

CDP



Research Update -- April 24, 2025

What's Here:

- Treating Posttraumatic Stress Disorder in Military Populations: A Meta-Analysis.
- Factors Associated with Secure Firearm Storage Among U.S. Gun Owners.
- The Role of Family-Level Factors in Firearm Storage Practices.
- A Digital Depression Treatment Program for Adults Treated in Primary Care: A Randomized Clinical Trial.
- Patterns in Nonfatal Self-Harm Among Adolescents.
- Mental and Physical Health-Related Risk Factors Among Females Who Died by Firearm Suicide.
- Cognitive Behavior Therapy for Mental Disorders in Adults: A Unified Series of Meta-Analyses.
- Clinician Suicide Risk Assessment for Prediction of Suicide Attempt in a Large Health Care System.
- Comparison of telehealth and in-person mental health care in military veterans and active-duty service members.
- Examining the factor structure of the Acquired Capability for Suicide Scale (ACSS) in a military population: Initial development and validation of a four-factor version of the ACSS.
- Feasibility and acceptability of caring contacts texts for suicide prevention among veterans recently separated from military service.

- Follow-up Survey Response in Relation to Military Deployments.
- Personality Traits as Predictors of PTSD and Depression Symptoms Following Exposure-Based Treatment in an Intensive Outpatient Program.
- Improving Mental Health and Resilience Training: Feedback from Military Personnel.
- Firearm Suicide Prevention in the Military Health System: A Qualitative Study of Clinician Training, the “Lock to Live” Decision Aid, and Connection to Out-of-Home Firearm Storage.
- The Associations Between Cognitive Flexibility and Suicidal Thoughts and Behaviors: A Systematic Review and Meta-Analysis.
- Mental and Physical Health-Related Risk Factors Among Females Who Died by Firearm Suicide.
- Prospective associations of insomnia and nightmares with suicidal behavior among primary care patients.
- Camaraderie Among US Veterans and Their Preferences for Health Care Systems and Practitioners.
- Improving the accuracy of the Posttraumatic Stress Disorder Checklist (PCL-5) and Life Events Checklist (LEC-5) as diagnostic tools for posttraumatic stress disorder.
- Comorbid Chronic Pain and Posttraumatic Stress Disorder Among Veterans: Approaches to Care.
- Preliminary efficacy of prolonged exposure therapy to reduce suicide risk in co-occurring bipolar disorder & trauma symptoms.
- Links of Interest
- Resource of the Week – Preventing Veteran Suicide: A Landscape Analysis of Existing Programs, Their Evidence, and What the Next Generation of Programs May Look Like (RAND)

<https://doi.org/10.4088/JCP.24r15571>

Treating Posttraumatic Stress Disorder in Military Populations: A Meta-Analysis.

Liu, J. J. W., Nazarov, A., Ein, N., Easterbrook, B., Le, T., Baker, C., Gervasio, J., Auger, E., Balderson, K., Bilodeau, M., Burhan, A. M., Enns, M. W., Hosseiny, F., Lavoie, V., Mota, N., Roth, M. L., Wanklyn, S. G., & Richardson, J. D.

Journal of Clinical Psychiatry
2025; 86(2): 24r15571

Background:

Military and Veteran populations experience higher rates of posttraumatic stress disorder (PTSD) compared to civilians. While trauma focused psychotherapies are generally recommended as first-line treatments, the effectiveness of various treatments in military populations requires further investigation.

Objective:

This meta-analysis aims to synthesize the current literature regarding effectiveness of psychotherapies, pharmacotherapies, and combination treatments for PTSD in military populations.

Data Sources:

This preregistered review (PROSPERO: CRD42021245754) was conducted in accordance with Preferred Reporting Items for Systematic Reviews and Meta Analyses and Cochrane guidelines. A search was conducted using PsycINFO, MEDLINE, Embase, CINAHL, and ProQuest Dissertations and Theses.

Study Selection:

The final sample included data from 414 studies.

Data Extraction:

Full study methodologies can be found in the published protocol (Liu et al, 2021).

Results:

The pooled random-effects model found effect size across all PTSD treatments ($k = 712$) was $g=0.96$, compared to $g=0.45$ for control conditions ($k = 122$). Clinician administered measures indicated larger treatment effects ($g= 1.02$) than self reported measures ($g =0.82$). Combination therapies yielded the largest effects ($g =2.17$),

outperforming both psychotherapies and pharmacotherapies alone. No significant differences were found across control conditions.

Conclusion:

Findings suggest that integrating psychotherapies and pharmacotherapies may address multiple dimensions of PTSD more effectively than monotherapies. However, these results contrast with the prioritization of trauma-informed psychotherapies over pharmacotherapies, as recommended by the 2023 US Department of Veterans Affairs/Department of Defense guidelines. Future research should focus on subclass analyses and long-term outcomes to refine treatment strategies for PTSD in military populations. Tailoring treatment plans to individual needs remains crucial for optimizing recovery and long-term symptom management.

<https://doi.org/10.1016/j.amepre.2025.04.005>

Factors Associated with Secure Firearm Storage Among U.S. Gun Owners.

James A. Densley, David C. Pyrooz, Jillian K. Peterson

American Journal of Preventive Medicine

Available online 16 April 2025

Introduction

This study examines the prevalence of secure firearm storage behaviors through direct and indirect measures, identifies associated factors, and provides insights for targeted public health interventions to reduce gun injury.

Methods

A cross-sectional survey of 10,000 respondents designed to be representative of U.S. adults was administered online in January 2024. Respondents self-reported firearm ownership and storage practices measured directly (locked and unloaded) and indirectly (“If you need your firearm in the middle of the night, approximately how long would it take you to have it ready to use?”). Multivariable logistic regression models determined demographic, socio-economic, and firearm-related correlates of secure storage.

Results

Approximately half of gun owners reported storing their firearms locked and unloaded, while two-thirds reported having access in under 60 seconds. Secure storage was more

common among women, individuals with children in the home, those who owned fewer firearms, and those whose primary firearm use was for hunting, sport, or collection. Unsecure storage was more prevalent among respondents who reported fears of being shot in various contexts, including at home, in their neighborhood, or at work. Certain demographic and contextual factors, notably, victimization history, political orientation, and the presence of child access laws, were associated with secure storage according to one measure but not the other, highlighting differences in how these practices are measured.

Conclusions

Firearm storage behaviors are largely driven by perceptions of safety, highlighting the need for public health efforts that address fear and tailor messaging to groups less likely to store firearms securely.

<https://doi.org/10.1007/s10900-025-01459-5>

The Role of Family-Level Factors in Firearm Storage Practices.

Alexander J. Rice, Christin M. Ogle, Joscelyn E. Fisher & Stephen J. Cozza

Journal of Community Health

Published: 11 April 2025

Firearm-related injuries and fatalities among youth in the United States represent a critical public health crisis. Secure firearm storage (i.e., keeping guns unloaded, locked, and stored separately from ammunition) is a proven strategy to reduce these risks. However, many households do not consistently adopt these practices. This review examines four key family-level factors that influence firearm storage decisions: (a) early firearm socialization, (b) family decision-making dynamics, (c) other household safety practices, and (d) parent understanding of child development and motivations regarding storage. Findings indicate that interventions may benefit from empowering parents to reflect on their early firearm socialization experiences, improving their understanding of children's development, integrating firearm safety into broader household safety frameworks, and promoting collaborative decision-making in multi-adult households. Future research should further investigate how these factors intersect to shape firearm storage practices, including the long-term effects of early firearm exposure through longitudinal studies, and variations across diverse family structures and contexts, including multigenerational households.

<https://doi.org/10.1001/jamainternmed.2025.0494>

A Digital Depression Treatment Program for Adults Treated in Primary Care: A Randomized Clinical Trial.

Dahne, J., Wahlquist, A. E., Carpenter, M. J., Graboyes, E. M., Lejuez, C. W., Kustanowitz, J., Natale, N., Levins, O., Player, M., & Diaz, V. A.

JAMA Internal Medicine
Published online April 14, 2025

Key Points

Question

Can a digital behavioral activation intervention effectively treat depression symptoms in adult patients in the primary care setting?

Findings

This 3-group randomized clinical trial included 649 adults who reported at least moderate symptoms of depression across 22 primary care clinics. Patients who received the digital behavioral activation intervention, either with or without electronic health record integration, had significantly greater improvements in depression symptoms than patients who received usual care.

Meaning

A digital behavioral activation intervention effectively improved depression outcomes for patients in the primary care setting.

Abstract

Importance

More than two-thirds of US adults who screen positive for depression in the primary care setting do not receive treatment. These adults need evidence-based and scalable interventions.

Objective

To determine the effectiveness of Moodivate, a self-directed digital intervention for mental health, in treating depression symptoms among patients in the primary care setting.

Design, Setting, and Participants

This 3-group decentralized randomized clinical trial recruited participants from September 22, 2021, to December 27, 2023, and completed data collection on March 29, 2024. Adult patients with at least moderate symptoms of depression on the Patient Health Questionnaire-9 (score ≥ 10) were enrolled from 22 primary care clinics in South Carolina.

Interventions

Participants received Moodivate (a digital behavioral activation intervention), Moodivate with health care provider access to information on patient use of the digital behavioral activation intervention in the electronic health record (EHR), or usual care for depression.

Main Outcomes and Measures

The primary outcome was a change in depression symptoms on the Beck Depression Inventory-II (BDI-II) over 12 weeks. Secondary outcomes included a clinically significant improvement in depression symptoms on the BDI-II (10-point decrease in score), depression remission on the BDI-II (score ≤ 13), digital behavioral activation intervention engagement, and primary care provider (a physician or other health care professional who is responsible for a patient's primary care) use of the EHR features.

Results

Among 649 participants, 495 (76%) were female and the mean (SD) age was 44.68 (15.22) years. Participants who received the digital behavioral activation intervention, with and without EHR integration, had significantly improved depression symptoms vs those who received usual care over 12 weeks (least squares mean change from baseline for Moodivate: -10.34 ; SE = 0.82; $d = 0.98$; Moodivate with EHR: -9.88 ; SE = 0.81; $d = 0.93$; usual care: -5.94 ; SE = -0.80 ; $d = 0.54$). Participants in the Moodivate groups had 2.5 to 3.0 times higher odds of having a clinically significant improvement in depression symptoms (Moodivate: OR, 2.98 [97.5% CI, 1.69-5.27]; $P < .001$; Moodivate with EHR: OR, 2.53 [97.5% CI, 1.45-4.41]; $P < .001$) and 2.3 to 2.6 times higher odds of experiencing depression remission (Moodivate: OR, 2.27 [97.5% CI, 1.16-4.44]; $P = .006$; Moodivate with EHR: OR, 2.63 [97.5% CI, 1.38-5.04]; $P < .001$) than participants who received usual care. Participant engagement with Moodivate was high in the first month (68% to 100% weekly retention), and 33% of patients continued to use the digital behavioral activation intervention after 12 weeks. Fourteen percent of primary care providers who received access used the EHR functionality.

Conclusions and Relevance

This randomized clinical trial found that a digital behavioral activation intervention is

effective for treating adults with at least moderate symptoms of depression in the primary care setting.

Trial Registration

ClinicalTrials.gov Identifier: [NCT04463914](https://clinicaltrials.gov/ct2/show/study/NCT04463914)

<https://doi.org/10.1001/jamapediatrics.2025.0283>

Patterns in Nonfatal Self-Harm Among Adolescents.

Liu, E. F., Matthay, E. C., Farkas, K., & Ahern, J.

JAMA Pediatrics

April 14, 2025

Research has documented an increase in nonfatal self-harm among US adolescents since 2010. Females experience a higher burden of self-harm and greater increases over time than males. Sex, age, and race and ethnicity are important social identity dimensions and intersect to shape exposure to self-harm risk factors. However, patterns within these subgroups have not been examined. We describe nonfatal self-harm rates among US adolescents, focusing on the intersections of age, sex, and race and ethnicity.

<https://doi.org/10.1001/jamanetworkopen.2025.5941>

Mental and Physical Health-Related Risk Factors Among Females Who Died by Firearm Suicide.

Prater, L. C., Noghrehchi, P., Duan, N., Takagi-Stewart, J., Mooney, S. J., Hefner, J. L., & Goldstein, E. V.

JAMA Network Open

April 18, 2025

Key Points

Question

Are there distinct profiles of mental and/or physical illness and suicidal behaviors (ie, thoughts, intent, and attempts) among females who died by firearm suicide?

Findings

In this cross-sectional study, 57.9% of cases of firearm suicides among females were represented in 1 of 4 profiles: alcohol or substance use disorders, depression and suicidal thoughts, physical health problems and pain, and multimorbidity; 42.1% of cases could not be classified.

Meaning

These findings suggest that in the cases that were not classified, the females had relatively low proportions of documented mental or physical health problems, which may indicate low engagement with health care settings and may require intervention in other community settings.

Abstract

Importance

Firearm suicide among females has increased in the past decade; routes for prevention remain unclear.

Objective

To identify classes of firearm suicide decedents among females based on preceding mental and physical health-related risk factors for suicide.

Design, Setting, and Participants

This cross-sectional retrospective study of females who died by firearm suicide between January 2014 and December 2018 used state-based surveillance data from the National Violent Death Reporting System Restricted Access Database representing 1 or more years of data from all 50 US states, the District of Columbia, and Puerto Rico; data were analyzed from March 2022 to September 2023. A latent class analysis was used to identify and characterize categories of mental and physical health-related factors among females (ie, classes).

Exposure

Known mental and physical health-related risk factors for suicide.

Main Outcome and Measure

The numbers (percentages) of females who died by firearm suicide across various factors.

Results

Of the 8318 female decedents in our sample (mean [SD] age, 47.2 [17.0] years), more than half (4816 of 8318 [57.9%]) had more than 1 risk factor endorsed. Among this subgroup, a 4-class model was identified: (1) alcohol use disorder or substance use disorder (1273 [26.4%]); (2) depression and suicidal thoughts (2289 [47.5%]); (3) physical health problems and pain (1054 [21.9%]); and (4) all conditions (multimorbid; 200 [4.2%]); 3502 (42.1%) could not be classified. Black females made up a higher proportion (244 of 3502 [7.0%]) of the females with a 0 or 1 risk factor endorsed than of the females with multiple risk factors (184 of 4816 [3.8%]). Mental health problems were apparent in 51.7% of the full sample (4303 of 8318), with 28.6% (n = 2376) demonstrating evidence of mental health treatment. More than one-fifth (1766 of 8318 [21.2%]) had physical health problems. More than one-fourth of the full sample (2239 of 8318 [26.9%]) and nearly 40% (505 of 1273 [39.7%]) in class 1 had intimate partner problems before their death.

Conclusions and Relevance

In this cross-sectional study of females who died by firearm suicide, meaningfully distinct groups of female firearm suicide decedents were identified. Given the high proportion of females without mental health and physical health problems, it is plausible that many female firearm suicide decedents did not frequently intersect with the health care system before their death. Results suggest opportunities for preventing firearm suicide among females through nonmedical care settings.

<https://doi.org/10.1001/jamapsychiatry.2025.0482>

Cognitive Behavior Therapy for Mental Disorders in Adults: A Unified Series of Meta-Analyses.

Cuijpers, P., Harrer, M., Miguel, C., Ciharova, M., Papola, D., Basic, D., Botella, C., Cristea, I., de Ponti, N., Donker, T., Driessen, E., Franco, P., Gómez-Gómez, I., Hamblen, J., Jiménez-Orenga, N., Karyotaki, E., Keshen, A., Linardon, J., Motrico, E., Matbouriahi, M., ... Furukawa, T. A.

JAMA Psychiatry
April 16, 2025

Key Points

Question

Is cognitive behavior therapy (CBT) associated with reductions in mental disorders in adults compared with controls?

Findings

In this series of uniform meta-analyses of 375 trials comparing CBT and controls, CBT was associated with significant reductions in mental health problems, with small effect sizes for bipolar and psychotic disorders; large effect sizes for major depression, panic disorder, social anxiety disorder, generalized anxiety disorder, bulimia nervosa, binge eating disorder, and obsessive-compulsive disorder; and very large effect sizes for PTSD and specific phobia.

Meaning

The evidence supports CBT as a first-line treatment for many mental disorders, although the quality of the evidence is limited.

Abstract

Importance

Cognitive behavior therapy (CBT) is a first-line treatment for most mental disorders. However, no meta-analytic study has yet integrated the results of randomized clinical trials on CBT across different disorders, using uniform methodologies and providing a complete overview of the field.

Objective

To examine the effect sizes of CBT for 4 anxiety disorders, 2 eating disorders, major depression, obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and psychotic and bipolar disorders on symptoms of the respective disorders using uniform methodologies for data extraction, risk of bias (RoB) assessment, and meta-analytic techniques.

Data Sources

Major bibliographical databases (PubMed, PsycINFO, and Embase for all disorders) were searched up to January 1, 2024, for each disorder separately. Data analysis was performed from August 2024 to January 2025.

Study Selection

Randomized clinical trials comparing CBT with inactive control conditions in adults with 1 of the mental disorders established through a clinical interview were included.

Data Extraction and Synthesis

Basic characteristics of patients, CBT, and studies were extracted. RoB was assessed with the Cochrane RoB tool 2. Meta-analyses were conducted using random-effects models.

Main Outcomes and Measures

The primary outcome was the standardized mean difference (Hedges g) indicating the difference between CBT and controls at posttreatment on symptoms of the respective disorders.

Results

A total of 375 trials (423 comparisons) between CBT and controls were included among 32 968 patients. The overall mean (SD) patient age was 43.4 (13.7) years, and the mean (SD) proportion of women was 0.68 (0.24). Effect sizes for CBT compared to all control conditions (g) were lower than 0.5 for bipolar and psychotic disorder; between 0.5 and 1.0 for panic, social anxiety, and generalized anxiety disorders, bulimia nervosa, binge eating disorders, depression, and OCD; and larger than 1.0 for PTSD and specific phobias (range of effect sizes: 0.31 for bipolar disorder to 1.27 for PTSD). Large effect sizes ($g > 0.94$) were observed in waitlist-controlled trials, a control condition mostly used in anxiety and eating disorders, PTSD, and OCD. Trials using care as usual showed more modest effect sizes (0.22-1.13). Study dropout rates within the CBT conditions ranged from 8% for specific phobia to 24% for PTSD.

Conclusions and Relevance

In this unified series of meta-analyses, CBT was probably effective in the treatment of mental disorders, including major depression, anxiety disorders, PTSD, OCD, and eating disorders, and possibly effective in psychotic and bipolar disorders. However, the effect sizes depended on the type of control condition.

<https://doi.org/10.1001/jamapsychiatry.2025.0325>

Clinician Suicide Risk Assessment for Prediction of Suicide Attempt in a Large Health Care System.

Bentley, K. H., Kennedy, C. J., Khadse, P. N., Brooks Stephens, J. R., Madsen, E. M., Flics, M. J., Lee, H., Smoller, J. W., & Burke, T. A.

JAMA Psychiatry
April 9, 2025

Key Points

Question

How accurate are clinician assessments for risk stratification of future suicide attempt?

Findings

In this electronic health record–based, prognostic study, clinicians' overall single-item risk estimates predicted 90- and 180-day suicide attempt at significantly above chance levels. Incorporating all suicide risk assessment items via machine learning significantly increased predictive accuracy.

Meaning

Clinicians stratify patients for suicide risk at significantly above chance levels; however, predictive accuracy is significantly enhanced by statistically incorporating information about recent suicidal thoughts and behaviors and other risk and protective factors routinely assessed during suicide risk assessment.

Abstract

Importance

Clinical practice guidelines recommend suicide risk screening and assessment across behavioral health settings. The predictive accuracy of real-world clinician assessments for stratifying patients by risk of future suicidal behavior, however, remains understudied.

Objective

To evaluate routine clinical suicide risk assessment for prospectively predicting suicide attempt.

Design, Setting, and Participants

This electronic health record–based, prognostic study included 89 957 patients (≥ 5 years of age) with a structured suicide risk assessment (based on the Suicide Assessment Five-step Evaluation and Triage framework) that was documented by 2577 clinicians during outpatient, inpatient, and emergency department encounters at 12 hospitals in the Mass General Brigham health system between July 2019 and February 2023.

Main Outcomes and Measures

The primary outcome was an emergency department visit with a suicide attempt code recorded in the electronic health record within 90 days or 180 days of the index suicide risk assessment. The predictive performance of suicide risk assessments was evaluated on a temporal test set first using stratified prevalence (clinicians' overall risk estimates from a single suicide risk assessment item indicating minimal, low, moderate, or high risk) and then using machine learning models (incorporating all suicide risk assessment items).

Results

Of the 812 114 analyzed suicide risk assessments from the electronic health record, 58.81% were with female patients and 3.27% were with patients who were Asian, 5.26% were Black, 3.02% were Hispanic, 77.44% were White, and 11.00% were of Other or Unknown race. After suicide risk assessments were conducted during outpatient encounters, the suicide attempt rate was 0.12% within 90 days and 0.22% within 180 days; for inpatient encounters, the rate was 0.79% within 90 days and 1.29% within 180 days; and for emergency department encounters, the rate was 2.40% within 90 days and 3.70% within 180 days. Among patients evaluated during outpatient encounters, clinicians' overall single-item risk estimates had an area under the curve (AUC) value of 0.77 (95% CI, 0.72-0.81) for 90-day suicide attempt prediction; among patients evaluated during inpatient encounters, the AUC was 0.64 (95% CI, 0.59-0.69); and among patients evaluated during emergency department encounters, the AUC was 0.60 (95% CI, 0.55-0.64). Incorporating all clinician-documented suicide risk assessment items (87 predictors) via machine learning significantly increased the AUC for 90-day risk prediction to 0.87 (95% CI, 0.83-0.90) among patients evaluated during outpatient encounters, 0.79 (95% CI, 0.74-0.84) among patients evaluated during inpatient encounters, and 0.76 (95% CI, 0.72-0.80) among patients evaluated during emergency department encounters. Performance was similar for 180-day suicide risk prediction. The positive predictive values for the best-performing machine learning models (with 95% specificity) ranged from 3.6 to 10.1 times the prevalence for suicide attempt.

Conclusions and Relevance

Clinicians stratify patients for suicide risk at levels significantly above chance. However, the predictive accuracy improves significantly by statistically incorporating information about recent suicidal thoughts and behaviors and other factors routinely assessed during clinical suicide risk assessment.

<https://doi.org/10.1037/ser0000868>

Comparison of telehealth and in-person mental health care in military veterans and active-duty service members.

Lancaster, S. L., Linkh, D. J., Lawless, C. E., & Renno, S.

Psychological Services
2025; 22(2), 215–220

Telehealth services are increasingly utilized to improve mental health care access for active-duty service members (ADSM) and military veterans. This article examines mental health outcomes for veterans ($n = 4,536$) and ADSMs ($n = 378$) who met Diagnostic and Statistical Manual of Mental Disorders, fifth edition diagnostic criteria for depression, posttraumatic stress disorder, or generalized anxiety disorder ($N = 4,914$) and were treated at Cohen Veterans Network Clinics using either telehealth or in-person treatment modalities. Results demonstrate small but statistically significant advantages for telehealth in terms of discharge scores, rates of clinically significant change, and efficiency of treatment. For depression and posttraumatic stress disorder, veterans reported greater changes than ADSMs, but there was no interaction between treatment modality and client type. These findings support the use of telehealth as a viable option for mental health care in these populations, while suggesting several areas requiring further study. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

Veterans and active-duty service members (ADSM) with depression, PTSD, or generalized anxiety disorder benefited significantly more from telehealth than in-person psychotherapy in a non-Veterans Health Administration outpatient setting. Veterans with depression or PTSD achieved better outcomes than ADSM. A diverse range of treatment modalities is crucial in meeting the needs of this population. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1037/ser0000917>

Examining the factor structure of the Acquired Capability for Suicide Scale (ACSS) in a military population: Initial development and validation of a four-factor version of the ACSS.

Thomas, K. A., Hoyt, W. T., Goldberg, S., Abbas, M., Schultz, M., Hiserodt, M., & Wyman, M.

Psychological Services
2025; 22(2), 312–323

Suicide occurs at high rates in both military and veteran populations. The Interpersonal Theory of Suicide is a widely applied framework incorporating the requisite construct of acquired capability for suicide, which is the ability to engage in suicidal behaviors developed through painful and provocative life experiences. The Acquired Capability for Suicide Scale (ACSS) was developed to assess this construct. Despite substantial literature examining Interpersonal Theory of Suicide in military samples, many versions of ACSS have been used without adequate validation. The goal of this study was to examine the factor structure of the ACSS and derive a version of the ACSS with initial validity for use in military populations. We also examined the stability of acquired capability over time. Data were collected among Wisconsin Army National Guard service members, who were deployed to the Middle East from 2008 to 2010, at three assessment points: before deployment ($n = 714$), immediately after return from deployment ($n = 2,553$), and 6–9 months postdeployment ($n = 646$). Exploratory and confirmatory factor analyses of postdeployment data suggest adoption of a novel, abbreviated 15-item, four-factor version of the ACSS. Analyses provided preliminary support for discriminant and predictive validity. Results also revealed that acquired capability for suicide increases after deployment and remains stable for at least 6–9 months after return from the combat. The four-factor version of the ACSS shows promise as a theory-relevant and empirically supported instrument for research and clinical applications in the military population. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

Suicide in military populations occurs at high rates, and there is an urgent need for better suicide prevention strategies. One construct that is crucial in assessing for suicide risk is acquired capability for suicide, defined as the ability to engage in suicidal behaviors that is developed through painful and provocative life experiences. Results of the present study provide psychometric evidence in support of a measure of acquired capability for suicide in a large sample of National Guard service members, which can track change in acquired capability over time and offers a promising approach to brief assessment of acquired capability in military samples. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1037/ser0000859>

Feasibility and acceptability of caring contacts texts for suicide prevention among veterans recently separated from military service.

Houtsma, C., Raines, A. M., Kerbrat, A. H., & True, G.

Psychological Services
2025; 22(2), 206–214

The primary purpose of this single-arm mixed-methods pilot trial was to examine the feasibility, acceptability, and preliminary effects of a text message-based version of Caring Contacts, Caring Contacts texts (CC-t), among veterans recently separated from military service. Twenty-four veterans (Mage = 32.92, SD = 8.16; 75% male; 50% Black; 91.7% non-Hispanic/Latinx) were recruited through the Department of Veterans Affairs (VA) and enrolled in CC-t, which involved approximately five text messages sent by the study team expressing care and concern over the course of 3 months. Participants completed pre- and postintervention assessments and an interview, during which self-reported feasibility and acceptability of CC-t, and preliminary effects of CC-t on health care engagement and suicide risk were assessed. Self-reported feasibility and acceptability of CC-t were also assessed among VA staff involved in the study. Among veterans and VA staff, scores on the Feasibility of Intervention Measure (M = 17.91 and M = 15.67, respectively) and Acceptability of Intervention Measure (M = 18.19; M = 19.33, respectively) were above the mean, suggesting that CC-t was easy to engage in or implement and was well-tolerated. These findings were reinforced in the qualitative feedback, which suggested that veterans found the text messages to be comfortable, convenient, and had a positive impact on their mood. Quantitative results provided preliminary evidence for improved veteran health care engagement following CC-t. CC-t appears to be feasible and acceptable among veterans and VA staff and holds promise as a primary suicide prevention for veterans making the transition from military service to civilian life. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement

This study provides preliminary support for the feasibility and acceptability of a text message-based intervention (Caring Contacts texts) among veterans during an at-risk period, that is, the transition from military service to civilian life. Further research with larger, clinical samples are warranted before any firm conclusions can be drawn. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1093/milmed/usaf120>

Follow-up Survey Response in Relation to Military Deployments.

Claire A Kolaja, MPH, Jennifer N Belding, PhD, Sheila F Castañeda, PhD, Jennifer L Walstrom, Beverly D Sheppard, Rudolph P Rull, PhD

Military Medicine

Published: 18 April 2025

Introduction

The longitudinal study of service members is necessary to assess the unique occupational exposures and experiences that may affect long-term health and well-being. However, certain inherent aspects of military service, such as military deployments, may make repeated follow-up survey assessments for collecting ongoing exposures, health symptoms, and health outcomes challenging. The aim of this study was to understand the impact of deployment on follow-up survey response rates across a 3-year period among eligible participants in a large contemporary military cohort.

Materials and Method

Data from the Millennium Cohort Study, the largest and longest running study of service members were analyzed to examine the associations between deployment during the paper or web data collection survey cycle on likelihood of response at the first follow-up, approximately 3 years after enrollment for participants originally enrolled between 2001 and 2013.

Results

Bivariate differences suggest those who deployed during the survey cycle were slightly more likely to respond. This modest difference appeared to reverse direction after adjusting for military and demographic characteristics. Among all survey responders, those who deployed during the survey cycle were consistently more likely to complete the web rather than the paper survey than those who did not deploy.

Conclusion

Collecting longitudinal survey data among active duty, Reserve and National Guard service members in deployed settings is feasible.

<https://doi.org/10.1016/j.xjmad.2025.100123>

Personality Traits as Predictors of PTSD and Depression Symptoms Following Exposure-Based Treatment in an Intensive Outpatient Program.

Courtland S. Hyatt, Brinkley M. Sharpe, Colin E. Vize, Julie R. Chrysoferidis, Martha Fiskeaux, Stephanie M. Haft, Natalie M. Hellman, Meagan C. Dove, Sheila A.M. Rauch, Barbara O. Rothbaum and Jessica L. Maples-Keller

Journal of Mood & Anxiety Disorders
April 19, 2025

We aimed to assess the associations between pre-treatment personality traits on symptoms of posttraumatic stress disorder (PTSD) and depression before and after an intensive outpatient treatment program (IOP). In a secondary data analysis of a sample of N = 665 veteran or active-duty U.S. military servicemembers who completed IOP treatment (65.7% male; mean age = 41.8; 57.0% White), we used multiple regression analyses and latent change score models to investigate pre-treatment measures of Five Factor Model traits, psychopathy, and narcissism as predictors of PTSD and depression symptoms across timepoints (i.e., from pre-treatment up to 12-months post-treatment) following completion of exposure-based, cognitive-behavioral IOP treatment. Neuroticism and Extraversion were positively and negatively, respectively, associated with PTSD and depression symptoms at all timepoints, and facets from other domains (e.g., trust, self-efficacy) also bore medium-to-large associations with these symptoms at each timepoint. Psychopathy and narcissism bore null-to-small relations with psychopathology. Pre-treatment PTSD and depression symptoms were consistent predictors of post-treatment symptoms, as well as of greater symptom reduction from pre- to post-treatment, pre-treatment to 12-month follow-up, and post-treatment to 12-month follow up. Higher Extraversion was significantly related to greater change in PTSD and depression symptoms from pre- to post-treatment. No other personality traits were related to symptom change beyond pre-treatment symptoms on any timescale. Personality traits have large associations with PTSD and depression symptoms over time, but the degree to which they account for IOP treatment response beyond baseline symptoms is relatively small.

<https://doi.org/10.1080/21635781.2024.2365834>

Improving Mental Health and Resilience Training: Feedback from Military Personnel.

Anthony Nazarov, Alec Brandwood, Callista Forchuk, Brenda Fraser, Wasim Merchant, Nada Pavlovic, Santiago Badell, Kimberly Guest, Suzanne Bailey, Joshua Granek & J. Don Richardson

Journal of Military Social Work and Behavioral Health Services

Published online: 18 Apr 2025

Mental health and resilience training initiatives have been implemented in many military organizations with the intention of optimizing the psychological resilience of their military members. Capturing military members' perspectives and feedback may contribute to informed decision-making and highlight opportunities for the further development and optimization of such training programs. Feedback on the existing mental health and stress exposure training (i.e., Road to Mental Readiness) was assessed through a combination of open- and closed-ended questions from an online survey of 793 actively serving Canadian Armed Forces (CAF) members. The results indicate that increasing engagement, contextual relevance, frequency, as well as making efforts to decrease the stigma surrounding mental health are commonly perceived gaps and suggestions for training improvement from the perspective of military members. Perceived gaps may not be entirely due to shortcomings of the intervention itself – there is a need for root cause analysis of subjective perceptions prior to considering program changes. Future research and program development related to resilience training can incorporate end-user feedback to not only improve the programs based on the unique needs of the target audience but also help foster a relationship between decision-makers and end-users through shared decision-making and collaboration.

<https://doi.org/10.1007/s11414-025-09945-3>

Firearm Suicide Prevention in the Military Health System: A Qualitative Study of Clinician Training, the “Lock to Live” Decision Aid, and Connection to Out-of-Home Firearm Storage.

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The Journal of Behavioral Health Services & Research
Published: 18 April 2025

Suicide remains a leading cause of death in the U.S. military, with the majority of suicides enacted by firearm. A recommended intervention for suicide prevention in clinical settings, including in the Military Health System (MHS), is counseling at-risk patients about reducing access to firearms and other lethal means of suicide. The team sought to examine MHS clinicians' views on a firearm suicide prevention toolkit that included (1) clinician training, (2) the "Lock to Live" (L2L) decision aid, and (3) connection to out-of-home firearm storage options. The study team conducted one-on-one, semi-structured qualitative interviews with MHS clinicians, administrators, and other stakeholders (January–October 2022). Interviewees viewed the toolkit items and completed a brief questionnaire. The study used a team-based, mixed deductive-inductive approach to qualitative analysis. The study had institutional review board approval. Across interviews (n = 18), there was general support for the lethal means safety counseling toolkit, including clinician training, L2L use, and connection to out-of-home storage options. Participants also provided recommendations for optimal uptake in the MHS, including military-specific messaging. Firearm suicide prevention is a key focus within the Department of Defense, and the findings from this qualitative study can support incorporation of tools for MHS clinicians and patients.

<https://doi.org/10.1007/s10608-025-10591-4>

The Associations Between Cognitive Flexibility and Suicidal Thoughts and Behaviors: A Systematic Review and Meta-Analysis.

Yutong Zhu, Simon M. Li, Yifan Liu, Yancy Yanzhe Niu & Mark Shuquan Chen

Cognitive Therapy and Research
Published: 19 April 2025

Purpose

Cognitive flexibility is associated with various psychological processes and outcomes. However, its relationship with suicidal thoughts and behaviors (STBs) remains

inconclusive. Clarifying this relationship is vital, as cognitive flexibility—particularly set-shifting—may offer valuable insights into the cognitive mechanisms that could either heighten or reduce vulnerability to STBs. This systematic review and meta-analysis aimed to quantitatively assess this relationship.

Methods

We conducted a comprehensive search across four major databases (PubMed, PsycINFO, Web of Science, and Scopus) to identify studies measuring cognitive flexibility through validated self-report tools or experimental tasks in conjunction with STB assessments. A random-effects model was employed to analyze the data, with moderator analyses exploring potential sources of heterogeneity.

Results

The meta-analysis included 42 studies, comprising 5,946 participants. Results indicated a small but significant negative association between cognitive flexibility and STBs ($r = -0.132$, $k = 116$, 95% CI $[-0.202; -0.062]$, $I^2 = 90.1\%$, $Q(115) = 1157.75$, $p < 0.001$). Subgroup analyses revealed no significant moderation effects by gender or age group, cognitive flexibility or STB measure type, whether the outcome was suicidal ideation or attempts, or clinical diagnoses.

Conclusions

These findings suggest that higher cognitive flexibility may act as a protective factor against STBs, possibly by promoting adaptive problem-solving and coping strategies, although the effect sizes remain small. We conclude that cognitive flexibility represents only a modest component in the etiology of STBs. Future research should focus on refining the measurement of cognitive flexibility in suicide risk assessments and incorporating these insights into intervention designs to evaluate its causal role.

<https://doi.org/10.1001/jamanetworkopen.2025.5941>

Mental and Physical Health-Related Risk Factors Among Females Who Died by Firearm Suicide.

Prater, L. C., Noghrehchi, P., Duan, N., Takagi-Stewart, J., Mooney, S. J., Hefner, J. L., & Goldstein, E. V.

JAMA Network Open
April 18, 2025

Key Points

Question

Are there distinct profiles of mental and/or physical illness and suicidal behaviors (ie, thoughts, intent, and attempts) among females who died by firearm suicide?

Findings

In this cross-sectional study, 57.9% of cases of firearm suicides among females were represented in 1 of 4 profiles: alcohol or substance use disorders, depression and suicidal thoughts, physical health problems and pain, and multimorbidity; 42.1% of cases could not be classified.

Meaning

These findings suggest that in the cases that were not classified, the females had relatively low proportions of documented mental or physical health problems, which may indicate low engagement with health care settings and may require intervention in other community settings.

Abstract

Importance

Firearm suicide among females has increased in the past decade; routes for prevention remain unclear.

Objective

To identify classes of firearm suicide decedents among females based on preceding mental and physical health-related risk factors for suicide.

Design, Setting, and Participants

This cross-sectional retrospective study of females who died by firearm suicide between January 2014 and December 2018 used state-based surveillance data from the National Violent Death Reporting System Restricted Access Database representing 1 or more years of data from all 50 US states, the District of Columbia, and Puerto Rico; data were analyzed from March 2022 to September 2023. A latent class analysis was used to identify and characterize categories of mental and physical health-related factors among females (ie, classes).

Exposure

Known mental and physical health-related risk factors for suicide.

Main Outcome and Measure

The numbers (percentages) of females who died by firearm suicide across various factors.

Results

Of the 8318 female decedents in our sample (mean [SD] age, 47.2 [17.0] years), more than half (4816 of 8318 [57.9%]) had more than 1 risk factor endorsed. Among this subgroup, a 4-class model was identified: (1) alcohol use disorder or substance use disorder (1273 [26.4%]); (2) depression and suicidal thoughts (2289 [47.5%]); (3) physical health problems and pain (1054 [21.9%]); and (4) all conditions (multimorbid; 200 [4.2%]); 3502 (42.1%) could not be classified. Black females made up a higher proportion (244 of 3502 [7.0%]) of the females with a 0 or 1 risk factor endorsed than of the females with multiple risk factors (184 of 4816 [3.8%]). Mental health problems were apparent in 51.7% of the full sample (4303 of 8318), with 28.6% (n = 2376) demonstrating evidence of mental health treatment. More than one-fifth (1766 of 8318 [21.2%]) had physical health problems. More than one-fourth of the full sample (2239 of 8318 [26.9%]) and nearly 40% (505 of 1273 [39.7%]) in class 1 had intimate partner problems before their death.

Conclusions and Relevance

In this cross-sectional study of females who died by firearm suicide, meaningfully distinct groups of female firearm suicide decedents were identified. Given the high proportion of females without mental health and physical health problems, it is plausible that many female firearm suicide decedents did not frequently intersect with the health care system before their death. Results suggest opportunities for preventing firearm suicide among females through nonmedical care settings.

<https://doi.org/10.1037/fsh0000973>

Prospective associations of insomnia and nightmares with suicidal behavior among primary care patients.

Smith, L. M., Baker, J. C., & Bryan, C. J.

Families, Systems, & Health
Advance online publication

Introduction:

Insomnia and nightmares have both been associated with suicide risk and are both known to be commonly reported in a primary care setting. However, we are unaware of any studies examining the sleep–suicide relationship in the primary care setting. Clarifying these relationships could reveal important clues for improving suicide prevention efforts in primary care and other medical settings.

Method:

Participants included 2,744 primary care patients recruited from six clinics located at five U.S. military installations. Participants completed measures of suicidal ideation, insomnia, and nightmares at baseline and suicidal ideation and suicide attempts were tracked at 6- and 12-month follow-up interviews.

Results:

Of the 1,792 patients with follow-up data, 57 (3.2%) attempted suicide during the 12-month follow-up. Patients who attempted suicide during follow-up were more likely than patients who did not attempt suicide to have clinical insomnia and nightmares at least weekly. When adjusting for baseline suicidal ideation, clinical insomnia and nightmares at least weekly remained significant predictors of follow-up suicide attempts.

Conclusions:

Our findings suggest that insomnia and nightmares are accurate predictors of subsequent suicidal behavior among a primary care population and may offer positive predictive value for suicidal behavior over and above what can be provided by assessing suicidal ideation alone. (PsychoInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1001/jamanetworkopen.2025.5253>

Camaraderie Among US Veterans and Their Preferences for Health Care Systems and Practitioners.

Vigilante, K., Batten, S. V., Shang, Q., Zhang, S., Li, W., Little, R., Schnurr, P. P., & Kizer, K. W.

JAMA Network Open
April 15, 2025

Key Points

Question

Among veterans who use the Veterans Affairs (VA) Health System, is camaraderie with other veterans associated with choosing a health care system or practitioner?

Findings This survey study of 652 veterans found that camaraderie, also referred to as the desire to be around other veterans, is important to veterans who use the VA Health System, especially veterans younger than 65 years.

Meaning These findings suggest that camaraderie contributes to VA's value proposition, and as care is increasingly provided in the community, finding ways to preserve camaraderie in both settings should be considered.

Abstract

Importance

Unlike convenience, cost, and quality, camaraderie with other similar patients has not been reported as a prominent patient consideration when choosing a health care system or practitioner. As the Veterans Affairs (VA) Health System expands choice of practitioners for its enrollees, it is important to identify ways to promote veteran camaraderie in community care settings.

Objective

To determine whether camaraderie with other veterans is important to veterans using the VA Health System.

Design, Setting, and Participants

In 2019, a web-based survey was administered to veterans who reported using VA health care. The survey included questions about cultural factors, such as camaraderie, practitioners' understanding of veterans, trust of VA caregivers, and a scenario-based question to ascertain whether veterans would choose VA or private health care if cost and distance were equivalent. Data analysis was performed from November 2024 to January 2025.

Exposure

Using the VA health care system.

Main Outcomes and Measures

The primary outcome was the importance of camaraderie in selecting a health care system or practitioner, measured as the percentage of veterans who reported positive ratings on relevant survey items.

Results

In this survey study of 652 veterans, the majority were male (486 veterans [74.54%]). Respondents were categorized into 3 age groups: 18 to 34 years (246 veterans [37.73%]), 35 to 64 years (320 veterans [49.08%]), and 65 years and older (86 veterans [13.19%]). In total, 52.41% of respondents rated camaraderie and being around other veterans as important; this increased to 75.88% among veterans aged 18 to 34 years and to 65.35% for those aged 35 to 64 years. For those aged 65 years and older, only 35.75% felt it was important. When asked whether they would choose VA or a private sector health system if cost and travel distance were equal, 69.00% of respondents indicated they would choose VA. The risk-adjusted model demonstrated those who valued being around veterans at VA were 2.24 times more likely (95% CI, 1.81-2.77) to choose VA.

Conclusions and Relevance

In this survey study of 652 veterans, camaraderie was important to most of these VA Health System users, especially younger veterans. As VA provides more choice of practitioners to its enrollees, it will be important to consider ways to preserve veterans' ability to affiliate with other veterans in community care settings, especially for younger veterans who are often challenged in transitioning from military service to civilian life.

<https://doi.org/10.1037/pas0001393>

Improving the accuracy of the Posttraumatic Stress Disorder Checklist (PCL-5) and Life Events Checklist (LEC-5) as diagnostic tools for posttraumatic stress disorder.

Cao-Noya, J. A., & Benuto, L. T.

Psychological Assessment
Advance online publication

The large impact and sequelae of posttraumatic stress disorder (PTSD) place the development of accurate assessment tools a top priority. The latest version of the PTSD Checklist (PCL-5) is commonly administered in conjunction with the Life Events Checklist (LEC-5) to categorize a person as having or not having PTSD. Despite this being a common approach, researchers have yet to investigate to what degree this approach can lead to false positive PTSD identification, given the broad range of

stressful events respondents could be considering while answering the questionnaires. The goal of this study was to evaluate the false positive rate of the PCL-5/LEC-5 combination. A battery of questionnaires was administered to a large sample of college students (N = 864) that contained the PCL-5, the LEC-5, and an assessment of the stressful event the participant was thinking about while answering the PCL-5 questionnaire. The specificity obtained by the PCL-5/LEC-5 combination was 0.86. Concretely, our results show that among the potential positives (n = 184), more than the 58% (n = 107) were considered false positives, whereas only 41.84% (n = 77) were assessed as true positives. The addition of a single item asking participants what they were thinking about while answering the PCL-5 questionnaire was able to successfully identify these cases, as evidenced by the obtainment of similar rates than more time-consuming and clinician-administered measures. The results of this study lead to questions about the generalizability of several findings reported in the PTSD literature. (PsychoInfo Database Record (c) 2025 APA, all rights reserved)

<https://doi.org/10.1093/milmed/usaf118>

Comorbid Chronic Pain and Posttraumatic Stress Disorder Among Veterans: Approaches to Care.

Alessandra A Pratt, PhD, MS , Jennifer Van Tiem , Brian C Lund , Nicole L Johnson , Kenda R S Steffensmeier , Daniel D Ball , Emily B K Thomas , Michelle A Mengeling , Sonya B Norman , Mary A Driscoll , Lauren Garvin , Kimberly J Hart , Katherine Hadlandsmyth

Military Medicine

Published: 11 April 2025

Introduction

The aim is to elucidate approaches to care for comorbid chronic pain and PTSD (CP + PTSD) in the Veterans Administration (VA). These conditions are co-magnifying and highly comorbid but traditionally treated in separate clinical settings.

Materials and Methods

This multimethod analysis examined care for CP + PTSD via administrative data analyses and qualitative interviews of VA-served veterans.

Results

All participants with diagnoses of CP + PTSD in 2021 were identified using VA administrative data (N = 456,544). Visits during the following year (2022) coded for chronic pain, PTSD, or both were analyzed. Qualitative interview participants (N = 22) were recruited, screened, consented, and enrolled in 2023. Administrative findings demonstrated that clinical settings differed where CP and PTSD were treated. For PTSD, 90.7% of visits occurred in the mental health service line, whereas for CP, visits occurred across a range of settings outside mental health (e.g., primary care, rehabilitative services, and surgical services). A small percentage of visits (4.8%) were coded for both CP + PTSD, indicating possible combined care. In qualitative interviews, participants acknowledged that CP and PTSD symptoms may impact one another but noted that the health care they received for these 2 conditions was typically siloed. Participants also identified barriers that would need to be addressed before a fully integrated coordinated care model could be implemented.

Conclusions

Veterans reported interest in coordinated treatment for CP + PTSD; however, the provision of CP + PTSD care provided across different service lines may pose challenges to optimizing care coordination.

<https://doi.org/10.1016/j.jad.2025.04.043>

Preliminary efficacy of prolonged exposure therapy to reduce suicide risk in co-occurring bipolar disorder & trauma symptoms.

Douglas Katz, Timothy Petersen, Dustin J. Rabideau, Abigail Stark, ... Louisa Sylvia

Journal of Affective Disorders

Volume 382, 1 August 2025, Pages 55-58

Highlights

- Suicide-related measures decreased following prolonged exposure treatment (PE).
- PE was safe for comorbid trauma symptoms and bipolar disorder.
- PE may reduce suicide risk for individuals with comorbid trauma symptoms and bipolar disorder.

Abstract

Bipolar disorder (BD) and trauma symptoms commonly co-occur and present a high rate of suicidality. Prolonged exposure (PE) is a well-established and efficacious treatment for symptoms of PTSD, untested in patients with co-occurring BD but promising in its effectiveness for reducing suicidal thoughts and behaviors. The current study evaluates the preliminary efficacy of PE in reducing suicide risk in patients with co-occurring BD and trauma symptoms. Participants (N = 32) were enrolled in a 10-session, weekly PE program and completed assessments of trauma symptoms, suicidality, state and trait anxiety, depression, and mania at baseline, Sessions 5 and 10, and at 6 months post-treatment. 75 % (24/32) of participants completed all ten PE sessions and 50 % completed 6-month follow-up assessments. Total Concise Health Risk Tracking Form (CHRT) scores, and pessimism subscale scores declined meaningfully from baseline to session 10, partially rebounding from session 10 to 6-month follow-up. CHRT despair and helplessness showed reductions throughout treatment that were mostly retained at 6 months post-treatment. CHRT suicidal thoughts declined during treatment but rebounded to near baseline levels at follow-up. These findings suggest that 10-session PE may reduce suicide risk in individuals with co-occurring BD and trauma symptoms, and that PE does not increase suicide risk in individuals with BD.

Links of Interest

Special needs students are underserved in DODEA schools, watchdog report finds
<https://www.stripes.com/theaters/us/2025-04-17/dodea-special-education-gao-report-17503498.html>

- [Special Education: Improved Allocation of Resources Could Help DOD Education Activity Better Meet Students' Needs](#)

Navy falls short in ensuring adoption of suicide crisis response plans, watchdog agency says

<https://www.stripes.com/branches/navy/2025-04-18/navy-suicide-inspector-general-17507390.html>

- [Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation](#) (Report No. DODIG-2025-085)

Now that digital therapeutics have Medicare coverage, the real test begins

<https://www.healthcare-brew.com/stories/2025/04/04/digital-therapeutics-medicare-coverage-test-begins>

Treating patients with borderline personality disorder

<https://www.apa.org/monitor/2025/04-05/treating-borderline-personality>

Thousands of military families use child care app devised by airman

<https://www.militarytimes.com/news/your-military/2025/04/21/thousands-of-military-families-use-child-care-app-devised-by-airman/>

PTSD in the inpatient setting

<https://blogs.the-hospitalist.org/content/ptsd-inpatient-setting>

Resource of the Week – [Preventing Veteran Suicide: A Landscape Analysis of Existing Programs, Their Evidence, and What the Next Generation of Programs May Look Like](#)

New, from the RAND Corporation:

Preventing veteran suicide is a national priority for government, veteran advocacy groups, and the private sector. This attention has led many individuals and organizations to leverage their expertise to create, expand, or promote activities that they hope will prevent future deaths. While the number and array of diverse approaches reflect a nation committed to a common goal, they also can create confusion. Advances in technology also generate questions about the future of veteran suicide prevention.

In this report, the authors analyze current and emerging activities to prevent veteran suicide. They introduce the RAND Suicide Prevention Activity Matrix, a framework that organizes current approaches, how they complement each other, how they might change, their evidence for preventing veteran suicide, and why they might (or might not) work. This framework places 26 categories of activities in a matrix based on whom the activity targets (the veteran directly, those who regularly interact with the veteran, or social influences) and what the activity is intended to accomplish (address social conditions, promote general well-being, address mental health symptoms, provide mental health supports, and prevent suicide crises). Entities committed to preventing veteran suicide and seeking to

design evidence-informed, comprehensive suicide prevention strategies will benefit from the framework and evidence reviewed in this report, in addition to the recommendations the authors developed from these data.

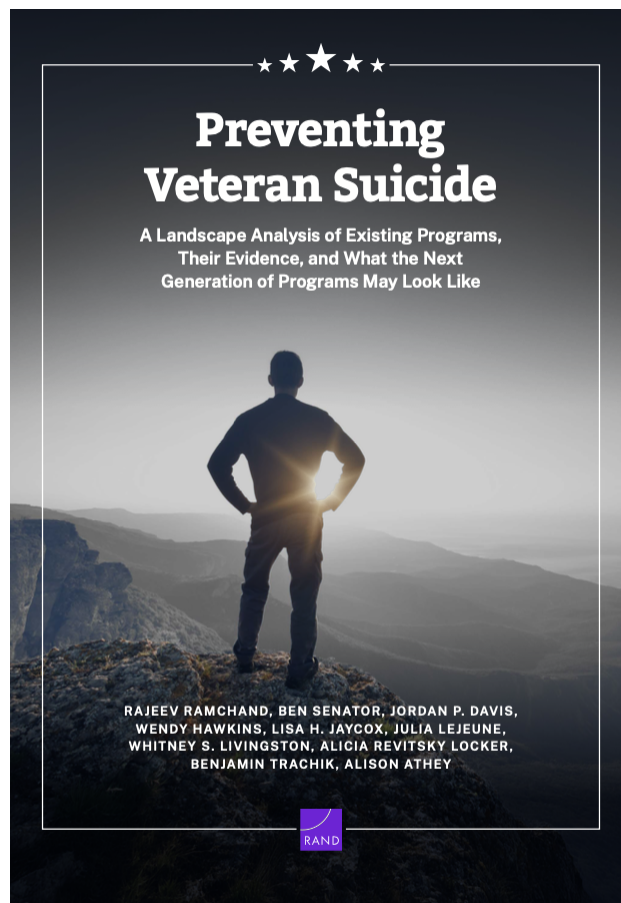
Key Findings

- The authors identified 307 suicide prevention programs, 156 of which were currently operating and 226 that were proposed to expand existing services or initiate new programs.
- These organizations' suicide prevention activities were categorized across 26 suicide prevention activity categories and organized into the RAND Suicide Prevention Activity Matrix.
- Among the 156 current programs, there is a strong focus on those that aim to build social connections and those that offer case management or noncrisis psychological counseling.
- Veterans are the primary focus of most current programs, but many programs are also offered to family members and friends — often in addition to serving veterans directly.
- Nonprofit organizations operate most current programs, and just under half of the programs are accessed virtually or via a combination of in-person and virtual access.
- Among the 226 proposed programs, the most common types are multifunctional digital health platforms (mobile health applications), suicide risk assessment tools, and real-time monitoring.
- The following activity types have a robust evidence base for preventing suicide: community-based suicide prevention initiatives, suicide risk assessment, noncrisis psychological treatment, crisis psychological clinical services, and pharmacotherapy (for those with mental health conditions).

Recommendations

- Organizations charged with developing, investing in, implementing, or evaluating comprehensive suicide prevention strategies should prioritize implementation of evidence-based prevention activities.
- When implementing a suicide prevention activity, organizations should consider the context in which the activity is intended to be delivered.
- Organizations should conduct a needs assessment to identify gaps in suicide prevention activities.
- Organizations should apply different thresholds of evidence when considering different suicide prevention activities.

- Organizations should invest strategically in research that can fill notable gaps in knowledge.



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