Overview of the Army Study to Assess Risk and Resilience in Servicemembers (Army STARRS)

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Background

- U.S. Army suicide rates were historically lower than those of the U.S. general population, adjusting for demographic differences
- The suicide rate among Soldiers began rising in 2004 and has exceeded the adjusted civilian rate since 2008
- The Army engaged the National Institute of Mental Health (NIMH) for help in addressing this issue
- Army STARRS is a direct response to the Army’s request that NIMH enlist the most promising scientific approaches to better understand psychological resilience, mental health, and risk for self-harm among Soldiers
- Army STARRS was supported under a 5-year NIMH Cooperative Agreement (U01) mechanism, providing for substantive NIMH involvement in the execution of the study and the inclusion of Army scientists as partners
- The consortium brings together an internationally known, interdisciplinary team of researchers with expertise in military health, psychiatric epidemiology, survey methodology, genetics & neurobiology, and suicidal behaviors

Components

- Army STARRS has five major components. Participation in all components is completely voluntary
- Instruments used in each component assess a broad range of mental health risk and resilience factors

Historical Administrative Data Study (HADS)

- Analysis of the de-identified health & administrative records of all active duty Soldiers during 2004–2009
- Includes more than 1.6 million Soldiers and more than 1.1 billion records

New Soldier Study (NSS)

- Survey of new Soldiers as they enter Reception Week at Ft. Jackson, Ft. Benning, & Ft. Leonard Wood
- Instruments: Computerized self-administered questionnaire (SAQ) & neurocognitive tests, blood collection
- Data collected February 2011 to November 2012
- Blood collected September 2011 to November 2012
- ~57,000 Soldiers attended survey sessions
- ~35,000 Soldiers gave blood (80% of those asked)

All Army Study (AAS)

- Representative cross-sectional survey of active duty Soldiers (including activated Army Reserve and Army National Guard) inside and outside the continental U.S., including in-theater (Kuwait)15
- Instruments: Computerized or paper-and-pencil SAQ
- Data collected January 2011 to April 2013
- ~35,000 Soldiers attended CONUS & OCONUS survey sessions; ~1,000 attended in-theater

Soldier Health Outcomes Study (SHOS)

- Two case-control studies (A & B) of Soldiers who engaged in non-fatal and fatal suicidal behavior

1. SHOS-A
   - Focuses on Soldiers hospitalized for a suicide attempt at Ft. Bragg, Ft. Hood, JBLM, Ft. Stewart, & VWRMCR
   - Instruments: SAQs, interviews, computerized neurocognitive tests, blood collection
   - Data collected November 2011 to December 2013
   - 186 cases & 375 controls participated (296 total Soldiers provided blood samples)

2. SHOS-B
   - Focuses on Soldiers who died by suicide
   - Instruments: Telephone interviews with the next of kin and Army supervisor of both cases (deceased) and controls (living)
   - Data collected March 2012 to January 2014
   - Nest of kin and/or supervisors provided data for 150 cases and 276 controls

Security, Confidentiality, & Safety

- Army STARRS data are stored in a secure, Army-approved data enclave at the University of Michigan
- Blood samples are stored in a secure, Army-approved biorepository at Rutgers University
- Privacy is a top priority in every study component
- Participants’ answers were never shared with anyone in the Army unless the Soldier indicated imminent danger of self-harm or harming someone else
- When imminent danger was indicated, Army Chaplains were notified within 24 hours
- All participants were given a wallet-sized Safety Resource Card with various behavioral health resources
- Army Chaplains were on call during each interview session to provide immediate help
- Participants could request a confidential follow-up appointment with an Army Chaplain

Special Studies

1. Pre-Post Deployment Study (PPDS)
   - Prospective, multi-wave panel examining suicidality and mental health following combat deployment
   - Instruments: Computerized and paper-and-pencil SAQs, blood collection
   - Data collected January 2012 to April 2014
   - Pre-deployment participants: ~9,500 Soldiers (~8,000 Soldiers gave blood)
   - Post-deployment participants: ~10,000 Soldiers at 1 month; ~9,200 at 3 months; ~6,200 at 9 months

2. Clinical Reappraisal Study (CRS)
   - In-depth clinical interviews with Soldiers to examine the diagnostic accuracy of Army STARRS SAQs
   - Instruments: Telephone-administered diagnostic interview (Structured Clinical Interview for DSM-IV)
   - Data collected March 2012 to November 2012
   - ~460 Soldiers participated

Conceptual Framework: Concentration of Risk

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Communication

- Products: Brochures, posters, & postcards
- Website: www.ArmySTARRS.org

Traditional & Social Media

- Press releases
- Sample tweets and Facebook posts were included in the Communication Plan for installations to use with their Facebook pages and Twitter accounts

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