

CDP



Research Update – March 19, 2026

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<https://doi.org/10.1016/j.jad.2025.121044>

Examination of changes in suicide cognitions during an intensive treatment program for posttraumatic stress disorder.

Murphy, J. W., Walker, E., Smith, D. L., Erlich, A., Pridgen, S., & Held, P.

Journal of Affective Disorders
Volume 398, 1 April 2026, 121044

Highlights

- Suicide cognitions were investigated during a two-week Cognitive Processing Therapy-based massed treatment program for PTSD.
- Suicide cognitions decreased in this two-week program and these decreases were associated with reductions in PTSD severity.
- Decreases in suicide cognitions were also associated with reductions in suicidal ideation.
- These findings provide insights into how PTSD treatments may reduce the risk of suicide via decreases in suicide cognitions.

Abstract

Suicide remains a significant clinical concern for military service members and veterans. One approach to reducing suicide risk has been to treat psychiatric disorders that are highly associated with suicide, such as posttraumatic stress disorder (PTSD). Much of the research on reducing suicide risk has focused on assessing suicidal ideation as a predictor of suicidal behavior, but suicidal ideation has consistently been identified as poor predictor of suicide or suicide attempts. Suicide cognitions have been proposed as an alternative to suicidal ideation when predicting suicide risk. In this study, we investigated whether suicide cognitions changed during PTSD treatment and whether those changes were associated with reductions in PTSD and depression severity. The study sample was comprised of 235 military service members and veterans who completed a two-week intensive treatment program for PTSD between April 2024 and May 2025. Results showed a large decrease in suicide cognitions after treatment ($d = 0.82$) and that these decreases were associated with reductions in PTSD severity ($b = 0.59$, $p < .001$). However, while lower suicide cognitions were associated with lower levels of depression ($b = 0.12$, $p = .003$), this association appeared to be only between-subjects, and not within-subjects over time ($b = 0.02$, $p = .445$). Lastly, reductions in suicide cognitions ($b = 1.24$, $p < .001$) predicted reductions in suicidal ideation over time. When taken together, these findings support the notion that PTSD treatments may

reduce risk of suicide via decreases in suicide cognitions though more research is needed.

<https://doi.org/10.1016/j.psychres.2026.116954>

Multimorbidity and suicidality among military veterans: a scoping review.

Bayliss, L. T., Dias, S., Weidemüller, N. R., Janca, E., Oltvolgyi, C., Ramage, A., Lam, M., Heffernan, E., & Meurk, C.

Psychiatry Research
Volume 358, April 2026, 116954

Highlights

- Psychiatric multimorbidity raises suicide risk, especially PTSD with depression.
- Suicide risk increases with more psychiatric conditions in veteran populations.
- More diverse, condition-specific studies are needed across veteran populations.

Abstract

Introduction

Veterans face elevated risks of suicidality, including suicidal ideation, attempts, and death by suicide. Multimorbidity, the co-occurrence of at least two physical or mental health conditions, has been associated with suicidality. This scoping review aimed to map and synthesise the existing literature on the relationship between multimorbidity and suicidality among veterans from the Five Eyes group, an intelligence alliance between Australia, Canada, New Zealand, the United Kingdom, and the United States.

Methods

The review involved a comprehensive search of academic databases (PubMed, Scopus, Embase, APA PsychInfo, PTSD Pubs) and grey literature. Data extraction focused on study characteristics, types of multimorbidities, and suicidality outcomes.

Results

A total of 42 studies were included. The majority of studies focussed on U.S. veterans (n = 39) and ex-serving veterans (a person who has served at least one day and has since discharged) (n = 37). Studies generally focused on psychiatric-psychiatric multimorbidities (n = 21) or psychiatric-physical multimorbidities (n = 21). No studies focussed exclusively on physical-physical multimorbidities. Studies of psychiatric-only

multimorbidities concentrated on PTSD and depression, while studies that included physical multimorbidities concentrated on traumatic brain injury or comorbidity indices.

Conclusion

The experience of multimorbidities appears to confer additional risks of suicidality to veterans. However, multimorbidities have been unevenly examined to date with key conditions of relevance to veterans being overlooked. There is also limited diversity in the study populations examined and relatively little evidence on the role of mediating psychosocial factors. Further research in these areas is important to informing and improving prevention activities, and clinical and service responses.

<https://doi.org/10.1093/milmed/usaf397>

Behavioral Health Implementers' Perspectives on Facilitators and Barriers to Sustaining Evidence-Based Prevention Interventions in the U.S. Military.

Drew, A. L., Yang, H., Rhoades, K. A., Slep, A. M. S., & Heyman, R. E.

Military Medicine

Volume 191, Issue 1-2, January/February 2026, Pages e338–e345

Introduction

The U.S. Department of Defense (DoD) requires the implementation of evidence-based behavioral health interventions (EBIs) to prevent harmful behaviors such as suicide, harassment, sexual assault, and partner and child abuse. However, EBI sustainment with fidelity over time is a tremendous challenge, and a failure to do so limits the potential impact of these EBIs. Although implementation science theories and empirical research have identified determinants of EBI sustainment in the civilian context, unique aspects of the military social ecology likely influence sustainment in this context. Building on our prior leader interviews, this study examines program implementers' perspectives on factors influencing military behavioral health EBI sustainment. The combined perspectives of leaders and implementers will inform a military-specific model for implementing and sustaining behavioral health EBIs that can then be empirically tested.

Materials and Methods

We conducted focus groups with 24 implementers representing 5 behavioral health EBIs currently implemented in the U.S. Military: 4 evidence-based sexual assault

prevention programs and 1 longstanding, evidence-based suicide prevention program. We conducted a multi-step thematic analysis to identify supports and impediments to sustaining EBIs, organized by levels of the social ecology. Themes were organized using the Consolidated Framework for Implementation Research: outer setting (DoD, Congress, service, major command), inner setting (installation, service agency), characteristics of individuals (implementers, end users), and innovation characteristics. The New York University Institutional Review Board reviewed and approved the study (IRB-FY2020-4345), and the U.S. Army Medical Research and Development Command Human Research Protections Office provided concurrence.

Results

Participants identified socioecological supports and impediments to sustaining EBIs in the military context and described how factors at the outer levels of the social ecology influence implementers' and end users' experiences. They noted the importance of (1) choosing EBIs that have been evaluated in a military context and have support from leaders in the outer and inner settings, and (2) implementation by an educated and trained workforce. Notably, aspects of military culture (e.g., hierarchical structure, frequent moves, mission focus, mandated participation) can both support and challenge the implementation of behavioral health EBIs.

Conclusions

Prevention implementers confirmed leadership-identified military-specific social-ecological factors influencing behavioral health EBI fidelity and sustainability, while providing unique, on-the-ground insights into implementer and end-user experiences. The study's results reinforce the need for implementation scientists to use a military-informed model to understand the determinants of sustained EBI implementation. Further evaluation of this model is warranted to document the relative contributions of these determinants and identify priorities for enhancements that can improve the sustainability of military behavioral health EBIs, ultimately improving the well-being of service members and supporting mission readiness.

<https://doi.org/10.1037/ser0000904>

Firearm screening and intervention beliefs and practices among U.S. Air Force (USAF) mental health providers and behavioral health technicians.

Stanley, I. H., Isler, W. C., Marx, B. P., Button, C. J., Obergfell, D., Simonson, J., Sonnek, S. M., & Meyer, E. G.

We examined beliefs and practices regarding firearm assessment and lethal means safety counseling (LMSC) among U.S. Air Force (USAF) mental health providers (MHPs) and behavioral health technicians (BHTs). Data were collected from 204 USAF MHPs (74.0%; n = 151) and BHTs (26.0%; n = 53) via an anonymous, voluntary survey. A modest proportion indicated they strongly/extremely believe that firearm ownership (42.2%) and storage practices (58.3%) are related to suicide risk. A minority indicated they “strongly”/“extremely” believe that LMSC will yield changes in storage practices (30.9%) and decreases in suicide risk (29.9%). Across patient scenarios, most indicated that “most of the time”/“always” they assess for firearm access (74.5%–99.5%) and provide LMSC (57.8%–95.6%). About half (52.5%) reported having distributed cable locks. Most (59.3%) indicated they are somewhat interested/very interested in receiving additional training on LMSC. MHPs, compared with BHTs, were significantly more likely to report believing a link between firearm ownership and storage practices and suicide risk, believing LMSC is effective at reducing suicide risk, providing LMSC to female patients and patients with current suicidal ideation, and having distributed cable locks. Findings suggest that there is not widespread agreement among USAF MHPs and BHTs that personal firearm ownership and nonsecure storage practices are associated with elevated suicide risk, and there were low levels of confidence in the effectiveness of LMSC. Yet, most USAF MHPs and BHTs reported they integrate firearm access assessment and LMSC as part of their routine clinical care, particularly for patients with identified suicide risk. (PsyInfo Database Record (c) 2026 APA, all rights reserved)

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The impact of combat intensity and deployment stressors on veteran post-traumatic stress.

Hertz-Palmor, N., de la Fontaine, N., Maharat, E., Carmel, Y., Atar, O., Perez, N., Bevan, A., Dalgleish, T., Lazarov, A., & Sar-El, R.

Psychiatry Research
Volume 357, March 2026, 116944

Highlights

- Veteran PTSD is affected by combat exposures and personal stressors during deployment.
- We explore how these factors relate to veterans' posttraumatic symptoms.
- Conscripts faced more combat; reservists reported greater personal concerns.
- Partner-related worries showed the strongest link to PTSD symptoms.
- Short-term symptom changes were not linked to demographics or post-deployment support.

Abstract

Background

Veteran trauma is central to trauma research. Combat exposure, perceived threat, and concerns about disruptions to life and family are key predictors of posttraumatic stress symptoms (PTSS) in veterans. This study examines how various deployment stressors relate to PTSS and other psychological outcomes.

Methods

Eighty-six Israeli combat veterans (active duty=60; reserve duty=26) with intense combat exposure reported their combat experiences and deployment-related concerns and completed mental health measures. A cluster analysis identified clusters of co-occurring deployment stressors. Bayesian Graphical Gaussian Models (BGGM) mapped the interrelationships between combat stressors, PTSS, and other psychological outcomes. A subsample of 66 completed a two-month follow-up, enabling analysis of symptom change trajectories.

Results

Active-duty soldiers reported more combat exposures, whereas reservists expressed greater concerns about disruptions to life and family. The strongest correlate of PTSS and anxiety was concern over a partner during deployment. Urban operations were also linked to PTSS and specific symptom clusters and vivid trauma memory. Sustaining an injury was associated with more vivid traumatic memories. Longitudinal analyses revealed three symptom trajectories: stable, improvement, and exacerbation, but these were unrelated to sociodemographic factors and unaffected by post-deployment support, unit cohesion, or family functioning.

Conclusions

Deployment-related stressors differentially affect veteran mental health. Chronic concerns over partner and family, as well as stressors and exposures involving uncertainty and threat, warrant special attention in clinical and research settings.

<https://doi.org/10.1093/milmed/usaf361>

Exploring the Protective Properties of Perceived Military and Non-Military Social Support in Relation to Perceived Substance Abuse Among Veterans With Chronic Pain.

Dreelin, D., Stanley, T. B., Blaine, S. K., Tharp, D. F., & Robinson, J. L.

Military Medicine

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Introduction

Perceived social support serves as a protective factor in the course of chronic pain and substance use disorders in civilian populations, but the role of support from civilians versus other military personnel for combat veterans experiencing chronic pain has not yet been explored. The current study examined differences in the protective properties of perceived social support from (1) military personnel and (2) civilians, regarding substance use and perceived substance abuse for combat veterans experiencing chronic pain. We hypothesized that higher endorsement of both types of perceived social support would be associated with lower odds of self-reported, perceived substance abuse, and support from military personnel would be associated with lower odds of perceived substance abuse after controlling for the role of non-military social support.

Materials and Methods

The current study evaluated military personnel who were deployed to a combat zone for more than 1 month. Participants completed an online, anonymous survey including questions regarding experiences with chronic pain, cannabis, and illegal substance use, their beliefs regarding alcohol or prescription pill abuse, and their perceived military and non-military social support. We conducted a series of binary logistic regressions to evaluate whether perceived military and non-military social support predicted the odds of endorsing substance use, with several sociodemographic variables and chronic pain entered as covariates for each model. The Auburn University Institutional Review Board approved all study procedures.

Results

Contrary to our hypotheses, participants reporting higher levels of non-military social support were more likely to endorse using cannabis or other illegal substances and

report perceived alcohol or prescription medication abuse, even when controlling for sociodemographic and chronic pain covariates. Our hypothesis that greater support from military personnel would predict lower odds of perceived substance abuse after controlling for the role of non-military social support was not supported.

Conclusions

Our results add to the mixed literature regarding the association between substance use with increased social support among combat veterans, while providing more detail on the role of specific social support sources in relation to drug use as well as alcohol use. Our findings may be because of combat veterans engaging in social drinking with members of their support system or utilizing substances for pain management purposes, but more research is needed on this topic. Results suggest researchers and clinicians should be mindful to inquire of one's social support sources, the quality of these relationships, and what adaptive or maladaptive behaviors may occur within the individual's social support network.

<https://doi.org/10.1016/j.psychres.2026.116943>

Associations over time between wartime deployment, parental burnout and child adjustment.

Keleynikov, M., Lassri, D., Benatov, J., Cohen, N., & Gadassi-Polack, R.

Psychiatry Research

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Highlights

- Parental burnout was higher among mothers with deployed spouses during war.
- Burnout remained stable in the deployed group but increased among mothers with a non-deployed spouse.
- Spouse deployment predicted child difficulties only when parental burnout was high.
- Support for parental mental health in conflict zones is critically needed.

Abstract

Military deployment places significant stress on families, yet little is known about its effects in contexts where both deployed and non-deployed family members face ongoing threat. This longitudinal study, conducted during the first seven months of the

Israel– Hamas War, investigated how spousal deployment interacts with parental burnout and child emotional and behavioral problems, and whether parental burnout moderates this relationship. The study included 123 Israeli mothers (Mean age = 39.11, SD = 6.10) of children aged 5–18 years (Mean age = 8.47, SD = 3.32), 35 of whom had partners deployed to reserve duty during the war (28%). Participants completed measures of parental burnout and child adjustment at two time points: one month and seven months after the outbreak of the war. Results indicated that at baseline, mothers whose partners were deployed reported significantly higher levels of parental burnout and child's behavioral and emotional difficulties. Over time, parental burnout remained stable in the deployed group but increased among mothers with non-deployed partners. Importantly, parental burnout moderated the association between deployment status and child adjustment, such that deployment was significantly associated with child difficulties only when parental burnout was high. These findings underscore the critical role of parental emotional well-being in shaping child outcomes during armed conflict. Parental burnout emerges as a key factor that can moderate the link between deployment and children's mental health and should be a central target in family-based support strategies during times of war.

<https://doi.org/10.1111/acer.70211>

Longitudinal associations between PTSD symptom clusters and domains of hazardous drinking among a cohort of United States Army Reserve and National Guard soldiers.

Hoopsick, R. A., McCormick-Cisse, M., Homish, D. L., & Homish, G. G.

Alcohol: Clinical and Experimental Research

First published: 23 January 2026

Background

Posttraumatic stress disorder (PTSD) and hazardous drinking remain significant problems in military-connected populations. Prior research suggests that specific PTSD symptom clusters may relate differently to hazardous drinking behaviors, but longitudinal data are limited, especially among reservists.

Methods

Using a subset of data (N = 485 US Army Reserve/National Guard soldiers) from the Operation: SAFETY study, we examined the longitudinal associations between PTSD

symptom clusters (re-experiencing, avoidance, negative cognitions and mood, hyperarousal) and domains of hazardous drinking (consumption, dependence, alcohol-related problems) measured by the AUDIT. We used generalized estimating equation models adjusting for anxiety and depression, and interactions with biological sex were tested.

Results

Controlling for the effects of time and anxiety and depression symptomatology, re-experiencing symptoms were not associated with any domains of hazardous drinking ($p > 0.05$). Greater avoidance symptoms ($p < 0.001$) and negative cognitions and mood ($p < 0.05$) were both associated with greater alcohol-related problems over time. Greater symptoms of hyperarousal were associated with greater consumption ($p < 0.05$) and alcohol-related problems ($p < 0.01$). No symptom clusters were associated with dependence ($p > 0.05$). There was a significant interaction between symptoms of hyperarousal and sex on alcohol-related problems ($p < 0.01$), such that greater symptoms of hyperarousal were associated with greater alcohol-related problems over time among male soldiers, but not female soldiers.

Conclusions

Findings suggest that specific PTSD symptom clusters, rather than overall severity, may influence hazardous drinking. These effects primarily manifest in consumption behaviors and alcohol-related problems, with greater risk observed among male soldiers experiencing hyperarousal features of PTSD.

<https://doi.org/10.1093/milmed/usaf632>

Mixing Energy Drinks with Alcohol is Related to Alcohol Problems Over Time Among Reserve and National Guard Soldiers.

Vest, B. M., McCormick-Cisse, M., Homish, D. L., & Homish, G. G.

Military Medicine

Published: 20 January 2026

Introduction

The potential consequences of alcohol mixed with energy drinks (AMED) consumption are of concern, but research to date has yielded conflicting results on how this mixing relates to alcohol outcomes. How AMED might relate to particular at-risk populations,

such as military personnel, and the longitudinal consequences are unknown. This research examines the relationship between AMED use with alcohol problems using 6 years of data, among Reserve and National Guard (R/NG) soldiers, a population at risk for both heavy use of caffeine and alcohol.

Materials and Methods

The current analyses used 6 years of annual survey data, collected from soldiers ($n = 485$) participating in Operation: SAFETY, a longitudinal cohort study of U.S. Army R/NG soldiers and their spouses. Generalized estimating equation models were used to examine the relationship between past-year use of energy drinks mixed with alcohol (yes/no) on the likelihood of having an AUDIT score ≥ 8 (yes/no), indicative of problems with alcohol. Adjusted models controlled for age, sex, and symptoms of PTSD. The study was approved by the Institutional Review Board at the University at Buffalo, and vetted by the Army Human Research Protections Office, the Office of the Chief, the Army Reserve, and the Adjutant General of the National Guard. All participants provided informed consent to participate.

Results

At the first assessment, over half of the sample reported AMED in their lifetime, and 14.4% reported AMED in the past year. Reporting past-year mixing of energy drinks with alcohol was significantly related to higher odds of likely problems with alcohol (Odds Ratio (OR), 2.01; 95% CI, 1.51-2.66; $P < .001$) over time (Table 1). This remained true in adjusted models, after accounting for sex, age, and PTSD symptom levels (Adjusted Odds Ratio (AOR), 1.88; 95% Confidence Interval (CI), 1.39-2.54; $P < .001$).

Conclusions

Soldiers are already at greater risk for problems with alcohol compared to their civilian counterparts; the current analyses suggest that using energy drinks combined with alcohol may increase this risk for some individuals. Further research is needed to explore the context in which energy drinks and alcohol are used to inform future prevention messaging and interventions.

<https://doi.org/10.1002/pmjr.13436>

Associations among aerobic physical activity, mild traumatic brain injury history, and health-related quality of life in military service members and Veterans: A LIMBIC-CENC study.

Casola, B. E., Hall, M. J., Fraser, J. J., Oldham, J. R., Lempke, L. B., DeJong Lempke, A. F., Cifu, D. X., Walker, W. C., & Walton, S. R.

PM&R

2026;18(1): 33-43

Background

Mild traumatic brain injury (mTBI) is common among military service members. Moderate-to-vigorous aerobic exercise (MVAE) is a modifiable behavior with potential benefits for individuals following mTBI but is poorly understood for long-term mTBI health.

Objective

To explore the associations between mTBI history and MVAE participation and appreciate their association with health-related quality of life (HR-QOL) among service members and Veterans.

Methods

Data from a larger study were used in these secondary cross-sectional analyses. Lifetime mTBI history (0, 1–2, 3+) was captured via validated structured interviews. Self-reported weekly MVAE (none, below, meeting, or ≥ 2 times the recommendation) was recorded from the Behavioral Risk Factor Surveillance System questionnaire. Participants' HR-QOL was self-reported via Traumatic Brain Injury-Quality of Life instrument and the Patient Health Questionnaire-9 (depression symptoms). Univariate mTBI history and MVAE associations were assessed via Pearson's chi-square and Kendall's Tau. Multivariable linear regression models with unstandardized beta values and 95% confidence intervals were fit for each HR-QOL questionnaire outcome, with current age, sex, and posttraumatic stress disorder symptoms as covariates ($\alpha = .05$).

Results

Among the 1995 participants (87.7% male; aged 41.7 ± 10.1 years), those meeting or exceeding (≥ 2 times) MVAE recommendations had significantly higher HR-QOL for fatigue, executive function, pain interference, resilience, social participation, and depression than the inactive MVAE group. Exceeding MVAE recommendations by ≥ 2 times was also significantly associated with better self-reported cognition – general concerns. Those who participated in exercise but didn't meet the MVAE recommendations had higher pain interference, social participation, and depression scores compared to the inactive group. More lifetime mTBIs were associated with worse

HR-QOL across all domains. Level of MVAE participation was not dependent on mTBI history.

Conclusions

More MVAE was associated with better TBI-related HR-QOL regardless of mTBI history. MVAE is recommended for service members and Veterans due to these findings and previously reported health benefits.

<https://doi.org/10.1007/s10488-025-01475-6>

Retrospective Study of Homelessness among Transitioning Service Members Within Two Years after Military Service.

Tsai, J., & Szymkowiak, D.

Administration and Policy in Mental Health and Mental Health Services Research
Volume 53, pages 14–23, (2026)

This study aimed to identify predictors of homelessness among transitioning service members (TSM) in the military. Data from the U.S. Departments of Defense (DoD) and Veterans Affairs (VA) were analyzed. A total of 211,530 TSM discharged from military service between August 2022 to December 2023. Military and clinical characteristics of TSM were examined along with any indicator of homelessness in VA records within 1 and 2 years after military discharge. Multivariable logistic regression and survival analyses were conducted. Results found that the incidence of homelessness among TSM was 1.85% within 1 year of military discharge and 2.95% within 2 years of military discharge. Among the strongest predictors of homelessness, TSM who were non-Hispanic black (aOR = 3.16, 95% CI = 2.92–3.41) or who had reasons for military discharge related to hardship (aOR = 3.26, 95% CI = 2.54–4.118), mental health/substance use (aOR = 3.89, 95% CI = 3.42–4.41), or criminal activity (aOR = 4.24, 95% CI = 3.76–4.78) were at risk of homelessness within 1 year of military discharge. Similar predictors were found among TSM for homelessness in year 2 suggesting the risk factors remain the same over time. In conclusion, some of the risks for homelessness may be ascertained from TSM while they are still in the military. Special support for TSM who are discharged due to hardship, mental health/substance use problems, and criminal activity may help prevent homelessness among veterans.

<https://doi.org/10.3390/ijerph23010054>

Association of Military Aircraft Noise Exposure with Mental Well-Being and Sleep Disturbance near a Military Air Base in Okinawa, Japan: An Ecological Study.

Maekawa, Y., Nonaka, D., Kawamoto, S., Maeda, Y., & Toyama, Y.

International Journal of Environmental Research and Public Health
2026, 23(1), 54

A considerable number of people are exposed to noise from military aircraft daily, but its health effects have not been sufficiently examined. This study assessed the association of exposure to such noise with mental well-being and sleep disturbance among people living in Okinawa prefecture, where there are two U.S. military air bases. In 2024, data were collected from 394 residents in high-, low-, and no-exposure communities using the WHO-5 Well-being Index and the Athens Insomnia Scale. Among respondents, 55.8% were female; the largest age groups were 70's (25.4%) and 60's (23.6%). Poor mental well-being and sleep disturbance were most prevalent in the high-exposure community (poor mental well-being: 38.2%, sleep disturbance: 46.6%), followed by low-exposure (36.1%, 46.3%) and no-exposure (21.9%, 29.0%) communities. Multivariate logistic regression analyses showed that compared to no-exposure community, the high-exposure and low-exposure communities were significantly more likely to have poor mental well-being (odds ratio (OR): 1.84, 95% confidence interval (CI): 1.05–3.23; OR: 1.94, 95% CI: 1.05–3.56), as well as sleep disturbance (OR: 1.98, 95% CI: 1.17–3.35; OR: 2.04; 95% CI: 1.16–3.59, respectively). The results suggest that there is a substantial need to address the noise from military aircraft in Okinawa.

<https://doi.org/10.1093/milmed/usaf642>

Comparison of Musculoskeletal Injury and Behavioral Health Diagnoses Among United States Army Active Duty Servicewomen in Ground Combat Versus Non-Ground Combat Specialties: An Update (2020-2023).

Henkenius, A. J., Banaag, A., & Koehlmoos, T. P.

Military Medicine

Published: 27 January 2026, usaf642

Introduction

Historically, women in the U.S. Military have been prohibited from serving in ground combat occupational specialties (GCS) until the Secretary of Defense lifted the exclusion in January 2016, prompting studies into health outcomes for this new cohort. Phillips et al.(2016-2019) found that active duty servicewomen (ADSW) in GCS had lower odds of musculoskeletal injury (MSKI) and behavioral health (BH) diagnoses than peers in non-ground combat specialties (NGCS), likely because of a “healthy warrior” selection effect. With continued integration, cohort maturation, and factors such as the COVID-19 pandemic, this study updates MSKI and BH trends among ADSW from 2020 to 2023 and compares findings with the earlier cohort.

Materials and Methods

This retrospective cross-sectional study used data from the Military Health System Data Repository (MDR), including all ADSW (n = 77,568) who served from January 1, 2020, to December 31, 2023. Women in the Guard, Reserve, or with pregnancy diagnoses during or in the year prior were excluded. Primary outcomes—MSKI and BH diagnoses—were identified via ICD-10 codes. Adjusted odds ratios (AORs) and 95% CIs were calculated using multivariable logistic regression, comparing GCS vs. NGCS ADSW while adjusting for age, race & ethnicity, rank, and BMI. Two-sample z-tests assessed differences from Phillips et al.s 2016 to 2019 estimates. This study received an exempt determination from the Institutional Review Board at the Uniformed Services University of the Health Sciences.

Results

Of 77,568 ADSW, 5,024 (6.5%) served in GCS. Compared to NGCS, GCS women were younger (72.1% vs. 47.0% aged 18-23), more often enlisted (68.4% vs. 57.0%), and had lower obesity rates (8.4% vs. 12.6%), but higher rates of tobacco (7.7% vs. 7.6%), alcohol (7.9% vs. 6.7%), and substance use (2.5% vs. 1.9%). Adjusted analyses showed higher MSKI odds in GCS (AOR = 1.21, 95% CI: 1.13-1.30), a significant reversal from Phillips et al.(AOR = 0.86, 95% CI: 0.79-0.93; z = 6.01, P < .001). BH odds were lower in GCS (AOR = 0.83, 95% CI: 0.78-0.89), consistent with earlier findings (Phillips AOR = 0.87; 95% CI: 0.80-0.95).

Conclusions

The increase in MSKI odds for GCS women contrasts sharply with prior findings, suggesting the dissipation of the initial selection effect as more women enter and remain in combat roles. This shift may reflect greater exposure duration, cumulative physical demands, or pandemic-era fitness disruptions. The continued lower BH odds in GCS, despite higher substance use, may reflect resilience, unit cohesion, or

underreporting tied to stigma. These findings highlight the need for targeted, female-specific injury prevention and confidential, destigmatized mental health support as the Army moves toward sex-neutral standards in combat fitness.

<https://doi.org/10.1093/milmed/usag005>

A Scoping Review of Risk Factors of Postpartum Depression among Military Personnel and Spouses.

Biegel, C., Poulin, H., Silvia, S., & McCullen, G.

Military Medicine

Published: 30 January 2026, usag005

Introduction

In recent years, there has been increased recognition and awareness surrounding mental health among US military personnel. However, the prevalence of postpartum depression (PPD) among female service members is significantly higher than that of the general US population. There is currently a gap in the literature characterizing the unique factors of the military experience accounting for the higher predisposition to PPD relative to civilian Americans. This qualitative review aims to address this gap by isolating risk factors which have been consistently identified in the available literature as contributing to the prevalence discrepancy.

Materials and Methods

A MeSH database-built search utilizing key terms “postpartum depression” and “military” was used to gather sources that fit the inclusion criteria. These sources were analyzed for explicitly identified PPD risk factors pertaining to US military personnel and spouses.

Results

Of the 14 sources meeting inclusion criteria, a history of a mental health disorder and a lack of social support were identified in seven distinct articles as significant risk factors for PPD among military personnel. Low rank and pay, as well as deployments of self and/or spouse, were specified in six papers. A history of depression, history of anxiety, and exposure to combat were identified in five papers. Four papers isolated branch of service and young age as risk factors. Factors that were recognized in three papers or less included, but are not limited to: tobacco use, history of PTSD, history of sexual

assault, low education attainment, high number of child dependents, race, and job stress.

Conclusions

Women in the military and spouses of military personnel are subject to an environment with distinct stressors, increasing their predisposition for PPD. Identifying specific risk factors is critical for quality screening, diagnosis, and care of PPD among this population. Significant risk factors consistently isolated from the available literature include history of mental health disorders, lack of adequate social support, low rank and pay, deployment of self or spouse, history of combat exposure, branch of service, and young maternal age. Findings of this review also suggest that early detection via thorough screening and disease mitigation by means of a 12-week maternity leave led to lower rates of PPD and better disease outcomes. Military-specific family health resources are widely available across branches of service and individual bases, though the use and quality of these resources are inconsistent. Providers of women experiencing at least one of these stressors should increase PPD precautions and refer patients to the appropriate preventative and acute care.

<https://doi.org/10.1186/s13063-026-09499-5>

Exploring the impact of the adaptive disclosure technique on reducing the severity of post-traumatic stress disorder symptoms in veterans: a study protocol for a randomized controlled trial.

Malekzadeh, M., Afzali, S. M. A., & Dasdar, S.

Trials

Volume 27, article number 163, (2026)

Background

Post-traumatic stress disorder (PTSD) presents significant mental health challenges for veterans, leading to substantial physical, cognitive, and psychological difficulties, including heightened risks of social issues and suicidal ideation. Adaptive Disclosure (AD) is a novel, emotion-focused Cognitive Behavioral Therapy (CBT) approach developed by the military for combat-related PTSD. This technique involves exposure therapy and an empty-chair technique, allowing patients to verbalize unresolved issues. Despite its short, six-session duration, AD appears well-tolerated and effective in reducing PTSD symptoms. Given the limited global studies and their absence in Iran,

this study will be conducted to investigate AD's impact on reducing PTSD symptom severity in veterans.

Methods

This randomized clinical trial will explore AD's effect on PTSD symptom severity. A total of 58 participants (29 per group) will be recruited via available sampling from Shahid Rajaei and Salman Hospitals in Yasuj. Participants must be veterans aged 18 or older, with diagnosed PTSD, sufficient insight for AD (assessed via Mental Status Exam), and informed consent. Exclusions include severe mental disorders (e.g., psychotic or bipolar type I), recent suicidal/homicidal ideation (within 3 months), or concurrent systematic trauma-focused therapies. The intervention group will receive six weekly 90-min AD sessions. The control group will receive no intervention during this period. Immediately after the intervention, both groups will complete the research questionnaire. Following the study, the control group will also be offered education on the Adaptive Disclosure technique. The primary outcome, severity of post-traumatic stress disorder symptoms, will be measured using the Post-Traumatic Stress Disorder Checklist– Civilian Version (PCL-C), a 17-item self-report scale. Data will be analyzed with SPSS version 27. Ethical approval has been secured from Yasuj University of Medical Sciences (Supplementary File 2).

Discussion

The results are expected to offer vital insights into AD's effectiveness for veterans with PTSD. If successful, this approach could inform policymakers for healthcare guidelines and aid psychiatric nurses in symptom alleviation. This research will significantly contribute to the scientific community by providing the first empirical evidence of AD's efficacy in an Iranian veteran population, expanding knowledge on culturally relevant treatments for combat-related PTSD, and potentially informing clinical practices nationally and internationally.

Trial registration

IRCT number IRCT20160815029377N4. Registered on 03/05/2025.

<https://doi.org/10.1016/j.psychres.2026.116944>

The impact of combat intensity and deployment stressors on veteran post-traumatic stress.

Hertz-Palmor, N., de la Fontaine, N., Maharat, E., Carmel, Y., Atar, O., Perez, N.,

Bevan, A., Dalgleish, T., Lazarov, A., & Sar-El, R.

Psychiatry Research

Volume 357, March 2026, 116944

Highlights

- Veteran PTSD is affected by combat exposures and personal stressors during deployment.
- We explore how these factors relate to veterans' posttraumatic symptoms.
- Conscripts faced more combat; reservists reported greater personal concerns.
- Partner-related worries showed the strongest link to PTSD symptoms.
- Short-term symptom changes were not linked to demographics or post-deployment support.

Abstract

Background

Veteran trauma is central to trauma research. Combat exposure, perceived threat, and concerns about disruptions to life and family are key predictors of posttraumatic stress symptoms (PTSS) in veterans. This study examines how various deployment stressors relate to PTSS and other psychological outcomes.

Methods

Eighty-six Israeli combat veterans (active duty=60; reserve duty=26) with intense combat exposure reported their combat experiences and deployment-related concerns and completed mental health measures. A cluster analysis identified clusters of co-occurring deployment stressors. Bayesian Graphical Gaussian Models (BGGM) mapped the interrelationships between combat stressors, PTSS, and other psychological outcomes. A subsample of 66 completed a two-month follow-up, enabling analysis of symptom change trajectories.

Results

Active-duty soldiers reported more combat exposures, whereas reservists expressed greater concerns about disruptions to life and family. The strongest correlate of PTSS and anxiety was concern over a partner during deployment. Urban operations were also linked to PTSS and specific symptom clusters and vivid trauma memory. Sustaining an injury was associated with more vivid traumatic memories. Longitudinal analyses revealed three symptom trajectories: stable, improvement, and exacerbation, but these were unrelated to sociodemographic factors and unaffected by post-deployment support, unit cohesion, or family functioning.

Conclusions

Deployment-related stressors differentially affect veteran mental health. Chronic concerns over partner and family, as well as stressors and exposures involving uncertainty and threat, warrant special attention in clinical and research settings.

<https://doi.org/10.3390/healthcare14020255>

Persistent Traumatic Stress Exposure: Rethinking PTSD for Frontline Workers.

Nicola Cogan

Healthcare
2026, 14(2), 255

Highlights

What are the main findings?

- Persistent Traumatic Stress Exposure (PTSE) is introduced as a framework for understanding cumulative and ongoing trauma in frontline work, synthesising evidence linking repeated exposure, moral challenges, and organisational pressures to psychological distress.
- Psychological distress among frontline workers is shaped not only by discrete traumatic events, but by sustained occupational exposure embedded within organisational contexts.
- Trauma exposure is identified as a shared, cross-sector workforce challenge rather than an issue confined to specific roles or services.

What are the implications of the main findings?

- Preventative approaches should prioritise trauma-informed systems, organisational readiness, and preparedness to protect workforce mental health.
- Workforce mental health strategies need to move beyond individualised responses to incorporate structural and organisational interventions.
- Coordinated, whole-system approaches to trauma-informed readiness and preparedness are required across frontline sectors to mitigate cumulative psychological harm.

Abstract

Frontline workers across health, emergency, and social care sectors are repeatedly exposed to distressing events and chronic stressors as part of their occupational roles.

Unlike single-event trauma, these cumulative exposures accrue over time, generating persistent psychological and physiological strain. Traditional diagnostic frameworks, particularly post-traumatic stress disorder (PTSD), were not designed to capture the layered and ongoing nature of this occupational trauma. This commentary introduces the concept of Persistent Traumatic Stress Exposure (PTSE), a framework that reframes trauma among frontline workers as an exposure arising from organisational and systemic conditions rather than solely an individual disorder. It aims to reorient understanding, responsibility, and intervention from a purely clinical lens toward systems, cultures, and organisational duties of care. PTSE is presented as an integrative paradigm informed by contemporary theory and evidence on trauma, moral injury, organisational stress, and trauma-informed systems. The framework synthesises findings from health, emergency, and social care settings, illustrating how repeated exposure, ethical conflict, and institutional pressures contribute to cumulative psychological harm. PTSE highlights that psychological injury may build across shifts, careers, and lifetimes, requiring preventive, real-time, and sustained responses. The framework emphasises that effective support is dependent on both organisational readiness, the structural conditions that enable trauma-informed work, and organisational preparedness, the practical capability to enact safe, predictable, and stigma-free responses to trauma exposure. PTSE challenges prevailing stigma by framing trauma as a predictable occupational hazard rather than a personal weakness. It aligns with modern occupational health perspectives by advocating for systems that strengthen psychological safety, leadership capability and access to support. By adopting PTSE, organisations can shift from reactive treatment models toward proactive cultural and structural protection, honouring the lived realities of frontline workers and promoting long-term wellbeing and resilience.

<https://doi.org/10.1080/16506073.2025.2482155>

Was it helpful? Treatment outcomes and practice assignment adherence and helpfulness among U.S. service members with PTSD and MDD.

Walter, K. H., Otis, N. P., Kline, A. C., Miggantz, E. L., Hunt, W. M., & Glassman, L. H.

Cognitive Behaviour Therapy
2026; 55(2), 204–222

Practice assignments (i.e. homework) are a key component in cognitive behavioral therapies that predict treatment outcomes for posttraumatic stress disorder (PTSD) and

major depressive disorder (MDD) separately. However, research has not explored these variables among individuals with comorbid PTSD and MDD. This study evaluated whether practice assignment adherence and helpfulness predicted PTSD (Clinician-Administered PTSD Scale for DSM-5; CAPS-5) and MDD (Montgomery-Åsberg Depression Rating Scale; MADRS) outcomes at posttreatment and 3-month follow-up. Data were derived from a randomized clinical trial comparing cognitive processing therapy (CPT) and behavioral activation-enhanced CPT (BA+CPT) among 83 U.S. active duty service members with comorbid PTSD and MDD. Participants reported greater assignment adherence in BA+CPT than CPT ($p = .008$), primarily due to higher adherence to BA assignments within BA+CPT. Multilevel models indicated helpfulness ratings were significantly related to decreased CAPS-5 scores ($p = .044$) but not MADRS scores ($p = .074$); service members with the highest helpfulness ratings achieved the best outcomes. Adherence was not significantly related to CAPS-5 ($p = .494$) or MADRS ($p = .114$) outcomes. Findings provide clinical insights regarding compliance in integrated treatments and highlight the value in assessing helpfulness of practice assignments during treatment.

Links of Interest:

USU/CDP Upcoming Training Events

<https://deploymentpsych.org/training>

VA plans to scan a million veterans claims for signs of fraud

<https://www.stripes.com/veterans/2026-03-09/va-fraud-detection-veterans-claims-21007490.html>

Military child care centers opening with 'lightning speed' under new pilot program

<https://www.militarytimes.com/pay-benefits/2026/03/10/military-child-care-centers-opening-with-lightning-speed-under-new-pilot-program/>

Smokeless nicotine seen as 'bridge' for military members, veterans quitting cigarettes

<https://thehill.com/policy/healthcare/5787921-nicotine-cessation-service-members/>

Nonprofit expands free legal support for military-connected survivors of sexual assault

<https://www.stripes.com/theaters/us/2026-03-17/free-legal-support-sexual-assault-military-21098843.html>

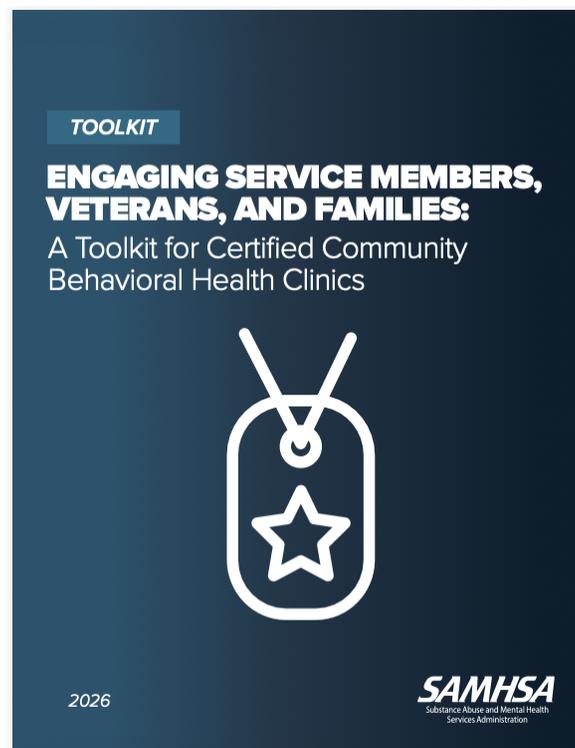
State-Level Summaries of Veteran Needs and Well-Being
https://www.rand.org/pubs/research_reports/RRA4405-3.html

Resource of the Week: [Engaging Service Members, Veterans, and Families: A Toolkit for Certified Community Behavioral Health Clinics](#)

From the Substance Abuse and Mental Health Services Administration:

This toolkit is designed to help CCBHCs identify service members, veterans, and their families (SMVF) receiving services, understand military/veteran experiences, and apply this knowledge while providing mental health and substance use services under the CCBHC model of care.

This toolkit was created to support CCBHCs in fulfilling their statutory criteria for program requirement 4.K "intensive community-based mental health care for members of the Armed Forces and Veterans". In addition to supporting CCBHCs, this toolkit has universal applicability to various SAMHSA grantees and community-based behavioral health providers.



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