



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO
BUMEDINST 6520.2
BUMED-M00WII
7 Mar 2011

BUMED INSTRUCTION 6520.2

From: Chief, Bureau of Medicine and Surgery

Subj: EVALUATION AND DISPOSITION OF PATIENTS PRESENTING WITH SUICIDAL IDEATION OR BEHAVIOR

Ref: (a) SECNAVINST 6320.24A
(b) OPNAVINST 1720.4A

Encl: (1) Self-Directed Violence (SDV) Classification System
(2) Self-Directed Violence (SDV) Classification System Clinical Tool

1. Purpose. To provide policy guidance for the evaluation and disposition of patients presenting with suicidal ideation or behavior.

2. Cancellation. NAVMEDCOMINST 6520.1A.

3. Background. Suicide has been one of the leading causes of death among Service members and affects all segments of the population. In 2009, 39 percent of Navy suicide decedents had been seen at a medical treatment facility (MTF) within 90 days of their death. Mental health providers and medical personnel who are not mental health specialists are often called upon to assess and disposition patients presenting with thoughts of suicide or who have engaged in acts of self-directed violence. Since lethality is difficult to predict, it is essential that identification and management of patients with suicidal ideation or history of self-directed violence be carefully conducted.

4. Scope. Applies to mental health providers, as well as health care providers who are not specialists in mental health, but who are called upon to evaluate and treat patients presenting with suicidal ideation or behavior.

5. Action. Commanders, commanding officers, and officers in charge of MTFs shall ensure that the following actions are accomplished:

a. Ensure that screening for suicidality and risk assessment is being done in the primary care clinics in their MTF. Many suicidal patients will not initially seek psychological health care or report thoughts or behaviors of self-harm.

b. There shall be a thorough evaluation of patients presenting with suicidal ideation or behavior per reference (a). Additionally, special care should be taken in the conduct of Command Directed Mental Health Evaluations as per reference (a). Enclosures (1) and (2) are provided as guidance for definitions and appropriate classification of suicidal behavior.

c. Evaluations for risk of suicidal ideation and behavior should be conducted by a privileged mental health provider whenever possible. However, if a mental health provider is not available, then another health care provider with appropriate clinical privileges shall conduct the evaluation.

d. Written, facility-specific procedures for ensuring the safety and non-elopement of suicidal patients in an inpatient setting shall be developed, implemented, reviewed annually, and revised as needed according to the facility's Risk Assessment Program. Further, there shall be a written, facility-specific protocol providing clear guidance for referral to appropriate civilian agencies for all non-active duty patients who refuse voluntary treatment and who are presenting with suicidal ideation or behavior.

e. Adequate documentation in the patient's health record shall be made before release of any patient. When the initial evaluation reveals no suicidal ideation or behavior, and no need for follow-up, an entry shall clearly document this in the health record. If follow-up evaluation or treatment on an outpatient basis subsequent to any action by medical authorities (evaluation or post-inpatient evaluation and treatment) is indicated, this also must be documented in the health record.

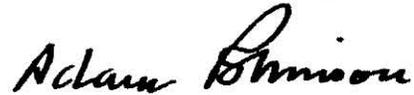
f. The medical department representative of the patient's command will be informed expeditiously of any evaluation in which a patient is found to be suicidal per reference (a) and the Health Insurance Portability and Accountability Act (HIPAA). Recommendations for care at the operational unit should be made at this time. Further, the appropriate command element (i.e., commander, commanding officer, officer in charge, command duty officer) will be advised as soon as possible regarding a positive finding of suicidal ideation and/or behavior involving one of their personnel. Any recommendations for non-medical management and administrative disposition by the Command will be given at this time.

g. Suicides and suicide-related behavior shall be reported as per reference (b). The Department of Defense Suicide Event Report (DoDSER) shall be completed for all suicide attempts by Active and Reserve Component Service members, as determined by competent medical authority, within 30 days of medical evaluation. Suicide attempt DoDSERs shall be completed by the health care provider at the facility responsible for the member's psychological assessment, or if assessment occurs at a civilian facility by the MTF responsible for the TRICARE referral, or by the Reserve Component Command Medical Representative for Reserve Component not on active duty. Training on completing the DoDSER can be found at the reporting Web site at: <https://dodser.t2.health.mil/dodser/>.

h. MTF commanders, commanding officers, or commanders will designate a DoDSER point of contact for each MTF and provide the point of contact information to the Navy Suicide Prevention Program Manager (Navy Personnel Command, N135, Millington, TN) and the Marine Corps Suicide Prevention Program Manager (United States Marine Corps Manpower and Reserve Affairs, Quantico, VA).

i. Comprehensive education and training liaison and consultation between psychological health professionals and other professional staff, along with members of the Fleet, shall be provided as per reference (b). The major emphasis should be upon the identification and evaluation of the potentially suicidal individual, and the subsequent appropriate action by professionals, commanders, supervisors, and shipmates.

6. Report. The reporting requirements for this instruction are authorized by reference (b).



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Distribution is electronic only via the Navy Medicine Web Site at:
<http://www.med.navy.mil/directives/Pages/default.aspx>

Self-Directed Violence Classification System*

Type	Sub-Type	Definition	Modifiers	Terms
Thoughts	Non-Suicidal Self-Directed Violence Ideation	Self-reported thoughts regarding a person's desire to engage in self-inflicted potentially injurious behavior. There is no evidence of suicidal intent. For example, persons engage in Non-Suicidal Self-Directed Violence Ideation in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).	N/A	• Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation	Thoughts of engaging in suicide-related behavior. For example, intrusive thoughts of suicide without the wish to die would be classified as Suicidal Ideation, Without Intent.	• Suicidal Intent: -Without -Undetermined -With	• Suicidal Ideation, Without Suicidal Intent • Suicidal Ideation, With Undetermined Suicidal Intent • Suicidal Ideation, With Suicidal Intent
Behaviors	Preparatory	Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away). For example, hoarding medication for the purpose of overdosing would be classified as Suicidal Self-Directed Violence, Preparatory.	• Suicidal Intent: -Without -Undetermined -With	• Non-Suicidal Self-Directed Violence, Preparatory • Undetermined Self-Directed Violence, Preparatory • Suicidal Self-Directed Violence, Preparatory
	Non-Suicidal Self-Directed Violence	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent. For example, persons engage in Non-Suicidal Self-Directed Violence in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).	• Injury -Without -With -Fatal • Interrupted by Self or Other	• Non-Suicidal Self-Directed Violence, Without Injury • Non-Suicidal Self-Directed Violence, Without Injury, Interrupted by Self or Other • Non-Suicidal Self-Directed Violence, With Injury • Non-Suicidal Self-Directed Violence, With Injury, Interrupted by Self or Other • Non-Suicidal Self-Directed Violence, Fatal
	Undetermined Self-Directed Violence	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based upon the available evidence. For example, the person is unable to admit positively to the intent to die (e.g., unconsciousness, incapacitation, intoxication, acute psychosis, disorientation, or death); OR the person is reluctant to admit positively to the intent to die for other or unknown reasons.	• Injury -Without -With -Fatal • Interrupted by Self or Other	• Undetermined Self-Directed Violence, Without Injury • Undetermined Self-Directed Violence, Without Injury, Interrupted by Self or Other • Undetermined Self-Directed Violence, With Injury • Undetermined Self-Directed Violence, With Injury, Interrupted by Self or Other • Undetermined Self-Directed Violence, Fatal
	Suicidal Self-Directed Violence	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent. For example, a person with the wish to die cutting her wrists with a knife would be classified as Suicide Attempt, With Injury.	• Injury -Without -With -Fatal • Interrupted by Self or Other	• Suicide Attempt, Without Injury • Suicide Attempt, Without Injury, Interrupted by Self or Other • Suicide Attempt, With Injury • Suicide Attempt, With Injury, Interrupted by Self or Other • Suicide

* Developed in collaboration with the Centers for Disease Control and Prevention

Self-Directed Violence Classification System*

Key Terms	<p><i>Self-Directed Violence:</i> Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.</p> <p><i>Suicidal Intent:</i> There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions. Suicidal intent can be determined retrospectively and in the absence of suicidal behavior.</p> <p><i>Physical Injury:</i> A (suspected) bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance. In some cases an injury results from an insufficiency of vital elements, such as oxygen. Acute poisonings and toxic effects, including overdoses of substances and wrong substances given or taken in error are included, as are adverse effects and complications of therapeutic, surgical and medical care. Psychological injury is excluded in this context.</p> <p><i>Interrupted By Self or Other:</i> A person takes steps to injure self but is stopped by self/another person prior to fatal injury. The interruption may occur at any point.</p> <p><i>Suicide Attempt:</i> A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.</p> <p><i>Suicide:</i> Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.</p>
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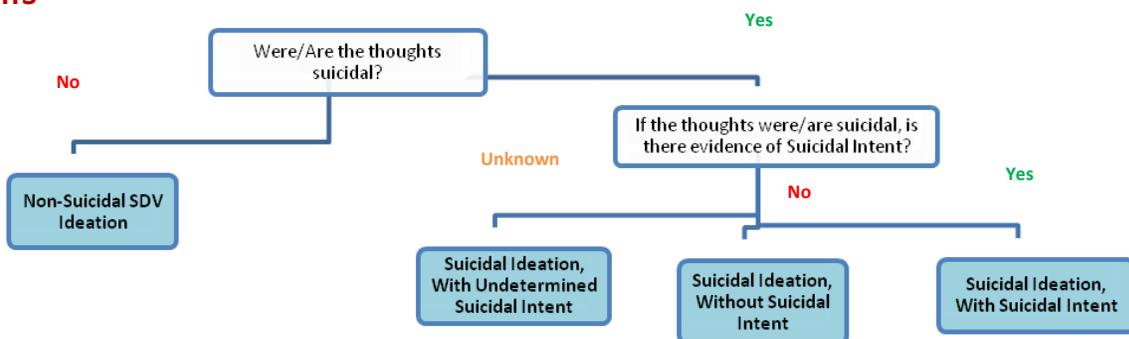
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Self-Directed Violence (SDV) Classification System Clinical Tool

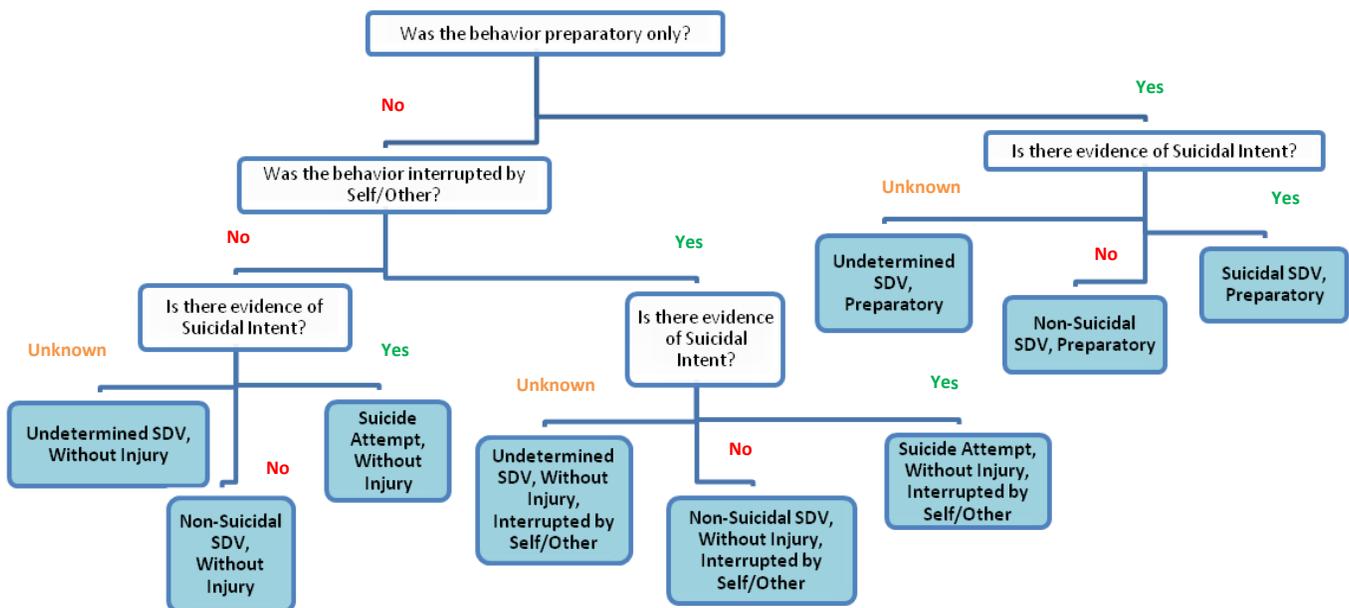
BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?
(Refer to Key Terms on reverse side)
If NO, proceed to Question 2
If YES, proceed to Question 3
2. Is there any indication that the person had self-directed violence related thoughts?
If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV TERM
If YES, proceed to Decision Tree A
3. Did the behavior involve any injury?
If NO, proceed to Decision Tree B
If YES, proceed to Decision Tree C

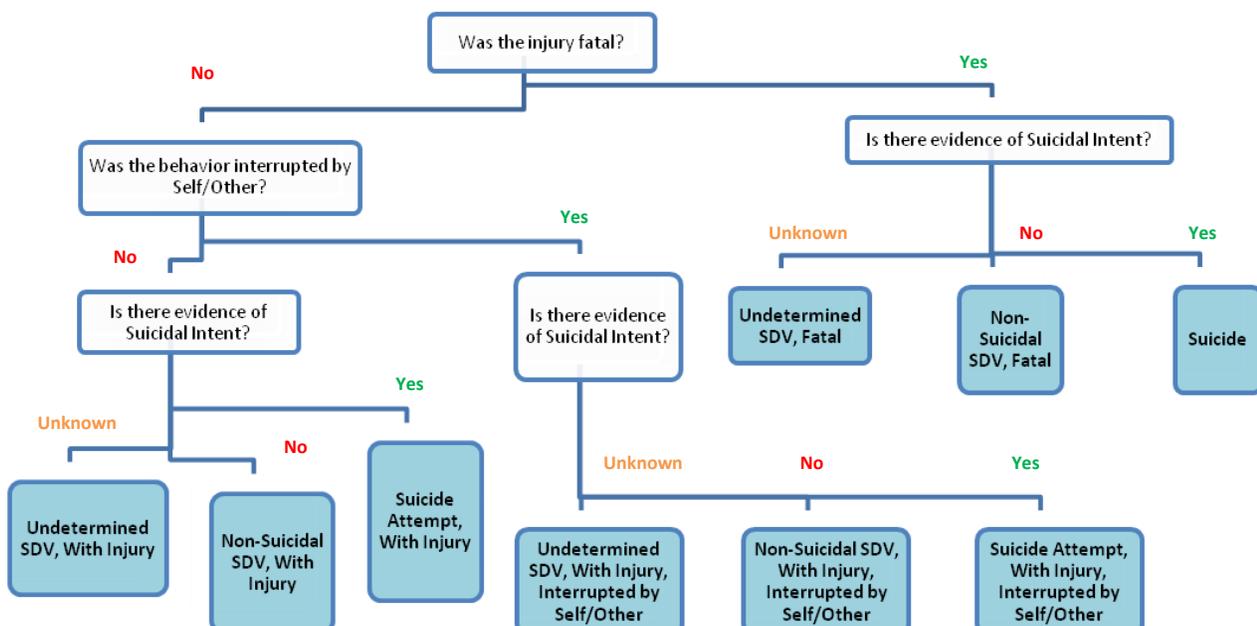
DECISION TREE A: THOUGHTS



DECISION TREE B: BEHAVIORS, WITHOUT INJURY



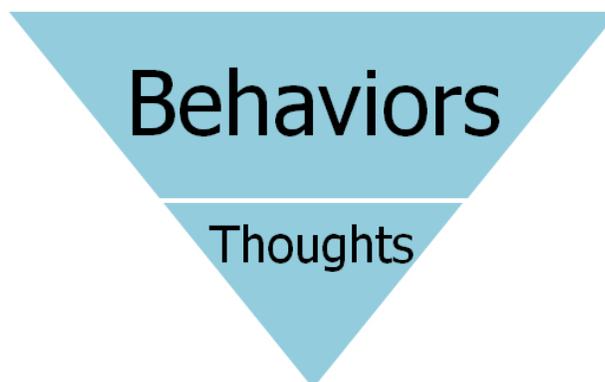
DECISION TREE C: BEHAVIORS, WITH INJURY



Self-Directed Violence (SDV) Classification System Clinical Tool

Key Terms (Centers for Disease Control and Prevention)

Self-Directed Violence:	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
Suicidal Intent:	There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions. Suicidal intent can be determined retrospectively and in the absence of suicidal behavior.
Preparatory Behavior	Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).
Physical Injury (paraphrased):	A bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance (e.g., bodily harm due to suffocation, poisoning or overdoses, lacerations, gunshot wounds, etc.). Refer to the Classification System for the Centers for Disease Control and Prevention definition.
Interrupted By Self or Other	A person takes steps to injure self but is stopped by self/another person prior to fatal injury. The interruption may occur at any point.
Suicide Attempt:	A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.
Suicide:	Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.



Reminder: Behaviors Trump Thoughts