CDP
Uniformed Services University

Research Update -- June 26, 2025

What's Here:

- Prevalence of loneliness states among the US adult population: Findings from the 2022 HINTS-6.
- Location of Firearm Suicides in the United States, 2003-2021.
- Social Drivers of Health and Firearm Storage Practices.
- Factors Associated With Secure Firearm Storage Among U.S. Gun Owners.
- Firearm Laws and Pediatric Mortality in the US.
- Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths.
- Suicide and Crisis Lifeline at National, Regional, and State Levels.
- US Workers' Self-Reported Mental Health Outcomes by Industry and Occupation.
- The use of exposure in anxiety-related disorders and associations with practitioner characteristics.
- Machine learning applications related to suicide in military and Veterans: A scoping literature review.
- Do betrayal-based moral injury and drinking to cope explain the association between military sexual trauma and alcohol consumption?
- Treatment Responsivity in Service Members With PTSD and a History of Childhood Trauma and Combat.

- Pre-trauma insomnia and posttraumatic alcohol and cannabis use in the AURORA observational cohort study of trauma survivors.
- Factors impacting military emergency medicine residents' sleep and barriers to seeking help: A sequential exploratory mixed-methods study.
- Mental health and substance use clinical risk factors associated with emergency department and emergency medical services involvement among decedents of suicide by poisoning.
- Biopsychosocial factors and low back pain in military personnel with lower limb loss: the ADVANCE study.
- Effect of Serious Mental Health and Physical Injuries and Their Treatment on Career Trajectories for Military Service Members.
- Prevalence and vulnerability for suicidal thoughts and behaviors among adults recently bereaved by suicide.
- The Prevalence of Moral Distress and Moral Injury Among U.S. Veterans.
- Do betrayal-based moral injury and drinking to cope explain the association between military sexual trauma and alcohol consumption?
- Impact of the full-scale invasion on the mental health of the population of the country in a state of military conflict: a study of regional trends in anxiety, depression, early symptoms of acute stress disorder and post-traumatic stress disorder.
- Kratom Use and Suicidal Thoughts and Behaviors in the United States.
- Prevalence of Complex Post-Traumatic Stress Disorder (CPTSD): A Systematic Review and Meta-Analysis.
- Facilitating assessment of symptoms and behaviors using a smartphone application to identify at-risk sailors.
- Staff perspectives on implementing dialectical behavior therapy skills groups in the Veterans Health Administration.
- Links of Interest
- Resource of the Week – Defense Primer: Military Enlisted Personnel (Congressional Research Service)

Prevalence of loneliness states among the US adult population: Findings from the 2022 HINTS-6.

Juan Rafael Albertorio-Diaz, Christopher W. Wheldon

Introduction
In 2023 the U.S. Surgeon General declared loneliness and social isolation as significant public health issues, linked to adverse outcomes such as chronic disease, mental health disorders, and mortality. This study aimed to provide population-based estimates of loneliness states among U.S. adults and identify differences across sociodemographic, contextual, and health-related factors.

Methods
We conducted a secondary analysis of the 2022 Health Information National Trends Survey (HINTS-6). Loneliness was measured using the PROMIS Social Isolation Short form. Weighted percentages and 95% confidence intervals were generated using the Korn-Graubard method for complex surveys for each variable. Logistic regression was used to examine correlates of moderate-severe loneliness.

Results
Approximately 37.4% of the US adult population experienced moderate to severe loneliness (i.e., 23.5% moderate and 14.0% severe loneliness). There were several disparities across sociodemographic groups (e.g., lesbian and gay individuals), those with social isolation proxies (e.g., never married), those with poor health, and general and chronic health conditions. In a fully adjusted model, younger age, lower income, gay or lesbian identity, being divorced or widowed, short sleep duration, and depression were consistently associated with higher odds of moderate-severe loneliness states.

Conclusions
Loneliness is a critical public health challenge in the U.S., with pronounced disparities across sociodemographic and health-related factors. These findings compel the necessity for preventive targeted interventions aimed at addressing loneliness within public health initiatives. Enhancing public health surveillance to capture loneliness more effectively is imperative to mitigate its impact.

Location of Firearm Suicides in the United States, 2003-2021.

Rencken, C., Smart, R., Ruben, E., & Rowhani-Rahbar, A.

Discourses around sensitive locations typically emphasize their impact on firearm homicides; however, this study draws attention to firearm suicides in these contexts. The urgency of this issue is further amplified by the noticeable increase in handgun carrying between 2015 and 2019, a trend observed shortly before the court ruling. Place-based measures, proven effective for reducing suicides by other means, remain underused for firearm suicides. The existing policies and frameworks for firearm suicide prevention, particularly those implemented by clinicians,6 have predominantly concentrated on promoting safe storage within the home. While those efforts are critical, this research has identified an additional opportunity for clinicians, public health officials, and policymakers to broaden their suicide prevention strategies by addressing a wider set of locations where firearm suicides take place.

Social Drivers of Health and Firearm Storage Practices.

Parekh, T., Pena, A., Bhaskar, M., & Park, J. W.

Key Points
Question
What is the association between firearm ownership, storage practice, and social drivers of health in US adults?

Findings

In this cross-sectional study of 44 736 US adults, 29.3% were in firearm-owning households, of whom 16.4% reported unsafe storage (loaded and unlocked), which was more common among non-Hispanic Black households despite ownership being most prevalent among non-Hispanic White households. Social drivers of health, including food and housing insecurity, transportation barriers, and financial hardship, were significantly associated with more than double the likelihood of unsafe firearm storage.

Meaning

The connection between unsafe firearm storage and social factors highlights the importance of interventions targeting behaviors, economic inequalities, and systemic inequities.

Abstract

Importance

Understanding the primary social drivers of unsafe firearm storage practices is essential for preventing firearm-related injuries.

Objective

To examine household firearm ownership and storage practices, assess their association with social drivers of health (SDOH), and identify factors associated with unsafe storage practices among adult residents.

Design, Setting, and Participants

This cross-sectional analysis used 2022 Behavioral Risk Factor Surveillance System data from adults in 5 US states. Data analysis occurred from April 1 to October 2, 2024.

Exposures

Participation in the Behavioral Risk Factor Surveillance System. SDOH include food insecurity, housing insecurity, social isolation, job loss or employment insecurity, feeling stressed, transportation barriers, and financial hardship.

Main Outcomes and Measures

Firearm ownership and storage were assessed using structured questions. Storage practices were categorized as safest (all firearms unloaded), intermediate risk (at least 1 loaded and locked), and unsafe (at least 1 loaded and unlocked). Multivariable weighted logistic regression models estimated adjusted odds ratios (aORs) for firearm ownership and storage practices, accounting for demographic, socioeconomic, behavioral and mental health characteristics, and state firearm policies.

Results
The unweighted study included 44 736 adults. The weighted population was 52.5% (95% CI, 51.5%-53.5%) female; 1.6% (95% CI, 1.4%-1.9%) American Indian, Alaska Native, and Pacific Islander; 10.0% (95% CI, 9.2%-10.8%) Asian non-Hispanic; 7.7% (95% CI, 7.2%-8.3%) Black non-Hispanic; 25.1% (95% CI, 24.1%-26.1%) Hispanic; 52.5% (95% CI, 51.5%-53.5%) White non-Hispanic; and 3.1% (95% CI, 2.7%-3.6%) multiracial. Firearms were owned in 29.3% of households (17 146 respondents), with 67.9% (11 396 respondents) storing them unloaded, 15.9% (2391 respondents) storing them loaded and locked, and 16.4% (2816 respondents) storing them loaded and unlocked. Unsafe storage was most common among non-Hispanic Black firearm owners (aOR, 2.23; 95% CI, 1.39-3.57). Food insecurity (aOR, 3.09; 95% CI, 1.29-7.40), housing insecurity (aOR, 1.66; 95% CI, 1.01-2.79), transportation barriers (aOR, 2.16; 95% CI, 1.19-3.90), and financial hardship (aOR, 2.22; 95% CI, 1.16-4.28) were significantly associated with unsafe storage practices. Households with children had higher odds of firearm ownership (aOR, 1.22; 95% CI, 1.05-1.43), but lower odds of unsafe storage (aOR, 0.38; 95% CI, 0.26-0.55). Child access prevention laws were associated with lower odds of firearm ownership (aOR, 0.57; 95% CI, 0.51-0.63) and unsafe storage (aOR, 0.52; 95% CI, 0.40-0.68). Behavioral risks like binge alcohol use (aOR, 1.39; 95% CI, 1.01-1.93) and life dissatisfaction (aOR, 1.81; 95% CI, 1.05-3.11) were associated with increased firearm ownership and unsafe storage.

Conclusions and Relevance
In this cross-sectional study of US adults, firearm ownership was more prevalent among non-Hispanic White, higher-income, and highly educated households, but unsafe storage was more common among non-Hispanic Black and lower-income households. SDOH and high-risk behaviors, including alcohol misuse and life dissatisfaction, were linked to unsafe storage. Targeted public health initiatives are crucial for improving firearm safety.

—--

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

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

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 prevention 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/10.1001/jamapediatrics.2025.1363

Firearm Laws and Pediatric Mortality in the US.

Faust, J. S., Chen, J., Bhat, S., Otugo, O., Yaver, M., Renton, B., Chen, A. J., Lin, Z., & Krumholz, H. M.

Key Points

Question

Did states enacting permissive firearm laws after 2010—when McDonald v Chicago was decided by the US Supreme Court—subsequently experience higher rates of pediatric firearm mortality?

Findings

Excess mortality analysis found that a group of states with the most permissive firearm laws after 2010 experienced more than 6029 firearm deaths in children and adolescents aged 0 to 17 years between 2011 and 2023 and 1424 excess firearm deaths in a group of states with permissive laws. In the most permissive states, the largest increase occurred in the non-Hispanic Black pediatric population; among all states, 4 states had statistical decreases in pediatric firearm mortality during the study period, all of which were in states with strict firearm policies.

Meaning

These results demonstrate that permissive firearm laws contributed to thousands of excess firearm deaths among children living in states with permissive policies; future work should focus on determining which types of laws conferred the most harm and which offered the most protection.

Abstract

Importance

Firearms are the leading cause of death in US children and adolescents, but little is known about whether the overall legal landscape was associated with excess mortality after a landmark US Supreme Court decision in 2010.

Objective

To measure excess mortality due to firearms among US children aged 0 to 17 years after the McDonald v Chicago US Supreme Court decision (2010).

Design, Setting, and Participants

An excess mortality analysis was conducted using the US Centers for Disease Control and Prevention's Wide-Ranging Online Data for Epidemiologic Research (WONDER) database before and after McDonald v Chicago, the landmark 2010 US Supreme Court decision on firearms regulation. States were divided into 3 groups based on legal actions taken before and since 2010, most permissive, permissive, and strict. Firearm

mortality trends before (1999-2010) and after (2011-2023) were determined and compared across the 3 groups for all intents and by intent (homicide and suicide). Subgroup analysis by observed race and ethnicity was conducted. For each US state, pre–and post–McDonald v Chicago all-intent pediatric firearm mortality incident rates were compared. These data were analyzed January 2011 through December 2023.

Exposure
The pre– and post–McDonald v Chicago legal landscape.

Main Outcomes and Measures
Excess mortality during the post–McDonald v Chicago period.

Results
During the post–McDonald v Chicago period (2011-2023), there were 6029 excess firearm deaths (incidence rate [IR], 158.6 per million population; 95% CI, 154.8-162.5) in the most permissive group. In the permissive group, there were 1424 excess firearm deaths (IR, 107.5 per million person-years; 95% CI, 103.8-111.3). In the strict group, there were −55 excess firearm deaths (IR, −2.5 per million person-years; 95% CI, −5.8 to 0.8). Non-Hispanic Black populations were had the largest increase in firearm mortality in the most permissive and permissive state groupings. Four states (California, Maryland, New York, and Rhode Island) had decreased pediatric firearm mortality after McDonald v Chicago, all of which were in the strict firearms law group.

Conclusion
States in the most permissive and permissive firearm law categories experienced greater pediatric firearm mortality during the post–McDonald v Chicago era. Future work should focus on determining which types of laws conferred the most harm and which offered the most protection.

—--

https://doi.org/10.1001/jama.2025.7829

Addictive Screen Use Trajectories and Suicidal Behaviors, Suicidal Ideation, and Mental Health in US Youths.

Xiao, Y., Meng, Y., Brown, T. T., Keyes, K. M., & Mann, J. J.

Key Points

Question

Are addictive screen use trajectories associated with suicidal behaviors, suicidal ideation, and mental health outcomes in US youth?

Findings

In this cohort study of 4285 US adolescents, 31.3% had increasing addictive use trajectories for social media and 24.6% for mobile phones over 4 years. High or increasing addictive use trajectories were associated with elevated risks of suicidal behaviors or ideation compared with low addictive use. Youths with high-peaking or increasing social media use or high video game use had more internalizing or externalizing symptoms.

Meaning

Both high and increasing addictive screen use trajectories were associated with suicidal behaviors, suicidal ideation, and worse mental health in youths.

Abstract

Importance

Increasing child and adolescent use of social media, video games, and mobile phones has raised concerns about potential links to youth mental health problems. Prior research has largely focused on total screen time rather than longitudinal addictive use trajectories.

Objectives

To identify trajectories of addictive use of social media, mobile phones, and video games and to examine their associations with suicidal behaviors and ideation and mental health outcomes among youths.

Design, Setting, and Participants

Cohort study analyzing data from baseline through year 4 follow-up in the Adolescent Brain Cognitive Development Study (2016-2022), with population-based samples from 21 US sites.

Exposures

Addictive use of social media, mobile phones, and video games using validated child-reported measures from year 2, year 3, and year 4 follow-up surveys.

Main Outcomes and Measures
Suicidal behaviors and ideation assessed using child- and parent-reported information via the Kiddie Schedule for Affective Disorders and Schizophrenia. Internalizing and externalizing symptoms were assessed using the parent-reported Child Behavior Checklist.

Results
The analytic sample (n = 4285) had a mean age of 10.0 (SD, 0.6) years; 47.9% were female; and 9.9% were Black, 19.4% Hispanic, and 58.7% White. Latent class linear mixed models identified 3 addictive use trajectories for social media and mobile phones and 2 for video games. Nearly one-third of participants had an increasing addictive use trajectory for social media or mobile phones beginning at age 11 years. In adjusted models, increasing addictive use trajectories were associated with higher risks of suicide-related outcomes than low addictive use trajectories (eg, increasing addictive use of social media had a risk ratio of 2.14 [95% CI, 1.61-2.85] for suicidal behaviors). High addictive use trajectories for all screen types were associated with suicide-related outcomes (eg, high-peaking addictive use of social media had a risk ratio of 2.39 [95% CI, 1.66-3.43] for suicidal behaviors). The high video game addictive use trajectory showed the largest relative difference in internalizing symptoms (T score difference, 2.03 [95% CI, 1.45-2.61]), and the increasing social media addictive use trajectory for externalizing symptoms (T score difference, 1.05 [95% CI, 0.54-1.56]), compared with low addictive use trajectories. Total screen time at baseline was not associated with outcomes.

Conclusions and Relevance
High or increasing trajectories of addictive use of social media, mobile phones, or video games were common in early adolescents. Both high and increasing addictive screen use trajectories were associated with suicidal behaviors and ideation and worse mental health.

See also: [Beyond Screen Time—Addictive Screen Use Patterns and Adolescent Mental Health](#) (Evanguarditorial)

—--

https://doi.org/10.1001/jamanetworkopen.2025.14323

Suicide and Crisis Lifeline at National, Regional, and State Levels.

Purtle, J., Mauri, A. I., Bandara, S., & Stuart, E. A.

Nationally, 988 was contacted 16 333 707 times between July 1, 2022, and December 31, 2024, with 1 792 123 contacts (11.0%) rerouted to the Veterans Crisis Line. Of all contacts, 11 453 863 (70.1%) were calls, 2 942 852 (18.0%) were texts, and 1 936 992 (11.9%) were chats.

In this 30-month period, the national lifetime 988 contact incidence rate was 48.9 per 1000 population, and the estimated lifetime 988 use prevalence was 2.4%. The national past-year 988 contact incidence rate was 23.7 per 1000 population, and the estimated past-year 988 use prevalence was 1.6%.

—--

US Workers' Self-Reported Mental Health Outcomes by Industry and Occupation.

Sussell, A. L., Yeoman, K., Nixon, C. T., Scott, K. A., Robinson, T. S., & Poplin, G. S.

Objective
To determine if self-reported lifetime diagnosed depression, frequent mental distress (FMD), extreme distress prevalences, and mean mentally unhealthy days (MUD) varied among current workers by industry or occupation.

Design, Setting, And Participants
This cross-sectional study used Behavioral Risk Factor Surveillance System (BRFSS) data from 37 states reporting workers' industry and occupation in 1 or more years between 2015 and 2019. The target population was currently employed civilian adults aged 18 years or older. Analyses were conducted in 2022 and 2023.

Exposures
Workers' current industry and occupation were the primary exposures of interest. Self-reported sociodemographic covariates included sex, age, race and ethnicity, education, coupled status, and health care coverage.

Main Outcomes and Measures
Self-reported lifetime diagnosed depression, FMD, extreme distress, and MUD.

Results
Of a total 536 279 workers assessed (unweighted sample, 535 997 workers; 263 007 female [49.1%]; 48 279 Hispanic [9.0%], 40 188 non-Hispanic Black [7.5%], 400 604 non-Hispanic White [74.7%]), 469 129 reported their industry or occupation. Lifetime diagnosed depression was reported by 80 319 of 534 342 workers (14.2% [95% CI, 13.9%-14.4%]). Mean MUD was 9.5 days (95% CI, 9.4-9.7 days) among 530 309 workers, and in all sociodemographic groups the mean MUD was 3 to 5 times higher among workers who reported lifetime diagnosed depression. Higher prevalences than all workers for lifetime diagnosed depression, FMD, and extreme distress were reported by workers who were female (lifetime diagnosed depression, 19.5% [95% 19.1%-19.9%]; FMD, 11.6% [95% CI, 11.3%-11.9%]; extreme distress, 4.8% [95% CI, 4.6%-5.1%]), ages 18 to 34 years (lifetime diagnosed depression, 16.9% [95% CI, 16.4%-17.3%]; FMD, 13.6% [95% CI, 13.1%-14.0%]; extreme distress, 5.5% [95% CI, 5.2%-5.8%]), and no longer or never in a couple (lifetime diagnosed depression, 18.0% [95% CI, 17.6%-18.4%]; FMD, 13.3% [95% CI, 12.9%-13.7%]; extreme distress, 5.7% [95% CI, 5.4%-6.0%]). By industry, retail trade (lifetime diagnosed depression: APR, 1.15 [95% CI, 1.05-1.25]; FMD: APR, 1.23 [95% CI, 1.10-1.39]) and accommodation and food services (lifetime diagnosed depression: APR, 1.13 [95% CI, 1.03-1.25]; FMD: APR, 6.8 [95% CI, 6.0-7.7]) had higher adjusted prevalences of lifetime diagnosed depression and FMD. By occupation, arts, design, entertainment, sports, and media (1.32 [95% CI, 1.09-1.60]); health care support (1.19 [95% CI, 1.03-1.38]); food preparation and serving (1.20 [95% CI, 1.05-1.36]); and sales and related occupations (1.13 [95% CI, 1.01-1.27]) had higher adjusted prevalences of FMD than the comparison group. Health care support (6.6% [95% CI, 5.5%-7.8%]), food preparation and service (6.9% [95% CI, 5.9%-7.8%]), building and grounds cleaning and maintenance (5.2% [95% CI, 4.4%-6.0%]), personal care and service (5.8% [95% CI, 4.9%-6.8%]), and sales and related occupations (4.8% [95% CI, 4.3%-5.3%]) had higher unadjusted extreme distress than all workers.

Conclusions And Relevance
In this cross-sectional study, poor mental health among workers varied significantly by sociodemographic categories; significant differences among industry and occupation groups remained after adjustment. More research is needed on the effects of work-related factors on mental health, which may inform tailored treatment and prevention strategies.

—--

The use of exposure in anxiety-related disorders and associations with practitioner characteristics.

Scheveneels, S., Hermans, D., Janssens, J., Greeven, A., & van Emmerik, A.

Cognitive Behaviour Therapy
Published online: 18 Jun 2025

Despite their well-established efficacy in anxiety treatment, exposure-based interventions are underutilized. Surveying 190 practitioners (122 completed), the current study examined the use of exposure in various anxiety-related disorders and associations with practitioner-related characteristics. Results indicate that across anxiety-related disorders, exposure was used in 65.73% of the patients and on average 41.30% of treatment time is spent on exposure. More training and a CBT orientation are associated with higher utilization, perceived competence, and effectiveness. Practitioners used exposure less often in the treatment of posttraumatic stress disorder and generalized anxiety disorder compared to the other disorders. They perceive exposure as less effective for these disorders and perceive themselves as less competent to deliver exposure in these disorders. Negative beliefs about exposure and higher distress about using exposure were associated with lower utilization. Practitioners high on anxiety sensitivity and experiential avoidance reported more distress about using exposure. Considerable variability was reported in how practitioners deliver exposure, suggesting an eclectic approach rather than adhering to a specific theoretical framework. Investigating factors associated with exposure use can provide valuable insights into how to remediate. Our results suggest that promising targets to boost the use of exposure are training, as well as tackling negative beliefs and therapist distress.

—--

Machine learning applications related to suicide in military and Veterans: A scoping literature review.

Zhang, Y., Wei, Y., Wang, Y., Xiao, Y., Poropatich, C. R. R. K., Haas, G. L., Zhang, Y., Weng, C., Liu, J., Brenner, L. A., Bjork, J. M., & Peng, Y.

Objective

Suicide remains one of the main preventable causes of death among service members and veterans. Early detection and accurate prediction are essential components of effective suicide prevention strategies. Machine learning techniques have been explored in recent years with a specific focus on the assessment and prediction of multiple suicide-related outcomes, showing promising advancements. This study aims to assess and summarize current research and provides a comprehensive review regarding the application of machine learning techniques in assessing and predicting suicidal ideation, attempts, and mortality among members of military and veteran populations.

Methods

A keyword search using PubMed, IEEE, ACM, and Google Scholar was conducted, and the PRISMA protocol was adopted for relevant study selection. Peer-reviewed original research in English targeting the assessment or prediction of suicide-related outcomes among service members and veteran populations was included. 1,110 studies were retrieved, and 32 satisfied the inclusion criteria and were included.

Results

Thirty-two articles met the inclusion criteria. Despite these studies exhibiting significant variability in sample characteristics, data modalities, specific suicide-related outcomes, and the machine learning technologies employed, they consistently identified risk factors relevant to mental health issues such as depression, post-traumatic stress disorder (PTSD), suicidal ideation, prior attempts, physical health problems, and demographic characteristics. Machine learning models applied in this area have demonstrated reasonable predictive accuracy and have verified, on a large scale, risk factors previously detected by more manual analytic methods. Additional research gaps still exist. First, many studies have overlooked metrics that distinguish between false positives and negatives, such as positive predictive value and negative predictive value, which are crucial in the context of suicide prevention policies. Second, more dedicated approaches to handling survival and longitudinal data should be explored. Lastly, most studies focused on machine learning methods, with limited discussion of their connection to clinical rationales.

Conclusion
In sum, machine learning analyses have identified risk factors associated with suicide in military populations, which span a wide range of psychological, biological, and sociocultural factors, highlighting the complexities involved in assessing suicide risk among service members and veterans. Some differences were noted between males and females. The diversity of these factors also demonstrates that effective prevention strategies must be comprehensive and flexible.

—--

Do betrayal-based moral injury and drinking to cope explain the association between military sexual trauma and alcohol consumption?

Kelley, M. L., Strowger, M., & Gabelmann, J. M.

The present study examined two sequential mediation models in which betrayal-based moral injury and drinking to cope were hypothesized to explain the associations between sexual assault/sexual harassment and alcohol consumption. Participants were a community sample of 93 current or former U.S. military women (30.4 years; SD = 8.01) who completed an online, anonymous survey. In both models, sexual assault and sexual harassment and alcohol consumption were explained by betrayal-based moral injury and drinking to cope. It may be important to assess for and therapeutically address betrayal-based moral injury as it may be a mechanism that drives alcohol consumption.

—--

Treatment Responsivity in Service Members With PTSD and a History of Childhood Trauma and Combat.

Maria A Morgan, PhD, MPS, Derek J Smolenski, PhD, MPH, Kiriana Cowansage, PhD, Marija Spanovic Kelber, PhD , Bradley E Belsher, PhD , Daniel P Evatt, PhD

Introduction

Adverse childhood experiences (ACEs) and combat exposure are risk factors for developing posttraumatic stress disorder (PTSD) in adulthood. Higher proportions of military service members (SMs) self-report ACEs than do civilians. Combat exposure subsequent to ACEs has been found to predict PTSD severity beyond the expected effect of combat exposure alone. Adverse childhood experiences appear to impede responsivity to treatment of mood disorders; less is known about their impact on responsivity to treatment of PTSD, including following combat exposure. The current study examined whether SMs receiving treatment for self-reported PTSD differed in symptom severity trajectories based on their childhood sexual and/or physical abuse and combat exposure histories.

Materials and Methods

We conducted a secondary analysis of data from a randomized clinical trial (RCT) that evaluated the effectiveness of collaborative primary care programs for treating SMs with self-reported PTSD (N = 561). Patients completed PTSD, depression, and somatic symptom assessments over 12 months. We used latent growth-curve models to measure symptom trajectories based on childhood sexual and/or physical abuse (ACE status) and combat exposure status. The original RCT was approved by multiple institutional research review boards.

Results

Of 561 patients who screened positive for probable PTSD, 47.2% reported exposure to ACEs and 69.0% to combat; 30.7% of patients reported exposure to both. On average, participants had reductions in PTSD, depression, and somatic symptoms by 12 months (d = −0.59, −0.66, and −0.34, respectively). We did not find evidence for effect measure modification between ACE and combat exposure for any of the 3 outcome models. The decreases in PTSD and depression did not appreciably differ as a function of ACE or combat exposure. There was weak evidence that combat-exposed individuals had a smaller decrease in depression symptoms and ACE-exposed individuals had a larger decrease in somatic symptoms by 12 months compared to their nonexposed counterparts.

Conclusions

There was only weak evidence of an association between ACEs or combat exposure, alone or in combination, on the symptom improvement shown by SMs with self-reported PTSD. This suggests that SMs with ACEs can benefit from PTSD treatment managed

through collaborative primary care to a similar extent as SMs without ACEs. Further research is needed to determine which characteristics of the childhood trauma, adult trauma, patient population, and trauma-focused therapy interact to best predict responsivity to treatment in SMs with PTSD.

—--

Pre-trauma insomnia and posttraumatic alcohol and cannabis use in the AURORA observational cohort study of trauma survivors.

Short, N. A., Ellis, R. A., Pezza, M., House, S. L., Beaudoin, F. L., An, X., ... & Neylan, T. C.

Background and Aims
Insomnia symptoms are a potential risk factor for alcohol and cannabis use, particularly in trauma-exposed populations. The initial weeks and months after trauma are a period of risk for problematic substance use, however prior research has not examined whether insomnia symptoms predict alcohol or cannabis use after trauma.

Design
Using a large-scale, multi-site, prospective study of trauma survivors presenting to emergency departments (EDs), the current study tested direct and indirect associations between pre-trauma insomnia symptoms, two-week posttraumatic stress disorder (PTSD) symptoms, and eight-week post-trauma heavy alcohol and cannabis use and binge drinking.

Setting
Participants were recruited from 23 EDs in the United States and followed up using remote assessments.

Participants/Cases
Participants were from the AURORA study (n=2,449). A slight majority were women (63.8%) and were an average of 37 years old. Participants were racially and ethnically diverse (50.5% Black, 11.2% Hispanic).

Measurements
Participants completed self-report measures during their ED visit, and two- and eight-weeks post-trauma.

Findings
Pre-trauma insomnia symptoms significantly predicted eight-week post-trauma heavy alcohol and cannabis use, as well as binge drinking. Associations persisted after covarying for pre-trauma substance use, demographic variables, and trauma severity at the time of emergency care. Further, the association between pre-trauma insomnia symptoms and heavy alcohol and cannabis use at eight-weeks post-trauma was significantly mediated by two-week PTSD symptoms.

Conclusions
Insomnia symptoms may be an important malleable risk factor for heavy alcohol and cannabis use and binge drinking after trauma. Further research is needed to explore the effectiveness of insomnia interventions to mitigate post-trauma substance use and to better understand the complex relationships between sleep, trauma, PTSD, and substance use.

—--

https://doi.org/10.1016/j.ajem.2025.06.044

Factors impacting military emergency medicine residents' sleep and barriers to seeking help: A sequential exploratory mixed-methods study.

Oliver, J. J., Ediger, D. S., Phelps, J. F., Hoffman, A. L., Martin, A. W., Martin, S. A., ... & Ransom, J. C.

Emergency medicine (EM) resident physicians face unique challenges in adhering to the principles of sleep hygiene due to the nature of EM shift work. They are at higher risk for sleep disorders, sleep-related errors and accidents, and impaired performance due to constantly changing schedules. Military residents also perceive a stigma against seeking mental health care and taking sleeping medications.

This mixed-methods study investigated sleep quality and barriers to seeking care among EM residents at a single center, three-year, Active-Duty military EM residency

program. A survey was made available to all 36 EM residents assessing daytime sleepiness using the Epworth Sleepiness Scale (ESS) with a target response rate of 66.7 %. The purpose of using the ESS was to identify at least 9 EM residents with excessive daytime sleepiness to participate in semi-structured interviews about their sleeping experiences. Excessive daytime sleepiness is defined as ≥11 on the ESS.

These interviews were coded using a phenomenological approach to data analysis. Of the 36 EM residents in the program, 24 (66.7 %) completed the survey. Of these, 11 scored ≥11 on the ESS. Of these, nine EM residents participated in semi-structured interviews. Thematic saturation was achieved, and four themes emerged from interviews: 1) challenges with sleep hygiene; 2) less satisfied with sleep since starting residency; 3) normalization of poor sleep; and 4) taking medication for sleep is stigmatized. Results revealed significant difficulties adhering to the principles of sleep hygiene due to inconsistent sleep-wake times. Participants identified difficulty avoiding caffeine, alcohol, and large meals before bed, and felt their sleep had worsened since starting residency. Though residents often discussed sleep difficulties with colleagues, these conversations normalized sleeping problems and reduced help-seeking behavior. Participants perceived a stigma against using prescription medication for sleep.

This study highlights significant sleep disturbances experienced by EM residents in this study and an inability to adhere to the principles of sleep hygiene. Normalization of sleep disturbances in residency seems to impede residents from seeking professional help. Further research should focus on targeted interventions to improve resident sleep hygiene, promote help-seeking behavior, and reduce the stigma associated with prescription drug use, when necessary. Additional studies are needed to examine the generalizability of these results to other training programs.

—--

https://doi.org/10.1136/ip-2025-045677

Mental health and substance use clinical risk factors associated with emergency department and emergency medical services involvement among decedents of suicide by poisoning.

Vakkalanka, J. P., Soupene, V. A., Ahmed, A., & Davis, J.

Injury Prevention
First published June 20, 2025

Objective:
To examine mental health and substance use dependence (MH/SUD) clinical risk factors for emergency medical services (EMS) or emergency department (ED) involvement among decedents of suicides by poisoning.

Methods:
We used a multiyear cross-sectional study design (2013-2021) to identify single suicides by poisoning within the National Violent Death Reporting System. MH/SUD risk factors assessed included the history of attempting suicide, history of MH/SUD conditions and treatment and current MH/SUD condition recognition and treatment. We tested each MH/SUD risk factor for associations with EMS or ED involvement as outcomes using logistic regression, and whether urban/rural residency modified these relationships.

Findings:
Of the 31 237 suicide decedents identified, 86.5% of decedents had EMS involvement and 22% had ED involvement. MH/SUD clinical risk factors associated with EMS involvement included current MH problem (aOR 1.15; 95% CI 1.07 to 1.30) and some evidence of increased history of attempted suicide (aOR 1.10; 95% CI 0.99 to 1.21) and current SUD problem (aOR 1.10; 95 CI 0.99 to 1.23). MH/SUD clinical risk factors associated with ED involvement included history of both attempting suicide (aOR 1.20; 95% CI 1.11 to 1.30) and MH/SUD treatment (aOR 0.80; 95% CI 0.74 to 0.86). Rural areas had lower EMS involvement (aOR 0.73; 95% CI 0.66 to 0.80) but higher ED involvement (aOR 1.09; 95% CI 1.01 to 1.18); however, there was no evidence of effect modification by rurality.

Conclusions:
Individuals with MH/SUD risk factors, especially prior suicide attempts, are more likely to require first responder involvement. Additionally, rural areas show some unique patterns in EMS and ED involvement that should be considered in public health and emergency medical planning.

—--

https://doi.org/10.1136/military-2025-002962

Biopsychosocial factors and low back pain in military personnel with lower limb loss: the ADVANCE study.

Watson, F. C. E., N Bennett, A., McGregor, A., Behan, F., T Fear, N., J Boos, C., Cullinan, P., Schofield, S., & M J Bull, A.

Introduction

Biopsychosocial factors influence low back pain (LBP) in the general population but may affect people with lower limb loss (LLL) differently. The first aim was to investigate the relationship between LBP, disability and injury status. We hypothesised that those with LLL (no lumbosacral injury) will have more LBP and functional disability than those with (i) non-lumbosacral and non-amputation trauma and (ii) a non-injured comparison group, but less LBP and functional disability than those with (iii) lumbosacral trauma. The second aim was to report the biopsychosocial factors of LBP for those with LLL (no lumbosacral injury), stratified by functional disability.

Methods

Military and veteran personnel who did ('exposed', n=578) and did not ('unexposed', n=565) sustain combat trauma completed questionnaires for LBP severity, functional disability and biopsychosocial factors. The exposed group was subdivided into participants with lumbosacral injuries (exposed-lumbosacral (Exp-L)), those with LLL and no lumbosacral injuries (exposed-lower limb amputee (Exp-A)) and those with neither LLL nor lumbosacral injuries (exposed-non-lower limb amputee (Exp-NA)). LBP and functional disability were statistically compared for Exp-A versus unexposed, Exp-A versus Exp-L and Exp-A versus Exp-NA. Biopsychosocial factors were descriptively compared for Exp-A with and without functional disability.

Results

Exp-A had worse LBP and functional disability than unexposed (both p<0.001), less LBP (p=0.02) and functional disability (p=0.001) than Exp-L, but no different from Exp-NA. Exp-A with functional disability experienced more LBP prior to LLL, higher body mass index, greater current opioid use, increased phantom and residuum pain and higher depression scores than those without.

Conclusion

LBP and functional disability were significantly worse in participants with LLL (without comorbid lumbosacral combat injury) than controls, although LBP and functional disability scores were low. Biopsychosocial factors, comorbid non-amputation combat trauma (including lumbosacral), history of LBP, phantom and residuum pain are associated with greater functional disability in people with LLL.

Effect of Serious Mental Health and Physical Injuries and Their Treatment on Career Trajectories for Military Service Members.

Melissa Mullinax, ENS, MC, USN, Ian Sorensen, MPH, Jay Dintaman, MD, Elizabeth Hisle-Gorman, MSW, PhD

Introduction
Research suggests injury/disability type and individual demographic factors both impact return-to-work trajectories of those with injuries/disabilities. These questions of disability and return to work/service are particularly relevant to the military where service members are at increased risk of experiencing work-related physical and mental health injuries. The Army Warrior Care and Transition Program (WCTP) is a comprehensive rehabilitation program launched in 2007 to address injured service members' needs. We sought to understand the WCTP's efficacy in returning soldiers with physical and mental health injuries to military service (including active duty, Reserve, and Guard).

Materials and Methods
This retrospective cohort study utilized the WCTP tracking database (Medical Operations Data System-Warrior Transition, MODS-WT) to explore outcomes for soldiers who participated in the program 2005-2018. The type of injury at program entry was categorized as being a purely physical injury, a purely mental health injury, or both a physical and mental health injury, the impact of injury type on return to military service was explored. Chi-squared and Wilcoxon rank-sum test compared covariates of length of time in the program, sex, age, and marital status by group. Adjusted Logistic regression analysis calculated odds of returning to service, and Joinpoint analysis identified trends in data.

Results
A total of 83,274 soldiers who went through and completed the program 86,529 times 2005-2013 were included. A total of 54,032 program entries were for physical injuries, 7,898 entries for mental health injuries, and 24,599 entries were for both physical and mental health injuries. Odds of returning to military service were increased with officer

and warrant officer rank (vs. enlisted), and decreased with age, female sex, and total months in the program. After adjustment for these factors, odds of returning to military service were 68% decreased for those with mental health injuries (OR 0.32 [95% CI 0.31-0.24]) and 72% decreased for those with physical and mental health injuries (OR 0.28 [95% CI 0.27-0.29]) as compared to those with purely physical injuries.

For those with physical injuries, odds of returning to military service decreased 15% with every 3 months in the program. For those with purely mental health injuries, odds of returning to military service decreased dramatically the first 6 months, the decline was gradual from 6 to 18 months in the program, from 18 to 36 months in the program the rate of return to military service remained statistically consistent with a slight upward trend. For those with mental health and physical injuries, odds of return to military service declined by 40% over the first 6 months and by 12.5% thereafter

Conclusions
Mental health injuries and time in the Warrior Care program were associated with decreased likelihood of return to military service. Longer periods of care for those with mental health issues may relate to less standardized, tested, or known efficacious mental health treatments. The study is limited by inclusion of only those with serious injury, and an inability to assess injury severity, but strengthened by equal access to high-quality care and a large population of injured service members.

—--

https://doi.org/10.1080/07481187.2025.2516577

Prevalence and vulnerability for suicidal thoughts and behaviors among adults recently bereaved by suicide.

Bottomley, J. S., Feigelman, W., Cerel, J., Edwards, A., Gutin, N., McIntosh, J. L., & Gorman, B. S.

Death Studies
Published online: 19 Jun 2025

Research with longer-term survivors of suicide loss suggests that suicide bereavement is a major risk factor for suicidal thoughts and behavior (STB). This study examined the prevalence and correlates of STB among a national sample of adults recently bereaved by suicide (N = 1,132). Nearly one-third (n = 348; 30.7%) reported lifetime suicidal ideation and 14.4% (n = 162) reported past-year suicidal ideation. Multivariate analyses

indicated that greater depressive symptoms ($\beta = 0.26$, $p < 0.001$), illicit drug use ($\beta = 0.16$, $p < 0.001$), un- or underemployment ($\beta = 0.16$, $p < 0.001$), witnessing the suicide ($\beta = 0.12$, $p < 0.001$), and not being religiously affiliated ($\beta = -0.11$, $p < 0.001$), among other correlates, were associated with greater STB severity. Findings extend prior research on STB among adults bereaved by suicide and can inform prevention and postvention efforts by emphasizing transdiagnostic assessment and leveraging evidence-based support.

—--

The Prevalence of Moral Distress and Moral Injury Among U.S. Veterans.

Brett T. Litz, Ph.D., Hannah E. Walker, Ph.D, Robert H. Pietrzak, Ph.D., MPH, Luke Rusowicz-Orazem, B.S.

Moral injury is a syndrome that involves adverse outcomes stemming from experiences violating deeply held moral beliefs. Moral injury has emerged as a distinct mental health concern, yet its prevalence among U.S. veterans remains uncertain. The aim of this study was to determine the prevalence of potentially morally injurious events (PMIEs), moral distress, and moral injury among U.S. veterans. This cross-sectional study surveyed a nationally representative sample of 3,002 U.S. veterans using KnowledgePanel. The Moral Injury Outcome Scale assessed PMIE exposure, moral distress (subclinical), moral injury (clinical syndrome), and their functional impact. Among respondents, 44.7% (95% CI, 42.1–47.2) endorsed PMIEs; 45.2% reported witnessing inhumanity, 40.2% were directly affected by others' transgressions, and 14.0% reported perpetrating transgressive acts. The weighted prevalence of moral distress and moral injury among PMIE endorsers was 9.1% (95% CI, 7.1–11.2) and 13.1% (95% CI, 9.9–16.3), respectively. In the full sample, prevalence was 4.1% (95% CI, 3.1–5.0) for moral distress and 5.9% (95% CI, 4.4–7.4) for moral injury. Moral injury was associated with significant functional impairment, with most cases characterized by shame-related (47.8%) or blended subvariant symptoms (33.3%). Approximately 664,000 and 955,000 U.S. veterans report functionally impairing moral distress and moral injury, respectively. These findings highlight the need for surveillance, mitigation, and treatment for these unique mental health challenges.

—--

Do betrayal-based moral injury and drinking to cope explain the association between military sexual trauma and alcohol consumption?

ML Kelley, M Strowger, JM Gabelmann

The present study examined two sequential mediation models in which betrayal-based moral injury and drinking to cope were hypothesized to explain the associations between sexual assault/sexual harassment and alcohol consumption. Participants were a community sample of 93 current or former U.S. military women (30.4 years; SD = 8.01) who completed an online, anonymous survey. In both models, sexual assault and sexual harassment and alcohol consumption were explained by betrayal-based moral injury and drinking to cope. It may be important to assess for and therapeutically address betrayal-based moral injury as it may be a mechanism that drives alcohol consumption.

—--

Impact of the full-scale invasion on the mental health of the population of the country in a state of military conflict: a study of regional trends in anxiety, depression, early symptoms of acute stress disorder and post-traumatic stress disorder.

Shkvarok, A. K., Korost, Y. V., Turchak, D. V., Tedoradze, G., & Tatvidze, K.

Objective:
To evaluate subjective distress caused by the invasion and examine the relationship between regional residency and mental health indicators.

Materials and Methods:
Descriptive statistics, a cross-sectional observational analysis. Data were collected through an online questionnaire comprising demographics, anxiety and depression assessment (HADS), and trauma impact evaluation (IES-R). Statistical analysis was conducted using MedStat software, with statistical analysis incorporating descriptive statistics, tests for normality and correlation analysis (Pearson's correlation).

Results:
The highest depression (39.36%) and anxiety (48.94%) rates were recorded in Ivano-Frankivsk Oblast, while the lowest were in Dnipropetrovsk (26%) and Lviv (26.83%) Oblasts. No significant correlation was found between proximity to the frontline and depression (r=0.107, p=0.615) or anxiety (r=-0.106, p=0.622). The highest trauma impact (IES-R) was observed in Kherson (37.14%), Donetsk (36.36%) and Mykolaiv (35.29%) Oblasts. No significant correlation was found between distance from the frontline and the severity of acute stress disorder or post-traumatic stress disorder symptoms (r=-0.307, p=0.145).

Conclusions:
Mental health outcomes were not significantly linked to geographical proximity to the frontline. The highest rates of depression and anxiety were found in Ivano-Frankivsk Oblast, while the most severe trauma impact was observed in Kherson, Donetsk, and Mykolaiv Oblasts.

—--

https://doi.org/10.1177/29767342251345229

Kratom Use and Suicidal Thoughts and Behaviors in the United States.

K Sharron, IB Diallo, AM Witmer, PS Nestadt

Background:
The rise of suicidal thoughts and behaviors (STBs) in the United States and their association with substance use disorders, including the emerging concern over Kratom—a psychoactive substance—necessitates an investigation into its role in STBs. This study provides the first epidemiologic assessment of the association between Kratom use and STBs in the United States.

Methods:
This study leveraged data from the 2021 National Survey on Drug Use and Health (NSDUH) to examine the association between Kratom use and STBs. The NSDUH was carried out among a representative sample of American individuals. Our study sample comprised 47 291 individuals aged 18 and older across the United States. Lifetime Kratom use was the exposure, while outcomes included past-year suicidal thoughts, plans, and attempts.

Results:
Persons who use Kratom (PWUK) exhibited higher odds of reporting past-year suicidal thoughts (odds ratio [OR]: 2.14), plans (OR: 1.95), and attempts (OR: 2.50) compared to persons who never used Kratom. The associations also varied by sex and race, with pronounced effects among male and Black individuals. Specifically, subgroup analyses revealed higher odds of suicidal thoughts among Black PWUK (OR: 11.00) and among male PWUK (OR: 2.74).

Conclusions:
The findings suggest a significant association between Kratom use and STBs in the U.S. adult population, with variations by sex and race. These results highlight the need for further research examining the causal relationships between Kratom use and STBs, including whether episodic use differs from addiction, as well as assessing the associations of Kratom use with other mental health conditions. This understanding is crucial for informing the development and implementation of targeted interventions, policies, and programs aimed at addressing Kratom use and its mental health consequences.

—--

https://doi.org/10.1016/j.psychres.2025.116586

Prevalence of Complex Post-Traumatic Stress Disorder (CPTSD): A Systematic Review and Meta-Analysis.

PA Huynh, R Kindred, K Perrins, K de Boer, S Miles, G Bates, M Nedeljkovic

Highlights
- The global pooled prevalence estimate for CPTSD was 6.2 % (95 % CI [3.7, 10.3 %]).
- Global pooled prevalence for trauma-exposed samples was 12.4 % (95 % CI [7.7, 19.3 %]).
- CPTSD prevalence is highest in clinical, domestic and/or sexual abuse, and military samples.
- CPTSD prevalence was lower in emergency and healthcare personnel, and the general community.
- No gender differences were found in CPTSD prevalence.

Abstract

This systematic review and meta-analysis aimed to assess complex post-traumatic stress disorder (CPTSD) pooled prevalence across global and specific populations (e.g., military, clinical) and examined potential gender differences. We systematically searched five major databases (Web of Science, Scopus, PsycNET, Psych and behavioural sciences collection, PubMed) up to 31/01/2025 for peer-reviewed articles reporting CPTSD prevalence using validated ICD-11 assessments. Articles were assessed for quality using the JBI prevalence checklist; no studies were excluded. In total 138,681 participants from 167 studies were analysed. Gender-specific analyses were conducted where prevalence was reported by gender. A random-effects model with the meta package in R estimated the global pooled prevalence of CPTSD at 6.2 % (95 % CI [3.7 %, 10.3 %]). Prevalence varied across specific trauma-exposed population groups; highest in clinical (44.7 %), domestic violence/sexual abuse survivors (40.0 %), and military (36.4 %) samples, and lowest in emergency services (7.4 %). No gender difference in prevalence was observed. Findings suggest the support systems or selection processes inherent in emergency services may lower CPTSD risk. Conversely, extreme trauma, limited support, or cultural factors may explain elevated prevalence in military samples. High CPTSD prevalence in clinical samples highlight trauma's pervasive impact, underscoring the need for targeted treatment addressing both CPTSD and comorbidities (e.g., mood, anxiety disorders). The absence of gender differences contrasts with typically higher PTSD rates in women. Limitations include inconsistent trauma definitions and lack of clinician-administered instruments. Findings highlight the need for standardised data collection and reporting, gender-specific reporting, and recognition of CPTSD as a comorbidity in clinical settings.

—--

Facilitating assessment of symptoms and behaviors using a smartphone application to identify at-risk sailors.

Brenner, L. A., Forster, J. E., Stearns-Yoder, K. A., Penzenik, M. E., Betthauser, L. M., Brostow, D. P., & Werbel, A. D.

During deployments, Navy personnel have reported concerning levels of mental health symptoms, as well as suicidal ideation. Upstream efforts are needed to identify and mitigate symptoms, thereby, reducing the risk of suicide. Based on recent advances, research suggests that phone-based applications can be used to identify those at risk and facilitate treatment engagement. Toward this end, using a randomized controlled trial design, members of this study team: (a) evaluated the feasibility (application download/use and technical challenges) and acceptability (satisfaction) of the Cogito Companion phone application among a cohort of Naval personnel; (b) longitudinally characterized time to risk identification by cohort (Cogito/Active Control); and (c) identified patterns of symptoms (distress, depressive, posttraumatic, suicide-related thoughts, and mental and physical health functioning) over time and by study group. Two hundred seventy-nine Active Duty Navy personnel were enrolled and randomized, with 139 participants being randomized to Cogito and 140 to the Active Control arm. Findings suggested that those in the Cogito group were outreached more quickly than those in the Active Control group, highlighting the potential utility of employing technology to identify those at risk. However, there were significant feasibility issues in terms of implementing Cogito among Naval personnel on Active Duty. Interestingly, there were no significant differences in the proportion of serial self-report measures completed between those randomized to Cogito versus the Active Control, highlighting that, at present, implementing serial self-report measures may be a more feasible strategy to identify those at potential risk. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

—--

Staff perspectives on implementing dialectical behavior therapy skills groups in the Veterans Health Administration.

Decker, S. E., Mattocks, K. M., Kroll-Desrosiers, A., Aunon, F. M., Walker, L., Galliford, E., Doran, N., Baird, S., Rielage, J. K., Sadek, J., Ridley, J., Bannister, J., Giovannelli, T. S., Landes, S. J., Goodman, M., DeRycke, E., Shriver, C., Spana, E., Honsberger, M., . . . Martino, S.

Abstract
Reducing veteran suicide is a high priority for the Veterans Health Administration (VHA). While dialectical behavior therapy skills groups (DBT-SG) may be as effective as comprehensive DBT in reducing suicide attempt, barriers and facilitators to this innovation in VHA are not well known. In preparation for a hybrid Type 1 effectiveness-implementation trial, we conducted individual semistructured qualitative interviews with 35 VHA staff (therapists, suicide prevention coordinators, local and national leaders) and identified themes using rapid qualitative analysis (Hamilton, 2013). Five themes emerged: (a) While leadership noted wanting innovative suicide prevention, (b) knowledge of DBT varied widely across respondents. (c) Implementation challenges, especially after COVID-19, included staff shortage and burnout. (d) DBT-SG may require adaptation to fit the diversity of the veteran population, including Indigenous, homeless, and urban veterans, and (e) virtual DBT-SG options hold promise for expanding reach and access and must be implemented with appropriate risk management. Enthusiasm for DBT-SG was high, and implementation challenges in a stressed health care system were noted. DBT-SG, especially delivered virtually, holds promise for VHA and will need to be implemented with attention to staffing, provider needs, and veteran diversity. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Impact Statement
We interviewed Veterans Health Administration therapists, other providers, suicide prevention coordinators, and local and national leaders about implementing a group treatment, dialectical behavior therapy skills groups, to reduce veteran emotion dysregulation and suicide attempt. Veterans Health Administration staff had an enthusiasm for implementing dialectical behavior therapy skills groups, especially if delivered virtually, and identified low staffing, need for risk management, and tailoring dialectical behavior therapy skills groups to a diverse group of veterans as potential challenges. (PsycInfo Database Record (c) 2025 APA, all rights reserved)

Links of Interest

Suicide prevention: Veterans Crisis Line
https://news.va.gov/140544/suicide-prevention-veterans-crisis-line/

Breaking the link between homelessness and suicide
https://news.va.gov/140529/breaking-link-between-homelessness-suicide/

TeleMental Health helps Veteran rediscover joy
https://news.va.gov/140486/telemental-health-helps-veteran-rediscover-joy/

Air Force Aid Society Launches New Financial Aid, Child Care Programs
https://www.airandspaceforces.com/air-force-aid-society-pcs/

Protecting Brain Health Crucial for Operational Effectiveness
https://health.mil/News/Dvids-Articles/2025/06/06/news499830

Making Mental Health Services More Available to Adolescents—Are We Making
Progress?
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2835180

VA PTSD treatment gives Vietnam Veteran his life back
https://news.va.gov/140684/va-ptsd-treatment-gives-veteran-his-life-back/

VA Research Wrap Up: New findings on suicide risk and dementia
https://news.va.gov/140711/va-research-wrap-up-new-suicide-risk-dementia/

DOD schools reorganize to target more support to military children
https://www.militarytimes.com/news/your-military/2025/06/18/dod-schools-reorganize-to-target-more-support-to-military-children/

The changing marijuana landscape: What you need to know
https://www.apa.org/monitor/2025/06/marijuana-potency-policy-risk

Military Domestic Violence Convictions Skyrocketed After Commanders Were Removed
from Process
https://www.military.com/daily-news/investigations-and-features/2025/06/24/military-domestic-violence-convictions-skyrocketed-after-commanders-were-removed-process.html

US Army Enlistment Weight Requirements
https://www.military.com/join-armed-forces/army-weight-rules.html

-----

Resource of the Week – [Defense Primer: Military Enlisted Personnel](#)

Recently updated by the Congressional Research Service:

> Enlisted personnel and military service academy cadets and midshipmen make up about 82% of the Armed Forces, with officers making up the remaining 18%. Enlisted personnel rank below all officers. Table 1 lists the number of active-duty enlisted personnel in each pay grade.
>
> Junior enlisted personnel (pay grades E-1 to E-4) typically work in small units across the Department of Defense. Individuals normally serve in these grades during their first enlistment term (usually four years). More senior enlisted personnel supervise them. Junior enlisted personnel make up about 50% of the enlisted workforce.
>
> Mid-level noncommissioned officers (NCOs) (pay grades E-5 to E-7). NCOs have significantly more responsibility than junior enlisted personnel. They lead small units, typically ranging from a few to several dozen personnel, and serve as technical experts in their occupational specialties. NCOs at this level translate orders from their superior officers into action.
>
> Senior noncommissioned officers (pay grades E-8 and E-9) typically serve as senior enlisted advisors to commanders or as staff NCOs. They also serve as a channel of support for the enlisted force in general. By law, the authorized daily average of enlisted personnel in pay grades E-8 and E-9 may not be more than 3.0% and 1.25%, respectively, of the number of enlisted members in a given service on the first day of the fiscal year. If the number of E-9s is below the cap, the difference may be applied to increase the number of E-8s. The statutory caps can be waived in certain circumstances (10 U.S.C. §517).

Table 1. Department of Defense Active-Duty Military Enlisted by Pay Grade (as of March 31, 2025)

Pay Grade	Army	Navy	Marine Corps	Air Force	Space Force	Total
E-9	3,369	2,870	1,598	2,433	58	10,328
E-8	10,948	6,774	3,794	5,040	138	26,694
E-7	34,635	23,027	8,356	23,248	647	89,913
E-6	56,659	53,183	14,075	38,053	951	162,921
E-5	65,442	72,991	24,704	51,383	1,036	215,556
E-4	94,903	49,167	31,324	68,972	769	245,135
E-3	52,263	33,410	38,542	46,090	1,130	171,435
E-2	27,202	18,119	19,125	8,885	206	73,537
E-1	8,520	15,552	5,297	9,818	169	39,356
Total	353,941	275,093	146,815	253,922	5,104	1,034,875

Source: Department of Defense, Defense Manpower Data Center, *Active Duty Military Personnel by Service by Rank/Grade*, March 2025.

Shirl Kennedy
Research Editor
HJF employee collaborating with Center for Deployment Psychology
DoD and Uniformed Service Contractor
Phone: (727) 537-6160
Email: shirley.kennedy.ctr@usuhs.edu

Henry M. Jackson Foundation for the Advancement of Military Medicine