This presentation will

Due to its rarity, knowledge of basic epidemiological and statistical considerations is necessary to properly understand and interpret suicide data, including military suicide mortality rates

Highlight some of the Department’s current public health and clinical suicide prevention efforts

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**Epidemiological & Statistical Considerations**

**Volatility**
- Estimates of a rate will move up and down over time, even if there is no change in the true rate
- The magnitude of fluctuation over time is strong for rare events like suicide
- Using average rates helps lessen volatility

**Uncertainty**
- Each estimate of a rate is influenced by random error (i.e., uncertainty)
- As such, rates cannot be measured with perfect accuracy
- Confidence intervals help to quantify the amount of uncertainty in the estimate

**Comparability**
- The extent to which suicide rates from different populations or time periods can be compared
- Suicide rates vary significantly by age, sex, race/ethnicity, Veteran status, and other variables
- To ensure comparability, standardize the populations to be compared on all significant variables using adjustments

**Statistical Differences between Rates**
- Evidence that two observed rates reflect different true rates
- Little, or no, overlap of confidence intervals suggests that the observed rates come from groups with different true rates
- Substantial overlap of confidence intervals indicates that the observed difference in rates is very likely the result of random error or volatility

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**DoD-Wide Suicide Reduction Efforts**

- Recent Clinical Efforts from the Defense Health Agency (DHA)
  - Developing a DHA Procedural Instruction for suicide interventions to guide all suicide-related care in military medical treatment facilities
  - Identifying outgoing Service members with a history of suicidal behavior in order to connect them as expeditiously as possible to the Department of Veterans Affairs’ (VA) care system
  - Reviewed and updated the VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide
  - Publication expected in 2019
  - Clinical Support Tools will be developed to help clinicians implement the recommended practices
- Recent Public Health Efforts from the Defense Suicide Prevention Office
  - Testing programs for teaching Service members how to recognize suicidal warning signs on social media and how to deal with life stressors
  - Developing training for non-clinical military providers on how to discuss limiting access to lethal means with clients and approaches to increasing safe storage practices
  - Creating a public messaging campaign to educate Service members and their families about suicide and firearms

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**Psychological Health Resources**

- Real Warriors Campaign: Find psychological health resources and anti-stigma information at www.realwarriors.net
- inTransition Program: Receive coaching and assistance for accessing behavioral health care at 800-424-7877
- Military OneSource: Receive assistance and information for coping with life stressors at 800-342-9647

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**Reference**


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Poster presented at the American Psychological Association’s convention in August, 2019. For more information, please contact jlhjyj@mixarmacy.Philips-contact-us@mil.mil. The views expressed in this presentation are those of the authors and do not necessarily represent the official policy or position of the Psychological Health Center of Excellence, Department of Defense, Department of Veterans Affairs, or any other US government agency. UNCLASSIFIED