

CDP



Research Update -- April 3, 2025

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- Daily associations between sleep quality, stress, and cannabis or alcohol use among veterans.
- Blast injury and chronic psychiatric disability in military personnel: Exploring the association beyond posttraumatic stress disorder.
- The Relationship Between Concussion and Combat History and Mental Health and Suicide Ideation Among United States Military Veterans-A Pilot Study.
- Links of Interest
- Resource of the Week – Suicide prevention: VA S.A.V.E. training (U.S. Department of Veterans Affairs)

<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
2025 Mar; 178(3): 416-425

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/10.1080/16506073.2025.2482155>

Was it helpful? Treatment outcomes and practice assignment adherence and helpfulness among U.S. service members with PTSD and MDD.

Walter, K. H., Otis, N. P., Kline, A. C., Miggantz, E. L., Hunt, W. M., & Glassman, L. H.

Practice assignments (i.e. homework) are a key component in cognitive behavioral therapies that predict treatment outcomes for posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) separately. However, research has not explored these variables among individuals with comorbid PTSD and MDD. This study evaluated whether practice assignment adherence and helpfulness predicted PTSD (Clinician-Administered PTSD Scale for DSM-5; CAPS-5) and MDD (Montgomery-Åsberg Depression Rating Scale; MADRS) outcomes at posttreatment and 3-month follow-up. Data were derived from a randomized clinical trial comparing cognitive processing therapy (CPT) and behavioral activation-enhanced CPT (BA+CPT) among 83 U.S. active duty service members with comorbid PTSD and MDD. Participants reported greater assignment adherence in BA+CPT than CPT ($p = .008$), primarily due to higher adherence to BA assignments within BA+CPT. Multilevel models indicated helpfulness ratings were significantly related to decreased CAPS-5 scores ($p = .044$) but not MADRS scores ($p = .074$); service members with the highest helpfulness ratings achieved the best outcomes. Adherence was not significantly related to CAPS-5 ($p = .494$) or MADRS ($p = .114$) outcomes. Findings provide clinical insights regarding compliance in integrated treatments and highlight the value in assessing helpfulness of practice assignments during treatment.

<https://doi.org/10.3138/jmvfh-2023-0094>

Firearms lethal means safety among Veterans: Attitudes toward involving a concerned significant other.

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Journal of Military, Veteran and Family Health
Vol. 11, No. 1

Firearms are the most common lethal means of suicide used by Veterans. Secure storage of firearms is linked to decreased risk for suicide. To prevent death by suicide via firearm, Veterans' viewpoints on secure firearm storage and discussions on lethal means safety need to be understood. As part of a quality improvement project, the authors interviewed Veterans who experienced suicidal thoughts or attempts, as well as

their family members or friends (designated as concerned significant others, or CSOs), to understand their views, practices, and recommendations on secure firearm storage. Overall, Veterans understood the importance of safe firearm storage practices and wanted to have open and direct conversations about secure firearm storage and mental health. The Veterans' CSOs had similar viewpoints in that all were willing to assist with safe firearm storage in times of suicidal distress or crisis, and they would approach discussions on secure firearm storage and suicide prevention directly. Findings support the acceptability of involving a CSO in a lethal means safety intervention for Veterans who own firearms.

<https://doi.org/10.1093/milmed/usae524>

Investigation of Military Spouse Suicide.

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Military Medicine

Volume 190, Issue 3-4, March/April 2025, Pages e717–e723

Background

Recent statistics released by the Department of Defense have revealed increasing numbers of military spouse suicide. Although past qualitative research has suggested possible reasons for this phenomenon, there is a lack of wide-scale quantitative research regarding suicide within the military spouse population. To fill this gap, we aimed to examine military spouses' perceptions of suicide and their ability to access mental health care. We also aimed to explore the perceptions of suicide within various subgroups of military spouses.

Materials and Methods

We recruited military spouse participants (officer and enlisted) through social media to complete a 12-item Likert survey focusing on their perception of suicide in the military spouse community, including the threat level of suicide, their own mental health status, barriers and stigmas to accessing mental health care, the view from the spouse's leadership, and the leading causes for military spouse suicide. A total of 141 military spouses participated in our study.

Results

Spouses' perception of the main threats to their mental health and suicides in their community were an ongoing sense of loss of control (27.7%), loss of identity (25.5%), difficulty accessing mental health services (19.1%), and fear of seeking mental health services (10.6%). Additionally, 28.3% of participants were moderately concerned, quite concerned, or extremely concerned about their mental health. The participants also believed that the threat of suicides in their community was moderately prevalent (35.5%), quite prevalent (17.7%), and extremely prevalent (5%). There was no difference between spouses of officers or enlisted service members, spouses of service members in the Army, Navy, or Air Force on perceptions of suicide risk prevalence, stigma, participants' concern for themselves, confidence in their ability to access resources, confidence in their ability to help another spouse, or the perceived importance military leaders place on preventing suicide. Spousal tenure was similarly not significantly related to any of the variables of interest.

Conclusions

Our military spouse participants reported elevated perceptions about the prevalence of suicide threats, concern for themselves, and stigma toward accessing mental health resources, as well as low perceived importance placed on spouse suicide prevention by military leadership. The spouses reported moderate confidence in their ability to help another spouse or access suicide prevention resources. Our participants also reported challenges in accessing mental health services and perceived a stigma associated with receiving counseling services. Continued focus and advocacy is needed to ensure military spouses receive the mental health support needed to prevent suicide within this population.

<https://doi.org/10.1016/j.explore.2024.103109>

Using What Matters Most to improve health care delivery for individuals and populations of veterans experiencing homelessness and substance use disorders.

Flike, K., Naughton, E., Bouchard-Bihr, R., Tague, A., Willwerth, G., Nault, M., & Hyde, J.

EXPLORE

Volume 21, Issue 1, January–February 2025, 103109

Highlights

- The Personal Health Inventory (PHI) supports recovery-oriented mental health care.
- PHIs can help treatment teams see a person holistically and tailor treatment.
- Population level review of PHIs can inform help improve recovery-oriented programs.

Abstract

Objectives

To understand ways in which the Personal Health Inventory (PHI), a tool to prompt reflection on what matters most and status in 8 components of health and well-being, can be used to inform care of homeless veterans entering a Mental Health Residential Rehabilitation Treatment Program, at individual and programmatic levels.

Methods

Mixed method study was conducted at one residential treatment program. Quantitative data was collected from the PHI (n=64) and was analyzed using descriptive statistics. Qualitative data was collected from the PHI and semi-structured staff interviews (n=9) and was analyzed using thematic analysis.

Results

Approximately half of veterans entering the program between January and September, 2023 completed a PHI. Themes for what matters most included: 1) reconnecting with family, 2) improving health, and 3) self-discovery. Structured responses to the 8 areas of health indicated lowest satisfaction with: 1) relationships, 2) personal development, and 3) surroundings. Staff interviews indicated knowing where veterans are most and least satisfied helped inform goal setting and connection to resources. Population-level analysis of information from the PHI prompted reflection on existing programming.

Conclusions

Residential treatment programs may benefit from incorporating brief instruments like the PHI to inform individual care and overall program offerings.

<https://doi.org/10.1002/jcop.23178>

"Coming Home Is the Hardest Part": An Interpretative Phenomenological Analysis of Sense Making in Military Postdeployment Reintegration.

Luethke, T. N., Thompson, H. L., & Folk, G.

Journal of Community Psychology

First published: 13 January 2025

The purpose of the present interpretative phenomenological analysis (IPA) study was to understand how military service members and veterans (MSMVs) make sense of their reintegration experiences following deployment. IPA provides the ability to gain a deeper understanding of a shared experience, or phenomenon, such as reintegration following deployment. Data collection involved semi-structured interviews via Zoom. Participants included seven men and three women who met eligibility criteria. The present study provides important insights into how MSMVs make sense of their reintegration experiences following deployment through exploration of transitional challenges, transitional support aspects, and growth through deployment experiences, as well as the urgent need for comprehensive community-based, growth-focused initiatives to support their reintegration following deployment.

<https://doi.org/10.1080/08995605.2024.2443330>

The association of deployment stressors and PTSD and depression symptoms in military mothers.

Lucke, C. M., Rahl-Brigman, H. A., Cheng, C. H., & Gewirtz, A. H.

Military Psychology

Published online: 07 Jan 2025

Previously deployed mothers report higher levels of posttraumatic stress and depression symptoms than non-deployed mothers. However, the specific stressors encountered during deployment that account for elevated clinical symptoms are not well understood including the impact of Military Sexual Trauma (MST) in the context of other deployment-related stressors. This study examined whether MST during deployment, degree of combat exposure, and length of deployment will each be associated with posttraumatic stress and depression symptoms among previously deployed mothers. Participants included 113 mothers (86.6% White) who had previously been deployed to Iraq or Afghanistan during the post 9/11 conflicts. Logistic regressions revealed that mothers who experienced MST during deployment were five times more likely to report clinically significant posttraumatic stress symptoms and two times more likely to report

clinically significant depression symptoms. When controlling for MST, degree of combat exposure and length of deployment were not significantly associated with posttraumatic stress or depression symptoms. The present study fills an important gap in the literature and implicates MST as an important correlate of post-deployment functioning for military mothers. Findings from this study can be used to inform both prevention and intervention efforts.

<https://doi.org/10.1001/jamanetworkopen.2025.1227>

Suicide Risk and Living Alone With Depression or Anxiety.

Moon, D. U., Kim, H., Jung, J. H., Han, K., & Jeon, H.

JAMA Network Open
March 26, 2025

Key Points

Question

What is the association between living arrangements, depression or anxiety, and suicide risk?

Findings

In this cohort study of 3 764 279 adults, living alone with depression or anxiety was associated with a significantly higher risk of suicide, particularly among middle-aged individuals (aged 40 to 64 years) and men.

Meaning

The findings of this study suggest that living alone, when combined with depression or anxiety, was associated with an increased risk of suicide, highlighting the importance of targeted mental health interventions and suicide-prevention strategies.

Abstract

Importance

Living alone and mental health disorders, including depression and anxiety, are associated with high suicide risk, but their combined impact remains underexplored.

Objective

To examine the association of living arrangements and depression or anxiety with

suicide risk.

Design, Setting, and Participants

This population-based cohort study used data from the Korean National Health Insurance Service database from January 1, 2009, to December 31, 2021, that included adults aged 20 years or older who participated in the General Health Screening Program in Korea in 2009. Individuals with incomplete data and those who died by suicide within the first year were excluded to minimize the possibility of reverse causation. Data were analyzed from December 28, 2023, to December 27, 2024.

Exposures

Living arrangements, categorized as living alone (≥ 5 years) or living with others, and depression and anxiety, determined using International Statistical Classification of Diseases and Related Health Problems, Tenth Revision codes.

Main Outcomes and Measures

The primary outcome was death by suicide, identified through national death records. Multivariable Cox proportional hazards regression models were used to estimate adjusted hazard ratios (AHRs) and 95% CIs for suicide risk.

Results

The study included 3 764 279 adults (mean [SD] age, 47.2 [14.0] years; 55.8% male). Of these individuals, 112 460 (3.0%) had depression, 232 305 (6.2%) had anxiety, and 319 993 (8.5%) lived alone. Compared with individuals who had neither depression nor anxiety nor lived alone, individuals living alone with both depression and anxiety exhibited a 558% increased risk of suicide (AHR, 6.58 [95% CI, 4.86-8.92]). Living alone with depression was associated with a 290% increased risk (AHR, 3.91 [95% CI, 2.96-5.16]), and living alone with anxiety was associated with a 90% increased risk (AHR, 1.90 [95% CI, 1.48-2.43]). The AHRs were higher for the association between living alone and suicide among middle-aged individuals (aged 40 to 64 years) and men compared with other demographic groups.

Conclusions and Relevance

In this cohort study of 3 764 279 individuals, living alone with depression or anxiety was associated with an increased risk of suicide, particularly among middle-aged individuals and men. These findings underscore the importance of preventing mental illness, such as depression and anxiety, while addressing living arrangements as a critical factor in suicide risk assessments for individuals with these conditions.

<https://doi.org/10.1001/jamaoto.2025.0052>

Clinical Practice Guideline for Management of Tinnitus: Recommendations From the US VA/DOD Clinical Practice Guideline Work Group.

Sherlock, L. P., Ballard-Hernandez, J., Boudin-George, A., Clark, K., Colandrea, M., Edmonds, C., Kelley, C., Lovelace, S., Mahmood, S., Martinez, I., Myers, P., Pulliam, S., Sall, J., Spencer, M., Theodoroff, S. M., Tolisano, A. M., Wayman, L. M., Zaugg, T., & Folmer, R. L.

JAMA Otolaryngology -- Head & Neck Surgery
March 20, 2025

Importance

The most recent US clinical practice guideline (CPG) for tinnitus was published in 2014. The US Department of Veterans Affairs (VA)/US Department of Defense Tinnitus Clinical Practice Guideline Work Group recently completed a new guideline. The work group consisted of experts across disciplines who were supported by the VA Office of Quality and Patient Safety and the Defense Health Agency Clinical Quality Improvement Program. This article summarizes the first VA/US Department of Defense CPG for tinnitus management.

Methods and Observations

The guideline was based on a systematic review of clinical and epidemiological evidence. Rigorous methods determined the strength of the recommendations. Developed by a panel of multidisciplinary experts, it provides a clear explanation of the logical associations between various care options and health outcomes while rating the quality of the evidence and strength of the recommendations for 20 questions focused on evaluating and managing care for adults with bothersome tinnitus. The guideline provides an evidence-based framework for evaluating and managing care for adults with bothersome tinnitus.

Conclusions and Relevance

The CPG offers patients with tinnitus and clinicians an overview of evidence-based education and self-management, care options, and recommended outcome measures to monitor effectiveness and potentially improve patient health and well-being. Findings of a lack of sufficient evidence resulted from evaluating the quality of the body of evidence and emphasize the gaps in knowledge that need further study. Addressing these gaps may enable a comprehensive evaluation of the potential benefits and

limitations of various tinnitus care options, ultimately improving patient care and clinical practice.

<https://doi.org/10.1037/tra0001773>

Meaning in life (but not life satisfaction) moderates the effects of battlefield experiences on suicidal ideation and anxiety.

Cornwell, J. F. M., Wood, M. D., Erbe, R. G., & Wetzler, E. L.

Psychological Trauma: Theory, Research, Practice, and Policy
2025; 17(3), 648–651

Objective:

Although research has been conducted in the last decade distinguishing between meaning in life and life satisfaction, no research has examined whether their potential moderating role in mental health problems is distinct. Among military personnel, mental health is paramount, and suicide is one of the leading causes of death.

Method:

Data were collected to determine the potential moderating effects of meaning in life and/or life satisfaction of battlefield experiences on depression, anxiety, and thoughts about death (including suicidal ideation). Data were collected on 851 total military personnel, spanning two distinct survey administrations, who reported at least one combat deployment.

Results:

Findings suggest that meaning in life has a significant moderating effect on the impact of life-threatening experiences on anxiety and thoughts about death (including suicidal ideation), but no moderating effect on depression. Life satisfaction had no significant moderating role for any mental health outcome.

Conclusions:

This research suggests that meaning in life is a significant buffer against certain negative mental health outcomes stemming from life-threatening experiences. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

This research suggests that the relationship between life-threatening experiences in military service and anxiety and suicidal ideation is moderated by meaning in life. The results provide guidance concerning whether these kinds of events are relevant to these mental health symptoms presented by military veterans and personnel, suggesting a particularly strong impact among those who lack meaning in life specifically, rather than those lacking satisfaction with life generally. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1371/journal.pone.0320004>

Aerobic exercise and brain structure among military service members and Veterans with varying histories of mild traumatic brain injury: A LIMBIC-CENC exploratory investigation.

Walton, S. R., Fraser, J. J., Oldham, J. R., Ettenhofer, M. L., Armistead-Jehle, P., Lindsey, H. M., Goodrich-Hunsaker, N. J., Dennis, E. L., Wilde, E. A., Jurick, S. M., Hall, M. J., Swanson, R. L., MacGregor, A. J., Tate, D. F., Cifu, D. X., & Walker, W. C.

PLoS ONE

Published: March 31, 2025

Objectives

To explore associations of recent moderate-to-vigorous aerobic exercise (MVAE) participation and lifetime mild traumatic brain injury (mTBI) history with measures of brain gray matter volumes among military service members and Veterans (SMVs).

Methods

Participants ($n = 1,340$; aged 41.3 ± 10.3 years; 13% female) were SMV's who participated in the Long-term Impact of Military-relevant Brain Injury Consortium-Chronic Effects of Neurotrauma Consortium Prospective Longitudinal Study (LIMBIC-CENC PLS). MVAE participation was self-reported via the Behavioral Risk Factor Surveillance System and categorized according to current MVAE recommendations (Inactive, Insufficiently Active, Active, and Highly Active). Lifetime mTBI history was queried via validated structured interview and categorized as 0 mTBI, 1-2 mTBIs, 3 + mTBIs. Structural MRI (T1- and T2-weighted images) were used to measure gray matter volumetrics: ventricle-to-brain ratio (VBR); bilateral volumes of the frontal, parietal, temporal, occipital, cingulate, hippocampus, amygdala, and thalamus regions.

Multivariable linear regression models were fit to test associations of MVAE participation, mTBI history, and their interaction on each of the volumetric outcomes while controlling for age, sex, education attainment, and PTSD symptoms. Effects were considered statistically significant if the corresponding unstandardized beta (B) and 95% CI did not include 0.

Results

Regarding main effects, participants in the Inactive MVAE group had significantly larger VBR values (worse outcome) than those in the Insufficiently Active group (B[95%CI] = -0.137[-0.260, -0.014]). Interaction effects showed participants with no lifetime mTBIs in the Highly Active group had larger VBR values (worse outcome) when compared to those in the Inactive and Insufficiently Active groups. SMVs with 3 + lifetime mTBIs who were Highly Active also had smaller VBR values (better outcome) when compared to Highly Active SMVs with fewer lifetime mTBIs. There were no other statistically significant differences for MVAE participation, mTBI history, or their interactions.

Conclusions

History of one or more lifetime mTBIs was not associated with measures of brain gray matter volumes, suggesting that declines in structural brain health are not expected for the most SMVs with mTBI(s). Although MVAE may benefit brain health, a positive association between self-reported MVAE participation and gray matter volumes was not observed.

<https://doi.org/10.1080/10826084.2025.2465967>

The Association of Risk-Related Behaviors and Mental Health Symptomatology on Problematic Alcohol Use Among U.S. Army Reserve and National Guard Soldiers.

Arif, M., Homish, D. L., Butler, L. D., Kulak, J. A., Collins, R. L., & Homish, G. G.

Substance Use & Misuse
Volume 60, 2025 - Issue 6

Objective

We sought to examine the association of risk behaviors (i.e., risk perception, risk-taking/impulsivity, and sensation-seeking) and mental health symptomatology (depression, posttraumatic stress disorder [PTSD], anxiety and anger) on problematic

alcohol use (alcohol problems and frequent heavy drinking [FHD]) among United States Army Reserve and National Guard (USAR/NG) soldiers.

Methods

Cross-sectional data (N = 343) from Operation: SAFETY (Soldiers And Families Excelling Through the Years), an ongoing study of USAR/NG soldiers were utilized. Negative binomial regression models investigated risk behaviors and alcohol use controlling for age and sex, with interaction models among risk behaviors and mental health symptoms.

Results

Greater risk perception was associated with a lower likelihood of alcohol problems ($p < .05$), and FHD ($p < .01$). Greater risk-taking/impulsivity was associated with a greater likelihood of alcohol problems ($p < .01$). Interaction models showed moderate risk-taking/impulsivity and high sensation-seeking with depression predicted greater alcohol problems ($p < .01$, respectively). Greater sensation-seeking and PTSD symptomatology, and sensation-seeking and anxiety were associated with increased alcohol problems ($p < .05$, respectively). Moderate risk-taking/impulsivity and depression ($p < .05$), greater risk perception and greater sensation-seeking and anxiety had the highest probability of FHD ($p < .05$ and $p < .01$, respectively). No associations between risk behaviors and anger were observed.

Conclusions

This study assesses the combined associations of risk behaviors and mental health on alcohol use among USAR/NG soldiers. USAR/NG soldiers may benefit from alcohol use interventions that target risk-taking/impulsivity, sensation-seeking behaviors, and mental health symptomatology such as depression, PTSD, and anxiety.

<https://doi.org/10.1080/08995605.2025.2486242> (DOI not resolving as of 4/1/25)

<https://www.tandfonline.com/doi/full/10.1080/08995605.2025.2486242>

Exploring Moral Injury and Reintegration Challenges Among Post-9/11 U.S. Veterans: A Qualitative Study.

Danson, L., Spontak, K., Do, A. N., Taylor, N., Stapleton, M., & Rattray, N.

Military Veterans face many barriers when reintegrating into civilian society. A growing body of evidence shows that Veterans may experience identity confusion, social isolation, and moral pain during Veteran reintegration. These issues might compound with exposure to traumatic events, leading to the development of moral injury (MI). This study utilizes an exploratory, qualitative approach to look at the relationship between MI and Veteran reintegration to better understand their impact on each other. Twelve Veterans who endorsed experiences of MI completed a cognitive interview utilizing two existing measures of MI. MI and Veteran reintegration appeared to have a dynamic relationship that significantly impacted Veteran's experiences of moral emotions, their ability to trust others, disclose potentially morally injurious experiences, and make meaning of their service. Mental health practitioners may need to be especially attuned to and assess for MI in reintegrating Veterans, particularly as onset of MI may occur during reintegration as Veterans reflect on their military experiences and come to new moral conclusions. Clinicians and researchers must also foster a significant degree of trust to facilitate disclosure of potentially morally injurious experiences (PMIEs).

<https://doi.org/10.1371/journal.pmen.0000085>

Moral injury and mental health in healthcare workers are linked to organizational culture and modifiable workplace conditions: Results of a national, mixed-methods study conducted at Veterans Affairs (VA) medical centers during the COVID-19 pandemic.

Purcell, N., Bertenthal, D., Usman, H., Griffin, B. J., Maguen, S., McGrath, S., Spetz, J., Hysong, S. J., Mehlman, H., & Seal, K. H.

PLOS Mental Health

Published: December 23, 2024

Using mixed methods, we examined drivers of risk for moral injury, mental health symptoms, and burnout among frontline healthcare workers in high-risk Veterans Affairs (VA) clinical settings during the COVID-19 pandemic. Across 21 VA medical centers, 2,004 healthcare workers completed an online survey assessing potential risk factors for moral injury, posttraumatic stress, depression, and burnout. Assessed risk factors included: pandemic exposures; individual worker characteristics; aspects of

workplace/organizational culture; and facility performance on standardized measures of care quality, patient satisfaction, and employee satisfaction (extracted from VA administrative data). Among surveyed workers, 39% were at risk for moral injury, 41% for posttraumatic stress, 27% for depression, and 25% for persistent burnout. In generalized linear mixed models, significant predictors of moral injury risk included perceived lack of management support for worker health/safety, supervisor support, coworker support, and empowerment to make job-related decisions—all modifiable workplace factors. Pandemic-related risk factors for moral injury included prolonged short-staffing, denying patient-family visits, and high work-family conflict. Predictors of posttraumatic stress, depression, and burnout were similar. Forty-six surveyed workers completed a follow-up qualitative interview about experiences of moral distress in the workplace, and interview themes aligned closely with survey findings. Rapid qualitative analysis identified protective factors that may reduce moral injury risk, including a collaborative workplace community, engaged leadership, empowerment to make changes in the workplace, and opportunity to process distressing events. We conclude with recommendations to mitigate moral injury risk in healthcare organizations. These include involving workers in discussions of high-stakes decisions that will affect them, creating consistent and clear channels of communication between the frontlines and leaders of the organization, practicing leadership rounding to improve leaders' understanding of the daily work of frontline teams, and collaborating to understand how existing processes and policies may contribute to safety risks and moral conflict.

<https://doi.org/10.1016/j.drugalcdep.2025.112661>

Daily associations between sleep quality, stress, and cannabis or alcohol use among veterans.

Davis, J. P., Saba, S. K., Leightley, D., Pedersen, E. R., Prindle, J., Senator, B., Dilkina, B., Dworkin, E., Howe, E., Cantor, J., & Sedano, A.

Drug and Alcohol Dependence
Volume 271, 1 June 2025, 112661

Highlights

- Poor sleep quality predicts increased stress and higher next-day alcohol use in veterans.
- Cannabis use is linked to reduced stress and better same-night sleep quality.

- Stress mediates the relationship between poor sleep quality and alcohol consumption.
- Dynamic structural equation modeling reveals bidirectional sleep-stress interactions.
- Results emphasize the need for tailored sleep and substance use interventions for veterans.

Abstract

United States military veterans face heightened vulnerability to sleep disturbances due to factors such as irregular sleep schedules, combat-related stress, and co-occurring mental health disorders. These sleep disturbances are often exacerbated by substance use, including alcohol and cannabis, as veterans may rely on these substances to self-medicate for stress and sleep issues. However, the interplay between sleep quality, substance use, and perceived stress remains poorly understood, particularly on a day-to-day basis. This study aimed to explore the dynamic associations between these factors using daily diary data collected over three months from 74 veterans with elevated PTSD symptoms and problematic cannabis use. Data from this study are secondary analysis. Dynamic structural equation modeling (DSEM) was employed to examine both within-day and day-to-day lagged associations between sleep quality, perceived stress, and substance use (alcohol and cannabis). Results showed that worse sleep quality was associated with higher perceived stress the next day, which in turn predicted greater alcohol consumption. Additionally, stress mediated the relationship between poor sleep quality and increased alcohol use. For cannabis, while no day-to-day lagged effects were observed, within-day analyses revealed that higher cannabis use was associated with lower stress and better sleep quality that same night. These results highlight the complex and bidirectional relationships between sleep, stress, and substance use among veterans, underscoring the need for interventions that address these dynamics holistically. Future research should further explore these interactions using real-time data to inform tailored interventions for improving sleep and mental health outcomes in this population.

<https://doi.org/10.1016/j.jpsychires.2025.03.026>

Blast injury and chronic psychiatric disability in military personnel: Exploring the association beyond posttraumatic stress disorder.

Epshtein, E., Shraga, S., Radomislensky, I., Martindale, S. L., Bushinsky, S., Benov, A., Almog, O., Tsur, A. M., Talmy, T., & Israel Trauma Group

Highlights

- Research on mental health outcomes of blast injuries has focused on PTSD and TBI.
- We evaluated long term non-PTSD psychiatric disability following blast injury.
- Blast injury was associated with a ~2.5-fold increase in psychiatric disability.

Abstract

Introduction

Blast injuries are common among military personnel, yet their long-term psychiatric consequences, beyond posttraumatic stress disorder (PTSD) and traumatic brain injury (TBI), remain underexplored. This study investigates the association between blast injuries and non-PTSD psychiatric conditions, including psychotic, neurocognitive, mood, anxiety, adjustment and personality disorders resulting in functional impairment.

Methods

Data were collected from three cross-referenced registries that span the continuum of trauma care from 2006 to 2021. Demographics, injury mechanisms, and injury settings were sourced from the Israel Defense Forces Trauma Registry; hospitalization data from the Israeli National Trauma Registry and psychiatric-related disability was assessed utilizing long-term disability claims documented by the Israel Ministry of Health Rehabilitation Department. Logistic regression was employed to evaluate the association between blast injuries and psychiatric morbidity, with results presented as adjusted odds ratios (OR) and 95 % confidence intervals (CI).

Results

Among 7646 military personnel (91.3 % male, median age: 20 years), 1503 (19.7 %) sustained blast injuries. Overall, 44 (0.6 %) were diagnosed with non-PTSD psychiatric-related disability. Prevalence was higher among those with blast injuries (1.0 % vs. 0.5 %; $p = 0.016$). Blast injuries were associated with a more than two-fold increase in odds for psychiatric morbidity (Adjusted OR 2.44, 95 % CI: 1.07–5.59) after adjusting for blast injury severity and presence of head injury.

Conclusions

Blast injury was significantly associated with long-term psychiatric morbidity, independent of head injury and additional confounders. These findings suggest that proactive mental health screening and interventions should be considered for

individuals experiencing blast injuries. Future research should explore the mechanisms underlying this association.

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The Relationship Between Concussion and Combat History and Mental Health and Suicide Ideation Among United States Military Veterans-A Pilot Study.

Bruce, S. L., Cooper, M. R., Farmer, C., Folsom, A., Fulton, M., Haskins, J., Knight, C., Moore, C. M., Shollenbarger, A., Wade, R., Walz, S., Wilkins, R., Wellborn, R., West, E., & Youngman, K.

Brain Sciences
2025, 15(3)

Background/Objectives:

Suicides among U.S. military veterans are alarmingly high, driven by factors such as mental health issues, combat exposure, and history of mild traumatic brain injury (mTBI)/concussion. This study aims to examine the relationship between concussion history, combat experience, and their effects on mental health issues and suicide ideation among military veterans. Additionally, this study investigates the impact of post-traumatic stress disorder (PTSD) on these variables.

Methods:

A total of 78 veterans (62 males, 16 females) participated in this study. Participants completed a demographic survey and the Global Well-being Index (GWI) to assess concussion history and residual symptoms. A licensed social worker interviewed the veterans using the 9-Item Patient Health Questionnaire (PHQ-9) for depression, the Generalized Anxiety Disorder survey (7 Items) (GAD-7) for anxiety, and the Columbia-Suicide Severity Rating Scale (C-SSRS) for suicide ideation. A 2 × 2 cross-tabulation analysis examined the relationships between concussion history, combat experience, and outcomes of anxiety, depression, and suicide ideation. PTSD was also assessed as both a predictor and an outcome. Statistical analyses yielded odds ratios (OR) with 95% confidence intervals (CI), Chi-square, and Cramer's V (V) correlations along with associated p-values.

Results:

The combination of concussion history and combat experience strongly predicted either

anxiety, depression, or suicide ideation (OR = 7.97, 95% CI: 1.70, 37.44; V = 0.334, (p = 0.003)), more than either factor alone. Combat experience was the strongest predictor of PTSD (OR = 11.12, 95% CI: 3.30, 37.47; V = 0.485, p ≤ 0.001), both individually and when combined with concussion history. PTSD strongly influenced mental health issues and suicide ideation (OR = 8.16, 95% CI: 1.74, 38.25; V = 0.339, p = 0.003). Stratification by PTSD status (positive or negative) affected the relationships between independent and dependent variables. Small cell counts resulted in a wide 95% CI for some ORs, though some statistically significant Fisher's Exact Test results were observed. Credibility analysis using the critical prior interval (CPI) metric confirmed the intrinsic credibility of the results.

Conclusions:

This study provides insights into the relationships between concussion history, combat experience, and their impacts on mental health issues and suicide ideation among military veterans.

Links of Interest

Homelessness among female Veterans in 2024

Where it stands and what VA is doing about it

<https://news.va.gov/138959/homelessness-among-female-veterans-in-2024/>

Preventing homelessness of Veterans impacted by job loss

<https://news.va.gov/138963/preventing-homelessness-veterans-job-loss/>

Out of the shadows: One Veteran's journey through trauma, substance use and renewal

<https://news.va.gov/139012/shadows-journey-trauma-substance-use-renewal/>

Resource of the Week – [Suicide prevention: VA S.A.V.E. training](#)

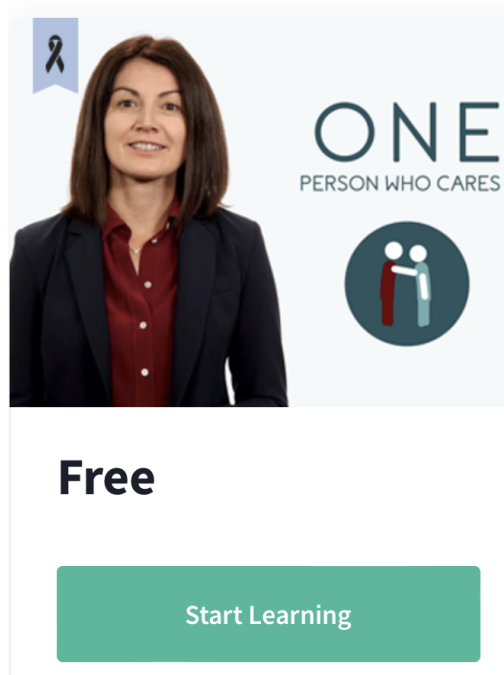
VA S.A.V.E. training is for everyday people to learn valuable ways to help Veterans who may be having thoughts of suicide or facing a crisis. You don't need a medical degree or to be an expert to take this training. The only thing you need is a willingness to help Veterans.

...

This training focuses on four steps that allow you to help a Veteran. The acronym S.A.V.E. provides a helpful way to remember the step-by-step instructions:

- S: Know the signs that indicate a Veteran might be thinking about suicide.
- A: Ask the most important question of all. "Are you thinking of killing yourself?"
- V: Validate the Veteran's experience.
- E: Encourage treatment and expedite getting help.

[Direct link to online course](#)



Free

Start Learning

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