

CDP



Research Update -- September 18, 2025

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<https://doi.org/10.1001/jamanetworkopen.2025.31231>

Children's Experiences of Parental Deaths Due to Suicide, Homicide, Overdose, Alcohol, or Drug Use.

McCabe, S. E., Hulsey, E., Kcomt, L., Evans-Polce, R. J., Radford, G., Tennant, S. D., & McCabe, V. V.

JAMA Network Open

Published Online: September 10, 2025

Introduction

Childhood bereavement resulting from parental mortality in the US has increased substantially over the past decade, including a surge in parental deaths from stigmatized causes, which are defined as drug overdose, homicide, suicide, and alcohol-induced or other drug-induced deaths.¹⁻³ Experiencing the death of a parent during childhood can have a substantial impact on a child's behavioral, emotional, and mental well-being, especially among children who experience stigmatized deaths and often require specialized bereavement services and treatment.^{2,4} Michigan has

parental mortality rates above the national average, which has destabilized many family households.^{3,5} Our objective was to examine statewide trends and county-level variability in Michigan children who experience stigmatized parental deaths to guide the allocation of bereavement services and interventions shown to improve health outcomes.⁶

Methods

In collaboration with the Division for Vital Records and Health Statistics at the Michigan Department of Health & Human Services, death certificate records were used in this cohort study to identify individuals who died in Michigan between January 2000 and December 2023. Individuals who were also listed on birth certificate records as a biological mother or father were used to identify children born during the period from 1989 to 2023 who appeared on these birth certificates and were collated by year of parental death, year of the child's birth, and type of parental death on the basis of International Statistical Classification of Diseases, Tenth Revision codes, consistent with prior work.² This established a cohort of children aged 17 years or younger who experienced the death of a biological parent (all-cause and stigmatized). The annual count and proportion of children bereaved by stigmatized parental deaths relative to all-cause parental deaths were calculated. Statewide temporal trends were examined using Joinpoint version 5.4.0.0 (National Cancer Institute) regression and a weighted bayesian information criterion method. The percentages of parentally bereaved children from stigmatized death relative to all-cause death were calculated in each Michigan county by dividing the number of children who experienced a stigmatized parental death by the total number of parentally bereaved children between 2000 and 2023 and multiplied by 100. This report follows the STROBE reporting guideline for cohort studies. This research was determined to be exempt from review and the need for informed consent by the University of Michigan's institutional review board, in accordance with 45 CFR §46.

Results

Between 2000 and 2023, 115 558 parentally bereaved children from all-cause parental deaths in Michigan were identified, including 38 429 children who experienced stigmatized parental deaths. The annual count and percentage of children with parental bereavement from stigmatized deaths relative to all-cause parentally bereaved children increased significantly between 2000 and 2023 (annual percentage change, 2.15; 95% CI, 1.77, 2.54; $P < .001$) (Figure 1). For instance, stigmatized parental deaths represented 1372 (28.5%) of all parental deaths in 2008 and 2222 (41.8%) of all parental deaths by 2023. At the county level, the percentage of children who experienced stigmatized parental deaths relative to all-cause parental deaths ranged from 21.3% (13 of 61 deaths) to 47.2% (25 of 53 deaths) (Figure 2).

<https://doi.org/10.1001/jama.2025.14150>

Leveraging Novel Alternative Payment Models to Promote Evidence-Based Behavioral Health Care. (Viewpoint)

Huang, J. J., McNutt, C., Carlo, A. D., & Busch, A. B.

JAMA

Published Online: September 10, 2025

Behavioral health conditions are prevalent—in 2023, an estimated 54 million US adults (21%) had a mental health or substance use disorder. In addition to their morbidity, mortality, and direct treatment cost, behavioral health conditions are also associated with worsened outcomes and increased spending for medical conditions.² Thus, addressing the behavioral health needs of the US population is critical to delivering high-value care. Recognizing the important role that behavioral health plays in patient outcomes and health care spending, the Centers for Medicare & Medicaid Services (CMS) Innovation Center has emphasized behavioral health guidance and outcomes in its care delivery and alternative payment models. In March as part of the make America Healthy Again (MAHA) agenda, CMS announced plans to update its alternative payment model portfolio. This offers the Innovation Center a key opportunity to advance evidence-based behavioral health care and achieve greater outcomes and cost savings than prior models (eg, Medicare accountable care organizations), which placed limited emphasis on behavioral health due to their broad scope and, as a result, had limited tangible impact in this area. Below we describe advantages of the Innovation Center's current alternative payment models regarding behavioral health care, along with opportunities to strengthen specific guidance and incentives for key evidence-based practices. These recommendations align with the Innovation Center's updated strategy under MAHA, which includes provisions to “standardize model design features...to reduce the administrative burden of participating in advanced alternative payment models and support multi-payer alignment.

<https://doi.org/10.1001/jamahealthforum.2025.2647>

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.

JAMA Health Forum

Published Online: August 29, 2025

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 χ^2 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.

<https://doi.org/10.1155/da/5572394>

Veteran Reports of Anxiety and Depression Before, During, and After COVID-19: Associations With Race/Ethnicity, Gender, and Traumatic Exposures.

Chesnut, R., Aronson, K. R., & Perkins, D. F.

Depression and Anxiety

First published: 05 September 2025

The COVID-19 pandemic was a world-wide health emergency that resulted in individuals experiencing challenges in numerous life domains. Life domains affected included physical and mental health, finances, and social isolation. Many health and research professionals evidenced concern that veterans were more likely than civilians to experience COVID-19 related problems due to their “at-risk” health status. Veterans are at-risk for health problems due to encountering unique military experiences such as traumatic exposures, development of trauma-related mental health symptoms or disorders, combat-related injuries, and disability, exposure to toxins such as burn pits and biological agents, and living with chronic stress during their transition to civilian life. It was suggested that the disruptions and challenges the COVID-19 pandemic created could trigger mental health problems among veterans. Indeed, based on cumulative stress theory, female veterans and veterans from racial and ethnic minority groups were thought to be particularly vulnerable for experiencing mental health challenges. The current study examined changes in the symptoms of depression and anxiety before, during, and after the COVID-19 pandemic among a large and diverse sample of post-9/11 veterans. As predicted, when compared to White male veterans, male and female veterans from racial and ethnic minority groups reported having higher symptom levels of anxiety and depression before, during, and after the COVID-19 pandemic. All veterans, except for females from racial and ethnic minority groups, reported experiencing increases in symptoms over time. Exposure to adverse childhood experiences (ACEs), combat exposure, and length of longest deployment were inconsistently associated with symptoms over time. The results suggest that the COVID-19 pandemic was associated with individuals experiencing increased anxious and depressive symptoms over time, although not in a wholly consistent manner. Future global health emergencies may have differential gender- and race/ethnicity-based effects on veterans; thus, veteran-serving organizations should carefully plan their responses to such crises.

Posttraumatic Stress Disorder and Its Associations With Sexually Transmitted Infections Among Veterans.

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

Sexually Transmitted Diseases
52(10): p 609-617, October 2025

Background

One-quarter of all veterans who deployed to Iraq and Afghanistan post-9/11 developed posttraumatic stress disorder (PTSD). No known longitudinal study has examined the associations between PTSD and sexually transmitted infections (STIs). Objectives were to (1) examine trends in incidences of PTSD and STIs, (2) estimate the associations between individually measured assessments of PTSD and STI incidence, (3) measure effect modification by deployments and combat exposure, and (4) explore time-varying associations.

Methods

In this prospective cohort study of all veterans who deployed to Iraq and Afghanistan in 2001 to 2022 and receive care in the Department of Veterans Affairs ($n = 1,570,654$), patients contributed a total of 15,535,454 person-years of follow-up. Joinpoint regression models, marginal structural Poisson models, and marginal structural shared frailty models were fitted with a time-dependent exposure, adjusted for time-independent and time-dependent confounding and informative censoring.

Results

Incidences in PTSD, hepatitis C virus, and human papillomavirus significantly decreased, but those of chlamydia, human immunodeficiency virus, and syphilis significantly increased. Posttraumatic stress disorder was associated with increased rates (adjusted rate ratio, 95% confidence interval) of HPV by 3% (1.03 [1.00–1.05]), human immunodeficiency virus by 8% (1.08 [1.02–1.15]), hepatitis B virus by 9% (1.09 [1.01–1.18]), genital HSV by 9% (1.09 [1.07–1.11]), syphilis by 11% (1.11 [1.05–1.17]), chlamydia by 20% (1.20 [1.17–1.24]), gonorrhea by 21% (1.21 [1.13–1.31]), and hepatitis C virus by 69% (1.69 [1.62, 1.77]), and remained statistically significant.

Discussion

Posttraumatic stress disorder was associated with increased rates of all STIs, and these

associations did not diminish with time. Results may help guide preventive efforts and medical decisions for those with PTSD.

<https://doi.org/10.1111/sltb.70050>

Comparing the Impacts of Crisis Response Plan and Self-Administered Safety Plan Use in Real Life on Key Clinical Outcomes.

Bozzay, M., Cai, X., Chen, J., Daruwala, S., Khazem, L., Wastler, H., Allan, N. P., Bryan, A. O., & Bryan, C. J.

Suicide and Life-Threatening Behavior

First published: 12 September 2025

Background

Suicidal crises can occur when a clinician is not available to intervene. Safety planning-type interventions, such as the Crisis Response Plan (CRP) and the self-guided Safety Plan (SP), were developed to provide patients with skills to manage their suicide risk in daily life. These plans are similar in makeup, but differ in terms of how they are created. This study examined whether plan type moderated associations between frequency of plan use and suicide ideation and affect.

Method

Participants were 115 military personnel in a randomized clinical trial comparing the effectiveness of CRP versus a self-guided SP who completed an ecological momentary assessment battery. Generalized linear mixed-effects models examined whether plan type moderated the association between daily plan use frequency and clinical outcomes.

Results

Treatment group moderated the relationship between plan use frequency and the odds of suicidal ideation. When participants used plans more frequently than their average, they reported lower suicidal ideation and higher positive affect for CRP versus self-guided SP.

Conclusions

More frequent CRP use was linked with lower risk of suicidal ideation and greater

positive affect. This may reflect better plan use due to clinician guidance. Results have critical implications for the implementation of safety planning-type interventions.

<https://doi.org/10.1080/00332747.2025.2530318>

The Impact of Wartime Child Casualties on Adult Professionals.

Rice, A. J., Ogle, C. M., Martin, S. L., & Cozza, S. J.

Psychiatry

2025; 88(3), 308–327

Objective:

Between 2005 and 2022, more than 315,000 grave violations were verified against children in wartime, including killing, physical maiming, exploitation, and forced displacement. While the resulting harm to children is widely recognized, the profound toll on professionals who witness and respond to these tragedies remains under examined. This article explores the psychological and occupational impacts of exposure to child casualties during wartime on healthcare providers, military personnel, journalists, and mortuary affairs workers.

Method:

Google Scholar, PsycINFO, PsychNET, and PubMed were searched for literature examining the impact of pediatric death and injury on healthcare professionals, service members, journalists, and mortuary affairs workers in wartime settings. Supplementary searches were conducted to identify supportive evidence from literature addressing impacts in non-conflict contexts.

Results:

Evidence varied across professions, but impacts examined included moral injury, secondary traumatic stress, heightened emotions, including guilt, anger, helplessness, and grief, as well as professional challenges such as self-questioning, and burnout. Potential mechanisms exacerbating distress include loss of trust in the goodness of the world, cynicism, and hopelessness, personal identification with children, and perceived lack of adequate skills or a sense of professional failure.

Conclusions:

Findings underscore the urgent need for tailored strategies to sustain the well-being and

effectiveness of professionals confronted with child casualties in war. In response, the article highlights promising individual-level and organization-level strategies for building resilience and growth, and promising interventions for professionals requiring clinical care.

<https://doi.org/10.1080/00332747.2025.2530319>

Parenting During War.

Gewirtz, A. H., Muldrew, L., & Basha, S. A. J.

Psychiatry
2025; 88(3), 262–272

Objective

In this article, we review the effects of war on children via their impact on parenting and propose a novel family stress model to inform research and intervention development.

Method:

Focusing specifically on families living in active war zones, we conducted a review of the empirical literature on parenting and child adjustment, and parenting interventions during wartime. We excluded parental deployment to war if the family at home was not residing in the war zone.

Results:

A growing body of literature highlights challenges to parenting practices, cognitions and emotions during war, and parental adaptations to living in a war zone but we could find no parenting intervention research reporting outcomes of programs during war.

Conclusions:

While emerging literature highlights the impact of war on parenting and potential targets for intervention, there is a critical dearth of research on strategies and programs to support parents during wars. We propose a model to guide future research and intervention development for parenting during war and some examples of ways to accomplish this.

<https://doi.org/10.1080/00332747.2025.2530320>

Children Associated with Armed Forces and Armed Groups: Understanding and Addressing Mental Health Needs.

Awada, S. R., & Song, S. J.

Psychiatry

2025; 88(3), 192–206

Former children associated with armed forces and armed groups (CAAFAG) have been affected by violence and adversity and often experience challenges when reintegrating into their communities. Many former CAAFAG demonstrate pervasive mental health concerns, which disrupt functioning and impact successful reintegration. Addressing mental health needs is imperative to ensure successful reintegration. Method: This report reviews risk and protective factors of mental health outcomes and evidence-based intervention approaches for former CAAFAG. Results: The mental health needs of former CAAFAG vary depending on risk and protective factors prior to, during, and after involvement in the armed forces. Effective interventions that address mental health concerns and promote resilience apply a socioecological approach, such that interventions are implemented at the individual, family, and community levels. Further, interventions should apply a community-participatory model that prioritizes community members' and consumers' input during intervention development and implementation. This includes ensuring interventions are appropriately adapted for the context. Conclusion: Research evidence that highlights addressing risk and protective factors and the effectiveness of intervention approaches for former CAFAAG is growing; however, additional research is needed.

<https://doi.org/10.1016/j.sleep.2025.106803>

Probable trauma-associated sleep disorder among Ukrainian combatants with stress-related mental disorders.

DI Boiko, A Shkodina, ME Uddin, MH Rahman, MA Kader

Sleep Medicine

Volume 136, December 2025, 106803

Highlights

- Combatants' nightmares did not differ in different stress-related mental disorders.
- Approximately 80 % of combatants with PTSD or adjustment disorder had severe insomnia.
- More than 80 % of combatants with PTSD or adjustment disorder had probable TASD.
- PTSD or adjustment disorder with severe insomnia require screening for TASD.

Abstract

The Russian-Ukrainian war has created a mental health crisis among combatants, with sleep disorders representing a critical aspect of combat-related conditions. The objective is to assess the prevalence of insomnia, nightmares, and their association with clinically probable Trauma-Associated Sleep Disorder (TASD) among Ukrainian combatants with stress-related mental disorders. This cross-sectional study included 99 male combatants (aged 18–59) undergoing inpatient treatment for stress-associated disorders (adjustment disorder, $n = 36$; PTSD, $n = 63$). Assessments included psychiatric interviews using ICD-10 criteria, the Insomnia Severity Index, Hamburg Nightmare Questionnaire, and TASD symptom assessment. Clinically significant insomnia was observed in 77.8 % of individuals with adjustment disorder and 82.5 % with PTSD ($p = 0.562$). Nightmares were reported by 86.1 % and 90.5 %, respectively ($p = 0.533$). Probable TASD criteria were met by 80.6 % of those with adjustment disorder and 84.1 % with PTSD ($p = 0.650$). Combatants with clinically significant insomnia had a 2.5 times higher risk of developing TASD compared to those without insomnia ($RR = 2.55$, 95 % CI 1.41–4.60, $p < 0.001$), with this relationship persisting after adjusting for confounding factors. This study demonstrates a high prevalence of probable TASD among Ukrainian combatants with both PTSD and adjustment disorders. The strong association between insomnia and TASD underscores the importance of insomnia as a clinical marker for TASD screening in combatants with stress-associated disorders.

<https://doi.org/10.1016/j.ssmqr.2025.100639>

“I’m not here to take anyone’s guns away:” Provider Perspectives and Strategies for Addressing the Fear of Firearm Seizure among Rural-Residing Veterans.

E Masucci, M Lafferty, N Cerra, L Maxim, AM O'Neill, K Carlson

Highlights

- Perceived risk of firearm seizure has impacts on Veteran engagement in healthcare.
- Socio-environmental factors contribute to fear of firearm seizure among Veterans.
- Providers have developed key strategies for discussing firearm safety with Veterans.
- Effective firearm safety discussions can prevent firearm injury and improve overall health outcomes.

Abstract

Rural-residing Veterans experience higher rates of fatal and nonfatal firearm injury than their urban or civilian counterparts. Discussing firearm safety in clinical settings is a promising strategy for firearm injury prevention. In rural contexts especially, firearm safety discussions with Veterans—the acceptability, efficacy, and reach of these discussions—are often complicated by Veterans' perceived risk of firearm seizure. Drawing on semi-structured interviews with Veterans Health Administration (VA) providers at three separate rural-serving VA sites, this study examines the factors that contribute to fear of firearm seizure to a) understand how the fear of firearm seizure informs Veteran attitudes and behaviors, and b) identify strategies to inform firearm safety interventions for rural-residing Veterans. Our results suggest that fear of firearm seizure is informed by several interlocking factors, including rural cultures and identities of firearm ownership, distrust in government, and misconceptions about VA care. Notably, we found that these beliefs drive Veteran attitudes and behaviors, particularly when it comes to adopting firearm safety strategies and seeking mental health care. Based on their experience working with rural-residing Veterans, providers shared strategies for addressing fears about firearm seizure which have the potential to improve Veteran engagement in VA care, enhance suicide and firearm injury prevention interventions, and ensure the health and safety of Veterans and their families.

<https://doi.org/10.1080/00332747.2025.2530804>

Global Perspectives on the Mental Health of Children of Military Service Members.

Leskin, G. A., Nemcek, S. P., Basha, S. A. J., & Gewirtz, A.

This article reviews international research on the mental health of children of military service members, with a focus on the United States, United Kingdom, Canada, and Australia. It highlights the unique service-related stressors these children experience and presents Bronfenbrenner's Ecological Systems Theory as a framework for understanding how various risk and protective factors interact to influence mental health outcomes. The article also explores prevention and intervention strategies that support resilience and psychological well-being in this population. Method: A comprehensive review of empirical studies was conducted using peer-reviewed journal articles, governmental reports, and institutional research databases. The review examined key variables including rates of mental health concerns, contributing risk and protective factors linked to military service, and best practice prevention and intervention approaches. Country-specific trends and gaps in research were also analyzed. Results: In addition to extensive research from the United States, a smaller but growing body of work from Canada, Australia, and the United Kingdom was identified. Findings consistently show that children of military service members face increased risks of depression, anxiety, and behavioral challenges. However, protective factors such as strong family cohesion, supportive parental mental health, and access to structured services can buffer these risks. Ecological frameworks help capture how personal, family, and societal systems intersect in shaping outcomes. Conclusions: Continued research is needed to develop and evaluate scalable, evidence-based interventions tailored to military families. A family-centered and ecologically informed approach is essential to fostering resilience and improving long-term psychological outcomes for children of military service members.

<https://doi.org/10.1080/09602011.2025.2556743>

Exploring suicidal ideation and self-harm after moderate-severe traumatic brain injury within a transdiagnostic framework.

Carmichael, J., Fernando, D., Ponsford, J., Spitz, G., Hicks, A. J., Johnston, L., & Gould, K. R.

Neuropsychological Rehabilitation
Published online: 12 Sep 2025

More research is needed on suicidal ideation (SI) and self-harm (SH) following moderate-severe traumatic brain injury (TBI). Previous studies have shown limited, inconsistent associations with demographic and injury factors and relied on diagnosis-specific analyses of psychiatric factors. This cross-sectional survey included 387 individuals with moderate-severe TBI and examined correlations between SI, SH, and 35 other variables, including a series of transdiagnostic internalizing symptom dimensions. In the previous two weeks, 21% of participants reported SI and 5% reported SH, both generally at mild levels. While demographic and injury factors showed minimal associations, SI and SH were significantly correlated with higher internalizing symptoms, greater disability, and lower life satisfaction. Elastic net regression was used to select the most important correlates, including core negative affect (e.g., depressed mood), post-traumatic intrusion, obsessive-compulsive, and low positive affect symptoms. While each significantly explained only a small amount of unique variance (<1–7%), their combination accounted for 50% and 31% of the variance in SI and SH, respectively. We identified a transdiagnostic profile that may help guide assessment and treatment of SI and SH in individuals with moderate-severe TBI. Future research should aim to distinguish SH with and without suicidal intent and incorporate a control group.

<https://doi.org/10.3390/bs15091240>

Prospective Associations Among Loneliness and Health for Servicemembers: Perceived Helplessness and Negative Coping Appraisal as Explanatory Mechanisms.

SN Arpin, CD Mohr, TE Bodner, LB Hammer, JD Lee

Behavioral Sciences
2025, 15(9), 1240

Links between loneliness and health are robust, though evidence for associations with alcohol use is mixed. Previous research has supported perceived stress as a predictor of alcohol use and as a pathway through which loneliness impacts health over time. Yet findings are primarily limited to civilian samples, and less is known about how loneliness relates to stress and health among service members. The current study explores prospective associations among loneliness, stress, and health (i.e., sleep, alcohol misuse, and psychological distress) within a sample of mostly male service members.

We examine two dimensions of perceived stress, perceived helplessness and negative coping appraisal, as explanatory mechanisms. Controlling for baseline stress and health, loneliness predicted perceived helplessness and negative coping appraisal (4-month follow-up); in turn, perceived helplessness and negative coping appraisal predicted insomnia and sleep dissatisfaction; and negative coping appraisal predicted alcohol misuse (indirect effects). Findings support transactional models of stress and the stressor-vulnerability model of alcohol use, revealing that coping appraisals play an important explanatory role for stress-related consequences of loneliness. Further, we provide new insight into mechanisms linking loneliness to alcohol use and sleep, differentiating dimensions of stress and highlighting potential intervention targets.

<https://doi.org/10.1007/s11920-025-01639-z>

Status of Imagery Rehearsal Therapy and Other Interventions for Nightmare Treatment in PTSD.

So, C.J., Bolstad, C.J. & Miller, K.E.

Current Psychiatry Reports

Published: 11 September 2025

Purpose of Review

We review the recent published literature on nightmare-focused interventions, including imagery rehearsal therapy, for trauma-exposed adult populations.

Recent Findings

Imagery rehearsal therapy (IRT) and prazosin remain the most supported treatments, though results vary across studies. New consensus guidelines have led to Cognitive Behavioral Therapy for Nightmares (CBT-N), which integrates rescripting, exposure, and sleep strategies. Digital self-management, brief coaching-support, and tools like lucid dreaming or targeted memory reactivation show promise. Integrated and sequenced approaches with PTSD or insomnia treatments may improve outcomes, though evidence remains mixed.

Summary

While trauma-focused treatments reduce PTSD symptoms, nightmares may persist without targeted care. Standardized CBT-based approaches, consistent outcome

measurement, and studies on mechanisms and sequencing are needed to optimize and expand access to nightmare treatment.

<https://doi.org/10.1097/HRP.0000000000000440>

The Impact of Firearm Ownership, Violence, and Policies on Mental Health: A Systematic Scoping Review.

Spitz, V. H., Fernandes Damiano, B. B., Flores E Paez, L. E., de Amorim Auler, M., Lopes, L., Beiram, L., Roncete, G. P., Yano, O. L., Gomes, R. N. D. S. M., & Damiano, R. F.

Harvard Review of Psychiatry
33(5): p 243-263, September 2025

Background:

Increased firearm accessibility and related violence have generated global debate concerning public gun policies. Although the physical dangers associated with firearms are widely acknowledged, the psychological effects of firearm use and accessibility require greater exploration. We evaluate the influences of gun ownership, violence, and policies on mental health outcomes across different populations.

Methods:

A comprehensive literature review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines across multiple databases, including PubMed, Scopus, Web of Science, and PsycInfo, yielding 467 studies. A scoping review was then performed to thematically categorize and analyze the associations between gun access and aggressive behavior, substance abuse, societal violence, and mental health outcomes.

Results:

Our findings identify three fundamental psychological mechanisms through which firearms affect mental health: (1) as enablers of impulsive action during distress; (2) as amplifiers of existing psychological states (e.g., aggression, fear, trauma); (3) and as symbols that transform power dynamics and vulnerability perceptions. Specifically, permissive gun policies and firearm ownership are linked to higher rates of firearm-related suicides and aggressive behavior. Exposure to gun violence significantly

exacerbates psychological distress, especially among vulnerable populations, and its effects persist long after direct exposure.

Discussion:

This review highlights the urgent need for comprehensive policies that address firearm accessibility, promote mental health interventions, and address the social determinants of firearm-related harm. Such an integrated public health approach addressing these individual and societal factors is essential for mitigating the complex psychological pathways through which firearms affect mental health across populations.

Links of Interest

Empowering the spirit to prevent Veteran suicide

<https://news.va.gov/142400/empowering-the-spirit-prevent-veteran-suicide/>

Soldiers “Get a Grip” on suicide prevention at Fort Drum

<https://www.dvidshub.net/news/547363/soldiers-get-grip-suicide-prevention-fort-drum>

Fad or cure? Some veterans question a push for alternative PTSD treatments

<https://www.stripes.com/veterans/2025-09-15/veterans-question-push-alternative-ptsd-treatments-19102407.html>

‘Sesame Street’ launches new resources to encourage healthy habits for military kids

<https://www.stripes.com/living/entertainment/2025-09-16/sesame-street-healthy-happy-ready-19115453.html>

Resource of the Week: [2025 Veterans Civic Health Index](#)

From [We the Veterans and Military Families press release](#):

The Veterans Civic Health Index Featured in Military Times

“Veterans remain more likely to participate in elections and spend more time volunteering with local charities than their civilian peers, but the gap in that civic engagement has decreased in recent years, according to a new study being released Thursday.

Officials behind the 2025 Veterans Civic Health Index — compiled by the advocacy group We the Veterans and Military Families and the National Conference on Citizenship — said the findings likely reflect broader changes in community involvement and do not appear to be a sign of veterans stepping away from volunteer and leadership roles.”

[Military Times story available here.](#)



Shirl Kennedy

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