



# *Center for the Study of Traumatic Stress*

## **The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) and The Study to Assess Risk and Resilience in Servicemembers – Longitudinal Study (STARRS-LS) 2009 – 2020**

**Co-Principal Investigators: Robert J. Ursano, M.D. (Uniformed Services University of the Health Sciences) and Murray B. Stein, M.D., M.P.H. (University of California, San Diego)**

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**This document is an ongoing continuous summary of Army STARRS and STARRS-LS publications.**

### **INTRODUCTION:**

Army STARRS (2009-2015) was the largest and most comprehensive research project of mental health ever conducted in the U.S. Army. The project was designed to examine a broad range of risk and resilience (protective) factors across a complex set of outcomes. Army STARRS scientists created a series of extensive databases with the potential to achieve groundbreaking results. These databases allow scientists to investigate a diverse combination of factors from demographic, psychological, biological, neurological, behavioral, and social domains to help identify risk and resilience factors for Soldier suicidal behaviors and associated mental health issues. The project was designed using an adaptive approach which means it evolved as new information became available over the course of the project. With the goal of generating actionable findings, the research team shared preliminary findings with the Army as they become available so that the Army could apply them to its ongoing health promotion, risk reduction, and suicide prevention efforts.





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Army STARRS included the following component studies:

- 1) the Historical Administrative Data Study (HADS) of Army and Department of Defense (DoD) administrative data systems (including records of suicidal behaviors) for all Soldiers on active duty from 2004 to 2009 aimed at finding administrative record predictors of suicides;
- 2) two retrospective case-control studies of fatal and nonfatal suicidal behaviors;
- 3) a study of new Soldiers assessed just before beginning basic combat training (BCT) with self-administered questionnaires (SAQ), neurocognitive tests, and blood samples;
- 4) a cross-sectional study of Soldiers representative of all other active duty Soldiers (exclusive of BCT);
- 5) a pre-post deployment study (with blood samples) of Soldiers in Brigade Combat Teams about to deploy to Afghanistan, with sub-samples assessed again one, three, and nine months after returning from deployment.

Army STARRS Component Studies and Soldier Sample Size:

Historical Administrative Data Study (HADS)	>1.6 million
Soldier Health Outcomes Study A (SHOS-A)	186 cases and 375 controls
Soldier Health Outcomes Study B (SHOS-B)	150 cases and 270 controls
New Soldier Study (NSS)	55,814
All Army Study (AAS)	41,210
Pre-Post Deployment Study (PPDS)	10,116

Army/DoD administrative data were linked prospectively to the large-scale survey samples to examine predictors of subsequent suicidality and related mental health outcomes.

STARRS-LS (2015-2020) is continuing and extending the Army STARRS research to discover additional findings for the Army and the DoD. STARRS-LS also includes a longitudinal follow-up study to collect additional data from a subset of Soldiers who participated in Army STARRS.





## **SUMMARY OF FINDINGS:**

The following is a brief summary of Army STARRS published findings to-date. Findings followed by an asterisk (\*) were included in USU press releases.

### **1. The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Component study cooperation rates are comparatively high.
- Sample biases are relatively small.
- Inefficiencies introduced into parameter estimates by using nonresponse adjustment weights and time-space clustering are small.
- Initial findings show that the suicide death rate, which rose over 2004–2009, increased for those deployed, those never deployed, and those previously deployed.
- Analyses of administrative records show that those deployed or previously deployed were at greater suicide risk.
- Receiving a waiver to enter the Army was not associated with increased risk.
- Being demoted in the past two years was associated with increased risk.
- Time in current deployment, length of time since return from most recent deployment, total number of deployments, and time interval between most recent deployments (known as dwell time) were not associated with suicide risk.
- Initial analyses of survey data show that 13.9% of currently active non-deployed regular Army Soldiers considered suicide at some point in their lifetime, while 5.3% had made a suicide plan, and 2.4% had attempted suicide.\*
- 47–60% of these outcomes first occurred prior to enlistment.\*
- Prior mental disorders (in particular major depression and intermittent explosive disorder) were the strongest predictors of these self-reported suicidal behaviors.
- Most onsets of plans-attempts among ideators (58.3–63.3%) occurred within the year of onset of ideation.





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- About 25.1% of non-deployed U.S. Army personnel met 30-day criteria for a DSM-IV anxiety, mood, disruptive behavior, or substance disorder (15.0% an internalizing disorder; 18.4% an externalizing disorder) and 11.1% for multiple disorders.\*
- Three-fourths of these disorders had pre-enlistment onsets.\*
- Integration across component studies creates strengths going well beyond those in conventional applications of the same individual study designs.
- These design features create a strong methodological foundation from which Army STARRS can pursue its substantive research goals.
- The early findings reported here illustrate the importance of the study and its approach as a model of studying rare events particularly of national security concern.
- Continuing analyses of the data will inform suicide prevention for the U.S. Army.

### **2. Sociodemographic and career history predictors of suicide mortality in the United States Army 2004–2009**

- Several novel results were found that could have intervention implications.
- Significantly elevated suicide rates among enlisted Soldiers deployed either during their first year of service or with less than expected (based on time in service) junior enlisted rank (69.6–80.0 suicides per 100,000 person-years compared with 18.5 suicides per 100,000 person-years in the total Army)
- Substantially greater rise in suicide among women than men during deployment
- Protective effect of marriage against suicide only during deployment.
- Career history approach produces several actionable insights missed in less textured analyses of administrative data predictors.
- Expansion of analyses to a richer set of predictors might help refine understanding of intervention implications.





### 3. Predictors of Suicide and Accident Death in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)

- The suicide rate rose between 2004 and 2009 among never deployed and currently and previously deployed Regular Army Soldiers.
- The accident death rate fell sharply among currently deployed Soldiers, remained constant among the previously deployed, and trended upward among the never deployed.
- Increased suicide risk was associated with being a man (or a woman during deployment), white race/ethnicity, junior enlisted rank, recent demotion, and current or previous deployment.
- Sociodemographic and Army experience predictors were generally similar for suicides and accident deaths.
- Time trends in these predictors and in the Army's increased use of accession waivers (which relaxed some qualifications for new Soldiers) do not explain the rise in Army suicides.
- Predictors of Army suicides were largely similar to those reported elsewhere for civilians, although some predictors distinct to Army service emerged that deserve more in-depth analysis.
- The existence of a time trend in suicide risk among never-deployed Soldiers argues indirectly against the view that exposure to combat-related trauma is the exclusive cause of the increase in Army suicides.

### 4. Thirty-Day Prevalence of DSM-IV Mental Disorders among Nondeployed Soldiers in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)

- A total of 25.1% of respondents met criteria for any 30-day disorder (15.0% internalizing; 18.4% externalizing) and 11.1% for multiple disorders.
- A total of 76.6% of cases reported pre-enlistment age at onset of at least one 30-day disorder (49.6% internalizing; 81.7% externalizing).\*
- 12.8% of respondents reported severe role impairment.





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- Controlling for sociodemographic and Army career correlates (which were broadly consistent with other studies) 30-day disorders with pre-enlistment and post-enlistment ages at onset both significantly predicted severe role impairment
- Pre-enlistment disorders were more consistent powerful predictors than post-enlistment disorders.
- Population-attributable risk proportions of severe role impairment were 21.7% for pre-enlistment disorders, 24.3% for post-enlistment disorders, and 43.4% for all disorders.
- Interventions to limit accession or increase resilience of new Soldiers with pre-enlistment mental disorders might reduce prevalence and impairments of mental disorders in the U.S. Army.

### **5. Prevalence and Correlates of Suicidal Behavior among Soldiers Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- The lifetime prevalence estimates of suicidal ideation, suicide plans, and suicide attempts are 13.9%, 5.3%, and 2.4%. \*
- Most reported cases (47.0%-58.2%) had pre-enlistment onsets.\*
- Pre-enlistment onset rates were lower than in a prior national civilian survey (with imputed/simulated age at enlistment).
- Post-enlistment onsets of ideation and plans were higher, and post-enlistment first attempts were equivalent to civilian rates.
- Most reported onsets of plans and attempts among ideators (58.3%-63.3%) occur within the year of onset of ideation.
- Post-enlistment attempts are positively related to being a woman, lower rank, and previously deployed, and are negatively related to being unmarried and assigned to Special Operations Command.
- Five mental disorders predict post-enlistment first suicide attempts in multivariate analysis:
  - pre-enlistment panic disorder
  - pre-enlistment posttraumatic stress disorder





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- post-enlistment depression
  - pre-enlistment intermittent explosive disorder
  - post-enlistment intermittent explosive disorder
- 4 of these 5 (posttraumatic stress disorder is the exception) predict ideation.
  - Only post-enlistment intermittent explosive disorder predicts attempts among ideators.
  - Population-attributable risk proportions of lifetime mental disorders predicting post-enlistment suicide attempts are:
    - 31.3% for pre-enlistment onset disorders
    - 41.2% for post-enlistment onset disorders
    - 59.9% for all disorders
  - The fact that approximately one-third of post-enlistment suicide attempts are associated with pre-enlistment mental disorders suggests that pre-enlistment mental disorders might be targets for early screening and intervention.
  - The possibility of higher fatality rates among Army suicide attempts than among civilian suicide attempts highlights the potential importance of means control (i.e., restricting access to lethal means [such as firearms]) as a suicide prevention strategy.

### 6. Risk Factors for Accident Death in the U.S. Army, 2004-2009

- Delayed rank progression or demotion and being male, unmarried, in a combat arms specialty, and of low rank/service length increased odds of accident death for enlisted Soldiers.
- Unique to officers was high risk associated with aviation specialties.
- Accident death risk decreased over time for currently deployed, enlisted Soldiers and increased for those never deployed.
- Mental health diagnosis was associated with risk only for previous and never-deployed, enlisted Soldiers.
- Models did not discriminate not-line-of-duty from line-of-duty accident deaths.





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- Adding more refined person-level and situational risk indicators to current models could enhance understanding of accident death risk specific to Soldier rank and deployment status.
- Stable predictors could help identify high risk of accident deaths in future cohorts of Regular Army Soldiers.

### 7. Predicting Suicides after Psychiatric Hospitalization in U.S. Army Soldiers: The Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)

- Sixty-eight Soldiers died by suicide within 12 months of hospital discharge (12.0% of all U.S. Army suicides), equivalent to 263.9 suicides per 100,000 person-years compared with 18.5 suicides per 100,000 person-years in the total U.S. Army.
- The strongest predictors included sociodemographics:
  - male sex
  - late age of enlistment
  - criminal offenses (verbal violence and weapons possession)
  - prior suicidality
  - aspects of prior psychiatric inpatient and outpatient treatment (e.g., number of antidepressant prescriptions filled in the past 12 months), and disorders diagnosed during the focal hospitalizations (e.g., non-affective psychosis)
- A total of 52.9% of post-hospitalization suicides occurred after the 5% of hospitalizations with highest predicted suicide risk (3,824.1 suicides per 100,000 person-years).\*
- These highest-risk hospitalizations also accounted for significantly elevated proportions of several other adverse post-hospitalization outcomes (unintentional injury deaths, suicide attempts, and subsequent hospitalizations).\*
- The high concentration of risk of suicide and other adverse outcomes might justify targeting expanded post-hospitalization interventions to Soldiers classified as having highest post-hospitalization suicide risk, although final determination requires careful consideration of intervention costs, comparative effectiveness, and possible adverse effects.







### **8. Lifetime Prevalence of DSM-IV Mental Disorders among New Soldiers in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Lifetime prevalence of having at least one internalizing, externalizing, or either type of disorder did not differ significantly between new Soldiers and civilians
- Three specific disorders (generalized anxiety, posttraumatic stress, and conduct disorders) and multi-morbidity were significantly more common among new Soldiers than civilians.
- Several socio-demographic characteristics were significantly associated with disorder prevalence and persistence (these associations were uniformly weak).
- New Soldiers differ somewhat, but not consistently, from civilians.

### **9. Prevalence and Correlates of Suicidal Behavior among New Soldiers in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Lifetime prevalence estimates of pre-enlistment suicide ideation, plans, and attempts were 14.1, 2.3, and 1.9%, respectively.
- Most reported onsets of suicide plans and attempts (73.3–81.5%) occurred within the first year after onset of ideation.
- Odds of these lifetime suicidal behaviors among new Soldiers were positively, but weakly associated with being female, unmarried, religion other than Protestant or Catholic, and a race/ethnicity other than non-Hispanic White, non-Hispanic Black, or Hispanic.
- Lifetime prevalence estimates of suicidal behaviors among new Soldiers are consistent with retrospective reports of pre-enlistment prevalence obtained from Soldiers later in their Army careers.
- Given that prior suicidal behaviors are among the strongest predictors of later suicides, consideration should be given to developing methods of obtaining valid reports of pre-enlistment suicidality from new Soldiers to facilitate targeting of preventive interventions.





### **10. Mental Disorders, Comorbidity, and Pre-enlistment Suicidal Behavior Among New Soldiers in the U.S. Army: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Most new Soldiers with a pre-enlistment history of suicide attempt reported a prior mental disorder (59.0%).
- Each disorder examined was associated with increased odds of suicidal behavior.
- Only PTSD and disorders characterized by irritability and impulsive/aggressive behavior (i.e., bipolar disorder, conduct disorder, oppositional defiant disorder, and attention-deficit/hyperactivity disorder) predicted unplanned attempts among ideators.
- Mental disorders are important predictors of pre-enlistment suicidal behavior among new Soldiers and should figure prominently in suicide screening and prevention efforts.

### **11. Understanding the Elevated Suicide Risk of Female Soldiers during Deployments**

- The suicide rate of currently deployed women (14.0/100,000 person-years) was 3.1 to 3.5 times the rates of other (i.e., never-deployed/previously deployed) women.
- The suicide rate of currently deployed men (22.6/100,000 person years) was 0.9 to 1.2 times the rates of other men.
- The adjusted (for time trends, sociodemographics, and Army career variables) female to male odds ratio comparing the suicide rates of currently deployed vs. other women vs. men was 2.8 (95% confidence interval 1.1–6.8), became 2.4 after excluding Soldiers with Direct Combat Arms occupations, and remained elevated (in the range 1.9–2.8) after adjusting for the hypothesized explanatory variables.
- None of the explanatory variables considered could fully account for the disproportionately elevated female suicide rate during deployment among Regular Army enlisted Soldiers over the years 2004–2009.
- These results are valuable in excluding otherwise plausible hypotheses for the elevated suicide rate of deployed women and point to the importance of expanding future research on the psychological challenges of deployment for women.





### 12. Nonfatal Suicidal Behaviors in U.S. Army Administrative Records, 2004-2009: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)

- U.S. Army suicide rate is known to have risen sharply over the past decade, but information about medically documented, non-fatal suicidal behaviors (suicide attempts, suspicious injuries, and suicide ideation) is far more limited.
- There were 21,740 unique Regular Army Soldiers with a non-fatal suicidal event at some point during 2004-2009.
- There were substantial increases in the annual incidence rates of suicide attempts (179–400/100,000 person-years) and suicide ideation (557–830/100,000 person-years), but not suspicious injuries.
- Using hierarchical classification rules to identify the first instance of each Soldier's most severe behavior, there was an increased risk of all outcomes among those who were female, Non-Hispanic White, never married, lower-ranking enlisted, less educated, and of younger age when entering Army service.
- Socio-demographic associations significantly differed across outcomes, despite some patterns that appear similar.

### 13. Suicide Attempts in the U.S. Army during the wars in Afghanistan and Iraq, 2004-2009

- The study included 9,791 medically documented suicide attempts among Regular Army Soldiers during the period 2004 to 2009. Predictor variables were constructed from Army personnel and medical records.
- Enlisted Soldiers accounted for 98.6% of all suicide attempts, with an overall rate of 377/100,000 person-years, versus 27.9/100,000 person-years for officers.\*
- Significant predictors among enlisted Soldiers included socio-demographic characteristics (female gender, older age at Army entry, younger current age, lower education, non-Hispanic white), short length of service, never or previously deployed, and the presence and recency of mental health diagnoses. Risk was highest early in the Army career.\*
- Among officers, only socio-demographic characteristics (female gender, older age at Army entry, younger current age, and low education) and the presence and recency of mental health diagnoses were significant.\*





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- The results represent the most comprehensive accounting of U.S. Army suicide attempts to date and reveal unique risk profiles for enlisted Soldiers and officers, and highlight the importance of focusing research and prevention efforts on enlisted Soldiers in their first tour of duty.\*

### 14. Occupational differences in U.S. Army suicide rates

- Military research has found elevated suicide rates in combat arms occupations, but has not evaluated variation in this pattern by deployment history which is the indicator of occupational stress widely considered responsible for the recent rise in military suicide rates.
- This study analyzed associations of Army occupation and deployment history in predicting suicide among 729,337 male enlisted Regular Army Soldiers in 2004-2009.
- There were 496 suicides (22.4/100,000 person-years) during the study period and only two occupational categories (both in combat arms) had significantly elevated suicide rates: infantrymen (37.2/100,000 person-years) and combat engineers (38.2/100,000 person-years).
- Suicide rates in these two occupational categories were significantly lower when currently deployed (30.6/100,000 person-years) than never deployed or previously deployed (41.2-39.1/100,000 person years).
- The suicide rate of other Soldiers was significantly higher when currently deployed and previously deployed (20.2-22.4/100,000 person-years) than never deployed (14.5/100,000 person-years).
- Adjusted suicide rate for infantrymen and combat engineers was most elevated when never deployed (OR=2.9, 95% CI=2.1-4.1), less so when previously deployed (OR=1.6, 95% CI=1.1-2.1) and not at all when currently deployed (OR=1.2, 95% CI=0.8-1.8).
- Adjustment for a differential “healthy warrior effect” cannot explain this variation in the relative suicide rates of never deployed infantrymen and combat engineers by deployment status.





### **15. Prospective longitudinal evaluation of the effect of deployment-acquired traumatic brain injury on posttraumatic stress and related disorders: Results from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Approximately one in five Soldiers reported exposure to TBI during the index deployment (mild TBI 18.0% and more-than-mild TBI 1.2%).
- Even after adjusting for other risk factors (e.g., pre-deployment mental health status, severity of deployment stress, prior TBI history), deployment-acquired TBI was associated with elevated adjusted odds of PTSD, generalized anxiety disorder, and major depressive episode.

### **16. Predicting non-familial major physical violent crime perpetration in the U.S. Army from administrative data**

- A machine learning model was developed aimed at predicting which Soldiers would subsequently commit a severe, physical violent crime.
- Model was based on an analysis of administrative data for all 975,057 Regular Army Soldiers on active duty from 2004 to 2009. Hundreds of potential predictors were examined from the extensive administrative records available.
- 5,771 of these Soldiers committed a first founded major physical violent crime (murder-manslaughter, kidnapping, aggravated arson, aggravated assault, robbery) over that time period.
- The 5% of Soldiers classified by the model as having highest predicted risk accounted for 36.2% of all major physical violent crimes committed by men, and 33.1% by women, over the six years of study.
- When the model was applied to a more recent cohort in 2011-2013 (a validation sample), the 5% of Soldiers with highest predicted risk accounted for 50.5% of all major physical violent crimes.
- Key predictors were indicators of disadvantaged social/socio-economic status, early career stage, prior crime, and mental disorder treatment. Area under the receiver operating characteristic curve was .80-.82 in 2004-2009 and .77 in 2011-2013.
- Although these results suggest that the model could be used to target Soldiers at high risk of violent crime perpetration for preventive interventions, final implementation





decisions would require further validation and weighing of predicted effectiveness against intervention costs and competing risks.

### **17. Mental health treatment among soldiers with current mental disorders in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- This analysis included a representative sample of 5,428 non-deployed Regular Army Soldiers who completed a self-administered questionnaire (SAQ) and consented to linking SAQ data with administrative records.
- The SAQ included information about prevalence and treatment of mental disorders among respondents with current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) internalizing (anxiety, mood) and externalizing (disruptive behavior, substance) disorders.
- 21.3% of Soldiers with any current disorder reported current treatment.
- Seven significant predictors of being in treatment were identified.
  - Four were indicators of psychopathology (bipolar disorder, panic disorder, post-traumatic stress disorder, 8+ months duration of disorder).
  - Two were sociodemographics (history of marriage, not being non-Hispanic Black).
  - The final predictor was history of deployment.
- Treatment rates varied between 4.7 and 71.5% depending on how many positive predictors the Soldier had. The vast majority of Soldiers had a low number of these predictors.
- These results document that most non-deployed Soldiers with mental disorders are not in treatment and that untreated Soldiers are not concentrated in a particular segment of the population that might be targeted for special outreach efforts. Analysis of modifiable barriers to treatment is needed to help strengthen outreach efforts.

### **18. Prognostic indicators of persistent post-concussive symptoms after deployment-related mild traumatic brain injury: A prospective longitudinal study in U.S. Army Soldiers**

- Persistent and severe post-concussive symptoms (PCS) were found among Soldiers who experienced a mild TBI while deployed to Afghanistan.





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- The study sample consisted of 4,518 Soldiers from three Brigade Combat Teams who deployed an average of 10 months to Afghanistan in 2012. Of these Soldiers, 822 experienced a mild TBI during the deployment.
- Based on surveys administered 1, 3, and 9 months following redeployment, the Soldiers with mild TBI were three times more likely to report PCS than other Soldiers in the BCTs.
- More severe symptoms were reported by Soldiers with a history of TBI(s) or mental health problems (depression, anxiety, irritability, etc.) prior to this deployment, or more severe deployment-related stress.
- Persistent and more severe symptoms were also more likely when there was loss of consciousness or memory problems associated with the TBI (versus being “dazed” only).
- Female Soldiers were more likely than male Soldiers to experience poor recovery following mild TBI.

### **19. Genome-wide association studies of posttraumatic stress disorder in 2 cohorts of U.S. Army Soldiers**

- The analysis was designed to discover genetic loci associated with lifetime PTSD risk in the U.S. Army. Two coordinated genome-wide association studies (GWAS) of mental health were conducted for nearly 13,700 consenting Soldiers in two cohorts from Army STARRS.\*
- These were the largest genome-wide association studies (GWAS) of PTSD to date.\*
- GWAS were performed on 3,167 Soldiers with PTSD (cases) and 4,607 trauma-exposed control Soldiers from the New Soldier Study (NSS), and 947 Soldiers with PTSD (cases) and 4,969 trauma-exposed control Soldiers from the Pre/Post Deployment Study (PPDS). The primary analysis compared lifetime DSM-IV PTSD cases to trauma-exposed controls without lifetime PTSD.\*
- Two statistically significant genetic variants were found associated with PTSD among Soldiers who were part of the NSS. One variant, in samples from African American Soldiers with PTSD, was in a gene (ANKRD55) on chromosome 5. In prior research, this gene has been found to be associated with various autoimmune and inflammatory disorders, including multiple sclerosis, type 2 diabetes, celiac disease, and rheumatoid





arthritis. The other variant was found on chromosome 19 in European American samples.\*

- There were no significant genetic correlations observed between PTSD and six mental disorders and nine immune-related disorders. However there was significant evidence of pleiotropy (i.e., genetic factors having effects on multiple traits) for PTSD and rheumatoid arthritis, and to a lesser extent, psoriasis.\*
- Further efforts are needed to replicate the genome-wide significant association researchers found with the gene ANKRD55, and to clarify the nature of the genetic overlap observed between PTSD and rheumatoid arthritis and psoriasis.\*

### **20. Risk factors, methods, and timing of suicide attempts among U.S. Army Soldiers**

- This analysis used Army STARRS historical administrative data for more than 1.6 million Soldiers on active duty from 2004 to 2009. The study identified 9,650 incident suicide attempts among regular Army Soldiers (excluding National Guard and Reserve) during 2004-2009.\*
- The 40% of enlisted Soldiers who had never deployed accounted for 61% of enlisted suicide attempters. Regardless of deployment status, suicide attempts were more likely among Soldiers who were female, in their first 2 years of service, or had recently received a mental health diagnosis.\*
- Risk among never deployed Soldiers was highest the 2nd month of service. Risk among currently deployed Soldiers on their 1st deployment was highest at the 6th month of deployment. Previously deployed Soldiers were at highest risk at 5 months after return.\*
- Drug overdose was the most common method of suicide attempt and accounted for more than 50% of all attempts. Although not overall very frequent, the use of firearms was most likely to occur among currently deployed (21/100,000 person-years) or previously deployed Soldiers (14/100,000 person-years), compared to 5/100,000 person-years among Soldiers who had never deployed.\*
- As in other studies, a history of any mental health diagnosis was associated with suicide attempts in all deployment groups. The highest odds occurred in the month following the most recent diagnosis and then decreased over time.\*
- Soldiers with depression in the previous month had the highest odds of suicide attempt across the deployment groupings.\*







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- PTSD and substance use disorder were associated with suicide attempts, but varied by deployment status with the greatest risk among the never deployed Soldiers.
- The odds of a suicide attempt increased with the number of mental health diagnoses a Soldier received. The effect of multiple diagnoses was most pronounced among currently deployed Soldiers.
- Suicide attempt has rarely been studied with data as comprehensive as the data used in this research. The findings highlight the complexity of risk and protective factors in different settings and contexts, and the importance of life and career history in understanding suicide attempts in the U.S. Army.
- A better understanding of suicide attempts may provide opportunities for the prevention of suicidal behavior in the Army as well as in other populations.

### **21. Predicting suicides after outpatient mental health visits in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Given that clinician-based assessments are not known to be strong predictors of suicide, this study investigated whether a precision medicine model using administrative data after outpatient mental health specialty visits could be developed to predict suicides among outpatients.
- This analysis used Army STARRS historical administrative data for more than 1.6 million Soldiers on active duty from 2004 to 2009 and focused on male non-deployed Regular U.S. Army Soldiers because they account for the vast majority of such suicides.
- The study calculated the observed proportions of suicide deaths within 5 weeks of each ventile (5% grouping) of specialty mental health outpatient visits ranked by predicted suicide risk based on the optimal prediction model out of the population of all such visits made by male non-deployed Regular U.S. Army Soldiers in 2004-2009.
- 41.5% of Army suicides in 2004-2009 occurred among the 12.0% of Soldiers seen as outpatient by mental health specialists, with risk especially high within 26 weeks of visits.
- An elastic net classifier with 10-14 predictors optimized sensitivity (45.6% of suicide deaths occurring after the 15% of visits with highest predicted risk).
- The 5% of visits with highest risk included only 0.1% of Soldiers (1047.1 suicides/100,000 person-years in the 5 weeks after the visit).





- This is a high enough concentration of risk to have implications for targeting preventive interventions. An even better model might be developed in the future by including the enriched information on clinician-evaluated suicide risk mandated by the VA/DoD CPG to be recorded.

## **22. Cross-phenotype Polygenic Risk Score Analysis of Persistent Post-Concussive Symptoms in U.S. Army Soldiers with Deployment-acquired Traumatic Brain Injury**

- This study used a prospective longitudinal survey of three Brigade Combat Teams to assess deployment-acquired TBI and persistent physical, cognitive, and emotional post-concussive symptoms (PCS).
- A cross-phenotype high-resolution polygenic risk score (PRS) analysis of persistent post-concussive symptoms (PCS) was conducted in 845 U.S. Army Soldiers who sustained TBI during deployment.
- PRS was derived from summary statistics of large genome-wide association studies of Alzheimer's disease, Parkinson's disease, schizophrenia, bipolar disorder, and major depressive disorder; and for years of schooling, college completion, childhood intelligence, infant head circumference (IHC), and adult intracranial volume.
- Although the study had more than 95% of statistical power to detect moderate-to-large effect sizes, no association was observed with neurodegenerative and psychiatric disorders, suggesting that persistent PCS does not share genetic components with these traits to a moderate-to-large degree.
- Subjects with high IHC PRS recovered better from cognitive/emotional persistent PCS than the other individuals ( $R^2=1.11\%$ ;  $p=3.37 \times 10^{-3}$ ).
- Enrichment analysis identified two significant Gene Ontology (GO) terms related to this result: GO:0050839~Cell adhesion molecule binding ( $p=8.9 \times 10^{-6}$ ) and GO:0050905~Neuromuscular process ( $p=9.8 \times 10^{-5}$ ).
- The study indicated that the genetic predisposition to persistent PCS after TBI does not have substantial overlap with neurodegenerative and psychiatric diseases, but mechanisms related to early brain growth may be involved.





### **23. An Examination of Potential Misclassification of Army Suicides: Results from the Army Study to Assess Risk and Resilience in Servicemembers**

- Systematic review of CID investigative files for 510 suicides, and 488 accident, homicide and undetermined deaths from 2005-2009.
- Using research criteria, 35 of 488 (8.2%) of non-suicides were reclassified to “definite, probable, or possible” suicide.
- Only 1 of 488 (0.2%) was reclassified to definite suicide.
- CID investigative practices reflect the “true” population of Army suicides. Flagrant misclassification was uncommon.

### **24. Barriers to Initiating and Continuing Mental Health Treatment Among Soldiers in the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)**

- Army Soldiers with mental disorders report a variety of barriers to initiating and continuing treatment.
- This study involved a representative sample of 5,428 non-deployed Regular Army Soldiers who completed a self-administered questionnaire and consented to linking their questionnaire data with administrative records.
- The study examined reported treatment barriers (perceived need, structural reasons, attitudinal reasons) among respondents with current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, mental disorders who either did not seek treatment in the past year (n = 744) or discontinued treatment (n = 145).
- 82.4% of Soldiers who did not initiate treatment, and 69.5% of Soldiers who discontinued treatment, endorsed at least two barriers.
- 69.8% of never-treated Soldiers reported no perceived need.
- Attitudinal reasons were cited more frequently than structural reasons among never-treated Soldiers with perceived need (80.7% vs. 62.7%) and Soldiers who discontinued treatment (71.0% vs. 37.8%).
- Multivariate associations with sociodemographic, Army career, and mental health predictors varied across barrier categories.





- These findings suggest most Soldiers with mental disorders do not believe they need treatment and those who do typically face multiple attitudinal and, to a lesser extent, structural barriers.
- Improved understanding of these treatment barriers can help direct mental health services to Soldiers in need.

### **25. Developing a Risk Model to Target High-Risk Preventive Interventions for Sexual Assault Victimization Among Female U.S. Army Soldiers**

- Sexual violence victimization is a significant problem among female U.S. military personnel. Preventive interventions for high-risk individuals might reduce prevalence but would require accurate targeting.
- This study attempted to develop a targeting model for female Regular U.S. Army Soldiers based on theoretically guided predictors abstracted from administrative data records.
- Because administrative reports of sexual assault victimization are known to be incomplete, parallel machine learning models were developed to predict administratively recorded (in the population) and self-reported (in a representative survey) victimization. Capture–recapture methods were used to combine predictions across models.
- Key predictors included low status, crime involvement, and treated mental disorders.
- Area under the receiver operating characteristic curve was .83–.88.
- Between 33.7% and 63.2% of victimizations occurred among Soldiers in the highest risk ventile (5%).
- This high concentration of risk suggests that the models could be useful in targeting preventive interventions, although final determination would require careful weighing of intervention costs, effectiveness, and competing risks.





### 26. Using administrative data to identify U.S. Army Soldiers at high-risk of perpetrating minor violent crimes

- Interventions exist to reduce violent crimes in high-risk populations, but optimal implementation requires evidence-based targeting.
- The goal of this study was to use machine learning methods to develop models to predict minor violent crime perpetration among U.S. Army Soldiers.
- Predictors were abstracted from administrative data available for all 975,057 Soldiers in the U.S. Army from 2004 to 2009. There were 25,966 men and 2,728 women who committed a first founded minor violent crime (simple assault, blackmail-extortion-intimidation, rioting, or harassment).
- Temporally prior administrative records measuring socio-demographic, Army career, criminal justice, medical/pharmacy, and contextual variables were used to build separate male and female prediction models that were then tested in an independent sample of U.S. Army Soldiers from 2011 to 2013.
- Final model predictors included young age, low education, early career stage, prior crime involvement, and outpatient treatment for diverse emotional and substance use problems.
- 30.5–28.9% (men-women) of all administratively-recorded crimes in 2004–2009 were committed by the 5% of Soldiers having highest predicted risk, with similar proportions (28.5–29.0%) when the 2004–2009 coefficients were applied to the 2011–2013 test sample.
- These results suggest that it may be possible to target Soldiers at high-risk of violence perpetration for preventive interventions.
- Final decisions about such interventions would require weighing predicted effectiveness against intervention costs and competing risks.

### 27. Neurocognitive Function and Suicide in U.S. Army Soldiers

- This study used administrative data from 2004 to 2009 to examine associations between neurocognitive functioning and subsequent suicidal events among Regular Army enlisted Soldiers.





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- Cases were all Soldiers who completed the Army's Automated Neuropsychological Assessment Metrics (ANAM) computerized testing battery prior to documented suicide attempt (n = 607), ideation (n = 955), or death (n = 57). Controls were an equal-probability sample of 9,893 person-months from other Soldiers.
- Exploratory factor analysis of five ANAM tests identified a general neurocognitive factor that excluded the mathematic processing test (MTH). When examined separately in logistic regression analyses that controlled for sociodemographics and prior mental health diagnosis, both the general neurocognitive factor and MTH were associated with all outcomes.
- When both predictors were examined simultaneously, the general neurocognitive factor continued to be associated with all outcomes and MTH continued to be associated with suicide attempt and ideation.
- These small but robust associations suggest that future research must continue to examine the extent to which objective neurocognitive tests may enhance understanding and prediction of suicide risk.

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Center for the Study of Traumatic Stress  
Uniformed Services University of the Health Sciences  
4301 Jones Bridge Road, Bethesda, MD 20814-4799





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[cstsinfo@usuhs.mil](mailto:cstsinfo@usuhs.mil) | [www.CSTSONline.org](http://www.CSTSONline.org)

