Research Update -- September 11, 2025

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Suicide Rate Trends for Post-September 11, 2001, US Military Veterans.

Howard, J. T., Stewart, I. J., & Pugh, M. J.

JAMA Network Open
Published Online: September 3, 2025

This cohort study found that, after increasing from 2006 to 2020 for veterans with and without TBI, veteran suicide rates declined from 2020 to 2022. Government programs, such as the Prevention 2.0 Initiative, the Suicide Prevention Now initiative, or the President's Roadmap to Empower Veterans, may be contributing to reductions in suicide. Evaluation of these potential impacts is critical as the government considers budget cuts to VA programs. Limitations include potential misclassification of causes of death, underreporting of TBI exposure, exclusion of veterans not seeking care in the

MHS or VHA, and residual confounding from differences between the veteran and US adult population.

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A systematic review and meta-analysis of the effect of deployment and combat exposures on suicide attempts and deaths.

Skopp, N. A., Smolenski, D. J., Boyd, C., Shank, L. M., Bellanti, D. M., Lara-Ruiz, J., Evatt, D. P., & Kelber, M. S.

Purpose
The past 16 years has produced a considerable body of research on the potential effect of deployment and combat exposures on suicide attempts and deaths. However, overall results are inconsistent. We conducted a systematic review and meta-analysis to integrate and evaluate this literature.

Methods
We searched PubMed, PsycINFO, CINAHL, and EMBASE from database inception to January 2025 for case-control and cohort study designs that aligned with our criteria. Of the 1968 records reviewed, we identified 26 relevant full-text articles.

Results
Seven studies on deployment and suicide deaths were sufficiently independent to submit to meta-analysis. The omnibus risk ratio estimate was 0.93 (95 % CI = 0.83, 1.04; $\tau2 = 0.016$; $I2 = 92.74$ %). Risk of bias across the studies was high to very high because of uncontrolled confounding and selection. There was little direct evidence of an association between combat exposure and suicide attempts and deaths. Design heterogeneity in the exposure definition precluded a meta-analysis. Risk of bias for these studies was high to very high for the same issues as the deployment studies in addition to self-report or proxy measures of exposure.

Conclusions
There is very little evidence of an increase in suicide mortality risk associated with deployment. Several studies reported a protective effect which may be attributed to

selection and immortal-time biases. We could not draw any inference on combat exposure and suicide risk. Future research should improve the assessment of combat exposure and begin time at risk at the time of exposure.

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Temporal dynamics of the wish to live and wish to die signal near-term increases in suicidal thinking in a veteran sample.

Bryan, C. J., Daruwala, S. E., & Bozzay, M. L.

Preventing suicide is challenging because there are no ways to reliably determine when someone is about transition from a lower to higher risk state. Dynamic interactions between the wish to live (WTL) and die (WTD) may differentiate higher from lower risk suicide states and signal near-term transitions of increasing risk. In this cohort design, clinical trial participants with posttraumatic stress disorder (PTSD) received prompts to complete a brief survey on their phone 4 times per day for 14 consecutive days at pseudorandom times. Participants were asked to rate their WTL, WTD, suicidal desire, and desire for self-preservation using 4 items from the Scale for Suicide Ideation (SSI). Participants were 116 military personnel and veterans diagnosed with PTSD (69.8 % male, 76.7 % White, M age = 47.2 ± 12.1 years). Multilevel dynamical systems modeling revealed that the WTL and WTD changed in coordinated and opposing directions except when suicidal desire was most severe and was about to worsen at the next time point. Under these conditions, WTL and WTD switched to an oscillatory pattern. Temporal patterns in WTL and WTD differ when people report lower versus higher risk suicidal states. Oscillations in WTL and WTD signal near-term worsening of suicidal desire. Multiple qualitatively distinct suicide risk states exist, suggesting suicide risk is categorical, not continuous.

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Food-Away-From-Home Options in Local Military Nutrition Environments.

Kirkpatrick, K. M., Robinson, D. J., Hinman, S. J., Kegel, J. L., Chamberlin, R. A., McCarthy, R. G., & Scott, J. M.

HIGHLIGHTS

- Military bases offer a variety of food venues, which vary in food options and quality.
- The Military Nutrition Environment Assessment Tool evaluates the local food landscape.
- The average Military Nutrition Environment Assessment Tool score is 52%, with a wide range among food venue types.
- Leadership support is a key facilitator of food environment improvements.

Abstract
Introduction
Americans have increased their intake of food away from home, which is lower in quality and higher in calories than food prepared at home. The increase of operations that serve food also impacts the military nutrition environment—including all foods, beverages, and dietary supplements available to the military community—and its role in nutritional fitness.

Methods
As part of a pilot study, 5 military installations used the online Military Nutrition Environment Assessment Tool to evaluate their local food landscape. Each site then developed an intervention to address a specific venue (e.g., dining facility, express) and a key category (food policy, food availability, or behavioral design) through a targeted intervention.
Results

Site teams conducted assessments on a total of 103 venues across 9 venue types. Scores varied widely among and within installations. The overall average Military Nutrition Environment Assessment Tool score was 52%, with individual installation scores ranging from 39% to 69%. The most commonly targeted facility for intervention was the dining facility. In-person feedback sessions revealed that leadership awareness and support are key facilitators to improving the local food environment. Most users agreed or strongly agreed that the Military Nutrition Environment Assessment Tool application was easy to navigate.

Conclusions
Similar to trends in the general public, the military community has more ways to purchase food away from home, so improving food-away-from-home quality in military settings can have a major impact. A review of local military food environments showed areas of success and opportunities for improvement. Given the prevalence of food away from home, providing and promoting nutritious options can help optimize Service Member nutritional fitness.

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Partners in Love/War: An Explorative Study of Ukrainian Soldiers' Lived Experiences of Being in a Romantic Relationship in the Russo-Ukrainian War.

Mangold, M.

Armed Forces & Society
Volume 51, Issue 4

This article explores the lived experiences of Ukrainian soldiers in a romantic relationship with another soldier in the same unit in the Russo-Ukrainian War. Contributing to scholarship on military couples, embodied experiences of war, human dimensions of warfare, and soldierly love, the study aims to understand how these soldiers are affected emotionally and as soldiers by having a relationship on the frontline. Drawing upon the Grounded Theory method, based on eight semi-structured interviews with soldiers from four couples, the findings visualize these experiences through four theoretical constructs. Having a relationship while serving on the frontline endowed these soldiers in Ukraine with an existential purpose that was protective and motivating, making them cautious and feel less dehumanized but also stressed from fear of loss. The findings have implications for how armed forces understand soldiers' emotional needs and relations at war.

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Risk Factors for Homelessness Among Post-9/11 Era Veterans.

Metraux, S., Kolaja, C. A., Crone, B., Byrne, T., Rull, R. P., & Porter, B.

This study examined the associations between a broad range of individual characteristics and homelessness among 49,323 post-9/11 era Veterans. Questions concerning the roles of premilitary, military and post military factors in Veteran's vulnerability to homelessness have persisted despite the considerable attention given to Veteran homelessness, and has highlighted the absence of longitudinal studies that could contribute to the empirical understanding of risk and protective factors among this population. The Veterans in this study group completed Millennium Cohort Study surveys during their military service and subsequently, when they transitioned back to civilian life. Among these Veterans, 1,071 (2.2%) reported becoming homeless after separating from the military. Results from multivariate models provide limited empirical support for direct links between aspects of military service and homelessness that are widely used to explain why Veterans become homeless. Instead, many risk factors for homelessness found here mirror risk factors among the general population. We also find a persistent association between sexual orientation and risk for homelessness, and decreased risk for homelessness among female Veterans. These findings challenge popular conceptions of why Veterans become homeless and contribute to understanding the dynamics of becoming homeless among this current Veteran cohort.

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Adolescent Treatment Landscape of Depression, Suicidality, and Substance Use Disorder in the US.

Lee, D., Dusetzina, S. B., Patrick, S. W., Graves, J. A., & Fry, C. E.

Key Points
Question
What is the treatment landscape for adolescents and young adults (aged 12-20 years) with depression and suicidality-related mental health and substance use disorders (SUDs) from 2021 to 2022 in the United States?

Findings

In this cross-sectional survey study of 32 598 adolescents and young adults from the National Survey on Drug Use and Health, 51% of adolescents with depression and suicidality-related diagnoses and 10% of adolescents with SUD received treatment for their conditions. Those (aged 18-20 years) with SUD had significantly lower treatment rates for mental health (51% vs 63%) and SUD (8% vs 11%) compared with adolescents (aged 12-17 years).

Meaning

The study results suggest that adolescents and young adults face unique systematic treatment barriers in SUD care that are exacerbated during the transition to young adulthood.

Abstract

Importance

Recent trends in drug-related overdoses among adolescents have highlighted the need for mental health and substance use disorder (SUD) treatment. However, the extent of these treatment gaps is understudied.

Objective

To characterize the factors associated with the diagnosis of and treatment for mental health and SUD for adolescents.

Design, Setting, and Participants

This cross-sectional study used survey-weighted descriptive statistics and χ2 tests to estimate differences in characteristics and treatment receipt and included US adolescents and young adults aged 12 to 20 years who participated in the National Survey on Drug Use and Health in 2021 and 2022. Data were analyzed from February 2024 to February 2025.

Main Outcomes and Measures

Primary outcomes included the prevalence of depression and suicidality-related mental health diagnoses, SUDs, and treatment rates for both conditions. Additional measures included treatment setting, socioeconomic and demographic characteristics, and health insurance–related factors.

Results

From 2021 to 2022, 13% of participants had SUD and 24% had a mental health diagnosis during the previous year (mean [SD] age, 16.0 [2.5] years; 48.4% female

individuals; 6.1% Asian, 13.9% Black, 25.7% Hispanic, and 49.9% White individuals). Only 10% of participants with SUD and 51% of adolescents with mental health diagnoses received treatment for their conditions, with higher rates of treatment among adolescents with comorbid SUD and mental health diagnoses. When comparing adolescents (aged 12-17 years) and young adults (aged 18-20 years) with SUD for treatment receipt, reductions were found in any mental health treatment (63% vs 51%; $P = .03$) and any SUD treatment (11% vs 8%; $P = .01$). Moreover, these lower rates were also found in more resource-intensive treatment settings, such as inpatient mental health care (14% vs 9%; $P = .02$) and specialty mental health facilities (47% vs 33%; $P = .003$). However, adolescents with opioid use disorder were less likely to receive medication treatment (11% vs 28%; $P = .02$). Treatment differences were associated with socioeconomic and insurance coverage factors. Compared with adolescents, young adults with SUD experienced increased poverty rates (20% vs 26%; $P = .02$), uninsurance rates (5% vs 10%; $P = .05$), and private insurance rates (49% vs 56%; $P = .02$) while receiving decreased Medicaid coverage (47% vs 33%; $P < .001$) and government assistance (34% vs 25%; $P = .001$).

Conclusions and Relevance
The results of this cross-sectional survey study suggest that adolescents and young adults with SUDs rarely received treatment. Adolescents are especially vulnerable to treatment gaps once reaching young adulthood, and medications for opioid use disorder are systematically underused, especially for adolescents.

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From Static to Dynamic Prediction of Suicide Risk. (Viewpoint)

Nguyen, J., Dwyer, D. B., Nelson, B., & Schmaal, L.

JAMA Psychiatry
Published Online: September 10, 2025

Suicide is a complex, multifactorial phenomenon that remains a pressing global public health challenge. As the traditional categorical suicide assessment framework (ie, low, medium, or high risk) lacks empirical evidence for its reliability and clinical utility, clinical practice has adopted a dynamic suicide risk formulation approach. This recognizes suicide risk as highly fluctuating over time and prioritizes targeting modifiable factors that can effectively reduce risk. For example, if worsening parental conflict is identified

as a dynamic factor that likely escalates risk, tailored interventions, such as family therapy, would be used to address this key risk driver. Importantly, this also aligns with the dynamical systems view of mental health, which conceptualizes psychiatric disorders (including suicidal behaviors) as emerging from complex, interacting elements that evolve over time (rather than static categorical states).

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Current predictive models for suicidal ideation or behaviors have not fully caught up with this dynamic, formulation-based approach in clinical practice.

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Impacts of Traumatic Brain Injury and Severe Limb Injury on Death by Suicide: Concurrent Investigations Using Path Analysis.

Chung, S. Y., Levine, J. A., Schmied, E. A., Shero, J. C., Dearth, C. L., & Belding, J. N.

Objective:
Utilize path analysis to examine the concurrent associations of traumatic brain injury (TBI) and severe limb injury (SLI) with death by suicide mediated by psychological health (PH) conditions and substance use disorders (SUDs).

Setting:
Archival career and medical data were obtained from the Career History Archival Medical and Personnel System, the Expeditionary Medical Encounter Database, and the Defense Suicide Prevention Office Suicide Data Repository.

Participants:
Service members of the air force, army, marines corps, and navy who served more than 30 consecutive days between September 11, 2001, and September 30, 2016.

Design:
This retrospective cohort study utilized path analysis to examine associations among TBI, SLI, PH conditions, SUD, and death by suicide. Stratification by TBI was tested.

Main Measures:
Concurrent associations of 2 focal predictors, TBI and SLI, with death by suicide were investigated, mediated by PH conditions (ie, posttraumatic stress disorder, depression, or anxiety disorder), and SUDs (ie, alcohol use disorder or other drug use disorder), adjusting for age, sex, race/ethnicity, service branch, and officer status.

Results:
In preliminary analyses, TBI, SLI, PH conditions, and SUD were all independently associated with death by suicide. In the first path model, neither of the direct effect of SLI or TBI on death by suicide were significant. TBI shared a stronger association with PH conditions and SUD than SLI did; the association between SLI and SUD was negative. When stratified by TBI status, the association between SUD and death by suicide was stronger among those without (vs with) TBI.

Conclusions:
Findings suggest complex and nuanced associations between TBI, SLI, PH conditions, SUD, and death by suicide, and underscore the importance of integrated and holistic treatment of injured military service members.

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Associations between prescription medications and sleep duration, insomnia, and sleep apnea in US military service members.

Knapik, J. J., Caldwell, J. A., Steelman, R. A., Trone, D. W., & Lieberman, H. R.

Sleep Medicine
Volume 134, October 2025, 106707

Highlights

- Service member's (SM) filled prescription medications (FPM) and sleep disorders were examined.
- FPM prevalence was higher among SMs with shorter sleep durations or diagnosed insomnia or sleep apnea (SA).
- SMs reporting shorter sleep durations had FPMs in 10–12 of 20 different drug categories.
- SMs with insomnia and/or SA had FPMs in 16–18 of 20 different drug categories.

- Cardiovascular and central nervous system drugs were most prevalent.

Abstract
Study objectives
This study examined associations between filled prescription medications (FPMs) and sleep duration, insomnia, and sleep apnea (SA).

Methods
Active-duty service members (SMs) (n = 20,819) completed a questionnaire on sleep, demographics, and lifestyle characteristics and permitted access to their pharmacy and medical records 6-months before questionnaire completion. FPMs were classified by American Hospital Formulary System Pharmacologic-Therapeutic Classification System (PTCS) codes and compared across sleep durations of ≥7, 5–6, and ≤4 h and among those with and without diagnosed insomnia and SA.

Results
Compared to SMs reporting ≥7 h sleep, those reporting 5–6 and ≤4 h had 1.19 (95 %confidence interval [95 %CI] = 1.12–1.27) and 1.69 (95 %CI = 1.45–1.97) times higher odds of a FPM, respectively, after adjustment for demographics and lifestyle characteristics. Compared to SMs reporting ≥7 h sleep, those reporting 5–6 h had higher adjusted odds of FPMs in 10 of 20 PTCS codes--particularly electrolyte/caloric/water-balance agents--and those reporting ≤4 h had higher odds in 13 of 20 PTCS codes--particularly cardiovascular and central nervous system (CNS) agents. SMs with insomnia or SA had 8.66 (95 %CI = 5.89–12.71) and 3.46 (95 %CI = 2.90–4.12) higher adjusted odds of an FPM compared to those without insomnia or SA, respectively. SMs with insomnia or SA had higher adjusted odds of FPMs in 16 and 18 of 20 PTCS codes compared to those without these diagnoses. Cardiovascular and CNS agents were most prevalent in both sleep-disordered groups.

Conclusion
Filling prescriptions in many different classes of medications increased as sleep duration decreased and was higher among SMs with diagnosed insomnia or SA.

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Functional Consequences of Tinnitus in Military Service Members.

Sherlock, L. P., Ellis, G. M., & Brungart, D. S.

Purpose:
Numerous individuals in the United States are bothered enough by tinnitus that it affects normal daily activities, including sleep and concentration. There is a high prevalence of self-reported bothersome tinnitus in the U.S. military, and therefore, it is important to assess the impact of tinnitus on functional performance. The primary aim of this study was to examine the effects of tinnitus on a range of subjective, objective, auditory, and cognitive measures. A secondary aim was to determine which factors best predict whether individuals ever self-reported tinnitus. A prospective study was conducted to address the primary aim, and an exploratory machine learning approach was used to address the second.

Method:
The study included 463 active duty U.S. Service members being seen for annual hearing surveillance. Participants completed several auditory and cognitive tests, along with questionnaires regarding tinnitus, depression, anxiety, and sleep difficulty.

Results:
The primary aim found no significant performance differences on tasks of selective attention, short-term memory, or speech in noise between the tinnitus groups. However, there were significant group differences in extended high-frequency hearing. A machine learning algorithm was used to predict whether an individual self-reported experiencing tinnitus. The model had approximately 80% accuracy, excellent sensitivity, and modest specificity.

Conclusions:
Study findings corroborated other evidence that extended high-frequency thresholds are poorer in those who reported ever experiencing tinnitus, regardless of tinnitus bother. Our results suggest that combining results from audiometric testing, high-frequency hearing, and subjective assessment of sleep achieved 80% accuracy in predicting tinnitus presence.

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Exposure to potentially morally injurious events and long-term psychological outcomes among Dutch military service members deployed to Afghanistan: A latent class approach.

Gerrmann, J., Nijdam, M. J., Boeschoten, M., Ter Heide, F. J. J., Geuze, E., & Vermetten, E.

Highlights

- Three classes were identified: high exposure, moderate exposure to death, and minimal exposure
- Moderate exposure to death was characterized by witnessing numerous deaths, particularly involving innocents.
- High exposure included betrayal, extreme violence and guilt over not saving someone.
- Veterans with high exposure to potentially morally injurious events had the most mental health symptoms at the 10-year mark.
- Earlier screening and targeted intervention regarding moral injury is indicated.

Abstract
Exposure to potentially morally injurious events (PMIEs) during military deployment is common and may lead to long-lasting negative psychological consequences, referred to as moral injury. Few studies investigated long-term outcomes following exposure to PMIEs. This study investigated patterns of exposure to PMIEs during deployment and associations with long-term psychological outcomes in a cohort (N = 471) of Dutch Afghanistan veterans 10 years post-deployment. Latent class analysis was used to identify classes characterized by patterns of exposure to PMIEs. We investigated differences between classes in posttraumatic stress disorder symptoms, depressive symptoms, anger, interpersonal sensitivity, guilt, and meaning-making. Three groups were identified: high exposure to betrayal, acts of commission, and omission (13.6 %, n = 64), moderate exposure to death involving witnessing deaths, particularly of innocents (44.9 %, n = 212), and minimal exposure to all PMIEs (41.5 %, n = 195). The high exposure class had the most prominent negative psychological outcomes, including posttraumatic stress disorder symptoms, depression, interpersonal sensitivity, guilt, and suppressed anger, as compared to the other classes. Higher levels of expressed anger

were present in the moderate and high exposure classes as compared to the minimal exposure class. Meaning in terms of personal growth or added value from deployment experiences was similar for the three classes. Our findings point to long-term negative psychological outcomes among veterans after exposure to deployment-related PMIEs with higher exposure especially being linked to more negative psychological outcomes. This highlights the need for early screening of PMIEs and targeted moral injury interventions to prevent adverse outcomes.

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Longitudinal associations between potentially morally injurious events and posttraumatic stress among combat veterans: the mediating role of moral injury outcomes.

Levinstein, Y., Levi-Belz, Y., Ben Yehuda, A., Dekel, R., & Zerach, G.

Aim:
Moral injury (MI), originally studied in military contexts, refers to emotional distress resulting from actions that conflict with one's core values. MI outcomes may help explain how potentially morally injurious events (PMIEs) contribute to mental health issues, yet empirical evidence remains limited. This longitudinal study examined whether MI outcomes mediate the relationship between PMIE exposure during combat and posttraumatic stress symptom (PTSS) clusters following discharge.

Method:
We followed 374 male combat veterans over a five-year period. Pre-enlistment psychological characteristics were conducted 12 months prior to enlistment (T1). PMIE exposure was measured during the final month of military service (T2) using the Moral Injury Events Scale (MIES), capturing experiences throughout active duty. MI outcomes were assessed six months post-discharge (T3) using the Expressions of Moral Injury Scale–Military Version–Short Form (EMIS-M-SF). Finally, PTSS clusters were evaluated one year after discharge (T4) using the PTSD Checklist for DSM-5 (PCL-5).

Results:
A total of 48.7% of participants reported exposure to PMIEs, while 8% met criteria for

probable PTSD. Path analysis demonstrated a direct effect of PMIE-betrayal (T2) on arousal and reactivity as well as negative alterations in cognition and mood symptom clusters (T4). Results also showed indirect associations between exposure to all PMIE dimensions (T2) and PTSS clusters (T4) via MI outcomes (T3).

Conclusions:
Findings underscore the role of MI outcomes in the development of specific PTSS clusters following PMIE exposure. Integrating MI-informed interventions may enhance treatment for veterans transitioning to civilian life.

HIGHLIGHTS
- A prospective 5-year study explored moral injury events, outcomes, and PTSD among 374 combat veterans.
- Combat service betrayal experiences directly predicted arousal and reactivity as well as mood-cognition symptom clusters.
- Moral injury outcomes mediated the link between potentially morally injurious events and PTSD symptom clusters.

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Posttraumatic stress disorder and its associations with morbidity and mortality among veterans with HIV. AIDS.

Vyas, K. J., Marconi, V. C., Agan, B. K., Sullivan, P. S., & Guest, J. L.

Objectives:
Posttraumatic stress disorder (PTSD) may increase the risks of adverse clinical outcomes for veterans with HIV (VWH) receiving care in the Department of Veterans Affairs (VA). Objectives were to estimate the associations between PTSD and morbidity and mortality; measure effect modification by number of deployments and combat exposure; and examine how these associations vary over time.

Design:
In this prospective cohort study of all VWH on antiretroviral therapy (ART) who deployed to Iraq and Afghanistan and receive care in the VA (n = 3206), patients entered at HIV

diagnosis and were censored in December 2022, totaling 20 121 person-years of follow-up.

Methods:
Marginal structural Cox models were fitted with a time-dependent exposure, adjusted for time-independent and -dependent confounding and informative censoring.

Results:
PTSD increased the risks (adjusted hazard ratio, [95% CI]) for AIDS by 11% (1.11 [1.00, 1.23]), chronic kidney disease by 21% (1.21 [1.02, 1.43]), chronic obstructive pulmonary disease by 46% (1.46 [1.10, 1.92]), multimorbidity by 49% (1.49 [1.24, 1.81]), cardiovascular disease by 57% (1.57 [1.25, 1.97]), and arthritis two-fold (1.95 [1.76, 2.15]). PTSD was not associated with asthma, cancer, cerebrovascular disease, diabetes mellitus, liver disease, or all-cause mortality. Associations of PTSD were most pronounced in the first decade postdiagnosis, followed by gradual waning yet still elevated risks.

Conclusions:
It is recommended that providers who work with VWH consider adopting a trauma-informed model of HIV care and that providers screen Veterans for PTSD, so that their unique trauma history can help guide medical decisions and treatment.

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Assessing shared psychological constructs as risk factors in comorbid PTSD-AUD combat-exposed male veterans.

Zaur, A. J., Bacanu, S. A., Amstadter, A. B., & Sheerin, C. M.

Military Psychology
Volume 37, 2025 - Issue 5

PTSD and AUD are frequently comorbid post-trauma outcomes. Much remains unknown about shared risk factors as PTSD and AUD work tends to be conducted in isolation. We examined how self-report measures of distress tolerance (DT), experiential avoidance (EA), and drinking motives (DM) differed across diagnostic groups in white, male combat-exposed veterans (n = 77). A MANOVA indicated a significant difference in constructs by group, F (5, 210) = 4.7, p = <.001. Follow-up

ANOVAs indicated DM subscales (Coping: F (3,82) = 21.3; Social: F (3,82) = 13.1; Enhancement: F (3,82) = 10.4; ps = <.001) and EA (F (3,73) = 7.8, p < .001) differed by groups but not DT. Post hoc comparisons indicated that mean scores of the comorbid and AUD-only groups were significantly higher than controls for all DM subscales (all ps < .01). EA scores were significantly higher for the comorbid as compared to control (p < .001) and PTS-only (p = .007) groups. Findings support shared psychological factors in a comorbid PTSD-AUD population.

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Diagnosing prenatal alcohol exposure and fetal alcohol syndrome in military-connected children: Insights from US military data claims, 2016-2023.

Lee, E. H., Cirillo, M., Solomon, Z., Banaag, A., Fuhrman, B., Adams, R. S., & Koehlmoos, T. P.

Background
Fetal alcohol spectrum disorder (FASD) is a lifelong neurodevelopmental condition resulting from prenatal alcohol exposure (PAE) during gestation. Conservative estimates of FASD prevalence in United States children are 1%–5%. Early identification could facilitate early intervention, yet fewer than 1% of children with FASD receive a diagnosis. Although heavy alcohol use has been part of military culture for decades, the epidemiology of FASD is unknown in the Military Health System (MHS), where 1.9 million children receive care.

Methods
Using an open cohort design and military claims data for 2016–2023, we calculated period prevalence, annual and cumulative incidence, and average age at first diagnosis for FASD in military children 0–18 years. FASD diagnosis was defined using available diagnostic codes representing a small subset of the broader FASD spectrum of conditions, that is, newborn affected by PAE and fetal alcohol syndrome (FAS). We conducted chi-squared tests and multivariable logistic regression to identify sociodemographic factors associated with these combined diagnoses.

Results
One thousand four hundred seventy six unique children had any diagnosis between 2016 and 2023 (PAE only: 301; FAS only: 1061; both: 114). Period prevalence was 0.42 cases per 1000 children. Cumulative incidence was 0.34 cases per 1000 children for 2017–2023 using 2016 as a 1-year washout. Average age at any diagnosis was 8.3 years. Factors associated with increased likelihood of diagnosis were male sex; being in guardianship; sponsor of senior officer rank; and sponsor affiliated with the Air Force or Other Service branch. Factors associated with decreased likelihood of diagnosis included Black or Other race; being a stepchild; sponsor of junior enlisted or junior officer rank; and sponsor in the Marine Corps.

Conclusions
Like in the US general population, FASD is underdiagnosed in the MHS. Further study of an expanded set of co-occurring conditions under the FASD umbrella may aid in refining estimates of FASD in the MHS.

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An evaluation of the impact of social determinants of health in military reservists.

Moore, B. A., Hess, C., Gomes, K. D., Collette, T. L., Horan, K., Channer, B., Hodges, T., Moore, K. E., Ross, P. M., & Sanchez-Cardona, I.

Military Psychology
Published online: 08 Sep 2025

Military reservists occupy a distinct social position, navigating dual roles as civilians and service members, an intersection that requires tailored intervention strategies. Despite their growing role in the total force, the social determinants of health (SDOH) affecting reservists remain underexamined. We were interested in how SDOH (i.e., education, employment status, financial strain, housing, or social support) influences suicidality, depressive symptoms, and wellbeing. As such, this study analyzed data from 4,007 U.S. military reservists, identifying largely positive mental health outcomes, with low levels of suicidality, low depressive symptoms, and moderate to high psychological wellbeing. Financial strain emerged as the most consistent and robust predictor of poor mental health across all outcomes. Regression analyses also highlighted recent homelessness and having legal challenges as key predictors. The findings highlight potential intervention opportunities, particularly for mid-career reservists aged 25–34, who are at

a heightened risk of vulnerability. Targeted, multidisciplinary support, including housing stability, financial education, and legal assistance, may improve mental health and individual readiness among military reservists. Future research should examine variation across reserve components and service branches to better tailor services and support utilization.

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A Year in the Shadow of Terror: Longitudinal Effects of the October 7, 2023, Terrorist Attack on PTSD, Depression, Anxiety, and Suicidal Ideation Across Distinct Exposure Groups.

Levi-Belz, Y., Amsalem, D., Groweiss, Y., Blank, C., Shachar-Lavie, I., & Neria, Y.

Background:
On October 7, 2023, Israel experienced a large-scale terrorist attack followed by a prolonged war, exposing civilians and military personnel to acute and sustained trauma. While prior studies have documented short-term psychological effects of mass trauma, few have included baseline assessments or addressed long-term trajectories across distinct exposure groups. In this study, we aimed to examine changes over time in both probable diagnoses and symptom severity of posttraumatic stress disorder (PTSD), depression, anxiety, and suicidal ideation (SI), while accounting for preattack symptom levels among different exposed groups.

Methods:
A prospective, representative study assessed 614 Israeli participants (309 females; 50.3%) through an online survey conducted across 3 time points: prior to the attack (T1), 1 month after (T2), and 1 year later (T3). Participants were categorized into 4 mutually exclusive exposure groups based on a predefined hierarchy prioritizing the most impactful exposure: direct exposure, bereavement (loss of a close other), reserve-duty combatants, and indirect exposure. Probable diagnoses of PTSD (using the International Trauma Questionnaire), depression (Patient Health Questionnaire-2), and anxiety (Generalized Anxiety Disorder-2) were assessed along with symptom severity and SI (SI by the Columbia-Suicide Severity Rating Scale). Generalized estimating

equations were used to examine main and interaction effects of exposure type and time (T2 to T3), controlling for baseline symptom levels (T1).

Results:
Overall, prevalence and severity of psychiatric symptoms declined between T2 and T3. However, exposure group moderated these changes. Reserve-duty combatants exhibited the highest rates of probable diagnoses and symptoms at both time points, with minimal improvement over time. In contrast, indirectly exposed participants demonstrated significant symptom reduction. Uniquely, SI increased over time among reserve-duty participants, highlighting their vulnerability.

Conclusions:
Recovery following mass trauma such as the October 7th attack is not uniform. Exposure type and initial distress levels shape distinct psychological trajectories. Findings underscore the importance of differentiated, long-term, and trauma-informed interventions—especially for bereaved and reserve-duty individuals. Integration of baseline mental health data enhances risk identification and has critical implications for both clinical care and policy planning in the context of ongoing national crises.

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Links of Interest

Veterans share how mental health care shaped who they are now
https://news.va.gov/142256/veterans-share-mental-health-care-shaped-them/

That's not a real soldier: campaign warns troops, families of AI scams
https://www.militarytimes.com/news/pentagon-congress/2025/09/03/thats-not-a-real-soldier-campaign-warns-troops-families-of-ai-scams/

Therapists are secretly using ChatGPT. Clients are triggered.
https://www.technologyreview.com/2025/09/02/1122871/therapists-using-chatgpt-secretly/

2025 Recovery Month Toolkit (SAMHSA)
https://www.samhsa.gov/about/digital-toolkits/recovery-month/toolkit

Advocates lobby for new approaches to preventing veteran suicides
https://www.militarytimes.com/news/pentagon-congress/2025/09/09/advocates-lobby-for-new-approaches-to-preventing-veteran-suicides/

'We veterans are hurting': Veterans on fixed incomes count on cost-of-living benefit increases

https://www.stripes.com/veterans/2025-09-09/veterans-cost-of-living-allowance-increases-19031357.html

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Resource of the Week: Where to Turn When Facing Disciplinary or Legal Action: A Mental Health Resource Map for Service Members

From the Psychological Health Center of Excellence (PHCoE):

> Learning that someone has made an accusation against you or that you are under investigation can be stressful, especially at first. Disciplinary and legal actions can be stressful, too, but they're manageable and you don't have to face them alone. This guide offers tips on when and how to seek support and emerge stronger from stressful experiences.
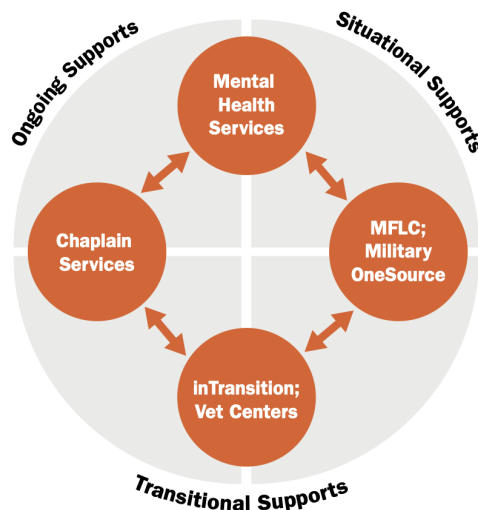
See also – Supporting Service Members Facing Disciplinary or Legal Action: A Resource Map for Line Leaders

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