

U.S. Department
of Transportation

United States
Coast Guard



Commandant
United States Coast Guard

2100 Second Street, S.W.
Washington, DC 20593-000
Staff Symbol: G-WPW-2
Phone: (202) 267-1329
FAX: (202) 267-4862

COMDTINST 1734.1
FEB 28, 1997

COMMANDANT INSTRUCTION

Subj: SUICIDE PREVENTION

1. PURPOSE. To establish policy and guidelines about Coast Guard suicide prevention initiatives.
2. ACTION. AREA AND DISTRICT COMMANDERS; COMMANDERS MAINTENANCE AND LOGISTICS COMMANDS AND COMMANDING OFFICERS OF HEADQUARTERS UNITS, ASSISTANT COMMANDANTS FOR DIRECTORATES, CHIEF COUNSEL, AND SPECIAL STAFF OFFICES AT HEADQUARTERS SHALL ENSURE COMPLIANCE WITH THE PROVISIONS OF THIS DIRECTIVE.
3. DIRECTIVES AFFECTED. None.
4. APPLICATION. This Instruction applies to all Coast Guard active duty and reserve personnel and appropriated civilian, and non-appropriated fund employees and their families. Pursuant to Memoranda of Understanding with other Uniformed Services members and their families while either serving with the Coast Guard or using our Coast Guard facilities.
5. DISCUSSION.
 - a. Suicide is the Coast Guard's second leading cause of death, after motor vehicle accidents. Each suicide is both a tragic waste of human life and an event which entails a significant degradation in morale, unit cohesion and mission readiness.
 - b. Feelings of helplessness and worthlessness are among the leading suicide causes. Others include problems with relationships at home or work or a failure to cope with accumulated stress.

5. DISCUSSION. (Con't)

- c. Studies reveal that nearly 80 percent of those who attempt or commit suicide give some warning or clue of their intentions and most suicides contemplate their act for weeks in advance. We can prevent some suicides by involvement and action.

6. POLICY. Coast Guard commanders and commanding officers shall support aggressive, conscientious suicide prevention programs that emphasize command concern, leadership training, value of life initiatives, and suicide awareness education. Work-Life staffs, chaplains, staff officers, medical officers and civilian sources are important resources, but suicide prevention initiatives should originate with the commanding officer and involve all leadership levels within the local chain of command. To encourage coordinated efforts, schedule local area suicide prevention meetings at least annually to discuss lessons learned from training efforts or actual incidents.

7. KEY DUTIES AND RESPONSIBILITIES.

- a. The Work-Life Staff's Employee Assistance Program Coordinator (EAPC) is the responsible individual for suicide prevention program efforts. EAPCs are civil service professionals who represent various human service disciplines, each bringing unique perspectives to the Coast Guard. EAPCs assist by referring members to resources on specific identified programs, including the Employee Assistance Program (counseling program), Critical Incident Stress Management, Financial Management Counseling, Workplace Violence and Threatening Behavior, Victim Witness Assistance Program, and Rape and Sexual Assault Awareness and Prevention.
- b. Commandant (G-WPW) shall:
 - (1) In partnership with the chaplain and Chief Medical Officer of the Coast Guard, promulgate policy and guidance about the suicide prevention program;
 - (2) Represent the Coast Guard at Federal, Department of Defense and national groups;
 - (3) Establish training requirements and provide written educational materials service-wide on suicide prevention.
 - (4) Provide direct technical guidance to Work-Life Staffs on suicide awareness and prevention;

- (5) Coordinate, support, assist and guide all Coast Guard personnel for suicide prevention efforts;
 - (6) Inform the chain of command on suicides, gestures, and attempts as appropriate; and
 - (7) Provide initial training on suicide prevention to EAPCs, chaplains and designated Family Program Administrators where no EAPC exists.
- c. MLC Commanders and Commanding Officers of Integrated
- (1) Support Commands shall: Implement these policies and procedures through the Work-Life Staff supervisors and chaplains;
 - (2) Designate the EAPC, in writing, as the primary point of contact for suicide prevention. When the position is vacant, designate a Family Program Administrator to action the interim.
- d. Unit Commanding Officers shall report all suicidal ideation, gestures and attempts to EAPCs.
- e. EAPCs' Supervisors shall:
- (1) Supervise and administratively support EAPCs; and direct all technical and policy questions to Commandant (G-WPW);
 - (2) Use applicable Quality Assurance Visit reports provided by Commandant (G-WPW) when rating the EAPC performance;
 - (3) Ensure that information on suicides, gestures and attempts by military and civilian personnel is reported to Commandant (G-WPW) per enclosure (1) of this Instruction
- f. EAPCs shall:
- (1) Report suicides, gestures, and attempts in accordance with this Instruction;
 - (2) Ensure confidentiality of reported suicides, gestures and attempts within Coast Guard rules and regulations and the Freedom of Information Act. Designate all reports "For official Use Only" and distribute them on a strict need-to-know basis.
 - (3) Establish a file of local community intervention and referral resources for suicide prevention within their geographic area of responsibility;

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- (4) The EAPC will coordinate local efforts and resources in conducting prevention awareness and training at all units in the integrated Support Command area of responsibility. In addition to the Employee Assistance Coordinators involvement, Coast Guard chaplains will be involved in the prevention training.

8. DEFINITIONS. Terms used in this Instruction are defined in enclosure (1).

/s/ G.G. PICHE

Director of Personnel Management

Encl: (1) Suicide Definitions/Reporting Requirements

(2) Program Guidelines

(3) Suicide Symptoms

SUICIDE DEFINITIONS/REPORTING REQUIREMENTS

1. The following terms are broadly defined for reporting purposes:
 - a. A suicide gesture refers to when an individual verbalizes an actual or potential intent to harm him or herself. This can range from very vague to very specific. The most important factor to note is that only suicidal people threaten suicide and therefore all suicide threats should be taken seriously.
 - b. A suicide attempt refers to any self-inflicted damage in which the person attempted to carry out his or her intent to die but for unanticipated reasons (i.e., lack of knowledge of the lethality of the means, or an unplanned rescue), fails in the attempt to end his/her life. Some suicidal persons are in a state of acute crisis and therefore experience a high degree of emotional turmoil. Individuals who are in crisis often experience a disruption in their thinking process. This can make it difficult for a person to clarify his or her intentions, or may interfere in making wise decisions. A person in a crisis state might initially consider suicide but subsequently change his/her mind before completing the act.
 - c. A complete suicide is when individuals complete a fatal act that was: (a) self-inflicted, (b) consciously intended, and (c) carried out with the knowledge that death is irreversible.
2. When a suicide gesture, attempt or actual suicide occurs in your area of responsibility the incident shall be reported by message to the chain of command and the servicing Work-Life staff (Employee Assistance Program Coordinator), with copy provided to Commandant (G-WPW-2). The report is required on all members of the Coast Guard military and civilian, including retired members, cadets, reservists, and their family members.
3. The Work-Life staff EAPC will report the following information:
 - a. Indicate if the incident was a:
Gesture Attempt Actual suicide
 - b. Date incident occurred.
 - c. Full name of individual, if individual is family member include name of sponsor also.
 - d. Rank or civilian grade (Member or Sponsor)

ENCLOSURE (1) to COMDTINST 1734.

- e. District
- f. Unit
- g. Method: (e.g., Overdose, verbal, weapon)
- h. Age
- i. Marital status, number of children and ages
- j. Reason: (e.g., Marital discord, history of depression, job dissatisfaction)
- k. Current status: (e.g., Individual in therapy, hospitalized for evaluation)

PROGRAM GUIDELINES

1. Suicide Awareness and Stress Management.

- a. Suicide awareness involves recognizing the problem and identifying high risk individuals and groups. Stress management means recognizing and dealing with danger signs in ourselves. Include both in training plans.
- b. Initiate training at indoctrination which includes military and civilian in processing and follow-up in other sessions.
- c. Be sensitive to “information overload.” Indoctrination periods may not always be the most appropriate time for in-depth presentations, but they are good opportunities to alert personnel that the concern exists and communication channels are open.
- d. Emphasize that seeking help is a sign of wisdom, not weakness. Begin early to convince personnel to seek help for themselves and others.
- e. Train the trainers and counselors. Target “care givers” including the Employee Assistance Program Coordinator and chaplains who can assist with professional, financial, and personal problems and other Work-Life staff members and ombudsmen.
- f. Preview videotapes for appropriate use. (Consider using excerpts if the film as a whole is inappropriate.) Include supervised screenings in General All Hands meetings, with follow-up discussion.
- g. Use realistic scenarios in training.
- h. Coordinate suicide awareness and stress management training with the Work-Life Staff.

2. Value of Life Initiatives.

- a. Send the message that every life counts and life is too precious to waste.
- b. Emphasize program initiatives to stress self-worth. Many suicides result from feelings of uselessness and worthlessness which the Coast Guard can target.

Enclosure (2) to COMDTINST 1734.1

- c. Emphasize positive styles in leadership training. Self-esteem lectures cannot compensate for treatment which negates personal dignity. Maintain discipline, but send the message that we make tough demands because each individual can make a difference.
- d. Use all opportunities, including speeches, messages and articles, to put out the word that suicide prevention is a Coast Guard concern and the commanding officer's personal goal.
- e. Increase efforts before holidays, when feelings of loneliness may be strongest. Consider special programs, including home hospitality initiatives, for those far from family.
- f. Stress value-of-life themes in strong on-going substance abuse programs and initiatives.

3. Leadership Training.

- a. Stress the responsibility of leadership. Leaders should correct errors, but also look for deeper problems. Leaders should understand danger signs and high risk groups.
- b. Keep communication channels open, throughout the chain of command.
- c. Institute "buddy system" programs, where possible.
- d. Train leaders in promoting self-worth and self esteem: "Praise in public and reprimand in private."
- e. Link stress awareness to leadership training. Officers should set the example for others by attending the workshop.

4. Follow-up Support.

- a. Track individual progress after gestures and attempts and require follow-up counseling. Monitor command personnel after an actual suicide.
- b. Use frequent meetings to discuss lessons learned. Include periodic briefings and progress reports in staff and department head meetings.
- c. Consider in-house support groups. Use civilian support, where available.
- d. Remain sensitive to "reentry" problems when personnel return home or to work after suicide evaluations.

- e. Ensure substance abuse follow-up and support, especially where alcoholism is a contributing factor.

5. Standard Operating Procedure (SOP).

- a. Promulgate SOP (see encl: (1) for a sample) to handle suicide situations (gestures, attempts or ideations), including procedures for after-hour emergencies. Require post-suicide incident command awareness and reinforcement efforts in follow-up procedures.
- b. Use checklists for phone contacts, similar to those used for bomb alerts. Phone answerers should understand what information to solicit, including:
 - (1) Caller's name, location, and phone number. (If caller is reporting his or her own actions, note impressions of coherence, emotional state, etc.).
 - (2) victim's name and description (sex, approximate age, etc.), if other than caller.
 - (3) Description of incident, including medical situation, help currently available and help required.
- c. Give watchstanders and duty personnel clear guidelines for handling telephone calls and referring situations for action. (For example, family members and retirees normally should be taken to a civilian hospital if military hospital lacks authority to require admission).
- d. Use Coast Guard Personnel reporting policies (COMDTINST M1000.6A, Chapter 05, "Casualties and Decedent Affairs"), as minimum requirements. Include as much amplifying data as possible on contributing factors. Share lessons learned or discuss scenarios with appropriate individuals in the chain of command.
- e. Screen documents and records of reporting personnel to identify high risks. Establish preventive contact proactively.
- f. Above all, handle gestures and attempts as medical emergencies. Take personnel to emergency rooms (clinics) for medical evaluation. Never allow an individual to go alone.

SUICIDE SYMPTOMS

| <u>CAUSES</u> | <u>CLUES</u> | <u>HOW TO RESPOND</u> |
|---|--|---|
| <p>Loss of:</p> <ol style="list-style-type: none"> 1. Sense of permanence—moving location 2. Family structure through death of relative or friend 3. Security—job, income or business 4. Health 5. Self-confidence and self-respect 6. Love—break-up of marriage or friendship 7. Comfort 8. Power or position 9. Potency (sexual) 10. Attractiveness—limb, breast 11. Dwelling on losses 12. Overwhelmed by losses interest 13. Failure in occupation society 14. Disappointment accomplishment 15. Depression—exaggerated in intensity and duration 16. Incapable of normal functioning 17. Loneliness-feeling of isolation 18. Old age 19. Pain 20. Alcohol or drug abuse 21. Believes situation is permanent 22. Delusions, hallucinations longer, "I'm no good to anyone," 23. Desires to escape or avoid punishment, and turmoil, gain attention, martyr, punish survivors, get revenge, manipulate others, join a deceased loved one, control own death | <p>Almost no one commits suicide without allowing his or her feelings present clues. Displaying a group of these clues signals danger</p> <ol style="list-style-type: none"> 1. Anxiety 2. Teariness 3. Lethargy 4. Inability to concentrate 5. Unresponsiveness 6. Uninterested 7. Withdrawal from family, friends 8. Contemplative 9. Aches, pains 10. Numerous headaches 11. Loss of appetite 12. Loss of weight 13. Impotency or lacking sexual 14. Uncommunicative 15. Insomnia 16. Sleeping more 17. Making a will, taking out insurance 18. Reviewing finances 19. Giving away possessions 20. Convinced of illness, malignancy 21. Depression, rejection 22. Possess weapon, drugs 23. Change in behavior or personality 24. Threatening statements—"I have nothing to live for," "You won't have to put up with me much longer," "I'm no good to anyone," "I might as well be dead," etc. | <ol style="list-style-type: none"> 1. Act immediately 2. Get help—professional therapist, physician, clergy, family 3. Be a friend—stay close, genuinely care 4. Arrange social contact with others- 5. Talk out person's feelings, take them seriously 6. Encourage complete medical evaluation 7. Do not argue, judge or advise 8. Reassure that situation can change 9. Induce fatigue, relaxation, sleep through activity 10. Don't analyze or try to reason 11. Do not act shocked 12. Ask questions about suicide plans—method available, weapon, |

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