Headquarters
US Army Armor Center and Fort Knox
Fort Knox, Kentucky 40121-4215
8 March 2010

*Fort Knox Reg 600-70

Personnel - General

INSTALLATION SUICIDE PREVENTION PROGRAM

Summary. The Installation Suicide Prevention Program is designed to provide guidance to personnel, promote integration at all levels, and implement procedures to reduce risk for suicide. All personnel are responsible for promoting the well being of Soldiers, Families, and civilians on the installation. Promoting well being includes understanding how to identify at risk individuals and knowing how to take action when help is needed.

Applicability. This regulation applies to all personnel living and working on the Fort Knox installation and to cadre located at remote sites.

Suggested Improvements. Proponent of this regulation is Army Substance Abuse Program (ASAP), Directorate of Human Resources (DHR), US Army Garrison Command (USAG). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) through command channels to ASAP, DHR (IMSE-KNX-HRA), 94 Pershing Drive, Fort Knox, Kentucky 40121-4215.

1. Purpose. To establish installation policies on implementing procedures and reducing the risk of suicide.

2. References.

a. DOD Instruction 6490.4, Requirement for Mental Health Evaluation of Members of the Armed Forces, 28 August 1997.

b. DOD Directive 6490.1, Mental Health Evaluations of Members of the Armed Forces, 1 October 1997, certified current as of 24 November 2003.

c. Memorandum, HQ TRADOC, ATBO-ZI, 21 March 2003, subject: The Tragedy of Suicide - TRADOC Prevention Efforts.

d. TRADOC Pam 600-22, Leaders Guide for Suicide Prevention Planning, 16 February 2005.

e. AR 600-63, Army Health Promotion, 7 May 2007 (with RAR 001, 20 September 2009).

f. TRADOC Policy Letter 4, Strengthening Resilience and Preventing Suicide, 18 March 2009.

g. TRADOC Reg 350-6, Enlisted Initial Entry Training (IET) Policies and Administration, 1 July 2009.

*This regulation supersedes Fort Knox Reg 600-70, 25 March 2009.

h. AR 165-1, Army Chaplain Corps Activities, 3 December 2009.

i. DA Pam 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 17 December 2009.

j. Fort Knox Reg 600-5, Community Health Promotion Council, 8 March 2010.

3. Terminology.

a. Risk Factors - Those factors that increase an individual's vulnerability to self-destructive behaviors.

b. Ideation - A thought or perceived imagination that suicide may be a solution to an individual problem.

c. Gesture - Any action, expressed thought, or behavior that falls short of an intentional effort to commit suicide.

d. Attempt - Any intentional overt act of self murder not resulting in death.

e. Suicide - The action where a person deliberately kills oneself.

4. Suicide Prevention and Surveillance. The success of Army Suicide Prevention Program (ASPP) is predicated on the existence of proactive, caring, and courageous Soldiers, Family members, and Army civilians who recognize imminent danger and take immediate action to save a life. The Fort Knox Suicide Prevention Program mirrors the ASPP purpose. The Fort Knox Suicide Prevention Program ensures the following:

a. Establishes implementation of control measures to address and reduce risk factors associated with suicide.

b. Establishes a community approach through function of the Community Health Promotion Council (CHPC). The CHPC integrates a multidisciplinary approach to suicide risk reduction that assists commanders in implementation of suicide prevention programs.

c. Promotes early identification of and intervention with human problems that detract from personal and unit readiness.

5. Responsibilities.

a. Community Health Promotion Council (CHPC) (see Fort Knox Reg 600-5 for additional information).

(1) The CHPC meets quarterly to discuss health and welfare issues concerning active duty, civilian employees, and Family members living on the installation and is chaired by the Garrison Commander or designated representative.

(2) The mission of the CHPC is to assess the installation environment for potential negative or positive stressors that may affect the well-being of Soldiers and civilians.

(3) The following are responsibilities of the CHPC in the Suicide Prevention Program:

(a) Reviews suicidal behavior as reported by the Department of Behavioral Health, Ireland Army Community Hospital (IACH) quarterly.

(b) Discusses risk factors related to reducing the rate of suicides, gestures, and attempts and discusses lessons learned.

(c) Reviews collaborative efforts of the Installation Prevention Team (IPT).

(d) Conducts annual reviews of the installation's suicide prevention program, including reports from each brigade and tenant group.

b. Garrison Commander or designee.

(1) Chairs the CHPC.

(2) Calls special meetings of the CHPC and/or its subordinate IPT, as needed.

(3) Spearheads annual senior leadership updates to generate suicide prevention ideas and actions.

(4) Provides support and resources to the IPT, as appropriate.

c. Suicide Prevention Program Manager (SPPM).

(1) The SPPM works under the direction of the Army Substance Abuse Program Manager.

(2) Coordinates the suicide prevention program at installation level on behalf of the Garrison Commander and CHPC.

(3) Ensures installation policy and regulation is current and reflective of Department of the Army suicide prevention plans and directives.

(4) Collaborates with installation chaplains, Department of Behavioral Health, and the IPT on suicide prevention initiatives.

(5) Provides command and higher headquarters with reports concerning suicidal behavior and completed suicides (source for data is Department of Behavioral Health, IACH).

(6) Plans and implements training for senior leadership as needed.

(7) Provides IMCOM with quarterly reports of suicidal behavior occurring among active duty personnel on the installation.

d. Major Activity Commanders and Directors.

(1) Brigade commanders will ensure subordinates take the following actions:

(a) Use the buddy system as a means of identifying Soldiers at risk for suicidal behavior.

(b) Place high-risk Soldiers on a "line-of-sight" control until advised by behavioral health professionals the risk has subsided or until the Soldier is separated.

(c) Upon compliance with provisions in DOD Directive 6490.1 and DOD Instruction 6490.4, ensure at risk Soldiers are escorted to Department of Behavioral Health, IACH, as soon as possible, for evaluation and treatment.

(d) Ensure Soldiers identified as a risk are treated with respect/dignity. Commanders should brief Soldiers involved in the buddy-watch system on avoiding ridicule and maintaining a professional attitude at all times.

(e) Ensure drill sergeants and other cadre in IET training units attend Applied Suicide Skills Intervention Training (ASIST) in accordance with (IAW) current TRADOC policy for IET mission units.

(2) Commanders and directors will direct subordinate units and activities, through their S3 channels, to train an adequate number of personnel in ASIST. The number of personnel tasked and trained will be determined by each commander/director IAW the unit need and directives of higher commands. Commanders' S3s will coordinate the number of class seats per class required to meet their needs with the Senior Chaplain, and the Senior Chaplain will request chaplains as instructors for each class. The Senior Chaplain will also report class attendance to unit commanders through S3 channels.

(3) Commander, 194th Armored Brigade, will conduct suicide prevention training for all Soldiers undergoing IET per TRADOC Regulation 350-6.

(4) Commander, 16th Cavalry Regiment and 3rd BCT, 1st ID, will include suicide prevention training annually for all Soldiers and include suicide prevention education and training in leadership development instruction to officers in selected courses. The purpose of this education is to sensitize leaders to suicidal dangers of Soldiers, Family members, and civilian employees.

(5) Commandant, US Army Noncommissioned Officers' Academy will include suicide prevention education and training in leadership development instruction to noncommissioned officers (NCOs) in selected courses. The purpose of this education and training is to sensitize leaders to suicidal dangers of Soldiers and their Family members.

(6) Commander, US Army Medical Department Activity, is responsible for the following:

(a) Providing technical expertise to the command, staff, and CHPC, especially regarding advice about stress factors that may result in increased numbers of personnel at risk.

(b) Maintaining suicide intervention and referral services and training health care providers in crisis prevention techniques using periodic in-service education.

(c) Developing and maintaining programs of instruction (POIs), reference material, and suggesting audiovisual support materials that assists in education and training.

(d) Serve as member as the CHPC and the SPTF.

(e) Assist the Office of the Senior Chaplain in providing suicide intervention training to chaplains and other interested parties.

(f) Develop, maintain, and provide to the DHR the following: monthly reports, extracts from psychological autopsy reports, and other useful information that will contribute to the overall evaluation of the Suicide Prevention Program. The monthly statistical update will be presented to the Installation Suicide Prevention Task Force, and a quarterly recapitulation of these reports will be provided to DPTMS within 15 working days after the end of the quarter for inclusion in the installation report to the Senior Commander.

(g) In all suicide attempt cases, provide responsible support by Department of Behavioral Health (DBH) for evaluation, diagnosis, and arrangement for proper treatment and handling of victims. After initial evaluation and emergency treatment, civilians, including Family members and retirees may be referred to civilian providers for care. This support will be available on a 24-hour, 7-days-a-week basis.

(h) Responsible for maintaining/monitoring a 24-hour help line for suicide related calls.

(i) Initiate, when appropriate, actions and/or recommendations through MEDDAC and command channels to expedite administrative-discharge of Soldiers who possess personality or adjustment disorders which may be more effectively treated in a civilian environment or there is a low probability of successful adjustment to the Army.

e. Religious Support Office (RSO).

(1) The Senior Chaplain will, in coordination with the CHPC, assist the command in developing awareness and a training process with military and DOD personnel regarding issues of suicide prevention. Through communication channels with supervisory chaplains and the post Family Life Chaplain, the Senior Chaplain will monitor and assess the level of suicide awareness in units and the stress factors which may be controllable by leaders and supervisors.

(2) The Senior Chaplain will advise, assist, and offer feedback information to the CHPC and serve or assign a representative to serve as a member of the CHPC and SPTF to facilitate policy and procedures development to be proactive in the monitoring of high risk Soldiers or Family members. The Senior Chaplain will ensure chaplain intervention during a suicide crisis. As a member of the

CHPC, the Senior Chaplain works with the medical and various social services personnel to provide and support necessary training in suicide prevention and Family advocacy matters.

(3) In coordination with the TRADOC Chaplain's office, the Senior Chaplain will designate Unit Ministry Team (UMT) members for specialized suicide basic and advance training at the Menninger Clinic in Topeka, Kansas, or other similar institution. After completing this course the UMTs will be appointed as trainers for military units and qualified DOD organizations.

(4) The Senior Chaplain will provide a quarterly significant highlight to report to the DPTMS within 15 working days after the end of the quarter.

f. Unit Level Commanders/Supervisors.

(1) Ensure suicide prevention training is incorporated into training schedules and given to all personnel annually.

(2) Ensure at least one topic is covered annually as part of the officer professional development NCO development program involving issues concerning behavioral health.

(3) Maintain situational awareness for Soldiers/civilians experiencing life crisis.

(4) Unit commanders will detail students to be trained in ASIST IAW tasking through their S3 channels. Units will meet training goals of their higher unit commanders for numbers and positions of personnel to be trained annually in ASIST.

(5) Develop a caring command environment that is empathetic toward Family members without loss of military discipline.

(6) Establish standard operating procedures at each command level, which include policy followed on discovery of a suicide, attempt, or gesture.

(7) Before unit deployment, establish a Rear Detachment Family Member Liaison Officer NCO, conduct Family member stress management education and training, establish Family member support groups, and provide emergency and referral agencies' phone numbers and locations.

(8) In cases of self-inflicted injury or suicide, a Line of Duty investigation will be conducted per AR 600-8-4, Line of Duty Policy, Procedures, and Investigation, para 3-8c (2h), 4 September 2008.

(9) Use the buddy system as a means of identifying high-risk Soldiers/civilians.

(10) If deemed appropriate, at risk Soldiers should not be given leave or pass to go home.

(11) Ensure subordinates take prompt actions to refer Soldiers/civilians for appropriate assistance when early warning signs become evident.

(12) Leaders must assure Soldiers/civilians of confidentiality and reduce stigma attached to seeking help.

(13) Place high-risk Soldiers on a line-of-sight control until advised by behavioral health professionals the risk has subsided or until the Soldier is separated.

(a) Ensure Soldiers/civilians identified as at risk are treated with respect and dignity. Commanders should brief Soldiers/civilians involved in the buddy-watch system on avoiding ridicule and maintaining a professional attitude at all times.

(b) Identify situations where the line-of-sight control may not be enforced, such as Soldiers/civilians going to the latrine or transition periods from training/working to another appointment. Commanders/supervisors must ensure that Soldiers/civilians on line-of-sight watch are not left alone.

(c) Ensure the UMT is aware of the high-risk situation and involved in the crisis management of the at-risk individual. Involvement should include interface with the behavioral health professional and regular follow-up until it has been determined the individual is no longer in danger of self harm.

(14) Reinforce registration requirements for privately owned weapons.

(15) Ensure company resource referral phone numbers are posted on bulletin boards located in high visibility areas.

(16) Provide written reports of all suicide prevention training conducted during the fiscal year through the chain of command to the SPPM for report to the CHPC.

(17) Conduct unit training using the video tape recording provided by Occupational Therapy, MEDDAC. As a minimum, instructors must have completed the specialized training on suicide prevention/stress management offered by Occupational Therapy, MEDDAC, or equivalent at another station before conducting unit training.

(18) Provide written reports of all suicide prevention training conducted in the unit within 15 working days after the end of each quarter to DPTMS.

(19) Before unit deployment, establish a Rear Detachment Family Member Liaison Officer/NCO, conduct Family member stress management education and training, establish Family member support groups, and provide emergency and referral agencies' phone numbers/locations.

(20) Commanders will coordinate and conduct suicide prevention and awareness training/counseling before departure and upon return from in-theater leave (R&R and emergency). Theater combatant commanders are highly encouraged to have their unit ministry team conduct suicide prevention training for all deployed Soldiers and DA Civilians, per ALARACT 184/2009, Deployment Cycle Support (DCS) Checklist (DA Form 7631).

g. Unit Ministry Team.

(1) The Unit Ministry Team (one chaplain and one chaplain's assistant) is the primary trainer at the unit level. In coordination with the Senior Chaplain and the command, the UMT will offer programs to encourage and build healthy marital and Family relationships. These programs may include topics such as couple communication, marital enrichment skills, Family wellness workshops, effective parenting classes, and other activities that will address the myriad relational stresses and crisis events that precede suicidal acts or gestures.

(2) The suicide prevention and crisis management topics will address traditional crisis periods encountered in both individual and Family developmental life cycle workshops.

(3) Available operational and training funds may be used to support both the chaplain UMT training mission and implementation of programs designed for suicide prevention, crisis intervention and management.

(4) The primary mission of the chaplain UMT focuses on providing programs to build healthy Family relationships and individual maturity through pastoral counseling and education. The UMT personnel will refer any suicidal individual to the MTF or DBH. When a person is referred for treatment, UMT personnel may undertake post intervention actions in their role as primary staff officers, unit chaplains or community pastors, or acting as advisors to the commanders.

(5) Suicide prevention training will be conducted by the UMT before and after authorized absences while deployed (i.e., mid-tour leave, R&R, emergency leave, and medical evacuation) per ALARACT 184/2009, Deployment Cycle Support (DCS) Checklist (DA Form 7631).

h. Provost Marshal.

(1) Ensures military police forces respond to potential suicide situations discreetly and cautiously to avoid increasing stress.

(2) Provides feedback information to the CHPC, as appropriate, on any suicide-related events that may have occurred on post.

(3) Provides reinforcing awareness training concerning identification of personnel at risk for suicide to the military police at in-service training and professional development classes.

i. Criminal Investigation Command (CID).

(1) Investigates all suicides or suspected suicides.

(2) Establishes liaison with local civilian police agencies, as appropriate, to obtain information regarding suicide related events involving military personnel, their Families, or civilian employees, which may have occurred off post and provides information to the task force.

(3) As allowed by appropriate regulations, provides the task force extracts from the CID reports of investigation (including psychological autopsy).

j. Civilian Personnel Advisory Center (CPAC).

(l) Coordinates suicide prevention and drug and alcohol training for civilian managers and supervisors.

(2) Submits a referral to the Employees Assistance Program (EAP) if contacted by an employee or supervisor that personal problems, such as depression or loss of a significant relationship, are affecting the employee's ability to cope with stress on the job.

(3) Works with EAP coordinator to ensure civilian employees receive suicide prevention information annually.

(4) Collaborates with SPPM and the chaplain to advertise upcoming ASIST training to civilian employees, especially supervisors.

k. Employees Assistance Program (EAP) Coordinator.

(1) Provides screening and referral to behavioral health for civilian employees who report or experience suicidal ideations, gestures, and attempts. Furthermore, referral to behavioral health should be made for employees experiencing depression.

(2) Ensures instruction on recognizing at risk warning signs are included in supervisor training.

(3) Provides briefings on suicide prevention to offices or agencies upon request.

(4) Maintains a current list of local referral sources in order to respond to inquiries.

l. Army Community Service (ACS):

(1) Upon request, provides materials (child abuse, suicide and children, domestic violence, family wellness, etc.,) necessary for distributing to units and Family members.

(2) Provides input, as necessary, to council members of trends seen at unit level.

(3) Upon request from individuals in the chain of command, Family, or referral agency, makes a home assistance visit to ensure Family overall needs have been met, which include the following: financial assistance, transportation requirements, relocation assistance, personal needs (child care, food, etc.,), and mortuary services.

(4) Provides Family members/civilian employees with referral information to appropriate agencies (e.g., Social Work Service, RSO, American Red Cross, Army Emergency Relief, and Casualty Branch).

(5) Provides follow-up with a phone call or visit to the Family to assist with long term needs or final Family needs.

(6) Ensures staff members receive ASIST as part of their professional development plan.

m. Fort Knox Community Schools (FKCS)/Child Development Services (CDS)/School Age Services (SAS)/Youth Services (YS).

(1) Counselors, teachers, and other school personnel, as well as CDS, SAS, and YS personnel, encountering a child, adolescent, or teenager with suicidal thoughts or behavior should contact IACH at 624-HELP. Parents will be contacted immediately, except in cases involving possible child abuse by the parent.

(2) Refer teachers and staff to ASIST training as school training schedule allows.

(3) Coordinates with the ACS Family Advocacy Program to provide in-service training to teachers, counselors, and school staff in recognizing stress-related behaviors and what referral services are available.

n. Directorate of Plans, Training, Mobilization and Security.

(1) The DPTMS, in coordination with Commander, MEDDAC, will collect and maintain a pertinent selection of video tape recordings and filmstrips on suicide prevention.

(2) Consolidate unit suicide prevention training and forward to DFMWR on a quarterly basis for inclusion in the Commander's Quarterly Suicide Prevention Report.

6. Suicide Prevention Intervention Guidelines. Upon finding someone who has deliberately injured themselves, take immediate action.

a. Administer first aid, as needed.

b. Call 911 to obtain emergency services (fire, ambulance, and military police).

c. The Soldier/civilian will be continuously accompanied and observed by a responsible person from the unit.

d. Notify the supervisor or other unit representatives.

e. Emergency room (ER) personnel will provide emergency treatment, as necessary, and evaluation to determine if hospitalization for injuries is necessary. Any Soldier who requires ER treatment for a suicide threat, gesture, or attempt should be evaluated immediately by Department of Behavioral Health (for duty hours) or placed under a level of observation deemed appropriate by the licensed behavioral health provider on-call (for after duty hours/weekends), pending evaluation by Department of Behavioral Health. This may include admission to an inpatient psychiatric service, placement of the Soldier under continuous watch in the unit, return home with observation by Family members or other reliable persons, or lesser degrees of restriction based on assessment of the individual by the Department of Behavioral Health on-call licensed provider. In all cases of suicide attempts, threats, or gestures seen in IACH ER, ER personnel will consult with the on-call Department of Behavioral Health licensed provider before releasing the patient from the ER.

f. Department of Behavioral Health will evaluate the Soldier. Recommendation for separation from the Army will be made only if there is a psychiatric disorder or if there is low probability of successful adjustment to the Army. The Soldier will be returned to the unit with a treatment plan, which may include observation/encouragement by cadre and a "buddy," and will involve follow-up counseling by Department of Behavioral Health and/or chaplain.

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