

The Evolution of the Suicide Report; Psychological Autopsies, Army Suicide Event Reports, and DoD Suicide Event Reports

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BRIEFING OUTLINE

PURPOSE: To provide an overview of the evolution of the suicide report.

1. Themes
2. Psychological Autopsies “Then”
3. Health Affairs Letter 2002
4. Army Suicide Event Report
5. DoD Suicide Event Report
6. Current Status
7. Psychological Autopsies “Now”
8. Conclusion
9. Way Ahead

Themes

- More information wanted
- Diverse pools of information (which do not connect)
- Need to analyze data
- Avoid leakage of personal details
- DoD report vs service specific requirements
 - who completes form, line vs medical

History

- 1958: LA Medical Examiner consulted the LA Suicide Prevention Center for further classification of equivocal deaths
 - Center's Co-Founder and Co-Director, Psychologist Edwin Shneidman, coined the phrase, "psychological autopsy" during the course of the above investigations
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Military History: US Army

- DA Pam 600-24, “Suicide Prevention and Psychological Autopsy” 1988
 - PA: Attempts to clarify the nature of death by focusing on the psychological aspects of the death. Its primary purpose is to understand the circumstances and state of mind of the victim at the time of death. The procedure involves the reconstruction of the lifestyle and circumstances of the victim, together with details of behaviors and events leading to the death of the individual
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Psychological Autopsies “Then”

- Long narrative report (20 typed pages)
 - “psychoanalysis of the deceased”
- Produced locally (no specialized training)
- Copy sent to WRAIR (then Joe Rothberg)
- Results often summarized into reports
- No automated way to analyze
- No standards for training or quality assurance
- FOIA request from Fayetteville Observer
- USS Iowa explosion

Policy Change

Health Affairs June 2001 letter

- DoD IG critical of psychological autopsy process
- Psychological autopsies will only be done for equivocal deaths
- Eg not clear whether accident, homicide or suicide
 - Classified information, other rare exceptions
- Was to be replaced by another more automated report
- People who did psychological autopsies to be trained
 - Forensic psychiatrists, others grandfathered in
- Training held at Walter Reed, joint effort with AFIP
- 9/11 happened and the long war

Training on Psychological Autopsies 2001

- Day long seminar hosted at Walter Reed
- Curriculum included:
 - Psychological autopsy in criminal investigation
 - Autopsy process and death investigation
 - Crime scene investigation
 - Postmortem changes
 - Fire arm injuries
 - Toxicology
 - Asphyxia and autoerotic deaths
- Publication: Ritchie EC, Gelles M. Psychological Autopsies: The Current Department of Defense Effort to Standardize Training and Quality Assurance. The Journal of Forensic Sciences, Sept 2002; 47 (6): 1370-1372.

Recommended Structure of the PA Report

- Source and Reason
- Disclaimer
- Confidentiality
- Death Scene Evidence
- Physical Autopsy report
- Toxicology results
- Military service
- Review of medical/psychiatric
- Background
- Interviews
- Description of the person

Structure of the Report

- Description of the last days of life
- Suicide notes, videos
- Reactions to the death
- Forensic opinion
 - Evidence for against
 - suicide
 - Homicide
 - Accident
 - Autoerotic fatality
 - Other
 - Impulsive vs planned
 - Lethality
 - Diagnosis

Lessons Learned

- About the individual
- For command
- For the mental health system

Army Suicide Event report

- Fielded in 2003
- Web-based, automated
- Generated from field (including provider)
- Variable quality of data
- Installation POC
- No feedback to command
- No integration with 15-6, CID, other data sources

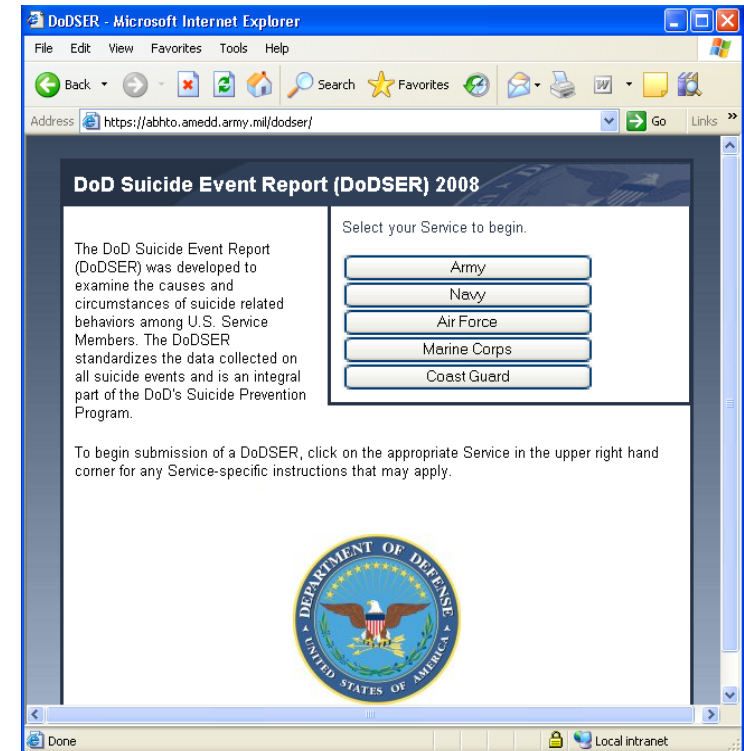
Annual ASER Reports

- Composite Army Annual reports begun in 2005
- Annual report 2005, 2006, 2007
- Media roundtables
- High visibility
- Transition to DoD Suicide Event report

Screening and Surveillance

The DoD Suicide Event Report

- The Department of Defense implemented the DoD Suicide Event Report (DoDSER) based on the Army Suicide Event Report (ASER), which was validated by the U.S. Army Medical Research and Materiel Command.
- DoDSERs are submitted for suicide behaviors that result in death, hospitalization or evacuation from theater.
- Data collected from standardized records (e.g., medical records, CID).
- Army DoDSERs due w/in 60–days.
- Objective, detailed, and standardized information collected:
- Comprehensive data (method, location, fatality)
 - Extensive risk factor data
 - Dispositional or personal
 - Historical or developmental
 - Contextual or situational
 - Clinical or symptom factors



Dissatisfactions with ASER/DoDSER

- Poor quality control
- No feedback to command
- Little to no narrative
- No ability for feedback to command or lessons learned
- Leadership desire to “bring back” psychological autopsy

Psychological Autopsies Now

- Equivocal cases
 - Eg not clear whether accident, homicide or suicide
- Infrequent (about 10 a year all services)
- Expertise at AFIP (Armed Forces Medical Examiner), NCIS, OSI, Walter Reed forensic fellowship
- Navy/AF model: investigator at criminal investigation command
- Forensic psychiatry and psychology fellows receive training
- On going quality assurance (peer review)

Governing Policy: DoDI 5154.30/2003

- Psychological Investigations (PI) Division established by DoDI 5154.30
 - The Armed Forces Medical Examiner (AFME), delegated authority regarding PAs to the Chief Deputy Medical Examiner, PI Division, (Chief(PI))
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Governing Policy: DoDI 5154.30/2003

- Maintain a PA registry supporting medico legal death investigations that require a behavioral analysis such as the following:
 - Cases where the MOD has not been determined and suicide is a possible manner of death
 - Cases where the MOD has been determined to be an accident, homicide, or natural, and additional objective evidence is found that raises suicide as a possible MOD
 - Selected suicides, ONLY WHEN APPROVED BY THE AFME
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Governing Policy: DoDI 5154.30/2003

- Coordinate and supervise PAs, and conduct peer reviews/quality assurance of PAs
 - Military Services are responsible for PAs of their Service Members
 - ME requests PA, or
 - Military Criminal Investigative Organizations request PA
 - » Chief(PI) discusses case with AFME; ME; Chief Deputy Medical Examiner, Operations; and Military Criminal Investigative Organization for additional information as needed

Governing Policy: DoDI 5154.30/2003

- If PA request approved by Chief(PI), appropriate military service is notified and case is assigned
 - Mental Health Professional who has an active, unrestricted license and who has received SPECIFIC FORENSIC TRAINING* to conduct the assessment is authorized to conduct PAs and to submit report of findings
 - PA report provided to ME, with a copy to the Military Criminal Investigative Organization
 - PA report provided to Next of Kin, if requested
 - PA materials SHALL NOT BE USED OR DISCLOSED FOR ANY OTHER PURPOSE, unless pertinent statutory or regulatory authority requires use or disclosure

* Forensic Psychiatrists or Forensic Psychologists

Governing Policy: DoDI 5154.30/2003

- Provide consultation (including, as required, diagnostic and consultative services and medico legal opinions, testimony, and evidence) on medico legal investigations and related matters to the judge advocates and criminal investigative agencies of the Armed Forces and other Federal Agencies
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PA Investigation and Report

- Source/Reason for Request
 - Demographics
 - Disclaimer
 - Sources of Information
 - Records & Documents
 - Autopsy/Toxicology Report
 - Medical, MH, Police, Legal, Criminal, School, Financial, Military Records
 - Suicide note (10-33%)
 - Electronic data/Forensic analysis
 - Journals/Diaries
 - Death Scene/Evidence
 - Personality & Lifestyle
 - Recent Stressors/Precipitants
 - Significant relationships/Social Supports
 - Developmental & Social History
 - Educational History
 - Occupational History
 - Military History/Service Record Review
 - Financial History
 - Legal History
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PA Investigation and Report

- Psychiatric History
 - Prior Suicidal Behavior
 - Prescribed Medications: Efficacy & Compliance
 - Hospitalization
 - Outpatient Treatment
 - Recent Symptoms/Behaviors
 - Insomnia
 - Feelings of worthlessness and/or hopelessness
 - Agitation
 - Anxious
 - Impulsivity
 - Excessive risk-taking behaviors
 - Confusion, psychosis, disoriented
 - Substance Use History
 - Medical History
 - Chronic illness and/or pain
 - Medications
 - Family Medical & Psychiatric History
 - Suicide or SA
 - Abuse
 - Substance Use Disorder
 - Mental Disorders
 - Spirituality/Religious Beliefs
 - Reactions to Death
 - Timeline
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PA Investigation and Report

- Analysis of Manner of Death
 - Suicide Risk Assessment
 - Lethality
 - Motive
 - Intent
 - Rescue/Intervention Possibility
 - Changes in Appearance, Personality, Habits, Behavior
 - Forensic Opinion
 - Reasonable Degree of Medical or Psychological or Psychiatric Certainty
 - Typically take 20-50 hours to complete; Average 2-4 months
 - Reports: 10+ pages
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PA versus Other Investigations

- PA: Also called Equivocal Death Psychological Autopsy (EDPA)
 - Purpose: Assist ME in determining MOD
 - Forensically-trained psychiatrist or psychologist
 - USN & USAF: NCIS & OSI Psychologists
 - USA: No psychologist, referral to WRAMC Forensic Fellowship Programs, USA forensically-trained staff, USN forensically-trained staff
 - Drug-related deaths, Autoerotic Asphyxia, Drownings, MVAs, “Suicide by Cop,” Staged Death Scenes
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PA versus Other Investigations

- Behavioral Analysis Review (BAR): Also called Suicide Psychological Autopsy (SPA)
 - Purpose: To understand which psychosocial factors contributed to the suicide for the purposes of intervention and risk mitigation
 - USN & USAF: NCIS and OSI Psychologists
 - USA: Local Mental Health Provider
 - Commander can order AR 15-6 Investigation for quality purposes (FOIA exempt) to identify the psychosocial factors that contributed to a suicide for the purposes of intervention and risk mitigation

Way Ahead

- Recommend:
 - Merge benefits of DoDSER (quantity) and PA (quality)
 - Trained corps of mental health/investigators
 - Training offered consistently
 - Integration with other data sources
 - Army expertise could be located at Public Health Command, Walter Reed, other
 - Clear understanding of limits of confidentiality
 - Better understanding of processes in larger DoD