

CDP



Research Update – June 18, 2026

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<https://health.mil/News/Articles/2026/03/01/MSMR-Mortality>

Mortality rates among U.S. service members, 2010–2020

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This report updates previous summaries of the numbers, rates, trends and causes of death among U.S. active component, National Guard, and reserve component members from 2010 through 2020. Mortality rates among service members in all components decreased from 2011 to 2014, corresponding with a drawdown of U.S. military operations in U.S. Central Command. Compared to their respective counterparts, all-cause mortality rates were highest in the guard and reserve component and among Army soldiers, male service members, non-Hispanic White individuals, those in the oldest age category (age 55 years and older), and service members in combat-related occupations. Suicide and self-inflicted injury was the leading cause of death for both U.S. service women and men. Mortality rates for all causes of death among military

service members were lower than the in U.S. population after adjustments for age, sex, and race and ethnicity—with the exception of suicide and self-inflicted injury, for which rates were higher. These findings demonstrate the need for a continued emphasis on suicide prevention programs to improve service member well-being. By identifying the specific subpopulations at highest risk for various causes of mortality, these surveillance data provide information for the Department of War to refine and more effectively target its prevention efforts and resources. Continued mortality surveillance is essential to identify emerging threats, evaluate the effectiveness of interventions, and protect both the health and readiness of the force.

<https://doi.org/10.1111/sltb.70115>

Are Suicide Prevention Interventions Effective for Current and Ex-Serving Military Personnel? A Systematic Review and Meta-Analysis Based on the Suicide Prevention Trials Database.

Bayliss, L. T., Lam, M., Jamieson, N., Kerr, K., Hawgood, J., & Kölves, K.

Suicide and Life-Threatening Behavior
Volume 56, Issue 3, June 2026, e70115

Introduction

Suicide rates remain elevated for current and ex-serving military populations, yet the effectiveness of suicide interventions for these populations is unclear. Therefore, a synthesis and analysis of interventions is needed. This systematic review and meta-analysis aims to identify which interventions may be effective for suicidal ideation and behaviors among current and ex-serving military personnel.

Method

This review adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guideline. Datasets were drawn from the Suicide Prevention Trials Database. Meta-analyses of randomized controlled trials were conducted using standardized mean change for suicidal ideation and pooled log odds ratio for suicidal behaviors.

Results

In total, 24 studies were eligible. Most studies were randomized controlled trials (n = 17) from the United States (n = 21) and comprised indicated interventions (n = 17). Meta-

analyses found no significant pooled effects for suicidal ideation and behaviors. Moderation analyses found that care management, follow-up, or monitoring; and nonpharmacological biological interventions were more effective than behavioral interventions for suicide attempts. Selective, multicomponent interventions demonstrated encouraging outcomes.

Conclusion

The review found no evidence of overall effects for the current interventions on suicidal ideation and behaviors. Future interventions should be based on suicide theories and co-developed with individuals with military and suicidality lived experience.

<https://doi.org/10.1016/j.brat.2026.105052>

Modeling stable and dynamic vulnerabilities in suicide risk: A mechanistic test of fluid vulnerability theory in military personnel with suicidal ideation.

Karnick, A., Brick, L., Rice, T., Williams, K., Robison, M., Edelman, S., Schatten, H., Joiner, T., & Capron, D. W.

Behaviour Research and Therapy

July 2026, Article: 105052, Volume: Volume 202

Highlights

- Dual-process risk models outperformed alternative models of suicide attempts.
- PTSD symptoms and TBI history may accelerate suicide attempt risk.
- Results support distinguishing stable gatekeepers from fluid risk escalators in suicide research.
- Component analyses offer increased structural validity relative to broad measures of distress.

Abstract

Background

Suicide attempts among U.S. service members and Veterans with suicidal ideation remain poorly characterized despite their disproportionate contribution to suicide mortality. The present study tested whether the latent structure of suicide risk aligns with Fluid Vulnerability Theory's (FVT) distinction between stable vulnerabilities and fluid state processes.

Methods

Pooled baseline data from the Military Suicide Research Consortium Common Data Elements (2010–2023; N = 2246) were analyzed using multiple imputation and zero-inflated negative binomial (ZINB) regression. We compared three specifications: a fully specified model including all candidate predictors, an FVT-guided model differentiating trait and state processes, and a hybrid model incorporating demographic covariates.

Results

Consistent with preregistered hypotheses, fully specified models showed poor convergence, indicating overparameterization. In contrast, both the FVT and hybrid models converged robustly and demonstrated interpretable dual-process structure. Across models, symptoms of posttraumatic stress disorder (PTSD; OR = 1.14–1.15) and traumatic brain injury (TBI; OR = 1.20–1.22) consistently predicted higher lifetime suicide-attempt counts. Inclusion of demographic covariates improved overall fit ($\Delta\text{AIC} = -41.1$) but increased model complexity ($\Delta\text{BIC} = +56.0$). The zero-inflated (structural-zero) components were stable, suggesting that suicide risk in this population is primarily driven by gradients of vulnerability rather than a distinct “non-attempter” class. Notably, stable vulnerabilities (e.g., hopelessness) showed stronger bivariate associations with ideation severity, supporting their role as 'gatekeepers' to the risk process.

Conclusions

Modeling suicide attempts using a coupled stable and fluid process framework yields superior convergence and theoretical coherence relative to saturated specifications. The findings provide quantitative support for FVT, linking chronic vulnerabilities and transient perturbations in a unified mechanistic framework that can inform precision assessment and intervention development.

<https://doi.org/10.1136/military-2025-003040>

Risk and protective factors for suicide-related outcomes among serving military personnel: a systematic review of cohort studies.

Bayliss, L. T., Hawgood, J., Jenkins, Z., Jamieson, N., Heffernan, E., Wild, J., & Kølves, K.

Introduction

Understanding risk and protective factors for suicide-related outcomes (suicidal ideation, attempts, and deaths) among military personnel is key to the development and design of suicide prevention initiatives. Current literature has predominantly focused on ex-serving or a combination of ex-personnel and serving-personnel. Therefore, factors that may be pertinent for serving personnel are less understood. This review aims to identify risk and protective factors for suicide-related outcomes comprising serving military personnel.

Methods

The review adhered to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines and was registered on PROSPERO. A systematic literature search of academic databases on military personnel and suicide from 2004 was conducted. Two independent reviewers conducted study selection. Inclusion criteria included serving personnel, cohort study design, and suicide-related outcomes. Exclusion criteria were National Guard or reservists, and studies not in English. Data on study and participant characteristics, military-specific variables, and suicide-related outcomes were extracted. All studies were critically appraised.

Results

A total of 53 studies were included. Most studies were published in the past 10 years, comprised army personnel from the USA, and focused on suicide attempts. Overarching risk factor categories included adverse military experiences, deployment, repeated help seeking and support, junior rank, occupation and time in service and vulnerability factors within the military context. Since many of these risk factors are inherent to military service, they may potentially be considered non-modifiable. Despite a limited number of studies on protective factors, several studies found that unit cohesion reduced the likelihood of suicidal ideation and suicide attempts.

Conclusions

Suicide prevention strategies within the military may be enhanced by targeting risk factors that are potentially modifiable. Less modifiable risk factors could potentially be targeted through improved personnel management practices, particularly in preparation for and after deployment among first-year personnel. Longitudinal research programmes that identify and examine risk and protective factors for serving military personnel are needed.

<https://doi.org/10.1080/13811118.2026.2669778>

Moral Injury and Suicide: A Systematic Review of Mediators and Moderators.

Harris, E., Sweeney, R. S., Arredondo, J., Krauss, A., Riera, A., Roehl, L., & O'Brien, S. F.

Archives of Suicide Research
Published online: 23 May 2026

Objective

“Moral injury” (MI) describes the psychosocial-spiritual distress that may follow events that involve deep violations of right and wrong (i.e., potentially morally injurious events [PMIE]). Little is known about why MI seems to elevate risk for suicidal thoughts and behaviors (STB). This review aims to synthesize the existing research on mechanisms of the association (i.e., mediators and moderators) between PMIE/MI/moral distress and STB.

Method

We conducted a PRISMA/PROSPERO systematic review (ID# CRD42024524601; last search July 2025). Data quality were assessed with two validated bias assessments.

Results

Searches across 23 databases identified 1363 studies, 25 of which met inclusion criteria (i.e., empirical analysis in a peer-reviewed publication on mediators or moderators of the association between PMIE/MI/moral distress and STB). The studies had a combined total of 20,832 participants including military and healthcare professionals in the United States, Israel, and China. Mediators and moderators were classified as internalizing psychopathology (n = 10; e.g., depression, post-traumatic stress disorder [PTSD]), externalizing psychopathology (n = 1; e.g., aggression), social/environmental factors (n = 10; e.g., social connectedness, belongingness), guilt/shame (n = 5), and meaning making/mindfulness (n = 7). The combined effect of depression, anxiety, and PTSD explained the most variance in STB. Most studies received an “acceptable” quality rating.

Conclusion

Psychological pain, including psychopathology and shame, and impaired social functioning may confer the greatest risk for STB. Interventions addressing comorbidities

and social functioning may be critical in STB prevention among those exposed to PMIEs.

HIGHLIGHTS

- Internalizing psychopathology and shame facilitate/strengthen the MI-STB relation
- Social functioning is an inflection point and critical target for intervention
- Interpretation limited by methods of measuring and differentiating STB and PMIE/MI

<https://doi.org/10.1001/jamapediatrics.2026.2015>

AI Chatbot Use and Disclosure for Mental Health Among US Adolescents and Young Adults.

JAMA Pediatrics

Published Online: June 1, 2026

Key Points

Questions

As of 2025, what percentage of US adolescents and young adults aged 12 to 21 years used artificial intelligence (AI) chatbots for mental health advice, and among those who use AI chatbots for this purpose, to what extent did they tell others?

Findings

This national survey including more than 42 million US youth (population-weighted) found that almost a fifth of adolescents and young adults reported using AI chatbots for mental health advice, representing an increase by almost half from 1 year prior. Most users told no one that they used AI chatbots for this purpose.

Meaning

AI chatbots are widely used by adolescents and young adults for emotional and psychological support, underscoring the urgent need for parents, clinicians, and policymakers to understand their evolving role in youth mental health care.

Abstract

Importance

The rapid expansion of artificial intelligence (AI) chatbots has coincided with a persistent

youth mental health crisis in the US, raising a question about the extent to which young people are turning to this technology for mental health advice.

Objective

To assess the prevalence, frequency, perceived helpfulness, and disclosure of AI chatbot use for mental health advice among US adolescents and young adults in 2025.

Design, Setting, and Participants

This cross-sectional, nationally representative survey was conducted with adolescents and young adults aged 12 to 21 years in November 2025.

Exposures

Exposures included self-reported age, sex, race and ethnicity, census region, metropolitan status, and prior discussion with a clinician about mental health in the past 6 months.

Main Outcomes and Measures

Self-reported use of AI chatbots for mental health advice, including any prior use, frequency of use, perceived helpfulness of responses, and disclosure of use to others. Respondents were also asked whether they had spoken with a physician about their mental health in the prior 6 months. Using multivariable logistic regression analysis, variation in responses was assessed according to respondents' demographic and geographic characteristics.

Results

Among a US population-weighted 42 825 655 youth (unweighted, 1009 youth; median [IQR] age, 17 [15-18] years; population-weighted 21 410 663 male [50.0%]), 19.2% of adolescents and young adults (population-weighted $n = 8\,207\,180$) in 2025 reported having used AI chatbots for mental health advice. Among those who sought advice from AI chatbots, 42.8% did so at least monthly, and 91.7% rated the advice as somewhat or very helpful. Most adolescents reported they had not disclosed AI chatbot use for mental health advice to anyone (63.3%). Use of an AI chatbot for mental health advice was more common among females compared with males (adjusted odds ratio [aOR], 2.10; 95% CI, 1.36-3.23), respondents aged 18 to 21 years compared with respondents aged 12 to 14 years (aOR, 3.65; 95% CI, 1.98-6.74), and those who had spoken with a physician about their mental health in the prior 6 months compared with those who had not (aOR, 1.89; 95% CI, 1.18-3.03).

Conclusions and Relevance

In this nationally representative survey study of US adolescents and young adults, a fifth

reported using AI chatbots for mental health advice. AI chatbots are already embedded in many youths' mental health information ecosystem, underscoring the need for parents and clinicians to proactively discuss chatbot use to promote safety, appropriate expectations, and linkages to evidence-based care.

<https://doi.org/10.1093/milmed/usag142>

Prevalence of Obesity Medications in the Military Health System: An Update from 2022.

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Military Medicine

Published: 27 March 2026

Introduction

Obesity poses an increasing threat to U.S. military readiness, with over half of active-duty service members classified as overweight and up to 27% with obesity. Within the Military Health System (MHS), obesity contributes to service disqualification, musculoskeletal injury, and cardiometabolic disease, accounting for an estimated \$2 billion annually in combined costs. Although TRICARE began covering obesity medications (OMs) in 2018, prior analyses demonstrated limited utilization. With policy changes in September 2024 that streamlined access and the introduction of newer agents such as semaglutide (Wegovy) and tirzepatide (Zepbound), this study examined updated prescribing trends and predictors of OM use from fiscal years (FY) 2023-2024.

Materials and Methods

This cross-sectional study analyzed demographic, clinical, and pharmacy claims data from the MHS Data Repository for adult TRICARE Prime and Plus beneficiaries ages 18-64, without type 1 or type 2 diabetes, and with a body mass index (BMI) of 27 or higher. The primary outcome was receipt of one or more TRICARE-approved OMs, excluding formulations approved for diabetes. Descriptive statistics and multivariable logistic regression identified predictors of OM use by sex, age, race/ethnicity, beneficiary category, rank, comorbidity status (prediabetes, metabolic syndrome, coronary artery disease, obstructive sleep apnea), and care setting.

Results

Among 568,232 BMI-eligible adult beneficiaries, 31,176 (5.5%) received at least one OM. OM users were predominantly female (81%), ages 30-59 years, and dependents (71%). Half had a primary care manager in direct care and half in the private sector. Most prescribed agents were phentermine (41%), semaglutide (Wegovy, 28%), naltrexone/bupropion (20%), phentermine/topiramate (16%), and tirzepatide (Zepbound, 15%). Female sex (OR = 4.07) and senior enlisted rank (OR = 1.13) were associated with significantly ($P < .05$) higher odds of use; Asian/Pacific Islander (OR = 0.59), Hispanic (OR = 0.81), Black (OR = 0.82), and active-duty (OR = 0.64) beneficiaries had significantly ($P < .05$) lower odds.

Conclusions

Obesity medication utilization in the MHS increased modestly since 2018 but remains low relative to disease prevalence, particularly among active-duty and minority beneficiaries. Recent TRICARE coverage changes may further shape access and prescribing patterns, though their downstream effects on health outcomes, readiness, and costs remain uncertain. These findings highlight ongoing knowledge gaps regarding the optimal, sustainable use of OM in the MHS and underscore the need for MHS-specific effectiveness, safety, and cost-effectiveness data to inform evidence-based, readiness-aligned obesity care strategies.

<https://doi.org/10.1016/j.psychres.2026.117211>

Executive dysfunction in military PTSD with ecological sleep assessment: A cross-sectional study.

Sipahimalani, G., Sauvet, F., Quiquempoix, M., Feingold, D., Jacques, C., Guillard, M., Lahutte, B., Chennaoui, M., & Saguin, E.

Psychiatry Research

August 2026, Article: 117211, Volume: Volume 362

Highlights

- PTSD participants showed impaired Go/No-Go and N-Back performance vs controls.
- Executive dysfunction affected 36.6% of PTSD participants in those tasks.
- Psychotropic medication count was the primary predictor of performance in PTSD.

- Age, symptoms, and sleep explained only 12% variance in PTSD vs 35% in controls.

Abstract

Background

Post-Traumatic Stress Disorder (PTSD) is consistently linked to deficits in executive functions, including attention, working memory, and inhibitory control, which impact clinical outcomes. This study examined these cognitive functions in military personnel with PTSD and its associations with clinical symptoms and objective sleep parameters.

Methods

French active-duty and veteran service members with PTSD ($n = 130$) and healthy military controls ($n = 65$) completed computerized cognitive tasks: inhibition (Go/No-Go), sustained attention (0-Back), and working memory (2-Back). Sleep was monitored under ecological conditions using a polysomnographic headband. Clinical assessments included PTSD severity (PCL-5) and depression (BDI). Efficiency scores combining accuracy and speed were calculated for each task. Group comparisons, correlations, and multiple regressions were conducted. Executive impairment thresholds were derived from the controls to estimate prevalence in the PTSD group.

Results

PTSD participants showed lower performance across the three cognitive tasks. Using normative thresholds, 36.6% met criteria for executive impairment. In the PTSD group, clinical and sleep variables explained only a small proportion of the variance in cognitive performance ($R^2 = 0.12$), with REM sleep and PTSD severity showing the largest albeit modest contributions. In contrast, predictors explained a greater proportion of variance in controls ($R^2 = 0.35$), suggesting stronger predictive utility. Exploratory analyses indicated that medication burden was the strongest individual predictor of executive performance in PTSD.

Conclusion

Executive dysfunction is frequent among military personnel with PTSD and only partially explained by standard clinical and sleep measures. Cognitive impairment likely reflects multiple interacting mechanisms not captured by standard assessments, underscoring the need for integrative and multimodal approaches.

<https://doi.org/10.1111/jsr.70243>

Hyperarousal and Sleep Quality Following Trauma-Focused Treatment: A Causal Inference Analysis.

Chang, M. Y., Lubin, E. J., Nadel, M. H., Marquez, C. I., Epstein, D. E., Bind, M. C., & Tanev, K. S.

Journal of Sleep Research

Volume 35, Issue 3, June 2026, e70243

Comorbid sleep difficulties and posttraumatic stress disorder are common amongst military service members and veterans. Additionally, poor sleep quality following trauma-focused treatment has been linked to posttreatment hyperarousal, a core symptom of posttraumatic stress disorder. However, causal relationships between the two remain unknown. We conducted a hypothetical randomised control trial based on the Rubin Causal Model following Bind and Rubin's four-step method. Participants included 610 veterans and servicemembers that participated in an intensive outpatient programme for posttraumatic stress disorder and related conditions, who were matched into two hypothetical treatment groups where both groups were clinically and demographically similar except for their posttreatment hyperarousal levels. We used Student's test statistics (t) and estimated regression coefficients...as test statistics to assess whether posttreatment hyperarousal was related to poor posttreatment sleep quality. The final matched sample included 294 total participants. Results showed that following trauma-focused treatment, veterans with high hyperarousal had poorer global sleep quality...in comparison to veterans with low posttreatment hyperarousal. These findings further suggested a relationship between post-trauma-focused treatment hyperarousal and poor sleep quality. Further research is needed to investigate post-trauma-focused treatment psychological health in relation to sleep quality.

<https://doi.org/10.1136/oemed-2025-110647>

Adverse mental health outcomes and alcohol misuse among UK Armed Forces personnel: fourth phase of a 20-year cohort study of military personnel who served during the Iraq and Afghanistan conflicts.

Sharp, M. L., Jones, M., Franchini, S., Leal, R., Hull, L., Molloy, N., Burdett, H., Leightley, D., Simms, A., Stone, J., Greenberg, N., Murphy, D., MacManus, D., Wessely, S., Stevelink, S. A. M., & Fear, N. T.

Occupational and Environmental Medicine
2026; 83: 70-77

Objectives

Twenty years since the start of UK Armed Forces participation in the Iraq and Afghanistan conflicts post-2001, the extent to which these deployments continue to impact mental health outcomes and alcohol misuse in UK military personnel is unknown. This is the reporting of the fourth phase, cross-sectional study of a longitudinal cohort study that has assessed the health and well-being of UK serving and ex-serving personnel since 2004.

Methods

Participants were eligible for the most recent phase (2022–2023) if they took part previously (2014–2016) and consented to recontact. Primary outcome measures included symptoms of common mental disorders (CMD), such as depression and anxiety, probable posttraumatic stress disorder (PTSD), complex PTSD (C-PTSD) and alcohol misuse.

Results

In the overall sample (n=4104, response rate=54.6%), CMD were the most prevalent outcome (27.8%), followed by probable PTSD (9.4%) and alcohol misuse (8.4%). The majority of PTSD experienced met the criteria for C-PTSD (72.7%). Ex-serving Regulars compared with serving Regulars reported a higher prevalence of PTSD (10.5% vs 7.4%, adjusted OR (AOR)=1.68, 95% CI 1.12 to 2.51) and C-PTSD (6.5% vs 3.9%, AOR=1.80, 95% CI (1.07 to 3.05); a higher prevalence of both disorders was also reported in serving/ex-serving Regulars whose last deployment to Iraq/Afghanistan was in a combat role.

Conclusion

Although the majority of those who deployed to Iraq or Afghanistan remain well, there is an enduring impact of combat deployment on PTSD. Attention should continue to be directed towards the prevention, early detection and treatment needs of this cohort.

[https://doi.org/10.1016/S0140-6736\(26\)00519-2](https://doi.org/10.1016/S0140-6736(26)00519-2)

Updated trends in the global prevalence and burden of mental disorders, 1990-2023: a systematic analysis for the Global Burden of Disease Study 2023.

GBD 2023 Mental Disorder Collaborators

The Lancet

Volume 407, Issue 10543; P 2040-2064; May 23, 2026

Background

The 2023 iteration of the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) estimated prevalence, incidence, and health burden for 375 diseases and injuries, including 12 mental disorders. We assess past, current, and emerging trends in the prevalence and burden of mental disorders across sexes and age groups, for 21 regions, 204 countries and territories, and by Socio-demographic Index (SDI) quintile, from 1990 to 2023.

Methods

Mental disorders included in GBD 2023 were anxiety disorders, major depressive disorder, dysthymia, bipolar disorder, schizophrenia, autism spectrum disorders, conduct disorder, attention-deficit hyperactivity disorder, anorexia nervosa, bulimia nervosa, idiopathic developmental intellectual disability, and a residual category of other mental disorders. A literature review identified epidemiological data for each disorder. These were analysed via a Bayesian meta-regression to estimate prevalence by disorder, sex, age, location, and year. Disorder-specific prevalence was multiplied by disability weights representing the severity of health loss associated with each disorder to estimate years lived with disability (YLDs). Deaths due to anorexia nervosa were assessed with a Cause of Death Ensemble modelling strategy to estimate deaths by sex, age, location, and year, and then multiplied by the standard life expectancy at age of death to estimate years of life lost (YLLs). YLDs equalled disability-adjusted life-years (DALYs) for all mental disorders except anorexia nervosa (the only mental disorder considered as an underlying cause of death in GBD), for which DALYs represented the sum of YLDs and YLLs. We presented prevalence, deaths, YLDs, YLLs, and DALYs as counts, age-specific rates per 100 000 population, and age-standardised rates per 100 000 population.

Findings

We estimated 1·17 billion (95% uncertainty interval 1·06–1·31) prevalent cases of mental disorders globally in 2023, equivalent to an age-standardised prevalence rate of

14 210·7 cases (12 849·5–15 940·1) per 100 000 population. These estimates represented a 95·5% (75·0–121·2) increase in prevalent cases and 24·2% (11·4–41·4) increase in age-standardised prevalence rate between 1990 and 2023. All mental disorders showed increases in prevalent cases between 1990 and 2023, while notable increases were seen in age-standardised prevalence rates for anxiety disorders, major depressive disorder, dysthymia, anorexia nervosa, bulimia nervosa, schizophrenia, and conduct disorder. There were an estimated 171 million (127–228) DALYs due to mental disorders globally across sex and age in 2023, equivalent to an age-standardised DALY rate of 2070·5 DALYs (1519·1–2750·5) per 100 000 population. Mental disorders contributed to 6·1% (4·8–7·6) of all-cause DALYs in 2023, making them the fifth leading cause of global DALYs (up from 12th in 1990). DALYs were almost entirely composed of YLDs. Mental disorders were the leading cause of YLDs in 2023 (up from second in 1990), explaining 17·3% (14·8–20·6) of all-cause global YLDs. Leading causes of mental disorder DALYs were anxiety disorders (ranked 11th among the 304 diseases and injuries at Level 4 of the GBD cause hierarchy), major depressive disorder (15th), and schizophrenia (41st). Globally in 2023, mental disorder age-standardised DALY rates were higher among females (2239·6 [1643·7–3014·1] per 100 000) than among males (1900·2 [1399·8–2510·8] per 100 000), and peaked in the 15–19 years age group (2617·3 [1850·6–3696·8] per 100 000). All locations showed increased mental disorder DALY rates in 2023 compared with 1990, ranging across countries and territories from 1302·4 (952·7–1683·7) per 100 000 in Viet Nam to 3555·8 (2661·9–4715·0) per 100 000 in the Netherlands. Across SDI quintiles, DALY rates ranged from 1853·0 (1352·1–2469·3) per 100 000 for middle SDI to 2184·1 (1606·1–2890·3) per 100 000 for high SDI.

Interpretation

A significant health burden was imposed by mental disorders in all countries and territories in 2023, irrespective of the health resources available. In some instances, this burden has increased over time and is unevenly distributed across populations. Stronger surveillance systems, particularly in low-income and middle-income countries, are required. Additionally, we need more coordinated and inclusive policies to reduce the burden through early treatment and prevention, tailored to sex and age differences across locations. Responding to the mental health needs of our global population, especially those most vulnerable, is an obligation, not a choice.

<https://doi.org/10.1002/jts.70083>

Veterans' positive parenting practices and satisfaction over time: Examining the impact of moral injury, posttraumatic stress, and internalizing symptoms.

Chesnut, R. P., Karre, J. K., Richardson, C. B., Aronson, K. R., & Perkins, D. F.

Journal of Traumatic Stress
First published: 01 June 2026

Little is known about the association between moral injury (MI) and parenting. Although there is evidence that psychological symptoms impact veterans' parenting, few longitudinal studies exist. The current study used parallel process latent growth curve models to explore the effects of MI and other psychological symptoms on positive parenting practices and satisfaction in a sample of U.S. veterans who served following the September 11, 2001, terrorist attacks ($n = 1,078$). On average, positive parenting practices, $\alpha = -.09$, $p < .001$, and satisfaction, $\alpha = -.13$, $p < .001$, declined over time. MI from betrayal and depressive symptoms negatively predicted baseline positive parenting practices, BMI-Betray = -0.04 , $p = .004$; BDepression = -0.08 , $p < .001$, and parenting satisfaction, BMI -Betray = -0.04 , $p = .026$; BDepression = -0.08 , $p < .001$, and MI from self-induced (in)action negatively predicted baseline positive parenting practices, $B = -0.04$, $p = .036$. Posttraumatic stress disorder (PTSD) symptoms were negatively associated with positive parenting practices, $B = -0.04$, $p = .010$, and parenting satisfaction, $B = -0.06$, $p = .001$, over time. MI appears to have a negative, short-term impact on parenting behaviors and satisfaction within the first 3 months of military separation. PTSD symptoms seem to exert a persistent, negative effect on parenting, which aligns with previous research in the military and veteran context.

<https://doi.org/10.2196/87756>

Development of a Group Psychotherapy for Combat Veterans With Moral Injury: Protocol for a User-Centered Study.

O'Brien, S., Goodman, M., Litz, B., Boulanger, G., & Finley, E.

JMIR Research Protocols
Published on 27.May.2026 in Vol 15 (2026)

Background:

Approximately 25% of combat veterans with posttraumatic stress disorder (PTSD) seek treatment for traumas involving potentially morally injurious events (PMIEs), which involve acts of commission, omission, or betrayal that deeply transgress one's sense of right and wrong. The sequelae of exposure to PMIEs, called "moral injury," are associated with functional and psychiatric impairment and disrupt veterans' sense of identity and meaning, ability to connect with and trust others, and engender disturbing guilt, shame, rage, and disgust. Currently, no first-line treatments directly address moral injury, and evidence-based treatments for PTSD may be limited because they were derived from civilian contexts, poorly fit the war zone context, and do not allow veterans to discuss the details of the PMIEs with other veterans.

Objective:

We propose a depth-oriented group psychotherapy for morally injured US combat veterans. Its development is guided by user-centered design principles.

Method: This research plan will use user-centered design methods that continuously gather user experiences during treatment development, with the goal of increased effectiveness and usability. Aim 1 is to discover user needs and preferences as well as treatment-engagement barriers and facilitators from the perspectives of PMIE-impacted veterans and the US Department of Veterans Affairs (VA) trauma clinicians (ie, mental health providers and chaplains) using semistructured qualitative interviews. Aim 2 is to design a treatment manual and refine it using feedback from veterans, VA clinicians and chaplains, and an expert clinical advisory board. Aim 3 is to conduct 2 rapid prototyping open trials (ie, tangibly testing treatment approaches using a prototype manual) with PMIE-impacted veterans (N=12) and iteratively revise the manual based on veteran, provider, and clinical expert panel feedback. We hypothesize that the treatment manual will meet usability, feasibility, learnability, and acceptability criteria.

Results:

This study was funded with a start date of November 2021. Participant recruitment for Aim 3 pilot trials began in October 2023 and ended in January 2025. We anticipate study data collection and primary data analysis to be completed in January and April 2026, respectively.

Conclusions:

This project aims to develop and pilot test a treatment manual for a depth-oriented group psychotherapy for moral injury. We anticipate that the manual will meet predetermined usability, feasibility, and acceptability criteria because we used user-centered design methods; if it does not, we are well-poised to revise the manual based

on user feedback. Should primary outcomes be met, the next step will be to design and execute a parallel-group randomized controlled trial. We additionally plan to disseminate learnings about combat veteran and VA clinician needs, preferences, and barriers regarding moral injury group psychotherapy, which may inform treatment development efforts beyond this project and study team.

Trial Registration:

ClinicalTrials.gov NCT05020587; <https://clinicaltrials.gov/study/NCT05020587>

International Registered Report Identifier (IRRID):

DERR1-10.2196/87756

<https://doi.org/10.1007/s10865-026-00679-x>

Examining the protective effect of motherhood status on alcohol use: comparing outcomes of US Army Reserve and National Guard Soldiers and Civilian Women.

McCormick-Cisse, M. N., Homish, D. L., & Homish, G. G.

Journal of Behavioral Medicine

Published: 29 May 2026

Women are the fastest-growing demographic in the United States military and face increased risks for alcohol-related problems. Motherhood often protects against alcohol misuse in civilian populations; however, it is not known if the demands of multiple, competing intersecting roles of reserve soldiers can complicate this. We hypothesize that civilian mothers will endorse fewer alcohol problems than non-mothers, but that this protective effect will not extend to women in military roles. Data are drawn from women (N=411) in Operation: SAFETY (Soldiers and Families Excelling Through the Years). The Alcohol Use Disorder Identification Test (AUDIT) was used to assess alcohol use (AUDIT Total, AUDIT \geq 8, Consumption, Dependence, Alcohol-Related Harm), the Patient Health Questionnaire assessed depression, and the PTSD-Checklist for DSM-5 assessed PTSD. T-test and chi-square tests compared potential covariates. Logistic and negative binomial regressions examined alcohol use outcomes based on maternal status for civilian and military women separately. Adjusted models controlled for mothers' age, education, depression, and PTSD symptoms. Motherhood status significantly influenced alcohol use outcomes. Compared to non-mothers, civilian mothers reported significantly fewer alcohol-related problems in all unadjusted and

adjusted models ($p < 0.05$). However, among women in USAR/NG roles, there was no significant difference in any alcohol use outcome by maternal status. Motherhood status was associated with lower risk alcohol use among civilian women. However, this protective relationship was not observed among women in USAR/NG roles. Subsequent research is needed to help better understand the alcohol use of military mothers.

<https://doi.org/10.1007/s10880-025-10121-0>

Targeting Chronic Pain in Primary Care Settings Using Behavioral Health Consultants: A Pilot Study Implementing Brief Cognitive Behavioral Therapy for Chronic Pain.

Goodie, J. L., Kanzler, K. E., McGeary, C. A., Young-McCaughan, S., Peterson, A. L., Cobos, B. A., Dobmeyer, A. C., Hunter, C. L., Star, J. B., Bhagwat, A., Houle, T. T., Buhner, J. C., Fowler, P., Brackins, N., Cardona, M. R., & McGeary, D. D.

Journal of Clinical Psychology in Medical Settings
Volume 33, pages 281–293 (2026)

Chronic pain is common among military service members, retirees, and families, yet non-pharmacologic options in primary care are limited. This pilot study evaluated the feasibility, and outcomes of Brief Cognitive Behavioral Therapy for Chronic Pain (BCBT-CP) delivered by integrated Behavioral Health Consultants (BHCs) in a Military Health System (MHS) clinic. This prospective, observational pragmatic pilot study recruited 44 Department of Defense beneficiaries (M age = 44.5 years [SD = 9.3 years]; 75% female; 50% Caucasian; 47.7% military family members, 38.6% retirees) with chronic pain (≥ 12 weeks). As part of usual care, participants received BCBT-CP, a modular skills-based intervention delivered within the Primary Care Behavioral Health model. Measures included the Defense and Veterans Pain Rating Scale (DVPRS), the Pain, Enjoyment of Life, and General Activity (PEG-3) scale, and the Behavioral Health Measure (BHM-20), assessed at baseline, during treatment, and 3- and 6-months after the baseline assessment. Feasibility was high, with 44 of 45 approached patients enrolling in the study. These participants attended a median of 3 appointments (IQR 2–6) over 52 days (IQR 22–110.5). Significant improvements were observed on DVPRS pain intensity ($p < .001$) and interference with activity, sleep, and stress. PEG total and subscales also improved ($p < .05$). No significant changes were detected on the BHM-20. Follow-up outcome data suggested partial loss of gains due to small sample size and attrition.

Using BHCs to implement BCBT-CP in MHS primary care is feasible and improves short-term pain outcomes. Larger trials should test strategies to sustain benefits.

Links of Interest:

CDP Training Calendar

<https://deploymentpsych.org/training>

Staff Perspective: A Complicated Shield: Trauma, PTSD and Identity in High- Stakes Professions

<https://deploymentpsych.org/blog/staff-perspective-complicated-shield-trauma-ptsd-and-identity-high-stakes-professions>

Associations Between Maternal Opioid Use Disorder Treatment and Pregnancy Outcomes (SAMHSA)

<https://library.samhsa.gov/product/associations-between-maternal-opioid-use-disorder-treatment-pregnancy-outcomes/pep25-01-039>

Veteran homelessness dropped only 1% during 2024

<https://taskandpurpose.com/military-life/veterans-homeless-count-hud-2025/>

The military has approved less than 10% of medical malpractice claims since 2020

<https://taskandpurpose.com/news/military-medical-claims-system-update/>

VA denies military sexual trauma claims more often than combat injuries

<https://taskandpurpose.com/news/va-mst-claims-report/>

DoD should review special needs health care programs to ensure they're helping military families, watchdog says

<https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2026/06/03/dod-should-review-special-needs-health-care-programs-to-ensure-theyre-helping-military-families-watchdog-says/>

- [Military Health Care: Families Face Challenges Accessing Care for Special Needs, Defense Has Not Reviewed Coverage](#)

VA Menopause Care: Actions Needed to Help Ensure Quality Care and Patient Education (GAO)

<https://www.gao.gov/products/gao-26-107853>

Lawmakers move to require chaperones for 'sensitive' appointments in military health system

<https://www.militarytimes.com/news/pentagon-congress/2026/06/05/lawmakers-move-to-require-chaperones-for-sensitive-appointments-in-military-health-system/>

Unemployment rate for veterans drops to 3.2%, women vets surge on jobs market

<https://www.militarytimes.com/veterans/2026/06/05/unemployment-rate-for-veterans-drops-to-32-women-vets-surge-on-jobs-market/>

'Sounds Like a Mutiny.' Secret Recording Exposes Claims of Toxic Leadership After a Marine's Suicide

<https://thewarhorse.org/secret-recording-leadership-marine-suicide/>

Resource of the Week: [VA, Congress Urged to Improve Process for Evaluating Disabilities Related to Military Sexual Trauma in New Report](#)

From the National Academies of Sciences, Engineering, and Medicine:

The U.S. Department of Veterans Affairs and Congress should take steps to improve the disability evaluation process to ensure that veterans receive timely and accurate compensation for disabilities related to sexual trauma experienced during military service, says a new congressionally mandated report from the National Academies of Sciences, Engineering, and Medicine.

Approximately 1 in 3 women and 1 in 50 men report having experienced sexual trauma during their service in the military, including incidents of sexual assault and sexual harassment. Evidence indicates a higher prevalence of sexual assault and sexual harassment in the military compared to the general population. Many survivors of military sexual trauma (MST) experience health problems — such as injuries, sexually transmitted infections, post-traumatic stress disorder (PTSD), anxiety, depression, or chronic pain, among others — that can be immediate and enduring or appear years after military service ends.

The VA provides disability compensation related to these conditions, but veterans have reported challenges pursuing these benefits, including unclear and inconsistent processes and decision-making, as well as burdens associated with providing multiple forms of proof. Veterans have also reported that the claims process is retraumatizing.



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