



Improving Behavioral Health Surveillance

An Example from the Suicide Risk Management and Surveillance Office

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BRIEFING OUTLINE

PURPOSE: To describe how technological solutions, ranging from simple web design to sophisticated software development, can improve behavioral health surveillance

1. Provide Background on the Army Suicide Event Report (ASER)
2. Describe Challenges Associated with gathering high quality surveillance data
3. Identify a Range of Technological Solutions



How is Suicide Surveillance Helpful

Understanding Suicide is a Prerequisite to Preventing Suicide

Quality surveillance allows the Army to:

- Describe the problem
- Track trends over time
- Identify patterns of MH difficulties among individuals who complete or attempt suicide
- Examine risk factors unique to Soldiers (Deployment, Combat, Training, Administrative Procedures)
- Make comparisons to overall Army:
 - Demographics
 - Military variables (e.g. rank)
- Identify possible solutions or interventions
- Evaluate the effectiveness of programs & policies



Data Collection

- World-wide data collection process
- Army Suicide Event Report (ASER) is completed for each qualifying suicide behavior:
 - 1) Completed suicides
 - 2) Suicide attempts and “gestures” that result in hospitalization or evacuation
 - 3) Suicidal ideation that results in hospitalization or evacuation

MTFs have Regional Responsibilities

-Each MTF has an ASER Command POC responsible for appointing an ASER POC and ensuring MTF compliance

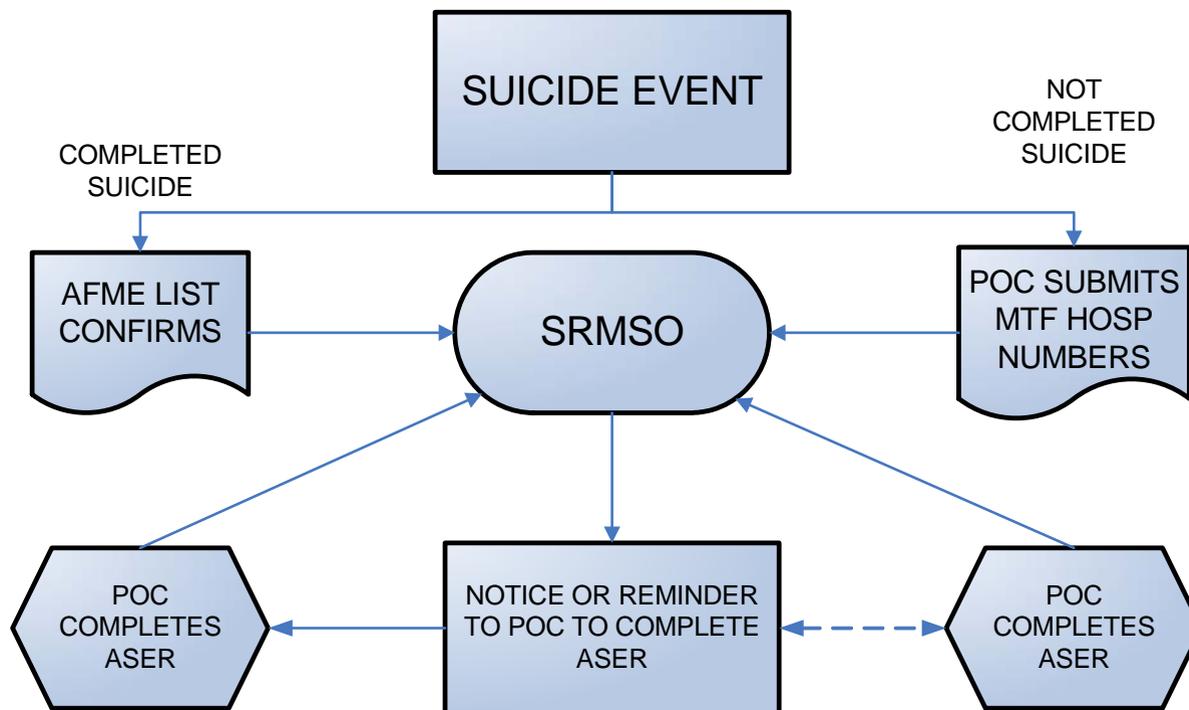
-ASER POC is responsible for completing or facilitating completion of all the MTF's ASERs

Data Used to Complete an ASER

- Medical and mental health records
- Personnel and counseling records
- Responsible investigative agency records (e.g. CID)
- Records related to manner of death, such as casualty reports, toxicology/lab reports, pathology/autopsy reports, and suicide notes
- Interviews where appropriate



Data Collection



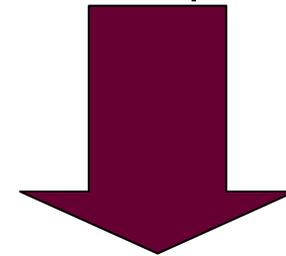
SRMSO is the only Army-wide source of information about suicide attempts



The 2004 Problem: Improving Data Submission Rates

The Army Suicide Event Report (ASER) represented “another requirement” for MTFs without providing additional resources or personnel

- ASER Submission: A Word version of the ASER was completed and sent to SRMSO
- One approach to improving compliance:



Costs of Compliance



A Technical Solution

- Ft Lewis is an active base: Power Projection Platform, Stryker Brigade, 2005 BRAC
 - Location allows SRMSO to leverage resources of the Army Behavioral Health Technology Office (ABHTO)
-
- Created a webform: ASER data submitted via a secure website
 - Data stored in an Oracle 10g database
 - Real time data can be accessed by statistical packages (e.g. SPSS)
 - DITSCAP-approved web application



A Technical Solution

- Website uses form field validation to improve quality assurance
- To prevent common data entry errors, the website uses animated text to highlight important instructions
- To reduce burden on ASER POCs, ASER questions are only presented when applicable to a specific case
- Hyperlinked help files explain ASER questions
- Frequently Asked Questions section



Future Tech Directions

- Integrate ASER with the ABHC
 - Secure log-ins for retrieval of local ASER data

Suicide Risk Management and Surveillance Office



Automated Behavioral Health Clinic - Microsoft Internet Explorer

Address: https://abhto.amedd.army.mil/abhc/secure/ShowPatientMain.action?id=80

ABHTO BHC Administrative Portal

Main menu:

- Patient Search
- Patient List
- Preferences
- Help

Onesey, Test (111-11-1111) [Edit](#)

Intensity: None
No follow-up

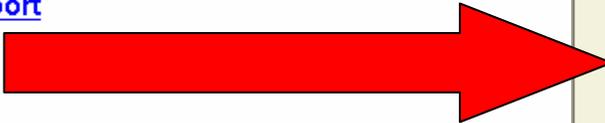
Care owner: Etherage, Joseph R Dr
Status: Not checked in

Latest reports: [Provider Report](#)

ASER's: [01-Jan-2006](#)
 01-Jan-2006
 01-Jan-2006
 01-Jan-2006
 01-Jan-2006
 01-Jan-2006
 01-Jan-2006
 01-Jan-2006

(Only the most recent ASER is available for lookup)

Clinic visits: BHC: 73
 SWAPP: 2
 SRS: 3
Total: 78



ASER-null-111111111 - Microsoft Internet Explorer

Address: https://abhto.amedd.army.mil/abhc/secure/ShowAser.action?ssn=111111

ASER Report for null (111111111)

Event Information

Date: _____
 Location: _____
 Setting: _____
 Type: _____
 Primary method used: _____
 Alcohol was used: _____
 Drugs were used: _____
 Intended to die: _____
 Method is typically lethal: _____
 Event involved death-risk gambling: _____
 Event was planned and/or premeditated: _____
 Event likely to be observed: _____
 Suicide note was left: _____
 Communicated potential for self-harm: _____
 Primary motivation: _____
 Duty environment/status: _____
 Deployment related: _____

Patient Information

Name: _____
 SSN: _____
 DOB: _____
 Sex: _____
 Relationship to sponsor: _____



Future Tech Directions

- **Integrate ASER with the ABHC**
 - **Secure log-ins for retrieval of local ASER data**
 - **Link suicide data and ABHC clinical data for improved risk factor analyses**
 - **Provide MTF's support for JCAHO RCA requirements**
 - **Real-time automated suicide data reporting for senior leaders**
 - **Extend suicide surveillance to prospective identification— An ASER tool for Clinicians**
- **Reduce POC burden and improve data quality by populating data fields from existing Army databases (TATRC AAMTI grant application is pending)**



Summary

- **Providing senior leaders with high quality data on Army suicide is of high value**
- **Epidemiological surveillance studies conducted with limited resources are challenging**
- **A range of technological solutions can reduce costs, improve data integrity and reporting, and provide new opportunities to support clinical, research, and MTF quality assurance requirements**



BACK UP SLIDES

- Add back-up slides as needed. Keep this page (minus these instructions) as a separator between the main brief and back-up slides.