



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6520.3
BUMED-M3
31 May 2022

BUMED INSTRUCTION 6520.3

From: Chief, Bureau of Medicine and Surgery

Subj: HEALTHCARE PROVIDER TRAINING ON PERSONNEL WITH SUICIDAL IDEATION OR BEHAVIOR

Ref: (a) OPNAVINST 1720.4B
(b) DoD Instruction 6490.16 of 6 November 2017
(c) DoD Instruction 6490.08 of 17 August 2011
(d) DoD Instruction 6490.04 of 4 March 2013
(e) DoD Instruction 6025.18 of 13 March 2019

1. Purpose. To provide guidance for training Navy Medicine healthcare providers in the evaluation, treatment, reporting requirements, and tracking of personnel presenting with suicidal ideation or behavior.
2. Scope and Applicability. This instruction applies to all Active and Reserve Component Navy healthcare personnel.
3. Background
 - a. Suicide is one of the leading causes of death in the U. S. military and affects all segments of the population. Data indicates the majority of those who died by suicide were seen by primary care providers within the year preceding death, and many were seen within the month prior to death. Healthcare providers are often called upon to assess and treat patients presenting with suicidal ideation, intent, or history of suicide attempts. It is essential that identification and management of personnel with suicidal ideation, intent, or attempts be carefully and consistently conducted, even by those who are not mental health specialists.
 - b. This instruction provides amplifying information and guidance regarding a requirement for annual training for all Navy Medicine healthcare providers in the evaluation and treatment of personnel presenting with suicidal ideation or behavior, per reference (a). The annual training requirement is consistent with the stipulation in reference (b), highlighting that military Service Chiefs provide resources for training and programs for suicide prevention, intervention, and post-intervention. This training is compliant with the Department of Veterans Affairs and Department of Defense (DoD) Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide and the DoD Suicide Prevention Training Competency Framework. This annual training will fulfill requirements of general military training in suicide prevention per reference (a). Providers may be eligible for continuing education credits in their specialty.

c. This instruction reinforces procedures outlined in references (c) through (e) regarding communication with commands about suicidal personnel, and in the reporting of suicidal behavior via the DoD Suicide Event Report.

4. Roles and Responsibilities

a. Bureau of Medicine and Surgery (BUMED) Assistant Deputy Chief, Medical Operations, (BUMED-M3B) must: oversee the development, maintenance, and annual review of the “Navy Suicide Prevention Training for Providers” training course, which encompasses training on culturally and evidence-informed risk assessment, treatment, reporting requirements, and safety planning for all officer, enlisted, and civilian healthcare personnel involved in direct patient care.

b. Assistant Deputy Chief, Education and Training, (BUMED-M7B) must: disseminate requirement for the “Navy Suicide Prevention Training for Providers” training course in the annual enterprise-wide course assignments.

c. Commanders, Naval Medical Forces Support Command must:

(1) Coordinate with BUMED-M3B to ensure the “Navy Suicide Prevention Training for Providers” training course includes suicide risk assessment and safety planning training in compliance with DoD Suicide Prevention Training Competency Framework.

(2) Ensure the content from the “Navy Suicide Prevention Training for Providers” training course is incorporated into the Hospital Corpsman curricula.

d. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific will: provide oversight for course completion and tracking purposes.

e. Commanders, Commanding Officers, and Officers in Charge, Navy Medicine Readiness and Training Commands and Navy Medicine Readiness and Training Units must: ensure documentation of completion of the “Navy Suicide Prevention Training for Providers” training course for all Navy Medicine officer, enlisted, and civilian healthcare providers under their command.

f. Navy Healthcare Providers who may be called upon to evaluate and treat individuals presenting with suicidal ideation or behavior must: access and complete the “Navy Suicide Prevention Training for Providers” training course via the Joint Knowledge Online at <https://jkodirect.jten.mil>. Joint Knowledge Online will produce a certificate once training has been completed.

g. Training Officers must: ensure completion of the “Navy Suicide Prevention Training for Providers” training course is documented within the Fleet Training Management and Planning System via Learning Event Completion Form accessed using course identification number MED-R-6520.

5. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

6. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

7. Information Management Control. The reports required in paragraph 3c of this instruction are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7I.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/Directives/>