

CDP



Research Update -- February 6, 2025

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<https://doi.org/10.1001/jamapsychiatry.2024.4548>

Changes in Specialty Crisis Services Offered Before and After the Launch of the 988 Suicide and Crisis Lifeline.

Cantor, J., Schuler, M. S., Kerber, R., Purtle, J., & McBain, R. K.

JAMA Psychiatry
January 29, 2025

Key Points

Question

Did the launch of the 988 Suicide and Crisis Lifeline in July 2022 influence the availability of crisis services offered by mental health treatment facilities in the US?

Findings

This cohort study of 15 623 mental health treatment facilities found that the launch of the 988 Suicide and Crisis Lifeline was associated with a significant increase in peer support services, a significant decrease in psychiatric walk-in services, and statistically significant, albeit small, decreases in mobile crisis response and suicide prevention services.

Meaning

Mental health officials and policymakers should consider strategies to boost the financing and availability of crisis services at mental health treatment facilities to meet increased demand generated by the 988 Suicide and Crisis Lifeline.

Abstract

Importance

The launch of the 988 Suicide and Crisis Lifeline (988) in July 2022 aimed to enhance access to crisis mental health services by replacing the National Suicide Prevention Lifeline with a more memorable number and expanding the Lifeline scope beyond suicide. However, 988's success relies on the availability of community crisis services.

Objective

To examine whether the launch of 988 was associated with the availability of crisis services.

Design, Setting, and Participants

This cohort study characterized trends in crisis services offered by US mental health treatment facilities (MHTFs) from November 1, 2021, through June 30, 2023.

Longitudinal data were from the Mental Health and Addiction Treatment Tracking Repository, which contains daily instances from the Substance Abuse and Mental Health Services Administration's Behavioral Health Treatment Locator. The analysis includes licensed MHTFs that completed the National Substance Use and Mental Health Services Survey. Proportions of facilities offering 4 specific crisis services were calculated nationally and at the state level. Mixed-effects logistic regression was used to assess changes in availability of each crisis service after the launch of 988, controlling for MHTF characteristics.

Exposure

Launch of 988 in July 2022.

Main Outcomes and Measures

Outcomes were the availability of mobile crisis response services, psychiatric emergency walk-in services, suicide prevention services, or peer support services.

Results

Across 15 623 MHTFs (184 769 observations; 79 268 before and 105 501 after the 988 launch), the largest changes were observed for availability of peer support services, which increased from 39% (n = 31 170) before to 42% (n = 44 630) after the 988 launch (P < .001), and emergency psychiatric walk-in services, which decreased from 32%

(n = 25 684) before to 29% (n = 30 300) after the 988 launch (P < .001). When controlling for MHTF characteristics, after the 988 launch, the odds of peer support availability increased 1.3% per month (odds ratio, 1.013; 95% CI, 1.009-1.018), and the odds of emergency psychiatric walk-in service availability decreased by 0.6% per month (odds ratio, 0.994; 95% CI, 0.989-0.999). Availability of other service types also decreased at the national level, with mobile crisis response decreasing from 22% (n = 17 071) before to 21% (n = 22 023) after the 988 launch and suicide prevention decreasing from 69% (n = 54 933) before to 68% (n = 71 905) after the 988 launch. Significant variation across states was observed in service availability trends before and after the 988 launch.

Conclusions and Relevance

This study found that the launch of 988 did not coincide with significant and equitable growth in the availability of most crisis services except for a small increase in peer support services. These findings suggest that strategies are needed to boost the financing and availability of crisis services to reduce disparities and increase 988's likelihood of success.

<https://doi.org/10.1080/16506073.2025.2456479>

Benefits of the “worst-case scenario”: a multi-level examination of the effects of confronting the feared outcome during imagery-based exposure.

Jessup, S. C., Armstrong, T., Rast, C. E., Woronko, S. E., Jackson, M., Anwyl-Irvine, A. L., ... Olatunji, B. O.

Cognitive Behaviour Therapy

Published online: 30 Jan 2025

Exposure therapy is an efficacious treatment for anxiety-related disorders. Yet, fear often returns after treatment. Occasional reinforcement, in which the feared stimulus is intermittently presented during extinction, increases safety learning and slows fear renewal in conditioning paradigms and analogue samples, but no studies to date have examined this strategy in clinical samples. The present study examined the effects of vicarious occasional reinforcement on fear renewal in a snake-phobic sample across multiple levels of analysis. Fear was intermittently reinforced by providing reminders of the feared outcome (a snake bite) throughout a two-session analogue video exposure manipulation. Snake-phobic adults were randomized to one of three conditions: a single-cue [S], multiple-cue [M], or multiple-cue+fear-outcome [M+FO] exposure group.

Results showed the three groups did not significantly differ in threat expectancy or attentional bias for threat at follow-up. Despite sustained anxiety, however, the M+FO condition completed significantly more steps on a visual avoidance task at follow-up than the M and S conditions and heightened mean distress during exposure mediated this effect. The M and S groups did not significantly differ in visual avoidance at follow-up. These findings suggest incorporating reminders of the feared outcome into exposure may be an effective strategy for increasing inhibitory retrieval.

<https://doi.org/10.1001/jamanetworkopen.2024.57295>

Screening for Patient Firearm Access Among Mental Health Care Clinicians.

Rodriguez, T. R., Bond, A. E., Bandel, S. L., Collins, C., Anestis, M. D., & Anestis, J. C.

JAMA Network Open
January 29, 2025

This cross-sectional study found that many mental health care clinicians screened for firearm access at least sometimes and were moderately confident in implementing firearm safety practices. However, most screening was targeted and in the context of risk, which may miss many people. Among firearm owners, suicide risk screening tools are unlikely to capture ideation. Indiscriminate, targeted screening inadequately identifies suicide risk, potentially overlooks individuals at highest risk, and may be influenced by clinicians' personal beliefs. Indeed, many participants stated that their patients did not need screening. While there are many suicide screening tools, none apply to all patients, settings, or circumstances, resulting in missed intervention opportunities. Furthermore, the presence of a firearm in the home is associated with increased risk for other firearm-related (eg, accidental) deaths.

<https://doi.org/10.1001/jamanetworkopen.2024.56906>

Access to Firearms and Opioids Among Veterans at Risk for Suicide.

Khazanov, G. K., Wilson, M., Cidav, T., Roberts, C. B., Barry, C., McKay, J. R., Jager-Hyman, S., Goodman, M., & Simonetti, J.

JAMA Network Open
January 28, 2025

Abstract

Importance:

Firearm injury and poisoning, often by drug or medication overdose, account for most suicides among the general population and US veterans. In the Veterans Health Administration, the largest integrated health care system in the US, firearm and opioid access is assessed among patients at risk for suicide who complete suicide safety plans.

Objective:

To describe self-reported, clinician-documented access to firearms and opioids, firearm storage practices, distribution of firearm cable locks and naloxone, and counseling on firearm storage and overdose among veterans at elevated risk for suicide who completed suicide safety plans.

Design, setting, and participants:

This cross-sectional study used electronic health record data from the Veterans Health Administration from December 2021 to February 2023. Participants were veterans identified as having elevated suicide risk through routine screening with the Columbia Suicide Severity Rating Scale Screener who completed a safety plan within 30 days. Data were analyzed from March 2023 to March 2024.

Exposure:

Completion of a safety plan, a brief, evidence-based intervention to help prevent or de-escalate suicidal crises.

Main outcomes and measures:

Firearm and opioid access, as well as firearm storage information, were assessed via the lethal means component of the standardized safety plan note template.

Results:

Among 38 454 veterans identified (32 310 [84.0%] male; 15 206 participants [39.5%] aged ≥ 55 years; 26 960 participants [70.1%] living in urban areas), 9969 (25.9%) were Black and 23 714 (61.7%) were White and 3426 (8.9%) were Hispanic/Latine and 28 892 (75.1%) were not Hispanic/Latine. A total of 10 855 (28.2%) reported access to firearms. Approximately one-third of veterans reported storing at least 1 firearm in each of the following ways: unlocked and loaded (insecure), outside of the home or locked and unloaded (secure), or locked and loaded. Younger and middle-aged veterans,

White veterans, veterans who were not Hispanic/Latine, male veterans, and rural veterans were more likely to report firearm access. A total of 2021 veterans (5.3%) reported access to opioids; older veterans, White veterans, veterans who were not Hispanic/Latine, and rural veterans were more likely to report opioid access. Clinicians reported discussing firearm storage with 10 655 veterans (98.2%) and overdose with 1589 veterans (78.6%). Only 1837 veterans (16.9%) offered firearm cable locks and 536 veterans (26.5%) of veterans offered naloxone were documented as accepting them.

Conclusions and relevance:

In this cross-sectional study of electronic health record data, the prevalence of reported access to firearms was lower than expected, suggesting underreporting or underdocumentation, or a lower true prevalence among this at-risk population. Completion of a note template may have encouraged routine discussion of firearm storage and overdose risk, but acceptance of gunlocks and naloxone was low. These findings suggest that White veterans, veterans who were not Hispanic/Latine, and rural veterans may be at particular risk of harm by firearms and opioids.

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

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

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/10.1001/jamapsychiatry.2024.4276>

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

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/10.1038/s41398-025-03248-z>

Improving explainability of post-separation suicide attempt prediction models for transitioning service members: insights from the Army Study to Assess Risk and Resilience in Servicemembers - Longitudinal Study.

Edwards, E. R., Geraci, J. C., Gildea, S. M., Houtsma, C., Holdcraft, J. A., Kennedy, C. J., King, A. J., Luedtke, A., Marx, B. P., Naifeh, J. A., Sampson, N. A., Stein, M. B., Ursano, R. J., & Kessler, R. C.

Translational Psychiatry
Volume 15, Article number: 37 (2025)

Risk of U.S. Army soldier suicide-related behaviors increases substantially after separation from service. As universal prevention programs have been unable to resolve this problem, a previously reported machine learning model was developed using pre-separation predictors to target high-risk transitioning service members (TSMs) for more intensive interventions. This model is currently being used in a demonstration project. The model is limited, though, in two ways. First, the model was developed and trained in a relatively small cross-validation sample ($n = 4044$) and would likely be improved if a larger sample was available. Second, the model provides no guidance on subtyping high-risk TSMs. This report presents results of an attempt to refine the model to address these limitations by re-estimating the model in a larger sample ($n = 5909$) and attempting to develop embedded models for differential risk of post-separation stressful life events (SLEs) known to mediate the association of model predictions with post-separation nonfatal suicide attempts (SAs; $n = 4957$). Analysis used data from the Army STARRS Longitudinal Surveys. The revised model improved prediction of post-separation SAs in the first year ($AUC = 0.85$) and second-third years ($AUC = 0.77$) after separation, but embedded models could not predict post-separation SLEs with enough accuracy to support intervention targeting.

<https://doi.org/10.1136/military-2023-002366>

Military concerns for chronic pain stimulator devices.

Hughey, S., Field, R., Campbell, D., Cole, J., Booth, G., Stringer, M., & Stedjelarsen, E.

BMJ Military Health
2025; 171: 70-73

Spinal cord stimulators (SCS) and peripheral nerve stimulators (PNS) are increasingly used in the treatment of chronic pain, allowing more patients to resume working and return to activities. Military service members face environmental and occupational hazards that expose them to mechanical and electromagnetic forces, both clinical and industrial, that could potentially alter their function. While there are reports of individual hazards, the risk appears to be nominal based on the large number of devices in use and the limited reported complications with these devices. Since a variety of hazards encountered by military patients have the potential to alter SCS and PNS devices, a brief discussion of each patient's specific exposures and related hazards should occur prior to placement. Overall, these devices have demonstrated safety in hazardous areas and few military patients have contraindications for placement based on these factors alone.

<https://doi.org/10.1037/tra0001848>

Associations between posttraumatic stress symptoms, moral injury, and parenting among Israeli male veterans: The mediating role of parental beliefs about children's anxiety.

Ne'eman-Haviv, V., Freeman, S., & Zerach, G.

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

Objective:

Posttraumatic stress symptoms (PTSS) and moral injury (MI) are possible negative outcomes of combat military service. While PTSS is known to be associated with impaired paternal parenting, no study has examined the association between MI and parenting. This study examined associations between military-related PTSS, MI, and multiple measures of parenting among veteran fathers. Furthermore, we examined the mediating role of parental beliefs about children's anxiety in the association between PTSS, MI, and parenting.

Method:

Participants included 310 combat veteran fathers (M_{age} = 34.96, SD = 6.31) who were discharged from the Israeli Defense Forces. Participants completed a set of validated self-report online questionnaires in a cross-sectional design study.

Results:

Exposure to potentially morally injurious experiences (PMIEs) during military service was associated with higher levels of PTSS and MI outcomes, but not with parenting domains. Both PTSS and MI outcomes were associated with poorer parenting practices and lower levels of parental satisfaction. Importantly, PTSS and shame-based MI outcomes mediated the association between combat exposure, exposure to PMIE, and parenting. Moreover, two-step sequential mediation showed combat exposure and exposure to PMIE indirectly contributed to parenting via PTSS, shame-based MI outcomes, and parental beliefs about children's anxiety.

Conclusion:

Our findings imply that beyond the possible negative effects of PTSS on parenting, military-related MI is another risk for problematic paternal parenting among veterans. Clinical implications discussed include the ripple effect of PTSS and MI on veteran fathers' cognitions regarding their children's ability to handle anxiety, and their parenting behaviors to control their painful emotions.

Impact Statement

This research is critical not only in filling the existing research gap related to moral injury but also in its practical implications. Understanding the broader impact of combat-related trauma on family dynamics can inform the development of more effective support and intervention strategies for veterans and their families. Given the high prevalence of potentially morally injurious experiences among veterans, addressing these issues is of paramount importance. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1007/s11606-024-09337-x>

Prevalence of Moral Injury in Nationally Representative Samples of Combat Veterans, Healthcare Workers, and First Responders.

Maguen, S., Griffin, B. J., Pietrzak, R. H., McLean, C. P., Hamblen, J. L., & Norman, S. B.

Journal of General Internal Medicine

Published: 29 January 2025

Background

Moral injury affects a variety of populations who make ethically complex decisions involving their own and others' well-being, including combat veterans, healthcare workers, and first responders. Yet little is known about occupational differences in the prevalence of morally injurious exposures and outcomes in nationally representative samples of such populations.

Objective

To examine prevalence of potentially morally injurious event (PMIE) exposure and clinically meaningful moral injury in three high-risk groups.

Design

Cross-sectional survey with responses weighted to national geodemographic benchmarks.

Participants

Combat veterans, healthcare workers, and first responders (N=1232) in the USA.

Main Measure

Moral Injury and Distress Scale (MIDS).

Key Results

Many combat veterans (49.3%), healthcare workers (50.8%), and first responders (41.6%) endorsed exposure to a PMIE. Clinically meaningful moral injury symptoms were endorsed by 6.5% of combat veterans, 7.3% of healthcare workers, and 4.1% of first responders. After adjusting for age, gender, race, and ethnicity, relative to first responders, combat veterans were more likely to endorse transgressing their values by what they did and healthcare workers were more likely to endorse witnessing others' wrongful acts. Additionally, combat veterans (adjusted risk ratio (aRR) = 2.18, 95% confidence interval (95% CI) = 1.09, 2.16) and healthcare workers (aRR = 2.02, 95% CI = 1.03, 3.83) were over twice as likely to screen positive for clinically meaningful moral injury in comparison to first responders. No differences in exposures or outcomes emerged between combat veterans and healthcare workers.

Conclusions

Results from these nationally representative samples of three high-risk populations

suggest that exposure to PMIEs is common and a sizable minority report clinically meaningful moral injury.

<https://doi.org/10.1146/annurev-clinpsy-081423-022604>

Moral Injury: An Overview of Conceptual, Definitional, Assessment, and Treatment Issues.

Litz, B. T., & Walker, H. E.

Annual Review of Clinical Psychology
January 29, 2025

Moral injury (MI) is a potential clinical problem characterized by functionally impairing moral emotions, beliefs, and behaviors as well as adverse beliefs about personal or collective humanity and life's meaning and purpose. MI can arise from personal transgressive acts or from being a victim of or bearing witness to others' inhumanity. Despite widespread interest in MI, until recently, there was no reliable measure of MI as an outcome, and prior research has revealed little about its causes, consequences, and intervention approaches. This review provides background information on the history of MI, defines key terms, and critically reviews assessment tools. Additionally, we describe a social-functional theory of the etiology of MI and a social-functional rehabilitation approach to treatment. This treatment approach, which can be used by any clinician regardless of clinical context, employs cross-cutting change agents to promote lasting corrective and humanizing prosocial experiences, enhancing belonging through valued actions and relationships.

<https://doi.org/10.1037/tra0001738>

Do appraisals of military service indicate current distress in aging Vietnam War combat veterans?

Pless Kaiser, A., Brady, C. B., & Spiro, A.

Psychological Trauma: Theory, Research, Practice, and Policy
(2025); 17(2), 438–445

Objective:

Appraisals of military service, both desirable and undesirable, assessed via Elder and Clipp's (1989) scale, are associated with psychological distress in veterans. Aging combat veterans (CV) are at increased risk for posttraumatic stress disorder and other psychological disorders yet may underreport symptoms and not seek treatment that could be beneficial. It is unknown whether desirable and undesirable appraisals of military service are associated with mental health outcomes above and beyond typical risk and protective factors, such as age, education, and combat exposure. Therefore, we examined associations between appraisals of military service and assessments of psychological distress in Vietnam War CV, currently the largest cohort of aging veterans.

Method:

Male Vietnam War CV aged 60 and older (n = 134) were selected from a larger study. Regression analyses examined the associations between appraisals of military service and measures of physical and psychological well-being and distress.

Results:

Both desirable and undesirable appraisals of military service exhibited associations with measures of psychological distress, with undesirable appraisals being more strongly associated with distress than desirable appraisals. In regression analyses, appraisals were related to mental health outcomes over and above covariates. In addition, appraisals were more strongly related to psychological versus physical well-being measures, with undesirable appraisals more strongly related to mental health and well-being measures than desirable appraisals.

Conclusion:

Assessing appraisals of military service may identify veterans experiencing psychological distress who may benefit from referral for psychological interventions. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

Veterans may experience an increase in trauma-related symptoms and memories as they age; some may underreport the extent of these experiences to health care providers. We argue that appraisals of military service, both desirable and undesirable, could be used to identify older combat veterans who may be experiencing psychological distress or decreased well-being and who may benefit from referral for psychological interventions. (PsyInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1093/milmed/usaf011>

A Preliminary Analysis of Psychological Strengths: Service Members' Well-being Post-deployment.

Bowles, S. V., Neumaier, E. R., Hughes, E. R., Guberman, L., Cozzi, F. M., Bartone, P. T., Switzer, P., Mallonee, S. D., Goyette, A. S., Seidler, D. A., Kelly, J., & Hoyt, T.

Military Medicine

Published: 03 February 2025

Deployments are stressful for both service members and their families. To promote the overall health and welfare of those impacted by military deployment, it is important to identify individual resilience-building resources that service members can employ to strengthen their own well-being, the well-being of their families, and the readiness of the force. This pilot study examines different resilience-building skills that may impact individual well-being, relationship quality, and family satisfaction post-deployment. A cross-sectional sample of 78 married U.S. military enlisted service members ($n = 24$) and commissioned officers ($n = 54$) completed the Coping Self-Efficacy Scale, Resilience Scale for Adults, Humor Styles Questionnaire, Mindful Attention Awareness Scale, Dispositional Resilience Scale, the emotional well-being and spirituality subscales of the Work-Life Well-Being Inventory, and the Social Problem-Solving Inventory-Revised. The use of a positive humor style was significantly associated with individual well-being. Spirituality and religious practices were significantly predictive of a service member's family satisfaction. Responding to qualitative open-ended questions, service members identified their top 6 subcategories of stress, which were communication, moving, finances, family separation, children, and future employment during post-deployment. The strengths and resources reported as contributing the most to family effectiveness and well-being were personal character traits, external relationship skills, emotional maturity, and the ability to work. The results identified unique individual resilience-building resources for service members, which contribute to their well-being and the well-being of their families. Findings suggest that training on individual resilience-building resources for service members can offer support to the entire family system following military deployment.

<https://doi.org/10.1080/08995605.2025.2455788>

Negative non-deployment emotions, substance use, and marital satisfaction among never-deployed military couples.

Vest, B. M., Hoopsick, R. A., Homish, D. L., & Homish, G. G.

Military Psychology

Published online: 28 Jan 2025

Among military service members, the experience of never-deploying can create a negative affective state (i.e., “non-deployment emotions”; (NDE)) that increases stress and may contribute to higher rates of substance use among Reserve and National Guard soldiers. Little is known about how soldiers’ negative NDE and substance use may affect the marital relationship of military couples. We examined the cross-spouse effects of male soldiers’ negative NDE and alcohol and illicit drug use on female spouses’ marital satisfaction, using cross-sectional data from never-deployed male soldiers and their female spouses (n = 94 couples; 188 participants). Negative binomial regression models tested the main effects of soldiers’ negative NDE, alcohol use, and illicit drug use, separately, on their spouses’ marital satisfaction, controlling for soldiers’ depression, years of military service, and prior active-duty status, and spouses’ depression and substance use. Interaction terms between NDE and alcohol use and illicit drug use were then added. In adjusted main effects models, only husbands’ current illicit drug use was associated with wives’ decreased marital satisfaction (RR: 0.78; 95% CI: 0.63, 0.96; $p < .05$). However, significant interaction models indicated that wives had lower marital satisfaction when their husbands had high levels of negative NDE and used alcohol or drugs. This suggests a synergistic effect; negative non-deployment emotions combined with higher substance use among soldiers may contribute to lower marital satisfaction among wives. Military organizations should consider ways to better support never-deployed soldiers, develop approaches to help mitigate feelings of reduced camaraderie or belonging, and explore ways to better support military couples.

<https://doi.org/10.1016/j.amepre.2025.01.023>

Well-being and suicidal ideation in U.S. Veterans: Age cohort effects during military-to-civilian transition.

Shelby Borowski, Eric D. Caine, Shaina A. Kumar, Elizabeth Karras, Stephanie Gamble, Dawne Vogt

American Journal of Preventive Medicine
Available online 4 February 2025

Introduction

Life transitions often bring stress and uncertainty and may lead to poor long-term health outcomes if not navigated successfully. Every year over 200,000 U.S. service members transition from military to civilian life. Given that transition may be particularly challenging for younger individuals this study examined younger military Veterans' well-being during transition and its impact on suicidal ideation (SI), as compared to middle-aged Veterans.

Methods

Using data from the Veterans Metrics Initiative (TVMI) study (N=6,615), latent class analysis was used to identify age-stratified subgroups of Veterans (18-34; 35-54) based on health, vocational, financial, and social well-being one year following military discharge. Negative binomials models were used to examine associations between subgroups and SI at four data points. Data were collected in 2016-2019 and analyzed in 2024.

Results

Four subgroups were identified for younger and middle-aged Veterans. For younger Veterans, subgroups included: high well-being (32.3%); low well-being (24.7%); poor health and social well-being (17.3%); poor financial well-being with health risk (25.7%). Middle-aged Veterans subgroups included: high well-being with health risk (37.4%); low well-being (20.6%); poor health and social well-being (21.8%), and poor financial well-being with health risk (20.2%). Subgroups with poorer well-being had an increased rate of SI compared to those with the highest well-being, with the strongest association with the low well-being subgroups (younger IRRs=10.1-51.0; middle-aged IRRs=11.3-26.0), followed by poor health and social well-being subgroups (younger IRRs=3.9-22.3; middle-aged IRRs=4.9-10.2).

Conclusions

Findings highlight the importance of considering age cohort effects in efforts to enhance well-being and reduce SI among transitioning Veterans.

Links of Interest

Mental Health Resources from USU'S Center for the Study of Traumatic Stress
Translated for Global Audiences

<https://news.usuhs.edu/2025/01/mental-health-resources-from-usus.html>

Staff Perspective: Private Sector Providers and Readiness

<https://deploymentpsych.org/blog/staff-perspective-private-sector-providers-and-readiness>

Staff Perspective: What is Readiness and Why is it so Important?

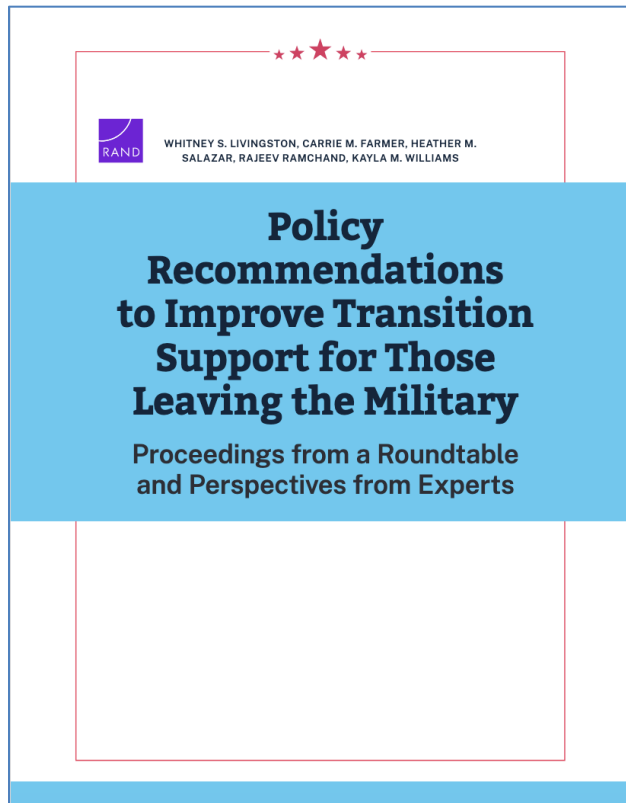
<https://deploymentpsych.org/blog/staff-perspective-what-readiness-and-why-it-so-important>

Resource of the Week: [Policy Recommendations to Improve Transition Support for Those Leaving the Military](#)

Recent publication from the RAND Corporation:

A service member's transition from military to civilian life can have important implications for that individual's life trajectory. Starting in fall 2022, the RAND Epstein Family Veterans Policy Research Institute began a series of four veterans policy roundtables with subject-matter experts to discuss issues and propose solutions for a variety of topics across the service member and veteran lifespan. The fourth and final roundtable occurred in February 2024 and focused on recommendations for future policy changes and research based on common concerns expressed in the first three roundtables.

Policymakers, those responsible (or held responsible) for service members' transitions to civilian life, and the organizations that assist service members and their families in making this transition will benefit from reviewing the key points raised during these proceedings.



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