1109 DO SLEEP PARAMETERS MEDIATE THE ASSOCIATION BETWEEN CHRONOTYPE AND MENTAL HEALTH?

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adolescents given increased vulnerability to sleep disturbances and high risk of suicide attempts. The current investigation sought to examine sleep disturbances among youth with 1) no history of self-directed violence (SDV) (controls), 2) history of NSSI, or 3) history of a suicide attempt (SA).

Methods: N=1046 high school students (aged 15–17; 53% female) completed self-report surveys of SDV (with and without suicidal intent), depression, and a range of sleep parameters using: The Sleep Condition Indicator (SCI; Insomnia symptoms), Disturbing Dreams and Nightmare Severity Index (DDNSI), Munch Chronotype Questionnaire (MCQ; sleep efficiency (SE), total sleep time (TST), chronotype), and Hospital Anxiety and Depression Scale. Consistent with suicidal ideation findings, sleep disturbance were hypothesized to be greater among both SDV groups relative to those without such a history. ANCOVA analyses (including HADS as a planned covariate) were employed to examine differences between groups.

Results: Youth in groups endorsing past SDV (NSSI=12.2%, SA=5.6%) scored Significantly lower on the SCI (p<0.001), indicating greater insomnia severity than controls (82.2%). SE was poorer (school (p=0.005) and weekend nights (p=0.004)), with shorter school night TST (p=0.003) and greater eveningness observed among those reporting NSSI and SA history (p=0.020). DDNSI-assessed nightmare severity differed significantly between all three groups (p<0.001), with the highest scores observed among those with an SA history. All effects remained when controlling for depression, with the exception of chronotype.

Conclusion: Findings revealed significant differences in sleep disturbance between youth with no history of SDV and those reporting NSSI or SA histories. These findings may inform empirically-driven approaches to risk assessment and interventions to enhance suicide prevention and NSSI.

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NIGHTMARES AND EMOTION REGULATION DEFICITS AS PREDICTORS OF RISK FOR SUICIDAL IDEATION AND HISTORY OF SELF-DIRECTED VIOLENCE AMONG MILITARY VETERANS

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Introduction: Nightmares, depression, and emotion regulation (ER) difficulties are implicated in risk for military suicidal behaviors. However, the combination of these risk factors has yet to be investigated in the prediction of risk. We sought to characterize the severity of suicidal ideation (SI) and self-directed violence (SDV) history in relation to these factors, given the prediction of heightened risk.

Methods: Data were collected among N=65 veterans (M age=45.2), screened for inclusion in a military suicide prevention clinical trial. Data were collected during the pretreatment phase of a behavioral insomnia trial, using: The Disturbing Dreams and Nightmare Severity Index (DDNSI), Difficulties in Emotion Regulation Scale (DERS), Beck Depression Inventory (BDI), Beck Suicide Scale (BSS). History of suicide attempts (SA) (actual, interrupted, aborted attempt) was assessed using the Columbia Suicide Severity Rating Scale (CSSRS-Lifetime Version). Hierarchical regression analyses were employed to test associations in prediction of SI and SA history, which were hypothesized to be related to greater ER deficits, depression, and nightmare severity.

Results: Participants demonstrated clinically-significant SI (BSS M=4.08±6.11), depressive symptomatology (BDI-II M=21.11±11.24), nightmares (DDNSI M=10.85±9.76), and ER deficits (DERS M=95.71±20.40), and 24.2% endorsed lifetime SA history. Higher DERS and BSS symptoms were associated with SA history (p<.01, p<.03). However, in prediction of current SI, the BDI (t=3.28, B=.37, p=.002) and DDNSI (t=2.28, B=.26, p=.026) outperformed risk in comparison with the DERS (t=1.23, B=.13, p=.22).

Conclusion: Delineating the salient risk factors for SI and SDV is vital to standardized suicide risk assessment. Results underscore the potential importance of nightmares and ER deficits as a risk factor within such frameworks to enhance risk detection and thus prevention.

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DO SLEEP PARAMETERS MEDIATE THE ASSOCIATION BETWEEN CHRONOTYPE AND MENTAL HEALTH?

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Introduction: Chronotype, specifically a preference for eveningness, is a well-established predictor of mental health problems, particularly depression and anxiety. However, research is lacking on whether specific sleep parameters may act as mediators of the correlation between chronotype and depression & anxiety. An understanding of how sleep parameters - including efficiency, sleep onset latency (SOL), total sleep time (TST), wake after sleep onset (WASO), and number of awakenings (NA) - may act as mediators of the correlation between chronotype and depression & anxiety would offer a basis for future longitudinal research on how chronotype specifically affects mental health outcomes.

Methods: Fifty-four participants (age: M=19.58, SD=1.49; 82.7% female) used actigraph watches (Actigraph Corp.) for an average of 7 days to assess their sleep. Actigraphy data were informed by daily sleep diaries, and sleep parameters (including efficiency, SOL, TST, WASO, and NA) were calculated using ActiLife software. Self-report measures were used to assess chronotype (reduced Morningness-Eveningess Questionnaire; rMEQ) and depression & anxiety symptoms (Patient Health Questionnaire; PHQ). Two participants were excluded from analyses due to missing data.

Results: rMEQ scores (range: 7–21) were significantly negatively correlated with depression symptoms (r = -.282, p = .042), such that greater preference for eveningness was associated with increased depressive symptoms. However, rMEQ scores were not significantly correlated with anxiety symptoms (r = -.160, ns). None of the 10 (one sleep index per model times two [depression and anxiety]) correlational mediation models predicting depression and anxiety from rMEQ scores were statistically significant. The effect sizes (Preacher & Kelley's kappa-squared) of the overall mediation models that included efficiency and TST predicting depression (0.02 and 0.05, respectively) and anxiety (0.02 and 0.04, respectively) are in the small-to-medium range.

Conclusion: rMEQ scores correlated with mental health outcomes as expected. None of the correlational indirect effects models were significant, suggesting that the association between chronotype and mental health symptoms might not be mediated by sleep parameters. However, effect sizes of the mediation models of sleep efficiency and TST on depression and anxiety, respectively, point to effects that may bear further investigation with longitudinal designs with more statistical power.

Support (If Any):