
2. **Luc J. Hébert (2016).** Are MSK injuries a hidden threat to the Canadian Armed Forces?

3. **Maya Eichler (2016).** Learning from the Deschamps Report: why military and Veteran researchers ought to pay attention to gender.


   Introduction: The Survey on Transition to Civilian Life (STCL) was created to measure the adjustment outcomes of recently released Canadian Armed Forces (CAF) members. The survey was administered to a sample of CAF regular force members released from 1998 to 2007. The aim of the current study was to examine resources that promote the successful adjustment to civilian life. Specifically, the goal was to conduct a secondary analysis of the STCL that examined the roles of mastery and social environment (that is, community belonging and satisfaction with support) in the transition to civilian life, as well as how these variables correlate with health and life stress. Methods: The sample data were used to conduct Kendall’s tau correlations. Prevalence estimates, 95 per cent confidence intervals, and ordinal logistic regressions were conducted using weighted data that accounted for the complex survey design to ensure findings were representative of the sampled veteran population. Results: Ordinal logistic regression results revealed that mastery, satisfaction with types of social support (friends and family), and a sense of community belonging acted as potential protective factors that were associated with easier adjustment to civilian life for Veterans with physical health conditions, mental health conditions, and higher levels of life stress. The first model showed that the odds of an easier adjustment were lower for those who were more stressed (adjusted odds ratio [AOR]=0.13), self-reported a physical health condition (AOR=0.53), and self-reported a mental health condition (AOR=0.23). The second model revealed that the odds of an easier adjustment were lower for those Veterans dissatisfied with their family relationships (AOR=0.42) and their relationships with friends (AOR=0.47) and those with a very weak sense of community belonging (AOR=0.39), and they were higher among those with high levels of mastery (AOR=3.93). Discussion: The results of this study point to the importance of personal characteristics and aspects of the social environment in the adjustment to civilian life among military veterans. As well, ensuring a successful adjustment to civilian life may lead to better outcomes, such as enhanced mastery, following transition.

5. **Christian Patchell, Erna Snelgrove-Clarke, Glenda Carson, Deborah Tamlyn (2015)** Being by myself and believing in us: the experience of pregnancy and childbirth during an intimate partner's military deployment.

   Introduction: Pregnancy and childbirth are life-altering events. For military families, pregnancy and childbirth can occur in tandem with the family’s experience of a military deployment. The central issue is that an overseas deployment of an intimate partner
introduces unique stressors and responsibilities that can challenge a pregnancy and increase the risk of preterm delivery and postpartum depression. The objective of this study was to extend current understanding, from the perspective of women in Canadian military families of how pregnancy and childbirth are experienced during an intimate partner's military deployment and of how supports and resources shaped the experience. Methods: This study was conducted in eastern Canada by interviewing women in Canadian military families who had experienced pregnancy or childbirth during an intimate partner's deployment in the past two to five years. Valid consent for confidential participation and demographic information were collected prior to the interviews. A descriptive phenomenological approach allowed for women's stories to be explored and for the over-arching theme ‘being by myself and believing in us’ to be uncovered. Results: The meaning of the experience of pregnancy, childbirth, and deployment was both integrated and opposing. Women experienced simultaneously “being by myself,” physically alone or in a world that did not understand their experience, and “believing in us,” the possibility of having a child, of a partner's return, and of becoming a family. Sub-themes that provided further understanding of the experience included: working it out time wise, longing for togetherness, appreciating technology, protecting us, knowing that somebody is there, and homecoming. Discussion: The implications of this study include laying a foundation for future research and guiding improvements for supportive perinatal care.


Although military families are typically resilient in the face of adversity, the current literature suggests that the aftermath of deployment involves numerous stressors and difficulties for these families for a long period. Using a sample of 380 US service members, 295 partners of US service members, and 136 adolescents who experienced a full deployment cycle of a service member parent, this study addresses the gaps in knowledge by examining how factors identified in prior research (reintegration stress and coping, preparation and expectations, family functioning and parental satisfaction, perceived adolescent changes between deployment and reintegration, and adolescents’ perception of family functioning) affect reintegration stress and coping for US service members, partners of US service members (someone who identifies as being in a significant relationship with a service member), and adolescents. Better service member coping, satisfaction with family deployment coping, better preparation, and accurate expectations were all found to be associated with lower reintegration stress. Findings point to the need for a systemic approach throughout the deployment cycle for better reintegration outcomes for military individuals and families.


Introduction: Social determinants of health are associated with the risk of disease and health services utilization. Understanding the distributions of sex, age, income, and other
demographic variables in Canadian Veterans and how they change over time is necessary to optimize service delivery and enhance research validity. This study describes the demographic patterns over time and by age at release in an Ontario cohort of Canadian Armed Forces (CAF) and Royal Canadian Mounted Police (RCMP) Veterans following release.

Methods: This is a retrospective cohort study using administrative healthcare data in Ontario from the Institute for Clinical Evaluative Sciences. Veterans were identified using codes housed at the Ministry of Health and Long-Term Care. A descriptive analysis of key demographic variables was presented and stratified by five-year time intervals following release (0–5 years, 5–10 years, 10–15 years, and 15–20 years) and age at release. Results: This cohort includes 23,818 CAF and RCMP Veterans. At baseline, the average age of the cohort was 41, and 14% were female. Age-specific patterns of median community income and geographic location of residence were noted. In the first five years following release, younger Veterans had a lower income than older Veterans. The majority of older Veterans lived in the Ottawa and Kingston areas following release. Overall, the demographic profile of the cohort was stable over time. Discussion: We have identified a valuable resource to inform the development of relevant provincial public health policy and resource allocation for Veterans. The use of routinely collected healthcare data in Ontario will augment our current understanding of Veteran health in Canada.


Introduction. The mental health of Canadian Armed Forces (CAF) populations emerged as an important concern in the wake of difficult CAF deployments in the 1990s. This article is the first comprehensive summary of findings from subsequent surveys of mental health and well-being in CAF Veterans, undertaken to inform mental health service renewals by CAF Health Services and Veterans Affairs Canada (VAC). Methods. Epidemiological findings in journal publications and government reports were summarized from four cross-sectional national surveys: a survey of Veterans participating in VAC programs in 1999 and three surveys of health and well-being representative of whole populations of Veterans in 2003, 2010, and 2013. Results. Although most Veterans had good mental health, many had mental health problems that affected functioning, well-being, and service utilization. Recent Veterans had a higher prevalence of mental health problems than the general Canadian population, earlier-era Veterans, and possibly the serving population. There were associations between mental health conditions and difficult adjustment to civilian life, physical health, and multiple socio-demographic factors. Mental health problems were key drivers of disability. Comparisons with other studies were complicated by methodological, era, and cultural differences. Discussion. The survey findings support ongoing multifactorial approaches to optimizing mental health and well-being in CAF Veterans, including strong
military-to-civilian transition support and access to effective mental and physical health services. Studies underway of transitioning members and families in the peri-release period of the military-to-civilian transition and longitudinal studies of mental health in Veterans will address important knowledge gaps.


Deployment can be a significant source of stress for military families. Understanding how families prepare in the face of such stress, and which families are more versus less likely to prepare, is a priority of the Department of Defense. However, there has been scant research on how families prepare for deployments and the factors associated with engagement in preparation activities. The current study is a cross-sectional examination of the proportion of households engaging in deployment preparation activities and family-level and individual-level factors that are associated with these activities in a large and representative sample of married, deployable service members and their families from all military services and components (n = 1,621). Overall, results showed that families reported high rates of engaging in preparation activities, with particularly strong engagement in financial and legal preparation tasks. Talking about deployment to prepare a spouse or child was also relatively highly endorsed but not as frequently cited compared to other logistical preparation activities. Older spouses, officers, active component families, and those with higher marital satisfaction reported greater participation in preparation activities. Families with greater socioemotional difficulties, as indexed by child emotional problems or greater depressive symptoms in the service member or spouse, as well as those with lower spouse-reported marital satisfaction, were more likely to seek professional help. Evaluating the effectiveness of programs in reaching the families that may be least likely to prepare, as well as examining the longitudinal association between deployment preparation and postdeployment family adjustment, is an important area for further inquiry.


Many veterans are now returning from Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) deployments with physical and mental health problems. However, there are few studies that examine the impact of moral injury on both physical and mental well-being. This study examines the impact of moral injury on self-reported general physical health, general mental health, post-traumatic stress disorder symptoms, and depression symptoms. Cross-sectional data were collected at as part of a pilot study at the New Jersey Veteran Affairs. 100 OEF/OIF veterans recruited at the New Jersey Veteran Affairs completed the paper questionnaire. We found that moral injury and combat experiences positively predicted post-traumatic stress disorder scores.
Seeing the aftermath of battle and moral injury were negatively associated with mental well-being and positively associated with depression. Physical health status was negatively associated with depression. Spirituality and moral injury were negatively associated with physical health, whereas age was positively associated with physical health. Moral injury plays an important role in both physical and mental health outcomes for OEF/OIF veterans, but it is often not addressed in health care. These results underline the need for an approach to veterans' health care that includes discussion of existential and moral issues since they may impact health outcomes for many service members.

12. Saldanha, Vilas; Yi, Fia; Lewis, Jeffrey D; Ingalls, Nichole K (2016) Staying at the Cutting Edge: Partnership With a Level 1 Trauma Center Improves Clinical Currency and Wartime Readiness for Military Surgeons.


14. Silva, Abigail; Tarlov, Elizabeth; French, Dustin D; Huo, Zhiping; Martinez, Rachael N; et al. (2016) Veterans Affairs Health System Enrollment and Health Care Utilization After the Affordable Care Act: Initial Insights

15. Pugh, Mary Jo; Jaramillo, Carlos A; Leung, Kar-wei; Faverio, Paola; Fleming, Nicholas; et al. (2016) Increasing Prevalence of Chronic Lung Disease in Veterans of the Wars in Iraq and Afghanistan.

16. Fulton, Lawrence V; Fabich, Robert A; Bhatta, Jeevan; Fletcher, Brandon; Leininger, Kirby; et al. (2016). Comparison of Resuscitative Protocols for Bupropion Overdose Using Lipid Emulsion in a Swine Model.


Objective: To determine the prevalence of body dysmorphic disorder (BDD) and muscle dysmorphia (MD) in enlisted U.S. military personnel; and secondarily, to determine supplement use and relationship with BDD and MD. Methods: A survey of advanced individual training of tri-service personnel at Fort Sam Houston, Texas, was performed combining the dysmorphia concern questionnaire, the MD symptom questionnaire, a supplement questionnaire, and demographic factors. Results: Of the 1,320 service members approached, 1,150 (87.1%) completed the survey. The majority of participants were male, 62.8% (n = 722) and Army soldiers 59.0% (n = 679). The prevalence rate of BDD was 13.0% in males and 21.7% in females. The prevalence of MD was 12.7% in males and 4.2% in females. There was a strong correlation between having BDD and using supplements to get thinner (odds ratio 5.1; 95% confidence interval 3.4-7.8; p < 0.001) and MD to get more muscular (odds ratio 5.4; 95% confidence interval 3.5-8.3; p
Conclusions: Our study shows a higher than expected prevalence rate of BDD and MD in service members. This indicates a need for increased awareness of dysmorphias in mental health providers, primary care providers, and commanders and justifies further military specific BDD and MD research.


   Despite the prevalence of mental health problems reported by soldiers and challenges in ensuring soldiers access care, there is a knowledge gap in what soldiers know about accessing mental health care. The present study assesses predictors of “mental health literacy” in 2,048 U.S. soldiers. The frequency of mental health literacy responses ranged from 27% to 74% correct (i.e., correct answers representing knowledge about referrals, confidentiality rules, and resources) with a large percentage reporting either incorrect responses or that they did not know the answer. Comparisons found that soldiers with senior rank and with more combat deployments provided higher correct response percentages. Those with mental health problems reported higher percentages of correct responses on three of the six mental health literacy items. Among those with mental health problems, no differences were found between those seeking treatment and those not seeking treatment on mental health literacy. The study was the first to document the mental health literacy of soldiers and provides potential targets for education and outreach. Future studies should further examine the full range of factors and correlates of mental health literacy.


   Despite the prevalence of mental health issues in the military, only a minority of personnel who experience problems seek treatment. The underutilization of mental health services continues to be an important topic that deserves attention from both science and practice. Two studies were conducted with active-duty soldiers to assess their recommendations for actions that can be taken by soldiers who are experiencing mental health problems, their peers, their leaders, mental health professionals, and the upper-level chain of command to facilitate mental health treatment seeking. In addition, we compiled their recommendations to raise awareness, reduce stigma, and improve attitudes toward mental health treatment.


6. **Farifteh F. Duffya, Joshua E. Wilkb, Joyce C. Westa, S. Janet Kuramoto-Crawforda & Charles W. Hoge**. (2016) *Assessment and Evidence-Based Treatments for Patients with Alcohol Use Disorders Treated in Army Behavioral Health Care Settings.*

This study examines patterns and quality of care for alcohol use disorders (AUDs) provided by U.S. Army behavioral health clinicians (BHCs). Army BHCs (N = 399) completed a clinically detailed Web-based questionnaire on one systematically selected service member patient. Of 399 service member patients, 18% (n = 68) were diagnosed with AUD. Nearly two-thirds received evidence-based (EB) psychopharmacotherapy and/or any psychotherapy. Only 40%, however, received AUD-targeted psychotherapy (e.g., motivational interviewing/enhancement, 12-Step facilitation) and/or psychopharmacotherapy. Army BHCs commonly provide EB care for AUD. However, AUD-targeted psychotherapies are less common. Selected opportunities for improvement in provision of EB care for AUD have been identified.


Military families must navigate the various deployment phases that may occur during sensitive periods of attachment formation and uniquely affect the parent–child bond. Employing community-based participatory research (CBPR) principles, focus groups were conducted with military-involved parents (n = 18) to better understand the psychosocial needs of children. Using grounded theory, we found that attachment issues surfaced as a strong theme. Despite their belief of being present via technology, parents found their children were not digitally connected in the same way, receiving the returning parent in unexpected ways. Strategies are discussed to develop interventions that will help reintegrate deployed service members into their families, including supporting and rebuilding parent–child relationships.


Despite the decreased operations tempo, psychological conditions continue to consume the lion’s share of medical resources in active duty members. Many of these conditions are successfully treated with cognitive therapies founded on models that presume psychological
vulnerabilities are associated with self-schema content and structure. Little is known about military self-schemas or cognitive content that may be shared among members. Our theory-driven self-schema approach utilized a mixed methods content analysis of 11,000 attributes from 140 military participants to investigate core content of military self-schemas. Patterns of cognitive content with respect to importance, valence, and self-descriptiveness are discussed with implications for future research. This preliminary work is the foundation for a program of research exploring the relationships between military identity and psychological health across the military life cycle.

2. **H Thomas de Burgh (2016)** The training value of working with armed forces inpatients in psychiatry.

3. **Joanna L C Wheble, D K Menon (2016)** TBI—the most complex disease in the most complex organ: the CENTER-TBI trial—a commentary.


8. **Elizabeth Banwell, N Greenberg, P Smith, N Jones, M Fertout (2016)** What happens to the mental health of UK service personnel after they return home from Afghanistan?

   Objective: Fear et al identified a small but significant increase in probable post-traumatic stress disorder (PTSD) in UK military personnel from around 3% in first year post deployment to around 6% by year 5. As yet it is not clear what factors are linked to the increase in probable PTSD, and therefore, serial measurement of poor mental health would be helpful.

   Method: Rates of mental ill health among UK service personnel were compared upon deployment completion and at follow-up and identified factors associated with maladjustment.

   Results: Poor mental health symptomatology increased from baseline to follow-up, PTSD symptoms and related functional impairment increased significantly. Poor baseline mental health was predictive of transition and family relationship difficulties.

   Conclusions: The results are discussed in relation to encouraging recognition and reporting of symptoms among personnel and their social networks.


Purpose: To examine how vision loss affects the psychosocial well-being of female ex-Service personnel and how they cope with their visual impairment. Method: A cross-sectional study was conducted consisting of two study phases. During phase 1, a questionnaire was undertaken via the telephone with nine female ex-Service personnel (all under 55 years of age) using clinical screening measures to identify the probable presence of the following mental health disorders: depression (Patient Health Questionnaire-9), anxiety (Generalised Anxiety Disorder Assessment), post-traumatic stress disorder (PTSD, PTSD Checklist—Civilian) and alcohol misuse (Alcohol Use Disorders Identification Test). In phase 2, eight of the participants were interviewed face to face regarding the impact being visually impaired had had on their daily lives. Results: Approximately 1 in 10 women screened positive for probable depression, probable PTSD or alcohol misuse; 1 in 5 fulfilled the criteria for probable anxiety disorder. Participants struggled to adjust to the loss of vision and its impact on their lives. They reported low self-esteem, feeling down and social withdrawal. As time went by, the women were able to apply various coping strategies such as having a positive attitude, relearning skills and integrating low vision aids in their daily routine. However, some coping strategies, such as alcohol misuse and lack of help-seeking when needed, hindered participants’ success in adjusting to their visual impairment. Conclusions: Sustaining a visual impairment negatively affects psychosocial well-being in female ex-Service personnel. Over time, participants learnt to cope with the challenges and limitations associated with being visually impaired.


As the global momentum towards the acceptance of women in ground close combat (GCC) continues to grow, the US decided in Dec 2015 to open all GCC roles to women without exception--a controversial and, some say, politically motivated decision. The UK Ministry of Defence (MoD) is under political pressure to accept women in GCC, but has indicated it will give proper consideration to the Big Data generated by the numerically more significant US experience. Here, Matthews et al argue that the MoD's quest for more data is part of a sincere effort to place the debate squarely within the realm of investigative research rather than gender theory. They contextualize the MoD's decision while establishing a framework to demonstrate that denying GCC roles to British women would be seen as running counter to international trends.