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OPNAVINST 1720.4B
N17
18 Sep 2018

OPNAV INSTRUCTION 1720.4B

From: Chief of Naval Operations

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) DoD Instruction 6490.16 of 6 November 2017
(b) DoD Instruction 6490.08 of 17 August 2011
(c) OPNAVINST F3100.6J (NOTAL)
(d) DoD Instruction 6490.04 of 4 March 2013
(e) Navy Suicide Prevention Handbook, January 2018

Encl: (1) Suicide Risk Factors, Warning Signs, Protective Factors and Resources
(2) Definitions and Terms
(3) DoDSER Procedures and Suicide Event Review Board Process
(4) Sample Command Suicide Prevention Program Checklist
(5) Crisis Response Plan Guidance
(6) Guidance for Assisting a Distressed Caller

1. Purpose. To provide policy and procedures and assign responsibilities for the Navy Suicide Prevention Program in line with references (a) through (d). This instruction is a complete revision and should be reviewed in its entirety. Significant changes are summarized in the following subparagraphs 1a through 1g.

a. Sailor Assistance and Intercept for Life (SAIL) Program requirements.

b. Updated guidance on the Department of Defense Suicide Event Report (DoDSER).

c. The requirement for suicide prevention program managers (SPPM) at echelon 2 and 3 commands.

d. Updated suicide prevention coordinator (SPC) roles and responsibilities.

e. Updated suicide prevention training requirements to include awareness of firearm safety.

f. The requirement to collect and assess information on dependent suicides.

g. Guidance on reducing access to lethal means.

2. Cancellation. OPNAVINST 1720.4A.

3. Scope and Applicability. Provisions of this instruction apply to all active and Reserve Navy units within the Department of the Navy (DON).

4. Discussion. Preventing suicide in the Navy is an all hands responsibility. Each life lost is one too many. Navy policy, consistent with Department of Defense (DoD) policy, requires leaders to foster command climates that promote health and a sense of community, remove barriers to seeking help, increase awareness of resources, and take appropriate action when a Sailor is in need. Navy values require that Sailors seek help when necessary, aid others who may need help, and provide support to Sailors during and after treatment. A holistic approach to health and wellness and the tools and resources to intervene will ensure the Navy's Sailors are ready to accomplish any mission and ultimately save lives.

5. Policy and Program. Command suicide prevention programs, consistent with reference (a), will be implemented to support a positive command climate, promote Sailor resilience, reduce the risk of suicide related behavior (SRB), and preserve warfighting capability. Command suicide prevention programs are designed to enable deck plate action, which focus on training, intervention, response, and reporting as core elements. An effective suicide prevention program improves the success of Sailors and their families.

a. Training. In line with reference (a), commanders at all levels will provide annual suicide prevention training to all members of their respective organizations and ensure family members have access to training, education, and information. Suicide prevention training conducted within the DON must be compliant with the DoD Suicide Prevention Training Competency Framework. These training competencies include competencies that are relevant to all personnel regardless of their population group, role, or position. In addition to the core competencies, there are population-specific competencies that address additional requirements for public affairs, support services, legal, leadership, and crisis support personnel. Additional training in suicide risk assessment is required for these gatekeeper communities, to include an annual requirement for healthcare providers on evidence-based suicide risk assessment, management, and treatment pertaining to suicide prevention. The DoD Suicide Prevention Training Competency Framework is available on Navy Suicide Prevention Web site at www.suicide.navy.mil.

(1) Suicide prevention training will be conducted at least annually for all Active Component and Reserve Component Service members. Suicide Prevention General Military Training (GMT) available on the My Navy Portal Web site, https://my.navy.mil/, fulfills this training requirement when augmented with information on local crisis response plans and support resources. As integral members of the Navy family, Navy civilians may be at risk for suicide or may interact with someone at risk. Navy civilian employees and full-time contractors who work on military installations are expected to attend command-sponsored suicide prevention training or suicide prevention training as directed by their personnel policies.

(2) Suicide prevention training should educate Sailors on suicide risk factors and warning signs, actions to strengthen protective factors and promote supportive command climates, when and how to intervene appropriately, and available support resources. Training should promote the truth about seeking help and strongly encourage help-seeking behavior. At a minimum, suicide prevention training must include:

(a) basic education on suicide, including an emphasis that anyone can be at risk regardless of rank, gender, race or status;

(b) recognition of risk factors, warning signs, and protective factors provided in enclosure (1);

(c) familiarization with "Ask, Care, Treat" - the Navy's call-to-action to encourage early intervention when a Sailor may be at risk for suicide or is experiencing difficulty navigating stress;

(d) protocols and resources for responding to crises (local crisis response plan) involving those who may be at high risk for suicide;

(e) awareness of firearms safety, to include the use of gun locks, gun safes, and voluntary storage of personal weapons in line with reference (a);

(f) postvention (actions following a death by suicide to promote healing and return to mission-readiness); and

(g) confidential communications to Navy chaplains - chaplains cannot be compelled by the command, medical professionals, or others to disclose what a Service member or family member shares in confidence.

(3) In addition to suicide prevention training, life skills training that encourages health, fitness, and quality of life must be provided to enhance coping skills and reduce the incidence of destructive behavior.

(4) Educational materials, ongoing communication, and leadership messages should be made available to provide stress navigation, help-seeking, and other suicide prevention information to all personnel including family members. These resources are available on Navy Suicide Prevention Web site at www.suicide.navy.mil. The ongoing communication and leadership messages may be through plans of the week, newsletters, quarters, all-hands call, etc.

(5) Ensure Service members, civilians, and contractors are aware of suicide prevention training requirements, resources available on military installations, and referral resources off the installation for employees not able to use military treatment facilities (MTF) and other installation resources for assistance.

b. Intervention. Intervention includes proactive planning for crisis intervention, addressing the process for identification, referral, access to treatment, and follow-up procedures for personnel who are at risk of suicide.

(1) Early intervention can be conducted by initiating "Ask, Care, Treat."

(a) Ask. Ask directly: "Are you thinking about killing yourself?" "Do you want to die?" "Do you wish you were no longer here?" "Do you wish you could go to sleep and not wake up?"

(b) Care. Listen without judgment. Show care.

(c) Treat. Treat the Sailor as one would a family member. Escort him or her to the nearest chaplain, trusted leader, or medical professional.

(2) If a Sailor's comments, written communication, or behaviors lead the command to believe there is imminent risk that the person may cause harm to self or others, command leadership must take measures to ensure safety. This includes reducing access to lethal means as directed by reference (a), and seeking emergent mental health evaluation consistent with reference (b). The Service member should not be left alone. Refer to reference (e), available at http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Documents/Navy%20Suicide%20Prevention%20Handbook_v3.pdf, for information on evidence-based prevention and intervention tools such as the Columbia Suicide Severity Rating Scale (C-SSRS), U.S. Department of Veterans Affairs (VA) Safety Plan, the SAIL Program, and guidance for reducing access to lethal means. For information on effectively managing stress, refer to the Individual Stress Navigation Plan, available at http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Documents/Stress%20Navigation%20Plan.pdf.

(3) Research clearly indicates that reducing access to lethal means saves lives. Voluntary measures to reduce access to privately-owned firearms for any Sailor reasonably believed to be at risk for suicide or causing harm to others may prevent suicide or other unnecessary deaths in the Navy. Navy promotes the voluntary use of gun locks and other safe storage methods for privately-owned firearms on property that is not on a military installation or other property owned or operated by the DoD. If health professionals and commanders believe a Sailor to be at risk of suicide or causing harm to others, they must ask the Sailor to voluntarily store their privately-owned firearms and ammunition for temporary safekeeping. The action must be entirely voluntary for the Sailor and for a duration determined solely by the owner of the firearm.

(4) If a Sailor agrees to voluntarily relinquish a privately-owned firearm, the command will follow the installation procedures for proper and safe storage of privately-owned firearms and ammunition on an installation. If a command is not located on an installation, the command

should coordinate with local police, sheriff, National Guard, or a Navy operational support command for safekeeping. Ensure the weapons and ammunition are safeguarded and returned in line with installation policies when the specified period ends or the Sailor asks for the firearm(s) and ammunition to be returned. Additional information is available in reference (a).

c. Response. Sailors experiencing a psychological health or suicidal crisis, as well as those affected by suicide including shipmates and families will receive timely and appropriate support. After a suicide or an SRB, such as expressed suicidal thoughts, suicide attempts, or other self-injurious behaviors, commands must ensure that support is available to Sailors and their families. Commands should use local resources such as medical personnel, chaplains, or fleet and family support centers (FFSC) counselors to assess the needs of the command and coordinate appropriate support services. Suicide response also includes messaging after an SRB or death. Leaders must take precautions to ensure their words promote help-seeking behaviors and support for other vulnerable or at risk Sailors and civilians.

(1) SAIL Program. The SAIL Program provides support to Sailors within the critical 90 days after an SRB. The program is designed to provide rapid assistance, ongoing risk assessment, care coordination, and reintegration assistance for Sailors who have exhibited an SRB. It uses evidence-based tools, the C-SSRS, and the VA Safety Plan, to monitor the needs of Sailors and provide additional resources to promote recovery. If a Sailor experiences an SRB, the command is required to submit a referral to the SAIL Program. After a Sailor has been referred to SAIL, a SAIL case manager located at an FFSC will contact the Sailor and offer SAIL services. If the Sailor decides to participate in SAIL, the Sail case manager will provide a series of caring contacts with Sailors as well as maintain a collaborative relationship with healthcare providers and command leadership. SAIL case managers coordinate additional resources for Sailors beyond medical intervention to facilitate the reintegration process during the critical 90 days after an SRB. SAIL does not replace existing services, and it is not a form of treatment. Additional guidance can be found on the SAIL Web page located on the Navy Suicide Prevention Web site at www.suicide.navy.mil.

(2) Reintegration. After a Sailor has been treated for an SRB and found fit to return to duty, effective reintegration is critical to the healing process for both the Sailor and the command. It is important that the Sailor, the mental health provider, and command leaders work together to develop an effective reintegration process that will meet the needs of the Sailor, as well as the unit. The SAIL Program provides additional support to Sailors and commands to help reintegrate Sailors after an SRB.

(a) Some Sailors do not return to duty after an SRB and may be determined by the medical provider to be unfit or unsuitable for continued service. Commands must ensure equal support and resources for these Sailors and families as well. It is imperative that the provider and command work together on behalf of these Sailors and provide adequate care and counseling

as they transition out of the Navy. Sailors must be instilled with hope that there is life after naval service and be linked with resources to begin their lives upon discharge.

(b) Thoughtful reintegration must help reduce future suicide risk and encourage others to seek help when needed. Refer to reference (e), chaplains, and behavioral health experts for additional guidance.

(3) Postvention. Postvention is a series of planned interventions undertaken in the immediate aftermath of a suicide. An effective postvention plan facilitates the grieving process, stabilizes the environment, and helps reduce risk for those affected by suicide. Postvention practices aid the Sailors of a command in returning to normal operations to the greatest extent possible as soon as practical. Commands must develop and implement effective postvention practices using the postvention guidance contained in reference (e).

d. Reporting. Suicides and SRBs must be reported immediately to mobilize appropriate resources and inform command and Navywide suicide prevention efforts. These events must be reported using guidelines outlined in reference (c). Definitions for various SRB are provided in enclosure (2). Additionally, in the case of an SRB, the command must submit a referral to the SAIL Program.

(1) In instances of suspected suicide, the DoDSER (available at https://dodser.t2.health.mil) must be initiated within 30 days of receiving notification of death. The DoDSER will only be completed and submitted if the Armed Forces Medical Examiner System (AFMES) determines that the death was the result of suicide. The DoDSER must be completed and submitted within 60 days of AFMES determination of suicide. Enclosure (3) provides additional guidance.

(2) Upon confirmation of suicide by the AFMES, a suicide event review board must be convened to complete the DoDSER. The procedures for conducting the suicide event review board and completing the DoDSER are included in enclosure (3) and the Navy Suicide Prevention Web site, www.suicide.navy.mil.

(3) In instances of suicide attempts by Active and Reserve Component Sailors, as determined by medical authority, a DoDSER will be completed within 30 days of the medical evaluation. Suicide attempt DoDSERs will be completed by the military medical 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 Navy operational support center medical representative.

6. Responsibilities

a. Deputy Chief of Naval Operations, Manpower, Personnel, Training and Education (CNO (N1)). Within reference (a), CNO (N1) will establish a suicide prevention program policy.

b. Office of the Chief of Naval Operations (OPNAV), 21st Century Sailor Office (OPNAV N17), Navy Suicide Prevention Programs Branch (OPNAV (N171)). As executive agent, OPNAV (N171) will:

(1) develop policy guidance for the Navy Suicide Prevention Program;

(2) provide educational support and resources to commands for suicide prevention;

(3) provide information to and establish training for SSPMs and SPCs;

(4) work with other stakeholders as required to collect, report, and analyze suicide data involving Active and Reserve Component Sailors and their dependents;

(5) coordinate the development and maintenance of a database to monitor suicides; and

(6) provide ongoing program evaluation to the chain of command.

c. Chief of the Navy Bureau of Medicine and Surgery (BUMED)

(1) Develop policies and procedures to ensure Sailors who exhibit SRBs are properly evaluated and treated in line with VA and DoD clinical practice guidelines.

(2) Develop written policies and procedures to ensure that medical personnel execute their responsibilities regarding suicide prevention in an appropriate and consistent manner throughout DON to include communicating and coordinating with the Sailor's command. MTFs have a responsibility to notify commands if a Sailor is an imminent suicide risk in order to coordinate appropriate preventive actions. See references (b) and (d) for additional information regarding mental health evaluations.

(3) Ensure all MTFs maintain written suicide prevention protocols in acute care areas and emergency rooms.

(4) Ensure all healthcare providers (including officer and enlisted behavioral healthcare, primary care, and emergency room providers) are trained annually on evidence-based risk assessment, treatment, and safety planning. This training must be compliant with the DoD Suicide Prevention Training Competency Framework, available on Navy Suicide Prevention Web site at www.suicide.navy.mil and the VA and DoD Clinical Practice Guidelines, available on the VA's Web site at https://www.healthquality.va.gov/.

(5) Develop and incorporate suicide risk assessment and safety planning training into hospital corpsman "A" and "C" schools and independent duty corpsman curricula. This training

must be in compliance with the DoD Suicide Prevention Training Competency Framework. The DoD Suicide Prevention Training Competency Framework is available on Navy Suicide Prevention Web site at www.suicide.navy.mil.

(6) Ensure each MTF has a DoDSER point of contact and provide contact information to OPNAV (N171) via e-mail to suicideprevention@navy.mil.

(7) Develop written policies and procedures to ensure completion of the DoDSER for suicide attempts for Sailors covered in each MTF's area of responsibility. Suicide attempt DoDSERs must be completed as required by subparagraph 5d(3).

d. Chief of Chaplains (CNO N097)

(1) Collaborate with BUMED and OPNAV (N171) to develop policies and procedures to ensure Sailors who exhibit SRBs are properly evaluated.

(2) Develop written procedures to ensure that chaplains and religious program specialists execute their suicide prevention program responsibilities throughout the Navy.

(3) Provide assistance with implementation and evaluation of command suicide prevention programs.

(4) Develop and implement training in compliance with the DoD Suicide Prevention Training Competency Framework for all chaplains and religious program specialists, specifically training on suicide risk assessment and safety planning. The DoD Suicide Prevention Training Competency Framework is available on Navy Suicide Prevention Web site at www.suicide.navy.mil.

e. Commander, Navy Installations Command

(1) Collaborate with BUMED to develop policies and procedures for FFSCs so that Sailors who exhibit SRBs are properly evaluated.

(2) Ensure FFSCs participate in the SAIL Program, and maintain contact with and coordinate care services for individuals who have exhibited SRBs.

(3) Develop written procedures to ensure that installation emergency response personnel including security, fire and rescue personnel execute their suicide prevention program responsibilities throughout the Navy.

(4) Ensure annual training for installation emergency response personnel is in compliance with the DoD Suicide Prevention Training Competency Framework and includes safety procedures and de-escalation techniques for responding to incidents involving SRBs

and psychiatric emergencies. The DoD Suicide Prevention Training Competency Framework is available on Navy Suicide Prevention's Web site at www.suicide.navy.mil.

(5) As directed by reference (a), DoD installations will provide an opportunity for Service members not living on the installation or other DoD-owned or operated property, and the immediate family members in their households, for voluntary safe storage of privately owned firearms on the installation. This must be completely voluntary and for a duration determined solely by the owner of the firearm.

(6) Provide tailored annual training on suicide risk assessment and safety planning for all personnel who serve as staff in transient personnel units on installations incorporating OPNAV training requirements and DoD Suicide Prevention Training Competency Framework.

f. Commander, Naval Education and Training Command

(1) Provide GMT, or similar annual training on suicide prevention, consulting OPVAV (N171) for content development. Training should be relevant to all Navy personnel including active, reserve, civilian and contract employees.

(2) Include suicide prevention training at basic accession points and leadership courses such as Officer Candidate School, Officer Development School, Naval Reserve Officer Training Corps, and Recruit Training Command.

(3) Include community-specific suicide prevention, risk assessment, and safety planning training at "A" schools and "C" schools for religious program specialists, masters-at-arms, nuclear field personnel and drug and alcohol program advisors. The DoD Suicide Prevention Training Competency Framework, available on Navy Suicide Prevention Web site at www.suicide.navy.mil, provides more guidance on community-specific training requirements.

g. Commander, Naval War College. Include suicide prevention training at the Senior Enlisted Academy and Command Leadership School using the DoD Suicide Prevention Training Competency Framework.

h. Commander, Navy Reserve Forces Command

(1) Implement a suicide prevention program as outlined in this instruction.

(2) Ensure all reservists, including voluntary training unit members, complete annual suicide prevention training.

(3) Provide individual case information to OPNAV (N171) as required for reports and annual reviews.

i. Echelon 2 and 3 Commands. Appoint, in writing, an SPPM.

(1) SPPMs should be E-7 or above, or GS-9 or above, and will provide proactive and consistent suicide prevention program policy guidance and training to subordinate commands.

(2) Once an SPPM is assigned, commands must provide the individual's name and contact information to OPNAV (N171) via e-mail to suicideprevention@navy.mil or via telephone at (901) 874-6613.

j. Commanding Officers

(1) Foster a command climate that supports and promotes behavioral health and overall wellness and foster unit cohesion.

(2) Provide support for those who seek help with personal problems. Access must be provided to prevention, counseling, and treatment programs and services that address psychological, family, and personal problems that may contribute to suicide risk. Examples of support include, but are not limited to, medical personnel, chaplains, FFSC counselors and services offered as part of the SAIL Program, the Navy Reserve Psychological Health Outreach team, and substance-abuse counselors. Tools and resources are provided in reference (e).

(3) Establish and maintain an effective suicide prevention program consistent with requirements of this instruction. Enclosure (4) provides a sample command suicide prevention program checklist.

(4) Designate an SPC in writing. Approachability, maturity, existing collateral duties and workload should be considered during selection to ensure that the SPC is able to run an effective program. Assistant SPCs can be assigned at the commanding officer's discretion, taking command size and workload of the SPC into consideration. Assistant SPCs must be designated in writing and meet the same training requirements as the SPC. SPC should receive training within 90 days of appointment. Mental health providers, chaplains, and religious program specialists are an integral part of treatment and could incur serious conflicts of interest due to confidentiality and privacy limitations and therefore, will not be assigned to SPC positions.

(5) Develop a written crisis response plan and run drills, at least annually, to ensure readiness. Enclosure (5) provides guidance on developing and maintaining a crisis response plan, and enclosure (6) contains guidance on responding to a distressed caller.

(6) Ensure the command notifies the SPC when a Sailor exhibits an SRB and ensure timely submission of the SAIL referral.

(7) As directed by reference (a), establish an agreement with installation security for the storage of personal weapons when necessary.

(8) Complete DoDSER reporting requirements as outlined in enclosure (3) and the Navy Suicide Prevention Web site, www.suicide.navy.mil. Commands must make every effort to answer DoDSER questions completely to ensure DoDSER quality. "Data unavailable" or "cannot determine" responses may result in the DoDSER being returned for rework.

(9) Be thoroughly familiar with policies and procedures outlined in references (b) and (d) regarding command directed mental health evaluations and healthcare provider command notification requirements.

k. Echelon 2 SPPMs. Ensure subordinate commands are in compliance with the Navy Suicide Prevention Program, champion prevention training and campaigns, facilitate timely reporting requirements as needed, and will coordinate the revision and development of Navy suicide prevention programs and policies with OPNAV (N171).

l. Echelon 3 SPPMs

(1) Ensure each subordinate command has a trained SPC and maintain a roster of subordinate command SPCs.

(2) Disseminate suicide prevention program information to subordinate commands.

(3) Assist subordinate command SPCs and ensure they meet all program requirements as set forth in this instruction.

m. SPCs

(1) Be thoroughly familiar with the contents of this instruction and advise the chain of command on all suicide prevention program matters.

(2) Receive SPC training as established by OPNAV (N171) within 90 days of designation by their commanding officer in writing.

(3) Ensure suicide prevention materials, resources, and leadership messages are accessible throughout the command.

(4) Schedule and announce suicide prevention training and be prepared, as needed, to conduct training. Ensure the facilitator has the most up-to-date suicide prevention training requirements.

(5) Ensure the crisis response plan is current and tailored to each command's unique characteristics.

(6) Be familiar with the DoDSER reporting procedures contained in enclosure (3).

(7) Maintain collaboration with other SPCs and tailor OPNAV (N171) resources to command efforts.

(8) Be familiar with the SAIL Program and submit SAIL referrals to OPNAV (N171). Refer to reference (e) for guidance.

n. Individual Service Members

(1) Learn and practice skills that promote psychological health, physical readiness, and healthy stress navigation.

(2) Intervene using the "Ask, Care, Treat" model if someone is exhibiting signs of distress and immediately notify a trusted leader if the shipmate appears to be in imminent danger.

(3) Do not be afraid, and have the courage to seek assistance for support resources when experiencing distress or difficulty in addressing problems.

(4) Participate in Suicide Prevention GMT on an annual basis.

(5) Encourage help seeking behaviors by promoting unit cohesion and creating a positive command climate.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) 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 DON/AA DRMD program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, OPNAV N17 will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy (SECNAV), and Navy policy and statutory authority using OPNAV 5215/40. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-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 cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control. Data collection connected with the DoDSER reporting is exempt from information management control per SECNAV Manual 5214.1 of December 2005, part IV, subparagraph 7k.

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SUICIDE RISK FACTORS, WARNING SIGNS, PROTECTIVE FACTORS AND RESOURCES

1. Risk Factors and Stressors Associated with Navy Suicides

   a. Current mental health problems, such as depression or anxiety.

   b. Substance abuse.

   c. Past history of SRBs and self-harm.

   d. Relationship problems.

   e. Financial problems.

   f. Legal difficulties.

   g. Academic, career, or personal setbacks.

   h. Social isolation.

   i. Ostracism.

   j. Withdrawal.

   k. Preoccupation with death.

   l. Impulsiveness and recklessness.

   m. Access to lethal means.

   n. Thwarted belongingness - “I’m alone.”

   o. Perceived burdensomeness - “I’m a burden.”

   p. Capability of suicide - “I am not afraid to die.”

2. Warning Signs Associated with Suicides (“IS PATH WARM”)

   a. I - Ideation. Thoughts of suicide expressed, threatened, written.

   b. S - Substance Abuse. Increased or excessive alcohol or drug use.

c. P – Purposelessness. Seeing no reason for living or having no sense of meaning or purpose in life.

d. A – Anxiety. Feeling anxious, agitated, frequent nightmares, or unable to sleep (or sleeping all the time).

e. T – Trapped. Feeling trapped, like there is no way out.

f. H – Hopelessness. Feeling that nothing can be done.

g. W – Withdrawal. Withdrawing from family, friends, usual activities, society.

h. A – Anger. Feeling rage or uncontrolled anger.

i. R – Recklessness. Acting without regard for consequences, excessively risky behavior.

j. M - Mood Changes. Experiencing dramatic changes or deterioration in mood, or unstable mood.

3. Protective Factors that Reduce Risk of Suicide

a. Unit cohesion and camaraderie.

b. Strong connections with family and friends.

c. Access to mental and physical health care.

d. Feelings of purpose and belonging.

e. Effective problem-solving and non-violent conflict resolution skills.

f. Beliefs that support self-preservation.

g. Sobriety or responsible alcohol use.

h. Healthy lifestyle.

i. Optimism.

j. Positive attitude about seeking help.

k. Practice self-care.

l. Proper nutrition.

m. Exercise.

n. Adequate sleep.

o. Work and life balance

4. Resources

a. Navy Suicide Prevention Web site: www.suicide.navy.mil

b. Military Crisis Line: 1-800-273-8255 (Option 1): www.militarycrisisline.net

c. Military One Source: www.militaryonesource.com

d. Navy Chaplain Care: https://www.navy.mil/local/chaplaincorps/

e. Psychological Health Center of Excellence: http://www.pdhealth.mil/resource-center/call-centers/psychological-health-resource-center

f. Navy and Marine Corps Public Health Center: www.med.navy.mil/sites//nmcphc/Pages/Home.aspx

g. Navy Operational Stress Control: www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/osc/pages/default.aspx

h. Real Warriors Campaign: www.realwarriors.net

i. Human Performance Resource Center: www.hprc-online.org

j. Suicide Prevention Resource Center: www.sprc.org

k. American Foundation for Suicide Prevention: https://afsp.org/

l. Tragedy Assistance Program for Survivors: http://www.taps.org/

m. Defense Suicide Prevention Office: http://www.dspo.mil/

n. DoD Be There Peer Support Call and Outreach Center: www.betherepeersupport.com

o. Give an Hour: https://giveanhour.org

p. PsychArmor Institute: https://psycharmor.org

DEFINITIONS AND TERMS

1. Suicidal Ideation. Thinking about, considering, or planning for suicide.

2. Suicide Attempt (Non-Fatal Attempt). A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

3. Suicide (Death by Suicide). Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

4. Resilience. Capacity for Sailors, families, and commands to withstand, recover, grow, and adapt in the face of stressors and changing demands.

DODSER PROCEDURES, AND SUICIDE EVENT REVIEW BOARD PROCESS

1. Guidance for DoDSER

a. The command must open a DoDSER within 30 days of notification of a suspected suicide. Appoint a command representative to initiate the DoDSER (recommend SPC initiate the DoDSER). During this initial period, commands should complete as much demographic information as possible.

b. The command must provide OPNAV (N171) with the command representative's contact information to include e-mail address and telephone number(s). OPNAV (N171) staff will be available for assistance in completing the DoDSER and to monitor progress.

c. OPNAV (N171) will notify the command once the Service member's death is confirmed a suicide. Commanding officers will establish a local suicide event review board to complete the DoDSER after confirmation of a suicide.

2. Guidance for Suicide Event Review Board Process

a. Upon receiving confirmation that suicide is the manner of death, commanding officers are to establish a local suicide event review board at the command and complete the DoDSER within 60 days.

b. The board will be led by the commanding officer, executive officer, or command master chief.

c. The board will be comprised of a member of the decedent's direct chain of command, a medical and mental health representative, a Naval Criminal Investigative Service representative, and a chaplain.

d. If the decedent had an impending, open, or recently adjudicated Family Advocacy Program or legal case at the time of death, Family Advocacy Program and legal representatives should be included as board members.

e. The suicide event review board will complete a suicide event review board charter and utilize the DoDSER submission checklist as a guide for potential resources to ensure thorough reporting.

f. It is recommended that the SPC be the recorder for the board and submit the DoDSER.

g. In line with reference (a), commands will complete and submit the DoDSER no later than 60 days following the confirmation. The first flag in the chain of command can authorize an extension of up to 60 days if necessary. This extension must be submitted to OPNAV (N171).

h. SPCs will submit the suicide event review board charter, summary of local postvention response activities, lessons learned, and recommended best practices to OPNAV (N171). Submissions should be directed via e-mail to suicideprevention@navy.mil.

3. Getting Started with the DoDSER

a. Visit https://dodser.t2.health.mil/ (must use a DoD common access card to login).

b. Complete user profile as instructed on screen.

c. View the DoDSER training video, noting Navy-specific guidance.

d. Click the "Event" tab toward the top of the page and select "New Event."

e. Click the green "begin DoDSER" button next to the appropriate Military Service for the Service member.

f. Complete information to the highest degree possible. It is important that DoDSERs are submitted with timely and accurate information to inform appropriate response and guide future efforts.

g. Always save progress before exiting the DoDSER system.

Note: Instructions on completing the DoDSER and the process for convening a suicide event review board and other resources are available at http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/DoDSERStepByStep.aspx. For any questions about the DoDSER, process please contact OPNAV (N171) via e-mail to suicideprevention@navy.mil or via telephone at (901) 874-6613.

SAMPLE COMMAND SUICIDE PREVENTION PROGRAM CHECKLIST

☐ SUICIDE PREVENTION COORDINATOR (SPC) IS DESIGNATED BY THE COMMANDING OFFICER AND APPOINTED IN WRITING.

- Must receive OPNAV SPC training as soon as possible after designation and record training in Fleet Training Management and Planning System.

☐ GENERAL MILITARY TRAINING (GMT) IS CONDUCTED ANNUALLY AND ENCOURAGED TO KEEP LOCAL RECORDS OF COMPLETION.

- GMT is available on My Navy Portal in the General Skills Training section.

- Must be tailored to address local command resources and can be facilitated by chaplain or other appropriate personnel.

☐ LEADERSHIP MESSAGES ARE ROUTINELY DISTRIBUTED TO PROVIDE CURRENT SUICIDE PREVENTION-RELATED INFORMATION AND GUIDANCE TO ALL PERSONNEL.

- Navy Suicide Prevention Program provides program and policy information directly to SPCs via LifeLink Newsletter and posts useful resources on the Navy Suicide Prevention Web site.

☐ PERSONNEL AND SUPERVISORS HAVE READY ACCESS TO INFORMATION ABOUT SEEKING HELP FOR STRESS AND PSYCHOLOGICAL HEALTH ISSUES.

- Informational products are available for download on the Navy Suicide Prevention Web site. Posters, wallet cards, magnets and other products can be ordered from the Naval Logistics Library free of charge.

☐ SUPERVISORS ARE TRAINED IN IDENTIFYING PERSONNEL WHO MAY BE AT-RISK OR IN NEED OF ADDITIONAL SUPPORT.

- Increased vigilance when Sailors are experiencing loss of a major relationship, financial difficulties, legal or disciplinary issues, loss of status, career or personal transitions, etc.

☐ PROCEDURES ARE IN PLACE TO ASSIST PERSONNEL IN NEED OF SUPPORT RESOURCES AND TREATMENT

- Includes time allocated for appointments, transportation access and overcoming logistical barriers.

☐ EDUCATIONAL MATERIALS AND INFORMATION ARE READILY AVAILABLE AND ACCESSIBLE THROUGHOUT THE COMMAND.

- Materials should address operational stress control, psychological and emotional well-being, Total Sailor Fitness, and other 21st Century Sailor health promotion topics.

☐ A WRITTEN AND TAILORED CRISIS RESPONSE PLAN IS IN PLACE, EASILY ACCESSIBLE AND UPDATED AS NEEDED.

- Crisis response plans are not uniform and are influenced by command size, organic resources, and locally available medical and emergency resources. Additional considerations may be necessary when away from homeport.

- Conduct crisis response plan exercise at least annually. For instance, simulate receiving a call from a distressed Sailor. Using nothing but the checklist in your crisis response plan, the SPC should be able to react quickly and rationally to a suicide related behavior, this is an excellent opportunity to verify contact information and ensure protocols are up- to-date and work for your command and location.

☐ CONTACT INFORMATION FOR LOCAL SUPPORT AND PSYCHOLOGICAL HEALTH RESOURCES ARE VISIBLE THROUGHOUT THE COMMAND AND COMMUNICATED REGULARLY.

- Commands with external Web sites must adhere to SECNAVINST 5720.44C, which mandates that all Navy Web sites display the “Life is Worth Living” image on their homepages, hyperlinked to the Military Crisis Line (http://www.militarycrisisline.net).

CRISIS RESPONSE PLAN GUIDANCE

Key factors that should be addressed when developing or updating a crisis response plan.

1. If a Sailor exhibits an SRB, the SPC must initiate SAIL referral. For most up to date SAIL process, please refer to www.suicide.navy.mil.

2. What medical treatment facilities and mental health resources are immediately available? How can these resources be contacted? Compile a list of on-base and off-base mental health resources and medical treatment facilities to include phone numbers and addresses. This can include deployed resilience counselors, embedded mental health providers, chaplains, and other local resources. Include this information in the crisis response plan and post it in readily accessible places.

3. What would the duty section or a supervisor do if a Sailor called in distress (expressing thoughts of hopelessness, making self-threats, communicating thoughts of suicide, etc.)? Follow recommendations outlined in the guidance for assisting a distressed caller. It is important to maintain communication and determine the Sailor's location to get him or her emergency services as soon as possible.

4. What if a Sailor began behaving in an uncharacteristic manner (enraged, distraught, or other significant mood and behavior change, etc.)? Ensure that all personnel are familiar with "Ask, Care, Treat." Include recommendations in the crisis response plan to remind responders to remain calm and nonjudgmental. The responder should start a conversation with the Sailor to gain more insight as to what may be troubling him or her and facilitate access to appropriate resources. In situations where there is any perceived safety threat to the individual or others, security should be contacted immediately.

5. What actions should be taken if a shipmate, friend, or loved one calls concerned about a Sailor (possibly receiving disturbing text messages, social media posts, or other indications of crisis)? Maintain calm and positive communication with the person, with the intent to determine the Sailor's location and to get him or her assistance as soon as possible.

6. If a Sailor is experiencing a crisis, how will a safety watch be conducted until guidance from a medical or mental health professional is available? Assume "line of sight" control and supervision and remove anything that that may be considered a hazard (weapons, belt, bootstraps, drawstrings, razors, alcohol, ropes, window dressings, tools, eating utensils, breakable and sharp objects, etc.). Also monitor medications until seen by a provider.

7. Has a plan been established with installation security to store privately-owned firearms when necessary? Once a Sailor agrees to voluntarily relinquish a privately-owned firearm, the command will follow the procedures outlined in this instruction and the procedures established

with installation security for proper safe storage of privately-owned firearms on an installation. If a command is not located on an installation, the command should coordinate with local police, sheriff, National Guard, or a Navy operational support command for safekeeping.

GUIDANCE FOR ASSISTING A DISTRESSED CALLER

1. Listen attentively to everything that the caller says and try to learn as much as possible about his or her state of mind, intent, and location. Ask for their phone number in case the call is disconnected.

2. Stay calm and be supportive. Let the caller express emotions without negative feedback or invalidating his or her views.

3. Avoid giving advice. It is not about how serious the problem is; it is about how badly it is hurting the person.

4. Ask the caller directly: "Are you thinking about killing yourself?"

5. If the caller answers "yes," try to determine plans and intent by inquiring about a method, means, and timeframe. These factors may indicate imminent danger, requiring local emergency services (911).

6. Try to maintain contact with the caller until first responders arrive.

7. If the caller is concerned about someone else who is suicidal, calmly reassure the person that he or she is doing the right thing by reaching out. Encourage him or her to "Ask, Care, Treat" using the guidance above in this enclosure. Provide the caller with all Military Crisis Line information: 1-800-273-8255, text to 838255, and chat available on https://www.veteranscrisisline.net.