



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

IN REPLY REFER TO
BUMEDINST 1700.6
BUMED-M09B
AUG 12 2015

BUMED INSTRUCTION 1700.6

From: Chief, Bureau of Medicine and Surgery

Subj: COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) DoD Directive 6490.14 of 18 June 2013
(b) OPNAVINST 1720.4A
(c) OPNAVINST 6100.2A
(d) BUMEDINST 6520.2
(e) BUMEDINST 1601.2A
(f) Suicide Prevention/Crisis Response Plan Standard Operating Procedures for Command Duty Officers

Encl: (1) Local Area Medical Resources and Available Websites for Suicide Prevention Information
(2) Definitions of Suicide-Related Behaviors
(3) Crisis Response Plan

1. Purpose. To establish policy and procedures for the implementation of Suicide Prevention Program (SPP) within Bureau of Medicine and Surgery (BUMED) Headquarters (HQ), per references (a) through (f).
2. Scope. This instruction applies to all BUMED HQ active duty, reserve, civilian, and full-time contractor personnel on staff, and all military personnel administratively and/or operationally attached to BUMED.
3. Background. Suicide is a preventable tragedy that requires command attention at every level. Navy leadership shall ensure every person is aware of prevention strategies and resources available.
 - a. SPP shall be implemented to reduce the risk of suicide, properly manage at-risk situations, minimize adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and war-fighting capability.
 - b. BUMED supports the Navy's SPP and meets the requirements dictating the program. Suicide prevention operates over a continuum that addresses personnel stress management, crisis response, and managing the aftermath of an attempted or completed suicide.

c. Every individual within the command is a key member of any prevention effort. Each one of us has the opportunity to provide early intervention, at a time when non-medical interventions can have the greatest positive outcome for our shipmates and co-workers. Enclosure (2) has the suicide related behaviors definitions.

d. The BUMED SPP consists of 4 elements:

(1) Training. Increase awareness of suicide concerns, improving wellness, and ensuring personnel know how to intervene when someone needs help.

(2) Intervention. Ensure timely access to needed services and having a plan of action for crisis response.

(3) Response. Assist families, units, and service members affected by suicide behaviors.

(4) Reporting. Report incidents of suicide and suicide-related behaviors, per reference (b).

4. Responsibilities

a. Chief of Staff shall:

(1) Designate in writing a dedicated E7 or above to serve as the primary command Suicide Prevention Coordinator (SPC). There are no specific designations for the Assistant Suicide Prevention Coordinator (ASPC).

(2) Ensure familiarity with the command directed mental health evaluation referral procedures per reference (a) and (d).

b. SPC shall:

(1) Develop, execute, oversee the overall BUMED SPP, and coordinate efforts with the ASPC.

(2) Complete an approved Navy Personnel Command (NPC) training course found at http://www.npc.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/SPCTraining.aspx, as soon as possible after designation, per reference (b).

(3) Provide and publicize suicide prevention awareness resources on a regular basis.

(4) Advise the chain of command on all SPP matters.

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(5) Ensure completion and tracking of annual Suicide Awareness training and other specialized training as required (i.e., Command Duty Officer emergency response training, per reference (f)).

(6) Develop and promulgate command-level suicide response plans.

(7) Assist with suicide incidence reporting within the command in accordance with reference (b).

c. ASPC shall:

(1) Complete an approved Navy Personnel Command (NPC) training course found at http://www.npc.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/SPCTraining.aspx, as soon as possible after designation, per reference (b).

(2) Support and coordinate efforts with the SPC in providing and publicizing suicide prevention awareness resources on a regular basis.

(3) Complete specific suicide prevention duties as instructed by the SPC.

(4) Serve as SPC in the SPC's absence.

5. Policy

a. The SPP shall be implemented to increase awareness of suicide prevention, minimize the stigma of seeking help, reduce suicidal behavior, and to maintain a clear standard of procedures during and after a crisis.

b. Using a Crisis Response Plan, enclosure (3), ensures a suicidal person is given proper care and all command and local resources are utilized.

c. Caring for high-risk staff members. Provide guidance for BUMED supervisors to support employees who exhibit high risk behaviors or actions.

(1) A risk assessment is only valid at the time completed. Frequent assessments may be needed depending on the situation. Remember risk factors give an indication of the potential for harm to occur; they do not provide a 100% accurate prediction of what will happen.

(2) Determine the stressors making the staff member high-risk. Examples include, but are not limited to, past suicidal ideation/behaviors, recent significant life changes, drug or alcohol problems, isolation from friends and family, or recent relationship changes. This list is not all-inclusive, and the supervisor must be aware of presenting stressors to establish an individualized plan of action for the high-risk staff member.

(3) Ask questions and interact with the employee early and often, in a private location. For ongoing concerns for self-injurious behavior, obtain medical attention.

(4) Ensure employees receive needed medical attention at the time of crisis and time to attend follow-up and scheduled appointments.

(5) Inform appropriate leadership, as soon as feasible, if the employees work status changes.

d. Assistance to Navy civilian employees beyond the suicide prevention training and incident reporting requirements is provided by the Civilian Employee Assistance Program, (844) 366-2327, or <http://donceap.foh.hhs.gov/#>. Leadership will work closely with the human resource department when safety issues arise.

6. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.



A. M. DIGGS
Chief of Staff

Distribution is electronic only via the Navy Medicine Web site at:
<http://www.med.navy.mil/directives/Pages/BUMEDHQInstructions.aspx>

Local Area Medical Resources and Available Websites for Suicide Prevention Information

- LOCAL EMERGENCY ROOM: Inova Emergency Care
4315 Chain Bridge Rd, Fairfax, VA 22030, 703-877- 2800
- DHHQ SECURITY: 703-681-9111
- CHAPLAIN: Work Hours: 703-681-2511; After Hours: 202-714-0131
- FLEET & FAMILY SERVICE SUPPORT CENTER: Bethesda: 301-319-4087
- FLEET & FAMILY SERVICE SUPPORT CENTER: Joint Base Anacostia, 202-433-6151
- FLEET & FAMILY SERVICE SUPPORT CENTER: NSF Indian Head: 800-500-4947
- BEHAVIORAL HEALTH Routine Clinic/Appointment: Fort Belvoir: 571-231-3126
- BEHAVIORAL HEALTH Routine Clinic/Appointment:
Walter Reed Call Center: 855-227-6331
- EMERGENCY ROOM Fort Belvoir Community Hospital: 571-231-3124
- EMERGENCY ROOM Walter Reed National Military: 301-295-4810
- BEHAVIORAL HEALTH EMERGENCY Duty Contact: 911

(FOR CIVILIANS ONLY) EAP National Service Center: 1-800-222-0364 to speak with an EAP counselor 24/7

Websites:

- www.suicide.navy.mil
- www.nmcphc.med.navy.mil/LGuide/index.htm
- www.militaryonesource.com
- www.militarymentalhealth.org- provides anonymous online mental health screenings
- www.usmc-mccs.org/leadersguide

DEFINITIONS OF SUICIDE RELATED BEHAVIORS

Suicide-Related Ideations. Any self-reported thoughts of engaging in suicide-related behaviors.

Suicide-Related Communications. Any interpersonal act of imparting, conveying or transmitting suicide-related thoughts, wishes, desires or intent; not to be construed as the actual self-inflicted behavior or injury.

Suicide Threat. Any interpersonal action, verbal or nonverbal, without a direct self-injurious component, passive or active, for which there is evidence (either explicit or implicit) that the person is communicating a suicide related behavior might occur in the near future.

Suicide Plan. A proposed method of carrying out a design that can potentially result in suicide-related behaviors; or, a systematic formulation of a program of action, that will potentially lead to suicide-related behaviors.

Self-Harm. A self-inflicted potentially injurious behavior for which there is evidence (either explicit or implicit) that the person did not intend to kill themselves (i.e., had no intent to die). Persons engage in self-harm behaviors in order to attain some other end (e.g., to seek help, to punish others, to receive attention or to regulate negative mood). Self-harm may result in no injuries, injuries or death.

Self-Inflicted Unintentional Death. Death from self-inflicted injury, poisoning or suffocation where there is evidence (either explicit or implicit) that there was no intent to die. This category includes those injuries or poisonings described as unintended or "accidental."

Undetermined Suicide-Related Behavior. A self-inflicted potentially injurious behavior where intent is unknown.

Self-Inflicted Death with Undetermined Intent. Self-inflicted death for which intent is either equivocal or unknown.

Suicide Attempt. A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury.

Suicide. Self-inflicted death with evidence (either explicit or implicit) of intent to die.

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CRISIS RESPONSE PLAN

The below guidance can be utilized by any person assisting an individual in distress, and can be used for crisis intervention in person or by phone.

- Be yourself. Listen attentively to everything the person says, learn what the problems are, and gather as much contact information as possible.
- Treat the person with respect. Remember the acronym **ACT – Ask, Care, Treat**.
- If possible, do not handle this situation alone.
- Remove person and environmental hazards. Move to a quiet, private location to encourage open communication, if possible and feasible (i.e. person is not aggressive).
- Allow the person to cry, scream or swear. Distressing/suicidal feelings are often very powerful. Simply talking about the issues may provide the individual some relief from the stressors.
- Stay calm, be supportive, sympathetic, and kind.
- Manage your own responses. Do not be judgmental or invalidate the person's feelings. Let the person express emotions without negative feedback. [*Always take suicidal comments very seriously. When a person says that he or she is thinking about suicide, you must always take the comments seriously.*]
- Do not promise confidentiality or refuse to be sworn to secrecy. A life is at stake and you may need to speak to a healthcare provider in order to keep the suicidal person safe. [*If you promise to keep your discussions secret, you may have to break your word.*]
- Do not offer ways to fix their problems, give advice, or make them feel like they have to justify their suicidal feelings.
- After you have a good understanding of the person's problems, summarize the problems back to him/her. [*This helps to preclude misunderstandings and demonstrates to the person that you are being attentive.*]

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- Assist the person with seeking medical care, using local responses, or arrange emergency services if the person is unable or if the person is actively suicidal and cannot ensure his/her safety.

- Notify the Chaplain on duty, if applicable: Work Hours: 703-681-2511 and After Hours: 202-714-0131

- Stay with the person or keep the person on the phone, if possible, until medical services are available.

- Report incident to chain of command and Command Duty Officer.

- Ensure a coordinated follow-up and safety plan for individuals returning to work after seeking medical care.