



DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
121 BLAKE ROAD
ANNAPOLIS MARYLAND 21402-1300

USNAINST 1720.1
17/Chaplains

10 APR 2012

USNA INSTRUCTION 1720.1

From: Superintendent

Subj: SUICIDE PREVENTION, INTERVENTION, AND RESPONSE PROGRAM

Ref: (a) SECNAVINST 6320.24A
(b) OPNAVINST 1720.4A
(c) OPNAVINST 6100.2A
(d) OPNAVINST F3100.6H (NOTAL)
(e) MILPERSMAN 1770
(f) SECNAVINST 5210.8D
(g) SECNAVINST 5210.16

Encl: (1) Suicide Risk Factors, Protective Factors, and Resources
(2) Definitions of Suicide Related Behaviors
(3) Command Suicide Prevention/Crisis Response Plan Checklist
(4) Watchstander Suicide Intervention SOP

1. Purpose. To provide policy, procedures, and assign responsibilities for the United States Naval Academy's (USNA) Suicide Prevention Program per references (a) through (g).

2. Applicability. Provisions of this instruction apply to all Active and Reserve Navy units within USNA.

3. Background

a. Suicide is a preventable loss. Suicide impacts unit readiness, morale, and mission effectiveness. It causes deep trauma in individuals and families left behind. Although no two persons considering suicide are fully alike, risk factors such as relationship distress, substance abuse, legal difficulties, academic stress, physical readiness/fitness, and mental health concerns can interfere with an individual's ability to cope and can increase suicidal risk. There are several protective factors, including strong interpersonal relationships, stress management skills, productive attitudes towards alcohol and prescription drugs, and access to quality spiritual and mental health care that can decrease risk of suicide. Given these factors, preventing suicide at the Naval Academy begins with promotion of life skills, health, and wellness consistent with keeping Midshipmen and assigned service members well-adjusted to their environment and ready to accomplish the mission. Further risk factors, protective factors, and resources can be found in enclosure (1).

b. The Naval Academy's suicide prevention programs consists of five elements:

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

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

(3) Response – assisting families, units, and service members affected by suicidal behaviors.

(4) Reporting – reporting incidents of suicidal and suicidal-related behaviors.

(5) Appointment of a Suicide Prevention Coordinator.

10 APR 2012

c. Medical personnel, chaplains, Naval Health Clinic Annapolis (NHCA) Mental Health Clinic counselors, Midshipman Development Center (MDC) counselors, and command Suicide Prevention Coordinators (SPC) support the staff and Midshipman leaders with information in their areas of expertise and assist in crisis intervention and management.

d. A list of definitions of suicide-related behaviors can be found in enclosure (2). Terms used in this instruction are defined as follows:

(1) Thoughts of Suicide – occur when someone is thinking about dying, and is considering death by suicide.

(2) Suicide Behaviors – occur when someone is considering death by suicide, and talks about or acts on those thoughts in any way.

(3) Deliberate Self-Harm (DSH) – the direct injuring of body tissue, commonly through skin-cutting and interfering with wound-healing. These behaviors are not necessarily associated with suicidal thoughts, but are always cause for immediate action. Response to DSH will be covered in the suicide intervention and response plan.

4. Policy. Suicide Prevention efforts shall be implemented to reduce the risk of suicide, to minimize adverse effects of suicidal behavior on command readiness and morale, and to preserve mission effectiveness and war-fighting capability. Suicide prevention programs shall include the following:

a. Training

(1) Suicide prevention training shall be conducted at least two times per year for all Midshipmen, Active Component (AC) and Reserve Component (RC) Service members and for all Navy civilian employees and full-time contractors who work at the Naval Academy. General Military Training (GMT) materials will fulfill part of this training requirement, but must be supplemented with the following:

(a) Local action plans and procedures for responding to suicide and suicidal behaviors, as well as local resources for follow-up support, as outlined in the Command Suicide Prevention/Crisis Response Plan Checklist provided as enclosure (3).

(b) The role of watchstanders in intervention as outlined in the Watchstander Suicide Intervention Standard Operation Procedure (SOP) provided as enclosure (4).

(2) Life-skills and health promotion training, focused on healthy management of stress, conflict mediation, responsible use of alcohol, personal resiliency, and healthy relationships shall be provided to enhance coping skills and reduce risk.

(3) Messages shall be published to provide suicide prevention information and guidance to all personnel. Emphasis shall be given to promoting the health, welfare and readiness of the Naval Academy community and to providing support for those who seek help.

b. Intervention

(1) Watchstander Interventions. All Naval Academy Duty Officer (NADO) and Bancroft Hall watch stations shall post and be familiar with the SOP.

(2) Non-watchstander Interventions. All Midshipmen, faculty, and staff have the responsibility to intervene when they encounter personnel having suicidal thoughts or engaging in suicidal behaviors. These responsibilities include the following:

(a) In the event that someone is discovered needing urgent medical care, emergency services personnel shall be contacted by dialing 3-3333 or 911.

10 APR 2012

(b) In the event that a non-watchstander is made aware of someone having suicidal thoughts or engaging in suicidal behavior that does not constitute the need for urgent medical care, referral shall be made in person to the Brigade Medical Unit (BMU), the MDC, the nearest chaplain's office, or the Chaplain Center in Mitscher Hall.

c. Response. In the event of a suicide or significant suicidal behavior:

(1) All affected personnel shall be provided support by the command. The Naval Academy shall use all medical, mental-health, and chaplain resources to assess requirements for supportive crisis care for units and affected service members and shall coordinate with local community resources to implement this care when needed.

(2) Naval Academy leadership shall ensure that brief small-unit operational pauses are held for the following reasons:

(a) To allow for prompt dissemination of factual information regarding the suicide.

(b) To provide affected personnel with an opportunity to process and grieve in a small-scale setting.

(c) To allow small-unit leaders to observe affected personnel for possible referral to follow-up care.

(3) A memorial service may follow a death by suicide, but attendance shall be optional, and normal routines and schedules shall not be affected. No mandatory Academy-wide assemblies shall be held to discuss the suicide or memorialize the person who died by suicide.

d. Reporting

(1) Suicides and suicide-related behaviors shall be reported per references (c) and (d).

(2) In instances of suicide and undetermined deaths for which suicide has not been excluded by the medical examiner, the Command SPC shall complete the Department of Defense Suicide Event Report (DoDSER) (available at <https://dodser.amedd.army.mil/dodser>) within 60 days of notification of death. The command will maintain copies of medical, dental, and service records for six to eight weeks after the member's death in order to aid the SPC in completing the DoDSER and in order to respond to any inquiries.

(3) Suicidal behaviors that can be classified as potentially injurious with a non-fatal outcome are labeled by the Department of Defense as "suicide attempts." A DoDSER shall be completed for all suicide attempts by service members, as determined by competent medical authority, within 30 days of medical evaluation. Suicidal attempt DoDSERs shall be completed by the military medical provider at the facility responsible for the member's psychological assessment or (if assessment occurs at a civilian facility) by the Military Treatment Facility (MTF) responsible for the TRICARE referral or by the RC command medical representative (for RC not on active duty).

(4) MTFs have a responsibility to notify commands if a service member's mental state or condition presents an increased imminent risk of suicide in order to coordinate appropriate preventive actions. After release from the MTF, anyone determined to have an increased suicide risk will receive follow-up care from the NHCA Mental Health Clinic.

e. The Naval Academy shall appoint a SPC, who shall aid the Chief of Staff in ensuring that the Suicide Prevention Program is fully implemented.

5. Responsibilities

a. The Chief of Staff shall:

(1) Ensure an effective Suicide Prevention Program is established and maintained, consistent with requirements of this instruction.

(2) Designate, in writing, an SPC to assist in implementing the Suicide Prevention, Intervention, and Response Program. Whenever possible, the SPC should hold the grade of E7 or above. Assistant SPCs shall be designated in writing, as necessary.

(3) Ensure suicide prevention training is conducted on a bi-annual basis for all command personnel and maintain records of the training.

(4) Ensure all NADO and Bancroft Hall watchstanders have access to a posted copy of the SOP for watchstander intervention.

(5) Foster a command climate that supports and promotes psychological and spiritual health, including the encouragement of early referrals and communication with mental health providers and chaplains, as needed, and focusing on the reintegration of service members.

b. The Suicide Prevention Coordinators shall:

(1) Become thoroughly familiar with the contents of this instruction and advise the chain of command on all suicide prevention, intervention, and response program matters.

(2) Receive SPC training as established by OPNAV (N135) as soon as possible after designation.

(3) Schedule and announce suicide prevention training and be prepared, as needed, to conduct training.

(4) Compile a list of committee contacts and stakeholders to ensure timely turnovers during staff transitions.

c. Faculty and Staff members shall:

(1) Participate in suicide prevention training on an annual basis.

(2) Learn and practice skills for maintaining a healthy lifestyle that promotes psychological health, physical readiness, and positive stress control.

(3) Follow the above guidelines for watchstander or non-watchstander intervention procedures in the event that they encounter personnel having suicidal thoughts or engaging in suicidal behaviors.

(4) When appropriate, post and distribute watchstander SOPs and educate subordinate leaders on intervention procedures.

6. Records Management. Records created as a result of this instruction, regardless of media or format, shall be managed per reference (f). Records will be kept by the SPC, maintained confidentially, and turned over with SPC responsibilities during staff transitions.

7. Reports Control. The reporting requirements contained in this instruction are in accordance with reference (g).

/S/
M. H. MILLER

Distribution:
All Non-Mids (electronically)

10 APR 2012

SUICIDE RISK FACTORS, PROTECTIVE FACTORS AND RESOURCES1. Risk Factors and Stressors Associated with Navy Suicides

- a. Current mental health problems, such as depression or anxiety
- b. Substance abuse
- c. Past history of suicidal threats and behaviors
- d. Relationship problems
- e. Financial problems
- f. Legal difficulties
- g. Occupational problems
- h. Social isolation
- i. Ostracism
- j. Withdrawal
- k. Preoccupation with death
- l. Impulsiveness
- m. Access to and knowledge of lethal means

2. Protective Factors that Reduce Risk of Suicide

- a. Unit cohesion/camaraderie
- b. Humor
- c. Healthy lifestyle
- d. Effective problem-solving skills
- e. Positive attitude about getting help
- f. Optimistic outlook
- g. Spiritual support
- h. Beliefs counter to suicide that support self-preservation

10 APR 2012

3. Resources

- a. www.suicide.navy.mil
- b. www.nmcphc.med.navy.mil/LGuide/index.htm
- c. www.militaryonesource.com
- d. www.militarymentalhealth.org (Funded by Department of Defense Office of Health Affairs) provides anonymous online mental health screenings
- e. www.usmc-mccs.org/leadersguide

10 APR 2012

DEFINITIONS OF SUICIDE RELATED BEHAVIORS

1. Suicide-Related Ideations. Any self-reported thoughts of engaging in suicide-related behaviors.
2. Suicide-Related Communications. Any interpersonal act of imparting, conveying, or transmitting suicide-related thoughts, wishes, desires, or intent; not to be construed as the actual self-inflicted behavior or injury.
 - a. Suicide Threat. Any interpersonal action, verbal or nonverbal, without a direct self-injurious component, passive or active, for which there is evidence (either explicit or implicit) that the person is communicating that a suicide-related behavior might occur in the near future.
 - b. Suicide Plan. A proposed method of carrying out a design that can potentially result in suicide-related behaviors; or, a systematic formulation of a program of action that will potentially lead to suicide-related behaviors.
3. Self-Harm. A self-inflicted potentially injurious behavior for which there is evidence (either explicit or implicit) that the person did not intend to kill themselves (e.g., had no intent to die). Persons engage in self-harm behaviors in order to attain some other end (e.g., to seek help, to punish others, to receive attention, or to regulate negative mood). Self-harm may result in no injuries, injuries, or death.
4. Self-Inflicted Unintentional Death. Death from self inflicted injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that there was no intent to die. This category includes those injuries or poisonings described as unintended or "accidental."
5. Undetermined Suicide-Related Behavior. A self-inflicted potentially injurious behavior where intent is unknown. For example, the person is unable to admit positively to the intent to die, due to being unconscious, under the influence of alcohol or other drugs (and, therefore, cognitively impaired), psychotic, delusional, demented, dissociated, disoriented, delirious, or in another state of altered consciousness; or, is reluctant to admit positively to the intent to die due to other psychological states.

10 APR 2012

USNA SUICIDE PREVENTION/CRISIS RESPONSE PLAN CHECKLIST

- Appropriate annual suicide prevention training conducted.
- Suicide prevention part of Life-skills/Health Promotions training.
- Messages of concern sent by the senior leadership team to provide current information and guidance to all personnel on suicide prevention.
 - Informational email transmitted by MDC staff to the Brigade.
- Written suicide prevention and crisis intervention plan in place (In SOP, Duty Office Go-by, etc.).
- Local support contact list

Mental Health	NHCA Mental Health	410-293-3208
	Midshipmen Development Center	410-293-4897
Chaplain/Religious Services	Duty Chaplain	443-871-2339
Fleet and Family Support Center	Karen Hoover	410-293-2641
Medical Treatment Facility	Naval Health Clinic	410-293-2273
Security	Naval Academy Security	410-293-3333
Local Emergency Room	Anne Arundel Medical Center	443-481-1000
SARP/SARC	CDR Lynn Acheson	443-336-2637

- Personnel and supervisors have ready access to information about how to get help with personal problems (e.g., wallet card info, posters, POD, emails).
- Procedure in place to facilitate personnel accessing needed services (e.g., time for appointments, access to transportation, overcoming logistical barriers, discouragement of stigmatizing, etc.).
- Supervisors active in identifying personnel potentially in need of support (e.g., relationship problems, financial problems, recent loss, legal problems or loss of status, change in behavior or performance, showing warning signs, etc.).
- Safety plan for dealing with high-risk service members (e.g., suicidal, homicidal, or bizarre thoughts and/or behaviors) until mental health services are available. In the absence of guidance from a mental health professional, advise:
 - Removal of personal hazards (e.g., no weapons, belt, shoes, boot straps, draw strings, shirt stays, personal hygiene items such as toothbrush, and razor).
 - Removal of environmental hazards from room (e.g., room free of sheets, elastic bands, mirrors, pencils, pens, window dressings such as blinds, shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools, or any other rope, breakable, or sharp-edged object).
 - Line of sight supervision.
- Coordinated follow up plan for personnel following mental health evaluation or other support services in place with pass down (e.g., to next watch).

WATCHSTANDER SUICIDE INTERVENTION SOP

1. SCOPE. This letter establishes the suicide intervention procedures for watchstanders at the U.S. Naval Academy (USNA).

2. APPLICABILITY. This policy letter applies to all USNA watchstanders.

3. REFERENCE. USNAINST1720.1.

4. DEFINITIONS

a. Thoughts of Suicide. Occur when someone has a desire to die and is considering death by suicide.

b. Suicidal Behaviors. Occur when someone is considering death by suicide, and talks about or acts on these thoughts in some way.

c. Deliberate Self-Harm (DSH). The direct injuring of the body, commonly through skin-cutting and interfering with wound-healing. These behaviors are not necessarily associated with suicidal thoughts, but are always a cause for immediate action.

5. PURPOSE. This policy letter informs watchstanders of responsible action in the event that they encounter personnel having suicidal thoughts or engaging in suicidal behaviors at the USNA, in accordance with reference (a).

6. RESPONSIBILITIES

a. USNA Senior Watch Officer. The USNA Senior Watch Officer shall ensure that all USNA watchstanders understand and follow this policy.

b. Brigade Senior Watch Officer. The Brigade Senior Watch Officer shall ensure that all Bancroft Hall watchstanders understand and follow this policy.

c. Individual Watchstanders. All Watchstanders shall understand and adhere to this policy.

7. STANDARD OPERATING PROCEDURES (SOP)

a. Take the following actions for a Midshipman or staff member exhibiting high-risk mental health behavior:

(1) Treat the incident as a medical emergency. If the safety of the affected individual or any other person is in question, call 3-3333 or 911 (or transport the affected individual to Brigade Medical Unit (BMU) or the nearest emergency room, if feasible).

(2) If immediate safety is not a concern, seek advice from BMU, Duty Doctor, Naval Health Clinic Annapolis (NHCA) Mental Health Clinic or another mental health professional as soon as possible. While awaiting guidance from the medical or mental health community, complete the remaining steps without delay.

(3) Assume "line-of-sight" control and supervision of the high-risk person using personnel from the duty section and Anti-Terrorism Force Protection (AT/FP) force, as needed.

(4) Remove anything that the high-risk person might use as a personal hazard or weapon. Use the following list as minimum items to check:

(a) Weapons (e.g., firearms, knives, razors, drill rifle, etc.)

(b) Belt

10 APR 2012

- (c) Boot straps
- (d) Draw strings and shirt stays
- (e) Toothbrush
- (f) Guide-on pole and screw on pointed tip

(5) Remove anything that the high-risk person might use as an environmental hazard in order to injure himself/herself. Use the following list as minimum items to check:

- (a) Bed sheets
- (b) Elastic bands
- (c) Mirrors
- (d) Pencils, pens, etc.
- (e) Window dressings (such as blinds – and the draw strings that move them)
- (f) Alcohol
- (g) All medications (of any kind)
- (h) Cleaning supplies
- (i) Eating utensils
- (j) Telephones
- (k) Tools
- (l) Rope (or anything resembling a rope)
- (m) Any breakable or sharp-edged object

8. DISSEMINATION. A copy of this policy letter shall be maintained at every Naval Academy Duty Officer and Bancroft Hall watchstanding station.