

CDP



Research Update – April 23, 2026

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<https://doi.org/10.1093/milmed/usag092>

A Qualitative Preliminary Study of Ukrainian Healthcare Providers' Perspectives on Service Member's Mental Health Since the Russian Invasion.

Lawry, L. L., Korona-Bailey, J., Schoenfeld, A. J., Amowitz, Z., Brim, W., Shanahan, P., Maddox, J., Hamm, T. E., Juman, L., Janvrin, M., Kanagaratnam, A., Mani, V., Berezyuk, O., & Koehlmoos, T. P.

Military Medicine

Published: 06 March 2026

Introduction

The ongoing war between Russia and Ukraine represents the return of large-scale combat operations to Europe for the first time since 1945 and the largest sustained conventional armed conflict in Europe of the 21st century. The current war has led to the rapid escalation of a mental health crisis with predictions of between 10 and 15 million Ukrainians ultimately needing professional psychological assistance as a result of the current hostilities.

Materials and Methods

We conducted qualitative key informant interviews (KII) during the ongoing conflict using a Ukraine Trauma System Assessment Tool (TSAT) to understand the experiences of the health and trauma system in Ukraine with respect to mental health disorders and care delivery for these conditions in the time period following the Russian Federation invasion.

Results

Between September 2023 and February 2024, 36 civilian and military healthcare or healthcare-adjacent participants were interviewed, including 22 (61%) males and 13 (36%) females. Mental health conditions are seen as having a detrimental impact on service members in Ukraine. Respondents reported frequent presentations of post-traumatic stress disorder (PTSD), anxiety, depression, sleep disturbance, and traumatic brain injury, described varied treatment practices including psychotherapy, pharmacologic support, and telemedicine, and highlighted persistent gaps in access to care. Participants also emphasized the importance of rehabilitation and noted that untreated mental health conditions adversely affected readiness and return-to-duty rates.

Conclusions

The ongoing conflict in Ukraine has precipitated a significant mental health crisis, impacting both civilians and military personnel. Comprehensive mental health services for PTSD, anxiety, depression, traumatic brain injury (TBI), and other related disorders among Ukrainians are needed. Integration of mental health care into rehabilitation settings, development of expanded community mental health service, and the embedding of psychiatrists and psychologists within military units are necessary to effectively address these needs.

<https://doi.org/10.1093/milmed/usaf156>

Confronting the Mental Health Challenges of Large-Scale Combat Operations.

Cole, R., & Remondelli, M. H.

Military Medicine

Volume 191, Issue 3-4, March/April 2026, Pages 40–43

The Department of Defense predicts that future conflicts will involve large-scale combat operations (LSCOs) characterized by high-intensity warfare between technologically advanced nations. These conflicts may result in prolonged exposure to violence, increasing the risk of severe mental health consequences for military personnel, veterans, and civilians. Research on past wars and ongoing conflicts, such as the war in Ukraine, demonstrates the heightened risks of post-traumatic stress disorder, depression, moral injury, and compassion fatigue in LSCOs. Unlike previous conflicts in Iraq and Afghanistan, LSCOs may involve prolonged deployments, limited medical evacuations, and greater use of cyber and psychological warfare, exacerbating psychological distress.

Given these anticipated threats, we urge mental health professionals to proactively address the anticipated mental health challenges associated with LSCOs. Preemptive strategies may include predeployment resilience training, increased access to deployable and telehealth mental health resources, and targeted interventions for preventing and mitigating moral injury. Additionally, civilian populations in conflict zones may experience displacement and exposure to violence. Given the long-term psychological impact of large-scale warfare, ongoing mental health program development and evaluation is needed to support affected populations. By anticipating these challenges posed by LSCOs, mental health professionals can implement strategic

interventions to mitigate their psychological burden on service members, veterans, and civilians.

<https://doi.org/10.1186/s40359-025-03878-4>

Sex differences in treatment outcomes among U.S. service members with comorbid PTSD and MDD.

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

BMC Psychology

Volume 14, article number 284, (2026)

Background

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are prevalent and deleterious conditions that commonly co-occur among service members. Identifying factors such as sex that could be linked to treatment response among service members with these conditions is critical for improving care delivery.

Methods

This study examined sex differences in treatment outcomes among U.S. active duty service members with comorbid PTSD and MDD (N = 94; 55% women, 45% men) in a randomized controlled trial comparing behavioral activation-enhanced cognitive processing therapy (BA + CPT) and standard CPT. PTSD and MDD symptom severity was assessed at pretreatment, posttreatment, and 3-month follow-up.

Results

Intent-to-treat multilevel models indicated treatment condition moderated the relationship between sex and PTSD symptoms ($p = .020$) but not depression ($p = .16$). On average, Clinician-Administered PTSD Scale for DSM-5 scores decreased significantly more among servicewomen who received CPT versus BA + CPT at posttreatment ($p = .004$) and 3-month follow-up ($p = .049$). There were no significant differences in outcomes among servicemen ($ps > 0.05$). In CPT, servicewomen reported significantly greater PTSD symptom reduction compared to servicemen at posttreatment ($p = .039$) but not at follow-up ($p = .088$). In BA + CPT, PTSD symptoms did not significantly differ between sexes at posttreatment ($p = .054$) or follow-up ($p = .29$).

Conclusions

Findings suggest sex may differentially impact outcomes for CPT but not BA + CPT among service members with PTSD and MDD and could help inform shared decision-making between patients and providers.

Trial registration

ClinicalTrials.gov registry; registration number [NCT02874131](https://doi.org/10.1177/00207640251360298)

<https://doi.org/10.1177/00207640251360298>

Moral context, coping strategies, and mental health outcomes among combat veterans.

Cornwell, J. F. M., Wetzler, E. L., Wood, M. D., & Erbe, R. G.

International Journal of Social Psychiatry

2026 Mar; 72(2): 355-363

Objective:

Although research has been conducted on the influence of coping strategies on mental health, research has not investigated the relationships among moral context, the adoption of those strategies, and mental health outcomes.

Design:

Studies were designed to measure the effects of moral context (specifically, moral injury and ethical leadership) on the adoption of adaptive or maladaptive coping strategies and their subsequent mental health consequences.

Method:

Data was collected on 551 total military personnel, spanning two distinct survey administrations, who reported at least one combat deployment.

Results:

Findings suggest that ethical leadership is associated with greater adaptive coping strategy adoption, while potentially morally injurious events (particularly self-transgression) are associated with greater maladaptive coping strategy adoption. Mediation analysis demonstrated that a significant portion of the effect of self-

transgression on depression (95% CI [0.003, 0.038]) and anxiety (95% CI [0.004, 0.066]) is attributable to its attendant increase in maladaptive coping strategy adoption.

Conclusions:

This research suggests that moral context can lead to differential adoption of adaptive and maladaptive coping strategies. It also suggests that maladaptive coping strategies can account for a portion of the effect of self-transgression moral injury on depression and anxiety.

<https://doi.org/10.1016/j.psychres.2026.117049>

Coping efficacy as a mediator between combat exposure events and probable PTSD.

Shelef, L., Bechor, U., Ohayon, O., Rotschild, J., & Shalev, A.

Psychiatry Research

Volume 360, June 2026, 117049

Highlights

- Combat exposure showed weak correlations with symptoms severity, whereas coping efficacy domains demonstrated strong negative associations with both PTSD and general psychological distress.
- Preserved task performance and self-worth significantly mediated the combat exposure-PTSD relationship.
- For psychological distress, only task performance showed significant mediation.
- Functional coping deficits, particularly in task performance and self-worth, serve as key mediators between combat exposure to psychological symptoms.

Abstract

Combat exposure significantly increases the risk of PTSD and psychological distress among military personnel. PTSD is often associated with poorer coping with personal and interpersonal demands. This cross-sectional study examined whether functional coping efficacy mediates the relationship between combat exposure and psychological outcomes among 1076 Israeli reserve soldiers (96.5% male, mean age 30.7 years) referred to a military Combat Stress Reaction Unit for evaluation and treatment during the war following the October 7th attack. Participants completed assessments measuring combat exposure; a brief Coping Efficacy Scale evaluated task performance,

emotional control, interpersonal relationships and self-worth. The PTSD Checklist for DSM-5 (PCL-5) quantified PTSD severity and inferred probable PTSD status (PCL score ≥ 33), and the Brief Symptoms Inventory (BSI) evaluated psychological distress (BSI score ≥ 40). Mediation analyses examined direct and indirect statistical pathways between combat exposure and clinical outcomes. Combat exposure showed weak correlations with symptoms severity ($r = 0.11$, $p < .001$), whereas coping efficacy domains demonstrated strong negative associations with PTSD and general psychological distress ($r = -0.33$ to -0.60 , all $p < .001$). Indirect association models indicated task performance and self-worth were significantly linked to the relationship between combat exposure and PTSD symptoms (indirect effects: $\beta = 0.03$, $p < .001$ for both). For general psychological distress, only task performance showed significant indirect association ($\beta = 0.04$, $p < .001$). These findings highlight functional coping domains, particularly task performance and self-worth, as strongly associated with psychological outcomes following combat exposure and underscore their potential clinical relevance in early assessment and intervention planning.

<https://doi.org/10.1093/milmed/usag079>

Prevalence and Characteristics of Tobacco/Nicotine Use Among Recent Graduates-United States Military Academy, West Point, New York, 2022-2025.

Dorfman, S. F., & Tran, A. N. S.

Military Medicine

Published: 03 March 2026

Summary

Introduction

The purpose of the United States Military Academy (USMA) at West Point, NY is to provide the nation with leaders of character who serve the common defense. Use of nicotine products, a preventable cause of disability and death, adversely impacts adolescent brain development, academic focus, wound healing, sleep, athletic performance, and military readiness. Violating regulations and addictive behavior are incompatible with USMA's mission. This study was conducted to help address these issues by better identification of their extent and nature and to generate support for ongoing, comprehensive tobacco/nicotine prevention/cessation programs for students at USMA, its preparatory school, and elsewhere, in order to improve health, mission

readiness, and future leadership while reducing healthcare costs for the Department of Defense and the Veterans Administration.

Materials and Methods

To determine the prevalence and characteristics of nicotine use in the USMA Corps of Cadets (ages 17-22 at entry), anonymous convenience surveys were administered to each class upon arrival and before graduation, approximately four years later. Survey data yielded numbers and percentages of current, former, and never users, and were analyzed using logistic regression in R software. Analyses showed trends in types of products used. The IRB approved this project with exempt status.

Results

Each class year independently exhibited about a threefold increase in the prevalence of nicotine use from arrival to departure, with a concurrent trend of product preferences shifting toward greater use of smokeless products, possibly nicotine pouches. The increasing odds ratio of being a nicotine-user versus non-user suggests an association between the USMA environment and nicotine use.

Conclusions

This is the only study of its kind, containing original data about nicotine use among students at a U.S. military service academy. Improved data collection and sustained use of multiple intervention points could enhance future research and be a model for prevention and cessation of nicotine use during military training anywhere, reversing existing trends in order to improve mission readiness, behavioral/physical/fiscal health, and leadership through ongoing study and program improvement.

<https://doi.org/10.1037/ser0001035>

The Impact of Killing (IOK) mental health treatment for moral injury: U.S. military veteran perspectives on acceptability, fit, and impact.

Purcell, N., Usman, H., Mehlman, H., Gloria, R., Burkman, K., Lehrner, A., & Maguen, S.

Psychological Services

Advance online publication

Moral injury related to killing in war significantly increases military veterans' risk for psychosocial problems and suicide, yet veterans largely lack access to interventions that address moral suffering. This article presents findings from semistructured qualitative interviews with 40 veterans who completed the Impact of Killing (IOK) mental health treatment for military moral injury. Interviews assessed (a) whether the IOK treatment was acceptable to veterans and met their needs, (b) changes in veterans' lives and psychological well-being resulting from IOK participation, and (c) suggestions for improving IOK. Using rapid analysis procedures, we identified several themes relevant to intervention acceptability, impact, and fit. Veterans found IOK to be intense and emotionally demanding but often felt that it yielded a fuller understanding of their past actions and greater compassion for themselves. After IOK, veterans described positive changes in their relationships and greater engagement in meaningful life activities. However, veterans often felt the treatment ended too soon and wanted ongoing, formal support to continue the work of IOK. In summary, IOK is a promising approach to the treatment of moral injury related to killing in war. Participants found IOK to be intense, demanding, and even painful, yet it also enabled many to begin changing their lives in positive and meaningful ways. Participants saw IOK as the start, rather than the end, of their healing journey. (Psychnfo Database Record (c) 2026 APA, all rights reserved)

<https://doi.org/10.3389/fpsy.2026.1738799>

Moral injury in modern warfare: clinical reflections and implications for military psychiatry.

Braun D.

Frontiers in Psychology
Volume 17 - 2026

Moral injury has emerged as a significant dimension of psychological suffering among individuals exposed to ethically compromising situations in war. Unlike post-traumatic stress disorder (PTSD), which is primarily organized around fear-based responses to threat, moral injury centers on violations of deeply held moral expectations involving responsibility, agency, and trust. In this clinical reflection, moral injury is approached not as a psychiatric diagnosis, but as a clinical-moral condition arising from difficulty reconciling actions or survival with an internalized moral framework. Drawing on theoretical models and clinical experience in military psychiatry, the manuscript

examines how features of modern warfare—including asymmetrical conflict, technological mediation, blurred civilian-combatant boundaries, and fragmented chains of responsibility—shape moral injury and complicate processes of moral repair. These conditions do not create moral injury de novo, but alter how moral responsibility is experienced, narrated, and addressed within military systems. The paper explores the implications of moral injury for military psychiatry and military organizations, highlighting the interface between individual moral suffering and institutional responsibility. It raises questions about how military systems recognize, legitimize, or remain ambivalent toward moral injury, particularly when contrasted with the more established status of PTSD as an honorable cost of service. Attention is given to the limits of symptom-focused interventions when confronted with moral suffering grounded in intact values, and to the need for clinical and organizational frameworks that support moral acknowledgment and repair. The manuscript situates moral injury within broader professional and societal contexts, emphasizing its relevance for psychiatry in contemporary armed conflict.

<https://doi.org/10.1176/appi.ajp.20250160>

Primary Prevention of PTSD Symptoms in Combat-Deploying Soldiers Using Attention Bias Modification: A Randomized Controlled Trial.

Gober Dykan, C. D., Levinstein, Y., Tette-Laur, L., Ben-Yehuda, A., Rotschild, J., Pine, D. S., Bliese, P. D., & Bar-Haim, Y.

American Journal of Psychiatry
Volume 183, Number 3

Objective:

Evidence suggests that attentional threat avoidance is associated with increased risk for posttraumatic stress disorder (PTSD). This study evaluated the efficacy of two attention bias modification (ABM) protocols designed to enhance attention toward threats as a primary prevention of PTSD.

Methods:

The efficacy of the two ABM protocols was assessed using a three-arm randomized controlled trial in 501 male combat-bound soldiers. One protocol used response-time (RT)–based ABM to train attention toward threat over neutral stimuli (dot-probe task); the other used an eye-tracking-based ABM employing instrumental reward to enhance

sustained attention to threat over neutral stimuli. Each intervention was compared to a sham RT-based task (dot-probe) presenting only neutral stimuli. Participants underwent four sessions of active or sham training. Threat-related attention was measured before and after training. Self-reported symptoms of PTSD (primary outcome) and of depression and anxiety (secondary outcomes), were assessed at baseline and postcombat 1 year later.

Results:

RT-based ABM delivered prior to combat exposure was associated with lower symptom severity and lower prevalence of probable PTSD postcombat relative to sham training (number needed to treat=22.7). A significant association was noted between training-induced threat attention and postcombat PTSD symptom severity in the RT-based ABM group. Eye-tracking-based ABM was not effective as a primary prevention protocol for PTSD symptoms.

Conclusions:

Consistent with a previous randomized controlled trial, RT-based ABM reduced risk for PTSD relative to sham ABM when implemented prior to combat exposure. These findings support the integration of RT-based ABM into resilience-building programs in military settings.

<https://doi.org/10.1016/j.sleep.2026.108820>

Many types of comorbidities are associated with clinically diagnosed insomnia in United States military service members.

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

Sleep Medicine

Volume 141, May 2026, 108820

Highlights

- Service members with diagnosed insomnia were compared to those without.
- Insomniacs had higher odds of diagnoses in 17 of 18 general comorbidities.
- Insomniacs had higher odds of a diagnosis in 26 of 30 specific medical conditions.

- Insomnia was associated with medical conditions across multiple physiological systems.

Abstract

Objectives

This cross-sectional investigation examined associations between clinically diagnosed insomnia (CDI) and comorbid conditions in United States military service members (SMs).

Methods

A stratified random sample of SMs completed an on-line questionnaire assessing their demographic and lifestyle characteristics. Diagnosed medical conditions for a six-month period prior to questionnaire completion were obtained from a comprehensive military electronic medical surveillance system and grouped into 18 general (largely systemic) and 30 specific clinically diagnosed medical categories (CDMCs). CDMC prevalence odds was compared among those with ($n = 771$) and without ($n = 25,909$) CDI.

Results

After adjustments for potentially confounding demographic and lifestyle characteristics, CDI was associated with higher odds of a diagnosis in 17 of the general CDMCs and 26 of the specific CDMCs. The five general CDMCs with the largest differences between those with and without CDI were mental/behavioral diseases (odds ratio [OR] = 7.68, 95% confidence interval [95%CI] = 6.54–9.01), signs/symptoms/abnormal labs (OR = 4.99, 95%CI = 4.19–5.93), diseases of the musculoskeletal system (OR = 4.43, 95%CI = 3.72–5.28), endocrine/nutritional/metabolic diseases (OR = 2.97, 95%CI = 2.47–3.58), and diseases of the digestive system (OR = 2.68, 95%CI = 2.18–3.28). The five specific CDMCs with the highest adjusted odds among those with and without CDI were sleep-related movement disorder (OR = 14.68, 95%CI = 9.26–23.26), fibromyalgia (OR = 14.14, 95%CI = 5.74–34.80), post-traumatic stress disorder (OR = 12.94, 95%CI = 10.09–16.59), anxiety (OR = 9.40, 95%CI = 7.71–11.46), and traumatic brain injury (OR = 8.52, 95%CI = 5.93–12.24). Prevalence of CDI increased as the number of CDMCs increased: SMs with 0–1, 2–3, 4–5 and ≥ 6 general CDMCs had CDI prevalences of 0.5%, 3.2%, 6.7%, and 10.9%, respectively.

Conclusion

In a young, physically active population CDI was associated with many CDMCs involving multiple physiological systems.

<https://doi.org/10.1016/j.smr.2023.101840>

Global prevalence of poor sleep quality in military personnel and veterans: A systematic review and meta-analysis of epidemiological studies.

Bai, W., Gui, Z., Chen, M. Y., Zhang, Q., Lam, M. I., Si, T. L., Zheng, W. Y., Liu, Y. F., Su, Z., Cheung, T., Jackson, T., Li, X. H., & Xiang, Y. T.

Sleep Medicine Reviews

Volume 71, October 2023, 101840

Poor sleep quality is prevalent among members of the military but rates of poor sleep quality vary between studies. This study examined the global prevalence of poor sleep quality in military personnel and veterans as well as possible moderators of prevalence differences between studies. PubMed, EMBASE, Web of Science, and PsycINFO were systematically searched from their inception dates to September 1, 2022. Studies were included if they were conducted on military personnel and/or veterans and prevalence estimates of poor sleep quality could be generated from assessments with standardized tools. A random-effects model was used to calculate the pooled prevalence and its 95% confidence intervals (CIs). Fifty-nine studies (N = 28,100) were included for analysis with sample sizes ranging from 14 to 8481. Two studies were rated as “high quality” (3.39%), while 57 were rated as “moderate quality” (96.61%). The overall pooled prevalence of poor sleep quality in military personnel and veterans was 69.00% (95% CI: 62.33–75.30%); pooled rates were 57.79% (95% CI: 49.88–65.50%) and 82.88% (95% CI: 74.08–90.21%) for active duty personnel and veterans, respectively. Subgroup analyses indicated study region, study design, sampling method, Pittsburgh Sleep Quality Index cut-off values, and service type moderated prevalence of poor sleep quality. Meta-regression analyses indicated sample size, mean age, depression and posttraumatic stress disorder (PTSD) were associated with prevalence differences between studies. Poor sleep quality was more common in both active duty military personnel and veterans who were older and those who reported PTSD or depression. Regular monitoring of sleep quality and sleep hygiene should be promoted in this population. More relevant studies in middle- and low-income countries should also be conducted.

<https://doi.org/10.1186/s13063-026-09483-z>

Behavioral treatment of insomnia in active-duty service members with traumatic brain injury: study protocol for a randomized clinical trial.

Germain, A., Wolfson, M., Espejo, E., Byrd, A., Jurick, S., Hungerford, L., Sitzer, T., Healy, K., Chinoy, E., Sessoms, P., Wallace, M. L., & MacGregor, A.

Trials

Volume 27, article number 185, (2026)

Background

Traumatic brain injury (TBI) in the U.S. military can result in lasting health issues, with insomnia being a common symptom that worsens recovery, cognitive function, and performance, especially when combined with common co-occurring conditions like chronic pain, post-traumatic stress disorder (PTSD), and depression. Insomnia may be an important intervention target for managing post-concussive symptoms and overall functioning in service members who have sustained a TBI. However, the standard of care for the treatment of insomnia, Cognitive Behavioral Therapy for Insomnia (CBTI), is not widely available in military health care settings. The aim of this paper is to describe the design and analysis plan of the clinical trial to evaluate and compare two methods for delivering CBTI including in-person CBTI or CBTI delivered remotely via a clinician-supervised digital platform in a sample of active-duty service members presenting for care in a military TBI specialty clinic.

Methods

This is a phase II, randomized clinical trial designed to evaluate and compare the effects of CBTI (in-person or via a digital health platform) on sleep, behavioral health, and cognitive functions relative to treatment as usual among a sample of service members with a history of TBI. The effectiveness of in-person CBTI and CBTI delivered via a digital health platform, relative to treatment as usual, will be compared at baseline, after the six-week intervention, and again three months later on symptoms of insomnia, sleep quality, post-concussive symptoms, neurocognitive functioning, and psychological health.

Discussion

TBI is common in military personnel, often leading to insomnia that affects health and performance. While CBTI is the first-line recommended treatment for insomnia, CBTI is rarely implemented as the standard of care in military TBI specialty clinics, highlighting the need to assess its role in treating post-concussion symptoms and related issues.

Clinical trials evaluating insomnia treatment in U.S. military service members with a history of TBI are essential to inform clinical practice for military TBI patients affected by insomnia and to potentially improve recovery, duty readiness, and cognitive function in this population.

Trial registration

ClinicalTrials.gov: [NCT06867666](https://clinicaltrials.gov/ct2/show/study/NCT06867666). Registered on 2/26/2025.

<https://doi.org/10.1371/journal.pone.0344104>

Perspectives of military-affiliated women on lethal means safety: A systematic review.

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

PLoS One

(2026) 21(3): e0344104

Background

Women are the fastest-growing military cohort, with suicide rates rising faster than among veteran men and civilian women. Lethal means include firearms, used more often than by civilian women, and non-firearm methods like poisoning, used more than by veteran men. Despite these trends, most lethal means research is gender-neutral, and clinical guidance lacks gender-informed strategies.

Objectives

To synthesize literature on military-affiliated women's perspectives on lethal means safety and how it should be addressed in suicide prevention conversations.

Design

Qualitative systematic review.

Data sources

APA PsycINFO via Ovid, Ovid MEDLINE ALL, select government and non-profit websites, and citation searching through December 2024.

Methods

Screening occurred in two stages (title/abstract and full text), with 30% of records

double-screened. Quality appraisal was conducted using the Critical Appraisal Skill Programme (CASP), Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist, and Mixed-Methods Appraisal Tool (MMAT). Qualitative and quantitative data fragments were extracted and organized into domains on ownership, access, and means safety interventions. Thematic synthesis used an inductive coding approach. The protocol was published on OSF (<https://doi.org/10.17605/OSF.IO/Z8DJH>).

Results

Six of the seven articles included perspectives of VHA-enrolled women veterans on firearms or firearm safety counseling, two included active duty women. Three themes on firearm ownership and access emerged, highlighting variations in: understandings of safety surrounding firearms, the impact of military service and identity on firearm beliefs, and the role of spouses/partners in household firearm access. Three themes relating to lethal means safety counseling were identified: general acceptability of interventions, trust as a critical element of means safety conversations, and spouses as stakeholders in means safety conversations.

Conclusions

Lethal means safety counseling for military-affiliated women must be trauma-sensitive and gender-informed. Future research must expand beyond VA contexts and examine the impact and feasibility of engaging spouses in safety interventions.

<https://doi.org/10.1016/j.brat.2026.104980>

Evaluating the acceptability and effectiveness of a brief intervention targeting interpersonal risk factors in an active-duty military sample.

Morabito, D. M., Allan, N. P., Short, N. A., Wesner, E., & Schmidt, N. B.

Behaviour Research and Therapy
Volume 198, March 2026, 104980

Highlights

- Building Stronger Allies intervention is highly acceptable.
- Building Stronger Allies leads to reduction in perceived burdensomeness.
- Brief interventions can be effective in ameliorating risk factors for suicide.

Abstract

Objective

Despite increasing prevention efforts, military populations are consistently at increased risk of suicide compared to their civilian counterparts. The Interpersonal Theory of Suicide provides a framework that may help explain increased suicide risk in the military through two key risk factors: perceived burdensomeness (PB) and thwarted belongingness (TB). Thus, the current study aimed to examine the acceptability and effectiveness of Building Stronger Allies (BSA), a 50-min web-based intervention with eight weeks of text-message based prompts for continued engagement, specifically tailored to target PB and TB among active-duty military personnel.

Method

At-risk active-duty soldiers (N = 58) were recruited from an Army base in the southeast. Participant demographics were representative of the active-duty population (male = 72 %; Mage = 26.00, SD = 6.24). Participants were randomized to the BSA or an active health education control intervention and completed assessments at pre-, post-intervention, 1-month, and 3-month.

Results

Participants rated both interventions as highly acceptable. Significant improvement was demonstrated across time in both conditions for TB, Depression, and Suicidal Ideation. However, for PB only individuals in the BSA condition endorsed significant improvement across time ($B = -1.750$, $p = .001$). These findings must be considered in light of limitations including small sample size and attrition of 50 % at 3-month.

Conclusions

The current study suggests that BSA is a promising intervention that should be further tested among larger samples of active-duty military personnel, including those not already receiving treatment.

<https://doi.org/10.1027/0227-5910/a001052>

Military Service, Depression, Belonging, and Suicidality Among College Students.

Loes C. N.

Crisis

Volume 47, Issue 2, March 2026

Background:

Suicide remains a leading cause of early mortality, particularly among young adults under 35 years, with college students showing high rates of suicidal ideation and attempts. Student–veterans represent a unique group facing distinct stressors that may increase suicide risk compared to their nonmilitary counterparts.

Aims:

This study aimed to examine the relationships among military service history and suicidal ideation, planning, and attempts among college students. Specifically, this investigation tested whether depressive symptoms and feelings of belonging mediate these relationships.

Method:

To answer these questions, this study analyzed data from 119,664 respondents aged 18–45 years drawn from the 2020–2021 Healthy Minds Study, a national survey of mental health among US college students. Generalized structural equation modeling was used to test the mediating influence of depression (PHQ-9 scores) and belonging on the relationship between military service and suicide outcomes, adjusting for covariates and the complex sampling design.

Results:

Military service was significantly associated with higher levels of suicidal ideation ($\beta = .391$, 95% CI [0.095, 0.684]) and suicide planning ($\beta = .531$, 95% CI [0.123, 0.940]), but not suicide attempts ($\beta = .637$, 95% CI [−0.057, 1.360]). Depression and low belonging were strong predictors of suicidality. Indirect-effect analysis indicated that belonging was the only significant mediator of the association between military service and suicidal outcomes.

Limitations:

The limitations of this study include the cross-sectional design, self-reported data, voluntary participation of institutions, and relatively low prevalence of suicide attempts which reduced statistical power. Future longitudinal and qualitative studies are needed to validate findings and explore moderating factors.

Conclusion:

Military-affiliated college students have higher risk for suicidal ideation and planning. This relationship was partially explained by reduced feelings of belonging. Interventions to increase campus social integration among student–veterans have the potential to mitigate suicide risk in this population.

<https://doi.org/10.17269/s41997-025-01054-0>

Disorder-specific risk factors of suicidal behaviour among serving and veteran Canadian Armed Forces Members with baseline mental health diagnoses.

Perera, E., Afifi, T. O., Enns, M. W., Mota, N., Sareen, J., & Bolton, S. L.

Canadian Journal of Public Health
Volume 117, pages 62–73, (2026)

Objectives

Many Canadian Armed Forces (CAF) members and veterans will receive a mental disorder diagnosis, and a high percentage will also experience suicidal behaviours. This study examined demographic characteristics, distal and proximal risk factors, and protective factors, and their relationship to suicidal behaviour (ideation, plans, and attempts) among CAF members and veterans who met criteria for a mental disorder at baseline.

Methods

Data from the 2018 CAF Members and Veterans Mental Health Follow-up Survey (n = 2941) were utilized. Mental disorder diagnoses were assessed through structured diagnostic interview. Generalized linear models were conducted using subsamples of individuals with a lifetime baseline diagnosis of (a) major depressive episode (MDE), (b) posttraumatic stress disorder (PTSD), and (c) an anxiety disorder (AD; social phobia, generalized, panic).

Results

Across mental disorder subsamples of those with MDE and AD, land environmental command at baseline was associated with increased prevalence of suicidal behaviour. Risk factors for suicidal behaviour across all subsamples included baseline suicidal behaviour, greater level of self-medication and avoidant coping style, greater level of baseline work stress, greater number of traumatic experiences, persistence or recurrence of index mental disorder, current comorbid mental disorder, current physical health condition, exposure to “other” traumatic experiences, and alcohol use disorder. Protective factors across all subsamples included greater level of current problem-solving coping style. Disorder-specific factors were also identified.

Conclusion

This study identified characteristics of individuals living with mental disorders who might be at high risk of suicidal behaviour, highlighting potential areas for targeted interventions in this key population.

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Latent typologies of posttraumatic stress disorder amongst first responders: a comparison to combat veterans.

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Psychiatry Research
Volume 359, May 2026, 117045

Highlights

- Latent Profile Analysis can be used to identify distinct subtypes of PTSD.
- The present study identified a four-profile solution using LPA.
- The relationships between occupation type and the profiles were examined.
- Compared to military, first responder profiles were characterized by rumination.

Abstract

First responders and veterans are disproportionately affected by posttraumatic stress disorder (PTSD). Findings from the extant literature suggest that there may be distinct subtypes of PTSD, and that differences in occupations and the types of traumas experienced may be related to different symptom presentations. As such, the present study used latent profile analysis to identify latent subtypes of PTSD in a carefully diagnosed sample of veterans and first responders. In doing so, we identified a four-profile solution: Cognitive Distress (26.9 %), Anhedonic Avoidance (33.2 %), Ruminative Arousal (20.3 %), and High Undifferentiated (19.6 %). We also examined the relationship between occupation type and the profiles. In doing so, we found that first responders were more likely to belong in the Cognitive Distress and Ruminative Arousal profiles compared to military personnel. Additionally, in comparison to law enforcement officers, firefighters were more likely to belong to the Cognitive Distress and Anhedonic Avoidant profiles. These findings may have important implications for how we treat PTSD in veterans and first responders.

<https://doi.org/10.1016/j.jad.2026.121461>

Exposure to morally injurious events, PTSD, and suicidal ideation in U.S. combat veterans: Moderating effects of attachment security and gratitude.

Yang, A., Manaswi, A., Fischer, I. C., Na, P. J., Norman, S. B., & Pietrzak, R. H.

Journal of Affective Disorders

Volume 403, 15 June 2026, 121461

Highlights

- Exposure to potentially morally injurious events (PMIEs) increases risk for PTSD and suicidal ideation (SI) in veterans.
- Secure attachment moderated the link between PMIE exposure and PTSD and SI.
- Gratitude attenuated the association between PMIE exposure and SI.
- Protective psychosocial factors may moderate adverse effects of PMIE exposure.
- Findings identify modifiable targets for moral injury.

Abstract

Introduction

Exposure to potentially morally injurious events (PMIEs) has emerged as a critical determinant of veteran mental health, with growing evidence linking exposure to PMIEs to heightened risk for posttraumatic stress disorder (PTSD) and suicidal ideation (SI). This study evaluated whether protective psychosocial characteristics may moderate associations between PMIE exposure severity and PTSD and SI in a nationally representative sample of combat-exposed U.S. veterans.

Methods

Data were analyzed from a nationally representative sample of 1321 combat-exposed veterans who participated in the National Health and Resilience in Veterans Study. PMIE exposures, PTSD symptoms, SI, and multiple psychosocial and social-connectedness variables were assessed using validated measures, and multivariable logistic regression models tested main and interactive effects while adjusting for sociodemographic, military, trauma, and health-related covariates.

Results

PMIE exposure severity was significantly associated with increased odds of both PTSD and SI. Attachment style and gratitude moderated these associations. Veterans with

insecure attachment demonstrated the steepest increases in PTSD and SI probability as a function of greater PMIE exposure severity. In contrast, securely attached veterans showed comparatively attenuated risk, even at higher levels of PMIE exposure. Gratitude also buffered the association between moral injury and SI, with higher gratitude linked to a less pronounced increase in SI probability.

Discussion

Secure attachment style and gratitude may help protect against the adverse mental health effects of PMIE exposure. Interventions that strengthen these modifiable psychosocial capacities may help mitigate PTSD symptoms and SI among veterans exposed to morally injurious events.

<https://doi.org/10.1037/tra0001463>

The contribution of childhood adversity and potentially traumatic events during military service to PTSD and complex PTSD symptoms among Israeli women veterans.

Zerach G.

Psychological Trauma: Theory, Research, Practice, and Policy
2026; 15(8), 1259–1270

Objective:

Adverse childhood experiences (ACEs) and exposure to potentially traumatic events (PTEs) during military service are associated with mental health problems. However, knowledge about relative contributions of these factors to non-U.S. women combat veterans' posttraumatic sequelae is sparse. This study examines associations between ACEs, combat exposure (CES), military sexual trauma (MST), potentially morally injurious events (PMIEs), posttraumatic stress disorder (PTSD), and complex PTSD (CPTSD) symptoms among women veterans.

Method:

A volunteer sample of Israeli women combat veterans (n = 885) and noncombat veterans (n = 728) responded to self-report questionnaires in a cross-sectional design study.

Results:

Combat veterans reported higher total average ACEs and were more likely to experience three or more ACEs and specific ACEs of physical abuse and emotional neglect, as compared to noncombat veterans. Combat veterans also reported higher levels of CES, PMIEs, higher prevalence of MST, and higher levels of PTSD symptoms, but not CPTSD symptoms, as compared to noncombat veterans. Importantly, ACEs, CES, MST-assault, and PMIEs of betrayal predicted PTSD symptoms, while only ACEs and PMIEs of betrayal predicted CPTSD symptoms.

Conclusions:

This study emphasized the relatively high exposure to PTEs and PTSD symptoms of women combat veterans as compared to noncombat veterans. Our findings also confirm prior studies demonstrating associations between ACEs, CES, MST, and mental health problems. Importantly, we demonstrated the unique contribution of betrayal-based PMIEs and the differential associations of PTEs with PTSD and CPTSD

<https://doi.org/10.1016/j.jad.2026.121393>

The relationship between shame, rumination, self-compassion, and symptoms of post-traumatic stress disorder and major depressive disorder.

Richter, S. G., Brenner, L. H., & Ghaznavi, S.

Journal of Affective Disorders
Volume 403, 15 June 2026, 121393

Highlights

- Rumination mediated the relationship between shame and symptoms of PTSD.
- Rumination mediated the relationship between shame and symptoms of depression.
- Self-compassion moderated the relationship between shame and symptoms of PTSD.
- Self-compassion moderated the relationship between rumination and symptoms of PTSD.

Abstract

Shame and the tendency to ruminate have been linked to the onset and persistence of Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD). We

examined the relationship between shame, current levels of rumination, and a potential protective factor, self-compassion, and symptoms of PTSD and depression among military veterans and active-duty service members (n = 307). Shame and current levels of rumination were both strongly correlated with symptoms of PTSD and depression. Moreover, rumination was a predictor of both symptoms of PTSD and depression and mediated the relationship between shame and symptoms of PTSD and depression. Self-compassion significantly moderated the relationship between both shame and rumination, and symptoms of PTSD, but not symptoms of depression. These findings highlight rumination as not only a robust risk factor for PTSD and MDD, but also a mediator between shame and symptoms of PTSD and MDD. Finally, self-compassion may serve as a protective factor against trauma-related shame and rumination and symptoms of PTSD.

<https://doi.org/10.1093/milmed/usaf376>

Depression and Obesity in U.S. Military Service Members and Veterans: A Systematic Review.

Shankle, S. L., & Smith, L. H.

Military Medicine

Volume 191, Issue 3-4, March/April 2026, Pages e529–e539

Introduction

High body mass index (BMI) and depression are significant chronic health concerns in adult populations, including in the U.S. Military. This systematic review examines the published literature on the relationship between high BMI and depressive symptoms among U. S. service members (SMs) and veterans from the most recent wars.

Materials and Methods

A structured literature review published from 2012 to 2022 used established systematic review guidelines. Sixteen primary research studies from the last 10 years were examined using healthcare and social sciences databases. The studies included BMI and depressive symptoms as variables. Studies measured the relationship between BMI and depressive symptoms among those with military service during the Gulf War or Post-9/11 eras.

Results

Four studies used SMs alone, 11 used veterans, and 1 used both. Nine studies found a relationship between high BMI and depressive symptoms, with 3 reporting the relationship only in specific sub-groups (e.g., specific BMI categories). Seven studies found no relationship. Mixed findings and varied study quality indicate a nuanced relationship. SMs and veterans have high BMIs and depressive symptoms at rates comparable to their civilian counterparts.

Conclusion

High BMI and depressive symptoms among SM and veterans could have consequences for personal health, healthcare systems, and national security. Little is understood about the complexity of relationship between high BMIs and depressive symptoms among military and veteran populations. Delivering evidence-based tailored care for SMs and veterans experiencing these conditions requires more research, especially intervention-based studies. Effective policies to ensure the holistic health of SMs and veterans are needed to secure the health and fitness of the warfighters in the U.S. Military.

<https://doi.org/10.1016/j.jpsychires.2023.07.001>

Associations between health-related behaviors and self-reported cognitive symptoms in U.S. military personnel injured on deployment.

Jurick, S. M., McCabe, C. T., Watrous, J. R., MacGregor, A. J., Walton, S. R., Stewart, I. J., Walker, L. E., & Galarneau, M. R.

Journal of Psychiatric Research

Volume 165, September 2023, Pages 48-55

Health behaviors may be core contributors to cognition and mental health following mild traumatic brain injury (TBI). The aims of the present study examined: (1) whether health behaviors including sleep duration, alcohol use, and physical activity differed in injured military personnel with and without deployment-related mild TBI history and (2) the relative contributions of health behaviors and deployment-related mild TBI history to self-reported cognitive, posttraumatic stress disorder (PTSD), and depressive symptoms. Participants included 3076 military personnel injured on deployment participating in the Wounded Warrior Recovery Project, an ongoing web-based study. Military personnel with deployment-related mild TBI history reported similar rates of

physical activity and levels of alcohol problems as those without, but were less likely to report receiving the recommended duration of sleep. When adjusting for demographic and injury variables, all three health behaviors were associated with cognitive, PTSD, and depressive symptoms. Alcohol problems demonstrated significant but small effects across all outcomes measures ($\eta^2=.01$) whereas physical activity was associated with slightly larger effects albeit still within the small range ($\eta^2=.02-0.04$). Duration of sleep bordered a medium effect for cognitive symptoms ($\eta^2=.05$) and was in the medium range for PTSD and depressive symptoms ($\eta^2=.06$). Although deployment-related mild TBI history was significant in all models, effect sizes were small ($\eta^2=.01$). Findings from the present study provide support that health behaviors have stronger effects with regard to cognitive, PTSD, and depressive symptoms compared to deployment-related mild TBI history in military personnel and, given their modifiable nature, may represent treatment targets in this population.

Links of Interest:

New digital card connects service members to brain health resources in the Military Health System

<https://www.health.mil/News/Articles/2026/04/15/New-digital-card-connects-service-members-to-brain-health-resources-in-the-Military-Health-System>

Veterans Community Care Program: Information on Behavioral Health Referrals, Fiscal Years 2021 Through 2024 (GAO)

<https://www.gao.gov/products/gao-26-108799>

VA Health Care: Efforts to Assess Mental Health Support for Veteran Caregiver Program Need Strengthening

<https://www.gao.gov/products/gao-26-108070>

USU Research Builds Moral Resilience in Military Healthcare Providers

<https://news.usuhs.edu/2026/04/usu-research-builds-moral-resilience-in.html>

You Can't Defend a Nation When Soldiers Don't Have Child Care

<https://www.nytimes.com/2026/04/20/opinion/military-child-care-cuts.html>

Navy plans 900 new child care spaces on US bases in family support push

<https://www.stripes.com/branches/navy/2026-04-21/navy-child-care-bremerton-san-diego-21440136.html>

Advocates press for preventive programs, VA benefits for struggling vets

<https://www.militarytimes.com/news/pentagon-congress/2026/04/16/advocates-press-for-preventive-programs-va-benefits-for-struggling-vets/>

DoD seeks to curb high military spouse unemployment with expanded hiring flexibilities

<https://federalnewsnetwork.com/defense-news/2026/04/dod-seeks-to-curb-high-military-spouse-unemployment-with-new-hiring-flexibilities/>

Should veterans get a 'second look' at long prison sentences after military service?

<https://taskandpurpose.com/news/veteran-policy-second-look/>

'American Solitaire' puts a veteran's invisible wounds front and center

<https://www.militarytimes.com/off-duty/military-culture/2026/04/16/american-solitaire-puts-a-veterans-invisible-wounds-front-and-center/>

Resource of the Week: [2026 Mental Health Awareness Month Toolkit](#)

From the Substance Abuse and Mental Health Services Administration (SAMHSA):



May is Mental Health Awareness Month. Check out what SAMHSA is doing, share our materials, and remember that we all play vital roles in caring for our mental health!

The Toolkit is a One-Stop Shop

The toolkit offers comprehensive resources in a central location that you can download and share. Some content can be customized for the needs of your audiences. The toolkit includes:

- Key messages and themes for each week in May.
- Social media content, graphics, and promotional materials designed for your audiences and media channels.
- Messaging that encourages acceptance and support of people living with a mental illness.

- Best practices for supportive and beneficial discussions about mental health.
- Additional resources for increasing awareness about mental health in May and beyond.

How to Use the Toolkit

- The toolkit can help you spread awareness about the importance of mental health and its effects on physical and emotional well-being.
- Copy, download, and share our social messages, graphics, and promotional materials in ways that fit the needs of your audiences and channels.
- Use our hashtags when sharing content related to Mental Health Awareness Month.
- Use our tools and the actions recommended in Best Practices to engage with your communities and networks.

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