Research Update – February 19, 2026

What's Here:

- "They'll Talk About Everything Else… But Suicidal Ideation": Clinician Experiences Addressing Non-Disclosure of Suicidal Ideation Among Military-Affiliated Clients.
- Posttraumatic stress disorder symptoms and suicide ideation, attempt, and risk among active-duty service members and veterans: A systematic review with three meta-analyses of associations and moderators.
- Veteran suicide thoughts and attempts during the transition from military service to civilian life: Qualitative insights.
- Emotion, attention and stress regulation as markers of resilience in male and female Israeli soldiers during the Israel-Hamas war.
- Development and Validation of a Brief Warzone Stressor Exposure Index.
- Evidence for a Somatic and Non-Somatic Factor Structure in the Patient Health Questionnaire-8 in a Military Sexual Assault Sample.
- Response Inhibition and Working Memory in Virtual Reality: Behavioral and Event-Related Potential Effects of Stress in a Military Sample.
- Shockwaves of War: Neurobehavioral Symptom Analysis Post-Al Asad Missile Strike, 2020.
- A cross-sectional study of the association between sleep disturbance profiles, unmet mental health or substance use needs, and presenteeism among United States activity-duty service members using the 2018 health-related behaviours survey (HRBS).

- War-related stressors and mental health: The longitudinal mediating role of betrayal-related moral injury among civilians.
- Examining the impact of risk and protective factors on post-9/11 U.S. veterans' moral injury latent profiles and transitions.
- Mental health practitioners' views on assessing suicide risk in the emergency department: navigating a challenging assessment process.
- Substance use in Military Personnel: Associations with Combat Exposure, Moral Injury, Posttraumatic Stress Disorder and Pain.
- Postdeployment At-Risk Drinking Among Active Duty Women: Health Care Utilization and Military Readiness Outcomes.
- Leveraging Social Media and Crowdsourcing to Recruit and Retain Military Veterans With Posttraumatic Stress Disorder or Experience of Harmful Gambling for mHealth Interventions: Descriptive Study.
- The role of contextual factors and social support on PTSD among sexual assault survivors: Findings from the Millennium Cohort Study.
- Probable trauma-associated sleep disorder among Ukrainian combatants with stress-related mental disorders.
- Rehabilitation Outcomes of Service Members and Veterans With Mild-to-Moderate Traumatic Brain Injury.
- A review of long-term outcomes of repetitive concussive and subconcussive blast exposures in the military and limitations of the literature.
- Examining cognitive emotion regulation strategies and symptom improvement during a 2-week cognitive processing therapy-based intensive treatment programme for PTSD.
- A unified model of military moral experience during deployment: Initial evidence from U.S. soldiers.
- Links of Interest
- Resource of the Week: VA releases annual Veteran suicide prevention report, updated with 2023 data

—--

"They'll Talk About Everything Else… But Suicidal Ideation": Clinician Experiences Addressing Non-Disclosure of Suicidal Ideation Among Military-Affiliated Clients.

Litschi, M. A., Lancaster, S. L., Linkh, D. J., & Lafferty, M.

Background
More than half of people experiencing suicidal thoughts and behaviors may never disclose their experiences to another person. Veterans are more likely to die by suicide than their civilian counterparts and report barriers to disclosure of suicidal thoughts and behaviors during screenings. While studies of veteran and service member perspectives offer recommendations to facilitate disclosure, little is known about clinician perspectives and strategies.

Objective
Describe clinician perspectives on non-disclosure among military-affiliated clients and strategies to address potential non-disclosure in this at-risk population.

Design
Qualitative analysis of transcript summaries from semi-structured interviews.

Participants
Seventeen clinicians serving military and veteran clients participated. Professional backgrounds and credentials were diverse, with 71% having 5 or more years of clinical experience. Roughly half of the participants treated clients with suicidal ideation three or more times per week.

Approach
Interviews focused on clinicians' approaches and decision-making processes during suicide risk stratification and treatment planning, including barriers and facilitators. This paper focuses on identified challenges of non-disclosure. Transcripts were analyzed using rapid qualitative analysis.

Key Results
Clinicians described their experiences with non-disclosure of suicidal ideation among

military-affiliated clients, including perspectives on disclosure barriers and communication strategies used to facilitate disclosure. When discussing the challenge of non-disclosure clinicians reported (1) experiencing guardedness and non-disclosure among their clients, and (2) perceiving stigma and fear of negative consequences as disclosure barriers. Based on these experiences, clinicians modified their approaches to suicide risk assessment to facilitate disclosure by (1) normalizing suicidal thoughts and behaviors as safe topics, (2) educating clients to address fears, (3) collaborating with clients to promote acceptance of safe firearm storage, and (4) deliberately using standardized measures to overcome disclosure challenges.

Conclusions
Proactively implementing communication strategies that address perceived barriers to disclosure of suicidal thoughts and behaviors among military-affiliated psychotherapy clients may facilitate disclosure.

—--

Posttraumatic stress disorder symptoms and suicide ideation, attempt, and risk among active-duty service members and veterans: A systematic review with three meta-analyses of associations and moderators.

Cenkner, D. P., Dent, A. L., Zhou, A., Wislocki, K. E., Stevens, S. K., Lee, S., Amindari, K., Sereno, M., Lu, D., Chang, M., Uwadia, H., Smith, E. G., Woo, R., Nip, H., Serrano, B. N., & Zalta, A. K.

Highlights
- The average correlation between PTSD symptoms and suicide risk was $rz = 0.40$.
- The average correlation between PTSD symptoms and suicidal ideation was $rz = 0.29$.
- The average correlation between PTSD symptoms and suicide attempt was $rz = 0.16$.
- Statistically significant heterogeneity emerged for all three summary correlations.
- Statistically significant moderators were identified in all meta-analyses.

Abstract

Posttraumatic stress disorder (PTSD) is an established risk factor for suicidality in service members and veterans (SM/Vs). However, no meta-analysis has examined associations between PTSD symptom severity and suicidality in SM/Vs or moderators of these relationships. Three meta-analyses examined cross-sectional correlations between PTSD symptoms and suicide ideation, attempt, and risk. Seven databases were searched four times, most recently in June 2025. Eligible reports had to include adult SM/Vs, be written in English, be published in or after 1980, assess PTSD symptoms, and include a validated measure of suicidal ideation, attempts, or risk (or single item of attempts). We included 87 ideation effect sizes representing 82,318 SM/Vs, 74 attempt effect sizes representing 104,952 SM/Vs, and 45 risk effect sizes representing 38,927 SM/Vs. Correlated-and-hierarchical effects models with robust variance estimation revealed significant summary correlations for ideation (r_z = 0.29; 95 % PI [0.02, 0.57]), attempt (r_z = 0.16; 95 % PI [0.003, 0.32]), and risk (r_z = 0.40; 95 % PI [0.08, 0.72]), all with statistically significant heterogeneity. Among 19 moderators tested, veteran status (v. active-duty) significantly strengthened the correlation with suicidal ideation (b = 0.12, se = 0.04, t(34.03) = 2.91, p = .006) and suicide attempt (b = 0.08, se = 0.03, t(19.83) = 2.44, p = .024). Partnered status significantly strengthened the correlation with suicide risk (b = 0.01, se = 0.00, t(8.77) = 4.62, p = .001). Findings highlight who might be at greater risk for suicide and underscore the potential benefits of treating PTSD symptoms for suicide prevention in SM/Vs.

—--

Veteran suicide thoughts and attempts during the transition from military service to civilian life: Qualitative insights.

Edwards, E. R., Smith-Isabell, N., Epshteyn, G., Greene, A. L., Gorman, D., Hubay, D., Losieniecki, R., Appelt, C., Osterberg, T., Walker, M., Geraci, J., & Goodman, M.

A rapidly growing literature highlights a critical need for targeted suicide prevention and risk mitigation strategies for veterans navigating the military-to-civilian transition. Although various risk correlates of suicidal thoughts and behavior among transitioning veterans have been identified, how and why these correlates occur and interact to affect

suicidality remains unclear. Guided by the 3 Step Theory of Suicide, 10 recently discharged United States military veterans with a history of post-discharge suicide thoughts, urges, or behaviors completed interviews on the military-to-civilian transition and suicidal thoughts and behaviors occurring during this time. Thematic analysis highlighted an overarching theme of transition whiplash comprising four subthemes: unpreparedness, economic vulnerability, identity disruption, and social alienation. Veterans' recommendations for improving suicide-prevention efforts included providing a primary contact to provide personalized support and guidance throughout transition and increasing accessibility of peer support. Results provide nuanced insight into experiences that may underlie suicide risk during the military-to-civilian transition.

—--

Emotion, attention and stress regulation as markers of resilience in male and female Israeli soldiers during the Israel-Hamas war.

Cohen, R., Punski-Hoogervorst, J. L., Maoz, I., Engel-Yeger, B., Tatsa-Laor, L., & Avital, A.

Psychological resilience is a key factor for societal and military stability when faced with terror attacks and/or war. The research presents physiological findings—obtained with the electrodermal activity (EDA) and Auditory Sustained Attention Test (ASAT)—on stress responses, attentional and emotion regulation abilities in 57 Israel Defense Force male and female combat soldiers during the ongoing Israel–Hamas war. In addition, it shows self-reported resilience scores and post traumatic symptomatology measured by questionnaires and explores the relationship between the subjective and objective data. Compared to male soldiers, female soldiers showed significantly higher hyperarousal symptoms yet showed a tendency to a significantly lower specific skin conductance response (on the EDA) to the first startle sound. Furthermore, the self-reported acute stress symptoms positively and significantly correlated with the physiological emotion regulation measured by startle responses, and negatively correlated with attentional regulation measured by the ASAT. The lack of gender differences in stress level, resilience and self-regulation abilities emphasizes the high capabilities of women combat soldiers, especially due to gender-related risks in combat. Relatively high scores of acute stress symptomology in the population of combat soldiers invite later

screening and assessment for the prevention of post traumatic disorders in vulnerable individuals. The combination of physiological measures and questionnaires highlights possible report biases, and thus underscores the importance of combining these objective/subjective measures for adequate assessment of resilience and post traumatic symptomology.

—--

Development and Validation of a Brief Warzone Stressor Exposure Index.

Anyan, F., Nordstrand, A. E., Hjemdal, O., Rønning, L., Huffman, A. H., Noll, L. K., Gjerstad, C. L., Wickham, R. E., & Bøe, H. J.

Existing scales mainly focus on danger-based threats of death and bodily harm to assess exposure to traumatic events in war zone. However, major provocations and transgression of deeply held values and moral beliefs, as well as witnessing the suffering of others can be as traumatic as fear-inducing danger-based events. This raises the need for scales that assess both danger- and nondanger-based events among soldiers operating in modern war zones. Norwegian military personnel deployed to Afghanistan between late 2001 and end of 2020 were invited to participate in a cross-sectional survey with a final sample size of 6,205 (males: n = 5,693; 91.7%; mean age = 41.93 years). We applied data reduction techniques (e.g., exploratory factor analysis, EFA, and exploratory graph analysis, EGA, through a community detection algorithm) to develop a 12-item, three-factor model (personal threat, traumatic witnessing, and moral injury) of the Warzone Stressor Exposure Index (WarZEI). Confirmatory factor analysis showed support for the factor model, with evidence of concurrent, discriminant, and incremental validity. These results indicate the WarZEI is a reliable and valid measure for assessing exposure to warzone stressors that allows for heterogeneity and the multidimensional nature of exposure to warzone stressors.

—--

Evidence for a Somatic and Non-Somatic Factor Structure in the Patient Health Questionnaire-8 in a Military Sexual Assault Sample.

Duby, N. D., & Blais, R. K.

Introduction
The Patient Health Questionnaire-8 (PHQ-8) is a measure of depression symptom severity that is the 8-item version of the more widely used Patient Health Questionnaire-9 (PHQ-9). However, the PHQ-8 lacks the question about suicide ideation and is often used when questions about suicide ideation cannot be administered. A recent review of the literature on the PHQ-9 indicates mixed findings on factor structure, with evidence for both a unidimensional model and a 2-factor model of somatic and non-somatic symptoms. To date, few studies have explored the factor structure of the PHQ-8, and none to our knowledge have examined this in military samples. This secondary analysis examined this in a sample of military sexual assault survivors given their heightened risk for depression.

Materials and Methods
Service members and veterans who experienced assault (N = 346; 49.1% female) completed the PHQ-8 in a previously published study. The parent study was approved by the Utah State University Institutional Review Board (IRB) and secondary analyses were exempted from IRB review by the Arizona State University IRB. Five structural models were tested using confirmatory factor analysis, including 1 unidimensional factor model and 4 2-dimensional factor models. The following goodness of fit statistics were compared between models: Chi-squared testing, Comparative Fit Index (CFI), Tucker Lewis Index (TLI), root mean square error of approximation (RMSEA), Bayesian Information Criterion (BIC) and standardized root mean square residual (SRMR). Strong model fit was determined by a CFI and TLI ≥ .95, RMSEA ≤ .06, and SRMR ≤ .08.

Results
The 2-dimensional model with anhedonia, depressed mood, feelings of worthlessness, concentration difficulties, and psychomotor agitation/retardation specified on the non-somatic factor, and sleep difficulties, fatigue, and appetite changes specified on the somatic factor had the most optimal fit (X2 [df] = 46.19 [19], CFI = 0.98, TLI = 0.97,

RMSEA = 0.06, SRMR = 0.03, BIC = 6,130.98). Other models had adequate fit, though the fit for the unidimensional model was statistically inferior.

Conclusion
The use of 2-factor models of depression might be superior compared to the unidimensional model in samples of military sexual assault survivors which may provide clinical utility in treating specific depression symptom clusters. Studies that wish to examine potential differences in outcomes as a function of somatic and non-somatic depressive symptoms may consider this model. Future studies should examine model fit in samples that may not have been exposed to military sexual assault.

—--

Response Inhibition and Working Memory in Virtual Reality: Behavioral and Event-Related Potential Effects of Stress in a Military Sample.

Ledesma, L. M., Hyland, M. T., Chinn, L. K., Blacker, K. J., McHail, D. G., & Grigorenko, E. L.

Introduction
Military personnel encounter stress, including intense physical exertion and sleep deprivation. Understanding the effects of stress on cognition and brain activity could inform future training and job placement strategies in the military. This study examined cognitive performance and neurophysiological responses under different stress conditions in individuals engaged in Reserve Officers' Training Corps and/or other military training.

Materials and Methods
Participants (n = 24; 10 women; 18-35 years of age) completed a response inhibition and working memory task in virtual reality at baseline, after intense physical exercise, and during sleep deprivation on three separate testing days. The Go/No-Go task assessed response inhibition by requiring participants to withhold responses to infrequent No-Go targets, while the 2-Back task tested working memory by asking participants to respond to shapes matching those seen two trials prior. Electroencephalography was recorded during both tasks under all conditions.

Results

Behavioral results showed that sleep deprivation negatively affected inhibitory control in the Go/No-Go task but had no effect on working memory in the 2-Back task. Exercise led to poorer accuracy on Go trials for both sexes but improved 2-Back performance for women. Notably, women exhibited faster reaction times on correct Go trials after exercise, whereas men's reaction times remained stable across stress conditions. P300 event-related potential amplitudes seemed to mirror observed behavioral performance, showing reductions with sleep deprivation in the Go/No-Go task. For the 2-Back, P300 amplitudes decreased post-exercise compared to baseline and were similar between baseline and sleep deprivation.

Conclusion

The results demonstrate that acute intense physical exercise and sleep deprivation have distinct effects on cognitive performance and associated P300 signals. Sleep deprivation negatively affected response inhibition, while intense exercise enhanced working memory performance, particularly in women. Changes in P300 amplitudes suggested reduced attentional processing during the Go/No-Go task under sleep deprivation and possible neural efficiency in the 2-Back task following exercise. These findings offer valuable insights for optimizing training and operational readiness in high-stress military environments.

—--

https://doi.org/10.1093/milmed/usaf279

Shockwaves of War: Neurobehavioral Symptom Analysis Post-Al Asad Missile Strike, 2020.

Lenz, A., Pugh, M. J., Swan, A. A., Johnson, A., Strom, E., Schmidt, J., Johnson, K., Jones, R., & Godfred-Cato, S.

Military Medicine
Volume 190, Issue 11-12, November/December 2025, Pages e2499–e2504

Introduction

On January 8, 2020, Al Asad Air Base was attacked with more than 12 Theatre Ballistic Missiles launched by Iran, marking the largest ballistic missile strike on U.S. service members (SMs). Following the attack, many SMs reported experiencing post-concussive symptoms and changes in sleep patterns. This study aimed to assess the

long-term health impacts, specifically focusing on neurobehavioral symptoms, sleep disturbances, and the relationship between blast exposure, location during the attack, and symptom severity.

Materials and Methods

A survey was conducted 4-6 weeks after the missile attack, gathering data from 583 SMs. The survey evaluated self-reported blast exposure, neurobehavioral symptoms (such as difficulty sleeping, anxiety, and headaches), and sleep habits. Latent class analysis was used to identify neurobehavioral phenotypes among respondents based on their symptoms. Additionally, repeated-measures analysis of variance was employed to assess the relationship between neurobehavioral phenotypes and sleep duration, controlling for factors like blast exposure, location at the time of the attack, and age. This study received a "not research" designation by the Department of Defense institutional review board.

Results

Three distinct neurobehavioral phenotypes were identified: "Minimally Affected" (60.5%), "Moderately Affected" (28.8%), and "Profoundly Affected" (10.7%). Service members in the Moderately and Profoundly Affected phenotypes reported higher probabilities of persistent symptoms and shorter sleep durations, especially those who were closer to the missile strikes. Over 80% of participants reported blast exposure. The Profoundly Affected group had a significantly higher likelihood of being within 100 m of a missile strike compared to those who were more than 100 m away or off the base at the time of the attack, who reported milder symptoms. Sleep duration post-attack was significantly shorter for the Moderately and Profoundly Affected groups compared to the Minimally Affected group (P < .001). Furthermore, the Profoundly Affected group reported significantly shorter sleep durations than the Moderately Affected group.

Conclusions

This study highlights the significant impact of missile proximity on both neurobehavioral symptoms and sleep disturbances. The findings suggest that those exposed to the missile strike at closer proximity had more persistent and severe symptoms, including disrupted sleep patterns. The identification of three neurobehavioral phenotypes emphasizes the need for targeted screening and follow-up care to ensure the best long-term response for these SMs, especially for those in the more severely affected groups. Future studies should investigate the long-term effects of such exposure and explore potential interventions to mitigate health impacts for those at risk. The strengths of this study lie in its large sample size and detailed analysis, while limitations include the lack of longitudinal data.

—--

A cross-sectional study of the association between sleep disturbance profiles, unmet mental health or substance use needs, and presenteeism among United States activity-duty service members using the 2018 health-related behaviours survey (HRBS).

Russell, T. L., Singer, D. E., Werner, J. K., Jr, Mancuso, J. D., & Ahmed, A. E.

Inadequate sleep, unmet mental health or substance use needs (unmet needs), and presenteeism are prevalent among military populations. This study aimed to cross-sectionally determine the association between sleep disturbance profiles, unmet needs, and presenteeism in US active-duty service members, both separately and combined. Data were collected from the 2018 Health-Related Behaviours Survey. The response rate was 9.6%. Presenteeism was collected as the number of days (0–30) then collapsed for analysis. Latent class analysis (LCA) was used to classify service members into sleep disturbance profiles. Odds ratios and confidence intervals (CIs) were estimated by binary and ordinal logistic models. Approximately 21% of the 17,166 service members reported at least one presentee day (95% CI: 19.8%–21.8%). Persistent presenteeism was 13.6% (95% CI: 12.7–14.4%). Four sleep disturbance profiles were identified by LCA: (1) high sleep disturbance (reported in 22.5%), (2) short sleep duration (26%), (3) trouble sleeping (6.9%), and (4) none to slight sleep disturbance (reference, 44.6%). Female sex, being separated/divorced/widowed, short sleep duration, trouble sleeping, high sleep disturbance, unmet needs, and both unmet needs and inadequate sleep together were associated with higher odds of high presenteeism levels and persistent presenteeism. Bachelor's or higher educated, 25–34-year-old, Hispanic/Latinx, Officer, Air Force, and Coast Guard service members were associated with lower odds of high presenteeism levels and persistent presenteeism. Despite the decreasing trends between 2015 and 2018, the high prevalence of presenteeism presents a significant burden on work productivity and readiness that behavioural modification may alter.

—--

War-related stressors and mental health: The longitudinal mediating role of betrayal-related moral injury among civilians.

Haim-Nachum, S., Lazarov, A., Markowitz, J. C., Levi-Belz, Y., Lurie, I., Wainberg, M. L., Mendlovic, S., Neria, Y., & Amsalem, D.

Objective:
War-related stressors, such as economic loss, traumatic loss, and forced displacement, are well-documented risk factors for psychopathology. The mechanisms connecting war-related stressors to psychiatric symptoms remain unclear, particularly among civilians in conflict zones. Betrayal-related moral injury—feeling abandoned or let down by trusted leaders or institutions—can erode a sense of safety and justice and intensify distress. The present study examined whether such appraisals represent a psychological pathway linking war-related stressors to depression, posttraumatic stress disorder (PTSD), and anxiety.

Method:
Civilians (N = 681, Mage = 31.3 years, SD = 5.6) exposed to conflict zones in southern and northern Israel following the October 7, 2023, events were recruited using an online platform. We conducted a longitudinal study with assessments in February, March, and May 2024 (Days 1, 30, and 90, respectively), evaluating participants' exposure to war-related stressors, betrayal-related moral injury (measured using the Moral Injury Events Scale), and depression, PTSD, and anxiety symptoms. We hypothesized that betrayal would mediate the relationships between war-related stressors and all symptom types.

Results:
Economic loss directly influenced all three outcomes, whereas traumatic loss directly affected only PTSD. Betrayal mediated the associations between both economic and traumatic loss and psychopathology outcomes—depression, PTSD, and anxiety—but did not mediate the associations between displacement and these outcomes.

Conclusions:
The findings underscore the role that a sense of betrayal may play in the relationships between economic and traumatic loss and mental health outcomes. Targeted

interventions addressing betrayal may help mitigate these symptoms in civilians exposed to trauma. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Impact Statement
This study shows that feeling betrayed—perceptions of abandonment or failure by leaders or institutions—may help explain, in part, why civilians exposed to economic or traumatic losses during war develop depression, posttraumatic stress disorder, or anxiety. The findings suggest that addressing betrayal-related moral injury may be an important component of mental health support in conflict-affected populations. Clinicians working with trauma-exposed civilians should assess betrayal experiences and incorporate them into treatment planning to support emotional recovery after war-related stress. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

—--

https://doi.org/10.1037/tra0002088

Examining the impact of risk and protective factors on post-9/11 U.S. veterans' moral injury latent profiles and transitions.

Chesnut, R. P., Richardson, C. B., & Perkins, D. F.

Psychological Trauma: Theory, Research, Practice, and Policy
Advance online publication

Objective:
To identify moral injury (MI) latent profiles, transitions in MI profile membership over time, and predictors of MI profile transitions. This study represents the first attempt to characterize transitions in MI latent profile membership and examine associated risk and protective factors.

Method:
Latent transition analyses were conducted in a sample of 4,784 U.S. military veterans who responded to Waves 2 (W2) and 6 (W6) of the Veterans Metrics Initiative survey. The Moral Injury Events Scale and a variety of covariates were used in the analyses.

Results:
Three MI profiles were identified, low exposure/distress (80.2% sample membership at W2 and 72.9% at W6), moderate exposure/distress (14.0% at W2 and 20.0% at W6), and high exposure/distress (5.8% at W2 and 7.1% at W6). Higher PTSD and ACEs

scores were associated with greater odds of transitioning from the low to the high exposure/distress profile, while higher scores on social support and a sense of purpose were associated with lesser odds of transitioning from the low to the high exposure/distress profile.

Conclusions:
The use of person-centered analytic techniques, especially those that can accommodate longitudinal data, is important for advancing the study of MI, especially in terms of identifying risk and protective factors that can guide treatment efforts. The study's findings indicate the importance of considering malleable and nonmalleable risk and protective factors in understanding MI experiences and informing strategies to help those who are feeling MI-related distress. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

Impact Statement
Moral injury is a complex phenomenon manifesting in and affecting U.S. veterans in varied ways. Research focused on understanding variation in U.S. veterans' experiences of moral injury, and the risk and protective factors that predict variation, is crucial to helping clinicians develop treatment plans and deliver services. The present study identified low, moderate, and high moral injury exposure/distress groups and found that posttraumatic stress disorder symptomology, adverse childhood experiences, social support, and sense of purpose predicted the odds of U.S. veterans' transitioning from the low to the high exposure/distress group over time. (PsycInfo Database Record (c) 2026 APA, all rights reserved)

—--

https://doi.org/10.1080/09638237.2025.2585205

Mental health practitioners' views on assessing suicide risk in the emergency department: navigating a challenging assessment process.

Xanthopoulou, P., Suzuki, M., Ryan, M., & McCabe, R.

Journal of Mental Health
Volume 35, 2026 - Issue 1

Background
The Emergency Department (ED) is a key setting for suicide risk assessments. In the UK, mental health professionals (MHPs) in psychiatry liaison teams assess suicide risk.

Aim
This study aimed to explore how MHPs in EDs experience and approach the assessment of suicide risk for people presenting for suicidal ideation and/or self-harm.

Methods
We interviewed 22 MHPs from one hospital (England) on their views of conducting psychosocial assessments. Interviews were recorded, transcribed and analysed using inductive thematic analysis.

Results
MHPs described various challenges, summarised in four main areas: the complexity of assessing suicide risk and lack of confidence in some patients/ accounts, the dynamic nature of risk, the impact/barrier of a structured assessment form, and institutional pressures and lack of resources. We identified views and attitudes that delegitimise patients. While such practices at an individual level need to be addressed, we posit this reflects organisational pressures that stifle practitioners' ability to prioritise therapeutic alliance.

Conclusions
It is unsurprising that MHP experience moral injury that can be manifested as amplify biases and compassion fatigue. This calls for changes to support staff striving to make assessments therapeutic and we recommend both top-down and bottom-up initiatives to improve the experiences of MHPs and their patients.

—--

https://doi.org/10.1177/00472379251394435

Substance use in Military Personnel: Associations with Combat Exposure, Moral Injury, Posttraumatic Stress Disorder and Pain.

Kelley, M. L., Gabelmann, J. M., Strowger, M., Hearton, J., Folivi, F., Bravo, A. J., Noh, J., Kuskye, K., Haber, W., & McGuire, A. P.

Journal of Drug Education: Substance Use Research and Prevention
2026; (1), 3-20

Background
Prior research suggests that military personnel endorse higher rates of prescription drug

misuse, cannabis, and heavy alcohol use than civilians. Factors related to substance use may differ for military personnel compared to civilians. In the present study, we examined whether combat exposure, moral injury, posttraumatic stress disorder (PTSD), and pain were associated with military personnel's self-reports of misuse of prescription opiates, prescription sedatives, both prescription opiates and sedatives, cannabis use, and hazardous alcohol consumption.

Method
Participants were a community sample of 238 U.S. military personnel who had deployed one or more times (71.0% males; M = 33.3 years; SD = 3.2).

Results
In our sample, rates of past week misuse were as follows: 21.0% prescription opiates, 25.6% prescription sedatives, 16.4% both prescription opiates and sedative medications. With respect to cannabis use and alcohol consumption, 14.7% reported past-week cannabis use and 46.2% participants reported hazardous alcohol consumption above suggested clinical cut-offs. In multivariable multinomial logistic regression analyses, combat exposure and moral injury were uniquely associated with a greater likelihood of misusing prescription opiates, sedatives, and both opiates and sedatives versus no misuse. Higher PTSD symptoms scores were uniquely associated with past week cannabis use versus no use. Further, greater combat exposure was uniquely associated with a greater likelihood of engaging in hazardous alcohol use.

Conclusions
These results suggest that distinct psychosocial factors may differentially impact substance use among military personnel. Findings indicate the importance of assessing combat exposure, moral injury, PTSD, and pain to better understand substance use and treatment of military personnel.

—--

https://doi.org/10.1177/15409996251365144

Postdeployment At-Risk Drinking Among Active Duty Women: Health Care Utilization and Military Readiness Outcomes.

Background:
Studies have found increasing rates of excessive drinking among women and high levels of psychiatric comorbidity. This follow-up study replicated our predominantly male study to identify multimorbidity clusters among the subsample of military women with postdeployment at-risk drinking and to examine the association of cluster membership with health care utilization and military readiness.

Methods:
Participants consisted of Army women who screened positive for postdeployment at-risk alcohol use (n = 12,066). Latent class analysis (LCA) categorized participants into classes using 31 indicators of mental and physical health, alcohol, and tobacco use. Cox proportional hazard models estimated the relative hazards of classes with health care utilization and military readiness outcomes.

Results:
LCA identified a 5-class model as optimal: Class 1—relatively healthy/pain (50.6%), Class 2—pain/tobacco (16.7%), Class 3—mental health (MH)/pain/sleep (16.7%); Class 4—heavy drinking/MH/pain/tobacco/sleep (8.9%); and Class 5—heavy drinking/pain/tobacco (7.2%). Pain diagnoses (i.e., musculoskeletal, headache/migraine, and visceral/pelvis) and tobacco use were particularly elevated in certain classes and differed in nuanced ways from the full-sample study. Compared to Class 1, women in Classes 2–5 had increased risk for health care utilization and adverse military readiness outcomes. Class 4 had the highest odds of adverse readiness outcomes, including a higher hazard for self-harm/suicide attempt compared to the comparable class from the full-sample study.

Conclusions:
This study of women soldiers with at-risk postdeployment alcohol use found similarities with the predominantly male full-sample study, with some important differences, including a higher prevalence of pelvic pain and migraines and a greater hazard for self-harm/suicide attempt. Findings inform the need for targeted, integrated treatment for women soldiers at the highest risk for negative outcomes.

—--

Leveraging Social Media and Crowdsourcing to Recruit and Retain Military Veterans With Posttraumatic Stress Disorder or Experience of Harmful Gambling for mHealth Interventions: Descriptive Study.

Background:
Military veterans may be at increased risk of posttraumatic stress disorder (PTSD) compared to the general population. PTSD is often comorbid with harmful and problematic patterns of gambling. Behavioral therapies such as acceptance and commitment therapy have shown promise in treating these co-occurring disorders, especially if combined with mobile health (mHealth) interventions to circumvent known help-seeking barriers faced by veterans. However, to date, recruitment for mHealth interventions has been challenging and may impact intervention feasibility.

Objective:
In this paper, our objectives were to describe the strategies used to recruit UK military veterans with PTSD or experience of harmful gambling to a pilot study of a smartphone-based digital intervention, ACT Vet.

Methods:
We used several recruitment strategies, such as direct mailing, paid study advertising on social media (Facebook) and an online research platform (Prolific), study-specific website management, in-person event hosting with veterans' charities, snowball sampling, and incentives for completion.

Results:
Results showed that, over 27 days, recruitment through Facebook accounted for 21 eligible veterans (n=7, 33% through unpaid advertising and n=14, 67% through paid advertising), whereas Prolific accounted for 50 veterans. Additional strategies recruited 8 eligible veterans. In total, 79 eligible military veterans were recruited for ACT Vet, with 24 (30%) completing the final steps of the study.

Conclusions:
Difficulties such as low advertisement conversion rate and participant and data attrition arose throughout this study. Our findings illustrate the relative effectiveness of social media– and online platform–based initiatives in recruiting veterans with PTSD or harmful gambling. Future research should consider establishing an online presence for effective digital intervention recruitment with diverse branding to attract representative samples of veterans for mHealth research.

—--

The role of contextual factors and social support on PTSD among sexual assault survivors: Findings from the Millennium Cohort Study.

Daley, T. C., Wood, W. J., LeardMann, C. A., Joneydi, R., Boparai, S., Berninger, A., & Stander, V. A.

Highlights

- Risk of PTSD was higher when sexual assault occurred during military service compared to as civilians.
- Sexual assault perpetrated by a spouse or significant other was associated with higher probable PTSD.
- Assault by personnel from the same command and/or of higher rank was also more problematic.
- Social support was associated with lower likelihood of probable PTSD.

Abstract
Sexual assault may be especially harmful during military service, and contextual factors may influence post-assault outcomes. However, military contextual factors have not been widely examined in a large population-based military sample. This study examined whether experiencing sexual assault during military service, compared to prior to entering the military, was associated with probable PTSD, and explored contextual factors linked with PTSD. Participants were US service members who enrolled in the Millennium Cohort Study between 2020 and 2021 who self-reported sexual assault. Probable PTSD was assessed using the PTSD Checklist. Models were adjusted for the recency and frequency of assault, as well as prior trauma, including child sexual abuse and combat exposure. Logistic regression was used to estimate unadjusted and adjusted odds ratios and 95 % confidence intervals. Among 8119 participants reporting sexual assault, 4968 (61.2 %) experienced assault during military service. Prevalence of probable PTSD was higher among those assaulted during service (31.4 %) compared with those assaulted as civilians (19.9 %). Contextual factors associated with higher odds of probable PTSD included assaults that occurred at military schools or temporary

duty stations, by a spouse or significant other, and by someone in the same command or of higher rank. Perceived social support from friends, family, and the military was associated with lower likelihood of probable PTSD. These findings highlight how some contextual factors may increase PTSD risk and underscore the protective role of social support. Results may help inform both prevention and response strategies within military settings.

—--

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

Boiko, D. I., Shkodina, A., Uddin, M. E., Rahman, M. H., & Mohammed Abdul Kader

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.

—--

Rehabilitation Outcomes of Service Members and Veterans With Mild-to-Moderate Traumatic Brain Injury.

Haun, J. N., McDaniel, J. T., Nakase-Richardson, R., Schneider, T., McMahon-Grenz, J., Benzinger, R. C., Barton, S., Sandoval, R., Skop, K. M., Dismuke-Greer, C., Sabangan, J., Samson, K., Klyce, D. W., Friedman, Y., Gause, L. R., Miles, S. R., Picon, L. M., Lackow, R. M., & Pugh, M. J.

Objective:
We sought to examine changes in mild-to-moderate TBI-related symptoms among service members and veterans (SM/Vs) following participation in a 5-site inpatient rehabilitation program with the US Department of Veterans Affairs between 7/1/2022 and 5/30/2024.

Methods:
Neurobehavioral outcomes, posttraumatic stress disorder (PTSD) symptoms, pain interference, and lifestyle behaviors related to brain injury were assessed at baseline, discharge, and a 6-month follow-up. Mixed effects linear regression models, adjusting for key patient characteristics, were estimated to determine changes in TBI-related outcomes across the 3 time points.

Results:
Mean participant age, for those with complete data (n = 127), was 41.64 years (SD =

5.57), with a mean of 7.45 deployments (SD = 3.12) and 16.32 concussive events (SD = 7.21). Participants were predominantly White (73.23%) Special Operations personnel (82.68%). TBI-related outcomes, including neurobehavioral symptoms, pain interference, PTSD, and brain injury adaptability, decreased significantly from baseline to discharge (b = −14.36, SE = 1.03; b = −3.79, SE = 0.49; b = −11.14, SE = 1.27; b = −2.41, SE = 0.41), with Cohen's d effect sizes of 1.14, 0.71, 0.69, and 0.56, respectively. Six-month follow-up, TBI-related outcomes remained statistically and practically below baseline levels in all measures except adaptability.

Conclusions and Relevance:
Findings illustrate an interdisciplinary, inpatient rehabilitation program for mild-to-moderate TBI yields significant improvements in TBI-related symptoms that are common among SM/Vs and are sustained at 6 months postdischarge.

—--

A review of long-term outcomes of repetitive concussive and subconcussive blast exposures in the military and limitations of the literature.

Lippa S. M.

Objective:
The purpose of this review is to summarize the long-term cognitive, psychological, fluid biomarker, and neuroimaging outcomes following repetitive concussive and subconcussive blast exposures sustained through a military career.

Method/Results:
A review of the literature was conducted, with 450 manuscripts originally identified and 44 manuscripts ultimately included in the review. The most robust studies investigating how repetitive concussive and subconcussive exposures related to cognitive performance suggest there is no meaningful impact. Although there are minimal studies that suggest some small impacts on neuroimaging and fluid biomarkers, most findings have been in very small samples and fail to replicate. Both repetitive blast mTBI and subconcussive blasts appeared to be associated with increased self-reported

symptoms. Many of the studies suffered from small sample size, failure to correct for multiple comparisons, and inappropriate control groups.

Conclusions:
Overall, there is little evidence to support that repetitive blast mTBIs or subconcussive blast exposures have a lasting impact on cognition, neuroimaging, or fluid biomarkers. In contrast, there does appear to be a relationship between these exposures and self-reported psychological functioning, though it is unclear what mechanism drives this relationship. Small sample size, lack of correction for multiple comparisons, limited control groups, lack of consideration of important covariates, limited diversity of samples, and lack of reliable and valid measures for assessment of blast exposure are major limitations restricting this research. Patients should be encouraged that while research is ongoing, there is little to currently suggest long-term cognitive or neurological damage following repetitive blast exposure.

—--

Examining cognitive emotion regulation strategies and symptom improvement during a 2-week cognitive processing therapy-based intensive treatment programme for PTSD.

Kovacevic, M., Murphy, J., Valdespino-Hayden, Z., Pridgen, S., Smith, D., & Held, P.

European Journal of Psychotraumatology
Published online: 21 Nov 2025

Background:
Cognitive emotion regulation (ER) strategies refer to cognitive processes used to regulate emotions. Maladaptive cognitive ER has been associated with higher posttraumatic stress disorder (PTSD) symptoms. The present study examined whether cognitive ER strategies changed during a 2-week Cognitive Processing Therapy (CPT)-based intensive treatment programme (ITP) and whether these changes were associated with improvements in PTSD and depression symptoms.

Methods:
Data were collected from 269 military service members and veterans.

Results:

Results revealed large effect sizes for self-blame (d = 0.93), moderate effect sizes for catastrophizing (d = 0.65), and small effect sizes for acceptance (d = 0.24), positive refocusing (d = 0.22), and other-blame (d = 0.26). Of these ER strategies, linear mixed effects regression models indicated that decreases in self-blame (p < .001) and catastrophizing (p < .001), and increases in positive refocusing (p = .005) were associated with reductions in PTSD severity during the programme. Similarly, decreases in self-blame (p < .001) and catastrophizing (p < .001), and increases in positive refocusing (p < .001) were associated with decreases in depression severity.

Conclusions:

Findings indicate that CPT-based ITPs may improve cognitive ER strategies among veterans and service members and that changes in some cognitive ER strategies are associated with reductions in PTSD and depression symptoms. Based on these results, clinicians are advised to prioritize targeting cognitive ER strategies, such as self-blame and catastrophizing. Future studies should use multiple assessment methods of cognitive ER within different treatment settings to determine the generalizability of study results.

HIGHLIGHTS

- This study found that military service members and veterans who engaged in a 2-week Cognitive Processing Therapy (CPT)-based intensive treatment programme (ITP) experienced significant changes in cognitive emotion regulation (ER) strategies, particularly for self-blame and catastrophizing.
- This study found that changes in cognitive ER were associated with improvements in PTSD and depression symptoms during treatment.
- Clinicians are advised to prioritize targeting cognitive ER strategies, such as self-blame and catastrophizing.

—--

A unified model of military moral experience during deployment: Initial evidence from U.S. soldiers.

Gutierrez, I. A., Anderson, S. N., & Adler, A. B.

Large scale combat operations (LSCO) are anticipated to expose service members to challenging, high-stakes scenarios with significant moral implications. Potentially morally injurious events and the psychological harms associated with moral injury among military personnel have been well-documented, but the possibility of positive experiences arising from morally charged experiences has been given less attention. In the present study, we explore a novel construct – the potentially morally elevating experience (PMEE) – that constitutes a positively-oriented parallel to the potentially morally injurious event. Previously deployed U.S. Army soldiers (n = 1,622) completed a cross-sectional survey that included assessment of three forms of PMEEs – morally elevating acts by the self, morally elevating acts by others, and moral elevation from experiencing the support of others. Associations between PMEEs and symptoms of depression, anxiety, posttraumatic stress, and problematic alcohol use were explored. PMEEs were found to be common, but not universal, among previously deployed soldiers. Moreover, PMEEs were negatively associated with symptoms of depression, anxiety, and posttraumatic stress. No associations were observed between PMEEs and problematic alcohol use. Building on these findings, we propose a unified model of military moral experience during deployment. Findings and implications are considered within the context of future conflicts involving LSCO.

—--

Links of Interest

Research on problem gambling included in defense funding law
https://www.militarytimes.com/pentagon/2026/02/06/research-on-problem-gambling-included-in-defense-funding-law/

More Navy sailors gain access to Headspace mental health coaching program
https://www.stripes.com/branches/navy/2026-02-06/navy-mental-health-care-headspace-20643196.html

He Hunted Roadside Bombs in Iraq. Now He Hunts Adventure to Combat PTSD
https://thewarhorse.org/veteran-retreats-help-combat-ptsd/

Health care access a top complaint among troops, top enlisted leaders tell lawmakers
https://www.militarytimes.com/news/pentagon-congress/2026/02/12/health-care-access-a-top-complaint-among-troops-top-enlisted-leaders-tell-lawmakers/

Unemployment rates for veterans worsen amid civilian job market gains
https://www.militarytimes.com/veterans/2026/02/13/unemployment-rates-for-veterans-worsen-amid-civilian-job-market-gains/

—--

Resource of the Week: [VA releases annual Veteran suicide prevention report, updated with 2023 data](#)

The Department of Veterans Affairs today released the National Veteran Suicide Prevention Annual Report, which analyzes Veteran suicide from 2001 to 2023, the most recent year for which data is available.

The report shows there were 6,398 suicides among Veterans in 2023, down from 6,442 in 2022. The average number of Veteran suicides per day fell slightly, to 17.5 in 2023 from 17.6 in 2022.

Other key findings from the report include:

- 61% of Veterans who died by suicide in 2023 were not receiving VA health care in the last year of their life.
- The suicide rate per 100,000 Veterans rose for both male and female Veterans in 2023. For women, the rate rose from 13.7 to 13.9, and for men, it rose from 37.3 to 37.8.
- Suicide rates are elevated for Veterans aged 18 to 34 years, and those with certain risk characteristics, including homelessness, health problems and pain. Among Veterans who died by suicide from 2021 to 2023 and whose deaths were reported by VA suicide prevention teams, the most frequently identified risk factor was pain.

[Part 1: Overview](#)
[Part 2: Report Findings](#)

Veteran Groups with Elevated Suicide Rates
Here we highlight 20 Veteran groups with particularly elevated suicide rates:

Measure	Suicide Rate per 100,000
1. Suicide Attempt	590.7
2. Sedative Use Disorder	305.1
3. Other Psychosis	257.3
4. VHA Users with Veterans Crisis Line Contact	254.5
5. Amphetamine Use Disorder	233.6
6. Behavioral Patient Record Flag	163.9
7. Personality Disorder	155.2
8. Recently Separated with Substance Use Disorder	152.6
9. Justice Program Contacts	144.6
10. Recently Separated with Suicidal Ideation	130.7

11. Cannabis Use Disorder	125.8
12. Schizophrenia	124.1
13. Homelessness Diagnosis Without Homeless Program Use	122.8
14. Opioid Use Disorder	121.8
15. Bipolar Disorder	118.8
16. Alcohol Use Disorder	101.7
17. Substance Use Disorder	97.3
18. Cocaine Use Disorder	96.6
19. Priority Group 5, Age 18-35	85.4
20. Traumatic Brain Injury	77.6

—--

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

Henry M. Jackson Foundation for the Advancement of Military Medicine