

CDP



Research Update -- January 16, 2025

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<https://doi.org/10.1101/2024.03.14.24304318>

Randomized Controlled Comparative Effectiveness Trial of Risk Model-Guided Clinical Decision Support for Suicide Screening.

Walsh, C. G., Ripperger, M. A., Novak, L., Reale, C., Anders, S., Spann, A., Kolli, J., Robinson, K., Chen, Q., Isaacs, D., Acosta, L. M. Y., Phibbs, F., Fielstein, E., Wilimitis, D., Musacchio Schafer, K., Hilton, R., Albert, D., Shelton, J., Stroh, J., Stead, W. W., ... Johnson, K. B.

JAMA Network Open
January 3, 2025

Key Points

Question

In settings without universal suicide risk screening, is interruptive clinical decision support (CDS) with an on-screen pop-up more effective than noninterruptive CDS in prompting in-person risk assessment at the point of care for patients predicted by a statistical model to be at high risk of a suicide attempt?

Findings

In this randomized clinical trial of 561 participants with 596 clinician encounters, interruptive CDS was significantly more effective at prompting in-person assessment than noninterruptive CDS and more effective compared with baseline documented screening rates the prior year.

Meaning

These results suggest that well-powered large-scale trials randomizing interruptive CDS compared with standard of care are indicated to measure effectiveness in reducing suicidal thoughts and behaviors in the context of alert burden and capacity constraints.

Abstract

Importance

Suicide prevention requires risk identification, intervention, and follow-up. Traditional risk identification relies on patient self-reporting, support network reporting, or face-to-face screening. Statistical risk models have been studied and some have been deployed to augment clinical judgment. Few have been tested in clinical practice via clinical decision support (CDS). Barriers to effective CDS include potential alert burden for a stigmatized clinical problem and lack of data on how best to integrate scalable risk models into clinical workflows.

Objective

To evaluate the effectiveness of risk model–driven CDS on suicide risk assessment.

Design, Setting, and Participants

This comparative effectiveness randomized clinical trial was performed from August 17, 2022, to February 16, 2023, in the Department of Neurology across the divisions of Neuro-Movement Disorders, Neuromuscular Disorders, and Behavioral and Cognitive Neurology at Vanderbilt University Medical Center, an academic medical center in the US Mid-South. Patients scheduled for routine care in those settings were randomized at

visit check-in. Follow-up was completed March 16, 2023, and data were analyzed from April 11 to July 24, 2023. Analyses were based on intention to treat.

Interventions

Interruptive vs noninterruptive CDS to prompt further suicide risk assessment using a real-time, validated statistical suicide attempt risk model. In the interruptive CDS, an alert window via on-screen pop-up and a patient panel icon were visible simultaneously. Dismissing the alert hid it with no effect on the patient panel icon. The noninterruptive CDS showed the patient panel icon without the pop-up alert. When present, the noninterruptive CDS displayed “elevated suicide risk score” in the patient summarization panel. Hovering over this icon resulted in a pop-up identical to the interruptive CDS.

Main Outcomes and Measures

The main outcome was the decision to assess risk in person. Secondary outcomes included rates of suicidal ideation and attempts in both treatment arms and baseline rates of documented screening during the prior year. Manual medical record review of every trial encounter was used to determine whether suicide risk assessment was subsequently documented.

Results

A total of 561 patients with 596 encounters were randomized to interruptive or noninterruptive CDS in a 1:1 ratio (mean [SD] age, 59.3 [16.5] years; 292 [52%] women). Adjusting for clinician cluster effects, interruptive CDS led to significantly higher numbers of decisions to screen (121 of 289 encounters [42%]) compared with noninterruptive CDS (12 of 307 encounters [4%]) (odds ratio, 17.70; 95% CI, 6.42-48.79; $P < .001$) and compared with the baseline rate the prior year (64 of 832 encounters [8%]). No documented episodes of suicidal ideation or attempts occurred in either arm.

Conclusions and Relevance

In this randomized clinical trial of interruptive and noninterruptive CDS to prompt face-to-face suicide risk assessment, interruptive CDS led to higher numbers of decisions to screen with documented suicide risk assessments. Well-powered large-scale trials randomizing this type of CDS compared with standard of care are indicated to measure effectiveness in reducing suicidal self-harm.

Trial Registration

ClinicalTrials.gov Identifier: [NCT05312437](https://clinicaltrials.gov/ct2/show/study/NCT05312437)

<https://doi.org/10.1001/jamapsychiatry.2024.4276>

The Promise and Perils of Using Peers and Other Paraprofessionals as Mental Health Service Professionals. (Opinion)

Areán, P. A., O'Connor, S., & Sherrill, J.

JAMA Psychiatry
January 2, 2025

Behavioral health services are in high demand in the US, leaving many people without access to treatment with psychiatrists, psychologists, and social workers. This apparent shortage is exacerbated by an uneven workforce distribution across the US and a paucity of mental health service professionals who accept insurance or offer services in community-based organizations. Mental health stigma and institutional barriers in many communities also impede people's ability to seek care. Taken together, these challenges amplify existing health disparities in groups at disproportionate risk for mental illness. One promising strategy to help address the behavioral health workforce shortage is to better integrate peer support specialists and other paraprofessionals into clinical and community practice settings.

<https://doi.org/10.1001/jamapsychiatry.2024.4241>

Social Determinants of Health and Suicide-Related Outcomes: A Review of Meta-Analyses.

Na, P. J., Shin, J., Kwak, H. R., Lee, J., Jester, D. J., Bandara, P., Kim, J. Y., Moutier, C. Y., Pietrzak, R. H., Oquendo, M. A., & Jeste, D. V.

JAMA Psychiatry
January 2, 2025

Key Points

Question

Which social determinants of health are most strongly associated with suicide risk?

Findings

This review of 46 meta-analyses revealed that major risk factors for suicide mortality were justice system-involved individuals in the community, exposure to others' and parental suicide, firearm accessibility, divorce, experience in foster care, release from incarceration, and unemployment in midlife. Religious affiliation was a protective factor of suicide mortality, but experience of childhood maltreatment and sexual assault and gender and sexual minority status were strong risk factors for suicide attempt and suicidal ideation.

Meaning

This overview of social determinants of health and suicide risk factors and outcomes can guide clinical, research, and policy directions for prevention.

Abstract

Importance

Preventing suicide is one of the top priorities in public health policy. Identifying key social determinants of health (SDOH) in suicide risk is critical for informing clinical practices, future research, and policy solutions to prevent suicide.

Objective

To examine the associations of SDOH with suicide-related outcomes.

Data Sources

Studies published before July 2023 were searched through PubMed, PsycINFO, Embase, and Web of Science. The date of the search was August 4, 2023.

Study Selection

We included the most up-to-date meta-analyses reporting associations between SDOH and suicide-related outcomes.

Data Extraction and Synthesis

Three independent reviewers extracted data and conducted quality assessment using the Joanna Briggs Institute Checklist for Systematic Reviews and Research Syntheses.

Main Outcomes and Measures

The main outcomes of interest were suicide mortality, suicide attempt, and suicidal ideation.

Results

A total of 46 meta-analyses met inclusion criteria. For suicide mortality, justice system–

involved individuals in the community, exposure to others' and parental suicide, firearm accessibility, divorce, experience in foster care, release from incarceration, and midlife (age 35-65 years) unemployment were the SDOH with consistently strong effects. Individuals released from incarceration demonstrated a high prevalence of suicide mortality (114.5 per 100 000 persons). With regard to suicide attempt, experience of childhood abuse and maltreatment and sexual assault, gender and sexual minority status, and parental suicide mortality were the strongest risk factors. The prevalence of suicide attempt among homeless individuals (28.9%; 95% CI, 21.7%-37.2%) and incarcerated female youths (27%; 95% CI, 20%-34%) and adults (12.2%; 95% CI, 7.1%-17.2%) was high. For suicidal ideation, identification as bisexual and intimate partner violence in women were the strongest risk factors. The prevalence of lifetime suicidal ideation in homeless individuals was 41.6% (95% CI, 28.6%-56.0%). Protective factors associated with reduced risk of suicide mortality were religious affiliation and being married. School connectedness showed protective associations against suicide attempt and suicidal ideation.

Conclusions and Relevance

Tailoring interventions and future research for identified priority subpopulations, such as justice system-involved individuals in the community, and implementing policy measures addressing the SDOH that showed strong associations with suicide mortality, attempts, and ideation, such as gun licensing requirements, are critical to counteracting social and environmental forces that increase suicide risk.

<https://doi.org/10.1016/j.amepre.2025.01.001>

Global burden of traumatic brain injury in 204 countries and territories from 1990 to 2021.

Zhong, H., Feng, Y., Shen, J., Rao, T., Dai, H., Zhong, W., & Zhao, G.

American Journal of Preventive Medicine

Available online 8 January 2025

Introduction

This study aimed to evaluate the burden and underlying causes of traumatic brain injury (TBI) in 204 countries and territories from 1990 to 2021.

Methods

Utilizing data from the Global Burden of Disease (GBD) 2021 study, which derived estimates of TBI burden from hospital and emergency department records, national surveys, and claims data, the incidence, prevalence, and years lived with disability (YLDs) associated with TBI were analyzed. A comparative analysis of TBI burden by location, age, sex, and socio-demographic index was performed, along with an underlying assessment of 15 major causes contributing to age-standardized incidence rates. Analyses were conducted in 2024.

Results

In 2021, there were 20.84 million (95% UI: 18.13, 23.84) incident cases and 37.93 million (95% UI: 36.33, 39.77) prevalent cases of TBI globally, resulting in 5.48 million (95% UI: 3.87, 7.33) YLDs. While the absolute number increased from 1990 to 2021, age-standardized rates of TBI incidence, prevalence, and YLDs showed a significant decline. These rates generally increased with age and were higher in males than females. The highest age-standardized prevalence and YLD rates were observed in Eastern and Central Europe. Globally, falls were the leading cause of TBI in 2021, followed by road injuries, interpersonal violence, and exposure to mechanical forces.

Conclusions

Despite declines in age-standardized rates, the total number of TBI cases and associated disabilities has risen since 1990, indicating a persistent global burden. Targeted interventions are urgently needed in high-burden regions like Eastern and Central Europe, with focus on leading causes and vulnerable populations.

<https://doi.org/10.1001/jamanetworkopen.2024.52807>

Irritability and Social Media Use in US Adults.

Perlis, R. H., Uslu, A., Schulman, J., Gunning, F. M., Santillana, M., Baum, M. A., Druckman, J. N., Ognyanova, K., & Lazer, D.

JAMA Network Open
January 8, 2025

Key Points

Question

Is social media use by adults associated with irritability, or being prone to anger?

Findings

In this survey study of 42 597 US adults, high levels of social media use, in particular frequent posting, were associated with greater irritability in cross-sectional analysis.

Meaning

The association between social media and irritability merits further attention, given the known associations between irritability and adverse outcomes.

Abstract

Importance

Efforts to understand the complex association between social media use and mental health have focused on depression, with little investigation of other forms of negative affect, such as irritability and anxiety.

Objective

To characterize the association between self-reported use of individual social media platforms and irritability among US adults.

Design, Setting, and Participants

This survey study analyzed data from 2 waves of the COVID States Project, a nonprobability web-based survey conducted between November 2, 2023, and January 8, 2024, and applied multiple linear regression models to estimate associations with irritability. Survey respondents were aged 18 years and older.

Exposure

Self-reported social media use.

Main Outcomes and Measures

The primary outcome was score on the Brief Irritability Test (range, 5-30), with higher scores indicating greater irritability.

Results

Across the 2 survey waves, there were 42 597 unique participants, with mean (SD) age 46.0 (17.0) years; 24 919 (58.5%) identified as women, 17 222 (40.4%) as men, and 456 (1.1%) as nonbinary. In the full sample, 1216 (2.9%) identified as Asian American, 5939 (13.9%) as Black, 5322 (12.5%) as Hispanic, 624 (1.5%) as Native American, 515 (1.2%) as Pacific Islander, 28 354 (66.6%) as White, and 627 (1.5%) as other (ie, selecting the other option prompted the opportunity to provide a free-text self-description). In total, 33 325 (78.2%) of the survey respondents reported daily use of at

least 1 social media platform, including 6037 (14.2%) using once a day, 16 678 (39.2%) using multiple times a day, and 10 610 (24.9%) using most of the day. Frequent use of social media was associated with significantly greater irritability in univariate regression models (for more than once a day vs never, 1.43 points [95% CI, 1.22-1.63 points]; for most of the day vs never, 3.37 points [95% CI, 3.15-3.60 points]) and adjusted models (for more than once a day, 0.38 points [95% CI, 0.18-0.58 points]; for most of the day, 1.55 points [95% CI, 1.32-1.78 points]). These associations persisted after incorporating measures of political engagement.

Conclusions and Relevance

In this survey study of 42 597 US adults, irritability represented another correlate of social media use that merits further characterization, in light of known associations with depression and suicidality.

<https://doi.org/10.1001/jamanetworkopen.2024.53317>

Trends in Treatment Need and Receipt for Substance Use Disorders in the US.

Liu, L., Zhang, C., & Nahata, M. C.

JAMA Network Open

January 6, 2025

Among 657 583 participants, the prevalence of individuals needing SUD treatment increased from 8.2% in 2013 to 17.1% in 2023. AUD increased from 6.6% to 10.2%, while DUD increased from 2.6% to 9.6%. OUD more than doubled from 0.8% in 2016 to 2.0% in 2023. Despite increasing treatment needs, the percentage of participants receiving treatment decreased from 9.3% in 2013 to 6.5% in 2020. However, SUD treatment rates rebounded to 14.9% in 2022 and stabilized thereafter. AUD treatment decreased from 6.3% in 2013 to 4.3% in 2020, recovering to 7.6% in 2022. Similarly, DUD treatment declined from 13.4% in 2013 to 7.1% in 2020 but rebounded to 13.1% in 2022. OUD treatment decreased to 11.2% in 2020, rebounding to 22.1% in 2021 and decreasing to 18.3% in 2022

<https://doi.org/10.1176/appi.ajp.20240751>

Research and Implementation of Psychedelic-Assisted Therapy in the Veterans Health Administration. (Commentary)

Wolfgang, A. S., McClair, V. L., Schnurr, P. P., Holtzheimer, P. E., Woolley, J. D., Stauffer, C. S., Wolf, R. C., States, L. J., Benedek, D. M., Capaldi, V. F., Bradley, J., Fuller, M. A., Smyth, M. J., Hermes, E. D. A., Tenhula, W., & Wiechers, I. R.

American Journal of Psychiatry
January 2025, Volume 182, Issue 1

The past decade has seen an accelerating revival in research supporting various psychedelic-assisted therapies (PATs). Currently the strongest body of evidence involves PATs with psychotherapy augmented with methylenedioxymethamphetamine (MDMA) for posttraumatic stress disorder (PTSD), and psilocybin for both major depressive disorder (MDD) and treatment-resistant depression (TRD). The Food and Drug Administration (FDA) has designated each of these PATs as a “breakthrough therapy.” As current research shows promise for leading to potential regulatory changes and clinical access, the Department of Veterans Affairs (VA), as the nation’s largest integrated health care system, must engage in strategic planning for a potential future where PAT is a clinical reality.

The VA has a long history of pioneering health care advancements and is committed to providing the best health care and effective treatment options for veterans. By preparing in advance of potential FDA approval, the VA aims to be able to provide timely and safe access to novel treatments for the veterans who are most likely to benefit. Thus, the VA convened the “State of the Art (SOTA) Conference: Psychedelic Treatments for Mental Health Conditions” in September 2023 to address two major objectives: 1) determine next steps for potential VA system-wide clinical implementation of MDMA and psilocybin; and 2) establish a strategic framework for the VA to conduct psychedelic research. Invited SOTA participants included 72 VA researchers, clinicians, and policy leaders from across the country as well as representatives from other key stakeholder federal agencies, including the Department of Defense, National Institutes of Health, Substance Abuse and Mental Health Services Administration, Office of the Assistant Secretary for Health, and FDA.

<https://doi.org/10.1002/jts.23125>

Moral injury: State of the Science.

Brett T. Litz

Journal of Traumatic Stress

First published: 05 January 2025

In this paper, I provide a concise overview of the state of the scientific study of moral injury (MI). I argue that the state of science is immature, characterized by the lack of a paradigmatic theory and a lack of rigor in terms of construct definition and measurement. Because researchers, clinicians, and the media reify the results of empirical and clinical outcome studies that are chiefly exploratory and fraught with internal validity problems, enthusiasm about MI continues to far outweigh scientific and actionable, practice-based knowledge. I posit that the field needs to have epistemic humility about MI, focus on building a paradigmatic model to generate and test hypotheses that will ultimately create knowledge about the causes and consequences of MI, and employ evidence-based assessment and intervention approaches to mitigate and treat the problem. To facilitate research in this area, I summarize the social–functional theory of moral behavior and a new theory of MI based on it. I also make recommendations for future research to advance the field into a normal science, which requires hypothesis-driven research and valid measurement.

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

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

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

Suicide and Life-Threatening Behavior

February 2025, Volume55, Issue1, e13123

Introduction

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

Method

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

Results

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

Discussion

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

<https://doi.org/10.1097/HTR.0000000000000974>

Effects of Blast- and Impact-Related Concussion on Persistent Sleep Problems.

Chung, S. Y., Harrison, E. M., Englert, R. M., & Belding, J. N.

Journal of Head Trauma Rehabilitation
40(1): p E66-E74, January/February 2025

Objective:

Examine whether concussion mechanism of injury (high-level blast [HLB] vs impact) affects the likelihood of persistent sleep problems in a post-deployment military population.

Setting:

Post-Deployment Health Assessment and Re-Assessment survey records completed upon return from deployment and approximately 6 months later.

Participants:

Active duty enlisted US Marines who completed both assessments (N = 64 464).

Design:

This retrospective cohort study investigated US Marines deployed between 2008 and 2012. Logistic regression was used to examine persistent sleep problems 6 months after return from deployment.

Main Measures:

Self-reported sleep problems at reassessment were investigated as the outcome. Predictors included HLB-induced concussions (mbTBI vs none), impact-induced concussions (miTBI vs none), occupational risk of low-level blast, probable posttraumatic stress disorder (PTSD), depression, alcohol misuse, sleep problems upon deployment return, and relevant interactions, adjusting for sex and pay grade.

Results:

With the exception of sex, all main effects in the model were associated with greater likelihood of reporting persistent sleep problems at reassessment. Sleep problems at return from deployment showed the strongest associations with likelihood of reporting sleep problems at reassessment, followed by mbTBI. The latter was exacerbated by PTSD and depression.

Conclusion:

mbTBI (vs miTBI) may be more strongly associated with persistent sleep issues that warrant additional monitoring and treatment, particularly among those with probable PTSD and/or depression.

<https://doi.org/10.1089/jwh.2023.0993>

Electronic Health Record Concordance with Survey-Reported Military Sexual Trauma Among Younger Veterans: Associations with Health Care Utilization and Mental Health Diagnoses.

Gaffey, A. E., Burg, M. M., Skanderson, M., Deviva, J. C., Brandt, C. A., Bastian, L. A., & Haskell, S. G.

Introduction:

Military sexual trauma (MST) is more common among post-9/11 Veterans and women versus older Veterans and men. Despite mandatory screening, the concordance of electronic health record (EHR) documentation and survey-reported MST, and associations with health care utilization and mental health diagnoses, are unknown for this younger group.

Materials and Methods:

Veterans' Health Administration (VHA) EHR (2001–2021) were merged with data from the observational, nationwide WomenVeterans Cohort Study (collected 2016–2020, n = 1058; 51% women). Experiencing MST was defined as positive endorsement of sexual harassment and/or assault. From the EHR, we derived Veterans' number of primary care and mental health visits in the initial two years of VHA care and diagnoses of posttraumatic stress disorder (PTSD), depression, and anxiety. First, the concordance of EHR MST screening and survey-reported MST was compared. Next, multivariate analyses tested the cross-sectional associations of EHR screening and survey-reported MST with Veterans' health care utilization, and compared the likelihood of PTSD, depression, and anxiety diagnoses by MST group, while covarying demographics and service-related characteristics. With few MST cases among men, multivariate analyses were only pursued for women.

Results:

Overall, 29% of women and 2% of men screened positive for MST in the EHR, but 64% of women and 9% of men had survey-reported MST. Primary care utilization was similar between women with concordant, positive MST reports in the EHR and survey versus those with survey-reported MST only. Women with survey-reported MST only were less likely to have a PTSD or depression diagnosis than those with concordant, positive MST reports. There was no group difference in women's likelihood of anxiety.

Conclusions: EHR MST documentation is discordant for many post-9/11 Veterans—both for men and women. Improving MST screening and better supporting MST disclosure are each critical to provide appropriate and timely care for younger Veterans, particularly women.

<https://doi.org/10.1089/jwh.2023.0497>

Analysis of Alcohol Use and Alcohol Use Disorder Trends in U.S. Active-Duty Service Women.

Journal of Women's Health
2025 Jan; 34(1): 60-69

Introduction:

Alcohol use (AU) and disorders (AUDs) have been increasing among women over the past decade, with the largest increases among women of child-bearing age. Unprecedented stressors during the COVID-19 pandemic may have impacted AU for women with and without children. Little is known about how these trends are impacting women in the military.

Methods:

Cross-sectional study of active-duty service women (ADSW) in the U.S. Army, Air Force, Navy, and Marine Corps during fiscal years (FY) 2016–2021. We report the prevalence of AU and AUD diagnoses by FY, before/during the COVID-19 pandemic (2016–2019; 2020–2021, respectively), and by parental status. Log-binomial and logistic regressions examined associations of demographics, military, and family structure characteristics, with AU and AUD, during pre-COVID-19 and COVID-19 timeframes.

Results:

We identified 281,567 ADSW in the pre-COVID-19 period and 237,327 ADSW in the during COVID-19 period. The prevalence of AU was lower during the COVID-19 period (47.9%) than during the pre-COVID-19 period (63.0%); similarly, the prevalence of AUD was lower during the COVID-19 period (2.7%) than during the pre-COVID period (4.0%). ADSW with children had larger percentage decreases during the COVID-19 period. ADSW with children had a consistently lower prevalence and odds of AUD compared with ADSW without children in the pre- and during COVID-19 periods.

Conclusion:

Decreasing trends in AU and AUD among ADSW were unexpected. However, the prevalence of AU and AUD may not have been accurately captured during the COVID-19 period due to reductions in access to care. Continued postpandemic comparison of AU/AUD among women by parental status and demographic factors may guide targeted health efforts.

<https://doi.org/10.1002/jhm.13586>

Health conditions seen frequently in hospitalized United States Veterans who served after 9/11/2001: A scoping review.

Boggan, J. C., Allaudeen, N., Shaw, H., Cantrell, S., & Akwe, J.

Journal of Hospital Medicine

First published: 09 January 2025

Background

Hospitalists working outside the Veterans Affairs (VA) system frequently will serve Veterans receiving care for acute conditions and/or awaiting transfer to VA facilities.

Objective

To perform a scoping review of health conditions and associated outcomes relevant to hospital medicine in US Veterans who served in active duty or reserve deployed roles after November 9, 2001.

Methods

A search of MEDLINE and Embase was performed using a combination of terms related to military service period and health conditions, yielding 5634 citations published after January 1, 2013.

Study Selection and Data Extraction

Two reviewers performed independent screening at the title/abstract and later at the full-text levels. Conflicts at both stages were resolved through discussion. Single reviewers extracted data and synthesized results into three categories: (1) mental health and nonblast trauma, (2) neurologic outcomes, and (3) other conditions, including cardiovascular and respiratory outcomes.

Results

Of 85 included studies, 19 focused on cardiovascular, respiratory, autoimmune, and multisystem outcomes; 38 focused on mental health and nonblast trauma; and 28 focused on traumatic brain injury and neurologic outcomes. Studies showed high rates of comorbid mental health diagnoses and suicide-related behaviors relative to non-Veteran populations, as well as relatively younger incidence of cardiovascular and respiratory chronic conditions, such as atrial fibrillation.

Conclusions

Most studied health conditions among Veterans of post-9/11 conflicts have focused on areas of particular importance to the VA. However, significant gaps remain, particularly in understanding the correlation between specific exposures and clinical outcomes currently observed and to be anticipated in the future in this population.

<https://doi-ds.org/doi/10.2024-63925822/JMVH>

Caring for Post-9/11 Veterans in the Civilian Sector: Knowledge and Readiness of Registered and Advance Practice Nurse Providers.

Simoni, C., Costello, J., Blanchette, L., Ratliff, J., Bith-Melander, P., Jindal, C., Cassidy, K. J., Choi, Y. M., Kronsteadt, S., & Efird, J.

Journal of Military and Veterans' Health
2024 Oct; 32(4): 18-36

Importance:

Since 2001, 3.5 million United States service members deployed overseas in support of the post-9/11 Global War on Terror. While healthy and fit upon deployment, veterans have experienced many complex and often unexplainable illnesses and chronic diseases, with more than 520 000 being diagnosed with cancer. With the implementation of the VA MISSION and PACT Acts, post-911 veterans are increasingly being seen in non-VHA healthcare facilities by non-physician providers.

Objective:

To assess the readiness of registered and advanced practice nurses to provide knowledgeable and competent healthcare for post-9/11 veterans in the civilian healthcare system.

Design, setting and participants:

A web-based survey was administered by the HunterSeven Foundation (a Veteran-founded non-profit organisation), with 541 nurse respondents.

Primary outcomes and measures:

Questions were designed to assess military knowledge, comfort level caring for veterans, self-reported proficiency and prior training of participants. Mean differences

were compared using a restricted maximum likelihood, fixed-effects model, with incidence between groups estimated as log-binomial relative risks.

Results:

Meaningful gaps in clinical knowledge of screening for and treatment of medically related conditions were identified. Our assessment also highlighted a sparseness of knowledge for making care recommendations based on apposite resources.

Conclusions and relevance:

Cognitive biases among healthcare providers in the civilian sector may lead to missed and/or delayed diagnoses, therefore emphasising the need for additional training focused on caring for post-9/11 veterans.

<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

Volume 55, Issue 1, February 2025, e13131

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

<https://doi.org/10.1097/MLR.0000000000002098>

Audio-Based Care for Managing Mental Health and Substance Use Disorders in Adults: A Systematic Review.

Patel, S. V., Saavedra, L. M., Rodriguez Borja, I., Philbrick, S., Schwimmer, M., Ruwala, R., & Viswanathan, M.

Medical Care

63(2): p 134-151, February 2025

Background:

Telehealth services can increase access to care by reducing barriers. Telephone-administered care, in particular, requires few resources and may be preferred by communities in areas that are systemically underserved. Understanding the effectiveness of audio-based care is important to combat the current mental health crisis and inform discussions related to reimbursement privileges.

Objectives:

We compared the effectiveness of audio-based care to usual care for managing mental health and substance use disorders (MHSUD).

Design:

We used systematic review methods to synthesize available evidence.

Studies:

We searched for English-language articles reporting randomized controlled trials (RCTs) of adults diagnosed with MHSUD published since 2012.

Outcomes:

We abstracted data on clinical outcomes, patient-reported health and quality of life, health care access and utilization, care quality and experience, and patient safety.

Results:

We included 31 RCTs of participants diagnosed with depression, post-traumatic stress disorder (PTSD), other serious mental illness (SMI), anxiety, insomnia, or substance use disorder (SUD). Most of the evidence was for interventions targeting depression, PTSD, and SUD. The evidence demonstrates promise for: (1) replacing in-person care with audio care for depression, other SMI, and SUD (very low to moderate certainty of comparable effectiveness); and (2) adding audio care to monitor or treat depression, PTSD, anxiety, insomnia, and SUD (low to moderate certainty of evidence favoring audio care for clinical outcomes).

Conclusions:

MHSUD can be managed with audio care in certain situations. However, more evidence is needed across conditions, and specifically for anxiety and other conditions for which no research was identified.

<https://doi.org/10.1016/j.janxdis.2024.102961>

The effects of intelligence on exposure to combat and posttraumatic stress disorder across multiple deployments.

Zalmenson, T., Yair, N., Azriel, O., Shamai-Leshem, D., Alon, Y., Tik, N., Levinstein, Y., Ben-Yehuda, A., Tatsa-Laur, L., Pine, D. S., Bliese, P. D., Tavor, I., & Bar-Haim, Y.

Journal of Anxiety Disorders

Volume 109, January 2025, 102961

Highlights

- Lower general IQ is associated with a steeper rise in PTSD symptoms among combat soldiers undergoing multiple deployments.

- The relationship between IQ and PTSD symptoms is primarily driven by abstract reasoning abilities.
- The association between lower IQ and increased PTSD symptoms is partially mediated by the level of combat exposure.

Abstract

Introduction

Past work relates intelligence quotient (IQ) to risk for Post-Traumatic Stress Disorder (PTSD) among soldiers. We gathered data over multiple deployments to assess how IQ relates to the rate of symptom development both directly and through increasing the risk for traumatic combat exposure.

Methods

Male infantry soldiers from a maneuver brigade (N = 582) were followed over the 3-year period of their mandatory military service. Data were collected at 3-time-points: 1) shortly after enlistment and before deployment; 2) about 15 months into the service following one deployment, and another year later following additional deployments. IQ was measured before recruitment into the military; PTSD symptoms and combat exposure were measured at each time-point.

Results Lower general IQ, and in particular lower abstract reasoning capabilities, related to steeper increases in PTSD symptoms, $\text{TIME} \times \text{IQ} = -.05$, $\text{SE} = .02$, $t(442.79) = -3.255$, $p < .01$, controlling for the effect of pre-military traumatic experience. This relation was partly mediated by combat exposure, $\text{Effect} = -.04$, $\text{BootSE} = .01$, 95 % CI $[-.06, -.02]$.

Conclusion

The results identify important risk factors for PTSD that can inform approaches to PTSD mitigation in the military and other organizations. Given that this study enrolled a male sample the generalizability of the results awaits further research.

<https://doi.org/10.1016/j.janxdis.2024.102962>

Exposure therapy consortium: Outcomes of the proof-of-principle study.

Smits, J. A. J., Abramowitz, J. S., Anderson, R. A., Arch, J. J., Badeja, D., Barzilay, S., Belanger, A. N., Borchert, T., Bryant, E., Burger, A. S., Dixon, L. J., Dutcher, C. D., Fitzgerald, H. E., Graham, B. M., Haberkamp, A., Hofmann, S. G., Hoyer, J., Huppert, J. D., Johnson, D., Kabha, B. Q., ... Exposure Therapy Consortium

Highlights

- First proof-of-principle study of the Exposure Therapy Consortium, a global network studying exposure therapy.
- Tested a single-session, large-group interoceptive exposure intervention for anxiety sensitivity.
- Multi-site, cluster randomized trial across four continents (N = 400).
- All interventions, including a stress management control, resulted in significant reductions in anxiety sensitivity.
- Demonstrated the feasibility of the Exposure Therapy Consortium's big-team science approach despite recruitment challenges.

Abstract

Background

This paper reports on the outcomes of a proof-of-principle study for the Exposure Therapy Consortium, a global network of researchers and clinicians who work to improve the effectiveness and uptake of exposure therapy. The study aimed to test the feasibility of the consortium's big-team science approach and test the hypothesis that adding post-exposure processing focused on enhancing threat reappraisal would enhance the efficacy of a one-session large-group interoceptive exposure therapy protocol for reducing anxiety sensitivity.

Methods

The study involved a multi-site cluster-randomized controlled trial comparing exposure with post-processing (ENHANCED), exposure without post-processing (STANDARD), and a stress management intervention (CONTROL) in students with elevated anxiety sensitivity. Feasibility was assessed using site performance metrics (e.g., timeline, sample size, missing data). Efficacy was assessed up to 1-month follow-up using the Anxiety Sensitivity Index-3.

Results

Despite challenges posed by unforeseen global crises, a standardized protocol for screening, assessment, and treatment at 12 research sites across four continents was successfully implemented, resulting in a total sample size of 400 with minimal missing data. Challenges in recruitment and adherence to the projected timelines were encountered. Significant reductions in anxiety sensitivity were observed in all conditions. Contrary to hypotheses, group differences were only observed at post-treatment, when

ENHANCED and CONTROL outperformed STANDARD but were not significantly different from each other.

Conclusions

This study demonstrates the feasibility of the Exposure Therapy Consortium. Findings raise questions regarding the efficacy of large group exposure interventions and underscore the importance of careful research site selection and an iterative approach to treatment development.

<https://doi.org/10.1002/jclp.23750>

Virtual Reality Exposure for Treating PTSD Due to Military Sexual Trauma.

Loucks, L., Rizzo, A., & Rothbaum, B. O.

Journal of Clinical Psychology
2025; 81: 81-92

Virtual reality exposure therapy (VRE) has been used in the treatment of combat-related PTSD since the late 1990s and was recently adapted to treat PTSD due to military sexual trauma (MST). With content specifically tailored to MST-related contexts, we present the case study of a military veteran who participated in the open clinical trial examining the feasibility of VRE in the treatment of MST-related PTSD (Loucks et al. 2019). We illustrate VRE's use in activating the trauma memory to facilitate therapeutic emotional processing across sessions and overall symptom reduction. The case study includes common challenges that may occur during VRE and relevant recommendations. The discussion will include lessons learned from the case study and the open clinical trial, recommendations for the flexible application of VRE, and the ongoing developments in the latest version of the VRE system, informed by feedback acquired from the clinicians and patients who experienced it in the initial clinical trial.

<https://doi.org/10.1093/sleep/zsae183>

Stress-induced increase in heart-rate during sleep as an indicator of PTSD risk among combat soldiers.

Simon, L., Levi, S., Shapira, S., & Admon, R.

Sleep

Volume 48, Issue 1, January 2025, zsae183

Study Objectives

Discerning the differential contribution of sleep behavior and sleep physiology to the subsequent development of posttraumatic-stress-disorder (PTSD) symptoms following military operational service among combat soldiers.

Methods

Longitudinal design with three measurement time points: during basic training week (T1), during intensive stressed training week (T2), and following military operational service (T3). Participating soldiers were all from the same unit, ensuring equivalent training schedules and stress exposures. During measurement weeks soldiers completed the Depression Anxiety and Stress Scale (DASS) and the PTSD Checklist for DSM-5 (PCL-5). Sleep physiology (sleep heart-rate) and sleep behavior (duration, efficiency) were monitored continuously in natural settings during T1 and T2 weeks using wearable sensors.

Results

Repeated measures ANOVA revealed a progressive increase in PCL-5 scores from T1 and T2 to T3, suggesting an escalation in PTSD symptom severity following operational service. Hierarchical linear regression analysis uncovered a significant relation between the change in DASS stress scores from T1 to T2 and subsequent PCL-5 scores at T3. Incorporating participants' sleep heart-rate markedly enhanced the predictive accuracy of the model, with increased sleep heart-rate from T1 to T2 emerging as a significant predictor of elevated PTSD symptoms at T3, above and beyond the contribution of DASS stress scores. Sleep behavior did not add to the accuracy of the model.

Conclusion

Findings underscore the critical role of sleep physiology, specifically elevated sleep heart-rate following stressful military training, in indicating subsequent PTSD risk following operational service among combat soldiers. These findings may contribute to PTSD prediction and prevention efforts.

<https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>

National Behavioral Health Crisis Care Guidance
Substance Abuse and Mental Health Services Administration (SAMHSA)

The National Behavioral Health Crisis Care Guidance provides a framework for transforming behavioral health crisis care systems in communities throughout the United States with the goal of saving lives by helping anyone experiencing a behavioral health crisis anytime, anywhere. It also includes a draft of a detailed implementation guide for Mobile Crisis Team services in accordance with this newly released framework.

Links of Interest

Veteran suicides often follow complaints of chronic pain, insomnia and physical problems, report finds

<https://www.stripes.com/veterans/2025-01-02/veterans,-suicides,-chronic-pain,-sleep-disorders-16353382.html>

Six suicide prevention resources all Veterans need to know

<https://news.va.gov/137046/six-suicide-prevention-resources-veterans-know/>

Soldier's suicide exposes military's struggle with mental health stigma

<https://www.washingtonpost.com/national-security/2025/01/11/cybertruck-suicide-trump-hotel-vegas/>

Do's and Don'ts for Communicating about Psychological Health

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Real-Warriors-Campaign/Digital-Content-Toolkit/Dos-and-Donts>

New special trial counsels take over prosecution of major sexual harassment cases from commanding officers

<https://www.stripes.com/theaters/us/2024-12-31/sexual-harassment-military-special-trial-counsels-16335871.html>

40% rise in mental health diagnoses among troops, report finds

<https://www.militarytimes.com/news/2025/01/03/40-rise-in-mental-health-diagnoses-among-troops-report-finds/>

- [Update: Diagnoses of Mental Health Disorders Among Active Component U.S. Armed Forces, 2019–2023](#)

Staff Perspective: Stepping into Insomnia Treatment - How to Find the Best Fit

<https://deploymentpsych.org/blog/staff-perspective-stepping-insomnia-treatment-how-find-best-fit>

Staff Perspective: Benefits of a Military Psychology Internship

<https://deploymentpsych.org/blog/staff-perspective-benefits-military-psychology-internship>

Advising People on Using 988 Versus 911: Practical Approaches for Healthcare Providers

<https://www.samhsa.gov/resource/ebp/advising-people-using-988-versus-911-practical-approaches-healthcare-providers>

Advisory: Substance Use Disorder Treatment for People with Co-Occurring Disorders

<https://www.samhsa.gov/resource/ebp/advisory-substance-use-disorder-treatment-people-co-occurring-disorders-based-tip-42>

Soldiers are turning to social media when the chain of command falls short. The Army sees it as a nuisance.

<https://taskandpurpose.com/news/army-online-soldiers-quality-of-life/>

Navy to tailor assignments for sailors with special-needs family members

<https://www.stripes.com/branches/navy/2025-01-09/navy-efmp-military-special-needs-16434897.html>

How AI Could Help Clinicians Identify American Indian Patients at Risk for Suicide

<https://jamanetwork.com/journals/jama/fullarticle/2829243?questAccessKey=3596baa2-36cb-4342-bad7-ae1a5f7f721f&adv=000002455136>

Issue Brief: Black Youth Suicide Prevention

<https://library.samhsa.gov/product/issue-brief-black-youth-suicide-prevention/pep24-01-034>

American Psychological Association sounds alarm over certain AI chatbots

<https://mashable.com/article/ai-therapist-chatbots-ftc>

Recognizing and Countering Ostracism – Ready and Resilient Military Community

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Recognizing-and-countering-ostracism-Ready-and-Resilient-Military-Community>

Ostracism and Your Mental Health

<https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Ostracism-and-Your-Mental-Health>

Resource of the Week: [Servicemember to Veteran Transition](#)

Infographic from the Congressional Research Service:

Individuals who serve on active duty in one of the six U.S. Armed Forces (Army, Navy, Air Force, Marine Corps, Space Force, and Coast Guard) experience a range of career pathways. From the point of entry as an officer or enlistee, servicemembers become eligible for certain benefits under the Department of Defense (DOD) or Department of Homeland Security (DHS, for the Coast Guard) and also eligibility for certain benefits from the Department of Veterans Affairs (VA). While some servicemembers may leave active service after their initial commitment (typically four to six years), others will remain 20 years or longer and become eligible for a lifetime retirement annuity from their military department based on longevity of service. Some may sustain injuries that confer earlier eligibility for disability retirement from their military department and/or disability compensation from the VA.



Who Is Considered a Veteran?

All who serve a minimum period of active duty are considered "veterans." Those who are eligible for retired pay from DOD are also considered military retirees—all military retirees are veterans, but not all veterans are military retirees.

Typical Timeline of Service

Enlistment/Commissioning

20 Years

Entry into Active Service

Eligibility begins for DOD or DHS pay and benefits, including basic pay, housing allowance, subsistence allowance, health care, and other support services. Individuals are also eligible for certain VA benefits while serving.

Injured in Line of Duty

Those who are injured in the line of duty at any point after entering service may take a detour from their career pathway for rehabilitation and recovery. Some of them will be declared fit for duty and will resume service, and some will be medically separated or retired.

Eligible for Retirement

Active duty servicemembers become eligible for longevity retirement after completing a minimum of 20 years of service, though some stay longer and continue to accrue credit toward retired pay.



Eligible to Separate After Initial Commitment



Medical Separation



Eligible to Receive Disability Retirement



Eligible to Retire After 20 Years of Service

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