

Department of Defense Suicide Event Report (DoDSER)



**National Center for Telehealth & Technology (T2)
Defense Centers of Excellence for
Psychological Health & Traumatic Brain Injury (DCoE)**



PURPOSE

To provide the Task Force an overview of:

- The DoD Suicide Event Report (DoDSER) surveillance program
- Findings from the first year of data collection (CY 2008)



AGENDA

1. DoDSER Purpose, History & Methods
2. Limitations and Future Directions
3. Key Findings
4. Summary



DoDSER PURPOSE, HISTORY & METHODS

DoDSER Purpose:

- Standardize suicide surveillance efforts across the Services extending the Armed Forces Medical Examiner System's (AFMES') efforts
- Provide a comprehensive annual DoD suicide report to support examination of risk factors within and between Services and to National and International data in the future

History:

- Services collected suicide data through separate processes (ASER, SESS, DON SIR)
- All Services worked with the Suicide Prevention and Risk Reduction Committee (SPARRC) to develop a standardized system – DoDSER launched 1 JAN 08

Data Collection Methods:

- DoDSERs submitted via web form for all suicides (Regular, Active Guard Reserve and Activated Reserve and Guard), as determined by the AFMES
- DoDSERs are submitted by behavioral health providers, health care providers, or command appointed representatives
- For CY 2008, DoDSERs submitted for 90% of suicides (235/260)

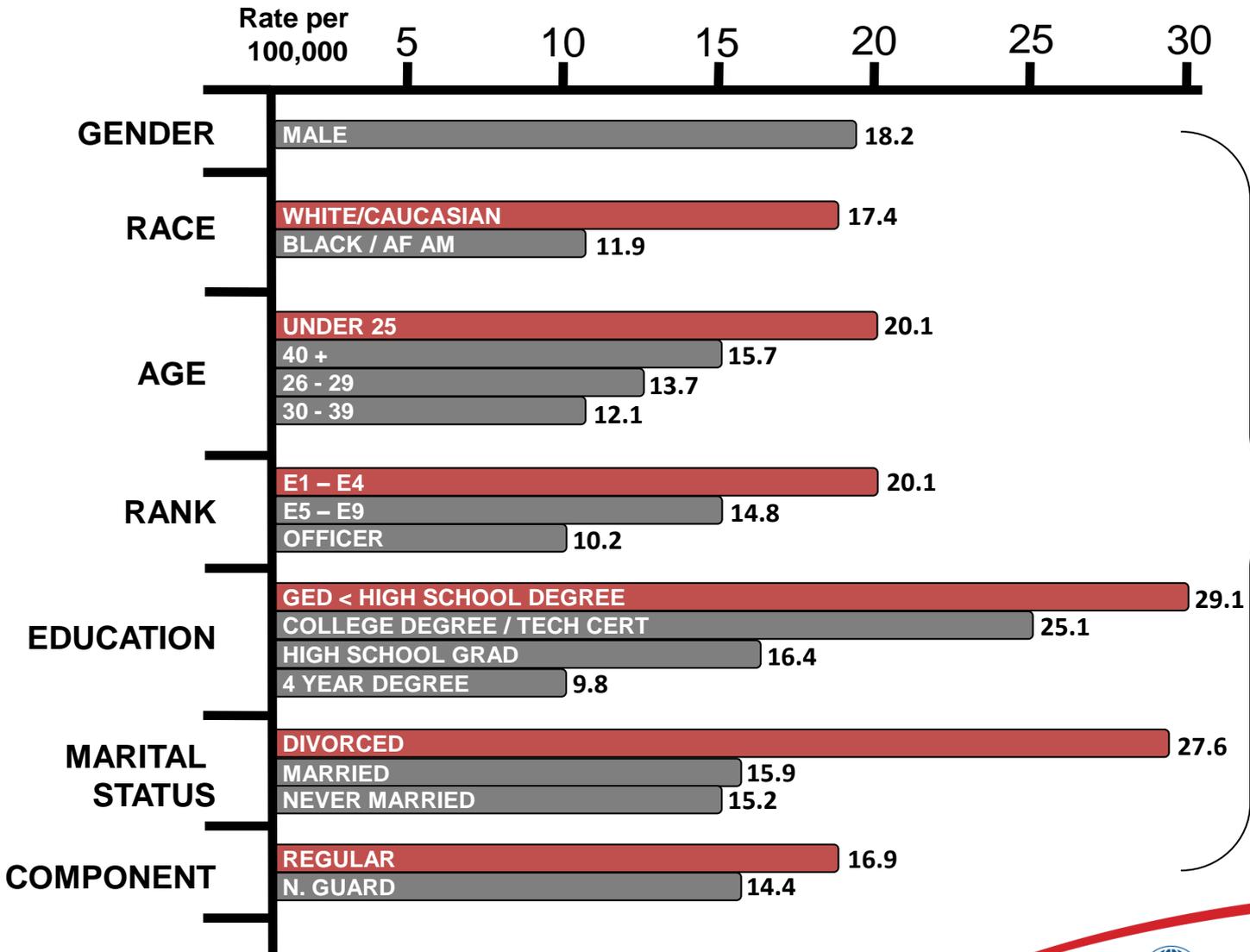


LIMITATIONS AND FUTURE DEVELOPMENTS

Limitation	Future Direction / Mitigation
<ul style="list-style-type: none"> ▪ Population level data for many DoDSER variables unavailable ▪ Unable to statistically determine suicide risk factors 	<ul style="list-style-type: none"> ▪ T2's Suicide Risk Management and Surveillance Office (SRMSO) is currently piloting a DoDSER control sample study at Fort Lewis
<ul style="list-style-type: none"> ▪ Reliability and validity of DoDSER items is currently unknown 	<ul style="list-style-type: none"> ▪ T2's SRMSO is currently finalizing a more detailed standardized coding manual and plans to test inter-rater reliability ▪ T2 is developing internet and video-based DoDSER training materials
<ul style="list-style-type: none"> ▪ There are many DoDSER items to support a wide variety of needs but multiple comparisons are problematic, as differences will be observed by chance 	<ul style="list-style-type: none"> ▪ Clear communication of the probability of spurious results in a minority of cases
<ul style="list-style-type: none"> ▪ Small sample sizes limit conclusions that can be drawn in some cases 	<ul style="list-style-type: none"> ▪ Future years will capitalize on multiple years of data collection



DoD SER HIGH RISK DEMOGRAPHICS

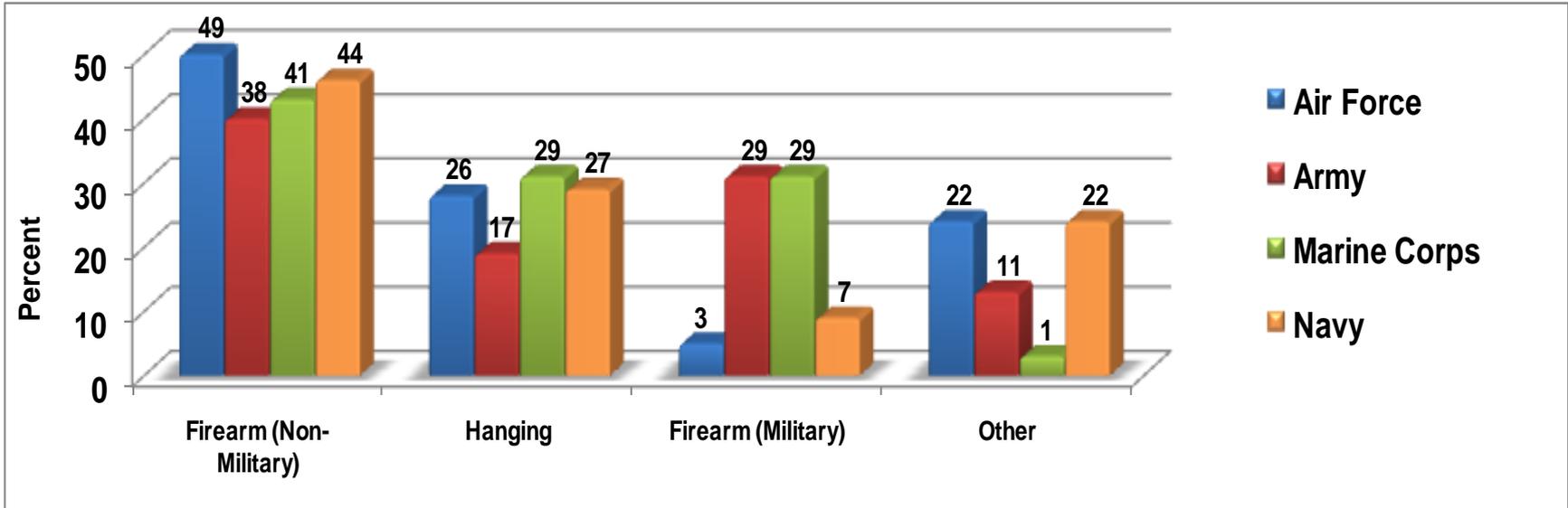


Rates were not calculated for groups n < 20

$p < .05$ for red bars compared to respective DoD demographic groups



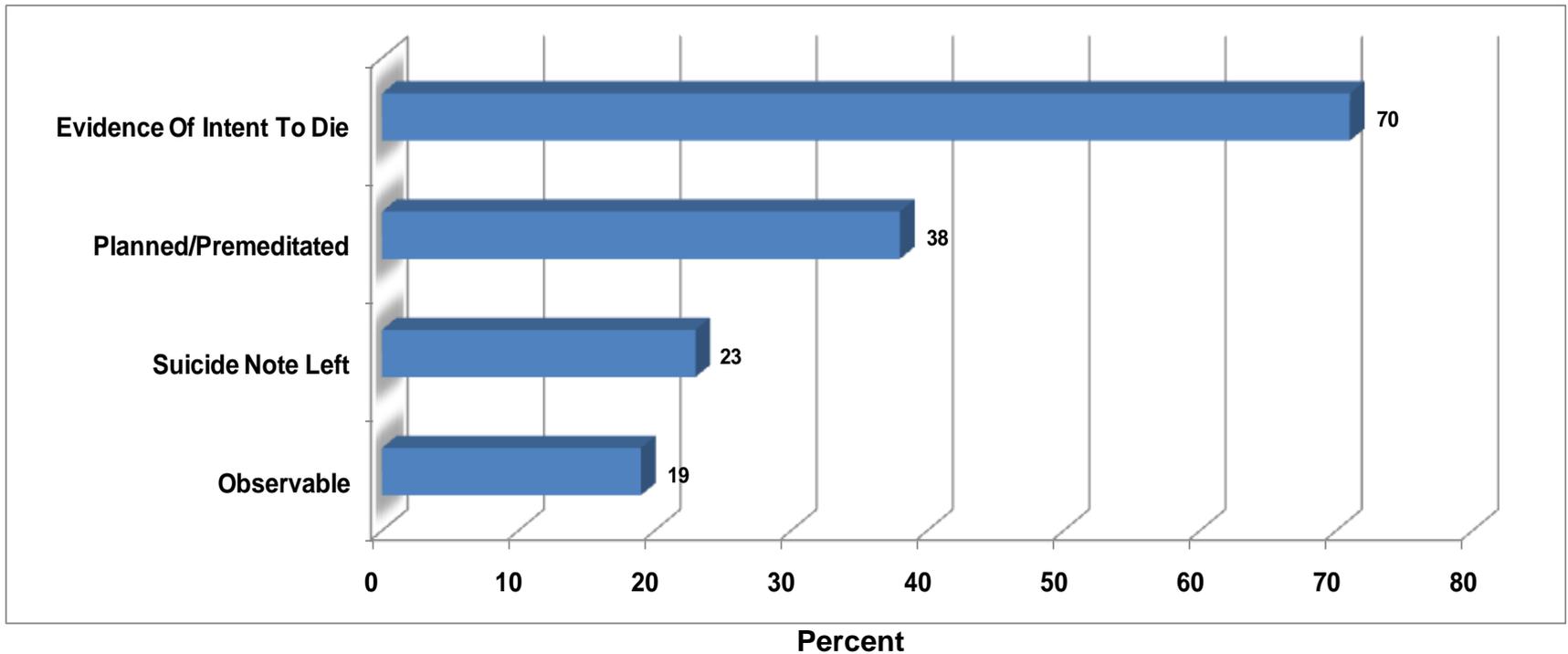
SUICIDE METHODS



DoD Total	41%	22%	21%	16%
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- Across services, non- military firearms were the most frequently utilized method for suicide (41%)
- Military firearms were used in 21% of suicides with higher incidence in the Army and Marine Corps

ADDITIONAL EVENT DETAILS



Additional Details:

- No association between calendar month of the year and suicide
- Evidence of death risk gambling (e.g., Russian Roulette) was rare (2%)



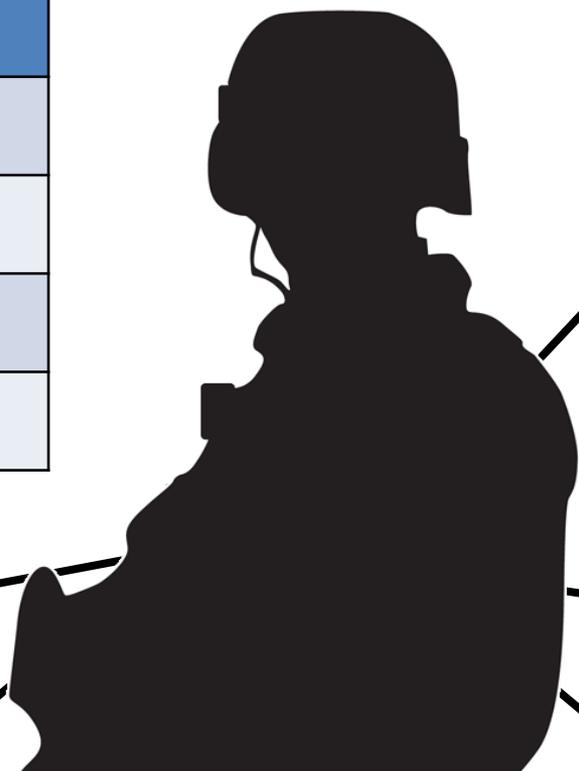
COMMUNICATED POTENTIAL FOR SELF HARM

# of Communications	N	%
0	168	70
1	51	22
2	15	6
3	5	2

CHAPLAIN
2% (4)

OTHER
11% (26)

30% of individuals who died by suicide were known to communicate their potential for self harm.



SPOUSE
12% (28)

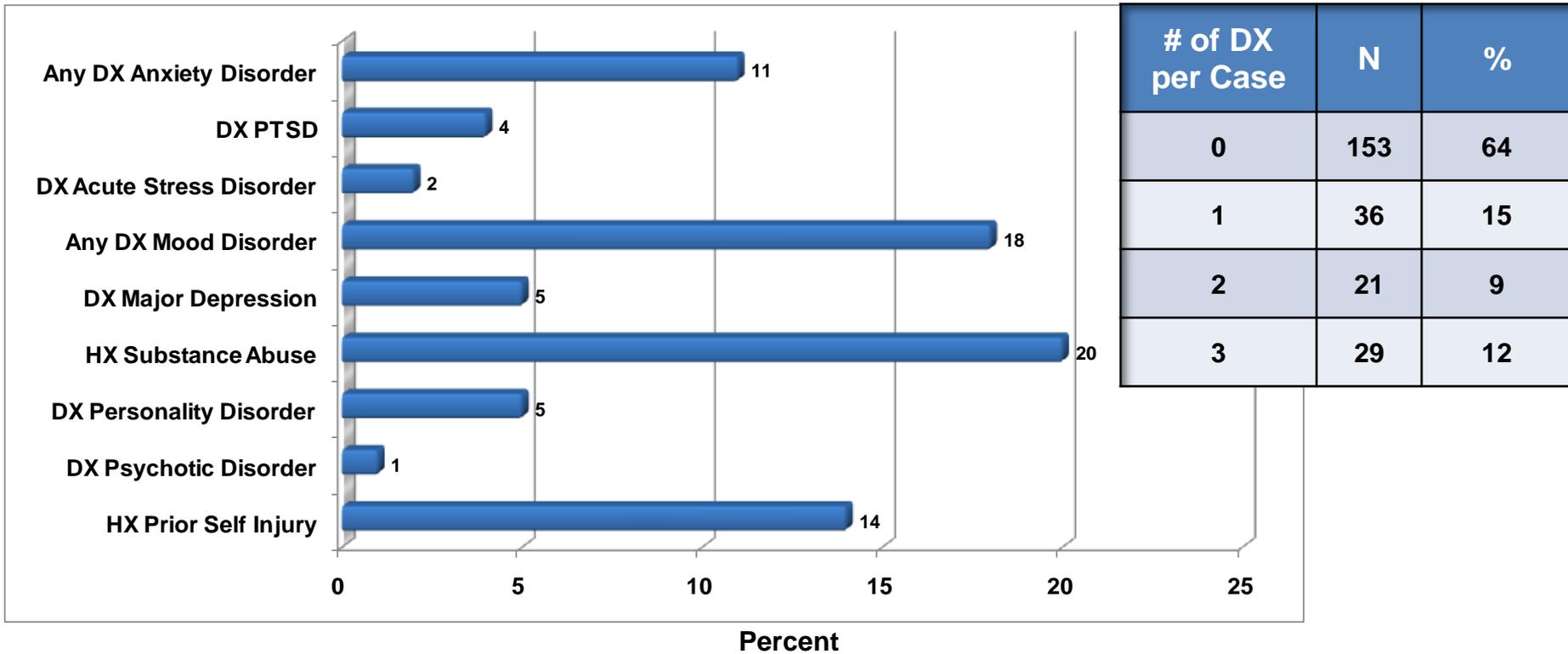
FRIEND
8% (19)

MENTAL HEALTH STAFF
5% (11)

SUPERVISOR
3% (7)

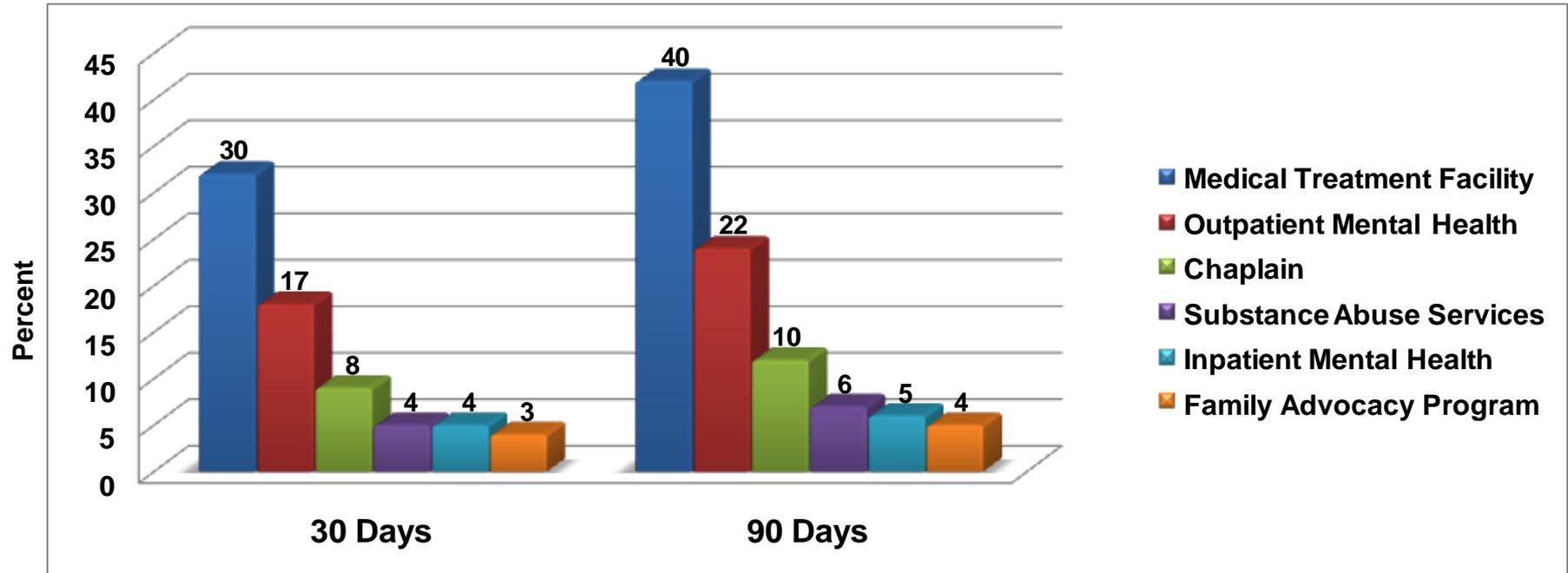


HISTORY OF MENTAL HEALTH DIAGNOSIS



36% of suicide cases had a history of at least one mental disorder

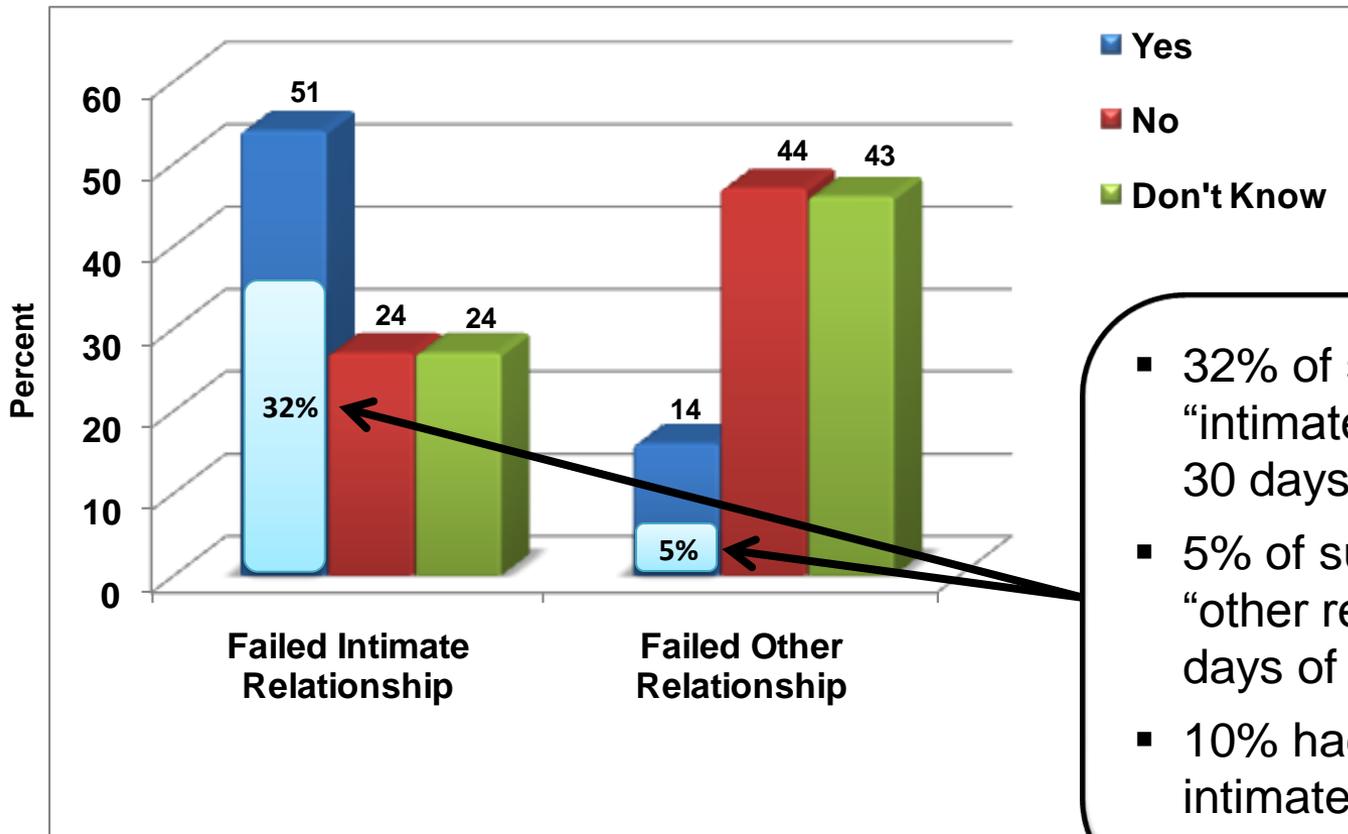
TREATMENT HISTORY



- 49% had been seen in at least one of the programs/clinics within 30 days
- 26% had sought broadly-defined mental health resources



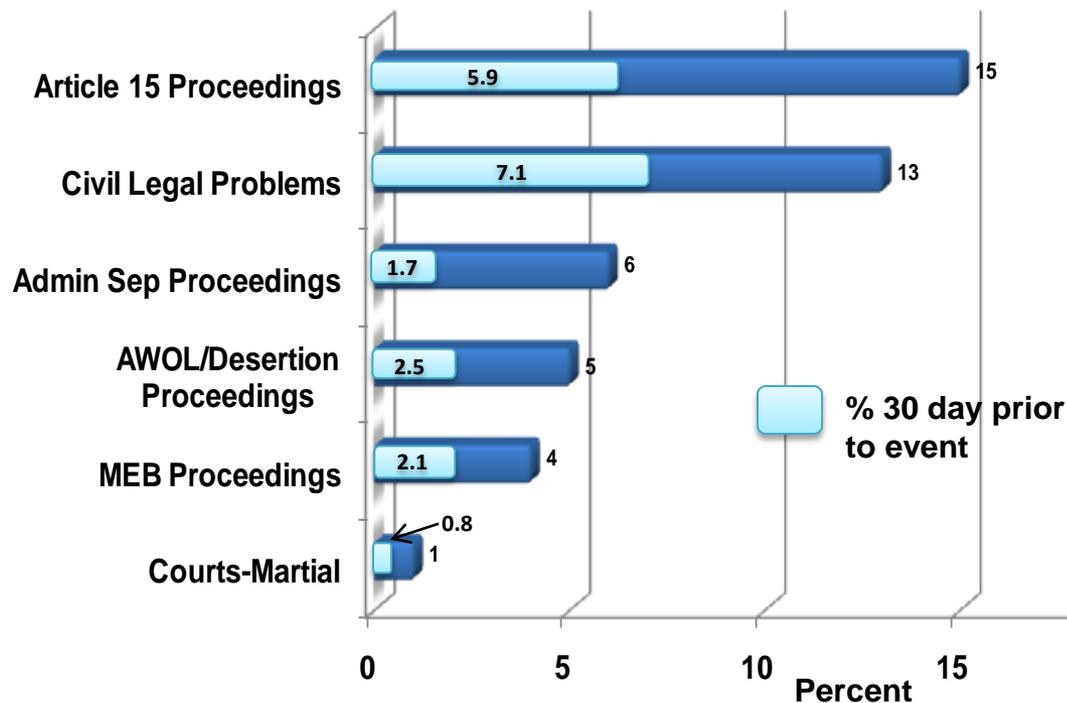
RELATIONSHIP HISTORY



- 32% of suicides had a failed "intimate relationship" within 30 days of the suicide
- 5% of suicides had failed "other relationships" within 30 days of the suicide
- 10% had both a failed intimate and failed other relationship



ADMINISTRATIVE/LEGAL HISTORY

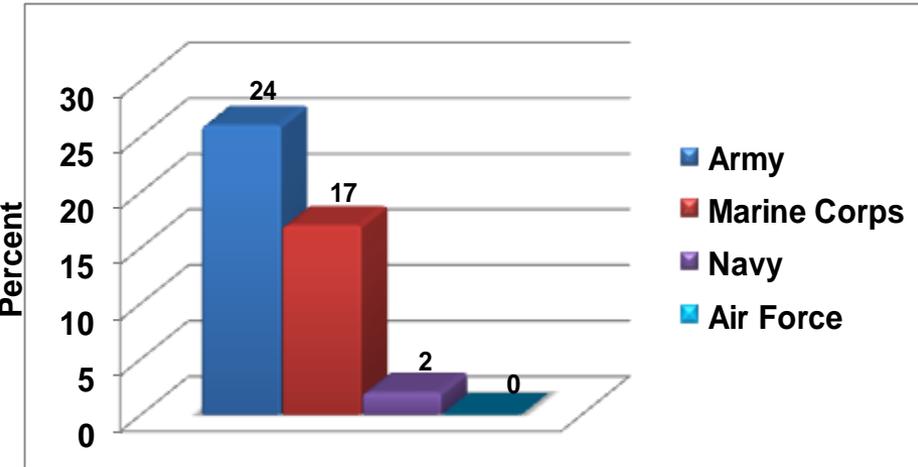


# of Admin / Legal Issues Per Case (Within 30 Days)	N	%
0	200	83
1	30	13
2	8	3
3	1	0.4

- 16% had history of admin/legal problems
- 4% had multiple admin/legal problems
- Civil Legal problems were the most common legal stressors 30 days prior to the suicide

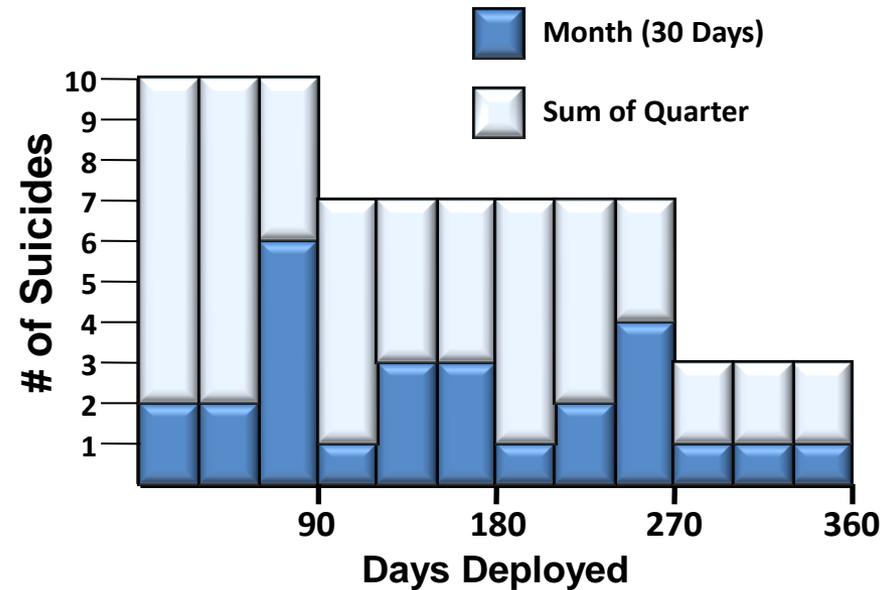
DEPLOYMENTS

Suicides During OIF-OEF Deployment (DoD N = 268)



- ARMY: 34 / 140 (24%)
 - AIR FORCE: 0 / 45 (0%)
 - NAVY: 1 / 41 (2%)
 - MARINE CORPS: 7 / 42 (17%)
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- DoD: 42 / 268 (16%)

Days Deployed



- No association between number of days deployed and suicide
- Multiple years of data will be used in the future to increase the ability to detect an association



DEPLOYMENT HISTORY FOR THOSE THAT DID NOT DIE IN THEATER

Deployment Location

Most Recent Deployment Location	%
Iraq	24.4
Afghanistan	2.5

Number of Deployments

# of Iraq / Afghanistan Deployments	N	%
0	108	53.7
1	66	32.8
2	20	10.0
≥3	7	3.5



ARMY ANNEX: EXAMPLE OF FUTURE DoDSER OPPORTUNITIES



Comparisons of Data across years:

- ASER 2007 items were compared to DoDSER 2008
- In nearly all cases, there were no differences ($p > .05$)

Comparisons of deployed and non-deployed suicide cases:

- Traditional risk factors were lower for OIF-OEF cases (e.g. failed intimate relationships):
 - 56% in non OIF-OEF cases
 - 44% in OIF-OEF cases
- Work problems were higher in OIF-OEF cases compared to non OIF-OEF cases (e.g. 27% vs. 19% respectively)





SUMMARY (1 of 2)

- Demographic groups at highest risk for suicide were similar to findings in civilian research (White/Caucasian, young, GED/less than high school education).
- Across the Services, non-military firearms were the most frequently utilized method for suicide (41%). Military Firearms (21% overall) less frequently used by Air Force and Navy decedents
- There is an opportunity to intervene in some cases:
 - 30% of suicide cases were known to communicate their potential for self harm
 - 19% of suicides were performed under circumstances where it would likely be observed and possibly intervened by others
 - 49% had been seen in a medical/support clinic/program within 30 days of suicide





SUMMARY (2 of 2)

- Significant stressors were common prior to the suicide:
 - Failed marital/intimate relationships were reported for 51% of cases
 - Other failed relationships (non-intimate) were reported for 14% of suicide cases
 - History of Article 15 proceedings were reported in 15% of decedents
 - Civil legal problems were reported among 13% of suicides
 - 36% of suicides had been DX with a mental health disorder; PTSD was fairly rare (4%)
- Majority of suicides did not occur during deployment
 - 16% of DoD cases occurred during OIF-OEF deployment
 - 24% of Army cases and 17% of Marine Corps suicides died in theater
- For those who did not die in theater, the most recent deployment location was Iraq/Afghanistan for 27%
- 13% of DoD suicide cases had a history of multiple deployments to Iraq or Afghanistan

