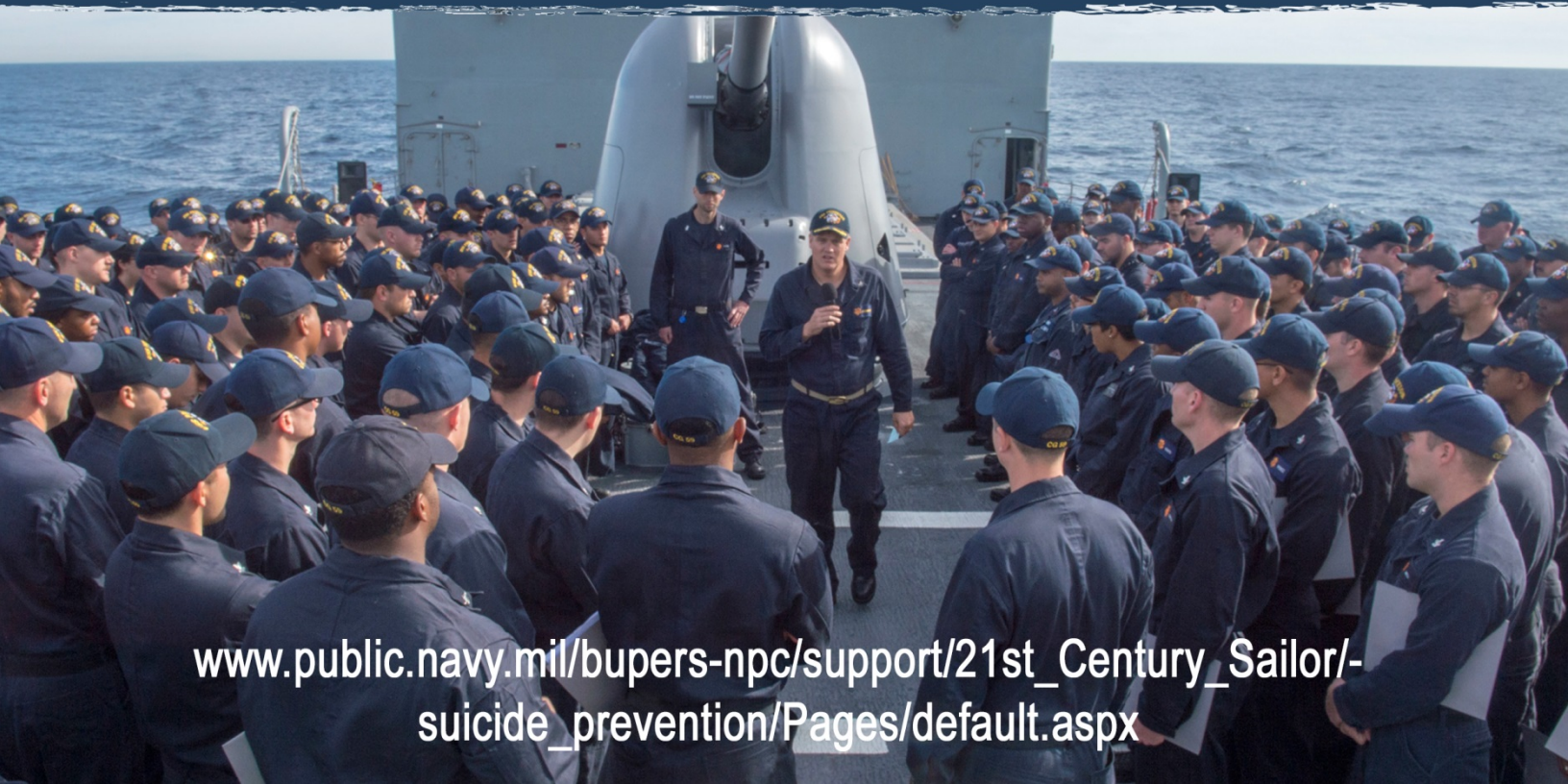




Commanding Officer's Suicide Prevention Program Handbook

Navy Suicide Prevention Branch, OPNAV N171



www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/default.aspx

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Introduction

Suicide Prevention is an all hands evolution, all of the time. The Navy Suicide Prevention Branch (OPNAV N171) manages policy and programs to equip Sailors and leaders with the knowledge, skills and resources to proactively address and minimize suicide risk factors, strengthen protective factors and be ready to respond in the event of a crisis.

Despite the fact that 85% of Sailors say they will seek help if overwhelmed by stress, two out of three believe there are barriers to seeking help, and one in three believe their shipmates will see them as weak (source: 2012 Behavioral Health QuickPoll). Commanders play a crucial role in changing these negative perceptions and reducing barriers by remaining connected with their people, recognizing signs of stress early and helping them feel comfortable and confident in seeking help. A command climate supportive of psychological and emotional well-being is at the foundation of all suicide prevention efforts, strengthened by ongoing education, personal interaction, skills development and access to resources. Leaders must remain connected with their Sailors to build a sense of community, and break down barriers that may prevent early intervention and support. It's about being there for *Every Sailor, Every Day*.

Purpose of the Commanding Officer's Suicide Prevention Program Handbook

This handbook serves as an accessible, comprehensive guide for commanding officers (COs) and suicide prevention coordinators (SPCs) to understand the resources available to assist with the development and maintenance of robust command-level Suicide Prevention Programs. It contains useful information, policy guidance and practical educational tools to shape efforts that may save lives and enable appropriate response if a suicide related behavior or suicide occurs. The Commanding Officer's Suicide Prevention Program Handbook is

organized to support fundamental command Suicide Prevention Program efforts in Training, Intervention, Response and Reporting.

Beyond the Handbook

Navy Suicide Prevention is committed to providing the fleet with tailored, practical and evidence-based tools to help Sailors thrive, not just survive. This handbook outlines many of the resources available to support local efforts, personal wellness and leadership engagement; however, additional resources will be released as they become available and may not be included here. To maximize alignment with up-to-date program recommendations and policy guidance, visit www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/default.aspx, Navy's Suicide Prevention's website. For questions or additional support, please email suicideprevention@navy.mil or call 901-874-6613.



Section I

Establish a Foundation

Navy Suicide Prevention's efforts encourage proactive measures that Sailors, leaders, commands and families can take to mitigate stressful situations before they become crises, while identifying individuals who may be experiencing a negative reaction to stress and need assistance. Our programs and policies are designed to enable deckplate action, focusing on training, intervention, response and reporting to ensure we're providing all Navy personnel the support network and skills needed to thrive, not just survive.

In this section you will find:

- ✓ **Suicide Prevention Program Policy**
- ✓ **Commanding Officer's Responsibilities**
- ✓ **Elements of Command Suicide Prevention Programs**

Suicide Prevention Starts with Every Sailor, Every Day

Suicide prevention starts with simple, ongoing efforts to promote psychological health and a sense of community. Leaders must actively foster resilience, take action to prevent stress problems to the greatest extent possible, strengthen protective factors, recognize risk factors and warning signs early, and proactively intervene when a Sailor is experiencing stress issues or a psychological health crisis. At the crux of these actions are efforts to reduce barriers and negative perceptions associated with seeking psychological health care, upholding a culture that supports and promotes seeking help.

Policy

Navy Suicide Prevention Branch, OPNAV N171, is comprised of the Suicide Prevention and Operational Stress Control (OSC) Programs. The branch's goal is to minimize suicide risk by enabling Sailors to thrive as a psychologically healthy, resilient and mission-effective people through knowledge, responsibility and resources. Per [OPNAVINST 1720.4A](#), commands are required to maintain robust and engaging local Suicide Prevention Programs, helping to equip Sailors with the knowledge, skills and resources to proactively navigate stress, support one another and respond appropriately in the event of a crisis.

Commanding Officer's Responsibilities

To maintain an engaging Suicide Prevention Program and maximize benefit to Sailors, commanders must:

- Designate a suicide prevention coordinator (SPC) in writing. Approachability, existing collateral duties, watch standing requirements and workload should be considered during selection to ensure that this SPC is able to run an effective program;
- Work with the SPC and key personnel to develop a written crisis response plan and run drills to ensure readiness;
- Maintain ongoing engagement with Sailors to generate active dialogue about psychological health;
- Ensure easy access to support resources and psychological health treatment, actively promoting a culture that supports comprehensive wellness and psychological well-being; and
- Understand reporting requirements and procedures in the event of a death by suicide or suicide related behavior (*see page 28*).

Elements of Command Suicide Prevention Programs

- **Training** – 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 access available resources.
- **Intervention** – Proactive planning for crisis intervention, addressing the process for identification, referral, access to treatment and follow-up procedures for personnel who are at imminent risk of suicide.
- **Response** – Timely and appropriate support for Sailors experiencing a psychological health or suicidal crisis, as well as those affected by suicide (including shipmates and families).
- **Reporting** – Immediate reporting of suicide and suicide related behaviors to mobilize appropriate resources and inform command and Navy-wide suicide prevention efforts.

SPC webinar schedule and training can be found on the Navy Suicide Prevention website under [Command & Leaders > SPC Training](#).

Suicide Prevention Coordinator Responsibilities



- Receive required OPNAV N171 SPC training as soon as possible after designation.
- Ensure educational materials, helpful resources and leadership messages are accessible throughout command.
- Schedule annual suicide prevention General Military Training (may use local resources including chaplains to facilitate).
- Ensure crisis response plan is updated.
- Be familiar with reporting requirements and procedures (initiate DoD Suicide Event Report, record and submit Suicide Event Review Board activity – *see page 28*).
- Maintain collaboration with other SPCs and tailor OPNAV N171 resources to command efforts.

Commanding Officer's Suicide Prevention Program Handbook

Command Suicide Prevention Program Checklist

<p>Suicide Prevention Coordinator (SPC) appointed in writing, designated by commanding officer.</p> <ul style="list-style-type: none"> ○ Must receive OPNAV SPC Training as soon as possible after designation and record training in FLTMPs.
<p>General Military Training (GMT) is conducted annually and records are maintained accordingly.</p> <ul style="list-style-type: none"> ○ GMT is available on Navy Knowledge Online under Personal Development > GMT. Must be tailored to address local command resources and can be facilitated by chaplain or other appropriate personnel.
<p>Leadership messages are distributed to provide current suicide prevention-related information and guidance to all personnel.</p> <ul style="list-style-type: none"> ○ Navy Suicide Prevention communicates program and policy information directly to SPCs via Lifelink Newsletter and posts useful resources to the Navy Suicide Prevention website.
<p>Personnel and supervisors have ready access to information about seeking help for stress and psychological health issues.</p> <ul style="list-style-type: none"> ○ Informational products are available for download on the Navy Suicide Prevention website. Posters, wallet cards, magnets, and other products can be ordered from the Naval Logistics Library free of charge.
<p>Supervisors are active in identifying personnel who may be at-risk or in need of additional support.</p> <ul style="list-style-type: none"> ○ Increased vigilance when Sailors are experiencing loss of major relationship, financial difficulties, legal or disciplinary issues, loss of status, career or personal transitions, etc.
<p>Procedures are in place to assist personnel in need of support resources and treatment.</p> <ul style="list-style-type: none"> ○ Includes time allocated for appointments, transportation access, and overcoming logistical barriers.
<p>Educational materials and information are readily available and accessible throughout the command.</p> <ul style="list-style-type: none"> ○ Materials should address Operational Stress Control, psychological and emotional well-being, Total Sailor Fitness and other 21st Century Sailor health promotion topics.
<p>A written and tailored crisis response plan is in place, easily accessible, and updated as needed.</p> <ul style="list-style-type: none"> ○ Crisis response plans are not uniform and are influenced by command size, organic resources and locally available medical/emergency resources. Additional considerations may be necessary when away from homeport.
<p>Contact information for local support and psychological health resources are visible throughout the command and communicated regularly.</p> <ul style="list-style-type: none"> ○ Commands with external websites should adhere to SEVNAVINST 5720.44c, which mandates that all Navy websites must display the 'Life is Worth Living' image on their homepages, hyperlinked to the Military Crisis Line (http://www.militarycrisisline.net).

Additional resources, including crisis response plan tips and guidance for communication between line leaders and mental health providers is available in the "Command & Leaders" section of Navy Suicide Prevention's website. Education and awareness resources can be found in the "Informational Products" section.

Section II

Foster a Supportive Environment

A command environment of high morale and cohesiveness sets the stage for prevention. Navy's Suicide Prevention Program collaborates with multiple "people programs" across a spectrum of wellness to promote healthy behaviors, peer support and bystander intervention. A comprehensive and robust command Suicide Prevention Program should incorporate these aspects of physical, psychological and social health to foster an environment that encourages positive coping skills and a supportive culture.

In this section you will find:

- ✓ **Operational Stress Control**
- ✓ **Total Sailor Fitness – 21st Century Sailor Office Programs**

Operational Stress Control (OSC)

Navy's Operational Stress Control Program is a part of the Navy Suicide Prevention Branch, guided by [OPNAV Instruction 6520.1](#). The broad goal of OSC is to help Navy leaders build resilience within units and individual Sailors through an integrated program aimed at increasing the awareness and understanding of stress, and providing strategies to mitigate detrimental effects. The OSC Program will help leaders to know when and how to use chaplains, medical personnel, counselors, and community resources to build a culture that is supportive of help-seeking behaviors. Core elements of the OSC Program include:

The Stress Continuum

The first step in recognizing stress is having a common language. OSC has adopted this model to help identify stress reactions across a continuum, using "stress zones" (Ready, Reacting, Injured, and Ill) to guide appropriate responses.



Principles of Resilience and Stress Control

Evidence from research and observations has provided some core considerations to strengthen understanding of resilience and how to navigate stress. These principles are Predictability, Controllability, Relationships, Trust and Meaning.

Five Core Leadership Functions of OSC

Leadership is essential for Operational Stress Control success. The Five Core Leadership Functions (Strengthen, Mitigate, Identify, Treat, Reintegrate), if given daily hands-on attention, demonstrate a leader's commitment to making a difference in the lives of Sailors, their families and overall command health.



For more information on the Stress Continuum, Principles of Resilience and Stress Control, and the Five Core Leader Functions, visit the Operational Stress Control Website at www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/osc/Pages/Background.aspx > [Background](#).

Training

The OSC program provides training through two facilitated, small-group courses: Navy OSC Leader (NAVOSC-Lead) for commissioned officers and chief petty officers and Deckplate Leader OSC (DPL-OSC) for E4-E6 supervisors. OSC training teaches leader-focused actions and responsibilities to positively impact individual Sailor and command resilience and readiness. The most important part of these OSC skills courses is the frank discussion among attendees. When leaders of a command talk about what they see as stress-related issues and how course tools could be applied in their commands, OSC becomes more than a concept – it becomes a way of doing business every day. More information about this training can be found in Section III. Additionally, Navy Command-Assigned Readiness-Enhancement (CARE) Training for Stress Management can be downloaded from [Navy Knowledge Online](#).

For more information about the OSC program, visit: www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/osc/Pages/default.aspx.

For the latest OSC and Suicide Prevention resources, follow: navstress.wordpress.com, [www.twitter.com/navstress](https://twitter.com/navstress) and www.facebook.com/navstress.



Total Sailor Fitness – 21st Century Sailor Office Programs

Resilience is cultivated from a combination of skills and positive attitudes gained from life experiences and relationships. It is influenced by our physical and psychological health. There are many elements that contribute to building resilience including community, coping skills, physical readiness, proper nutrition, abstinence from substance abuse and misuse, and actions that promote safe relationships with our shipmates, peers and community members. To that end, the 21st Century Sailor Office, OPNAV N17, was established in 2013 to provide Sailors and families with the support network, programs, resources and training needed to thrive in their personal and professional lives. The 21st Century Sailor Office facilitates synergy across a spectrum of wellness to maximize Total Sailor Fitness with resilience at its foundation.

Command Suicide Prevention Programs should address a myriad of topics in order to encourage a comprehensive view of fitness and resilience, illustrating how those factors can help prevent suicide. Key 21st Century Sailor Office Programs include:

- **Navy Nutrition Program:** Stress is linked to a multitude of chronic health problems, including obesity and inadequate nutrition. Navy Nutrition has resources to support a balanced diet that is optimized for warfighters, minimizing potential for unhealthy choices that may result from the impacts of stress.
- **Navy Physical Readiness Program:** Exercise has been proven to help reduce the physical and psychological effects of stress while promoting long term health from the inside out. Sailors should engage in physical activity to promote healthy coping skills, in addition to ensuring readiness for job demands and requirements.
- **Navy Alcohol and Drug Abuse Prevention Program:** Alcohol and drug use can decrease inhibitions and increase risk for irreversible self-harm, especially when used as a response to emotional stress. According to Navy's 2012 Suicide Case Review, 33% of deaths by suicide involved alcohol. Sailors should be educated on positive coping skills (vice alcohol and/or drug misuse) as protective factors against suicide, as well as safe and responsible drinking.
- **Sexual Assault Prevention and Response Program:** Sexual assault can have lasting impacts on psychological well-being and coping skills, increasing risk for suicide. Alleged offenders may also be at increased risk, particularly during the legal/disciplinary process and any resulting actions. Encouraging Sailors to "step up and step in" can help prevent instances of sexual assault, as well as other destructive behaviors.
- **Sailor & Family Spiritual Fitness:** Spiritual fitness is a vital component of readiness, stress navigation and resilience-building. Sailors and families have the right to confidential communication to chaplains without judgment or fear of negative consequences. Chaplains are always available to Sailors to discuss challenges and stressors, and help them find positive solutions to navigating those issues.
- **Personal Financial Management Program:** The Personal Financial Management Program takes a proactive career lifecycle approach to sound financial judgment and responsibility. Financial troubles can contribute to or exacerbate other areas of stress including relationship/family instability, career worries and feelings of hopelessness, increasing suicide risk.

For information about the 21st Century Sailor Office and to learn more about each program visit:

www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/Pages/default.aspx.

Section III

Build Skills

With timely and resonant skills-based training, there is an opportunity to precede potential suicidal thoughts with tools and education to build resilience and coping skills, while promoting early intervention and access to resources. The following section provides an overview of the training resources available to individuals and commands.

In this section you will find:

- ✓ **Required Training**
- ✓ **Additional Training Resources**
- ✓ **Sustaining the Momentum – Ongoing Communication and Engagement**
- ✓ **Guidance for Safe Discussion about Psychological Health and Suicide**

Required Training

General Military Training

Per OPNAVINST 1720.4A, General Military Training (GMT) for Suicide Prevention is required annually. A new scenario-based training is available on Navy Knowledge Online, using realistic vignettes to generate dialogue about stress navigation, bystander intervention and crisis response. This Standardized Core Training is intended to be delivered face-to-face and should be tailored to address the specific needs and resources available to the command. To locate the training, visit the GMT page on [Navy Knowledge Online](#) and select the "Suicide Prevention" course.

OPNAV Suicide Prevention Coordinator (SPC) Training

All command SPCs are required to participate in this two-hour live-facilitated webinar (or in-person training when offered) to prepare them with the resources and skills needed to assist their commands with meeting Suicide Prevention Program needs. For more information, visit [Navy Suicide Prevention > Command & Leaders > SPC Training](#) or email spcwebinar@navy.mil.

Mandatory Operational Stress Control (OSC) Training for Deployers

[NAVADMIN 262/13](#) mandates that, after January 1, 2014, every deploying command must receive OSC skills training within six months prior to deployment. Training is delivered in-person by OSC Mobile Training Teams (MTTs), who average more than 20 years of Navy experience and training expertise. OSC training is delivered at no cost to the command.



- **Navy Operational Stress control for Leaders (NAVOSC-Lead)** is designed to assist Navy leaders in assessing individual and unit stress levels and provide tools to help their Sailors better navigate operational and life stress and build resilience. This is not a medical course, but rather one designed by line leaders for line leaders. The 3-4-hour course focuses on dialogue and case studies. Personal stories highlight the impact of stress on individuals and their families and demonstrate how application of tools and leadership intervention can build and maintain resilience and readiness. For more information, see the [NAVOSC-Lead info sheet](#) on the OSC website.
- **Deckplate Leader Operational Stress Control (DPL-OSC)** is a 3-4 hour, facilitated, interactive course designed to enhance attendees' knowledge and skills so they can better help their Sailors successfully navigate both operational and life stressors common to Navy life. The training encourages these junior leaders to provide an environment where shipmates feel comfortable sharing life's stressors before small issues become more serious. They are also encouraged to take action to help Sailors get any necessary and appropriate assistance. For more information, see the [DPL-OSC info sheet](#) on the OSC website.

To schedule OSC training, contact your nearest MTT office:

MTT West Offices: call 619-556-6640 (commercial) or email oscmtwest@navy.mil

MTT East Offices: call 757-444-0500 (commercial) or email oscmtteast@navy.mil

Additional Training Resources

Every Sailor, Every Day Video

Navy Suicide Prevention and Navy Medicine have released a 17-minute video to help the fleet apply the *Every Sailor, Every Day* concept at the individual and command levels. This video can be used as part of training to encourage ongoing and proactive engagement between shipmates, strengthening connections that can facilitate early recognition and intervention. A DVD-copy of the full-length video has been shipped to all commands free of charge. Additional copies may be ordered from the Naval Logistics Library. The video can also be viewed in the [Navy.mil video gallery](#).

Peer to Peer Suicide Awareness and Prevention Training

This 90-minute training is aimed at junior Sailors, applying core prevention and intervention concepts to a realistic scenario. The training includes video clips, discussion and role play exercises and a music video. The training is available on CD through the Naval Logistics Library, using the [Suicide Prevention and Operational Stress Control Product Order Form](#).

Suicide Prevention: A Message from Survivors

This video can augment locally-facilitated training with powerful accounts from Sailors and family members who were impacted by suicide loss or who have helped overcome a suicide crisis. This is not standalone training. A facilitator guide is provided to ensure appropriate presentation. To order, visit www.defenseimagery.mil or call 888-743-4662.

Sustaining the Momentum – Ongoing Communication and Engagement

Training is an important tool, but not the only tool available to help Sailors build the skills needed to thrive. Navy Suicide Prevention has developed an array of evidence-informed communications products to reshape the conversation about stress and suicide within the Fleet, promote positive health behavior and reduce barriers to seeking support for psychological health issues. All messaging is developed in accordance with the best practices outlined by the U.S. Surgeon General's National Strategy for Suicide Prevention and shaped by health communications theory.

Suicide Prevention Month (September)

Navy Suicide Prevention launches its efforts for the upcoming fiscal year each September during Navy Suicide Prevention Month. While the month itself is used to reenergize engagement at the deckplate, tools, resources and messages launched during Navy Suicide Prevention Month are designed to support sustainable local efforts to educate Sailors, foster supportive environments, and enable early intervention all year long. **Navy Suicide Prevention Month details and supporting resources are provided directly to SPCs no later than August and are made available on the Navy Suicide Prevention website. SPCs are responsible for coordinating local efforts, using the provided resources and guidance.** Blog posts, fact sheets, public service announcements and additional educational resources can be found on the Navy Suicide Prevention website.

Every Sailor, Every Day Campaign

Navy Suicide Prevention and Operational Stress Control Programs use integrated messaging to conceptualize a holistic view of psychological and emotional well-being. In 2014, the *Every Sailor, Every Day* campaign was launched during Navy Suicide Prevention Month, serving as a call-to-action for Sailors, leaders and families to strengthen their connections with one another



and “break the code of silence” when it comes to discussions and actions that may prevent suicide. The campaign focuses on ongoing engagement, active communication, peer support and personal responsibility. This approach underscores the impact strong connections can have on facilitating early recognition and intervention when there are indications of distress. This campaign supersedes previous annual fiscal year communications efforts and is executed through a variety of communications vehicles including social media; feature articles in LifeLink Newsletter, Navy.mil and All Hands Magazine; online educational products and more. To learn more about the *Every Sailor. Every Day* campaign, visit the Navy Suicide Prevention website, follow navstress.wordpress.com and like www.facebook.com/navstress.

Informational Products

Additional resources to support training and education are available on the Navy Suicide Prevention website under [Informational Products](#), including fact sheets, brochures, and infographics. For descriptions of these products, see Appendix Section IV.

LifeLink Newsletter

LifeLink is a monthly newsletter for suicide prevention coordinators and key personnel to share best practices and shape deckplate-level suicide prevention efforts. Each issue features key program or policy updates and resources, the latest OPNAV N171 communications campaign releases, comprehensive wellness tips and relevant news. Additionally, local prevention or intervention efforts that demonstrate proactive individual or command commitment are featured in the LifeLink Spotlight. Nominations for the LifeLink Spotlight are encouraged and can be submitted by emailing suicideprevention@navy.mil. To join the distribution list and have LifeLink delivered directly to your inbox each month, email suicideprevention@navy.mil. LifeLink is posted to the Navy Suicide Prevention website on the homepage and each issue is archived under [Command & Leaders > LifeLink Newsletter](#). You can also take LifeLink Newsletter with you on the go by viewing each issue on www.issuu.com/opnavn171 on your desktop or mobile device.

Guidance for Safe Discussion about Psychological Health and Suicide

When discussing psychological health and suicide it's important to be conscious of phrasing that may be perceived as judgmental or discouraging to those we are trying to help. [Research](#) has examined the potential effects of commonly used words on vulnerable audiences, which include the possibility of contagion and negatively influencing an at-risk person—even when the intent is positive. Constructive wording can help foster trust and reduce barriers to seeking help. The following are examples of safe messaging to use in everyday conversation as well as training and formal communication:

Use This...	Instead of This...	Because...
Died by Suicide	Committed Suicide	Suicide is better understood when discussed objectively as a health concern. The term “committed suicide” criminalizes the act and may discourage seeking help.
Non-Fatal Suicide Attempt	Unsuccessful Attempt	Describing a suicide attempt as successful, unsuccessful or failed implies that death by suicide is a desirable or positive outcome.
Barriers	Stigma	“Stigma” can prompt feelings of shame and weakness. “Barriers” is a non-judgmental word encompassing both negative attitudes and systematic obstacles that may exist regarding psychological health concerns.

For additional guidance, refer to Navy Suicide Prevention's “What's in a Word?” fact sheet series, available on the Navy Suicide Prevention Website under the ‘Informational Products’ section.

To learn more about research and recommendations for messaging, visit the [Action Alliance Framework for Successful Messaging](#).

Section IV

Be Prepared

Emergency preparedness is a vital part of prevention. It may not be possible to plan for every event; however, a well-written crisis response plan that is easily accessible in the duty office or similar location can help avoid delays due to searching for contacts and protocol in emergency situations. This preparation can save critical time when every moment counts in saving a life.

In this section you will find:

- ✓ **Key Considerations When Developing a Crisis Response Plan**
- ✓ **Guidance for Assisting a Distressed Caller**

Key Considerations When Developing a Crisis Response Plan

OPNAVINST 1720.4A requires all commands to develop and maintain a documented and tailored crisis response plan to appropriately respond to psychological health emergencies. This plan should include basic safety provisions including immediate environmental precautions, as well as procedures for safely transporting an immediate-risk person to appropriate medical personnel and/or facilities for evaluation. A comprehensive crisis response plan should also address procedures for responding to a distressed caller or assisting someone who calls the command out of concern for a Sailor. Command crisis response plans should be updated and tested regularly to ensure readiness and accuracy. Many commands use Suicide Prevention Month (September) as an opportunity to run a drill.

Crisis response plans are not “one size fits all” as each command will have unique circumstances. For example:

- Afloat commands will have different considerations than shore commands (ex. access to mental health resources, medevac procedures, etc.).
- Available resources will be different in homeport compared to foreign ports (ex. 911 or local emergency response).
- Additional considerations and procedures may apply when personnel are detached, deployed away from the unit or are away on leave (ex. ensure that command maintains up-to-date contact information with Sailors in transition).
- Procedures for medical facilities may include further precautions and considerations.

The following are key considerations and tips that should be addressed when developing or updating your crisis response plan:

Key Considerations	Crisis Response Plan Tips
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, in addition to other local resources. Include this information in your crisis response plan and post it in easily accessible places.
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.
What if a Sailor began behaving in an uncharacteristic manner (confused, withdrawn, etc.)?	Ensure that all personnel are familiar with ACT (Ask Care Treat). Include recommendations in your crisis response plan to remind responders to remain calm and non-judgmental. 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 individual or others, security should be contacted immediately.
What actions would be taken if a shipmate, friend or loved one calls concerned about a Sailor (possibly receiving alarming text	Maintain calm and positive communication with the person, with the intent to determine the Sailor's location and to get him or her

messages or other indications of crisis)?	assistance as soon as possible.
If a Sailor is experiencing a crisis, how will a safety watch be conducted until guidance from a medical and/or mental health professional is available?	Assume "line of sight" control and supervision and remove anything that that may be considered a personal or environmental hazard (weapons, belt, boot straps, draw strings, razors, alcohol, ropes, window dressings, tools, eating utensils, breakable and /or sharp objects etc.).
What reports are required if a suicide-related behavior occurs?	Reporting requirements differ between a suicide-related behavior and a death by suicide. In general, Medical Treatment Facilities are responsible for suicide attempt Dept. of Defense Suicide Event Reports. (DODSER). For more information on reporting requirements, see Section VI.

Guidance for Assisting a Distressed Caller

- Listen attentively to everything that the caller says and try to learn as much as possible about his or her problems, intent and location.
- Stay calm, be supportive and do not be judgmental. Let the caller express emotions without negative feedback or invalidating his or her views.
- Avoid giving advice. It's not about how bad the problem is; it's about how badly it is hurting the person.
- Ask the caller directly: "are you thinking about killing yourself?"
 - If the caller answers "yes," try to determine plans and intent by inquiring about a method, means and timeframe. These factors indicate imminent danger, requiring local emergency services (911).
- Try to maintain contact with the caller until first responders arrive.
- 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 ACT (Ask Care Treat) using the above guidance.

This information is available on the Navy Suicide Prevention website under [Command & Leaders](#) > ["Crisis Response Plan Guidance"](#) as a downloadable fact sheet for quick reference.

Section V

Assess & Intervene

Various life circumstances can produce added stress outside of operational demands that, if left unchecked, can take a toll on a Sailor's psychological and emotional well-being. As we continue to make progress in breaking down the barriers that may prevent Sailors from seeking help for psychological health concerns, commanders must ensure that they are acting in ways that support Sailors' wellness while preserving unit readiness. That includes encouraging early use of resources and knowing how to intervene appropriately.

In this section you will find:

- ✓ **Protective Factors, Risk Factors and Warning Signs**
- ✓ **Evidence-based Prevention and Intervention Tools**
- ✓ **Command Directed Mental Health Evaluations**
- ✓ **Reintegration**

Showing Our Sailors that “It’s Okay to Speak Up when You’re Down”

Upholding a culture that supports seeking help as a sign of strength is an all hands effort that is built upon trust, one of the five [Principles of Resilience](#). This trust must be cultivated between Sailors and their leaders through ongoing engagement and support, which will in turn help Sailors trust in the many support resources available should they need additional care. Annual case reviews consistently reveal missed opportunities to “connect the dots” when a Sailor is experiencing negative effects of stress or exhibiting uncharacteristic behavior. To that end, commanders must take an active role in identifying and assisting Sailors who may be experiencing psychological health concerns, knowing when and how to connect Sailors with the right support at the right time.

Protective Factors, Risk Factors and Warning Signs

Protective factors are resources and aspects of our lives that promote healthy stress navigation and good coping skills. They can be personal, external or environmental. During times of extreme stress or crisis, protective factors can counterbalance risks for self-harm. Strengthening protective factors is an ongoing, all-hands commitment. Protective factors against suicide include a strong sense of community and belonging, strong connections with family and friends, comprehensive wellness and good health practices, a sense of purpose and fulfillment, access to mental and physical health care and good problem solving and coping skills.

Risk factors for suicide are complex, but consist of a chain of events leading an individual to feel anguish and hopelessness, with the capacity to be lethal (due in part to impacted judgment and access to means). Risk factors may include a personal history, relationship issues, loss of status, feelings of rejection or abandonment, increased substance use or abuse, pending legal/disciplinary actions, transition periods and access to lethal means.

Additionally, some behaviors may indicate that a person is at immediate risk for suicide. The following are **warning signs** that warrant immediate attention from mental health or crisis professionals (including the [Military Crisis Line](#)).

- Talking about wanting to die or kill oneself.
- Looking for a way (means) to kill oneself, such as searching online or obtaining a firearm.
- Discussing feelings of hopelessness or having no reason to live.

ACT (Ask Care Treat)

“ACT” (Ask Care Treat) is Navy’s call-to-action to encourage early intervention when a Sailor may be at risk for suicide or is experiencing difficulty navigating stress. Sailors from the top down should be able to recognize the risk factors and warning signs that indicate a potential suicidal crisis, and should feel confident in their ability to ACT and facilitate the intervention process and connect their shipmates to immediate resources.

- **Ask** – Ask directly: Are you thinking of killing yourself?
- **Care** – Listen without judgment. Show that you care.
- **Treat** – Treat the Sailor as you would a family member. Escort him or her to the nearest chaplain, trusted leader or medical professional.

Did You Know?



Navy chaplains provide a safe space for discussing and navigating life’s challenges and are bound by 100% confidentiality. Chaplains cannot be compelled by the command, medical professionals or others to disclose what a service member or family member shares in confidence. To learn more about confidential communication to Navy Chaplains and to locate your command chaplain, visit www.navy.mil/local/chaplaincorps/ > [Confidentiality](#).

Evidence-Based Prevention and Intervention Tools

Columbia Suicide Severity Rating Scale (C-SSRS)

The Columbia Suicide Severity Rating Scale is an evidence-based risk assessment tool developed by Columbia University and the National Institutes of Mental Health, proven to detect both suicidal ideation and suicide attempt risk. It is a best practice used by both clinicians and non-clinicians and has been used extensively worldwide. The first tool proven to outperform usual clinical assessments in predicting suicide attempts, the C-SSRS only takes an average of one to two minutes to administer. Over 1,000 Marine Corps and Navy attorneys, chaplains, health care providers, victim advocates and prevention specialists have been trained on employing the scale effectively, as a means to refer at-risk individuals to appropriate care. For more information on upcoming C-SSRS trainings, email suicideprevention@navy.mil. The C-SSRS is available online at www.cssrs.columbia.edu/scales_practice_cssrs.html.

Stress Navigation Plan

To help Sailors proactively explore and identify resources for making healthy decisions during stressful times, Navy Suicide Prevention has developed the Stress Navigation Plan. The Stress Navigation Plan is **not** designed as an intervention tool for those at imminent risk. Rather, it is a **confidential and personal readiness tool** to help Sailors identify positive strategies to navigate stress and list the people that they can turn to for additional support. Sailors can complete their Stress Navigation Plan on their own and it does not have to be shared with anyone. However, it should be kept in a safe place (wallet, desk, glove compartment, photo in mobile phone, etc.) so that it can be easily accessed when needed. The Stress Navigation Plan is available on the Navy Suicide Prevention website in the [Informational Products](#) section.

Veterans Administration (VA) Safety Plan

The Veterans Administration Safety Plan is an evidence-based prevention tool proven to save lives. The use of this coping skills-focused plan requires active participation by the at-risk person and can be administered by non-clinicians or clinicians. The VA Safety Plan helps at-risk persons identify their warning signs and internal coping strategies, social contacts and support networks, and available professional resources, ultimately reducing potential for use of lethal means. For more information, see the Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions.

Guidance for Commanders and Health Professionals on Reducing Access to Lethal Means

As part of a broader Department of Defense strategy to prevent suicide and related tragedies in the military, Navy has released guidance for commanders and health professionals on reducing access to lethal means through voluntary storage of

Did You Know?

Firearms were used in half of all Navy suicide deaths in 2012 and 2013, and continue to be the primary method used in both military and civilian suicides. Reducing access to lethal means has been proven to save lives. These voluntary measures are intended to help Sailors avoid taking such irreversible actions to end their lives and provide the opportunity for intervention and care. Additional information is available on the Navy Suicide Prevention website under [Command & Leaders > 5 Things You Should Know About Reducing Access to Lethal Means](#).

privately-owned firearms. [NAVADMIN 263/14](#) states that commanders and health professionals may ask Sailors who are reasonably believed to be at risk for suicide or causing harm to others to voluntarily allow their privately-owned firearms to be stored for temporary safekeeping by the command. The decision is entirely up to the Sailor, and the commander or health care professional shall not offer incentives, disincentives or coerce the Sailor into turning over their firearm. If the Sailor agrees to surrender the firearm temporarily, the commander must ensure that the rights of the Sailor are protected. The weapon may be safeguarded on the installation or other storage location in coordination with local authorities, and then returned upon request unless a predetermined storage period is agreed upon between the commander and the Sailor.

Command Directed Mental Health Evaluations

In some situations, clinical treatment may be the best avenue for a Sailor experiencing psychological or emotional distress. To ensure legality, efficiency and integrity of the mental health evaluation process, policy requires that several steps be taken by commanding officers in conjunction with a mental health provider to determine whether a command directed mental health referral is appropriate.

Command Directed Mental Health Evaluation Checklist

	Review DoD Instruction 6490.04, DoD Instruction 6490.08 and applicable resources to become familiar with service members' rights, pitfalls to avoid when making command directed health referrals and for sample letters for service member notification.
	Consult with mental health provider regarding the need for referral. In some instances, a referral may not be clinically indicated.
	Send mental health care provider a formal, written request for mental health evaluation. For emergency referrals, this letter should detail the circumstances and observations leading to the need for an immediate referral and should be sent to the treating provider within 48 hours of the mental health evaluation.
	Give service member a signed letter detailing behaviors of concern; mental health provider consulted; notification of rights, date, time and place of appointment; contact information for attorneys, inspector generals, chaplains and others who can provide assistance.

Note: Mental health provider must verify that above steps have been followed accordingly in order to conduct full mental health evaluation.

Balancing Communications: Discussions with Mental Health Providers

In order for Sailors to gain maximum benefit from psychological health care services, they must feel reasonably certain that the details they share with a medical provider will remain private, helping to mitigate the potential decision to not seek assistance out of fear of consequences. Line leaders and providers share in the responsibility of upholding Sailors' rights and promoting recovery. To facilitate productive dialogue—and trust—between providers and commands, line leaders should seek to develop ongoing relationships with locally accessible mental health personnel. Leaders should also familiarize themselves with the policies in place to balance their need to monitor the welfare of their unit with the confidentiality protections that medical providers must adhere to in Sailors' best interests, including [Dept. of Defense Instruction 6490.08 – Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members](#). Based on this instruction, Navy Bureau of Medicine and Surgery's (BUMED) Psychological Health Advisory Board has developed a graphic outlining communications between the line and medical communities (see next page). This graphic provides at-a-glance information on topics such as notification to commands, clarification of the minimum notification standard, best practices for sharing mental health information and additional resources. This tool is not only useful for commanders to facilitate a closer understanding of the decision making process to which providers must adhere, but for key personnel, such as suicide prevention coordinators, to help dispel misperceptions among their shipmates regarding mental health treatment.

Proactive discussion about policies and procedures will better serve both the commander and provider when making key decisions and determining ongoing support needed for Sailors during and beyond the reintegration process. Most importantly, Sailors will feel more comfortable seeking the resources available to them knowing that their leadership has a full understanding of what can and cannot be discussed. This is yet another way we can take proactive measures to improve the lines of communication and support every Sailor, every day.

Criteria for Notification to Command

DoDI 6490.08 directs that providers shall notify the line commander when one of the following conditions or circumstances is met:

- 1 **Harm to Self:** Serious risk of self-harm by the Service Member either as a result of the condition itself or medical treatment of the condition
- 2 **Harm to Others:** Serious risk of harm to others either as a result of the condition itself or medical treatment of the condition
- 3 **Harm to Mission:** Serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment
- 4 **Special Personnel:** Service member is in the PRP, or a position that has been pre-identified as having mission responsibilities of such sensitivity or urgency that normal notification standards would significantly risk accomplishment
- 5 **In Patient Care:** Service Member is admitted or discharged from any inpatient health or substance abuse treatment facility
- 6 **Acute Medical Conditions Interfering with Duty:** Service Member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs ability to perform assigned duties
- 7 **Substance Abuse Treatment Program:** Service Member has entered into or is discharged from an outpatient or inpatient treatment program for substance abuse
- 8 **Other Special Circumstances:** As determined on a case-by-case basis by a health care provider or CO at the O-6 or equivalent level or above
- 9 **Command-Directed Mental Health Evaluation:** Mental health services are obtained as a result of a command-directed mental health evaluation

If the patient meets at least one of the criteria above, the provider should reach out to the embedded provider within the command. If there is no embedded provider within command, contact the commander directly.

Clarification of the Minimum Notification Standard

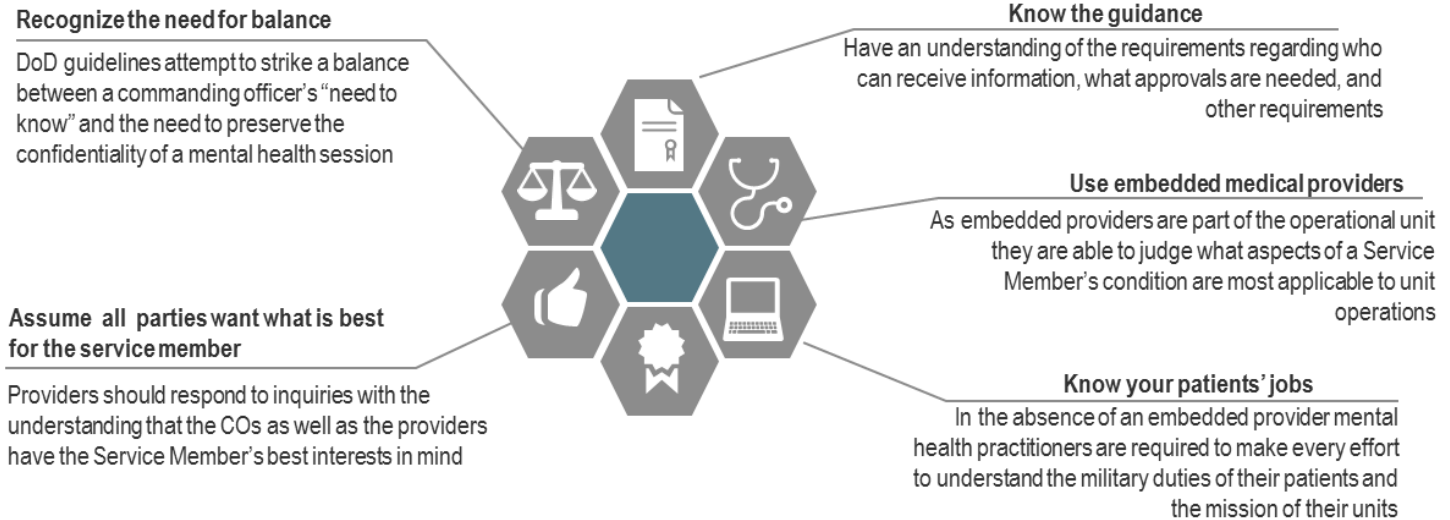
Providers should give detailed information that is related to the potential risks and the required actions to mitigate those risks, but should not provide personal information that is of no practical use to the commander.

<p>The DoDI 6490.08 specifies the following information as “minimally necessary” to satisfy the purpose of the disclosure:</p>		<p>The DoDI identifies a great deal of information as “minimally necessary.” Providers should generally be forthcoming with all relevant information. Additional guidance for information to be shared includes:</p>	
Diagnosis	Any recommended duty restrictions	Reasons the patient is considered “at risk”	Avoid revealing information that is overly personal and has little to do with the patient’s specific duty limitations
A description of the prescribed or planned treatment	Any applicable duty limitations and implications for the safety of self and others	What should be done to control the risk	What was said by the patient to communicate this risk
Any ways the command can support the Service Member’s treatment		What provider and command can do to minimize risk in the future	

Courtesy Bureau of Navy Medicine and Surgery, 2014

Best Practices for Sharing Mental Health Information

These best practices offer guidance for provider communications with line leaders to ensure a balance between the privacy of the patient and the safety of the Service member's unit and mission.



Taking the time to have cooperative discussions with COs, within the boundaries of regulations, has the potential to markedly improve care and ensure that high-risk personnel are identified and appropriately monitored. These positive discussions also improve the relationship between the commander and mental health provider, both of whom are concerned about the health and well-being of their Service Members

Resources for Additional Information

Several policies and instructions have been published to provide guidance for the communication of mental health information to commanding officers. The BUMED Psychological Health Advisory Board's information paper and supporting materials seek to clarify existing guidance for provider ease of reference.

Notification Criteria
The criteria listed in DoDI 6490.08 serve to indicate when providers should notify a Service member's command

Best Practices
The BUMED Psychological Health Advisory Board (PHAB) has identified some best practices for providers to consider when communicating with commanding officers.

Minimum Notification Standard
DoDI 6490.08 provides guidance on what information should be provided to satisfy the purpose of a disclosure

In Summary
One of the cardinal traits of mental health treatment is confidentiality. In order for patients to effectively participate in mental health care, they must feel reasonably certain that the information they share will remain private. Nevertheless, in both military and civilian settings there are limits to this confidentiality.

The PHAB has developed guidance to help mental health providers strike this balance – to preserve confidentiality and protect their patients from inappropriate disclosures of private information, while at the same time sharing information required by the commander to maximize the operational readiness of the unit

Relevant Policies to Reference for More Information:

DoDI 6490.08: Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members

DoDI 6025.18-R: DoD Health Information Privacy Regulation.

Mental Health Evaluations of Members of the Military Services
DoDI 6490.04

Reintegration

After a Sailor receives psychological health treatment or intervention, appropriate reintegration—whether transitioning him or her back into the workplace, into another job field or into civilian life—is vital to the Sailor's long-term successful recovery. Reintegration must be done carefully, ensuring a warm hand-off between the medical provider and command leadership, to ensure that the Sailor continues to receive the support needed to carry on in their careers and personal lives. The type of injury is not as important as the Sailor's recovery progress and ability to perform required duties. Determining fitness for duty is a team effort that involves more than the chain of command and medical provider(s), which is why active engagement and communication are essential. Other personnel may consider a Sailor's reintegration experience when they are making the decision to seek help for psychological health issues. Seeing a shipmate successfully return to being a respected, contributing member of the unit after receiving treatment reinforces that seeking help is a sign of strength, and may increase the chances that others will seek help when needed.

Key Reintegration Processes for Leaders During Treatment

- **Stay Engaged** – Maintain frequent contact with the Sailor during the treatment process to show support and genuine concern for their well-being.
- **Maintain Lines of Communication** – Check in with medical provider about Sailor's recovery progress and needs.
- **Minimize Negative Attitudes** – Help personnel, especially those who work closely with the Sailor, understand the importance of seeking treatment. Setting a positive tone early can help ensure a smoother transition for the Sailor upon returning to the command and job duties and shows sustained commitment to psychological health.



Key Reintegration Processes for Leaders Following Treatment

- **Communicate and Support** – Stay engaged with the Sailor so that he or she feels like a valued and important part of the team, keeping dialogue open for continued support. Continue to monitor fitness for duty.
- **Engage Resources** – Consult with medical providers to ensure a warm hand-off and recommended actions to promote recovery.
- **Promote a Successful Transition** – Help the Sailor feel accepted and welcome after his or her return from treatment. Continue to monitor fitness for duty and ensure that the Sailor feels comfortable in the work center. Always engage unit leaders, peers and command leadership to address and mitigate negative attitudes.

Promoting Long Term Success

To sustain progress in removing fear and negative attitudes toward psychological health treatment and care, it is not enough to merely retain individuals on active duty who prove themselves capable of doing their jobs after recovering from an illness. To fully reintegrate the Sailor, their leaders and peers must communicate a consistent attitude of respect and trust, while giving the Sailor a fair opportunity to fully restore his or her self-confidence. A supportive command climate is essential. In some instances, reintegration back into the command may not be best for a Sailor's recovery. In such cases, leaders must take extra care to remain engaged with the Sailor and his or her family, providing consistent support, assistance and resources to facilitate the Sailor's transition to another duty or civilian status. Periods of transition can increase risk of suicide or self-harm in vulnerable individuals.

Section VI

Reporting & Postvention

In this section you will find:

- ✓ After a Suicide
- ✓ Reporting Requirements for a Death by Suicide or Suicide Related Behavior

After a Suicide

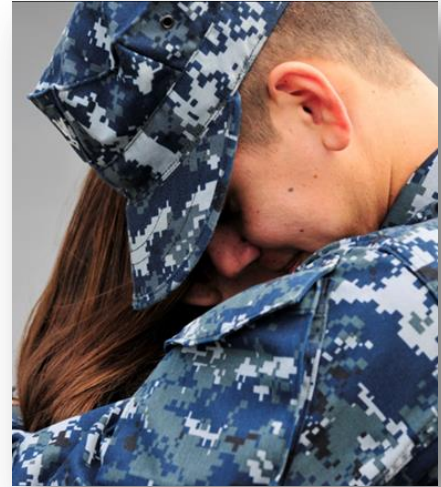
Postvention is Psychological First Aid

Losing a shipmate to suicide is one of the most difficult situations Sailors may face. Those left behind may experience immediate or delayed emotional reactions including perceived guilt, anger, shame or betrayal, and no two people will grieve the same. In the aftermath, finding balance between the grief process and mission demands can be challenging. It's important for our Navy family to recognize how postvention efforts can serve as psychological first aid to shipmates and loved ones.

Postvention refers to actions that occur after a suicide to support shipmates and family affected by the loss. Because each situation is unique, examples of postvention efforts can include thoughtfully informing Sailors about the death to minimize speculation, one-on-one outreach to those most affected by the suicide, encouraging use of support resources and monitoring for reactions.

For a command that has experienced a suicide, fostering a supportive environment is vital to sustaining psychological and emotional resilience. For many, the impact of suicide will not go away just because the memorial service is over and duty calls again. The [Principles of Resilience](#) can assist with the recovery process following a suicide, helping to promote a healthy grieving process and a return to mission-readiness.

- **Predictability** – While suicide is not necessarily predictable, a command's commitment to a healthy and supportive environment can be. Encourage your shipmates to speak up when they are down, and reassure them that seeking help is a sign of strength. Ensure that support resources are in place and accessible (chaplain, medical, Fleet and Family Support Center counselor, and/or Deployed Resilience Counselor).
- **Controllability** – After a suicide, it's normal for things to seem out of one's personal control. The grieving process may seem overwhelming at times. Patience with oneself and others who may be grieving differently will help during the healing process. It's okay to set limits and say "No" to things that may hamper the healing process.
- **Relationships** – Connections with peers and loved ones can be protective factors during challenging times, providing a sense of community, hope and purpose. Take a moment out of each day to ask shipmates how they are doing—and actively listen. Start the conversation. It's all about being there for every Sailor, every day.
- **Trust** – Trust plays a critical role in withstanding adversity and extends beyond individual relationships. Similar to predictability, the presence of trust before and after a tragedy promotes a supportive command climate and can help preserve mission readiness while promoting emotional health.
- **Meaning** – Following a suicide, it's common to search for answers. While a full understanding of the events leading up to the tragedy may not occur, leaning on the support of shipmates and leaders can help strengthen the recovery process by sharing meaning and fostering hope.



The Defense Centers of Excellence has a [comprehensive fact sheet](#) available online addressing reactions to suicide.

Leader's Post Suicide Checklist

Research suggests leadership response can play a role in preventing additional suicides or suicide related behaviors. This checklist is designed to assist leaders in guiding their response to suicides and suicide attempts, and is intended to augment any local policies. It incorporates "lessons learned" from leaders who have experienced suicide deaths in their units. The checklist does not outline every potential contingency which may result from a suicide or suicide attempt.

Guidance for Actions Following a Death by Suicide

	Contact local law enforcement, security forces and Navy Criminal Investigative Services (NCIS). Notify chain of command and initiate required reporting.
	Validate with judge advocate and NCIS who has jurisdiction of the scene and medical investigation. Normally, local medical examiners/coroners have medical incident authority, however, some locations may vary.
	Contact casualty assistance call officer (CACO) to notify next of kin (NOK) and receive briefing on managing casualty affairs.
	Consult with chaplain, mental health clinic or on-call mental health provider to initiate postvention support and prepare announcement to unit and command.
	Announce to unit with a balance of "need to know" and rumor control. Consider having a Fleet and Family Support Center (FFSC) counselor or chaplain present to provide support to distraught personnel. Avoid describing specifics of the suicide, referring to it as a death by suicide or reported death by suicide. Do not mention details such as method, exact location, who discovered the body, whether a note was left, or speculation as to what may have led to the death.
	When engaging in public discussions of the suicide, express sadness at the loss and acknowledge grief of those left behind. Emphasize the complex nature of suicide and convey the importance of active engagement, shipmate support, bystander intervention and seeking help as a sign of strength. Encourage shipmates to look out for each other during and beyond the grief process, discussing warning signs for suicide and distress.
	After announcement is made to work center, follow up comments in a well-planned email to provide to the community, carefully reinforcing key messages of support.
	Consider increasing senior leadership presence in work area immediately following death. Engage informally with personnel and communicate messages of support, monitoring for those who may need additional assistance.
	Refer grieving shipmates to psychological health resources including the nearest Military Treatment Facility, chaplain, Fleet & Family Support Centers and Military OneSource. Peer support programs are also available for non-clinical support. Civilians can utilize the Employee Assistance Program. Consult with local mental health provider regarding support options for extended family members and non-beneficiaries.
	Participate with any appointed individual reviewer (JAG, DoDSER, Medical Incident Investigator) as requested, remembering that these processes are intended to determine lessons learned, not to affix blame.
	Continue to promote ongoing healthy behaviors, active communication, help-seeking and peer support.

Memorial Services

Memorial services are important opportunities to foster resilience by helping survivors grieve, heal and move forward in a healthy manner. However, services must be planned and conducted carefully to minimize unintended impacts on grieving personnel and loved ones. It is important to have an appropriate balance and distinction between honoring the Sailor's life accomplishments, without glorifying or conveying judgment regarding their manner of death. Recommendations for memorial services include comforting survivors, helping them navigate unwarranted guilt and addressing negative attitudes that may imply judgment and prevent others from seeking help when needed and using appropriate language.

Mental health providers, chaplains and other professionals should be involved in planning to ensure an appropriate unit-sponsored memorial services.

Public memorials such as plaques, trees or other symbols may contribute to contagion among at-risk personnel by appearing to glorify the person due to their manner of death. These displays are not encouraged as part of memorial events, but can be thoughtfully incorporated into awareness activities at the appropriate time when not surrounding a specific service member's death.

For additional postvention guidance, visit the Suicide Prevention Resource Center's guide ["After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances."](#)

Reporting Requirements for a Death by Suicide or Suicide Related Behavior

	OPREP Unit SITREP (1 hour)	OPREP Navy Blue (1 hour)	Personnel Casualty Report (4 hours)	DoDSER (see below)
Suicide Related Behavior	✓			*
Death by Suicide		✓	✓	✓

Definitions of suicide related behavior and death by suicide can be found in Appendix Section II.

Understanding Reporting Requirements

- These reporting requirements apply to uniformed service members only (active and reserve components).
- Timeframes begin once the command is notified of the death or suicide related behavior.
- If there is media attention surrounding a suspected suicide or suicide attempt, an OPREP-3 Navy Blue should be submitted. If there is no media attention, an OPREP-3 Navy Unit SITREP should be submitted. All other SRBs should be reported as an OPREP-3 Navy Unit SITREP within one hour of notification.
- The Personnel Casualty Report (PCR) should be submitted as soon as possible after learning of a casualty (within four hours of notification but no longer than 12 hours). Initial PCR submission should not be delayed due to unknown or unavailable detail.
- If a suicide related behavior is classified as a suicide attempt by a medical authority, a DoDSER is required to be completed by the Military Treatment Facility that provided the assessment or Tricare referral if the assessment was conducted at a civilian facility.*
- For reservists not on active duty, the reserve component command medical representative will ensure DoDSER completion for all suicide attempts.

Guidance for Completing the Department of Defense Suicide Event Report

The Department of Defense Suicide Event Report (DoDSER) standardizes suicide surveillance efforts across the services (Air Force, Army, Marine Corps and Navy) to support the DoD's suicide prevention mission. It is used for a variety of suicide events including deaths by suicide and suicide attempts. Each service conducts a professional review of records and interviews where appropriate.

In January 2016, the DoDSER process was updated to improve data quality. **For suspected suicides, commands are required to initiate a DoDSER within 30 days of receiving notification of the death. It is recommended that the SPC initiate the DoDSER.**

The Armed Forces Medical Examiner System (AFMES) will make official determination as to whether suicide is the manner of death. The DoDSER is to be completed and submitted no earlier than receiving this confirmation and no later than 60 days following the confirmation. The first flag officer in the chain of command can authorize an extension of up to an additional 60 days, if necessary.

This extension must be submitted to OPNAV N171.

DoDSER



The DoDSER website offers a 15-minute training that must be completed upon registration in order to use the site.

Commanding Officer's Suicide Prevention Program Handbook

The following steps must be taken as part of the DoDSER reporting process for all active component and reserve component deaths by suicide:

- Upon AFMES' confirmation of suicide as the manner of death, commanding officers are to establish a local Suicide Event Review Board at the command.
 - The board will be led by the commanding officer, executive officer or command master chief.
 - The board will be comprised of a member of the decedent's direct chain of command, a medical/mental health representative, an Navy Criminal Investigative Service (NCIS) representative and a chaplain.
 - If the decedent had an impending, open, or recently adjudicated Family Advocacy Program (FAP) or legal case at the time of death, FAP and legal representatives should be included as board members.
 - It is recommended that the SPC be the recorder for the board and submit the DoDSER.
- 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.
- 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 to suicideprevention@navy.mil.

To get started with the DoDSER:

1. Visit <https://dodser.t2.health.mil/> (must use a DoD Common Access Card to login).
2. Complete your user profile as instructed on screen.
3. View the DoDSER training video, noting Navy-specific guidance.
4. Click the 'Event' tab toward the top of the page and select 'New Event.'
5. Click the green 'begin DoDSER' button next to the appropriate military service for the service member.
6. 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.
7. Always save your progress before exiting the DoDSER system.

The above information and additional resources may be found at www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/DoDSERStepByStep.aspx.

Section VII

Appendix

In this section you will find:

- ✓ Section I - Resources
- ✓ Section II - Messaging and Terms
- ✓ Section III - Related Policy
- ✓ Section IV - Communications Products

Section I - Resources

Life is Worth Living Button



SECNAV Instruction 5720.44C (Chapter 7, Section 0702-2-c.3) states that all Navy websites must display the above image on their homepages, hyperlinked to the Military Crisis Line (<http://www.militarycrisisline.net>). For more information, email suicideprevention@navy.mil.

Crisis Intervention and Prevention Resources

There are a myriad of resources available to assist Sailors and families when navigating stress or personal crises. Commanders should ensure that contact information for psychological health resources are visible and easily accessible, and ensure that personnel are familiar with the many options for assistance.

- **Military Crisis Line** – 24/7 confidential and toll-free support for service members and veterans in crisis. Call 1-800-273-TALK (option 1), text 838255 or visit www.militarycrisisline.net.
- **Navy Chaplain Care** – Communications with Navy chaplains are always 100% confidential unless the service member decides otherwise. Sailors and family members can speak with their nearest command chaplain, call 1-855-NAVY-311 to request chaplain support or visit www.navy.mil/local/chaplaincorps/.

- **Military OneSource** – Confidential non-medical counseling available to service members and families. Call 1-800-342-9647 or visit www.militaryonesource.mil.
- **DCoE Outreach Center** – Licensed health resources consultants trained in psychological health and traumatic brain injury provide free, customized information about programs and resources. Call 1-866-966-1020 or visit www.dcoe.mil for live chat.

Suicide Prevention and Psychological Health Informational Resources

The following resources provide useful information supporting suicide prevention and psychological health:

- **Navy and Marine Corps Public Health Center:** www.med.navy.mil/sites/nmcphc/Pages/Home.aspx
- **Navy Suicide Prevention Branch Programs:**
 - **Navy Suicide Prevention:** www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/Pages/default.aspx
 - **Navy Operational Stress Control (OSC):** www.public.navy.mil/bupers-npc/support/21st_century_sailor/osc/pages/default.aspx
 - **Blog:** navstress.wordpress.com
 - **Facebook:** www.facebook.com/navstress
 - **Twitter:** www.twitter.com/navstress
- **Defense Suicide Prevention Office:** www.dsppo.mil
- **Guard Your Health:** www.guardyourhealth.com
- **Real Warriors Campaign:** www.realwarriors.net
- **Human Performance Resource Center:** www.hprc-online.org
- **Suicide Prevention Resource Center:** www.sprc.org
- **American Foundation for Suicide Prevention:** www.afsp.org
- **Tragedy Assistance Program for Survivors (TAPS):** www.taps.org

Real Warriors Campaign



Navy Suicide Prevention is a proud partner of the Real Warriors Campaign, designed to encourage help-seeking behavior among service members, veterans and military families coping with invisible wounds. Learn more about the campaign and access their resources at www.realwarriors.net.

Section II - Messaging and Terms

Navy Suicide Prevention Key Messages

- Suicide prevention is an all hands evolution. It's about being there for *every Sailor, every day*.
- Seeking help is a sign of strength. It's okay to speak up when you're down. We must ACT (Ask, Care, Treat) when we think a Sailor is having difficulty navigating stress to facilitate the intervention process early.
- Building resilience and preventing suicide requires all members of the Navy community to actively communicate with each other. It can start with 1 Small ACT to build trust and meaningful connections with peers, making sure they know they are never alone.
- Suicide prevention is not about numbers. A single life lost is one too many.

Glossary of Terms

- **Resilience (official Navy term and definition):** Capacity for Sailors, families and commands to withstand, recover, grow and adapt in the face of stressors and changing demands.
- **Suicide Related Behavior** – Includes both suicidal ideation and suicide attempt (see below).
- **Suicidal Ideation*** – Thinking about, considering, or planning for suicide.
- **Suicide 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.
- **Suicide*** – Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

**From Centers for Disease Control. Crosby AE, Ortega L, Melanson C. Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2011*

Section III – Related Policy

Instructions
OPNAVINST 1720.4A – Suicide Prevention Program Instruction
OPNAVINST 3100.6 – OPREP/SITREP Reporting (SIPRNET only)
OPNAVINST 6520.1 – Operational Stress Control Program
DoDI 6490.4 – Mental Health Evaluations of Members of the Military Services
DoDI 6490.08 – Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members
OPNAVINST 6100.2A – Health Promotion/Life Skills
NAVADMINS
NAVADMIN 262/13 – Mandatory Operational Stress Control Training for Deployable Units
NAVADMIN 263/14 – Guidance for Reducing Access to Lethal Means through Voluntary Storage of Privately Owned Firearms

Section IV – Educational Resources

The following Suicide Prevention Program products are available online for downloading and printing from the Navy Suicide Prevention website. Additional educational tools can be ordered directly through the Naval Logistics Library by using the Navy Operational Stress Control and Suicide Prevention Product Catalog and Order Form.

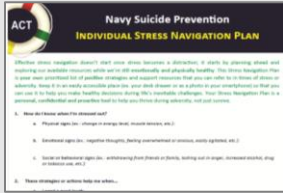
Title	Description	Link/Location
Fact Sheets		
<p>What's in a Word? How to Talk About Suicide</p> 	<p>Evidence-based best practices for promoting safe discussions about suicide and psychological health</p>	<p>Navy Suicide Prevention > Informational Products > What's in a Word</p> <p><i>Also available for ordering from Naval Logistics Library.</i></p>
<p>What's in a Word? Best Practices for Reporting on Suicide in the Media</p> 	<p>Evidence-based best practices for promoting safe reporting on suicide related behaviors and psychological health</p>	<p>Navy Suicide Prevention > Informational Products > What's in a Word</p> <p><i>Also available for ordering from Naval Logistics Library.</i></p>
<p>The Truth About Sailors and Suicide</p> 	<p>Facts that counter common misconceptions about suicide risk and protective factors, warning signs and help-seeking</p>	<p>Navy Suicide Prevention > Informational Products > Truth About Sailors and Suicide</p> <p><i>Also available for ordering from Naval Logistics Library.</i></p>
<p>Seven Everyday Ways to Promote Suicide Prevention Awareness</p> 	<p>Simple ways to promote ongoing engagement in suicide prevention</p>	<p>Navy Suicide Prevention > Informational Products > Seven Ways</p> <p><i>Also available for ordering from Naval Logistics Library.</i></p>

Individual Stress Navigation Plan

Personal worksheet identifying contact information and coping resources for stressors

[Navy Suicide Prevention > Informational Products > Stress Navigation Plan](#)

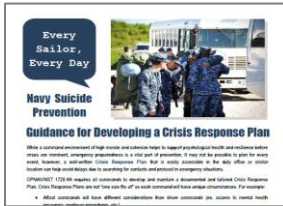
Also available for ordering from [Naval Logistics Library](#).



Crisis Response Plan Guidance

Tips and considerations for creating a command-tailored comprehensive crisis response plan

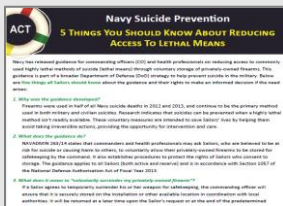
[Navy Suicide Prevention > Command & Leaders > Crisis Response Plan Guidance](#)



5 Things You Should Know about Reducing Access to Lethal Means

Frequently asked questions regarding Navy's guidance on reducing access to lethal means through voluntary storage of privately-owned firearms

[Navy Suicide Prevention > Command & Leaders > 5 Things You Should Know About Reducing Access to Lethal Means](#)



Infographics

Spread the Truth: Psychological Health Treatment and SF86 Question 21

Facts and guidance about reporting psychological health treatment on Standard Form 86 (SF 86) Question 21.

[Navy Suicide Prevention > Command & Leaders > Infographic: Psychological Health SF86](#)



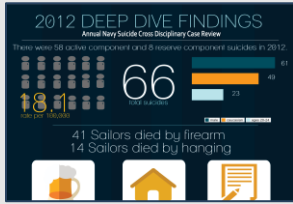
Communications Between Line Leaders and Mental Health Providers

At-a-glance information on notification to commands, clarification of the minimum notification standard, best practices for sharing mental health information and additional resources developed by Navy Bureau of Medicine and Surgery (BUMED).

[Navy Suicide Prevention > Command & Leaders > Communications Between Line Leaders and Mental Health Providers](#)



2012 Deep Dive Findings



An overview of findings from Navy Suicide Prevention's Annual Cross Disciplinary Case Review ("Deep Dive"), conducted in 2014

[Navy Suicide Prevention > Command & Leaders > Infographic: 2012 Deep Dive Findings](#)

Public Service Announcements (PSA) and Videos

2012 Suicide Prevention Month PSA Contest Winners



Sailor-developed 30-second videos depicting recognition of risk factors, warning signs and bystander intervention.

[Navy Suicide Prevention > Videos](#)

Every Sailor, Every Day video



Video illustrating leadership engagement and intervention to prevent suicide. Can be shown for educational or training events to generate dialogue and action.

Full-length video:
www.navy.mil/viewvideo.asp?id=20466

[0466](#)

Trailer:

<http://www.navy.mil/viewVideo.asp?id=20465>

PRC Jeromy Kelsey's Personal Story

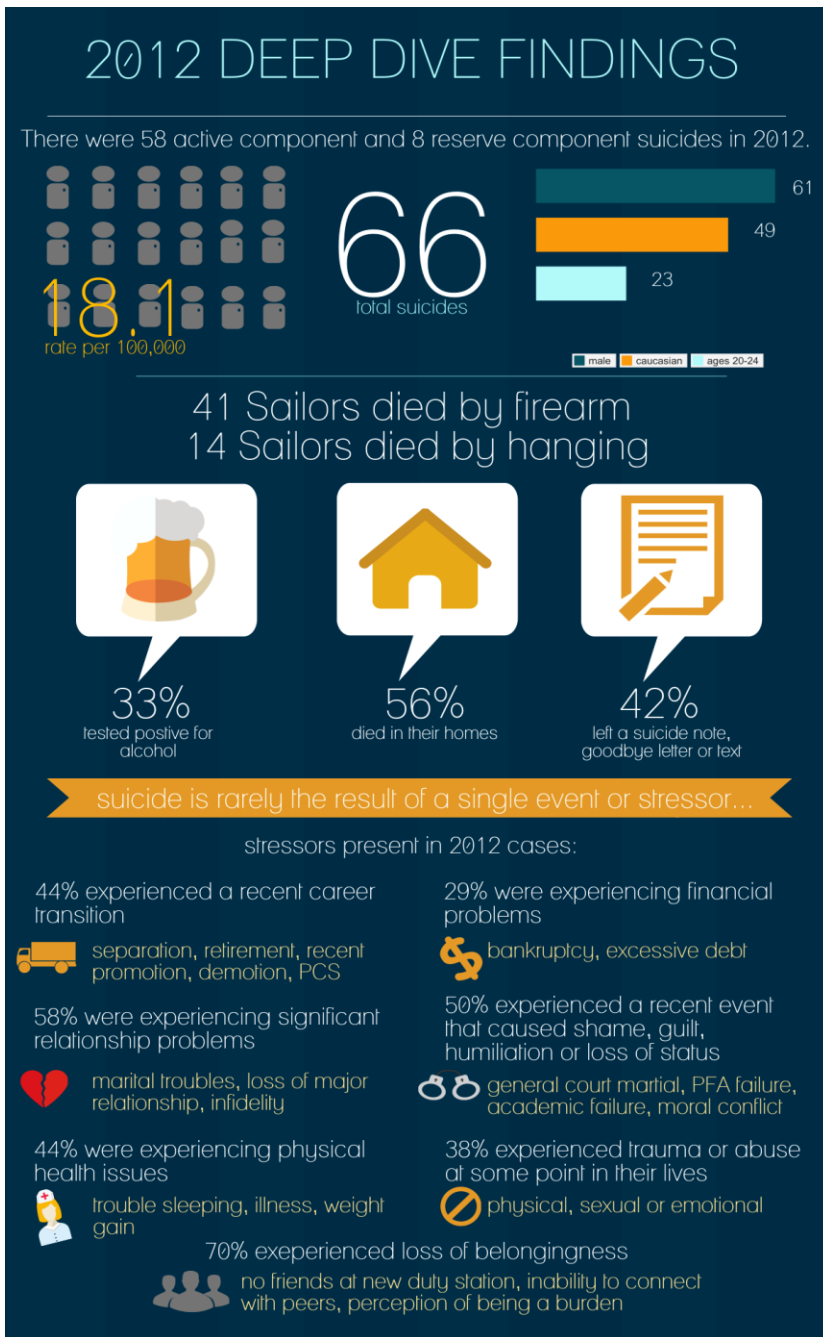


Active duty chief shares his personal story of psychological health recovery and resilience.

[Navy Operational Stress Control YouTube Channel](#)

Section V – Data and Statistics

Suicide prevention is not about numbers, as a single life lost is one too many. When reviewing data and statistics, it is important to keep in mind that sustainable change and progress may not follow a linear pattern from year to year.



Historical Data Comparison

- **2014** – 53 active component / 15 reserve component (preliminary rate: 16.5)
- **2013** – 41 active component / 5 reserve component (rate: 12.7)
- **2012** – 58 active component / 8 reserve component (rate: 18.1)
- **2011** – 52 active component / 7 reserve component (rate: 15.9)
- **2010** – 38 active component / 5 reserve component (rate: 11.6)

Cross-Disciplinary Suicide Case Reviews (Deep Dive)

Each year, Navy conducts Cross-Disciplinary Suicide Case Reviews (“Deep Dives”) of calendar year suicides. The purpose of these reviews is to reveal patterns that may support and better inform suicide risk identification and intervention points, identify potential program gaps and recommend improvements for Navy Suicide Prevention efforts. To allow for review of all available data in its most complete form, each Deep Dive examines suicides from two calendar years prior to the current year (ex. 2012 suicides examined in 2014). The graphic on the left depicts key observations from the most recent Deep Dive. Annual Deep Dives consistently find that suicide risk is higher when Sailors are experiencing multiple stressors, including transitions (deployment, PCS, retirement, separation, etc.), relationship issues, and career-related or

personal setbacks. For more information on risk factors and warning signs for suicide, see page 18.

Navy Suicide Prevention publishes total deaths by suicide for active component and reserve component Sailors for the previous month on the ‘[Statistics](#)’ page of the Navy Suicide Prevention website. These are preliminary numbers that are subject to change as pending investigations are completed. Updates occur on or before the fifth day of each month.