

# Study details army suicide attempts, risk profiles for enlisted soldiers, officers

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A new analysis of U.S. Army data details rates of suicide attempts during the wars in Afghanistan and Iraq, and researchers have identified risk factors for suicide attempts by enlisted soldiers and officers, according to an article published online by *JAMA Psychiatry*.

From 2004 through 2009, the Army experienced the longest sustained increase in [suicide rates](#) relative to the other U.S. military branches. Rates of nonfatal suicide attempts among soldiers rose sharply during this time in parallel with the trend in suicide deaths, yet researchers' understanding of Army suicide attempts remains limited.

Robert J. Ursano, M.D., of the Uniformed Services University of the Health Sciences, Bethesda, Md., and coauthors used data from the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS) to provide a comprehensive analysis of documented suicide attempts in active-duty U.S. Army members during the wars in Afghanistan and Iraq. The researchers analyzed data from 9,791 Army personnel who attempted suicide.

The results show that while enlisted soldiers constituted 83.5 percent of active-duty regular Army soldiers, they accounted for 98.6 percent (9,650 cases) of all suicide attempts, with an overall rate of 377 per 100,000 person-years during the study period. Officers (both commissioned and warrant) constituted 16.5 percent of the regular Army and accounted for 1.4 percent of suicide attempts (141 cases), with an overall rate of 27.9 per 100,000 person-years.

When looking at risk factors, researchers found that enlisted soldiers had higher odds for a suicide attempt if they were female, had entered the Army at 25 or older, were currently 29 or younger, did not complete high school, were in their first four years of service, and had a [mental health](#) diagnosis during the previous month.

The risk for enlisted soldiers was highest in the second month of service and declined as the length of service increased. Lower odds of a suicide attempt were associated with being of black, Hispanic or Asian race or ethnicity. Currently deployed enlisted soldiers were less likely than other enlisted soldiers to attempt suicide, with higher odds of suicide attempts among never deployed and previously deployed enlisted soldiers.

The odds of a suicide attempt were higher for officers who were female and entered the Army at 25 or older and had a mental health diagnosis in the previous month. Officers who were currently 40 or older had decreased odds of a suicide attempt and length of service was not associated with suicide attempts among officers. Deployment status also was not associated with suicide attempt among officers.

Researchers also estimate that enlisted women had nearly 13 times the risk of female officers for a suicide attempt; and enlisted soldiers who entered the Army at 25 years or older had more than 16 times the risk of officers in the same group for a suicide attempt.

The authors note their study focused only on suicide attempts documented by the Army health care system, which means undocumented suicide attempts, including self-pay treatment at civilian health care facilities, may have different [risk factors](#). The authors also were unable to examine suicide attempts among those individuals who recently left the Army.

"Future studies should examine [suicide attempt](#) risk in the context of

other military characteristics (e.g., military occupational specialty, number of previous deployments, history of promotion and demotion) and mental health indicators (e.g., number and types of psychiatric diagnoses, treatment history)," the study suggests.

The authors conclude: "Enlisted soldiers in their first tour of duty account for most medically documented suicide attempts. Risk is particularly high among soldiers with a recent mental health diagnosis. A concentration of risk strategy that incorporates factors such as sex, rank, age, length of service, deployment status and mental health diagnosis into targeted prevention programs may have the greatest effect on population health within the U.S. Army."

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