Project 1 Small ACT

1 Small ACT can make a difference or save a life.

SUICIDE PREVENTION HANDBOOK

Released by Navy Suicide Prevention Program, OPNAV N170F

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Introduction

In alignment with Navy's Culture of Excellence (COE) and its emphasis on a primary prevention approach, Navy Suicide Prevention Program's goal is to **minimize suicide risk by enhancing Sailor psychological health and resilience to fortify a mission-effective force through unrelenting individual & team responsibility and prevention practices.**

Every member of the Navy community influences the conversation about suicide and psychological health. Leaders, Sailors, providers and family members must work together to maintain psychological and physical readiness. Staying connected and actively engaged can promote early recognition of distress, build community and break down barriers that may prevent intervention and care. It's about being there for Every Sailor, Every Day.

Purpose of the Navy Suicide Prevention Handbook

The Navy Suicide Prevention Handbook serves as an accessible, comprehensive guide for all members of the Navy community. **It is designed to serve as a ready reference for policy requirements, program guidance and educational tools to strengthen and sustain local community, command and individual efforts.** Proactive familiarization with the contents of this handbook is suggested to enable appropriate response if a suicide-related behavior (SRB) or suicide occurs. The Navy Suicide Prevention Handbook is organized to support fundamental command Suicide Prevention Program efforts in Training, Intervention, Response and Reporting.

Beyond the Handbook

FOLLOW PROJECT 1 SMALL ACT

https://navstress.wordpress.com
http://www.twitter.com/proj1smallact
http://www.facebook.com/project1smallact
http://flickr.com/photos/navstress
https://www.youtube.com/user/navstress

In line with COE's primary prevention approach, the Navy Suicide Prevention Program is committed to providing the fleet with tailored, practical and evidence-based tools to help Sailors thrive, not just survive. This handbook will be update as policy and programs change, 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.suicide.navy.mil**.** For questions or additional support, **please email** suicideprevention@navy.mil or **call 901-874-6613.**

SECTION I

ESTABLISH A FOUNDATION

In this section you will find:

- ✓ **Policy**
- ✓ **Responsibilities**
- ✓ **Command Suicide Prevention Program Checklist**

Suicide prevention starts with simple, ongoing efforts to promote psychological health and a sense of community. Leaders and all members of the Navy community 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

Per OPNAVINST 1720.4B, 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.** Elements of a robust command suicide prevention program include:

- Training: Educate Sailors on suicide risk factors, warning signs and how to intervene appropriately; promote actions to strengthen protective factors, practice self-care and foster supportive command climates, lethal means safety, postvention and resources available for support.
- 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 SRBs to mobilize appropriate resources and inform command and Navywide suicide prevention efforts.

OPNAV N17 Instructions & NAVADMINs		
Title	Description	Link
OPNAVINST 1720.4B	Suicide Prevention Program	https://www.secnav.navy.mil/doni/Directives/01000%20Military%20Personnel%20Support/01-700%20Morale,%20Community%20and%20Religious%20Services/1720.4B.pdf#search=OPNAVINST%201720.4b
NAVADMIN 208/16	Suicide Prevention and Response: Sailor Assistance and Intercept for Life	http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2016/NAV16208.txt
NAVADMIN 027/17	Sailor Assistance and Intercept for Life Update	http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2017/NAV17027.txt
NAVADMIN 263/14	Guidance for Reducing Access to Lethal Means through Voluntary Storage of Privately Owned Firearms	http://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2014/NAV14263.txt

COMMANDING OFFICER'S (CO) RESPONSIBILITIES

1. Foster a command climate that supports and promotes **behavioral health and overall wellness and foster unit cohesion**
2. Provide **support for those who seek help** with personal problems. Access must be provided to prevention, counseling and treatment programs and services that address psychological, family and personal problems that may contribute to suicide risk.
3. Establish and **maintain an effective "getting to the left" suicide prevention program** (the essence of COE's primary prevention approach) consistent with requirements of the Navy Suicide Prevention Program instruction.
4. Designate a **suicide prevention coordinator (SPC) in writing.** Approachability, maturity, existing collateral duties and workload should be considered during selection to ensure that the SPC is able to run an effective program. Assistant SPCs can be assigned at the CO's discretion, taking command size and workload of the SPC into consideration.
5. Work with the SPC and key personnel to **develop a written crisis response plan and run drills** at least annually.
6. Ensure the command **notifies the SPC when a Sailor exhibits an SRB** and **ensure timely submission of the SAIL referral.**
7. **Establish an agreement with installation security** for the storage of personal weapons when necessary.
8. Complete **Dept. of Defense Suicide Event Report (DoDSER) reporting requirements** as outlined in this handbook and on the navy Suicide Prevention Program website, www.suicide.navy.mil. Commands must make every effort to answer DoDSER questions completely to ensure DoDSER quality.
9. Be thoroughly **familiar with policies and procedures regarding command directed mental health evaluations** and **healthcare provider command notification requirements.**

SUICIDE PREVENTION PROGRAM MANAGER (SPPM) RESPONSIBILITIES

Echelon 2 SPPMs

1. **Ensure subordinate commands are in compliance** with the Navy Suicide Prevention Program.
2. **Champion** prevention training and campaigns.
3. **Facilitate** timely reporting requirements as needed.
4. **Coordinate** the revision and development of Navy suicide prevention programs and policies with OPNAV N17.

Echelon 3 SPPMs

1. Ensure each **subordinate command has a trained SPC** and maintain a roster of subordinate command SPCs.
2. Disseminate **suicide prevention program information** to subordinate commands.
3. **Assist subordinate command SPCs** and ensure they meet all program requirements as set forth in the instruction.

SUICIDE PREVENTION COORDINATOR (SPC) RESPONSIBILITIES

Be thoroughly familiar with the **requirements of OPNAVINST 1720.4B** and advise the chain of command on all suicide prevention program matters.

1. Receive **required OPNAV SPC training** within 90 days of appointment. Information on these trainings can be found at www.suicide.navy.mil.
2. **Ensure** suicide prevention materials, resources and leadership messages **are accessible throughout the command**.
3. Schedule and announce **annual suicide prevention General Military Training** (may use local resources to facilitate). Ensure that the facilitator has the most current suicide prevention training material. Be prepared to facilitate the training, if needed.
4. Ensure **crisis response plan** is current and tailored to each command's unique characteristics.
5. Be familiar with the **DoDSER reporting procedures**.
6. **Maintain collaboration with** other SPCs and tailor OPNAV N17 resources to command efforts.
7. Be familiar with the **SAIL Program and submit SAIL referrals** to OPNAV N17.

ALL HANDS RESPONSIBILITIES (ALL MEMBERS OF THE NAVY COMMUNITY)

1. Learn and practice skills that promote psychological health, physical readiness and healthy stress navigation.
2. Intervene using the **Ask, Care, Treat (ACT)** model if someone is exhibiting signs of distress and immediately notify a trusted leader if the shipmate appears to be in imminent danger.
3. Do not be afraid and have the courage to **seek assistance for support resources when experiencing distress or difficulty** in addressing problems.
4. Participate in **Suicide Prevention GMT** on an annual basis.
5. **Encourage help-seeking behaviors** by promoting unit cohesion and creating a positive command climate.

COMMAND SUICIDE PREVENTION PROGRAM CHECKLIST

- ☐ SPC is designated in writing by CO and has received required training from OPNAV N17.
  - » SPC training schedule, registration procedures and required self-paced SAIL training can be found on www.suicide.navy.mil. SPCs should receive training within 90 days of appointment
- ☐ GMT is conducted annually, and records are maintained accordingly. GMT must be tailored to address local command resources and can be facilitated by chaplain or other appropriate personnel.
  - » GMT is available at https://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/Command-Training-Resources.aspx
- ☐ Leadership messages are routinely distributed to provide current suicide prevention information and guidance to all personnel. Commands should have COs guidance on suicide prevention messaging

  - » OPNAV N17 provides program and policy information, as well as plan of the week notes, directly to SPCs via Lifelink Newsletter and posts messaging resources on www.suicide.navy.mil
- ☐ Supervisors are trained in identifying who may be at-risk or in need of additional support.
  - » Remember to increase vigilance when Sailors are experiencing loss of a major relationship, financial difficulties, legal or disciplinary issues, loss of status, career or personal transitions, etc.
- ☐ Procedures are in place to assist personnel in need to support resources and treatment.
  - » Includes time allocated for appointments, transportation access and overcoming logistical barriers
- ☐ Educational materials and information are readily available and accessible throughout the command
  - » Materials should address psychological and emotional well-being, primary prevention and other 21st Century Sailor health promotion topics. Posters, wallet cards, magnets and other products can be ordered from Naval Logistics Library free of charge and are available for download from www.suicide.navy.mil
- ☐ A written and tailored crisis response plan is in place, easily accessible and updated as needed. Crisis response plan drill is conducted at least annually
  - » Crisis response plans are not uniform and are influenced by command size, organic resources and locally available medical/emergency resources. Plan should address reducing access to lethal means during high-risk periods
- ☐ Contact information for local support and psychological health resources are visible throughout the command and communicated regularly
  - » Command websites must adhere to SECNAVINST 5720.44c which mandates that all Navy websites display the 'Life is Worth Living' image on their homepages, hyperlinked to the Military Crisis Line (www.militarycrisisline.net)

Section II

FOSTER A SUPPORTIVE ENVIRONMENT

In this section you will find:

- ✓ **Culture of Excellence and Command Resilience Teams**
- ✓ **Collaboration with other 21st Century Sailor Office Programs**

CULTURE OF EXCELLENCE (COE) AND COMMAND RESILIENCE TEAMS

COE is a Navywide approach owned by CNO that empowers the Fleet to achieve warfighting excellence by fostering psychological, physical and emotional toughness; promoting organizational trust and transparency; and ensuring inclusion and connectedness among every Sailor, family member and civilian throughout their Navy journey. COE aims to empower Sailors to maintain a culture of healthy norms and consistently engage in behavior that propels a higher cultural standard. COE also emphasizes Signature Behaviors, which are behaviors that are positive, honorable and promote the Navy's Core Values, Ethos and Core Attributes.

COE core themes to remember:
Toughness: The ability to thrive in any condition, psychologically, spiritually, physically and emotionally. It includes using resilience to cope with stress, persevere through challenged and have the courage to seek help when wanted.

Trust: The shared, transparent commitment between teams, leaders, peers and subordinates contributing to an authentic environment that promotes learning and recovery.

Connectedness: The feeling of support and willingness to help. Involves the quality and number of connections one has with other people in a social circle of family, friends and acquaintances. COE is focused on laying a foundation to enhance the Navy's inclusive and diverse team. An inclusive culture is one that values and integrates individual perspectives, ideas and contributions into an organization's functions and decision-making process.

SIGNATURE BEHAVIORS

Culture of Excellence is Signature Behaviors in action. The Signature Behaviors are designed to reinforce the already high caliber of character demonstrated by the majority of Navy personnel every day. Leaders are encouraged to further shape Navy culture by engaging and motivating Sailors by role modeling of Signature Behaviors. By living these Signature Behaviors daily, the Navy can promote an actively inclusive culture where each Sailor's experience matters and is valued.

Command Resilience Teams (CRTs) are they key disciplinary group behind COE. CRTs are comprised of individuals with diverse backgrounds, experiences and skillsets charged to implement positive measures that promote well-being and resilience. CRTs consist of program managers and other command members such as SPCs, Drug and Alcohol Programs Advisors (DAPAs), Command Financial Specialists, Chaplains and more.

CRTs are designed to provide command leadership with information and insight specific to the concerns of command personnel. CRTs are modified to fit the command's dynamic, whether consolidating member functions to make the team smaller or increasing membership due to command size and scope. CRT members participate in analyzing the Command Climate Assessment and perform other duties and responsibilities as appropriate. CRTs will receive training that equips them to provide instruction on primary prevention and strategies that reduce risk factors and increase protective factors associated with destructive behaviors. Training

will incorporate a comprehensive primary prevention process to promote Signature Behaviors as well as prevention principles, Human Factors Process (HFP) and tools to strengthen command effectiveness. For more information on CRTs, view the CRT Guide.

COLLABORATION WITH OTHER 21ST CENTURY SAILOR OFFICE (OPNAV N17) PROGRAMS

Everyday suicide prevention starts with healthy behaviors, such as social and family connectedness, spirituality, financial readiness, physical readiness and behavioral fitness. A comprehensive, robust and interactive command suicide prevention program includes these aspects of physical, psychological and social health to foster a supportive environment that encourages and promotes help-seeking behavior.

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. **SPCs should collaborate with their local command fitness leader (CFL), health promotion and wellness coordinator, alcohol and drug control officer (ADCO), DAPA, and other members of the CRT** to illustrate the relationship between physical and psychological health. Key programs include:

- Navy 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: 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 health coping skills, in addition to ensuring readiness for job demands and requirements.
- Navy Alcohol Abuse Prevention & Navy Drug Detection and Deterrence: Alcohol and drug use can decrease inhibitions and increase risk for irreversible self-harm, especially when used as a response to emotional stress. Sailors should be educated on responsible alcohol use, safe disposal of unused prescription drugs and the signs of increased substance use.

MENTAL HEALTH DURING COVID-19

Crisis Text Line, a free, 24/7 support for those in crisis, tracks metrics about the mental health of those reaching out to its service during the COVID-19 pandemic. A snapshot of their data includes:

- Conversations per month that mention the word "virus" have increased 49 times
- 80% of people who mentioned "virus" reported increased anxiety (compared to 34% of texters overall who mentioned feeling anxious).
- 18-34-year-olds make up over half (52%) of those texting about the virus

The top words and topics that make texters feel calm are those that reference relationships and social connection. The key takeaway: it is essential to communicate with individuals, emphasize they are not alone, and remind them seeking help is a sign of strength.

- Sexual Assault Prevention and Response: Sexual assault can have significantly lasting impacts on psychological resilience, recovery to well-being and 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" helps build a culture of prevention and trust to reduce sexual assault and other forms of 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 judgement or fear of negative consequences. Chaplains are always available to Sailors and their families to discuss challenges and stressors and help them find positive solutions to navigating those issues.
- Personal Financial Management: Financial troubles can contribute to or exacerbate other areas of stress including relationship/family instability, career worries and feelings of hopelessness, increasing suicide risk.

Section III

BUILD SKILLS & PROMOTE DIALOGUE

In this section you will find:

- ✓ Required Training
- ✓ Additional Training Resources
- ✓ Ongoing Engagement
- ✓ Guidance for Safe Discussion about Psychological Health and Suicide

REQUIRED TRAINING

General Military Training (GMT) for Suicide Prevention is required annually. Training is available for download from the Suicide Prevention Program's website, demonstrating how to mitigate risk factors, recognize warning signs and intervene. This training is intended to be delivered face-to-face in small groups and must be tailored to address the specific needs and resources available to the command. To locate the training, visit the GMT page on the Suicide Prevention Program's page: https://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/suicide_prevention/command/Pages/Command-Training-Resources.aspx

Things you should know:

- The Defense Suicide Prevention Office (DSPO) has developed a training competency framework to
- support standardization in suicide prevention training and educational activities.
- This framework identifies knowledge, skills, abilities and other characteristics for suicide prevention training across all DoD service components.
- All locally developed training must adhere to this framework.

INCORPORATING FAMILIES

Although not required, suicide prevention training for families should also be incorporated into command INDOC. Ombudsmen should be included in all efforts to ensure that families know how to access the available resources to help their Sailor.

OPNAV N17 Suicide Prevention Coordinator Training

All command **SPCs are required to participate in one webinar** (or in-person training when available) facilitated by OPNAV N17 as soon as possible after designation. This training prepares SPCs with the resources and skills needed to be effective suicide prevention program managers. For the current schedule and registration information, visit www.suicide.navy.mil > Command & Leaders > SPC Training.

Sailor Assistance and Intercept for Life (SAIL) Training for SPCs

All SPCs are required to take self-paced training on the SAIL program to ensure familiarization with the program and its reporting requirements. This training can be downloaded from www.suicide.navy.mil > Command & Leaders > SAIL.

ADDITIONAL TRAINING RESOURCES

Resources to support locally-developed training can be found on www.suicide.navy.mil, including facts and warning signs, informational materials, videos and statistics. Below are a few useful resources available on this site:

- Targeted Training for Gatekeepers: Navy Suicide Prevention Program has also developed targeted training for legal defense personnel, transient personnel unit (TPU) staff, ombudsmen, corpsmen and other gatekeepers who have frequent contact with Sailors at

increased risk of suicide. These trainings include a facilitator guide and are available for download from www.suicide.navy.mil > Command & Leaders > Gatekeeper Training.

- Every Sailor, Every Day Video: Navy Suicide Prevention Program 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 and strengthen 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 NLL using the Product Catalog. A 30-second trailer is also available here.
- 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 disc through the NLL.
- Suicide Prevention: A Message from Survivors: This video can augment locally-facilitated training. It features powerful accounts from Sailors and family members who were impacted by suicide loss or who have helped overcome a suicidal crisis. This is not a standalone training. A facilitator guide is provided to ensure appropriate presentation. To order, visit www.defenseimagery.mil or call 888-743-4662.
- Applied Suicide Intervention Skills Training (ASIST) & safeTALK: These interactive workshops in suicide first aid may be offered through local chaplains. Contact the local chaplain's office for information on availability. For general information, visit www.livingworks.net.

ONGOING 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 materials to reshape the conversation about stress and suicide within the fleet. **Fact sheets, brochures, posters and magnets are available for ordering from NLL using the Product Catalog and will be delivered directly to your command free of charge.** Many of these products can also be downloaded from www.suicide.navy.mil > Informational Products or from the Navy Suicide Prevention Flickr page. All messaging is developed in accordance with best practices outlined by the U.S. Surgeon General's National Strategy for Suicide Prevention and shaped by behavioral theory.

Project 1 Small ACT

In September 2015, the 1 Small ACT key message was launched to empower behavior change by providing Sailors and families with simple ways to strengthen their own psychological health and be there for themselves and each other. The goal was to promote simple actions that make a difference in the lives of Sailors and support vital relationships between peers and community members. **In October 2020, the 1 Small ACT message evolved to become Project 1 Small ACT, a component of the Every Sailor, Every Day initiative** within OPNAV N17. The Project 1 Small ACT campaign continues to focus on **suicide prevention and stress navigation resources, messaging and guidance**. The campaign engages audiences through print materials, social media messages, blog and newsletter articles, videos, digital graphics and user-generated photo sharing. Share this content with your shipmates, friends and family to enlist them in the ongoing fight against suicide.

Suicide Prevention Month (September)

Navy Suicide Prevention launches its efforts for the upcoming fiscal year each September during Suicide Prevention Month. While the month itself is used to reenergize engagement at the deckplate, tools and messages launched during Suicide Prevention Month are designed to support sustainable local efforts to educate Sailors, foster supportive environments and enable early intervention all year long. An annual toolkit is provided directly to SPCs no later than August and additional materials are available on www.suicide.navy.mil > Every Sailor, Every Day > Get Involved. The FY-21 1 Small ACT Toolkit can be found here. SPCs are responsible for coordinating local efforts using the provided resources and guidance.

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. 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, go to https://confirmsubscription.com/h/i/7772E357DBF46B59. Lifelink archives can be accessed on www.suicide.navy.mil > Command & Leaders > Lifelink Newsletter.

GUIDANCE FOR SAFE DISCUSSION ABOUT PSYCHOLOGICAL HEALTH AND SUICIDE

Everyone plays a role in shaping the conversation about psychological health and suicide. When discussing these topics, 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 messaging 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 on safe messaging in everyday conversation, on social media, in media coverage and more, visit the following resources:

- **1 Small ACT Toolkit:** Project 1 Small ACT's annual 1 Small ACT Toolkit contains outreach ideas and messaging guidance to promote constructive engagement and dialogue. Download here.
- **What's in a Word? Best Practices for Reporting on Suicide in the Media:** This Navy Suicide Prevention Program fact sheet offers simple tips to promote a safe narrative in all media coverage related to suicide and is a useful guide for mass communication specialists and public affairs officers. The fact sheet is available here. Additional guidance is available for journalists and social media users on www.reportingonsuicide.org and www.bloggingonsuicide.org.
- **What's in a Word? Best Practices for Talking About Suicide:** A Navy Suicide Prevention Program fact sheet providing at-a-glance tips for everyday conversation about suicide and suicide prevention, available here.
- **National Action Alliance for Suicide Prevention's Framework for Successful Messaging:** This framework is a research-based resource for communicating about suicide in a manner that is safe (i.e., doesn't unintentionally contribute to risk or negative perceptions), strategic and aligned with prevention goals. To learn more, visit http://suicidepreventionmessaging.org/.

Section IV

KNOW THE SIGNS

In this section you will find:

- ✓ **Warning Signs, Risk Factors and Protective Factors**
- ✓ **Crisis Response Plan Guidance**
- ✓ **Spotting the Signs on Social Media**

WARNING SIGNS, RISK FACTORS AND PROTECTIVE FACTORS

Annual case reviews consistently reveal missed opportunities to "connect the dots" when a Sailor is experiencing negative effects of stress or exhibiting uncharacteristic behavior. **Suicide risk is higher when Sailors are experiencing multiple stressors, including transitions, relationship issues and career or personal setbacks.** Barriers to seeking help can include fear of negative career impact, access to and negative perceptions about mental health care. Active communication is important, especially when a Sailor is alone and away from their support networks. Everyone must be able to identify and assist Sailors who may be at risk of suicide and ACT:

- Ask. Ask directly: Are you thinking of killing yourself?
- Care. Show that you care by listening without judgment and offering hope. Be there.
- Treat. Help your friend connect with a support system immediately. Contact the Military Crisis Line (call 800-273-TALK and press 1 or text 838255), escort them to the nearest chaplain, provider or leader, or call 911 if danger is imminent. Stay in contact with your friend throughout their treatment to promote a healthy recovery.

POSTERS AND GRAPHICS

Posters from Project 1 Small ACT on suicide warning signs, lethal means safety and the impacts of seeking help on security clearances are available from NLL. Social and digital media graphics on stress navigation, suicide warning signs, caring connections, conversation starters and more can be downloaded from www.suicide.navy.mil > Informational Products or the Navy Suicide Prevention Program's Flickr page.

Warning Signs

Some behaviors may indicate that a person is at **immediate risk** for suicide. The American Association of Suicidology uses the acronym IS PATH WARM to promote recognition of warning signs:

- Ideation: thoughts of suicide (expressed, threatened, written)
- Substance abuse: increased or excessive alcohol or drug use
- Purposelessness: seeing no reason for living, having no sense of meaning or purpose in life
- Anxiety: anxiousness, agitation, nightmares, inability to sleep or excessive sleeping
- Trapped: feeling as though there is no way out of current circumstances
- Hopelessness: feeling hopeless about oneself, others or the future
- Withdrawal: isolating from friends, family, usual activities, society
- Anger: rage or uncontrollable anger, seeking revenge for perceived wrongs
- Recklessness: acting without regard for consequences, excessively risky behavior
- Mood change: dramatic changes in mood, unstable mood

Remember the signs may differ from person to person, and **you don't need to see every sign to ACT**. If a Sailor is talking about wanting to die or kill themselves, actively looking for a way to do it (online searches, obtaining a weapon, etc.), or communicating they have no reason to live, seek immediate attention from a mental health or crisis professional (including the Military Crisis Line).

Risk Factors

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:

- Disruption in primary relationship
- Loss of status
- Feelings of rejection or abandonment
- Increased substance use or abuse
- Pending legal or disciplinary action
- Transition periods (permanent change of station (PCS) move, geobachelor, separation, retirement, etc.)

Protective Factors

Protective factors are resources and aspects of life that promote healthy stress navigation and good coping skills. They can be **personal, external or environmental**. Protective factors against suicide include:

- Strong sense of community
- Belonging, purpose and fulfillment
- Strong connections with family and friends
- Spirituality
- Good problem solving and coping skills
- Access to health care
- Reduced access to lethal means of suicide
- Comprehensive wellness and good self-care

Self-care is an essential component of good health. Self-care includes basic activities of daily living such as eating a **balanced diet, getting adequate sleep, exercising regularly and attending to medical concerns**. Self-care also includes activities that can **enhance personal and emotional well-being**, such as journaling, meditation, counseling or therapy.

SPOTTING THE SIGNS ON SOCIAL MEDIA

Human communication has changed over time and social media is now one of the most common means of interacting with friends, family and people with similar interests. Aside from enabling people to stay connected during deployments or after long distance moves, social media platforms have become channels for expressing thoughts, opinions and emotions. **Sometimes, signs of suicide risk are displayed, but people may not know how to recognize them.** Understanding how to spot content that may indicate risk is an important first step that can enable early intervention. Here are a few ways to identify signs that your friend is in distress on social media:

- Joking about dying or feeling no reason to live. Posts directly indicating a desire to die or otherwise cause self-harm are warning signs of immediate danger. But sometimes these posts may be masked by sarcasm, a casual tone or even disguised as jokes. Just because there's an "LOL" or emoji in the post, doesn't mean that the person is playing around. Often these statements are subtle ways of asking for help and are opportunities for others to reach out, show concern and get help.
- Expressing hopelessness, feeling trapped or other intense emotions. Posts that discuss feeling stuck in a situation that won't get better, or experiencing unbearable pain, guilt, shame or intense rage can be signs that someone needs help. IS PATH WARM is an acronym developed by the American Association of Suicidology for recognizing suicide warning signs. By familiarizing yourself with these signs, it may be easier to detect them in social media content.
- Patterns or changes in the type of content posted. Posts describing destructive behaviors such as abusing substances or alcohol, driving recklessly, buying weapons, or engaging in unsafe sexual behaviors can also be signs that someone is at risk. Each year, the Navy Suicide Prevention Program conducts multi-disciplinary case reviews and examines the publicly viewable social media posts of all Sailors who died by suicide. Many of those posts included more frequent images or discussion of excessive alcohol use in social settings and/or alone, communicating about a bad break-up, a career setback or a strained relationship with a shipmate or supervisor leading up to the Sailor's death. Posts about personal stressors such as social isolation, significant health issues, loss of a job or home, or deaths of loved ones were also common.

When you notice any behavior that exhibits suicide risk in a friend or family member's social media postings, ACT. The top social media platforms have safety teams that enable concerned users to report content that indicates potential risk of suicide or self- harm and may even provide the concerned user with additional tools to communicate with the person. Each platform has different response times and resources.

- Facebook: https://www.facebook.com/help/594991777257121/
- Twitter: https://support.twitter.com/articles/20170313#
- Instagram: https://help.instagram.com/553490068054878
- Snapchat: https://support.snapchat.com/en-US/a/Snapchat-Safety
- Tik Tok: https://www.tiktok.com/safety?lang=en

Section V

KEEP THEM SAFE

In this section you will find:

- ✓ Risk Assessment and Intervention Tools
- ✓ Command Directed Mental Health Evaluations
- ✓ Lethal Means Safety
- ✓ Crisis Response Plan Guidance

RISK ASSESSMENT & INTERVENTION TOOLS

When a Sailor may be at risk of suicide, it's important to be familiar with the tools available to assess their risk and facilitate intervention to keep them safe.

Columbia Suicide Severity Rating Scale (C-SSRS)

The Columbia Suicide Severity Rating Scale is an **evidence-based risk assessment tool proven to detect both suicidal ideation and suicide attempt risk.** It was developed by Columbia University and the National Institutes of Mental Health. The C-SSRS is a best practice used by both clinicians and non-clinicians and has been used extensively worldwide. It is the first tool proven to outperform usual clinical assessments in predicting suicide attempts and 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, to refer at-risk individuals to appropriate care. The C-SSRS is available online at www.cssrs.columbia.edu/scales_practice_cssrs.html.

Veterans Affairs Safety Plan (VASP)

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, support networks, and available professional resources, ultimately reducing potential for use of lethal means.** See the Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions. Use of Contracts for Safety is prohibited.

COMMAND DIRECTED MENTAL HEALTH EVALUATIONS (MHE)

In accordance with DoD Instruction 6490.04 ("Mental Health Evaluations of Members of the Military Services," March 4, 2013), **a CO or supervisor may direct Sailors to undergo a mental health evaluation.** Command Directed MHEs are appropriate when a leader reasonably believes that a Sailor's current mental health state places them at **risk of hurting themselves or others**. They are also appropriate when a Sailor has displayed **marked changes in behavior or when the leader is concerned about a Sailor's fitness for duty**. COs should consult with the nearest available mental health provider for guidance on the referral as well as necessary precautions such as escorts and removing access to lethal means. There are two types of Command Directed Mental Health Evaluations: non-emergency MHE and emergency MHE.

Things you should know:

- Command directed MHEs do not apply to voluntary self-referrals, periodic pre- and post-deployment mental health assessments and certain other circumstances.
- A CO or supervisor must determine whether a command directed mental health evaluation is needed. A senior enlisted member may be designated by the commander or supervisor for ordering an emergency command directed evaluation.

- No one may refer a Service member for an MHE as a reprisal for making or preparing a lawful communication of the type described in section 1034 of Title 10, United States Code and in DoD Directive 7050.06
- Any Sailor who believes that a Command Directed MHE is a reprisal for making a protected communication may file a complaint with the DoD Inspector General (IG) Hotline or a Military Department IG.
- For more information, refer to DoD Instruction 6490.04 or visit http://www.med.navy.mil/sites/nmcphc/Documents/LGuide/command_evaluations.aspx.

CRISIS RESPONSE PLAN GUIDANCE

OPNAVINST 1720.4B 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—such as restricting access to lethal means of suicide—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 concerning social media content and assisting a distressed caller (or someone who calls the command out of concern for a Sailor). Command crisis response plans should be **updated and tested at least annually to ensure readiness and accuracy.** Many commands use Suicide Prevention Month (September) as an opportunity to run a drill.

Things you should know:

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 potential scenarios and tips to consider when updating your crisis response plan:

Potential Scenario	Crisis Response Plan Tip
What medical treatment facilities and mental health resources are immediately available? How can these resources be contacted?	Compile a list of on-base and off-base mental health resources and medical treatment facilities to include phone numbers and addresses. This can include deployed resilience counselors, embedded mental health providers, chaplains, and other local resources. Include this information in 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?	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 reaches out to the command out of concern for a Sailor?	Encourage the person to maintain calm and positive communication with the Sailor, asking questions to determine the Sailor's location, plans, access to lethal means, etc. If danger is imminent and location is available, advise the person to call 911. If danger is not imminent, advise the person to coach the Sailor into contacting the Military Crisis Line. If suicidal ideation is communicated through social media, advise the person to contact the site's safety team.
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 lethal means (weapons, belt, boot straps, draw strings, razors, alcohol, ropes, window dressings, tools, eating utensils, breakable and /or sharp objects etc.).
What protocols are in place to ensure compliance with NAVADMIN 263/14 if a Sailor agrees to have their personally owned firearm placed into voluntary storage?	Coordinate with base security, the armory and/or local law enforcement to ensure that space is available to store personal weapons. Consider how the Sailor's weapon will be safely transferred to this location.
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 DODSERs. For more information on reporting requirements, see Section VI.

GUIDANCE FOR ASSISTING A DISTRESSED CALLER

If your command receives a phone call from a suicidal person, follow these steps:

- 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 the person is hurting.
- Ask the caller directly: **"are you thinking about killing yourself?"**
    - If the caller answers "yes," try to **determine plans and intent** by inquiring about access to means and a 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.

LETHAL MEANS SAFETY

Ensuring that highly lethal means of suicide are out of reach during times of increased stress has been proven effective at preventing suicide. This includes firearms, some prescription medications and structural hazards (shower curtain rods, ropes, cords, etc.).

Firearms

Firearms are the most common means of suicide in U.S. civilian and military population due to access and high lethality. However, research shows that **when a weapon is less accessible during high-risk periods, the likelihood of an immediate suicide attempt decreases.** One of the most effective suicide prevention strategies is to place distance and time between a Sailor who is at risk of suicide and a firearm.

STAYING SAFE UNDER STRESS

For added safety during times of increased stress, store personally owned firearms with a gun lock in a secured safe separate from ammunition.

As part of a broader DoD 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 privately-owned firearms. OPNAVINST 1720.4B 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.

Things you should know:

- Participation is voluntary, and the decision is entirely up to the Sailor.

- The CO 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 CO and the Sailor.
- The policy applies to all Sailors (both active and reserve) and is in accordance with Section 1057 of the National Defense Authorization Act of Fiscal Year 2013.

While those who own or access firearms are not inherently more suicidal than those who do not, suicide attempts with firearms are more fatal than with any other means. **Emphasizing lethal means safety is not about discouraging firearm use or rights; it's about saving lives during high-risk periods.**

Project 1 Small ACT has posters and graphics that were co-created with Sailors to promote lethal means safety during times of increased stress. See Section IX for download links or order full-sized posters in bulk from the Naval Logistics Library.

Prescription Drugs

Prescription drug urinalysis positives in the Navy have increased 20% from fiscal years 2013 to 2016. Prescription medications with the highest frequency of detection are amphetamines, codeine, oxymorphone, hydromorphone and hydrocodone.

According to the Office of National Drug Control Policy, nearly one third of suicide attempts among veterans involve prescription medication. Proactively disposing of unwanted, unused or expired medications is another way to **practice lethal means safety by ensuring that these medications are not misused during stressful times.**

Navy Drug Detection and Deterrence (DDD) recommends two options for Sailors and families to safely and proactively dispose of unused prescription medications:

- **At-Home Disposal Kit:** Empty medications into a small plastic bag mixed with water and an undesirable substance (such as kitty litter or used coffee grounds) and throw the bag in the trash. Cross out all personal information from the prescription labels before discarding the bottle. DDD's Prescription for Discharge campaign offers At-Home Disposal Kit Inserts that feature easy steps for safe disposal. Print the inserts from the campaign's webpage or order them for your command or clinic waiting room from NLL.

PRESCRIPTION FOR DISCHARGE

Navy Suicide Prevention's P1SA campaign has partnered with DDD's Prescription for Discharge campaign encourage proactive disposal of unused prescription drugs. Share tips with your Sailors by visiting www.ddd.navy.mil > Campaigns > Prescription for Discharge.

- **Drop Box Disposal:** The Military Health System (MHS) has established a year-round drug take back program, offering secure drop boxes at military treatment facilities (MTFs) across the U.S. and in U.S. territories. Navy locations include Naval Hospital Camp Pendleton, Naval Hospital San Diego and Navy Hospital Jacksonville. Drop boxes provide safe, convenient and anonymous disposal of unwanted, unused or expired prescription medications. Eligible medications include narcotics, non-controlled and controlled substance prescriptions, and over-the-counter (non-prescription) drugs. For more information visit the Drug Take Back Program webpage on health.mil.
- **Local Pharmacies:** Consult with the nearest pharmacy if an MTF isn't nearby. Pharmacies may be able to assist with mailing bags to dispose of medications through the mail.

Section VI

SUPPORT & REINTEGRATE

In this section you will find:

- ✓ **Sailor Assistance and Intercept for Life (SAIL)**
- ✓ **Communications with Mental Health Providers**
- ✓ **Reintegration**

SAILOR ASSISTANCE AND INTERCEPT FOR LIFE (SAIL) PROGRAM

SAIL is an evidence-based approach to intervention that **provides rapid assistance, ongoing risk assessment, care coordination and reintegration assistance for Sailors identified with a suicide-related behavior (SRB).** This program is offered through Fleet and Family Support Centers (FFSCs) Navywide, in partnership between OPNAV N17, Navy Bureau of Medicine and Surgery (BUMED) and Commander, Navy Installations Command (CNIC).

SAIL is not designed to replace existing suicide prevention efforts nor replace needed mental health services. **It aims to supplement mental health treatment at regular intervals through the first 90 days after an SRB.** Once an SRB is reported and a SAIL referral is submitted by the suicide prevention coordinator (SPC), a local FFSC counselor will be assigned as a SAIL Case Manager. The Case Manager will **assess and manage risk at key intervals during this 90-day period through a series of caring contacts using the C-SSRS and VA Safety Plan**. Contact occurs at three, seven, 14, 30, 60 and 90 days. SAIL Case Managers not only maintain contact with Sailors but liaise between healthcare providers and command leadership to coordinate additional care and resources as needed.

WHY SAIL?

SAIL
Sailor Assistance & Intercept for Life

- Evidence shows that SRBs significantly increases the risk of suicide, and evidence-based interventions are needed within the immediate months following SRBs (90 days) to ensure a Sailor's safety.
- Programs that encourage support, provide ongoing caring contacts and help people navigate medical systems following an SRB reduce deaths by suicide.
- The most effective programs provide a range of different elements of support and collaboration with multiple stakeholders.
- According to the Navy Suicide Prevention Annual Multi-Disciplinary Case Review, about 40 percent of Sailors who died by suicide had a previous SRB.

Things you should know:

- **All Sailors identified with an SRB must be referred to the SAIL program. It us up to the Sailor to accept or decline SAIL services.**
- SPCs are responsible for submitting SAIL referrals. SPCs must complete SAIL training upon designation, available here.
- Only the assigned SAIL Case Manager can offer participation and conduct caring contacts.
- **Details about the Sailor's SRB or other circumstances are not included in the SAIL referral and are not shared with the SAIL Case Manager.**
- Providers, chaplains and leaders should be knowledgeable about SAIL so that they can encourage Sailors to accept the services. Informational resources for leaders, including frequently asked questions and a SAIL CO's Toolkit, are available on www.suicide.navy.mil > Command & Leaders > SAIL.

SAIL Referral Process

When an SRB occurs, the SPC will submit the following information via **encrypted** email to mill_n17_SAIL.fct@navy.mil, subject: SAIL.

a) OPREP/SITREP
b) Date of incident
c) Sailor's first name
d) Sailor's last name
e) Sailor's middle initial
f) Sailor's rank
g) Sailor's work phone
h) Sailor's email address
i) Sailor's current location (city, state, country)
j) For reserve component Sailor's only: indicate status
k) Base/installation
l) Region
m) CO's name
n) CO's phone
o) CO's ema

COMMUNICATION WITH MENTAL HEALTH PROVIDERS

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.

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 resources available to them should they need additional care.

To facilitate productive dialogue—and trust—between providers and commands, **line leaders should seek to develop ongoing relationships with local 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, BUMED's Psychological Health Advisory Board has developed a graphic outlining communication 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 SPCs, to help dispel misperceptions among their shipmates regarding mental health treatment.

Proactive discussion about policies and procedures will better serve both the leader 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

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. **Command-Directed Mental Health Evaluation**: Mental health services are obtained as a result of a command-directed mental health evaluation
9. **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

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

The DoDI 6490.08 specifies the following information as "minimally necessary" to satisfy the purpose of the disclosure:

- Diagnosis
- A description of the prescribed or planned treatment
- Any ways the command can support the Service Member's treatment
- Any recommended duty restrictions
- Any applicable duty limitations and implications for the safety of self and others

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:

- 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
- What should be done to control the risk
- What was said by the patient to communicate this risk
- What provider and command can do to minimize risk in the future

Courtesy Bureau of Navy Medicine and Surgery, 2014

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.

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.

Recognize the need for balance

DoD guidelines attempt to strike a balance between a commanding officer's "need to know" and the need to preserve the confidentiality of a mental health session

Know the guidance

Have an understanding of the requirements regarding who can receive information, what approvals are needed, and other requirements

Use embedded medical providers

As embedded providers are part of the operational unit they are able to judge what aspects of a Service Member's condition are most applicable to unit operations

Assume all parties want what is best for the service member

Providers should respond to inquiries with the understanding that the COs as well as the providers have the Service Member's best interests in mind

Know your patients' jobs

In the absence of an embedded provider mental health practitioners are required to make every effort to understand the military duties of their patients and the mission of their units

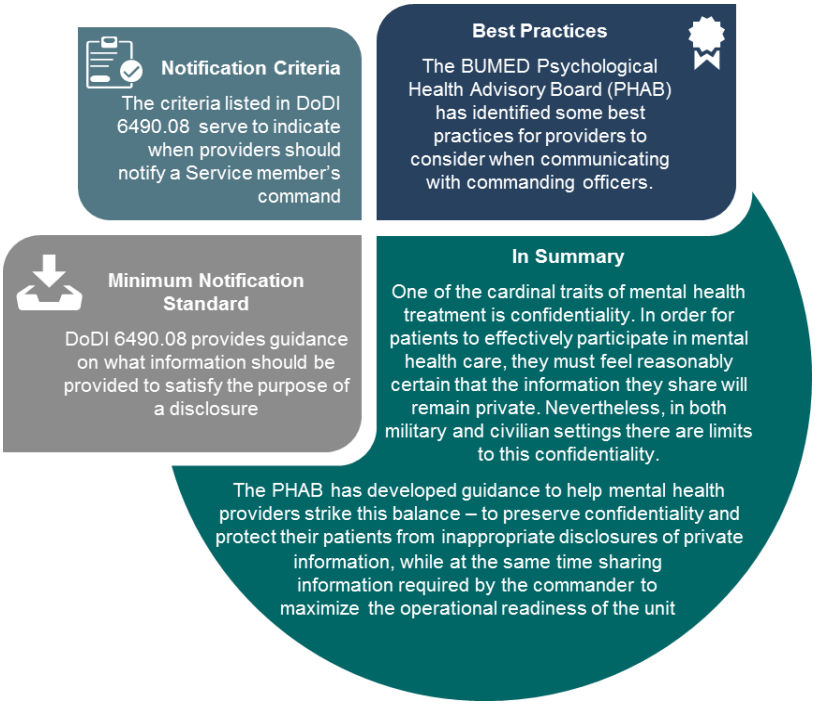
Taking the time to have cooperative discussions with COs, within the boundaries of regulations, has the potential to markedly improve care and ensure that high-risk personnel are identified and appropriately monitored. These positive discussions also improve the relationship between the commander and 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.

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 6490.04: Mental Health Evaluations of Members of the Military Services

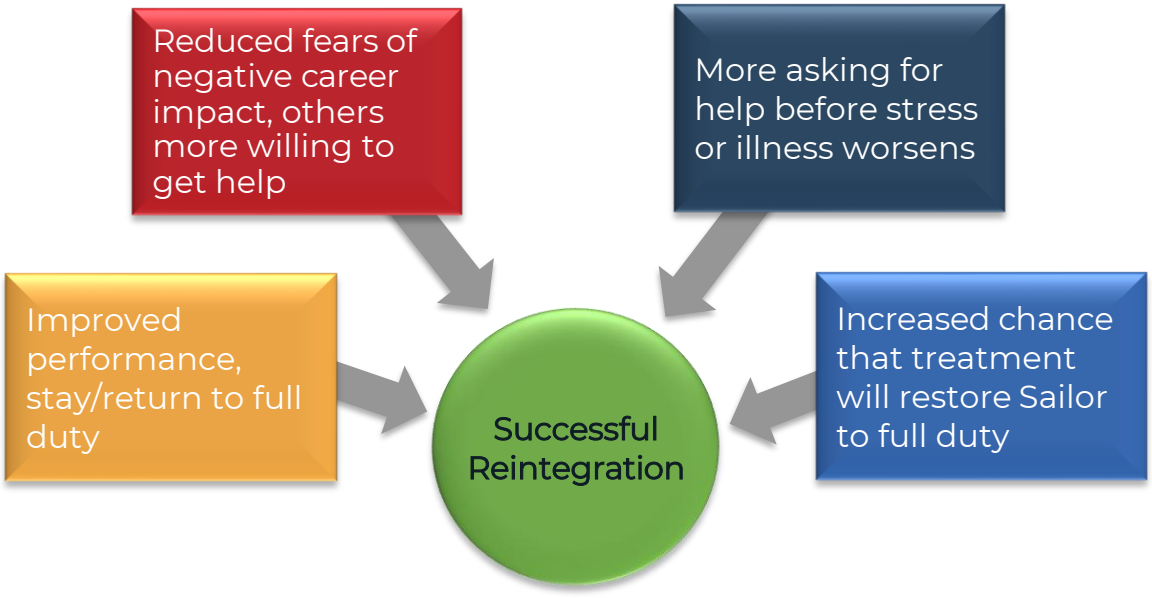
REINTEGRATION

After a Sailor receives psychological health treatment or intervention, appropriate reintegration is vital to the Sailor's long-term successful recovery—whether transitioning him or her back into the workplace, into another job field or into civilian life.

Sometimes a Sailor will not return and will instead go to a Transitional Personnel Unit (TPU) while awaiting a medical board, ongoing treatment or separation. Sometimes a Sailor who is being separated may return to their command to out-process for a month or longer. **In all these situations, 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 without feeling abandoned by their Navy team.**

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. The type of injury is not as important as the Sailor's recovery progress and ability to perform required duties. **Other Sailors may consider a shipmate's reintegration experience when they are making the decision to seek help for psychological health issues.** Seeing a shipmate successfully return as 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 Considerations for Leaders When a Sailor is in 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 recommend 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 other destructive behaviors in vulnerable individuals.

Section VII

REPORTING REQUIREMENTS

In this section you will find:

- ✓ Reporting Requirements
- ✓ Suicide Event Review Board
- ✓ Dept. of Defense Suicide Event Report

REPORTING A SUICIDE-RELATED BEHAVIOR OR DEATH BY SUICIDE

The below reporting requirements for suicides and SRBs apply to uniformed service members only (active and reserve components). All timeframes begin once the command is notified of the death or SRB.

	OPREP Unit SITREP (1 hour)	OPREP Navy Blue (1 hour)	Personnel Casualty Report (4 hours)	SAIL Referral (24 hours)	DoDSER (see below)
Suicide-related Behavior	✓			✓	*
Death by Suicide		✓	✓		✓

**If a suicide-related behavior is classified as a suicide attempt by a medical authority, a DoDSER is required to be completed by the MTF that provided the assessment or Tricare referral if the assessment was conducted at a civilian facility.*

Things you should know:

- 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.
- For reservists not on active duty, the reserve component command medical representative will ensure DoDSER completion for all suicide attempts.

SUICIDE EVENT REVIEW BOARD

Upon the Armed Forces Medical Examiner System's (AFMES) confirmation of suicide as the manner of death, COs 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 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.

Things you should know:

- The board will be comprised of a member of the decedent's direct chain of command, a medical/mental health representative, a 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.
- SPCs will submit the Suicide Event Review Board Charter, summary of local postvention response activities, lessons learned and recommended best practices to OPNAV N17. Submissions should be directed to suicideprevention@navy.mil.

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DODSER)

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.

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.

DoDSER

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

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 N17.

Completing 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.
8. Should you encounter problems while completing or submitting the DoDSER, OPNAV N17 can provide assistance. Email suicideprevention@navy.mil or call 901-874-6613 (COMM).

Section VIII

AFTER A SUICIDE

In this section you will find:

- ✓ **Postvention**
- ✓ **Leaders' Post-Suicide Checklist**
- ✓ **Memorial Services**

POSTVENTION

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. After losing someone to suicide, the risk of suicide can double for others who are vulnerable. Memorials and post-suicide messaging can encourage seeking help. Postvention can serve as "psychological first aid."

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.

Losing someone to suicide can feel very isolating, not just for the immediate family, but for members of the entire community. Be physically and emotionally present for the grieving person. Strong relationships built on trust are key Principles of Resilience that can promote recovery after experiencing loss.

Every member of the Navy community is responsible for contributing to a culture that supports psychological and physical health, encourages seeking help for challenges and promotes a constructive dialogue about stress and suicide.

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, FFSC 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. Like 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 surrounding events may not occur, leaning on the support of shipmates and leaders can help strengthen the recovery process by sharing meaning and fostering hope.

LEADERS POST-SUICIDE CHECKLIST

Research suggests leadership response can play a vital role in preventing additional suicides or SRBs. 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.

- ☐ Contact local law enforcement, security forces and 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 the local chaplain, mental health clinic or on-call mental health provider to initiate postvention support and prepare announcement to unit and command.
- ☐ Request Military and Family Life Counseling through Military OneSource at https://www.militaryonesource.mil/confidential-help/non-medical-counseling/military-and-family-life-counseling.
- ☐ Announce to unit with a balance of "need to know" and rumor control. Consider having a FFSC counselor or chaplain present to provide support to distraught personnel. Avoid describing specifics of the suicide and only refer to it as a death by suicide or suspected 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 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 to enable early intervention when needed.
- ☐ 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 MTF, chaplain, FFSC 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.
- ☐ Engage with any appointed individual reviewer (Judge Advocate General (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, dialogue, help-seeking and peer support in the days, weeks and months following the loss.

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, addressing negative attitudes that may imply judgment and prevent others from seeking help when needed and using appropriate language.

Memorial Service Resources

The Suicide Prevention Resource Center has a guide for religious services and other public memorials.

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.

Section IX

APPENDIX

In this section you will find:

- ✓ Resources
- ✓ Glossary
- ✓ Key Messaging
- ✓ New Informational Materials
- ✓ Statistics

RESOURCES

There are a myriad of resources available to assist Sailors and families when navigating stress or personal crises. Make sure that contact information for psychological health resources is visible and easily accessible to ensure that personnel are familiar with the many options for assistance, per OPNAVINST 1720.4B.

SUPPORT RESOURCES

- 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.
- Military OneSource – Confidential non-medical counseling available to service members and families. Call 1-800-342- 9647 or visit www.militaryonesource.mil.
- 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 http://www.navy.mil/local/chaplaincorps/.
- Psychological Health Center of Excellence – The Psychological Health Center of Excellence provides free and confidential access to professional health resource consultants who understand military culture and offer tailored information on psychological health. Available to service members, family members and clinicians. Call 1-866-966-1020 or visit www.realwarriors.net/livechat to speak with a consultant 7 days a week, 24 hours a day.
- Give an Hour – Give an hour is a network of licensed mental health providers that volunteer their services to those who can benefit from increased access to care, including military service members, veterans and their families regardless of discharge status, deployment status or era of service. Visit www.giveanhour.org to search for a provider near you.

INFORMATIONAL RESOURCES

In addition to visiting www.suicide.navy.mil, the following sites offer suicide prevention information, facts and materials:

- Navy & Marine Corps Public Health Center: http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/default.aspx
- Defense Suicide Prevention Office: http://www.dspo.mil
- Human Performance Resource Center: http://www.hprc-online.org
- Real Warriors Campaign: http://www.realwarriors.net
- #BeThe1To Campaign: http://www.bethe1to.com
- Suicide Prevention Resource Center: http://www.sprc.org
- American Foundation for Suicide Prevention: http://www.afsp.org
- Tragedy Assistance Program for Survivors: https://www.taps.org

GLOSSARY

- **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*

KEY MESSAGING

- 1 Small ACT can make a difference and save a life. #BeThere for Every Sailor, Every Day.
- Every Sailor, Every Day starts with US. All members of the Navy community should lead by example and take proactive steps toward strengthening physical, psychological and emotional wellness on a daily basis, recognizing when it's necessary to seek help.
- If you notice anything out of the norm from your shipmate, one conversation—1 Small ACT—can open the door for support by breaking the silence and facilitating early intervention.
- Suicide prevention is not about numbers; every life lost to suicide is one too many.
- If you think a shipmate is having trouble navigating stress, ACT (Ask, Care, Treat):
    - **Ask.** Ask directly: Are you thinking of killing yourself?
    - **Care.** Show that you care by listening without judgment and offering hope. Be there.
    - **Treat.** Help your friend connect with a support system immediately. Contact the Military Crisis Line (call 800-273-TALK and Press 1 or text 838255), escort them to the nearest chaplain, provider or leader, or call 911 if danger is imminent. Stay in contact with your friend throughout their treatment to promote a healthy recovery.

INFORMATIONAL MATERIALS

The following materials from Navy Suicide Prevention Program's Project 1 Small ACT campaign and are available for download from www.suicide.navy.mil, the campaign's Flickr page or ordering from the Naval Logistics Library. For additional materials, visit www.suicide.navy.mil > Informational Products.

Graphic Thumbnail	Description & Link
	**Warning Signs Poster** Describes immediate warning signs of suicide using American Association of Suicidology's IS PATH WARM mnemonic device and details how to intervene. Social Media Graphic Poster
	**Lethal Means Safety Poster, Version 1** Part of an ongoing series addressing ways to practice lethal means safety during times of increased stress. Social Media Graphic 1 Social Media Graphic 2 Poster
	**Lethal Means Safety Poster, Version 2** Part of an ongoing series of social media images addressing lethal means safety during times of increased stress. For use on Facebook, Twitter, Instagram and Google+ accounts operated by commands, organizations and/or individuals. Social Media Graphic Poster

	**Security Clearance Poster, Version 1** Promotes the positive impacts that seeking help for psychological health concerns can have on one's security clearance eligibility and includes guidance on treatment that does not have to be reported when answering the security clearance questionnaire. Poster Social Media Graphic 1
	**Security Clearance Poster, Version 2** Promotes the positive impacts that seeking help for psychological health concerns can have on one's security clearance eligibility and includes guidance on treatment that does not have to be reported when answering the security clearance questionnaire. Poster Social Media Graphic 2 Social Media Graphic 3
	**Lethal Means Safety Fact Sheet** Single page fact sheet addressing ways to practice lethal means safety, including firearm storage, use of gun locks and prescription drug disposal. Includes information on accessing free gun locks in the fleet. Fact Sheet

DATA AND STATISTICS

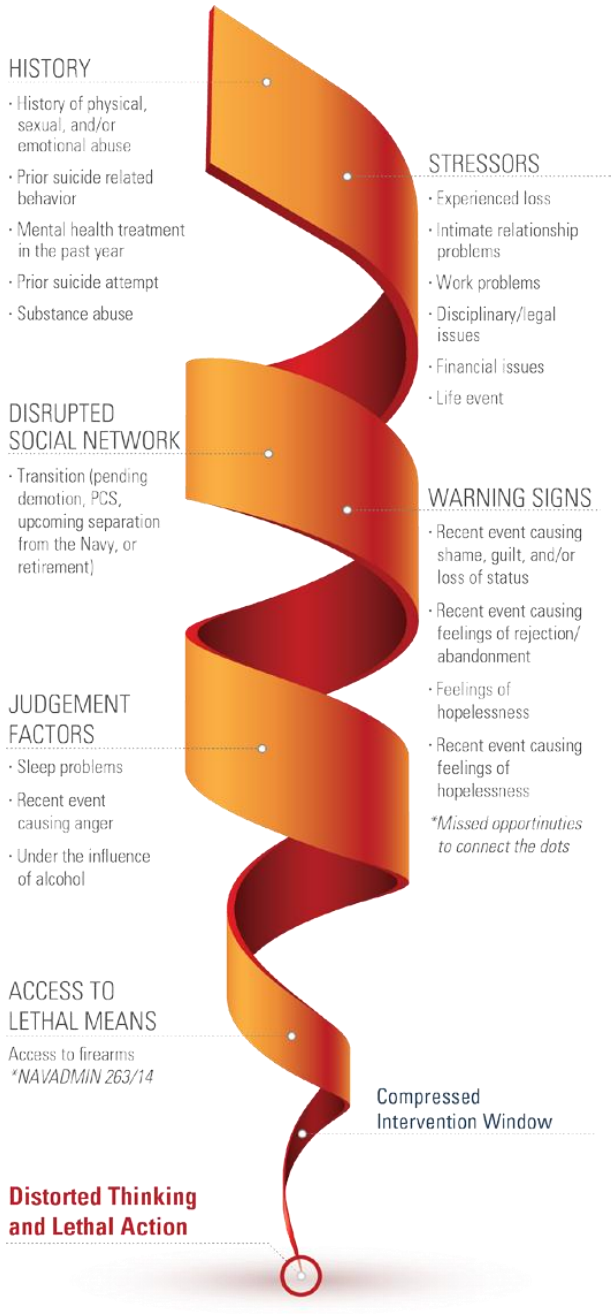
Suicide prevention is not about numbers—a single life lost is one too many. When reviewing data and statistics, it is important to keep in mind that sustainable change and progress may not follow a linear pattern from year to year. OPNAV N17 conducts Multi-Disciplinary Case Reviews annually to examine all active and reserve component deaths by suicide from the calendar year two years prior. The graphic (right) illustrates the many suicide risk factors revealed in the 2014 Multi-Disciplinary Case Review conducted in 2016.

Active Component Deaths by Suicide

Calendar Year	Total	Rate
2006	32	9.1
2007	37	10.9
2008	38	11.5
2009	44	13.3
2010	38	11.6
2011	52	15.9
2012	58	18.1
2013	41	12.7
2014	54	16.6
2015	43	13.1
2016	52	15.9
2017	65	20.1
2018	68	20.7
2019	73 (Preliminary)	21.8 (Preliminary)

Reserve Component Deaths by Suicide

Calendar Year	Total
2006	13
2007	6
2008	10
2009	8
2010	5
2011	7
2012	8
2013	5
2014	15
2015	14
2016	10
2017	9
2018	11
2019	7



Note: For comparison, demographically adjusted civilian rate from 2015 is 26.4 per 100,000. This rate is adjusted for males aged 17-60.

TIPS FOR DISCUSSING SUICIDE DATA AND STATISTICS

The way suicide is discussed in any setting (training, everyday conversation, public messaging, media coverage, etc.) can either motivate positive behavior or contribute to risk. All discussion of suicide should follow guidelines for safe and successful messaging, per the U.S. Surgeon General's National Strategy for Suicide Prevention. When using data and statistics:

- **Always foster a positive suicide prevention narrative.** Inclusion of data and statistics should not undermine the intent to convey a positive and action-oriented message that promotes understanding of suicide risk and protective factors, encourages active dialogue about suicide and psychological health and promotes help-seeking behavior. The vast majority of those who encounter stress, adversity and/or psychological health challenges do not die by suicide.

- **Use numbers with discretion.** A single life lost to suicide is one too many. Extensive discussion of numbers shifts the focus away from preventive actions that can save lives. Avoid presenting suicide as an "epidemic" or common occurrence among a particular community. This can normalize suicide to those at-risk, discouraging positive action and seeking help. Always include appropriate resources within every discussion of suicide, such as the Military Crisis Line.

- **Use objective language.** Describing a suicide attempt as "successful," "unsuccessful" or "incomplete" frames suicide death as a desirable state. Attempts are either fatal or non-fatal. Additionally, the term "committed suicide" frames it as a crime, which can increase barriers to seeking help by reinforcing negative attitudes. Use "die by suicide" or "death by suicide" instead.

- **Ensure data accuracy.** Navy Suicide Prevention provides official data for Navy active component and reserve component Sailors, as described below. Updates occur on or before the 5th day of each month for current year-to-date and previous month deaths. All numbers are subject to change as pending investigations are completed. Use caution when referring to or comparing data from other sources, as they may not accurately reflect suicides among the Navy population.

For more information, download Navy Suicide Prevention's "What's in a Word?" fact sheet series, visit the Action Alliance Framework for Successful Messaging or email suicideprevention@navy.mil.