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Uniformed Services University

Research Update – April 16, 2026

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https://doi.org/10.1093/milmed/usaf588

A View Through the Scope of a Uniformed Clinical Psychology Pre-Doctoral Intern: How to Build Military Mental Health Dispositional Competency as a Trainee.

Shannon L Exley

Military Medicine
Volume 191, Issue 3-4, March/April 2026, Pages 29–31

One of the most critical skills a psychology-intern can possess is the ability to make accurate mental health dispositions. Through reflection of my own lessons learned, I hope to impart knowledge of the different types of dispositions and encourage curiosity and frequent consultation among trainees.

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https://doi.org/10.1177/0095327X261423181

Military Life Factors Associated with Educational Attainment Among Military Spouses.

Woodall, K. A., Wood, W. J., Radakrishnan, S., Weiss, C. C., Chung, A., & Stander, V. A.

Armed Forces & Society
First published online April 7, 2026

This study assessed military life factors associated with initiation and completion of postsecondary degrees among military spouses. We used data on military spouses from the Millennium Cohort Family Study (2011–2013) matched to National Student Clearinghouse data on postsecondary degree enrollment and completion. Using Cox proportional hazard models, we found that sex, age, military life stress, family responsibilities, and financial stress were significant predictors of degree completion. Using accelerated-failure time models, we further found that the spouse's age, number of deployments, and military experience were significant predictors of time to graduation. The findings shed light on the unique challenges of degree attainment faced by one category of nontraditional students—military spouses.

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https://doi.org/10.1177/0095327X261429074

A Research Note: Is There a Civil–Military or Political Divide to How Americans Describe the U.S. Military?

Snyder, N. N.

Armed Forces & Society
First published online March 21, 2026

The U.S. military has been described as a calling, an occupation, a way to get ahead in life, a warrior class, and a family tradition. This study explores whether there are civil–military or partisan divides over these descriptions, cleavages that could be important to the broader debates on the civil–military divide and partisan polarization. This article presents the results of a survey fielded to a nationally representative sample of American adults to test whether respondents agreed with these narratives about the military. The results of this exploratory research indicate that most veterans agree with all five descriptions of the military, whereas less than half of nonveterans agree with any of them. A larger share of Republicans than Democrats agreed that the military is a calling, warrior class, or family affair. Altogether, the results suggest that Americans are divided over how to describe the military.

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https://doi.org/10.1177/0095327X251415373

Shared Traumatic Pasts—Reflexivity, Remission, and the Emotional Labor of Interviewing Combat Veterans: A Research Note.

Thorp, M.

Armed Forces & Society
First published online January 31, 2026

Harrowing testimonies from U.K. combat veterans—accounts of killing, sexual violence, and public grief—demand methods that are rigorous and trauma-informed. This research note addresses the problem of how insider researchers can ethically and analytically manage the emotional labor of trauma-focused interviewing. It asks: (1) how emotional and cognitive strain emerges for an insider interviewer and (2) what safeguards make such work sustainable. Based on a grounded theory study with 37 veterans and 14 mental health practitioners, the note outlines trauma-informed procedures—distress protocol, next-day check-ins, transcriber warnings, spacing, and transcripts-first analysis. Findings show that reflexivity, treated as an analytic discipline rather than disclosure, enables containment of projection while preserving empathy. The note concludes that explicit safeguards and structured self-monitoring enhance both participant safety and researcher well-being, offering a transferable model for ethics boards and qualitative teams working with traumatic material.

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State Firearm Policy Context and Household Firearm Storage in 13 US States: Findings from the 2023 BRFSS.

Aisha Khemani, Daniel C. Semenza, Dylan B. Jackson, Sandra McKay, Alexander Testa

American Journal of Preventive Medicine
Available online 17 March 2026, 108339

Introduction
This study examined the relationship between the state firearm policy context and household firearm storage in 13 US states.

Methods
Data were from the 13 states that participated in the firearm module of the 2023 Behavioral Risk Factor Surveillance System (n = 24,936). State firearm policy context was measured using a categorical indicator from the 2023 Giffords Law Center Gun Law Scorecard, with states graded A, B, D, or F (no states with a “C” grade were included in the sample). Multiple logistic regression models estimated associations between state firearm policy context and whether a household stored a firearm as loaded and unlocked. Analyses were performed in August 2025 – January 2026.

Results
Among firearm-owning households, 17.9% (95% Confidence Interval [CI] = 17.2%-18.6%) reported residing in a household with a firearm stored loaded and unlocked. Compared with respondents living in states rated “F” on the Giffords Scorecard, respondents living in states with more restrictive firearm policy contexts were significantly less likely to reside in households with firearms stored loaded and unlocked, including those in “D” states (adjusted odds ratio [aOR] = 0.84, 95% CI = 0.72-0.98), “B” states (aOR = 0.54, 95% CI = 0.44-0.67), and “A” states (aOR = 0.24, 95% CI = 0.17-0.32).

Conclusions
More restrictive state firearm policy environments are associated with a lower likelihood

of residing in a household with a firearm stored loaded and unlocked. These findings highlight the relevance of considering the broader firearm policy landscape for firearm storage research and health promotion efforts.

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https://doi.org/10.1016/j.amepre.2026.108342

Sleep Difficulties and Their Associations with Smoking Abstinence among Adults Seeking Tobacco Cessation Treatment.

Chaelin K. Ra, Andrea C. Villanti, Michelle T. Bover-Manderski, Melissa Mercincavage, Michael B. Steinberg

American Journal of Preventive Medicine
Available online 18 March 2026, 108342

This study used a large sample of treatment-seeking adults who smoke cigarettes to better understand the relationship between sleep problems and smoking abstinence during the process of quitting. Depression, anxiety, and identifying as non-Hispanic were related to higher rates of sleep difficulties in the past and present, and insomnia as a withdrawal symptom. Additionally, past sleep difficulties, but not present sleep difficulties or insomnia due to nicotine withdrawal, were associated with lower odds of abstinence at both the 1-month and 7-month follow-ups.

Findings support previous studies indicating that sleep difficulties, including insomnia, may hinder smoking abstinence. Studies have shown that individuals with sleep problems are more likely to relapse, as these disturbances can worsen withdrawal symptoms. Recent work found that greater nicotine dependence was associated with poorer sleep quality among treatment-seeking adults who smoke, further reinforcing the interconnection between tobacco use and sleep problems. In this study, past sleep difficulties were significantly associated with abstinence status at the 1-month and 7-month follow-ups, suggesting that pre-existing sleep issues may increase the risk of relapse and make it harder to maintain smoking cessation.

However, prior research did not distinguish pre-existing sleep conditions. In this study, the associations between current sleep difficulties, insomnia as a withdrawal symptom, and abstinence at the 1-month and 7-month follow-ups were not significant. These discrepancies from prior findings may reflect measurement limitations—such as unclear

distinctions between past and present sleep conditions and the lack of data on sleep duration or quality, which are known to influence cessation outcomes.

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https://doi.org/10.1001/jamapsychiatry.2025.4625

Efficacy and Safety of the Neuroplastogen TSND-201 for the Treatment of PTSD: A Randomized Clinical Trial.

Jones, A., Warner-Schmidt, J., Kwak, H., Stogniew, M., Mandell, B., Ching, T. H. W., Stein, M. B., & Kelmendi, B.

JAMA Psychiatry
Published Online: February 18, 2026

Key Points
Question
Is the neuroplastogen TSND-201 (methylone) efficacious and well tolerated in people with posttraumatic stress disorder (PTSD)?

Findings
In this phase 2, double-blind, placebo-controlled randomized clinical trial in 65 people with severe PTSD, acute intermittent treatment with TSND-201 was associated with a statistically significant and clinically meaningful reduction in PTSD symptoms, measured by Clinician-Administered PTSD Scales for DSM-5 scores, compared with placebo. TSND-201 was generally safe and well tolerated; adverse events were typically transient, occurring on the day of dosing and resolving within a day.

Meaning
Study results demonstrate that TSND-201 has rapid, robust, and durable efficacy and is well tolerated in people with PTSD, supporting its further development as a treatment for PTSD.

Abstract
Importance
The phase 2 data presented here support the development of TSND-201 for posttraumatic stress disorder (PTSD), a disorder for which there is a significant unmet need for rapid-acting and effective treatments. TSND-201 (methylone) is a highly selective, rapid-acting neuroplastogen that releases serotonin, norepinephrine, and

dopamine without direct activity at 5-hydroxytryptamine (5-HT) 2A receptors that has shown rapid, robust, and long-lasting benefit for preclinical PTSD-related behaviors and has been well tolerated in phase 1 studies of healthy volunteers.

Objective
To evaluate the efficacy and safety of TSND-201 vs placebo in adults with PTSD.
Design, Setting, Participants A Study to Assess the Use of Methylone in the Treatment of PTSD (IMPACT-1) part B was a phase 2, multicenter, double-blind, placebo-controlled, 10-week randomized clinical trial of TSND-201 in people with PTSD conducted between November 29, 2023, and February 19, 2025, across 16 sites in the US, UK, and Ireland. Adults aged 18 to 65 years who met DSM-5 criteria for current PTSD and 6 months or more of symptoms (Clinician-Administered PTSD Scales for DSM-5 [CAPS-5] ≥35) were eligible.

Interventions
Participants were randomized 1:1 to receive TSND-201 or placebo. There were 4 once-weekly oral dosing sessions (150 mg followed by 100 mg or placebo). No psychotherapy was provided; however, dosing sessions were monitored by mental health professionals using a nondirective approach. Participants were followed up for 6 weeks after the last dose.

Main Outcomes and Measures
The primary end point was change from baseline to day 64 in the CAPS-5 total severity score. Secondary end points included changes in PTSD Checklist for DSM-5 (PCL-5), Sheehan Disability Scale (SDS), and Montgomery-Åsberg Depression Rating Scale (MADRS) scores. Other measures included response (≥50% improvement from baseline), remission (≤11 total severity score), loss of PTSD diagnosis, changes in CAPS-5 symptom clusters, and incidence of treatment-emergent adverse events (TEAEs). Safety was assessed by monitoring adverse events, vital signs, and Columbia-Suicide Severity Rating Scale.

Results
Among the 65 participants (mean [SD] age, 43.7 [10.5] years; 39 female [60.0%]), TSND-201 demonstrated significantly greater improvement in CAPS-5 total score than placebo (least-squares mean difference, 9.64; 90% CI, −16.48 to −2.80; P = .01). PCL-5 (−28.46 vs −19.47; LS mean treatment difference, −8.99; 90% CI, −17.81 to −0.17), SDS (−8.29 vs −3.57; LS mean treatment difference, −4.72; 90% CI, −8.84 to −0.61), and MADRS (−13.94 vs −7.73; LS mean treatment difference, −6.21; 90% CI, −12.41 to −0.27) scores were also improved. Common TEAEs in the TSND-201 group included

headache, decreased appetite, nausea, dizziness, blood pressure increased, dry mouth, insomnia.

Conclusions and Relevance
Results of this randomized clinical trial reveal that TSND-201 demonstrated statistically significant efficacy and was well tolerated, supporting its potential as a rapid-acting, durable treatment for PTSD.

Trial Registration
ClinicalTrials.gov Identifier: NCT05741710

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https://doi.org/10.1001/jamapsychiatry.2025.4816

Spirituality and Harmful or Hazardous Alcohol and Other Drug Use: A Meta-Analysis of Longitudinal Studies.

Koh, H. K., Frederick, D. E., Balboni, T. A., O'Reilly, S. M., Kelly, J. F., Humphreys, K., Botticelli, M., Mathur, M. B., Psimopoulos, C. S., Long, K. N. G., & VanderWeele, T. J.

JAMA Psychiatry
2026; 83; (4): 363-378

Key Points
Question
What is the association between spiritual exposures and related drug use outcomes?

Findings
This meta-analysis of 55 rigorous studies on spirituality and harmful or hazardous drug use (alcohol, tobacco, marijuana, or illicit drugs) documented a significant protective association of 13% related to both prevention and recovery. The risk reduction, which extended across all 4 drug categories, reached 18% for individuals with greater than weekly religious service attendance.

Meaning
These results have implications for clinicians and communities regarding future strategies to address harmful or hazardous alcohol or other drug use.

Abstract

Importance

This meta-analysis examines rigorous longitudinal 21st century studies on the associations of spirituality with harmful or hazardous alcohol and other drug (AOD) use.

Objective

To synthesize findings from independent studies about spirituality and AOD use and to produce a comprehensive estimate of the overall effect size of the associated risk reduction.

Data Sources

Studies previously identified in the Balboni and colleagues review on the association between spiritual exposures (including religion) and alcohol, tobacco, marijuana, or other drugs were pooled. Studies were identified through the search terms spirituality or religion or spiritual* or religio* or faith and also intersected with a long string of terms that captured health outcomes of interest.

Study Selection

From an initial retrieval of more than 20 000 articles, a total of 55 spirituality studies (as defined by Puchalski and colleagues) that were (1) published 2000-2022 in the English language, (2) used validated measures of spirituality, (3) examined longitudinal associations between spirituality and AOD use, and (4) were either prospective cohort studies with sample sizes of 1000 or more or randomized clinical trials (eg, public health interventions) with sample sizes of 100 or more, were captured.

Data Extraction and Synthesis

Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines were used for abstracting data and assessing quality and validity. Eligible studies were those that reported quantitative outcomes measuring AOD use in relation to spiritual exposures, provided sufficient data to calculate log-relative risks (log-RR) and associated error terms, and focused on either preventive effect (eg, delayed initiation) or recovery-related outcomes (eg, cessation). Effects extracted were transformed into log-RR based on the type of effect.

Main Outcomes and Measures

The primary outcome was the association between spiritual or religious involvement and AOD. Subgroup analyses examined differences by AOD use type (alcohol, tobacco, marijuana, and illicit drugs) and exposure type (spiritual or religious attendance vs broader spiritual exposures).

Results
Results from the 55 studies, which collectively included 540 712 participants, documented a significant protective association related to both prevention and recovery between spirituality and AOD use outcomes. Specifically, a consistent 13% risk reduction extended across the studied drugs (RR, 0.87; 95% CI, 0.84-0.91), a figure that reached 18% for individuals engaging in spiritual or religious communities (defined as >weekly religious service attendance; RR, 0.82; 95% CI, 0.75-0.89). Virtually all 134 effects extracted from the studies demonstrated protective, not detrimental, results. Multiple sensitivity analyses confirmed the robustness of evidence.

Conclusions and Relevance
The results of this meta-analysis regarding a protective association between spirituality and AOD use have implications for clinicians and communities regarding future strategies for AOD use prevention and recovery.

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https://doi.org/10.1001/jamapsychiatry.2026.0037

Nature-Based Interventions for Mental Health: An Umbrella Review and Meta-Analysis.

Brandt, L., De Prisco, M., Nocera, D., Rehm, M. C., Cohen, S., Kosker, D. N., von Luxburg, S., Ori, D., Pinzón-Espinosa, J., Scheuber, P., Sonntag, N., Radua, J., Hasan, A., Luykx, J. J., Global Evidence on Planetary Mental Health Study Group, Adli, M., Adorjan, K., Aruta, J. J. B. R., Augustinavicius, J., Bajbouj, M., … Xue, S.

JAMA Psychiatry
Published Online: March 4, 2026

Key Points
Question
What is the global evidence on climate-related and nature-based mental health interventions?

Findings
Although psychosocial interventions are currently recommended in treatment guidelines worldwide to reduce the adverse mental health effects of climatic impact drivers, this umbrella review found the credibility of the evidence basis for this recommendation to

be very low. Nature-based interventions were associated with favorable mental health outcomes generally but evidence specifically for climatic impact drivers was lacking.

Meaning
Guidelines and policies for mental health interventions in the context of climate change need to be largely informed by global evidence from contexts other than climate change.

Abstract
Importance
Climate change is associated with increasing mental health morbidity and mortality. However, an umbrella review to classify and quantify the global evidence on climate-related and nature-based mental health interventions is lacking.

Objective
To assess associations of climate-related and nature-based mental health interventions with mental health outcomes.

Data Sources
PubMed, PsycINFO, Web of Science, and Cochrane databases were searched from inception to November 17, 2024.

Study Selection
Systematic reviews with meta-analyses (SRMAs) with controlled climate-related or nature-based mental health interventions and mental health outcomes were included.

Data Extraction and Synthesis
Standardized mean differences (SMDs; intervention vs control) and 95% CIs were synthesized, evidence was stratified according to the level of credibility, and associations were assessed using meta-regression.

Main Outcomes and Measures
Outcomes were mental disorders, psychiatric symptoms, and positive mental health.

Results
Twenty-eight SRMAs were included that examined 344 studies and 91 associations between psychosocial or nature-based interventions and outcomes. Of the 91 associations, 10 (11%) had a moderate credibility of evidence and 81 (89%) had low or very low credibility. Psychosocial interventions addressing climatic impact drivers were associated with very low credibility, based on limited data. Nature-based interventions

were associated with reductions in tension (SMD, −0.87; 95% CI, −1.31 to −0.43), fatigue (SMD, −0.80; 95% CI, −1.16 to −0.44), confusion (SMD, −0.65; 95% CI, −1.12 to −0.19), and negative affect (SMD, −0.51; 95% CI, −0.85 to −0.16), as well as increases in positive affect (SMD, 0.98; 95% CI, 0.65 to 1.30), vigor (SMD, 0.83; 95% CI, 0.37 to 1.28), and well-being (SMD, 0.40; 95% CI, 0.07 to 0.73), with moderate credibility of evidence and not addressing climatic impact drivers. Older participants and study locations with lower tree cover, better health care access and quality, and lower systemic vulnerability to climate change were associated with stronger improvements in negative affect following nature-based interventions.

Conclusions and Relevance
There is limited evidence for mental health interventions to reduce adverse mental health impacts of climatic impact drivers, but there is promising potential for future research in this field based on evidence from contexts other than climate change. Currently, strategies for mental health interventions in the context of climate change, such as those for implementing and scaling interventions, need to rely largely on global evidence from contexts other than climate change.

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https://doi.org/10.1001/jamanetworkopen.2026.0823

Mental Health Specialist Telemedicine Uptake and Patient Location.

Jorem, J., Wilcock, A. D., Busch, A. B., Huskamp, H. A., & Mehrotra, A.

JAMA Network Open
Published Online: March 5, 2026

Key Points
Question
What is the association between the proportion of visits delivered via telemedicine by mental health specialists and the percentage of patients living in rural, low-access-to-care, or distant communities?

Findings
In this cohort study of 17 742 mental health specialists serving a Medicare fee-for-service population, greater telemedicine uptake was associated with small increases in the percentage of patients living in rural, low-access-to-care, or distant communities between 2018 and 2023. A sizeable fraction of the observed changes was accounted

for by established patients moving farther away (vs strictly by seeing more new patients from these communities).

Meaning
These findings suggest that telemedicine uptake is not associated with substantial increases in the mental health treatment of patients in rural, low-access-to-care, or distant communities, highlighting the need for tailored policy interventions.

Abstract
Importance
Wide geographic disparities in mental health care use exist, particularly between rural and urban areas. Telemedicine could enable mental health specialists to reach patients who live farther away in rural communities and communities with low access to care.

Objective
To examine the association of the proportion of mental health specialists' visits delivered via telemedicine and the share of their visits to patients living in rural, low-access-to-care, or distant communities.

Design, Setting, and Participants
This cohort study examined Medicare fee-for-service claims for mental health specialist services from January 1, 2018, to December 31, 2023. Specialists were categorized into quartiles based on their 2021 telemedicine uptake (lowest, 0%-40% of visits; low-middle, 41%-79%; middle-high, 80%-98%; highest, 99%-100% of visits). Data were analyzed between November 2024 and December 2025.

Exposure
Telemedicine use among mental health specialists in 2021.

Main Outcomes and Measures
The main outcome was the proportion of mental health specialists' patients who lived in (1) a rural area, (2) an area with a mental health specialist shortage, (3) a different state from their specialist, and (4) a community 20 miles or more from their specialist. Differential changes in outcomes between specialists in the highest and lowest telemedicine uptake quartiles were estimated using a difference-in-differences framework. A secondary analysis examined the fraction of the changes observed due to established patients moving their residence vs new patients.

Results
The cohort included 17 742 mental health specialists categorized into quartiles based

on their telemedicine uptake in 2021. Compared with 2018 and specialists in the lowest telemedicine quartile, specialists with the highest telemedicine use had 0.88 percentage points (95% CI, 0.35-1.39 percentage points) more visits with rural patients in 2023. Similar small changes were observed in the fraction of visits with patients living in mental health specialist shortage areas, in a different state from their specialist, and living 20 miles or more away from their specialist. Specialists with higher telemedicine use visited differentially fewer new patients by 2023 than those with lower use (−3.55 percentage points [95% CI, −5.73 to −1.38 percentage points]).

Conclusions and Relevance
This cohort study found that greater telemedicine uptake was associated with only small increases in the share of visits to patients in rural, low-access-to-care, or distant communities. Tailored policy interventions may be needed for telemedicine to reach its potential of improving mental health care of individuals with the greatest difficulty accessing it in their local community.

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https://doi.org/10.1001/jamanetworkopen.2026.0596

Loneliness, Anxiety Symptoms, Depressive Symptoms, and Suicidal Ideation in the All of Us Dataset.

Musacchio Schafer, K., Franklin, J., Embí, P. J., & Walsh, C. G.

JAMA Network Open
Published Online: March 4, 2026

Key Points
Question
Does loneliness mediate the association between anxiety symptoms and suicidal ideation as well as depressive symptoms and suicidal ideation?

Findings
In this cross-sectional study of 62 685 individuals, anxiety symptoms, depressive symptoms, and loneliness were positively associated with suicidal ideation. Loneliness mediated the association between anxiety symptoms and suicidal ideation as well as depressive symptoms and suicidal ideation.

Meaning
This study suggests that anxiety and depressive symptoms on their own are associated with increases in suicidal ideation, yet these associations are partially mediated by loneliness; targeting and reducing loneliness may arrest the progression from depression and anxiety toward suicidal ideation.

Abstract
Importance
Although anxiety symptoms and depressive symptoms are linked with increases in suicidal ideation, they leave much of the variance in suicidal ideation unexplained. Loneliness may mediate the links between anxiety symptoms and suicidal ideation as well as depressive symptoms and suicidal ideation.

Objective
To analyze the mediating role of loneliness in the association between anxiety symptoms and suicidal ideation as well as in the association between depressive symptoms and suicidal ideation.

Design, Setting, and Participants
This cross-sectional study used data collected between May 31, 2017, and October 1, 2023, from 62 685 US adults who completed the self-report mental health survey portion of the National Institutes of Health's All of Us Research Program.

Main Outcomes and Measures
Self-report surveys estimated anxiety symptoms (using the 7-item Generalized Anxiety Disorder scale), depressive symptoms (using the first 8 items of the 9-item Patient Health Questionnaire [PHQ-9]), loneliness (using the UCLA Loneliness Scale), and suicidal ideation (using item 9 of the PHQ-9). Analyses were conducted in August of 2025.

Results
The analytic sample of 62 685 individuals had a mean (SD) age of 61.8 (16.1) years and included 40 749 women (65.0%). Anxiety symptoms ($r = 0.33$; $P < .001$), depressive symptoms ($r = 0.39$; $P < .001$), and loneliness ($r = 0.31$; $P < .001$) correlated with suicidal ideation. When controlling for gender and race and ethnicity, depressive symptoms ($B = 0.017$ [95% CI, 0.017-0.019]), anxiety symptoms ($B = 0.004$ [95% CI, 0.004-0.006]), and loneliness ($B = 0.007$ [95% CI, 0.007-0.008]) accounted for significant variability in suicidal ideation. Loneliness partially mediated the association between anxiety symptoms (average causal mediation effect = 0.01; proportion mediated, 0.25; total association, 0.03; $P < .001$) and suicidal ideation as well as depressive symptoms

(average causal mediation effect = 0.003; proportion mediated, 0.10; total association, 0.02; P < .001) and suicidal ideation, indicating the associations of anxiety and depressive symptoms with suicidal ideation were in part mediated by loneliness.

Conclusions and Relevance
In this cross-sectional study of 62 685 participants from the All of Us Research Program, loneliness partially mediated the association between anxiety symptoms and suicidal ideation as well as depressive symptoms and suicidal ideation. Targeting and reducing loneliness may present a transdiagnostic approach to arrest the progression from anxiety and depressive symptoms toward suicidal ideation.

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https://doi.org/10.1001/jamanetworkopen.2026.0589

Clinical Note-Extracted Psychosocial Factors for Predicting Suicide Attempt Among ED Patients With Suicidal Ideation.

Lee, H., Jadhav, K., Ripperger, M., Coleman, P. L., Morley, T. J., Palmer, S. A., Han, L., Chen, Q., Bejan, C. A., Ruderfer, D. M., & Walsh, C. G.

JAMA Network Open
Published Online: March 4, 2026

Key Points
Question
Is the addition of psychosocial factors to a clinical data–based suicide risk prediction model associated with better performance in predicting suicide attempts among patients presenting to the emergency department (ED) for suicidal ideation?

Findings
In this electronic health record–based prognostic study of 4661 patients discharged from the ED after presentation for suicidal ideation, incorporating psychosocial factors was associated with significantly higher performance in predicting suicide attempt, with chronic stress as the strongest predictor.

Meaning
This study suggests that, for ED patients with suicidal ideation, identifying and using psychosocial factors may be key to accurate risk stratification and may help guide targeted interventions such as therapies addressing chronic stress.

Abstract

Importance

The Joint Commission recommends universal suicide screening in emergency departments (EDs), which emphasizes the need to identify at-risk individuals. Existing suicide risk prediction models rely primarily on clinical data and demonstrate limited performance. The potential of incorporating psychosocial information to enhance predictive performance remains understudied.

Objective

To evaluate whether augmenting clinical data–based risk scores with psychosocial factors improves the prediction of suicide attempt (SA).

Design, Setting, and Participants This retrospective prognostic study based on electronic health record data included 4661 ED patients discharged after presentation for suicidal ideation (SI) from middle Tennessee hospitals between June 1, 2018, and February 27, 2024.

Main Outcomes and Measures

The primary outcome was SA within 90 days of ED admission and time-to-event in days. Clinical data–based Vanderbilt Suicide Attempt and Ideation Likelihood (VSAIL) score and 6 psychosocial factors (homelessness, financial insecurity, chronic stress, social isolation, loneliness, and adverse childhood experiences) derived from clinical notes were integrated using a Cox proportional hazards regression model. Performance metrics included area under the receiver operating curve (AUROC), area under the precision-recall curve (AUPRC), positive predictive value (PPV), negative predictive value, sensitivity, and specificity. Performance was evaluated for models trained on (1) VSAIL, (2) psychosocial factors, and (3) VSAIL plus psychosocial factors.

Results

This study included 3382 Vanderbilt University Hospital (VUH) (mean [SD] age, 26.1 [15.6] years; 1751 males [51.8%]) and 1279 Regional Health Systems (RHS) (mean [SD] age, 34.5 [18.0] years; 715 males [55.9%]) ED visits for SI. Within 90 days, SAs were reported in 160 (4.7%) VUH and 34 (2.7%) RHS ED visits for SI. Compared with VSAIL alone, VSAIL plus psychosocial factors was associated with significantly increased median AUROC (VUH: 0.645 [IQR, 0.645-0.645] vs 0.734 [IQR, 0.719-0.747]; P < .001; RHS: 0.547 [IQR, 0.547-0.547] vs 0.680 [IQR, 0.672-0.687]; P < .001), AUPRC (VUH: 0.083 [IQR, 0.083-0.083] vs 0.122 [IQR, 0.111-0.137]; P < .001; RHS: 0.029 [IQR, 0.029-0.029] vs 0.054 [IQR, 0.052-0.058]; P < .001), and PPV (VUH: 0.093 [IQR, 0.082-0.094] vs 0.143 [IQR, 0.123-0.161]; P < .001; RHS: 0.042 [IQR, 0.040-0.043] vs

0.112 [IQR, 0.096-0.129]; P < .001) while maintaining specificities above 0.90. Chronic stress emerged as the strongest predictor of SA (β = 0.643 [95% CI, 0.427-0.859]; P < .001).

Conclusions and Relevance
In this prognostic study of patients discharged from the ED after presentation for SI, augmenting a clinical data–based suicide risk prediction model with clinical note–extracted psychosocial factors was associated with significantly higher predictive performance. These findings suggest that psychosocial factors can enhance risk stratification and support targeted interventions, such as therapies addressing chronic stress.

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https://doi.org/10.1001/jamanetworkopen.2025.60084

Veterans Affairs Clinical Resource Hubs and Rates of Mental Health Community Care Referrals.

Connolly, S. L., Jaske, E. L., Wheat, C., Wahlberg, L. J., Nelson, K., Curtis, I., & Felker, B.

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Key Points
Question
Is increased use of Clinical Resource Hubs (CRHs) associated with decreased referrals to community care (CC) for mental health care within the US Department of Veterans Affairs (VA)?

Findings
In this cohort study of 1149 mental health clinics within the VA, clinics with greater use of CRHs had a mean of 20 fewer referrals to CC per 1000 patients per month.

Meaning
Results of this study suggest that successful CRH implementation is associated with fewer CC referrals and that clinics with higher CRH utilization become less reliant on VA-purchased CC.

Abstract

Importance

In an effort to increase access to care, the US Department of Veterans Affairs (VA) has created 2 additional pathways for veterans to receive mental health (MH) services: regional VA Clinical Resource Hubs (CRHs) and VA-purchased community care (CC). Previous studies have found that veterans rate their satisfaction with VA MH care, including via CRHs, higher than CC. It is unclear whether increased CRH use decreases referrals to CC.

Objective

To determine whether clinics with higher CRH utilization have fewer CC referrals or, alternatively, whether clinics with local care shortages rely on both CRH and CC at similar levels to ensure adequate access to MH care.

Design, Setting, and Participants

This longitudinal cohort study included all veterans with at least 1 outpatient MH encounter between 2018 and 2019 in 1149 MH clinics within the VA. The study evaluated changes in CC referral rates at clinics with and without CRH visits between baseline and post-CRH implementation (October 1, 2017, through September 30, 2023). In addition, CC referral rates at clinics with higher use of CRH were compared with clinics with lower CRH utilization. Data were analyzed from August 20, 2024, to July 25, 2025.

Exposures

Clinics were classified based on whether they had any CRH utilization, as well as whether their per-patient rate of CRH visits fell in the top 25% (high penetration) or bottom 25% (low penetration).

Main Outcomes and Measures

The main outcome was the number of CC referrals per 1000 patients. Difference-in-differences (DID) analyses were used.

Results

The sample included 1 120 250 patients (mean [SD] age, 60.04 [15.38] years; 15.99% female). Clinics with any CRH utilization showed a slight but statistically significant increase in CC referrals in the post-CRH implementation period compared with clinics with no CRH utilization (DID, 0.525; 95% CI, 0.181-0.868; P = .003). However, clinics with high penetration of CRH had fewer CC referrals per month compared with low-penetration clinics at the end of the CRH implementation period (DID, –20.00 referrals; 95% CI, –21.90 to –18.20; P < .001).

Conclusions and Relevance
In this cohort study of VA MH clinics, successful CRH implementation was associated with fewer CC referrals, suggesting that clinics with higher CRH utilization were less reliant on VA-purchased CC. Results underscore the importance of developing strong CRH infrastructures to ensure veteran access to high-quality MH care.

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Could sleep engineering be used to combat PTSD and depression?

Lewis, P. A., & Abdellahi, M. E. A.

PLoS Biology
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Sleep engineering could be developed to provide a drug-free, non-invasive avenue to treat depression and post-traumatic stress disorder. Such an intervention would be greatly aided by the sophisticated detection of memory reactivations using machine learning classifiers.

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A pilot study of stellate ganglion block paired with exposure therapy: Feasibility and acceptability in combat veterans with posttraumatic stress disorder.

Capone, C., Eaton, E., Shea, M. T., Borgia, M., DeMoss, L., Tocco, K., Fragoza, K., & Siddiqui, A.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 18(3), 610–618

Background:
There is growing evidence that stellate ganglion block (SGB) combined with trauma-focused therapy may help veterans with posttraumatic stress disorder (PTSD) whose symptoms have not responded to traditional treatments. By combining SGB with in vivo

exposure, veterans may be more able to fully engage in treatment and see improvement in their overall functioning.

Objective:
The primary aim of this project was to conduct a nonrandomized pilot trial on the feasibility and acceptability of delivering SGB paired with individual psychotherapy to veterans with combat-related PTSD.

Method:
Eligible veterans (N = 14) constructed a hierarchy of in vivo exposure exercises, received the SGB procedure, and attended four additional weekly psychotherapy sessions with a focus on exposure exercises. Participants completed measures at baseline, weekly during treatment, and follow-up assessments immediately posttreatment and 1-month later.

Results:
The recruitment target was easily met, session attendance was strong, and dropout was relatively low (21.4%). SGB was well tolerated with only mild, transient side effects. Participants reported satisfaction with the treatment they received as measured by the Client Satisfaction Questionnaire (M = 28.8). Paired t test analyses revealed a significant decrease in PTSD symptoms as measured by the PTSD Checklist for DSM-5. We also observed a significant reduction in PTSD symptoms as measured by the Clinician-Administered PTSD Scale for DSM-5 in mixed models, $F(2, 13) = 8.68$, $p = .004$. There were no significant improvements in psychosocial functioning or quality of life.

Conclusion:
SGB paired with psychotherapy is feasible and acceptable to veterans and holds promise for symptom reduction among veterans with combat-related PTSD.

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Association of Musculoskeletal Injury, Subsequent Mild Traumatic Brain Injury, and Sex Differences Among U.S. Service Members.

Posis, A. I. B., Silder, A., Zouris, J. M., MacGregor, A. J., Fraser, J. J., Crouch, D. J., & Sessoms, P. H.

Journal of Women’s Health
2026; Volume 35, Issue 4

Introduction:
Mild traumatic brain injury (mTBI) and musculoskeletal injury (MSKI) negatively impact the health and readiness of U.S. service members. Women generally have higher rates of both injuries. While mTBI may increase the risk of subsequent MSKI, it is unclear if MSKI increases the risk of subsequent mTBI. We investigated whether MSKI is associated with increased risk of subsequent mTBI and if this relationship differs by sex among U.S. service members.

Methods:
This retrospective cohort study included 776,822 US service members who enlisted from 2016 to 2020 and were followed through 2023. Multivariable logistic regression models were used to estimate the association of MSKI with subsequent mTBI, adjusted for age, race, ethnicity, rank, occupation, and service branch. We assessed sex differences by testing an MSKI-by-sex interaction and conducting sex-stratified analyses.

Results:
Participants were 20.5 ± 3.4 years of age, and 19% were female. In the multivariable model, female service members had higher odds of mTBI compared with male service members (odds ratio [OR]=1.51, 95% confidence interval [CI] 1.46–1.56), though mTBI was rare in the overall population (2.46%). MSKI was associated with higher odds of a subsequent mTBI (OR = 1.06, 95% CI 1.02–1.09), with male service members having higher odds of an mTBI after MSKI compared with their female counterparts (ORmales only=1.06, 95% CI 1.02–1.10; ORfemales only=1.01, 95% CI 0.94–1.10; p-interaction <0.01).

Conclusions:
History of MSKI was associated with subsequent mTBI in US service members, with male service members having higher odds of MSKI-associated mTBI. These findings should be considered when implementing prevention programs.

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Intimate partner distress is strongly associated with worse warfighter brain health following mild traumatic brain injury.

Brickell, T. A., Ivins, B. J., Wright, M. M., Sullivan, J. K., Baschenis, S. M., French, L. M., & Lange, R. T.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 18(3), 558–567

Objective:
To examine (a) change in chronic neurobehavioral symptoms in service members/veterans (SMVs) with an uncomplicated mild traumatic brain injury (MTBI) at two time points over 3 years and (b) the influence of intimate partner (IP) health-related quality of life (HRQOL) risk factors for chronic neurobehavioral symptoms.

Method:
IPs (N = 175) completed measures of SMV neurobehavioral adjustment symptoms and 13 IP HRQOL risk factors at Time 1 (T1) ≥ 12 months post-TBI and Time 2 (T2) 3 years later. Scores on the risk factor measures were classified into four IP HRQOL symptom trajectory categories based on clinically elevated (≥ 60 T) symptoms: (a) persistent (T1 + T2 ≥ 60T), (b) developed (T1 < 60T + T2 ≥ 60T), (c) improved (T1 ≥ 60T + T2 < 60T), and (4) asymptomatic (T1 + T2 < 60T).

Results:
There was little change in mean SMV adjustment scores or the percentage of clinically elevated scores from T1 to T2. The percentage of clinically elevated adjustment scores was 30% at T1 and T2; 14.3% at T1 only; and 5.7% at T2 only. The IP HRQOL symptom trajectories had a stronger effect on mean SMV adjustment than within-group change in adjustment, which was largely driven by the persistent and asymptomatic IP HRQOL categories. The strongest effects were found for caregiving and social HRQOL risk factors, followed by psychological, and then physical HRQOL risk factors.

Conclusion:
A range of clinically elevated IP HRQOL constructs emerged as long-term risk factors for chronic neurobehavioral symptoms in SMVs post-MTBI. More attention to the role that family distress has on poor warfighter recovery and return to duty following an MTBI is required.

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Reduction in reintegration stress among post-9/11 Veterans in a clinical trial for trauma-related guilt.

Panza, K. E., Kline, A. C., Klein, A. B., Johnson, E., Davis, B. C., Lyons, M. T., Capone, C., & Norman, S. B.

Military Psychology
Volume 38, 2026 - Issue 2

Reintegration stress is commonly reported by returning Veterans with post-trauma distress and associated with mental health and functioning difficulties. Interventions are needed to reduce reintegration stress and provide a pathway to improve Veterans' connections with their families, friends, and communities. The present study compared the effectiveness of Trauma Informed Guilt Reduction Therapy (TrIGR) and Supportive Care Therapy (SCT) in reducing reintegration stress, assessed by the Military to Civilian Questionnaire (M2C-Q) at post-treatment and 3- and 6-month follow-up. Data were derived from a randomized controlled trial treating U.S. military Veterans endorsing trauma-related guilt stemming from an event that occurred during deployment to the recent conflicts in Iraq and Afghanistan (N = 145). Intent to treat analyses using mixed models indicated a significant treatment * time interaction (p = .004) whereby patients randomized to TrIGR reported significantly lower reintegration stress compared to those in SCT by the 6-month follow-up. Between-condition effect sizes were d = 0.11 at post-treatment and d = 0.37 and d = 0.57 at 3- and 6-month follow-up assessments, respectively. Targeting trauma-related guilt may be an effective pathway to help facilitate the process of reintegration to civilian life for some Veterans.

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The effect of proactive coping on posttraumatic growth among mobilized military personnel with various marital statuses after participating in combat operations.

Prykhodko, I., Matsehora, Y., Kucherenko, N., Marushchenko, K., Rumiantsev, Y., Kuzina, V., & Vintoniak, V.

Frontiers in Psychiatry
12 February 2026

Introduction:
The large-scale and intense combat actions that began in Ukraine on February 24, 2022, have necessitated an increasing mobilization of the civilian population for conscription into military service. Mobilized servicemen faced challenges in adapting to military service and the realities of intense combat. However, mobilization for military service also complicated the well-being of their families. The study aimed to determine the role of proactive coping in post-traumatic growth (PTG) among mobilized military personnel with various marital statuses after participating in combat operations.

Methods:
The Armed Forces of Ukraine mobilized military personnel (N = 237 males, aged 20–59 years) participated in this study after engaging in combat operations. The study participants were divided into two groups depending on their marital status: the married group and the unmarried group. The “Proactive Coping Questionnaire” and “Post-Traumatic Growth Inventory” were used to investigate the relationship between proactive coping and PTG among mobilized military personnel. Correlation and hierarchical linear regression analysis were used to determine the contribution of proactive coping to PTG and the role of marital status among mobilized military personnel.

Results:
The level of statistical significance in the married group was achieved between the coping strategy “Emotional Support Seeking” and the PTG domains “New Possibilities” ($r = 0.310$, $p < 0.001$), “Personal strength” ($r = 0.325$, $p < 0.001$), and “Post-traumatic Growth Overall Score” ($r = 0.287$, $p < 0.001$). The level of statistical significance was achieved in the unmarried group between the coping strategies “Reflective Coping” ($r = 0.358$, $p < 0.001$), “Preventive Coping” ($r = 0.340$, $p < 0.001$), “Instrumental Support Seeking” ($r = 0.423$, $p < 0.001$), and the PTG domain “New Possibilities”. The PTG domain “Relating to Others” showed a statistically significant correlation with the coping strategy “Emotional Support Seeking” ($r = 0.347$, $p < 0.001$). Such relationships were also found in the “Proactive Coping Overall Score” and the “Posttraumatic Growth Overall Score.”

Discussion:
Both married and unmarried service members showed similar average scores in terms of proactive coping and PTG after their combat experiences. Among married service members, PTG was linked solely to the coping style of “Seeking Emotional Support.” In

contrast, unmarried service members exhibited PTG that was influenced by two proactive coping styles: “Reflexive Coping” and “Seeking Emotional Support.” Additionally, marital status played a role in moderating the impact of the overall proactive coping score on PTG, but it was a significant predictor only for unmarried service members. This research adds to the existing body of knowledge on personal growth induced by traumatic events and the role of proactive coping in PTG of mobilized military personnel with marital status. The results obtained lay the groundwork for future research that could enhance our understanding of this process among military personnel after combat operations.

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Links of Interest

Register for CDP’s 2026 EBP Conference
May 7, 2026 (in Zoom) with optional PMIs on May 5-6
https://deploymentpsych.org/EBPConference

Staff Perspective: Neurodiversity and Moral Injury - A Reflection on Meaning and Service
https://deploymentpsych.org/blog/staff-perspective-neurodiversity-and-moral-injury-reflection-meaning-and-service

Staff Perspective: Fatigue vs. Sleepiness – Untangling the Tiredness Conundrum
https://deploymentpsych.org/blog/staff-perspective-fatigue-vs-sleepiness-%E2%80%93-untangling-tiredness-conundrum

Uniformed Services University Introduces Web App for Ethical AI Use in Medical Research
https://news.usuhs.edu/2026/04/uniformed-services-university.html

Veteran Homelessness Programs: Opportunities to Improve Data Collection and Establish an Evaluation Plan (GAO)
https://www.gao.gov/products/gao-26-107517

SMVF: Veteran Needs, Well-Being, and Data to Inform Policy and Prevention (archived webinar)
https://youtu.be/R8X8CLb_uYU?si=PFVHiC8DteCaArs1

Viewpoint: Online Sports Betting Is a Public Policy Issue and a Public Health Issue
https://jamanetwork.com/journals/jama-health-forum/fullarticle/2845354?guestAccessKey=7ca54f05-392d-404c-8a5c-2fbf13bb24dc

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Resource of the Week: Department of War Releases Its Annual Report on Suicide in the Military for Calendar Year 2024

> Across the Total Force, 471 service members died by suicide in CY 2024, which is less than in CY 2023, when 531 service members died by suicide. Suicide rates for service members in CY 2024 are as follows, as compared to CY 2023:
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> - The Total Force suicide rate decreased by approximately 11%.
> - The Active Component suicide rate decreased by approximately 16%.
> - The Reserve suicide rate decreased by approximately 14%.
> - The National Guard suicide rate increased by approximately 13%.
>
> Over time, for the Active Component, suicide rates have gradually increased from calendar year 2011 to calendar year 2024. For the Reserve Component, including the National Guard, suicide rates have remained stable over the same period.
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> After accounting for age and sex, military suicide rates have been similar to those of the U.S. population in most years between calendar year 2011 and calendar year 2024. Firearms continue to be the primary method of death by suicide.

Direct link to report

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