

CDP



Research Update -- February 13, 2025

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<https://doi.org/10.7326/ANNALS-24-01938>

Assessment and Management of Patients at Risk for Suicide: Synopsis of the 2024 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guidelines.

Brenner, L. A., Capaldi, V., Constans, J., Dobscha, S., Fuller, M., Matarazzo, B., McGraw, K., Richter, K., Sall, J., Smolenski, D., Williams, S., Davis-Arnold, S., & Bahraini, N.

Annals of Internal Medicine
4 February 2025

Description:

The U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DOD) updated the 2019 joint clinical practice guideline (CPG) for assessing and managing patients who are at risk for suicide. This synopsis provides primary care physicians with a summary of the updated 2024 recommendations regarding evaluation and management of military members and veterans at risk for suicide.

Methods:

In 2023, the VA/DOD Evidence-Based Practice Work Group convened to develop a joint VA/DOD guideline, including clinical stakeholders, which conformed to the National Academy of Medicine's tenets for trustworthy CPGs. The Work Group drafted 12 key questions, reviewed systematically identified literature (1 April 2018 to 15 March 2023), evaluated the evidence, created algorithms, and advanced 24 recommendations in accordance with the GRADE (Grading of Recommendations Assessment, Development and Evaluation) system.

Recommendations:

Despite insufficient evidence to recommend for or against suicide risk screening programs as a means for reducing suicide attempts or deaths, the VA/DOD Work Group identified validated tools that could be used to identify populations at higher risk for suicide-related behaviors. Cognitive behavioral therapy was also recommended for reducing the risk for suicide attempts and decreasing suicidal ideation among those with a history of suicidal behavior or a history of self-directed violence. Periodic communications after previous suicide attempts were also recommended as a prevention strategy. Pharmacologic treatments, such as clozapine or ketamine infusion, also have a role in the management of suicide risk among those with schizophrenia or major depressive disorder, respectively.

<https://doi.org/10.1001/jamapsychiatry.2024.4378>

Effective Treatment for Mental and Substance Use Disorders in 21 Countries.

Vigo, D. V., Stein, D. J., Harris, M. G., Kazdin, A. E., Viana, M. C., Munthali, R., Munro, L., Hwang, I., Kessler, T. L., Manoukian, S. M., Sampson, N. A., Kessler, R. C., & World Mental Health Survey Collaborators

JAMA Psychiatry
February 5, 2025

Abstract

Importance:

Accurate baseline information about the proportion of people with mental disorders who receive effective treatment is required to assess the success of treatment quality improvement initiatives.

Objective:

To examine the proportion of mental and substance use disorders receiving guideline-consistent treatment in multiple countries.

Design, setting, and participants:

In this cross-sectional study, World Mental Health (WMH) surveys were administered to representative adult (aged 18 years and older) household samples in 21 countries. Data were collected between 2001 and 2019 and analyzed between February and July 2024. Twelve-month prevalence and treatment of 9 DSM-IV anxiety, mood, and substance use disorders were assessed with the Composite International Diagnostic Interview. Effective treatment and its components were estimated with cross-tabulations. Multilevel regression models were used to examine predictors.

Main outcomes and measures:

The main outcome was proportion of effective treatment received, defined at the disorder level using information about disorder severity and published treatment guidelines regarding adequate medication type, control, and adherence and adequate psychotherapy frequency. Intermediate outcomes included perceived need for treatment, treatment contact separately in the presence and absence of perceived need, and minimally adequate treatment given contact. Individual-level predictors (multivariable disorder profile, sex, age, education, family income, marital status, employment status, and health insurance) and country-level predictors (treatment resources, health care spending, human development indicators, stigma, and discrimination) were traced through intervening outcomes.

Results:

Among the 56 927 respondents (69.3% weighted average response rate), 32 829 (57.7%) were female; the median (IQR) age was 43 (31-57) years. The proportion of 12-month person-disorders receiving effective treatment was 6.9% (SE, 0.3). Low perceived need (46.5%; SE, 0.6), low treatment contact given perceived need (34.1%;

SE, 1.0), and low effective treatment given minimally adequate treatment (47.0%; SE, 1.7) were the major barriers, but with substantial variation across disorders. Country-level general medical treatment resources were more important than mental health treatment resources. Other than for the multivariable disorder profile, which was associated with all intermediate outcomes, significant predictors were largely mediated by treatment contact.

Conclusions and relevance:

In addition to the gaps in treatment quality, these results highlight the importance of increasing perceived need, the largest barrier to effective treatment; the importance of training primary care treatment clinicians in recognition and treatment of mental disorders; the need to improve the continuum of care, especially from minimally adequate to effective treatment; and the importance of bridging the effective treatment gap for men and people with lower education.

<https://doi.org/10.1016/j.amepre.2025.01.012>

Perceived benefits and risks of keeping firearms in and around the home: Results from a nationally representative survey.

Michael D. Anestis, Kimberly Burke, Allison, E. Bond, Sultan Altikriti, Daniel C. Semenza

American Journal of Preventive Medicine

Available online 7 February 2025

Introduction

This study aimed to characterize the extent to which individuals perceive value and risk from firearm access and to what extent these perceptions vary across subpopulations.

Methods

A nationally representative sample (n = 8,009) recruited from Ipsos KnowledgePanel completed an online survey May 15-May 28, 2024. Data were analyzed in 2024.

Results

Most (63.2%) individuals believe firearms increase safety in the case of home invasions. With respect to suicide risk, the most common response is that firearm access has no impact (36.3%). Those who perceive greater protective value from firearms tended to

perceive less of an association with suicide risk. Individuals endorsing conspiratorial beliefs and those who report typically storing firearms loaded and unlocked perceived more protective value and less suicide risk. Those with prior gun violence exposure perceived greater protective value, but did not differ on levels of perceived suicide risk.

Conclusions

US residents may overstate the protective value of firearms while discounting risk. Certain groups, including those susceptible to conspiratorial beliefs, appear prone to these skewed perceptions. An imbalance in the available information on the risks and benefits of firearm access may perpetuate risky behaviors.

<https://doi.org/10.1001/jamaneurol.2024.4974>

Risk of Attempted and Completed Suicide in Persons Diagnosed With Headache.

Elser, H., Farkas, D. K., Fuglsang, C. H., Sørensen, S. T., & Sørensen, H. T.

JAMA Neurology

February 3, 2025

Key Points

Question

Is there an increased risk of attempted and completed suicide associated with a diagnosis of headache?

Findings

In this population-based cohort study including 119 486 persons with headache and 597 430 matched persons, risk of attempted and completed suicide was elevated among persons diagnosed with migraine, tension-type headache, trigeminal autonomic cephalalgias, and posttraumatic headache disorder.

Meaning

The robust and persistent association with attempted and completed suicide across headache disorders suggests that patients diagnosed with headache may benefit from concurrent behavioral health evaluation and treatment.

Abstract

Importance

Although past research suggests an association between migraine and attempted suicide, there is limited research regarding risk of attempted and completed suicide across headache disorders.

Objective

To examine the risk of attempted and completed suicide associated with diagnosis of migraine, tension-type headache, posttraumatic headache, and trigeminal autonomic cephalalgia (TAC).

Design, Setting, and Participants

This was a population-based cohort study of Danish citizens from 1995 to 2020. The setting was in Denmark, with a population of 5.6 million people. Persons 15 years and older who were diagnosed with headache were matched by sex and birth year to persons without headache diagnosis with a ratio of 5:1. Data analysis was conducted from May 2023 to May 2024.

Exposures

First-time headache diagnoses identified from inpatient hospitalizations, emergency department visits, and outpatient specialty clinic visits using International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) codes.

Main Outcomes and Measures

Diagnostic codes from the ICD-10 were used to identify attempted suicide from the Danish National Patient Registry and the Danish Psychiatric Central Research Register and completed suicides from the Danish Register of Causes of Death. Absolute risks (ARs) and risk differences (RDs) for attempted and completed suicide were calculated using the cumulative incidence function. Hazard ratios (HRs) for attempted and completed suicide associated with headache diagnosis were computed adjusting for age, sex, year, education, income, baseline comorbidities, and accounting for competing risk of death.

Results

In total, 119 486 persons (83 046 female [69.5%]) diagnosed with headache were identified and matched with 597 430 persons (415 230 female [69.5%]) drawn from the general population. Participants' median (IQR) age was 40.1 (29.1-51.6) years. The 15-year AR of attempted suicide among persons diagnosed with headache was 0.78% (95% CI, 0.72%-0.85%) vs 0.33% (95% CI, 0.31%-0.35%) in the comparison cohort

(RD, 0.45%; 95% CI, 0.39%-0.53%). The 15-year AR of completed suicide among persons diagnosed with headache was 0.21% (95% CI, 0.17%-0.24%) vs 0.15% (95% CI, 0.13%-0.16%) in the comparison cohort (RD, 0.06%; 95% CI, 0.02%-0.10%). The hazards of attempted suicide (HR, 2.04; 95% CI, 1.84-2.27) and completed suicide (HR, 1.40; 95% CI, 1.17-1.68) were elevated among persons with headache vs comparison cohort members. Findings were consistent across headache types, with stronger associations for TACs and posttraumatic headache.

Conclusions and Relevance

Results of this cohort study revealing the robust and persistent association of headache diagnoses with attempted and completed suicide suggest that behavioral health evaluation and treatment may be important for these patients.

<https://doi.org/10.1001/jamanetworkopen.2024.58059>

Cognitive Processing Therapy for Posttraumatic Stress Disorder in Japan: A Randomized Clinical Trial.

Ito, M., Katayanagi, A., Miyamae, M., Inomata, T., Takagishi, Y., Kikuchi, A., Makino, M., Matsuda, Y., Yamaguchi, K., Nakayama, C., Kaneko, K., Yokoyama, C., Imamura, F., Kanie, A., Oba, M., Tanaka, S., Nakajima, S., Narisawa, T., Akutsu, K., Konno, R., ... Horikoshi, M.

JAMA Network Open
February 5, 2025

Importance:

Cognitive processing therapy (CPT) is an evidence-based treatment for posttraumatic stress disorder (PTSD). However, there is little evidence on the efficacy of CPT in East Asia.

Objective:

To evaluate whether CPT is effective in treating PTSD among outpatients in a Japanese medical setting.

Design, setting, and participants:

This randomized clinical trial used a 16-week, single-center, assessor-blinded, parallel-group superiority design to examine the efficacy of CPT in conjunction with treatment as

usual (CPT-TAU) vs waiting list with TAU (WL-TAU) from April 2016 through December 2022. The trial included adult patients with PTSD at a national psychiatric referral hospital in Tokyo, Japan. Analysis was based on intention to treat and per protocol and was performed from February 1 to April 30, 2024.

Interventions:

Participants were randomized 1:1 to CPT-TAU (n = 29), which consisted of 12 weekly individual CPT sessions, or WL-TAU (n = 31), which consisted of clinical monitoring and/or pharmacotherapy.

Main outcomes and measures:

The primary outcome was the Clinician-Administered PTSD Scale (CAPS-5) score for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) at 17 weeks. Secondary outcomes included self-reported PTSD symptoms assessed by the PTSD Checklist-5 and responder status at 17 weeks. Adverse events were evaluated using the Japanese version of the Common Terminology Criteria for Adverse Events, version 4.0.

Results:

Among 60 eligible participants (all included in the intention-to-treat analysis), mean (SD) age was 36.9 (9.9) years; 54 (90.0%) were women. The CPT-TAU group showed a mean (SE) reduction in CAPS-5 scores of 14.00 (1.92) points, with a low dropout rate (2 of 29 [6.9%]). Patients in the CPT-TAU group showed superiority in all secondary and other outcomes. The mean change difference was observed in depression (8.83; 95% CI, 6.00-11.66), suicidal ideation (6.73; 95% CI, 1.25-12.22), disability (8.16; 95% CI, 3.90-12.43), clinical global impression (0.84; 95% CI, 0.41-1.26), and loss of principal PTSD diagnosis (59.09; 95% CI, 37.19-81.00). There were no serious adverse events in the CPT-TAU group and 3 serious adverse events in the WL-TAU group during the intervention period.

Conclusions and relevance:

In this randomized clinical trial of CPT-TAU vs WL-TAU, CPT was superior in reducing PTSD symptoms. These results strengthen the evidence for use of CPT in East Asian populations.

Trial registration:

Umin.Uc.Jp/Ctr Identifier: [UMIN000021670](https://umin000021670)

<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

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/10.1037/amp0001387>

How to improve outcomes of psychological treatment of depression: Lessons from “next-level” meta-analytic research.

Cuijpers, P.

American Psychologist
2024; 79(9), 1407–1417

Depression is a major public health challenge. Psychotherapy is one of the most important first-line treatments with good outcomes, although there is also room for improvement. In this article, I describe how outcomes can be further improved, based on innovative meta-analytic research. I first describe this innovative approach: a living systematic review of all randomized trials on psychological treatments, regardless of

age, target group, or comparator, which provides an overview of everything that can be known about the field from randomized trials. In the second part, I present a brief overview of the research questions that have been answered by this work. Several therapies have been found to be effective, and they are effective in different age and target groups. They are as effective as antidepressants at the short term but more effective at the longer term. In the third part of this article, I describe some recommendations for the field. One important finding is that therapies are effective but not for everyone. More research on sequential treatments and on those who do not respond to a therapy is very much needed. Another important finding is that none of the new therapies that have been introduced over the past 50 years are more effective than previous treatments. It is important, therefore, not to embrace new therapies too easily but to focus on other innovations that will result in better outcomes, such as increased frequency of sessions, feedback to patients, and better matching the needs of patients to the expertise of therapists. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<https://doi.org/10.1073/pnas.231342812>

Do moral values change with the seasons?

Hohm, B.A. O'Shea, & M. Schaller

Proceedings of the National Academy of Sciences of the United States of America
(PNAS)
2024; 121(33)

Moral values guide consequential attitudes and actions. Here, we report evidence of seasonal variation in Americans' endorsement of some-but not all-moral values. Studies 1 and 2 examined a decade of data from the United States (total N = 232,975) and produced consistent evidence of a biannual seasonal cycle in values pertaining to loyalty, authority, and purity ("binding" moral values)-with strongest endorsement in spring and autumn and weakest endorsement in summer and winter-but not in values pertaining to care and fairness ("individualizing" moral values). Study 2 also provided some evidence that the summer decrease, but not the winter decrease, in binding moral value endorsement was stronger in regions with greater seasonal extremity. Analyses on an additional year of US data (study 3; n = 24,199) provided further replication and showed that this biannual seasonal cycle cannot be easily dismissed as a sampling artifact. Study 4 provided a partial explanation for the biannual seasonal cycle in

Americans' endorsement of binding moral values by showing that it was predicted by an analogous seasonal cycle in Americans' experience of anxiety. Study 5 tested the generalizability of the primary findings and found similar seasonal cycles in endorsement of binding moral values in Canada and Australia (but not in the United Kingdom). Collectively, results from these five studies provide evidence that moral values change with the seasons, with intriguing implications for additional outcomes that can be affected by those values (e.g., intergroup prejudices, political attitudes, legal judgments).

<https://doi.org/10.1080/00223980.2024.2378418>

Interpersonal Loneliness Predicts the Frequency and Intensity of Nightmares: An Examination of Theoretic Mechanisms.

Floyd, K., Hesse, C., Ray, C. D., & Mikkelsen, A. C.

The Journal of Psychology

2024; 159(2), 111–131

The evolutionary theory of loneliness (ETL) argues that human belongingness is essential to survival and failing to meet belongingness needs constitutes a threat to viability. In two separate studies (total N = 1,609), links between loneliness and nightmares were examined as a test of ETL postulates. As hypothesized, loneliness predicted nightmare frequency (both studies) and nightmare intensity (Study Two only). Although stress mediated the relationship between loneliness and nightmare frequency in Study One, stress was not a significant mediator of this relationship in Study Two. As predicted, in Study Two both hyperarousal and rumination mediated the relationships between loneliness and nightmare frequency and between loneliness and nightmare intensity. Theoretical implications include support for both the aversive signaling and implicit vigilance postulates of ETL.

<https://doi.org/10.1016/j.psychres.2024.116150>

The global burden of suicide mortality among people on the autism spectrum: A systematic review, meta-analysis, and extension of estimates from the Global Burden of Disease Study 2021.

Santomauro, D. F., Hedley, D., Sahin, E., Brugha, T. S., Naghavi, M., Vos, T., Whiteford, H. A., Ferrari, A. J., & Stokes, M. A.

Psychiatry Research
Volume 341, November 2024, 116150

Highlights

- Autistic persons were almost three times more likely to die by suicide than non-autistic persons.
- Autistic persons without intellectual disability were more than five times more likely to die by suicide compared to non-autistic persons.
- The risk of death by suicide for autistic females relative to non-autistic females was significantly larger than the risk for autistic males relative to non-autistic males.
- Almost 2% of all suicide deaths globally in 2021 could be avoided if the risk for death by suicide was not elevated for autistic persons.
- Globally in 2021, there was more fatal health burden due to suicide mortality among autistic persons than for cocaine use disorders, rabies, or testicular cancer among the total population.

Abstract

We aimed to quantify the risk, mortality, and burden of suicide among autistic persons. We searched PubMed, Embase, and PsycINFO on 5th April 2023 for sources reporting the relative risk (RR) of suicide or suicide attempt among autistic persons (PROSPERO registration: CRD42021265313). Autism spectrum prevalence and suicide mortality and years of life lost (YLLs), were sourced from the Global Burden of Disease Study 2021. RRs pooled via meta-regression and health metrics estimates were used to estimate the excess suicide mortality and YLLs among autistic persons. We sourced 983 unique studies of which ten studies met inclusion criteria, consisting of 10.4 million persons. The pooled RR for suicide for autistic persons was 2.85 (95% UI: 2.05–4.03), which was significantly higher for autistic females than autistic males. No evidence of publication bias was detected via inspection of funnel plot and Egger's test. Globally, we estimated 13 400 excess suicide deaths among autistic persons in 2021, equating to 1.8% of all suicide deaths and 621 000 excess YLLs. Studies were limited in number

and geographical coverage. Effective suicide prevention strategies for autistic persons may substantially reduce the fatal burden of suicides globally and reduce the health burden experienced within this population.

<https://doi.org/10.1371/journal.pone.0305022>

Body image and appearance distress among military veterans and civilians with an injury-related visible difference: A comparison study.

Keeling, M., Harcourt, D., White, P., Evans, S., Williams V, V. S., Kiff, J., & Williamson, H.

PLoS ONE
2025; 20(2): e0305022

Injuries sustained during military conflict can significantly impact appearance. Yet, little is known about the psychosocial experiences of veterans with conflict-related appearance-altering injuries (AAI) and whether current civilian interventions are appropriate for this group. To inform the development of acceptable and effective support for veterans with appearance-related psychosocial difficulties, this study aimed to identify factors associated with psychosocial adjustment to an altered appearance among both veterans and civilians with AAI. A cross-sectional online survey was completed by 121 veterans and 197 civilians who had sustained AAI. Multivariable regression was used to examine factors related to adjustment in the two groups. Overall, both groups reported similar experiences, with some key exceptions. Veterans reported significantly greater depression and Post Traumatic Stress Disorder, significantly lower Body Image (BI) psychological flexibility, BI life engagement, and higher perceived appearance-related stigma. BI psychological flexibility was identified as a key predictor of appearance-related outcomes in both groups. Self-compassion predicted social anxiety and depression symptoms in both groups, but only appearance outcomes among civilians. Based on these identified associated factors, it is suggested that both groups, but particularly veterans, may benefit from an Acceptance and Commitment Therapy-based intervention, including explicit self-compassion activities, and practical social skills training.

<https://doi.org/10.1080/20008066.2024.2439748>

The interpersonal theory of suicide risk in male US service members/veterans: the independent effects of perceived burdensomeness and thwarted belongingness.

Blais, R. K., & Grimm, K. J.

European Journal of Psychotraumatology
Volume 16, 2025 - Issue 1

Introduction:

Suicide rates remain high among US military service member/veteran (SM/V) males with overall trends showing an upward trajectory. Several empirical studies and official US government reports show that interpersonal challenges can substantially increase suicide risk. One theory, the Interpersonal Theory of Suicide (IPT), focuses thwarted belongingness, perceived burdensomeness, capability for suicide, and their interactions, as key contributors to suicide risk. Extant military studies are subscribed to specific subsamples and/or do not test the full theory. This has resulted in mixed findings or findings with limited generalizability. The current study addressed these limitations.

Method:

A convenience sample of 508 male SM/Vs completed self-report measures of lifetime suicide ideation, likelihood of making a future attempt, thwarted belongingness, perceived burdensomeness, capability for suicide, and demographics. Suicide ideation and risk was regressed on IPT variables, relevant interactions, and covariates.

Results:

The variance accounted for in suicide ideation and likelihood of a future attempt was 32% and 62%, respectively. Higher perceived burdensomeness was associated with suicide ideation, and higher thwarted belongingness had a marginally significant association with suicide ideation. The presence of suicide ideation and higher thwarted belongingness were associated with the likelihood of making a future attempt. Capability for suicide was not associated with the likelihood of making a future attempt.

Discussion:

Perceived burdensomeness, suicide ideation, and thwarted belongingness appear to individually create risk for future suicide behaviour among US military service members and veterans. Additional work is needed to establish comprehensive theories of suicide risk in this population.

<https://doi.org/10.1080/13811118.2024.2332249>

Self-Reported Likelihood of a Future Suicide Attempt: The Role of Plans for Suicide.

Bond, A. E., Houtsma, C., Bryan, C. J., & Anestis, M. D.

Archives of Suicide Research
Volume 29, 2025 - Issue 1

Objective

The present study seeks to add to the existing literature by determining if having a plan for suicide, is associated with an individual's self-reported likelihood of attempting suicide in the future.

Method

Data came from a sample of 97 United States Army personnel with past week ideation or lifetime attempt history. Assessments were collected at baseline, 1-month, 3-month, and 6-months.

Results

Self-reported likelihood of attempting suicide in the future was not associated with the presence of a plan for suicide overall or a plan with a specific method (i.e., firearm, cutting/scratching, and medication).

Discussion

Although a plan for suicide is commonly thought to indicate elevated risk our findings suggest that presence or absence of suicide plans is not associated with more self-reported likelihood of a future suicide attempt.

HIGHLIGHTS

The self-reported likelihood of attempting suicide in the future was not associated with the presence of a plan for suicide among service members.

Findings suggest that presence or absence of suicide plans is not associated with self-reported likelihood of suicidal behavior among service members.

Clinicians and researchers working with a military population may benefit from a broader approach to risk assessment and safety planning that does not rely too heavily on an individual's self-reported plans for suicide.

<https://doi.org/10.1177/08862605251315769>

The Role of Moral Injury in the Relationship Between Intimate Partner Violence and Psychological Distress.

Kanter, R. L., & Hassija, C. M.

Journal of Interpersonal Violence

First published online February 6, 2025

Intimate partner violence (IPV) is consistently associated with deleterious mental health outcomes. Moral injury, a distinct form of trauma that can arise from witnessing, engaging in, failing to prevent, or being the victim of acts that conflict with one's moral beliefs, is similarly associated with adverse mental health. However, despite the conceptual relation between moral injury and IPV, no previous research to these authors' knowledge has examined this relationship. The present study investigated IPV experiences (perpetration and victimization), moral injury, and psychological distress in a sample of diverse college students (N = 152). We hypothesized that IPV experiences would be positively associated with moral injury and psychological distress, that moral injury would be positively associated with psychological distress, and that moral injury would mediate the relationship between IPV experiences and psychological distress. Results revealed significant positive correlations between IPV experiences, moral injury, and psychological distress. Mediation analyses revealed that both self-directed and other-directed moral injury fully mediated the relationship between IPV perpetration and psychological distress, while only self-directed moral injury emerged as a significant mediator between IPV victimization and psychological distress. These findings highlight the complex relationships among IPV, moral injury, and psychological distress, and underscore the importance of assessing moral injury in IPV-affected individuals. The present study addresses gaps in the literature by examining moral injury in a diverse, civilian sample of IPV survivors and perpetrators.

<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.

Caldwell, J. A., Knapik, J. J., Kusumpa, S., Roy, T. C., Taylor, K. M., & Lieberman, H. R.

Sleep Health

Volume 11, Issue 1, pp 14-24, February 2025

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.

<https://doi.org/10.1037/ocp0000396>

Positive-expectancy factors on long-term posttraumatic stress disorder symptoms: A prospective 2-year follow-up investigation among military veterans.

Huffman, A. H., Nordstrand, A. E., Wickham, R. E., Noll, L. K., Geoghegan, K. E., & Bøe, H. J.

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2025; 30(1), 34–46

Military personnel are trained throughout their career for wartime, yet the expectation and the valence associated with being in combat differs quite extensively. Despite factors that could influence military personnel's perception of being exposed to combat, happenstance in combat theaters frequently results in experiencing combat even for those who would not necessarily expect to. Although the importance of expectations within the context of trauma has been evidenced in multiple contexts, combat expectancy has never been examined as having an influence in the trauma-posttraumatic stress disorder (PTSD) relationship. Based on stress-related theories that suggest expecting and valuing an event would act as a buffering agent, we introduce the concept of "positive-expectancy factors" (expectations of event, valence of the expected event) and argue that expectations and valence of events moderate the relationship between job demands (trauma exposure) and distress following combat (PTSD). Rooted in job resource demand, we test our hypothesis on a sample of Norwegian military personnel (N = 396) over four time points pre- to postdeployment to Afghanistan. Results support our hypothesis and reveal a buffering positive-expectancy interaction such that when experienced together, met expectations of an event (combat) and high event valence decrease PTSD. However, met expectations of combat, nor valence of combat by themselves, decrease PTSD. Results showed that military personnel who did not expect, nor hold valence for combat, were most at risk for PTSD if combat was experienced. We further discuss implications for high-risk occupations in military and civilian contexts. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Links of Interest

Navy Hiring Prevention Workers to Help Improve Sailor Quality of Life

<https://news.usni.org/2025/02/05/navy-hiring-prevention-workers-to-help-improve-sailor-quality-of-life>

Blast Pressure Injuries May Affect More Than the Brain of Troops, New Data Shows

<https://www.military.com/daily-news/2025/02/06/blast-pressure-injuries-may-affect-more-brain-of-troops-new-data-shows.html>

Speaking of Psychology: Understanding and treating chronic pain, with Rachel V. Aaron, PhD (podcast episode)

<https://www.apa.org/news/podcasts/speaking-of-psychology/treating-chronic-pain>

In one of the Marines' most iconic jobs, a stunning pattern of suicide

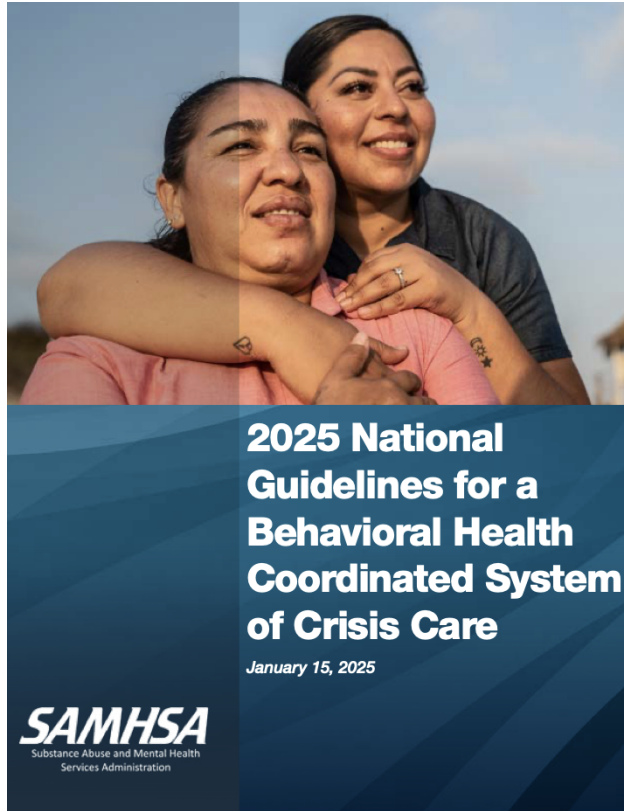
<https://wapo.st/40QnVXb>

Resource of the Week: [National Behavioral Health Crisis Care Guidance](#)

From the Substance Abuse and Mental Health Services Administration (SAMHSA):

SAMHSA's updated National Behavioral Health Crisis Care Guidance is comprised of three documents: 2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care; Model Definitions for Behavioral Health Emergency, Crisis, and Crisis-Related Services and a draft Mobile Crisis Team Services: An Implementation Toolkit.

The National Guidance was updated to reflect the U.S. transition to the 988 Suicide & Crisis Lifeline in 2022 and other progress and emerging needs related to behavioral health crisis care, and provides a framework for transforming behavioral health crisis care systems in communities throughout the United States, at a time when the U.S. continues to face record high rates of suicide and overdose.



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