacob Collen, Vincent F. Capaldi II, Zhiwei Zhao, Scott G. Williams, Connie L. Thomas, Samson Z. Assefa, Jennifer S. Albrecht & Shuo Chen

npj Biological Timing and Sleep
Volume 1, Article number: 10 (2024)

This study employed remote monitoring/ecological momentary assessment methods to test the hypothesis that prior-night sleep is associated with next-day symptoms. Military personnel with sleep problems (N = 270) completed daily sleep diaries and twice-daily symptom surveys via smartphone and wore a commercial wearable for ten days. In lagged analyses controlling for age and sex, prior-night sleep was robustly associated with next-day symptoms. Findings support remote approaches to assess sleep and next-day symptoms.

<https://doi.org/10.1001/amajethics.2024.795>

What Should a Public Health Approach to Sleep Look Like?

Dunietz, G. L., Jansen, E. C., & Chervin, R. D.

AMA Journal of Ethics
October 2024

Sleep is essential for a healthy, productive life, but access to sufficient and quality sleep is not universal. Sleep equity is influenced by both pathological and nonpathological sources. This article considers nonpathological determinants of adequate sleep, defines 3 features of sleep insecurity, and suggests how to promote sleep literacy to remove some barriers to adequate sleep, promote sleep equity, and improve individual and community health and well-being.

<https://doi.org/10.1093/milmed/usae456>

Mapping the Fetal Alcohol Spectrum Disorder Continuum of Care Across the Military Health System.

Ilse Rivera, MPH, Elizabeth H Lee, DrPH, Zoe Solomon, MPH, Tracey P Koehlmoos, PhD, MHA

Military Medicine

Published: 05 October 2024

Introduction

Although a leading cause of developmental disability in the United States, many individuals with fetal alcohol spectrum disorders (FASDs) do not receive a timely diagnosis, are misdiagnosed, or are never diagnosed. Prevention, diagnosis, and clinical management of FASD have not been previously studied in the U.S. Military Health System (MHS), where nearly 1 million of the nation's children receive health care. To address this gap, we undertook an environmental scan of the clinical guidelines, services, programs, educational resources, and policies within the MHS pertaining to alcohol use (AU), AU disorder (AUD), prenatal alcohol exposure, and FASD.

Materials and Methods

From March to June 2023, we undertook an environmental scan of MHS clinical guidelines, services, programs, educational resources, and policies that address AU, AUD, prenatal alcohol exposure, and FASD.

Results

We identified multiple resources that attended to AU and AUD before and during pregnancy in the MHS. However, despite numerous resources for other

neurodevelopmental disorders, we did not find any MHS-specific resources that address diagnosis and management of FASD.

Conclusions

Findings suggest opportunities to raise awareness, educate providers, and improve guidelines, policies, and practices in the MHS.

Links of Interest

Reducing suicide risk among justice-involved homeless Veterans

<https://news.va.gov/135483/reducing-suicide-risk-justice-involved-homeless/>

The Myriad Racial, Ethnic Disparities in Health are Dramatic

<https://crr.bc.edu/the-myriad-racial-ethnic-disparities-in-health-are-dramatic/>

Army secretary: Is it time to cut back on military moves?

<https://www.defensenews.com/land/2024/10/17/army-secretary-is-it-time-to-cut-back-on-military-moves/>

Canceled Appointments, Unexplained Mixups – Veterans Facing Challenges Getting VA Mental Health Care

<https://www.military.com/daily-news/2024/10/17/canceled-appointments-unexplained-mixups-veterans-facing-challenges-getting-va-mental-health-care.html>

Weighing benefits: Could anti-obesity meds help troops' weight issues?

<https://www.militarytimes.com/news/your-military/2024/10/22/trimming-a-fat-force-could-anti-obesity-drugs-shape-up-the-military/>

Immigrants show greater willingness to join the military, study shows

<https://www.defenseone.com/policy/2024/10/immigrants-show-greater-willingness-join-military-new-study-shows/400469/?oref=d1-featured-river-secondary>

The Importance of Veteran Engagement in VA Clinical and Research Activities

<https://www.mirecc.va.gov/visn5/newsletter/Fall-2024/Veteran-Engagement.asp>

Integrating Tobacco Treatment into Mental Health Clinics: Provider and Veteran Perspectives

<https://www.mirecc.va.gov/visn5/newsletter/Fall-2024/Integrating-Tobacco.asp>

Resource of the Week: [Hurricane Helene Disaster Mental Health Response and Recovery Resources](#)

From the [Center for the Study of Traumatic Stress](#):

Catastrophic natural disasters, such as Hurricane Helene, cause extreme disruption and can be stressful for individuals, families, and communities. Below are brief, action-oriented fact sheets and additional information to help individuals, communities, and organizations in the aftermath of Hurricane Helene.

Free interactive, online training in protecting mental health and fostering resilience after disasters can be accessed [here](#). A free resource for learning about disaster mental health and developing education resources can be found [here](#).

Center for the Study of Traumatic Stress

**Rapid Psychological First Aid
Help for You, Family, and Friends**

SAFE

- Keep yourself as safe as possible.

CONNECT

- Connect with loved ones as often as you can.
- Talk to children about what is happening using words that aren't scary.
- Stay close to children and give them hugs.

SUSTAIN


- Eat, drink water, and sleep as regularly as possible, even if you may not want to.
- If you have medications, take them as directed.

FOCUS

- Use your problem-solving skills.

REACH

- Recruit "helpers" to assist others and extend your caring.

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