BUMED NOTICE 6520

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) BUMEDINST 6520.2
    (d) DoD Instruction 6490.08 of 17 August 2011
    (e) DoD Instruction 6490.04 of 4 March 2013
    (f) DoD Instruction 6025.18 of 13 March 2019
    (g) BUMED memo 6520 Ser M3/19UGEN-00700h of 21 March 19

Encl: Definitions and Terms

1. Purpose. To provide application and administrative guidance for training Navy mental healthcare providers and other Navy healthcare providers who may address mental health issues in the evaluation, treatment, reporting requirements, and tracking of personnel presenting with suicidal ideation or behavior in the Military Health System.

2. Scope and Applicability. This notice applies to all ships and stations with Navy Medical Department personnel (officers, enlisted, civilians, and Government contractors), and includes both expeditionary and forward deployed personnel, who are called upon to evaluate and treat individuals presenting with suicidal ideation or behavior.

3. Background

   a. Suicide is one of the leading causes of death in the U. S. military, and affects all segments of the population, whether deployed or in garrison. Recent data indicate the majority of those who died by suicide were seen by their primary care providers within the year preceding death, and many were seen within the month prior. Because both mental health care providers and health care providers who are not mental health specialists 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.

   b. The objective of this notice is to provide amplifying information and guidance per reference (a) regarding a new requirement for annual training for all Navy Medicine providers in the evaluation and treatment of personnel presenting with suicidal ideation or behavior. The new
requirement is consistent with the reference (b) stipulation that military Service chiefs provide resources for training and programs for suicide prevention, intervention, and postvention. This training is compliant with the Department of Defense (DoD) and Veteran’s Affairs (VA) Clinical Practice Guidelines available at https://www.healthquality.va.gov/guidelines/MH/srb/, and DoD Suicide Prevention Training Competency Framework, available on the Navy suicide prevention Web site at www.suicide.navy.mil. This annual training will fulfill requirements of General Military Training in suicide prevention per reference (a), and providers may be eligible for continuing education credits in their specialty as well. Reference (c) remains in effect, and this notice reinforces procedures outlined in references (d) through (g) regarding communication with commands about suicidal personnel, and in the reporting of suicidal behavior via the Department of Defense Suicide Event Report (DoDSER).

4. Responsibilities

a. **Bureau of Medicine and Surgery (BUMED), Deputy Chief, Operations, Plans, and Readiness** must:

   (1) Oversee the development of annual training on evidence-based risk assessment, treatment, reporting requirements, and safety planning for all officer, enlisted, and civilian health care personnel involved in direct patient care.

   (2) Oversee the annual review of training, with the purpose of updating as appropriate.

b. **Education and Training (BUMED-M7)** must:

   (1) Disseminate the annual training requirement, via current BUMEDNOTE 1500, to all commands.

   (2) Develop a course number and provide to subordinate commands for this annual training.

c. **Naval Medical Forces Support Command** must:


   (2) Develop a course number for tracking and documentation purposes in coordination with BUMED, Deputy Chief, Operations, Plans, and Readiness.
(3) Ensure this training is consistently incorporated into Hospital Corpsman “A” and “C” school curricula.

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

e. Commanders and Commanding Officers, Navy Medicine Readiness Training Commands (NAVMEDREADTRNCMD); Officers in Charge, Navy Medicine Readiness Training Units; Senior Medical Officers for Medical Departments; and Force Surgeons will: Ensure documentation of course completion for their officers, enlisted, and civilian mental healthcare, primary care, and emergency department providers, including operational platforms with organic medical personnel.

f. Mental Health care and Other Healthcare Providers who Address Mental Health Issues may be Called Upon to Evaluate and Treat Individuals Presenting with Suicidal Ideation or Behavior (e.g., primary care, emergency medicine, internal medicine, substance use providers) will: Access the 2-hour webinar at any time via electronic training platforms (insert course ID number, once assigned). An offline version is also available via (insert access method, once determined).

g. Training officers will: document training in Fleet Management and Planning System or the electronic training record.

5. Additional Information

a. Per reference (a), medical personnel execute their responsibilities regarding suicide prevention in an appropriate and consistent manner, to include communicating with military commands when a Service member is at high risk for suicide in order to coordinate appropriate preventative actions, per references (c) through (e) and reference (g).

b. The appropriate command element, per references (c), (d), (f), and (g) will be informed expeditiously of any evaluation in which a Service member is found to be at high risk for suicide or if a clinical determination is made to hospitalize the patient.

(1) Referrals to Service appropriate, non-medical prevention and support programs (e.g., Marine Intercept Program, Sailor Assistance and Intercept for Life) should be utilized, and personnel encouraged to participate.

(2) In order to decrease stigma and minimize barriers to help-seeking, per reference (d), providers will offer minimal disclosure necessary to facilitate support and follow up by commands.
c. Per references (a) and (c), ensure each medical unit has a DoDSER point of contact and provide contact information to OPNAV N171 at suicideprevention@navy.mil. Consistent with DoDSER reporting requirements, suicide attempt DoDSERs, as determined by a competent medical authority, are completed by the facility or operational unit responsible for the Service member’s evaluation for suicide, or if evaluation occurs at a civilian facility, by the medical treatment facility responsible for the Tricare referral, or by the Reserve Component command medical representative for Reserve Component if a reservist is not on active duty. Suicide DoDSERs are completed by the Service member’s command, with support and coordination with the treating provider if needed. Training on completing the DoDSER can be found at the reporting Web site at https://dodser.t2.health.mil/.

d. Medical personnel embedded within Navy and Marine Corps fleet and operational units will adhere to all criteria outlined in reference (a) including use of standardized evaluation and treatment procedures, communicating with military commands, completing required annual evidence-based training, and ensuring compliance with DoDSER procedures. Suicide attempt DoDSERs may be completed by embedded providers if they have adequate information about the attempt and inform the NAVMEDREADTRNCMD they are completing it. For suicide DoDSERs, the Service member’s command and embedded provider (with support from NAVMEDREADTRNCMD if needed) will work together.

6. Records Management

a. Records created as a result of this notice, 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.seacnav.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 notice 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.
7. **Information Management Control.** The reports required in paragraph 3 of this notice are exempt from reports control per Secretary of the Navy Manual 5214.1 of December 2005, part IV, subparagraph 7I.

Releasability and distribution:
This notice is cleared for public release and is available electronically only via the Navy Medicine Web site, [http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx](http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx)