

# Study identifies factors associated with suicide risk among military personnel

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In an examination of risk factors associated with suicide in current and former military personnel observed 2001 and 2008, male sex and mental disorders were independently associated with suicide risk but not military-specific variables, findings that do not support an association between deployment or combat with suicide, according to a study in the August 7 issue of *JAMA*, a theme issue on violence/human rights.

"Despite universal access to healthcare services, mandatory [suicide](#) prevention training, and other preventive efforts, suicide has become one of the leading causes of death in the U.S. military in recent years," according to background information in the article. "Beginning in 2005, the incidence of suicide deaths in the U.S. military began to sharply increase. Unique stressors, such as combat deployments, have been assumed to underlie the increasing incidence. Previous military suicide studies, however, have relied on case series and cross-sectional investigations and have not linked data during service with postservice periods."

Cynthia A. LeardMann, M.P.H., of the Naval Health Research Center, San Diego, and colleagues conducted a study to identify and quantify factors associated with suicide risk in a large population of military personnel. Accrual and assessment of participants was conducted in 2001, 2004 and 2007. Questionnaire data were linked with the National Death Index and the Department of Defense Medical Mortality Registry through December 31, 2008. Participants were current and former U.S. military personnel from all service branches, including active and Reserve/National Guard, who were included in the Millennium Cohort Study (N = 151,560), a U.S. military study.

Between 2001 and 2008, there were 83 suicides among the participants in the study. In models adjusted for age and sex, factors significantly associated with increased risk of suicide included male sex, depression, manic-[depressive disorder](#),

heavy or [binge drinking](#), and alcohol-related problems. The authors found that none of the deployment-related factors (combat experience, cumulative days deployed, or number of deployments) were associated with increased suicide risk in any of the models.

The researchers speculate that the increased rate of suicide in the military "may largely be a product of an increased prevalence of mental disorders in this population, possibly resulting from indirect cumulative occupational stresses across both deployed and home-station environments over years of war."

"In this sample of current and former U.S. [military personnel](#), mental health concerns but not military-specific variables were found to be independently associated with suicide risk. The findings from this study do not support an association between deployment or combat with suicide, rather they are consistent with previous research indicating that mental health problems increase suicide risk. Therefore, knowing the psychiatric history, screening for mental and substance use disorders, and early recognition of associated suicidal behaviors combined with high-quality treatment are likely to provide the best potential for mitigating [suicide risk](#)."

"These findings offer some potentially reassuring ways forward: the major modifiable mental health antecedents of military suicide—mood disorders and alcohol misuse—are mental disorders for which effective treatments exist," writes Charles C. Engel, M.D., M.P.H., of the Uniformed Services University of the Health Sciences, Bethesda, Md., in an accompanying editorial.

"Furthermore, evidence-based service delivery models, particularly those involving primary care, are well known, supported by randomized trial evidence of lasting improvements in suicidal ideation among patients with depression, and

designed to overcome population stigma and barriers to care."

"However, lasting military success in the identification and treatment of the mental illness antecedents of suicide will require overcoming current overreliance on outdated combat and operational stress models of [suicide prevention](#). Such success will also require addressing long-standing military ambivalence toward the medical model of mental illness—an ambivalence affecting service members, military clinicians, and senior leaders alike."

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