



**NATIONAL CENTER FOR
TELEHEALTH & TECHNOLOGY**

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**Suicide Surveillance: The DoD
Suicide Event Report**

Department of Defense Suicide Event Report (DoDSER)

Acknowledgments

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US National Strategy for Suicide Prevention

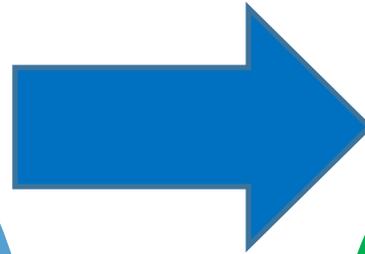
- Published in 2001 and included 11 goals
 - Goal 11: “Improve and expand surveillance systems”
- Definition: “the ongoing, systematic collection, analysis and interpretation of health data with timely dissemination of findings” (p. 204).
- Why?

To “track trends in rates, to identify new problems, to provide evidence to support activities and initiatives, to identify risk and protective factors, to target high risk populations for interventions, and to assess the impact of prevention efforts” (p. 117).

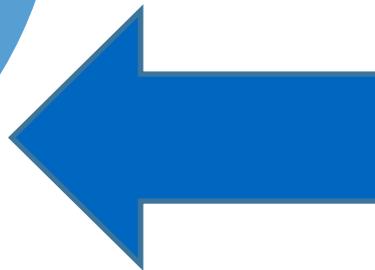
Suicide Surveillance in the Military

Quality Research & Surveillance allows the DoD to:

- Describe the current status of military suicide/change over time
- Provide senior leaders quality data
- Examine risk factors unique to SMs



- Identify potential solutions/interventions
- Evaluate the effectiveness of interventions, programs & policies
- Add to the body of research and theory on military suicide



The Department of Defense Suicide Event Report (DoDSER)

**History, Functionality, Current Status,
and Future Directions**

The Department of Defense Suicide Event Report (DoDSER)

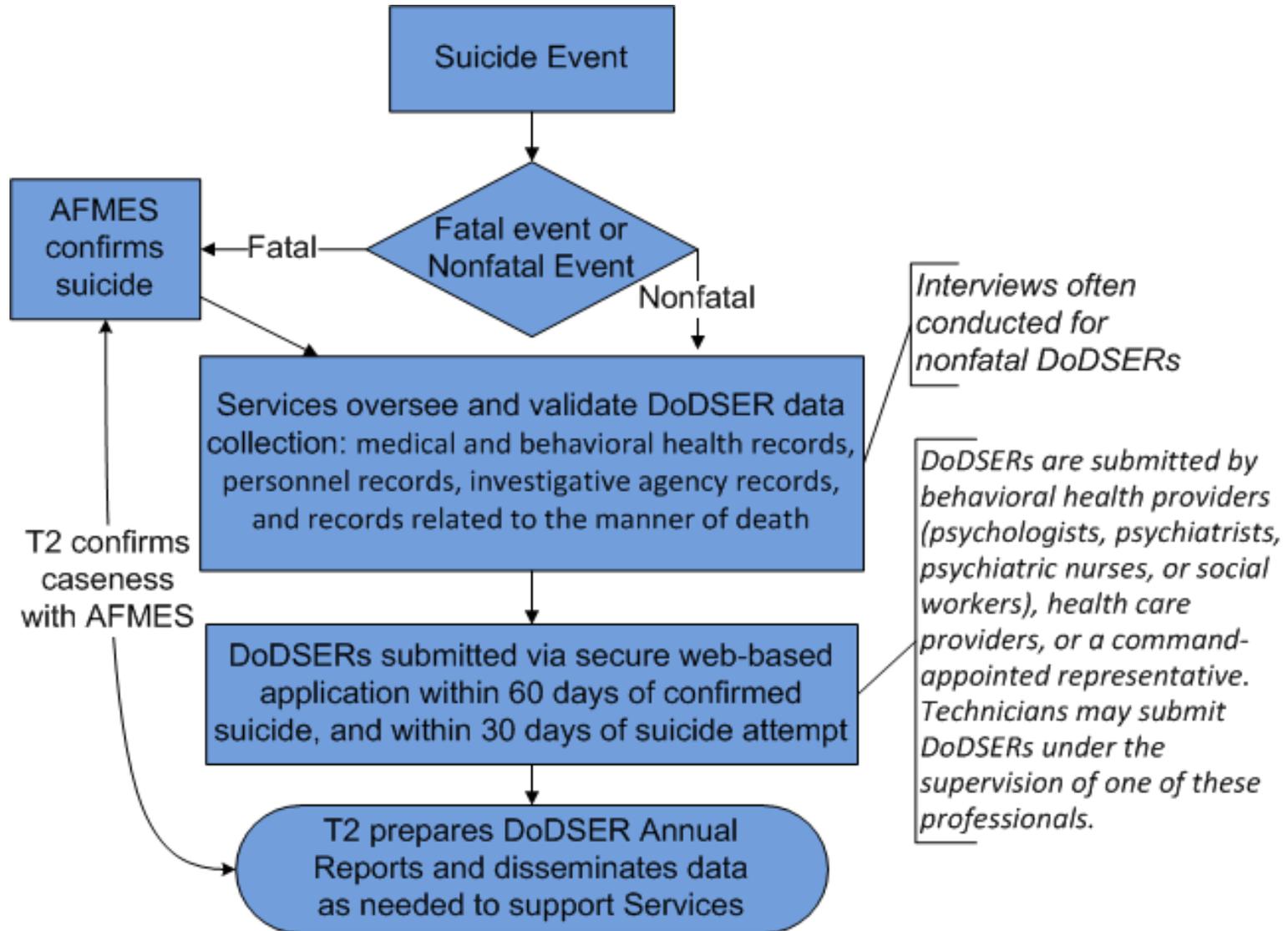
History:

- Services collected suicide data through separate processes (ASER, SESS, DONSIR)
- All Services worked with the Suicide Prevention and Risk Reduction Committee (SPARRC) to develop a standardized system – DoDSER launched 1JAN08

Data Collection Methods:

- DoDSERs submitted via web application for all suicides (Regular, Active Guard Reserve and Activated Reserve and Guard), as determined by the Armed Forces Medical Examiners System
- Medically serious suicide attempts

Data Collection



DoDSEER Item Content

Objective & Subjective, Detailed,
Standardized Information:

Comprehensive Event Data

Location

Method

Event Setting

Extensive Risk Factor Data

Dispositional/
Personal

Historical/
Developmental

Contextual

Clinical/
Symptom
Factors

e.g., demographics,
communication of intent,
substance using during suicide

e.g., abuse history, prior suicide
attempt, relationship hx financial,
legal, administrative hx

e.g., firearm in home, living
situation, children in the home,
duty environment

e.g., diagnoses, medical & BH
visits, psychotropic meds

Benefits of a Web-based Surveillance System

- Data are:
 - Collected from around the world
 - Data security
 - Centralized and standardized
 - Automatically archived
 - Potential to link w/ other systems
- Form field validation – quality control
- Radio Buttons/checkboxes
- Platform for training/resources

The screenshot shows a web browser window titled "DoDSER - Report Identifying Information - Microsoft Internet Explorer". The address bar shows the URL: <https://dooser.amedd.army.mil/dooser/showDooserPage.action?currentPage=identify&destination=pageTitle=save>. The page content includes a navigation menu on the left with options like "Create", "Report info", "Site Options", "Home", "My Profile", and "Logout". The main content area is titled "Report Identifying Information" and contains a form with the following fields and options:

- 1. "Event type: (required to move on)" with radio buttons for:
 - Suicide
 - Suicide attempt (evidence of intent to die)
 - Self harm (without intent to die)
 - Suicidal ideation only (without an attempt/self harm)
- 2. "Event date:" with a date picker set to "12 Jul 2009" and "Event time:" with a time picker set to "1200".
- 3. "Last name:" with a text input field containing "Doe", "First name:" with "John", and "Middle name:" with an empty field.
- "SSN:" with a text input field containing "111-11-1111".
- 4. "Date of birth:" with a date picker set to "01 Jan 1970".
- 5. "Sex:" with radio buttons for:
 - Male
 - Female

At the bottom of the form are two buttons: "Save & Return Home" and "Save & Next Page". The footer of the page includes logos for the National Center for Telehealth & Technology and the National Center for Surveillance, and a copyright notice: "© 2008 National Center for Telehealth & Technology".

DoDSEER Improvements

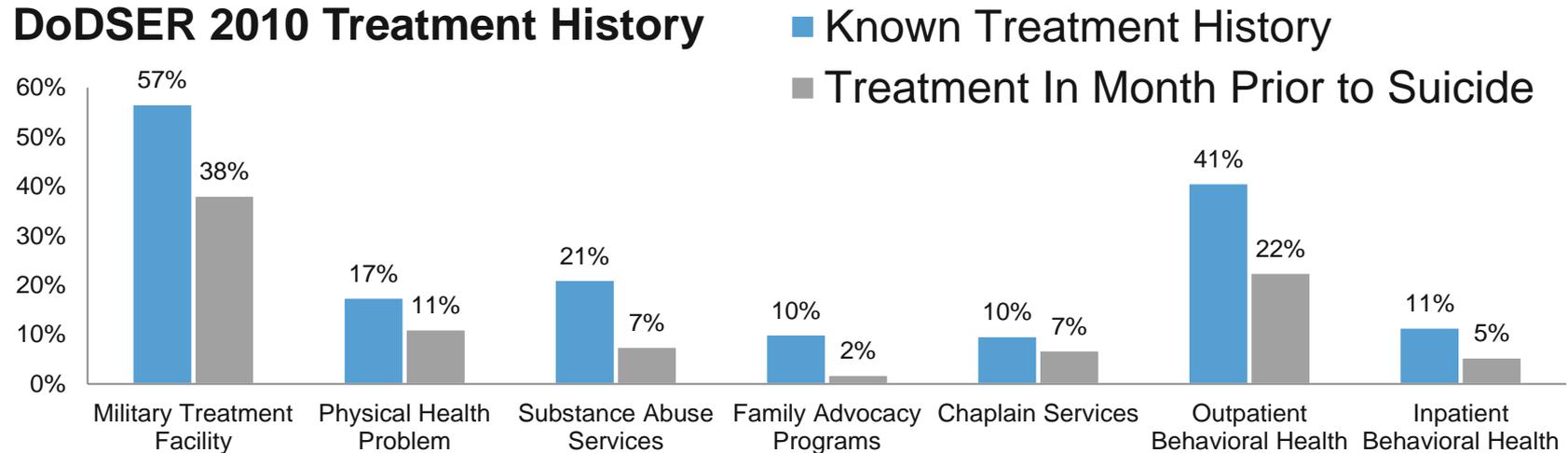
- DoDSEER team collaborates annually with Services to revise items, system and method
- Improved items and data:
 - 2010 collection of suicide attempts expanded across all Services
 - Responding to feedback in DoD Task Force Report
 - Addition of new suicide nomenclature proposed by CDC/VA/DoD collaboration

Sample Findings from the CY 2010 DoD SER Annual Report

Behavioral Health History for Suicides

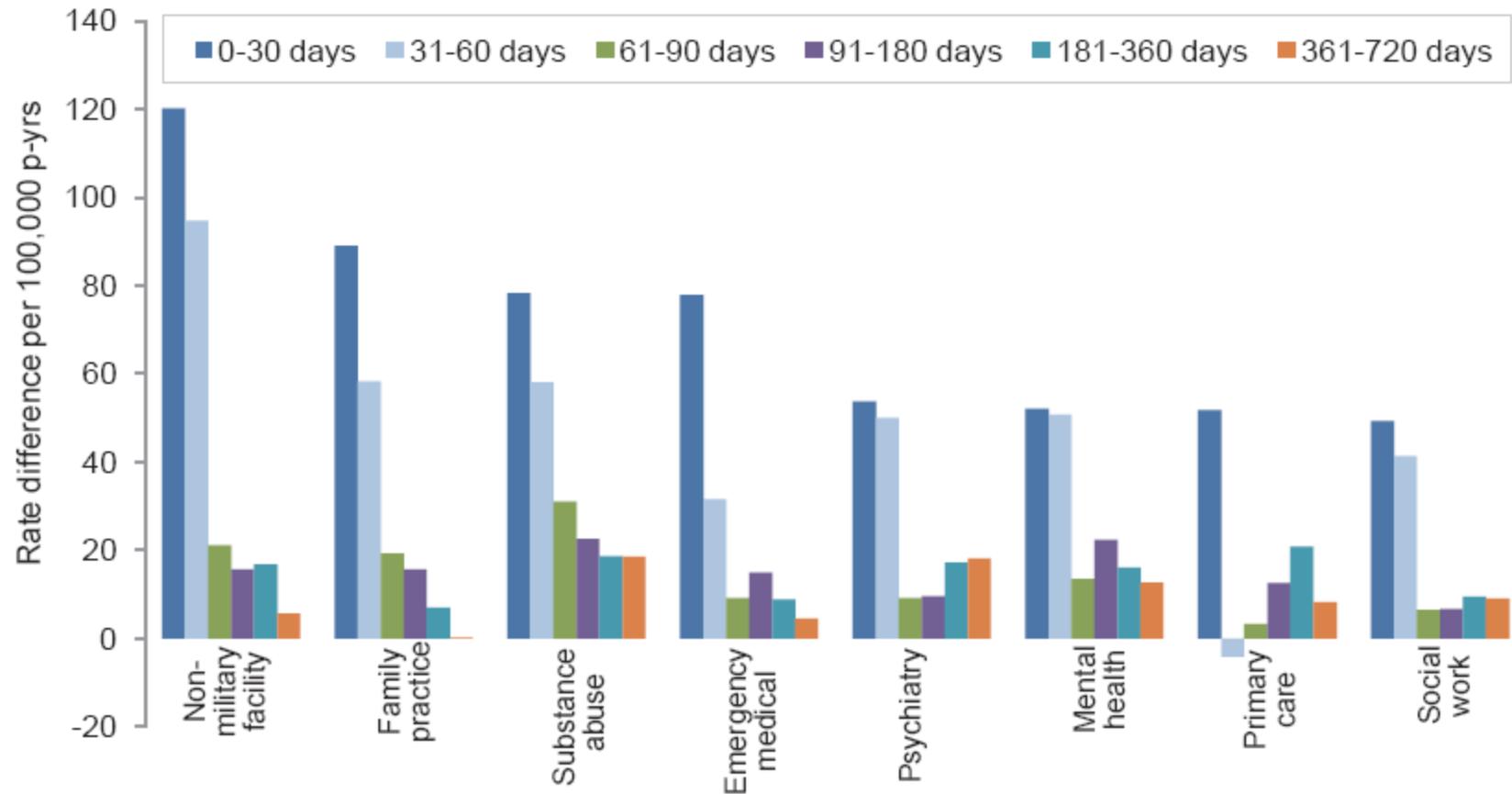
- 42% received behavioral health care (including substance abuse treatment) in month prior to suicide
- 43% of decedents had at least one known disorder

DoDSER 2010 Treatment History



Medical Usage Prior to Suicide

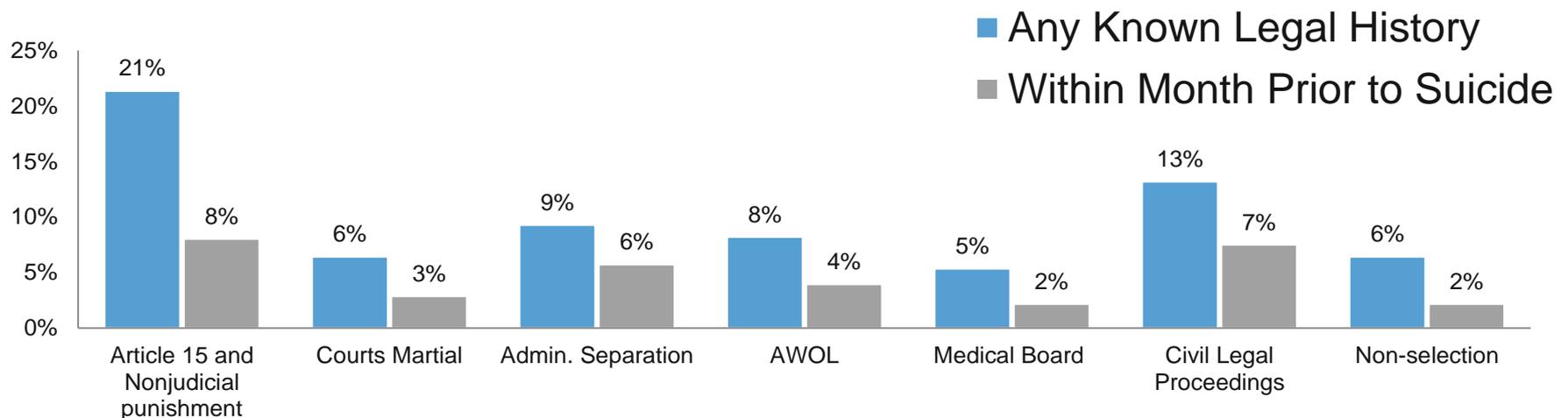
FIGURE 2A. Rate difference (“excess incidence”) in outpatient clinic visits among suicide cases vs. referents, by time period prior to suicide



Trofimovich, Skopp, Luxton, Reger (2012) *MSMR*, 19(2), 2-6.

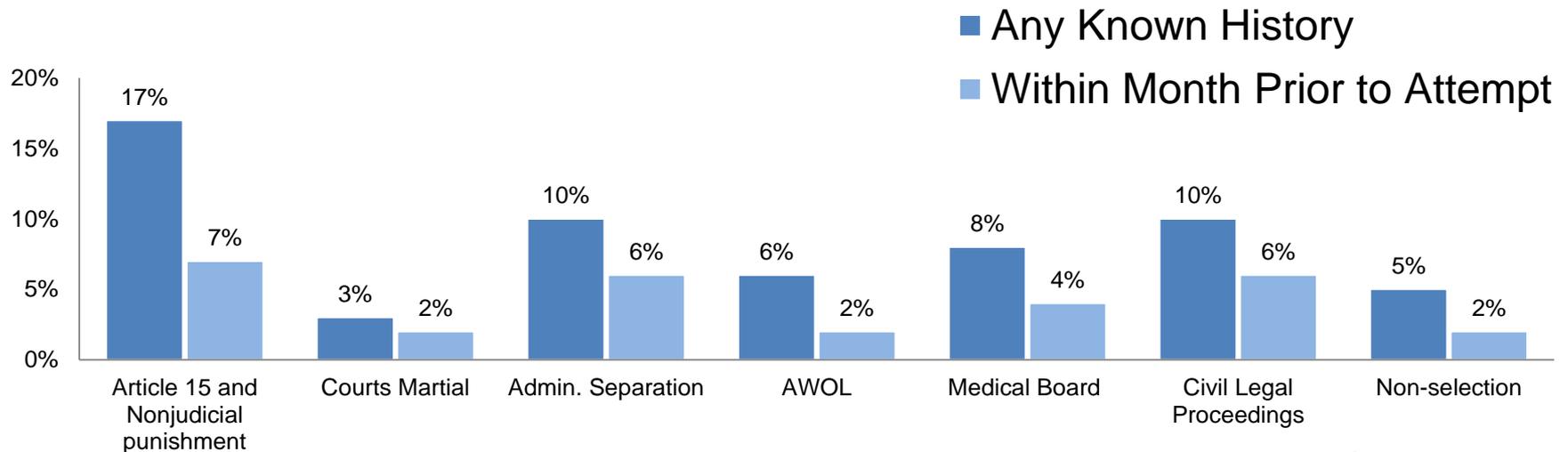
Legal Problems for Suicides

- Article 15/NJP most frequent legal issue
- 43% had at least one known legal issue
- 18% had more than one known legal issue



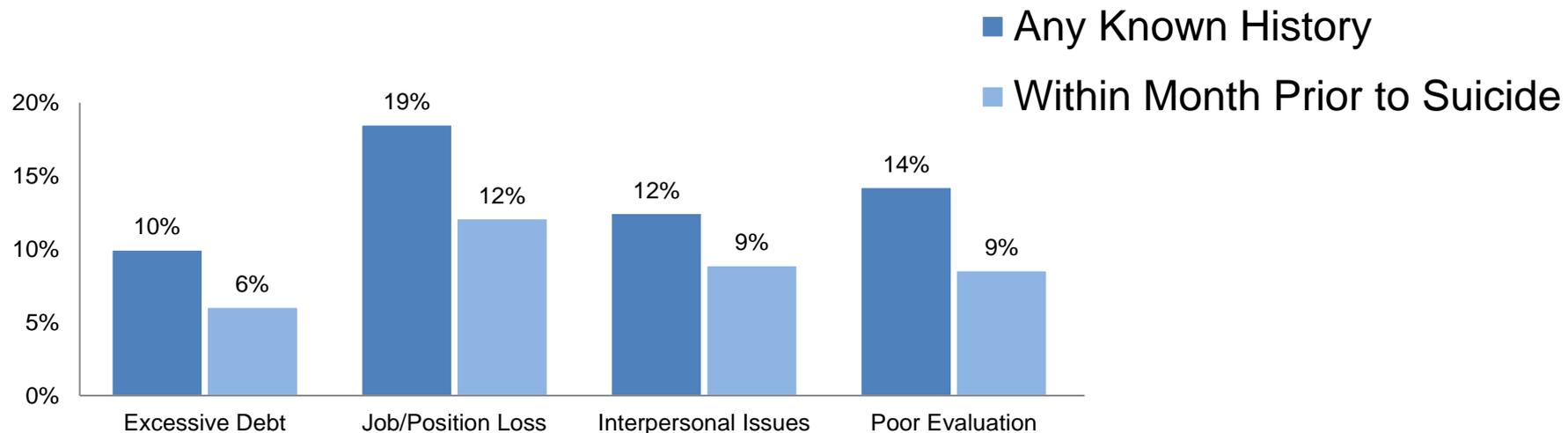
Legal Problems for Attempted Suicides

- Article 15/NJP most frequent legal issue
- 40% had at least one known legal issue
- 14% had more than one known legal issue



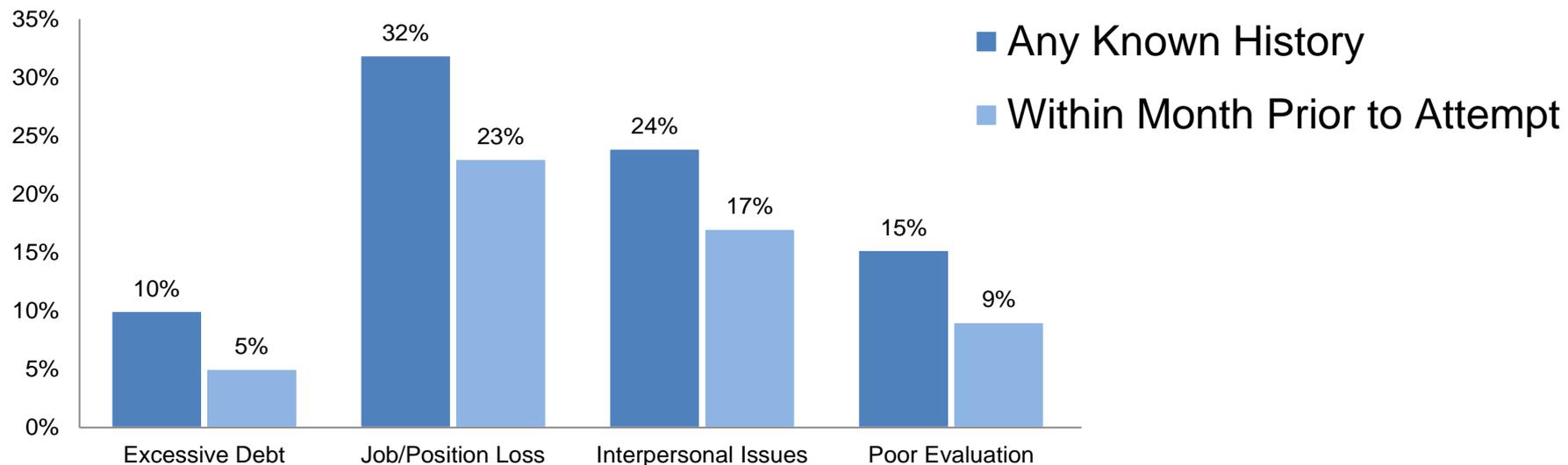
Financial/Workplace Problems for Suicides

- In the month prior to suicide
 - 12% were known to have instability in their careers
 - 9% had received a poor work evaluation or experienced problems with a supervisor or co-worker



Financial/Workplace Problems for Attempted Suicides

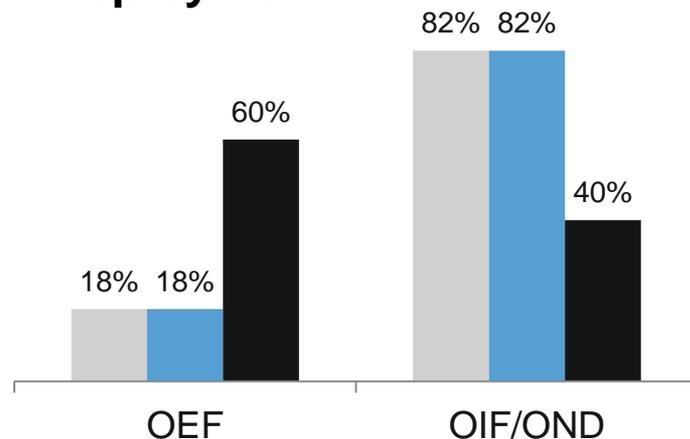
- In the month prior to suicide attempt
 - 23% were known to have instability in their careers
 - 17% had received a poor work evaluation



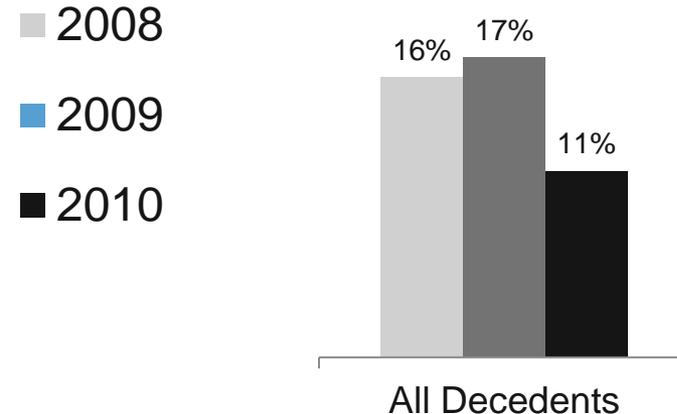
Deployment Factors for Suicides

- Location of OEF/OIF/OND suicides shifting from Iraq to Afghanistan
- Known combat history less in 2010 than 2008-2009

Location of Suicides on Deployment

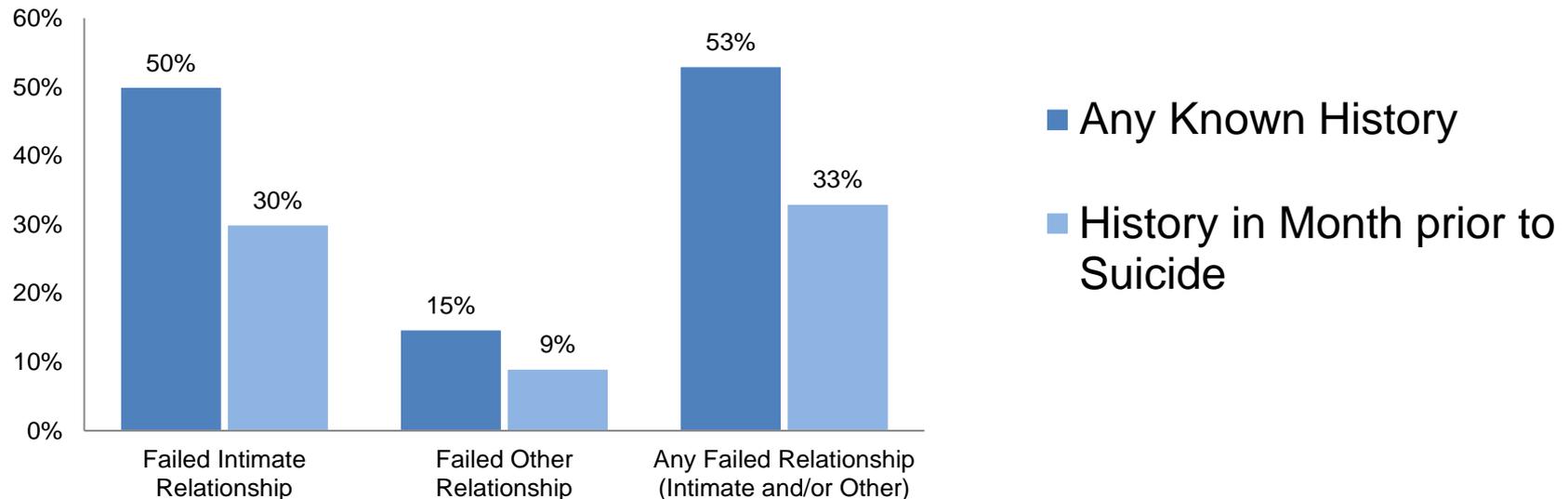


Frequency of known Combat History prior to Suicide



Relationship Factors for Suicides

- 50% had a known history of a failed intimate partner relationship
- 30% within the month prior to suicide



DoDSEER Data Use

- DoDSEER has been useful in many ways:
 - Provided analyses to the highest levels of the DoD/govt
 - Cited heavily by the DoD Suicide Prevention Task Force (Chair: Major General Philip Volpe)
 - Key data resource for the Army STARRS study
 - Prepared senior leaders for Congressional testimony
 - Real-time access for Services' suicide prevention programs
 - Helpful to VA, Canada in forming their solutions

Remaining Challenges

- Improve standardization and data quality control
 - Services have a data collection challenge
- Would other types of data be helpful?
- Remaining “gaps” in longitudinal surveillance
 - Inactive Guard/Reservists
 - Comprehensive, systematic DoD/VA system for understanding suicide after active duty service

Future Directions (1)

- Data “feed” from enterprise systems
 - Reduces data input by Services for data that already exists
 - Provides data from an accepted enterprise standard
 - Provides “control” data
- Prospective DoDSER Control study pilot
- Linkage with CDC’s National Violent Death Reporting System
- Linkage with VA data
- Evaluate automated determination new DoD suicide nomenclature

Future Directions (2)

- DoD/VA Suicide Repository
 - Joint Executive Council (JEC) Workgroup developing a longitudinal repository plan based on requirements in the Joint Strategic Plan.
 - Will provide National Death Index data and related information on ALL service members (regardless of Veteran or Guard/Reservist status).
 - Led by new Defense Suicide Prevention Office.
 - Status: In development/planning.

Thank-you!

Questions?