

# CDP



## Research Update -- November 14, 2024

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- Links of Interest
- Resource of the Week – National Substance Use and Mental Health Services Survey (N-SUMHSS) 2023: Data on Substance Use Disorder Treatment and Mental Health Treatment Facilities (SAMHSA)

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<https://doi.org/10.1111/sltb.13131>

## **Suicide prevention safety planning in the US Department of Defense: Qualitative assessment of training.**

Norr, A. M., Sandel-Fernandez, D., Nguyen, J., Schacht Reisinger, H., & Reger, G. M.

Suicide and Life-Threatening Behavior

First published: 14 October 2024

### Introduction

Suicide rates in the military are a significant public health concern. The suicide prevention safety planning intervention is a brief and effective intervention in which a provider and patient work collaboratively to recognize warning signs of a suicidal crisis and create a defined list of coping strategies and supports for use during future crises (Stanley & Brown, 2012). Implementation of safety planning has been supported by the Department of Defense (DoD), yet readily available training and continuing education for healthcare providers in this intervention is limited and passive in nature. Existing safety planning training experiences and needs of DoD behavioral health providers are unknown. The present study is an exploratory qualitative assessment of current safety planning in DoD to inform the design and development of an interactive virtual standardized training patient.

### Method

Ten military behavioral health providers completed semi-structured interviews.

### Results

Thematic content analysis was conducted, and three themes are described in this paper: variety of training received, barriers to receiving suicide safety planning training, and desires for future training. Lack of protected time for training and a lack of access to training resources were identified as key barriers.

### Conclusions

Rich data obtained can help inform the key design features and relevance of new safety planning intervention training approaches

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<https://doi.org/10.1016/j.amepre.2024.10.006>

## **Factors associated with mental healthcare utilization among United States military personnel with posttraumatic stress disorder or depression symptoms.**

Sharifian, N., LeardMann, C. A., Kolaja, C. A., Baccetti, A., Carey, F. R., Castañeda, S. F., Hoge, C. W., Rull, R. P., & Millennium Cohort Study Team

American Journal of Preventive Medicine  
Published online October 14, 2024

### Introduction:

Although posttraumatic stress disorder (PTSD) and depression are prominent mental health conditions affecting United States service members, only a subset of individuals with these conditions utilize mental healthcare services. Identifying factors associated with mental healthcare utilization may elucidate military subgroups with unmet mental healthcare needs.

### Methods:

Cross-sectional survey data from the 2019-2021 Millennium Cohort Study assessment were used to examine correlates of unmet mental healthcare needs among military personnel who screened positive for PTSD or depression symptoms (n=18,420) using modified Poisson regression models. Data analyses for this study were conducted between 2023 and 2024.

### Results:

Approximately 32-43% of service members reported receiving any mental healthcare in the past 12 months. Hispanic and Asian or Pacific Islander personnel, and those with certain service characteristics (higher pay grade, recent deployment, experienced discrimination) had a lower likelihood of mental healthcare utilization. Female sex, greater symptom severity, experiencing bullying, and other psychosocial factors were associated with greater likelihood of mental healthcare utilization.

### Conclusions:

One-third of service members with PTSD or depression symptoms reported any mental healthcare use, highlighting the need to identify factors that may impede or delay treatment. Racial and ethnic disparities in treatment utilization persist as do differences in utilization by military characteristics. Further research and initiatives are necessary to identify potential service-specific or cultural barriers and provide equitable quality and access to needed mental health services within the Military Health System.

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<https://doi.org/10.1001/jamanetworkopen.2024.43054>

## **Virtual Mental Health Care and Suicide-Related Events.**

Tenso, K., Strombotne, K., Garrido, M. M., Lum, J., & Pizer, S.

JAMA Network Open  
November 5, 2024

### Key Points

#### Question

Is the shift from face-to-face to virtual mental health service delivery associated with the risk of suicide-related events?

#### Findings

In this cohort study assessing 66 387 data points from 16 236 unique veterans, a 1% increase in the percentage of virtual mental health visits relative to the total visits was associated with a statistically significant 2.5% decrease in suicide-related events.

#### Meaning

The results of this cohort study suggest that offering virtual mental health care in addition to in-person care may reduce suicide-related events.

### Abstract

#### Importance

The rising suicide rates in the US emphasize the need for effective prevention. While telehealth has transformed access to mental health care, the impact of telehealth on suicide outcomes is unknown.

#### Objective

To evaluate the association of virtual mental health services with individual-level suicide-related events (SREs).

#### Design, Setting, and Participants

This retrospective cohort study using broadband access as an instrumental variable assessed a national sample of Veterans Health Administration patients who received mental health care between March 1, 2020, and December 31, 2021. Participants were

recently separated (ie, discharged or released from active duty) veterans who completed their active duty service between March 1, 2019, and December 31, 2020, and who received at least 2 outpatient or inpatient diagnoses related to major depressive disorder, substance use disorder, or posttraumatic stress disorder within the year before their most recent separation date. Data were analyzed May 1 to October 31, 2023.

#### Exposure

Percentage of a patient's total mental health visits that were conducted virtually by psychiatrists, psychologists, or social workers within a calendar month.

#### Main Outcomes and Measures

Binary measure indicating whether the patient had experienced an SRE (defined as a nonfatal suicide attempt, intentional self-harm, or suicide death) in a specific month and year as evaluated an instrumental variable probit model.

#### Results

The sample included 66 387 data points from 16 236 unique recently separated veterans. Among these entries, 44 766 were for male veterans (67.4%), the mean (SD) age across the sample was 32.9 (8.9) years, and the sample was representative of the US veteran population. There were 929 SREs (1.4%). Virtual mental health visits comprised a mean (SD) of 44.6% (46.1%) of all mental health visits. In instrumental variable probit analyses accounting for factors simultaneously associated with use of virtual mental health care and SRE risk, a 1% increase in the probability of virtual mental health visits was associated with a 2.5% decrease in SREs.

#### Conclusions and Relevance

Findings from this cohort study using a retrospective quasi-experimental design found that an increase in virtual mental health visits relative to total visits was associated with a statistically significant decrease in SREs, suggesting that providing virtual mental health services may reduce suicide-related outcomes.

See also: [Building the Evidence on Mental Telehealth Care and Health Outcomes](#) (invited commentary)

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<https://doi.org/10.1001/jamapsychiatry.2024.3543>

## **Neuroinflammation, Stress-Related Suicidal Ideation, and Negative Mood in Depression.**

Herzog, S., Bartlett, E. A., Zanderigo, F., Galfalvy, H. C., Burke, A., Mintz, A., Schmidt, M., Hauser, E., Huang, Y. Y., Melhem, N., Sublette, M. E., Miller, J. M., & Mann, J. J.

JAMA Psychiatry  
November 6, 2024

### Key Points

#### Question

Is elevated translocator protein (TSPO) binding, a putative measure of neuroinflammation, associated with increased risk of suicide under conditions of stress in individuals with depression?

#### Findings

In this cross-sectional study of 53 adults with major depressive disorder, elevated TSPO binding, measured in vivo with <sup>11</sup>C-ER176 positron emission tomography total volume of distribution, was associated with more pronounced daily suicidal ideation and negative affect in the context of real-world stressors.

#### Meaning

The findings suggest that elevated brain TSPO binding in individuals with depression may be an indicator of vulnerability to acute stress-related increases in suicidal ideation and negative affect, thereby raising risk of suicide.

### Abstract

#### Importance

Brain translocator protein 18k Da (TSPO) binding, a putative marker of neuroinflammatory processes (eg, gliosis), is associated with stress and elevated in depressed and suicidal populations. However, it is unclear whether neuroinflammation moderates the impact of daily life stress on suicidal ideation and negative affect, thereby increasing risk for suicidal behavior.

#### Objective

To examine the association of TSPO binding in participants with depression with real-world daily experiences of acute stress-related suicidal ideation and negative affect, as well as history of suicidal behavior and clinician-rated suicidal ideation.

## Design, Setting, and Participants

Data for this cross-sectional study were collected from June 2019 through July 2023. Procedures were conducted at a hospital-based research center in New York, New York. Participants were recruited via clinical referrals, the Columbia University research subject web portal, and from responses to internet advertisements. Of 148 participants who signed informed consent for study protocols, 53 adults aged 18 to 60 years who met DSM-5 diagnostic criteria for current major depressive disorder completed procedures with approved data and were enrolled. Participants were free of schizophrenia spectrum disorders, active physical illness, cognitive impairment, and substance intoxication or withdrawal at the time of scan.

## Exposures

All participants underwent positron emission tomography imaging of TSPO binding with <sup>11</sup>C-ER176 and concurrent arterial blood sampling.

## Main Outcome and Measures

A weighted average of <sup>11</sup>C-ER176 total distribution volume (VT) was computed across 11 a priori brain regions and made up the primary outcome measure. Clinician-rated suicidal ideation was measured via the Beck Scale for Suicidal Ideation (BSS). A subset of participants (n = 21) completed 7 days of ecological momentary assessment (EMA), reporting daily on suicidal ideation, negative affect, and stressors.

## Results

In the overall sample of 53 participants (mean [SD] age, 29.5 [9.8] years; 37 [69.8%] female and 16 [30.2%] male), <sup>11</sup>C-ER176 VT was associated at trend levels with clinician-rated suicidal ideation severity ( $\beta$ , 0.19; 95% CI, -0.03 to 0.39;  $P = .09$ ) and did not differ by suicide attempt history (n = 15;  $\beta$ , 0.18; 95% CI, -0.04 to 0.37;  $P = .11$ ). Exploratory analyses indicated that presence of suicidal ideation (on BSS or EMA) was associated with higher <sup>11</sup>C-ER176 VT ( $\beta$ , 0.21; 95% CI, 0.01 to 0.98;  $P = .045$ ). In 21 participants who completed EMA, <sup>11</sup>C-ER176 VT was associated with greater suicidal ideation and negative affect during EMA periods with stressors compared with nonstress periods ( $\beta$ , 0.12; SE, 0.06; 95% CI, 0.01 to 0.23;  $P = .03$  and  $\beta$ , 0.19; SE, 0.06; 95% CI, 0.08 to 0.30;  $P < .001$ , respectively).

## Conclusion and Relevance

TSPO binding in individuals with depression may be a marker of vulnerability to acute stress-related increases in suicidal ideation and negative affect. Continued study is needed to determine the causal direction of TSPO binding and stress-related suicidal



ideation or negative affect and whether targeting neuroinflammation may improve resilience to life stress in patients with depression.

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<https://doi.org/10.1001/jamapsychiatry.2024.3435>

### **Racial and Ethnic Disparities in Fentanyl and Polysubstance Overdose Deaths.**

Zhu D. T.

JAMA Psychiatry  
November 6, 2024

American Indian or Alaska Native and Black individuals bear a disproportionate burden of fentanyl overdose deaths. Emergence of distinct fentanyl-involved polysubstance overdose patterns highlights the need for targeted clinical and public health interventions for challenges in local communities.

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<https://doi.org/10.1001/jamanetworkopen.2024.44192>

### **Symptom Shifting From Nonsuicidal Self-Injury to Substance Use and Borderline Personality Pathology.**

Steinhoff A, Cavelti M, Koenig J, Reichl C, Kaess M.

JAMA Network Open  
November 8, 2024

#### Key Points

##### Question

How common is symptom shifting from nonsuicidal self-injury (NSSI) behavior to substance use among adolescents and young adults with NSSI, and is symptom shifting associated with borderline personality pathology?

##### Findings

In this cohort study of 277 adolescents and young adults, growth mixture models revealed heterogeneous cotrajectories of NSSI behavior and substance use. A decline

in NSSI behavior that was paired with a sharp increase in substance use was associated with the emergence or persistence of a relatively high number of borderline personality disorder symptoms.

### Meaning

Findings of this cohort study suggest that, since many adolescents and young adults initially presenting to clinics with NSSI behavior increasingly engage in substance use, a decrease in NSSI behavior alone may be insufficient to indicate treatment success.

### Abstract

#### Importance

A decline in nonsuicidal self-injury (NSSI) behavior is often viewed as an indication of mental health improvement when treating adolescents and young adults with borderline personality pathology. However, evidence shows that an initial decrease in NSSI behavior does not always signal recovery, and potential symptom shifting needs to be considered.

#### Objective

To examine the codevelopment of NSSI and substance use in adolescents and young adults receiving treatment for NSSI behavior and to explore whether shifting from NSSI behavior to substance use is associated with emerging or persistent borderline personality pathology.

#### Design, Setting, and Participants

This cohort study used data from the AtR!Sk study. The study included a consecutive sample of adolescents and young adults with NSSI behavior who presented to a specialized outpatient clinic for early intervention of borderline personality pathology. A baseline assessment (between May 3, 2016, and December 19, 2019) and 2 annual follow-up assessments were conducted. Data were analyzed from April 15, 2023, to September 5, 2024.

#### Main Outcomes and Measures

The frequencies of NSSI behavior and substance use were self-reported. Diagnostic interviews were carried out to assess borderline personality pathology. Growth mixture models were specified to identify latent classes with different joint trajectories of NSSI behavior and substance use, and the classes were compared for the number of fulfilled borderline personality disorder (BPD) diagnostic criteria.

#### Results

Overall, 277 adolescents and young adults (249 [89.9%] female; mean [SD] age at

baseline, 14.9 [1.5] years) were included in the study (number at first follow-up, 135; number at second follow-up, 82). Three latent classes were extracted from the data. A decline in NSSI behavior following treatment was common. Class 1 (estimated class count: 32.5; 11.7% of participants) was further characterized by a decline in substance use; class 2 (210.1; 75.9% of participants), by a moderate increase in substance use; and class 3 (34.4; 12.4% of participants), by a strong increase in substance use. The number of fulfilled BPD diagnostic criteria in class 1 (mean [SE], 4.64 [0.40]; comparison:  $\chi^2$ , 11.64;  $P < .001$ ) and class 3 (mean [SE], 4.29 [0.41]; comparison:  $\chi^2$ , 5.98;  $P = .01$ ) was greater than that in class 2 (mean [SE], 3.18 [0.15]) at baseline. The number of fulfilled BPD criteria remained high at the second follow-up assessment in class 3 (mean [SE], 5.15 [0.84]) but not in class 1 (mean [SE], 2.05 [0.54]).

### Conclusions and Relevance

In this cohort study of adolescent patients with NSSI behavior, a decline in this behavior was commonly paired with an increase in substance use. This finding suggests that a decrease in NSSI behavior alone may be insufficient to indicate treatment success. Monitoring the joint trajectories of NSSI behavior and substance use may be a promising avenue toward early detection and targeted treatment of adolescent borderline personality pathology.

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<https://doi.org/10.1001/jamanetworkopen.2024.42979>

### **Food Insecurity Among LGBQ+ Veterans.**

Haigh, S. V., Halladay, C. W., Kauth, M. R., Going, C., & Cohen, A. J.

JAMA Network Open  
November 4, 2024

#### Key Points

##### Question

What are the prevalence of and risk factors for food insecurity among lesbian, gay, bisexual, queer, and similar (LGBQ+) veterans?

##### Findings

In this cross-sectional study of 3 580 148 veterans receiving medical care through the Veterans Health Administration, LGBQ+ veterans experienced food insecurity at nearly 2.5 times the rate of heterosexual veterans. While individual risk factors for food

insecurity were similar for veterans of all sexual orientations, LGBQ+ veterans experienced higher rates of some of these risk factors, including homelessness and several mental health and trauma-related comorbidities.

### Meaning

These findings suggest that LGBQ+ veterans are uniquely vulnerable to experiencing food insecurity, which often co-occurs with other social and medical risks; tailored strategies are needed to improve how food insecurity is identified and addressed in this population.

### Abstract

#### Importance

Food insecurity is associated with numerous adverse health outcomes. Little is known about the prevalence of and risks for food insecurity among veterans identifying as lesbian, gay, bisexual, queer, and similar (LGBQ+), a population facing unique social barriers and medical comorbidities.

#### Objective

To examine food insecurity and potential risk factors among LGBQ+ veterans.

#### Design, Setting, and Participants

This retrospective, cross-sectional study used administrative data from all US Veterans Health Administration (VHA) facilities nationally. Participants included veterans screened for food insecurity between March 1, 2021, and August 31, 2023.

#### Exposure

Positive response to food insecurity screening administered in VHA facilities as part of routine clinical care.

#### Main Outcomes and Measures

Prevalence of and sociodemographic, clinical, and psychosocial factors associated with food insecurity among veterans identifying as LGBQ+ or heterosexual and those with “don’t know” responses regarding their sexual orientation.

#### Results

Of 3 580 148 veterans screened, the mean (SD) age was 61.6 (0.4) years; 3 192 507 (89.2%) were assigned male sex at birth. A total of 83 292 veterans (2.3%) identified as LGBQ+, and 10 183 (0.3%) had “don’t know” responses. LGBQ+ veterans (5352 [6.4%]) and veterans with “don’t know” responses (635 [6.2%]) were more than twice as likely as heterosexual veterans (90 426 [2.6%]) to have positive screen results for food

insecurity. While risk factors for food insecurity were similar for veterans across sexual orientation groups, LGBTQ+ veterans had higher rates of several risk factors compared with heterosexual veterans, including age younger than 45 years (45.3% vs 19.5%), female sex assigned at birth (44.1% vs 10.0%), being in a minoritized racial or ethnic group (34.7% vs 29.8%), unmarried or unpartnered status (69.1% vs 39.7%), low income (16.4% vs 14.9%), homelessness or housing instability (10.3% vs 5.4%), anxiety (7.7% vs 4.3%), depression (31.1% vs 19.3%), suicidality (3.6% vs 1.4%), posttraumatic stress disorder (42.2% vs 30.2%), substance use disorder (13.1% vs 9.0%), military sexual trauma (24.0% vs 5.4%), and recent intimate partner violence (2.6% vs 1.4%).

### Conclusions and Relevance

In this cohort study of veterans screened for food insecurity, LGBTQ+ veterans and those with “don’t know” responses for sexual orientation experienced food insecurity at nearly 2.5 times the rate of heterosexual veterans. While risk factors for food insecurity were similar across groups, LGBTQ+ veterans faced a higher prevalence of particular risks, including homelessness and several mental health and trauma-related comorbidities. Future work should examine targeted screening and interventions tailored to identifying and addressing food insecurity in this population, given their increased vulnerability and burden of food insecurity.

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<https://doi.org/10.1007/s00127-024-02685-3>

### **Level of perceived social support, and associated factors, in combat-exposed (ex-)military personnel: a systematic review and meta-analysis.**

Grover, L. E., Williamson, C., Burdett, H., Palmer, L., & Fear, N. T.

Social Psychiatry and Psychiatric Epidemiology  
Volume 59, pages 2119–2143, (2024)

#### Purpose

Combat deployment increases exposure to potentially traumatic events. Perceived social support (PSS) may promote health and recovery from combat trauma. This systematic review and meta-analysis aimed to synthesize studies investigating the level of PSS and associated factors among (ex-)military personnel who served in the Iraq/Afghanistan conflicts.

## Methods

Five electronic databases were searched in August 2023 and searches were restricted to the beginning of the Iraq/Afghanistan conflicts in 2001. The search was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A quality assessment was carried out, and a meta-analysis and narrative synthesis were performed.

## Results

In total, 35 papers consisting of 19,073 participants were included. Of these, 31 studies were conducted in the United States (US) and 23 were cross-sectional. The pooled mean PSS score was 54.40 (95% CI: 51.78 to 57.01). Samples with probable post-traumatic stress disorder had a lower mean PSS score (44.40, 95% CI: 39.10 to 49.70). Approximately half of the included studies (n = 19) investigated mental health in relation to PSS, whilst only four explored physical health. The most frequently reported risk factors for low PSS included post-traumatic stress disorder, depression and anxiety, whilst post-traumatic growth and unit support were protective factors.

## Conclusion

Higher levels of PSS were generally associated with more positive psychosocial and mental health-related outcomes following deployment. PSS should be targeted in psychosocial interventions and education programmes. Future research should investigate PSS in (ex-)military personnel across other countries and cultures, based on the lack of studies that focused on PSS in countries outside of the US.

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<https://doi.org/10.1093/milmed/usae228>

## **Types of COVID-19 Disaster Work and Psychological Responses in National Guard Service Members.**

Mash, H. B. H., Fullerton, C. S., Adler, A. B., Morganstein, J. C., Reissman, D. B., Biggs, Q. M., La Croix, C. L., Blumhorst, A., & Ursano, R. J.

Military Medicine

Volume 189, Issue 11-12, November/December 2024

## Introduction

The National Guard (NG) served as a critical component of the U.S. response to the coronavirus disease 2019 pandemic. Understanding the impact of types of pandemic-

related disaster work on mental health responses can aid in sustaining NG service members' health and preparation for subsequent activations and future pandemics.

## Materials and Methods

We surveyed 1,363 NG unit (NGU) service members (88% Army; 80% enlisted; 32% 30 to 39 years old; 84% male) following activation in response to the pandemic. Surveys were administered between August and December 2020, which was approximately 2 to 3 months post-activation. Surveys assessed overall activation stress, participation in different types of disaster work, probable post-traumatic stress disorder (PTSD), anxiety and depression, and anger. A disaster work stress scale assessed different types of disaster work during activation and associated stress levels. For each individual, we calculated an overall work task stress (WTS) scaled score, with a maximum score of 100. Logistic regression analyses were conducted to examine the relationship of high-stress disaster work tasks to post-activation PTSD, anxiety and depression, and anger, adjusting for socio-demographic and service-related variables. The study was approved by the Institutional Review Board of the Uniformed Services University (USU) in Bethesda, MD.

## Results

Among NGU service members, 12.7% ( $n = 172$ ) described their activation as very/extremely stressful. The work tasks with the highest scaled scores were as follows: (1) Patient transportation (WTS scaled score = 100); (2) working with the dead (WTS = 82.2); and (3) working with families of coronavirus disease 2019 patients (WTS = 72.7). For each individual's work tasks, we identified the work task associated with the highest WTS score. The top one-third of WTS scores were classified as the high-stress group. Approximately 9% of participants ( $n = 111$ ) had probable PTSD, 6.7% ( $n = 85$ ) had clinically significant anxiety and depression, and 12.3% ( $n = 156$ ) had high anger. Multivariable logistic regression analyses, adjusting for covariates, found that NGU service members exposed to the highest level of disaster WTS were more likely to report PTSD (odds ratio [OR] = 1.48 [95% confidence interval [CI] = 1.13-1.94],  $\chi^2 = 7.98$ ), anxiety and depression (OR = 1.91 [95% CI = 1.17-3.13];  $\chi^2 = 6.67$ ), and anger (OR = 1.63 [95% CI = 1.13-2.37];  $\chi^2 = 6.66$ ) post-activation.

## Conclusions

Identifying work tasks associated with high levels of stress can help detect individuals at risk for adverse mental health responses post-exposure. Distinguishing features of high-stress work conditions can be generalized to other types of work conditions and disaster response and are important targets for planning and preventive efforts.

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<https://doi.org/10.1093/milmed/usae478>

## **COVID-19 Personal Experiences and Posttraumatic Stress in National Guard Service Members.**

Holly B Herberman Mash, Carol S Fullerton, Amy B Adler, Joshua C Morganstein, Alexandra Blumhorst, Christina L LaCroix, Quinn M Biggs, Robert J Ursano

Military Medicine

Published: 12 October 2024

### Introduction

The National Guard (NG) was an important component of the U.S. emergency response for the coronavirus (COVID-19) pandemic. Understanding how the personal COVID-19 experiences of NG members may be associated with posttraumatic stress symptoms (PTSS) and disorder (PTSD) can inform approaches to identifying and sustaining service members' mental health.

### Materials and Methods

We surveyed 3,993 NG service members (75% Army; 79% enlisted; 33% 30-39 years old; 81% male) during the pandemic. Forty-six percent of participants were activated in response to COVID-19. Surveys were administered between August and December 2020. We defined personal COVID-19 experiences as having COVID-19, a family member(s) having COVID-19, and/or having a close relationship with someone who died from COVID-19. In addition, using a 4-item form of the PTSD Checklist for DSM-5 (PCL-5), current posttraumatic stress symptoms (PTSS) and probable PTSD were assessed. Linear and logistic regression analyses were conducted to examine the relationship of COVID-19 experiences to PTSS and probable PTSD, respectively.

### Results

Approximately 32% of participants reported at least one personal COVID-19 experience. Univariable linear regression analyses indicated that NG service members who had a personal COVID-19 experience reported more PTSS than those with no personal experience ( $B = 0.53$ ,  $SE = 0.12$ ,  $P < .001$ ). After adjusting for demographics and service-related characteristics, having a personal COVID-19 experience continued to be associated with higher PTSS ( $B = 0.48$ ,  $SE = 0.12$ ,  $P < .001$ ). When examining the relationships of distinct types of personal COVID-19 experiences to PTSS and PTSD together in multivariable models, those who had a close relationship with someone who



died from COVID-19 had higher levels of PTSS ( $B = 1.31$ ,  $SE = 0.22$ ,  $P < .001$ ) and were almost 3 times more likely to have PTSD ( $OR = 2.94$ [ $95\%CI = 1.93-4.47$ ],  $P < .001$ ).

### Conclusions

Personal COVID-19 experiences are associated with increased PTSS and PTSD risk in NG service members. Such knowledge may aid in selection of service members for activation and identifying those in need of care.

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<https://doi.org/10.1093/milmed/usae288>

## **Role of Pain Catastrophizing in the Effects of Cognitive Behavioral Therapy for Chronic Pain in Different Subgroups: An Exploratory Secondary Data Analysis Using Finite Mixture Models.**

Wi, D., Ransom, J. C., Flynn, D. M., Steffen, A. D., Park, C., Burke, L. A., & Doorenbos, A. Z.

### Military Medicine

Volume 189, Issue 11-12, November/December 2024, Pages e2600–e2607

### Introduction

Providing effective treatment for debilitating chronic pain is a challenge among many populations including military service members. Cognitive behavioral therapy for chronic pain (CBT-CP) is a leading psychological pain treatment. Pain catastrophizing is a pivotal mediator of pain-related outcomes. The purpose of this study was (1) to identify patient subgroups who differ in response to CBT-CP and (2) to explore the characteristics that define these patient subgroups. The overall goal was to obtain a better understanding of factors that may influence response to CBT-CP.

### Materials and Methods

This study was a secondary analysis of data from a clinical trial of 149 U.S. active duty service members with chronic pain. Participants underwent group-based CBT-CP for 6 weeks and completed pre- and posttreatment assessments. Finite mixture models were employed to identify subgroups in treatment response, with pain impact score as the primary outcome measure.

### Results

We identified two classes of nearly equal size with distinct pain impact responses. One

class reported improved pain impact scores following CBT-CP. This improvement was significantly associated with lower (better) baseline depression scores and greater improvement in posttreatment pain catastrophizing. In contrast, the other class reported slightly worse mean pain impact scores following CBT-CP treatment; this response was not related to baseline depression or change in pain catastrophizing.

#### Conclusions

Our findings demonstrate that a sizable proportion of individuals with chronic pain may not respond to group-based CBT-CP and may require a more individualized treatment approach.

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<https://doi.org/10.1093/milmed/usae216>

### **To Calm and to Commend: Veterans' Musical Preferences Anticipating End of Life.**

Krauss B. J.

Military Medicine

Volume 189, Issue 11-12, November/December 2024, Pages e2332–e2339

#### Introduction

Since World War 1, physicians have noted the calming effects of music for military personnel experiencing “shell shock,” Post Traumatic Stress Disorder (PTSD), or stress. Researchers have documented that stress or PTSD-like symptoms re-emerge for veterans at the end of life, triggered by hospital-like settings, co-occurring conditions, and debilitation. Dying veterans also face integration of their service and combat experiences into summations of their lives. In response, there has been a national movement for bedside ceremonies, often with music, to honor veterans.

#### Materials and Methods

The project elicited veterans’ musical preferences for calming and for music for honor services, using non-hospitalized veterans as surrogates for veterans in hospice. Respondent-driven sampling protected confidentiality and likely resulted in participants being representative of US veterans in terms of ethnicity, gender, and military branch. Recruitment materials contained all elements of informed consent, with consent collected in the introduction to the online survey. The survey had embedded links to musical performances, as well as write-in musical choices, and allowed US veterans

from the Army, Air Force, Marines, and Navy to note their preferences both for music that was calming and music to be used in honor ceremonies. Online queries also asked about stress during service, usual coping strategies for stress, and current or past symptoms of PTSD. Links to hot lines were provided. The study was approved by the University of Arizona Institutional Review Board.

### Results

Listening to music was the most prevalent of the 20 coping mechanisms for stress in this sample of 30 veterans. Musical preferences were stable across age groups. For calming, music at resting heartbeat rhythms was chosen. Music from early adulthood or from the timelessness of the classics was selected most often. Modern music with lyrics has themes of duty, affirmation, gratitude, and relief. The nearly universal soothing effects of lullabies were recognized. For music for honor ceremonies, desires were often independent of the military branch. Patriotic songs, or songs recognizing multiple service branches, or with themes of peace and affirmation were more often chosen than music from a particular service branch.

### Conclusion

Listening to music is a frequent coping strategy for veterans. While themes representing classical music choices are readily available in anthologies, other music chosen by this sample is not; the veterans' preferred music is rarely found in compilations of popular, movie, and TV music. Hospice and hospital intakes that document and communicate veterans' musical preferences to music therapists and therapeutic musicians may better support service men and women. Further research may examine veterans' preference for live or recorded music at end of life given the importance of meaning-making and the presence of others documented in the literature.

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<https://doi.org/10.1093/milmed/usae050>

## **Sex Differences in Screening Positive for Post-Traumatic Stress Disorder After Combat Injury.**

MacGregor, A. J., Dougherty, A. L., Crouch, D. J., & Dye, J. L.

Military Medicine

Volume 189, Issue 11-12, November/December 2024, Pages 2594–2599

## Introduction

U.S. military women were at risk of combat exposure and injury from asymmetric warfare during the conflicts in Iraq and Afghanistan. Previous research has yielded mixed results when examining sex differences in PTSD following operational deployment. To date, no study has explored sex differences in PTSD after combat injury.

## Materials and Methods

This retrospective study included U.S. military service men and women who experienced a combat injury in Iraq or Afghanistan (March 2003 to March 2013) and completed a Post-Deployment Health Assessment (PDHA) within 1 year of injury. The PDHA is administered at the end of deployment and includes the 4-item Primary Care PTSD Screen. The prevalence of screening positive for PTSD was evaluated by sex using a chi-square test. Multivariable logistic regression was used to assess the association between sex and PTSD while adjusting for covariates.

## Results

The study sample included 16,215 injured military personnel (666 women and 15,549 men). The average time between injury and PDHA was 132 days (SD = 91.0). Overall, women had a higher prevalence of screening positive for PTSD than men (48.3% vs. 40.9%,  $P < .001$ ). In multivariable regression, women had higher odds than men of screening positive for PTSD (odds ratio, 1.34; 95% confidence interval, 1.14-1.57). Psychiatric history was the strongest predictor of screening positive for PTSD regardless of sex (odds ratio, 1.59; 95% confidence interval, 1.45-1.74).

## Conclusions

In this novel study of military service members, women were more likely to screen positive for PTSD than men after combat injury. Strategies to mitigate PTSD, enhance resiliency, and incorporate psychological care into injury rehabilitation programs for women may be needed for future U.S. military conflicts where they will play a larger role in combat operations.

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<https://doi.org/10.1177/08862605241284087>

## **Patterns of Intimate Partner Violence Among Veterans: A Latent Class Analysis.**

Portnoy, G. A., Relyea, M. R., Webermann, A. R., Presseau, C., Iverson, K. M., Brandt, C. A., & Haskell, S. G.

The majority of intimate partner violence (IPV) research is unidirectional, focusing on IPV use (i.e., perpetration) or experience (i.e., victimization). However, when IPV use and experience data are simultaneously included in analyses, bidirectional IPV often emerges as a common IPV pattern. The objective of this study was to examine patterns of IPV use and experience, risk factors that may be associated with these patterns, and potential gender differences within a sample of post-9/11 Veterans. This study included a national sample of post-9/11 Veterans (N = 1,150; 50.3% women) who completed self-report measures at two timepoints. We performed a latent class analysis (LCA) to determine the appropriate number of IPV classes, conducted sensitivity analyses, and examined factors potentially associated with IPV class membership. We identified three distinct classes of IPV: Low to no IPV, Bidirectional Psychological IPV, and Bidirectional Multiform IPV. Men and women reported similar rates of IPV use and experience, and there were no gender differences in the LCA model. However, race and ethnicity, employment status, children in the household, marital status, child abuse or witnessing family violence, lifetime physical assault, posttraumatic stress symptoms, and binge drinking were differentially associated with class membership. This study extends existing knowledge on patterns of IPV among Veterans and factors associated with these patterns. Bidirectional IPV was the most common IPV pattern, underscoring the importance of examining IPV use and experience concurrently within research and clinical samples, and developing comprehensive IPV screening and treatment strategies that incorporate bidirectional IPV in work to advance relationship health and safety among Veterans.

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<https://doi.org/10.1080/07481187.2024.2414283>

**Veteran suicide thoughts and attempts during the transition from military service to civilian life: Qualitative insights.**

Edwards, E. R., Smith-Isabell, N., Epshteyn, G., Greene, A. L., Gorman, D., Hubay, D., Losieniecki, R., Appelt, C., Osterberg, T., Walker, M., Geraci, J., & Goodman, M.

Death Studies  
Published online: 11 Oct 2024

A rapidly growing literature highlights a critical need for targeted suicide prevention and risk mitigation strategies for veterans navigating the military-to-civilian transition. Although various risk correlates of suicidal thoughts and behavior among transitioning veterans have been identified, how and why these correlates occur and interact to affect suicidality remains unclear. Guided by the 3 Step Theory of Suicide, 10 recently discharged United States military veterans with a history of post-discharge suicide thoughts, urges, or behaviors completed interviews on the military-to-civilian transition and suicidal thoughts and behaviors occurring during this time. Thematic analysis highlighted an overarching theme of transition whiplash comprising four subthemes: unpreparedness, economic vulnerability, identity disruption, and social alienation. Veterans' recommendations for improving suicide-prevention efforts included providing a primary contact to provide personalized support and guidance throughout transition and increasing accessibility of peer support. Results provide nuanced insight into experiences that may underlie suicide risk during the military-to-civilian transition.

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<https://doi.org/10.1007/s11920-024-01522-3>

### **Assessing Military Mental Health during the Pandemic: A Five Country Collaboration.**

Jennifer E. C. Lee, Clare Bennett, Neanne Bennett, Fethi Bouak, Irina Goldenberg, Kate Harrison, Heather McCuaig Edge, Amy Millikan Bell, Phillip J. Quartana, Maj Amos Simms & Amy B. Adler

Current Psychiatry Reports  
Published: 12 October 2024

#### Purpose of Review

Members of a technical panel representing Australia, Canada, New Zealand, the UK, and the US collaborated to develop surveys designed to provide military leaders with information to guide decisions early in the COVID-19 pandemic. The goal of this paper is to provide an overview of this collaboration and a review of findings from the resulting body of work.

#### Recent Findings

While surveys pointed to relatively favorable mental health and perceptions of leadership among military personnel early in the pandemic, these observations did not

reflect the experiences of personnel deployed in COVID-19 response operations, nor were these observations reflective of later stages of the pandemic.

### Summary

Establishing and leveraging networks that enable the rapid development of employee surveys and sharing of results can serve as a pathway for empowering military leaders in times of crisis. Organizational support and leadership decisions are especially critical for maintaining well-being among personnel during crises.

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<https://doi.org/10.1093/milmed/usae484>

## **Associations Between Sleep Disorders and Treatment Response in Service Members With Post-traumatic Stress Symptoms: A Secondary Outcome Analysis.**

Jane J Abanes, NC, USN (Ret.), Sorana Raiciulescu, MSc

Military Medicine

Published: 15 October 2024

### Introduction

Compared with the civilian population, a higher rate of reported sleep apnea exists among military service members resulting in inadequate sleep. Those who experience chronic sleep deprivation may suffer from debilitating problems that may compromise military mission readiness and unit safety. The purpose of the study on which this secondary outcome analysis was based was to evaluate the effect of manual standardized stress acupuncture as an adjunct therapy to an abbreviated form of cognitive behavioral therapy for insomnia for sleep disturbances in post-deployment service members. The aim of this secondary outcome analysis was 2-fold: (1) to assess the relationship between sleep disorder symptoms and post-traumatic stress symptoms (PSS) and (2) to determine if the presence of sleep disorder symptoms influenced the effects of acupuncture and cognitive behavioral therapy as compared to cognitive behavior therapy only on PSS) in post-deployment military service members.

### Materials and Methods

The study was a 2-arm, single-center, randomized controlled trial approved by the Naval Medical Center San Diego and the Vanderbilt University Institutional Review Board. It was conducted at the U.S. Naval Hospital in Okinawa, Japan. Participants were active duty service members from all military branches who were stationed in

Okinawa. Two measures were used to analyze the data: the Global Sleep Assessment Questionnaire (GSAQ) and the Post-traumatic Stress Disorder Checklist. A Pearson correlation coefficient was calculated to determine the relationship between sleep disorder symptoms (i.e., 11 pre-intervention GSAQ symptoms) and PSS treatment outcomes (i.e., PCL and PTSD clusters).

### Results

Results indicated associations between the GSAQ components and PCL total and PTSD cluster scores. Findings showed that the presence of sleep disorder symptoms influenced PSS treatment response in post-deployment military service members.

### Conclusions

Results from this secondary outcome analysis showed associations between GSAQ components (i.e., excessive daytime sleepiness, working conditions causing inadequate sleep, involuntary movements in sleep, and sadness or anxiousness) and PCL total and PTSD cluster scores (i.e., avoidance, negative cognition and mood, avoidance, and hyperarousal). Furthermore, sleep disorder symptoms such as having stressful working conditions (e.g., shift work), probable obstructive sleep apnea, insomnia, anxiety, and depression influenced PSS treatment responses. This study provided information on the major contribution of sleep disorder symptoms in the treatment of PSS through self-report. Future researchers should consider the use of physiologic measures to further understand the mechanisms of how sleep disorder symptoms affect treatment responses in service members with PSS. Implications for this study may assist clinicians in determining effective PSS treatments for those with OSA and insomnia.

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<https://doi.org/10.1007/s11920-024-01547-8>

## **Posttraumatic Stress Disorder and Substance Use Disorder Screening, Assessment, and Treatment.**

Samantha C. Patton, Laura E. Watkins, Therese K. Killeen & Denise A. Hien

Current Psychiatry Reports  
Published: 16 October 2024

### Purpose of Review

We review prevalence, etiology, impact on treatment, and best practices for treatment of posttraumatic stress disorder (PTSD) in a substance use disorder (SUD) treatment



setting. Recommendations are given related to screening, assessment, and symptom monitoring.

#### Recent Findings

PTSD and SUDs are highly comorbid. This comorbidity is associated with higher acuity, more difficulty completing treatment, and worse prognosis. Integrated treatment is recommended, and trauma-focused psychotherapies combined with pharmacotherapy show particular promise.

#### Summary

PTSD is highly prevalent in substance using samples, negatively impacting treatment course and worsening prognosis. This comorbidity has been explained by a variety of models, with self-medication having garnered the most support. Trauma-focused psychotherapies combined with pharmacotherapy demonstrate the most efficacy and are recommended when treating co-occurring SUDs and PTSD. Specifically, prolonged exposure (PE), concurrent treatment of PTSD and SUDs using PE (COPE), and cognitive processing therapy (CPT) have been seen as promising trauma-focused treatments. Investigations into ways to best augment therapy are also underway, both through treatment format and neuromodulation. Several recommendations are given.

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<https://doi.org/10.1016/j.jpsychires.2024.10.015>

### **Associations of military sexual harassment and assault with nonsuicidal self-injury: Examining gender and sexual orientation as moderators.**

Rachel L. Zelkowitz, Whitney S. Livingston, Emma K. Knutson, Shannon Kehle-Forbes, ... Karen S. Mitchell

Journal of Psychiatric Research

Volume 180, December 2024, Pages 243-250

#### Highlights

- Military sexual trauma (MST) is more strongly linked to suicidality in women vs. men.
- MST has been associated with nonsuicidal self-injury (NSSI).
- Whether the MST-NSSI link varies by gender or sexual orientation is unclear.

- Findings did not support moderation of NSSI with MST by gender, sexual orientation.

#### Abstract

Military sexual harassment (MSH) and assault (MSA) are prevalent among service members and are linked to negative psychosocial outcomes, including self-directed violence. Veterans identifying as women or as sexual or gender minorities are at heightened risk for both MSH/MSA and self-directed violence, but their relationship remains understudied in these populations. We examined associations of MSH and MSA with nonsuicidal self-injury (NSSI) and tested whether relations varied by self-identified gender or sexual orientation in two national samples of U.S. veterans. Sample 1 included post-9/11 veterans who had recently discharged from service (n = 1,494); sample 2 included veterans from any service era (n = 1,187). Veterans self-reported MSH, MSA, gender identity and sexual orientation, and lifetime and past-month histories of NSSI. We estimated logistic regressions to examine the associations of MSH and MSA history with NSSI and evaluated gender (man or woman) and sexual orientation as moderators of these relations. Results suggested significant associations of both MSH and MSA with NSSI but largely failed to support moderation of these associations by either gender or sexual orientation identity. Screening for both MSH and MSA in veterans across gender and sexual orientation identities appears indicated in clinical assessment of NSSI.

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<https://doi.org/10.1093/milmed/usae434>

#### **The Transition to Adulthood: A Qualitative Study of Autism Spectrum Disorder From Military and Veteran Parents and Military-Dependent Young Adults.**

Antonio F Pagán, PhD, Mara C Montenegro, Mark Ahlenius, MD, US Army, Ana C Ramirez, Miriam Ortiz, Estefani Bernal, Cecilia Montiel-Nava, PhD, Jennifer Bittner, PhD, Katherine A Loveland, PhD, Ron E Acierno, PhD

Military Medicine

Published: 18 October 2024

#### Introduction

Given the unique experiences of military service members and their families, military-dependent young adults (18–25 years old) with autism spectrum disorder (ASD) and their military or veteran families experience unique barriers to accessing quality mental

health care during the transition to adulthood. In fact, developing services to address ASD challenges for military families is a burgeoning area of interest for the department of defense. However, there is a limited knowledge on the specific needs of military families as the young adult's transition outside of high school and lose supports.

### Materials and Methods

The present study conducted 3 focus groups with 16 military and veteran parents, and 3 focus groups with 10 military-dependent young adults to evaluate the needs of military-dependent young adults (17–25 years old) with ASD and military/veteran parents with a young adult with ASD.

### Results

Parents reported several key topics, including barriers to services (e.g., permanent change of station, recently moving to a state and lacking awareness of the available resources), defining adulthood in terms working in a cohesive family structure, and therapy recommendations for parents and young adults with ASD transitioning to adulthood. Young adults provided key information, including describing experiences with having a parent in the military, difficulty accessing services during the transition to adulthood, and recommendations on therapy for military-dependent young adults with ASD.

### Conclusion

Military and veteran families with autistic dependents lack access to important mental-health resources. When developing programs for military families and military-dependent autistic young adults, mental health providers should consider the frequent relocations, lack of access to important transition resources, and common military values. The presence of advocates at military bases should be encouraged to help military families navigate autism services in their local community.

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<https://doi.org/10.1002/jmcd.12313>

## **Veterans' perceptions of counseling for posttraumatic stress disorder: A focus on Black men.**

Larence Kirby

Journal of Multicultural Counseling and Development

First published: 14 October 2024

The purpose of this conceptual article is to explore the perceptions of Black male veterans regarding counseling for posttraumatic stress disorder. This will build upon previous research about this population by referencing the invisibility syndrome theory. A case illustration will integrate the theory with a composite of Black veterans who suffer from posttraumatic stress disorder. Implications and limitations for working with veteran Black men will be proposed.

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<https://doi.org/10.1007/s11199-024-01524-8>

### **An Intersectional Analysis of Women's Experiences of Inclusion in the United States Army.**

Adriane J. Clomax, Michàlle Mor Barak, Ange-Marie Hancock, Jessica Dodge, Sara Kintzle, Robynn Cox, Eva Alday & Carl Castro

Sex Roles

Volume 90, pages 1666–1680, (2024)

In 2016, the United States Army removed its ban on women working in combat roles in previously reserved jobs for men. This policy change included a concerted effort by Army leadership to ensure women felt included in their new roles. Nevertheless, the immediate response to the policy changes led to mixed results in translating and implementing these new policies. This study takes qualitative data from a study on diversity and inclusion policy and practices to investigate women's experiences working in various roles in 2019. We collected qualitative data from 19 focus groups and 120 soldiers in 2019 from four Army installations across the United States. An inductive analysis of focus group interviews revealed three major themes: social exclusion due to gender, updated policies to include women, sexism, and gender harassment. Since inclusion is an interpersonal experience, the themes were analyzed through an intersectional template to see if race and rank also played a role in women's experiences in combat roles. These findings provide a more nuanced and lived experience perspective on being a woman serving in combat in the United States Army.

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<https://doi.org/10.1016/j.sleh.2024.09.004>

**Insomnia and sleep apnea in the entire population of US Army soldiers: Associations with deployment and combat exposure 2010-2019, a retrospective cohort investigation.**

John A. Caldwell, Joseph J. Knapik, Soothersuk Kusumpa, Tanja C. Roy, ... Harris R. Lieberman

Sleep Health

Available online 22 October 2024

**Objectives**

This retrospective cohort study examined clinically diagnosed insomnia and sleep apnea and analyzed associations with deployment and combat exposure in active-duty soldiers (n = 1,228,346) from 2010 to 2019.

**Methods**

Retrospective data were obtained from the Soldier Performance, Health, and Readiness database.

**Results**

Overseas soldier deployments peaked in 2010, decreasing thereafter as soldiers were withdrawn from Iraq and Afghanistan. From 2010 to 2012 insomnia incidence increased at a rate of 6.7 cases/1000 soldier-years, then decreased after 2012 at 5.3 cases/1000 soldier-years. Sleep apnea increased 2010-2016 at 1.9 cases/1000 soldier-years and generally declined thereafter. Risk of insomnia increased with deployment (hazard ratio = 1.51; 95% confidence interval = 1.49-1.52) and combat exposure (hazard ratio = 1.15; 95% confidence interval = 1.13-1.17). Risk of sleep apnea was increased by deployment (hazard ratio = 1.89; 95% confidence interval, 1.86-1.92) and combat exposure (hazard ratio = 1.09; 95% confidence interval, 1.07-1.11). Most relationships remained after accounting for other factors in multivariable analyses, except that the association between sleep apnea and combat exposure was reduced (hazard ratio = 0.94; 95% confidence interval = 0.92-0.97).

**Conclusions**

Insomnia risk decreased in the period nearly in parallel with a reduction in the number of deployments; nonetheless deployment and combat exposure increased insomnia risk in the period examined. Risk of sleep apnea increased in the period and was related to deployment but not combat exposure after accounting for demographics and comorbid

conditions. Despite reductions in insomnia incidence and a slowing in sleep apnea incidence, sleep disorders remain highly prevalent, warranting continued emphasis on sleep-disorder screening and improving the soldier sleep habits.

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### **Links of Interest**

Intimate partner violence and suicide linked

<https://news.va.gov/136010/intimate-partner-violence-and-suicide-linked/>

Soldiers, spouses fleeing domestic violence get faster access to emergency funds

<https://taskandpurpose.com/news/domestic-violence-victims-army-financial-help/>

Offer new avenues of treatment as a mental health professional at VA

<https://news.va.gov/135807/offer-treatment-as-mental-health-professional/>

Behavioral Health Equity: Responding to the Needs of our Nation's Veterans

<https://www.samhsa.gov/blog/behavioral-health-equity-responding-needs-our-nations-veterans>

Chronic Brain Trauma Is Extensive in Navy's Elite Speedboat Crews

[https://www.nytimes.com/2024/11/12/us/brain-trauma-cte-navy-speedboat.html?unlocked\\_article\\_code=1.ZU4.aVS1.KJ0oT-Reg84A&smid=nytcore-ios-share&referringSource=articleShare](https://www.nytimes.com/2024/11/12/us/brain-trauma-cte-navy-speedboat.html?unlocked_article_code=1.ZU4.aVS1.KJ0oT-Reg84A&smid=nytcore-ios-share&referringSource=articleShare)

VA plans to drop co-pays for all telehealth services

<https://www.militarytimes.com/veterans/2024/11/12/va-plans-to-drop-co-pays-for-all-telehealth-services/>

Biden-Harris Administration Launches National Behavioral Health Workforce Career Navigator

<https://www.samhsa.gov/newsroom/press-announcements/20241113/biden-harris-administration-launches-national-behavioral-health-workforce-career-navigator>

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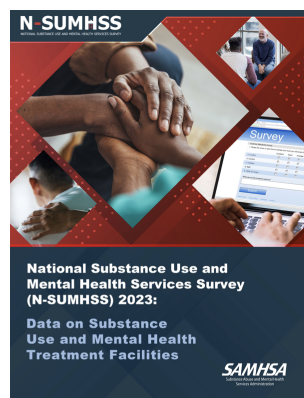
**Resource of the Week – [National Substance Use and Mental Health Services Survey \(N-SUMHSS\) 2023: Data on Substance Use Disorder Treatment and Mental Health Treatment Facilities](#)**

New, from the Substance Abuse and Mental Health Services Administration (SAMHSA):

The N-SUMHSS is a voluntary annual survey of all active substance use and mental health facilities in the United States, its territories, and D.C. The annual report presents findings on the key operational characteristics of substance use and mental health treatment facilities, use of pharmacotherapies, language assistance services, and suicide prevention assistance services.

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In 2023, 20,681 unique treatment facilities self-reported data to the N-SUMHSS, including 14,620 substance use disorder treatment facilities, 9,856 mental health treatment facilities, and 3,795 facilities providing both substance use disorder and mental health treatment. The overall response rate was 85%. The 2023 N-SUMHSS was a multimode survey and was conducted in English and Spanish.



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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