



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

USNAINST 1720.1A
17/Chaplain
27 Jun 18

USNA INSTRUCTION 1720.1A

From: Superintendent, U.S. Naval Academy

Subj: SUICIDE PREVENTION, INTERVENTION, AND RESPONSE PROGRAM

Ref: (a) OPNAVINST 1720.4A
(b) OPNAVINST 6100.2A
(c) OPNAVINST F3100.6J (NOTAL)
(d) MILPERSMAN 1770-090
(e) SECNAVINST 5210.8D
(f) SECNAV-M 5210.1

Encl: (1) USNA Suicide Crisis Response Plan
(2) Watchstander Response Plan for Distressed Callers
(3) Officer of the Watch (OOW)/Naval Academy Duty Officer (NADO) Standard Operating Procedures(SOP)
(4) Procedures for After-Hours Mental Health Assessments
(5) Decision Tree for midshipmen
(6) Decision Tree for Duty Chaplain

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

2. Cancellation. USNAINST 1720.1 dated 10APR12.

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

4. 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, effective stress management skills, productive attitudes towards alcohol and prescription drugs, and access to quality spiritual and mental health care that can decrease the risk of suicide. Given these factors, preventing suicide at the Naval Academy begins with the promotion of life skills, resilience, good health, and overall wellness, consistent with keeping midshipmen and assigned service members well-adjusted and ready to accomplish the mission.

b. The Naval Academy's Suicide Prevention Program consists of four elements:

(1) Training – increasing awareness of suicide 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) Postvention – assisting families, units and service members affected by suicide related behaviors.

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

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

d. 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 talks about death by suicide and/or acts on suicidal 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 concern. Response to DSH is covered in enclosure (1).

5. 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, and once per year for 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 may 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 enclosures (1) through (6).

(b) Watchstander training in the content and use of enclosures (1) through (6).

(2) Life-skills/health promotions training, focused on the healthy management of stress, conflict mediation, the 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 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 enclosures (1) through (6).

(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. All personnel should be familiar with the Suicide Crisis Response Plan and know the appropriate resources for intervention, both during and after working hours. The appropriate actions for any midshipman to take in response to suicidal thoughts or behavior are depicted in enclosure (5).

c. Postvention. In the event of a suicide or serious suicide-related 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 Navy and local community resources to implement this care when needed.

(2) Naval Academy leadership shall schedule opportunities for brief small-unit operational pauses 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-on care.

(3) A memorial service may follow a death by suicide, but attendance shall be optional. Generally, any memorial services or other event to discuss, process, or grieve a suicide should be voluntary.

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, commands 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 commands will maintain copies of medical, dental and service records for six to eight weeks after the member's death in order to complete the DoDSER and 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 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 imminent risk of suicide, in order to coordinate appropriate preventive actions. At USNA, the MDC also has this responsibility. The MDC is not required to reveal all suicidal behavior to the command, but in cases where there is imminent risk, or if it becomes necessary to create a specific safety plan for a midshipman, command notification will be made as required. For service members who are hospitalized, after release from the MTF, anyone determined to have an increased suicide risk will receive follow-up care from the NHCA Behavioral Health Clinic.

6. Actions

a. The Chief of Staff shall:

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

(2) Designate, in writing, a Suicide Prevention Coordinator (SPC) to assist in implementing the Suicide Prevention, Intervention, and Response Program. The SPC should be E7 or above. Assistant SPCs shall be designated in writing as necessary.

(3) 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 restoration of service members to full duty.

b. The Suicide Prevention Coordinator shall:

(1) Be 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, and maintain all training records.

(4) Require all NADO and Officers of the Watch have access to a posted copy of enclosure (3).

(5) Require all USNA watchstanders have access to a posted copy of enclosure (1).

(6) Compile a list of important contacts and stakeholders to ensure timely turnover 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.

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(3) Follow the guidelines for watchstander and non-watchstander intervention procedures listed in enclosures (1) through (6), in the event that they encounter personnel having suicidal thoughts or engaging in suicidal behaviors.

(4) When appropriate, post and distribute the USNA Suicide Crisis Response Plan (enclosure (1)), and educate subordinate leaders on intervention procedures.

7. Records Management

a. Records created as a result of this instruction [notice, change transmittal], regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx> . For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this instruction [notice, change transmittal] or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

c. Records will be kept by the SPC, maintained confidentially, and turned over with SPC responsibilities during staff transitions.

8. Forms and Reports. Reporting requirements are detailed in references (c) and (d).



G. E. LANG, JR.
Chief of Staff

Distribution:
All Non-Mids (electronically)

United States Naval Academy
Suicide Crisis Response Plan

1. Purpose: To establish that a midshipman, Sailor, or Marine who expresses suicidal thoughts or exhibits suicidal behavior receives the immediate treatment and concern required.
2. Reporting: After help is given to the individual expressing suicide-related behavior, always contact the USNA OOW and the individual's chain of command, if you have not already done so in the process of seeking help.
3. Emergency Contact:
 - a. If active injuries are present, if there are indications that the individual has already harmed him/herself (e.g., ingested medication), or if the individual possesses a weapon, always call 911 or 3-3333.
 - b. If injuries are present that do not appear to be serious or life-threatening, call the Brigade Medical Unit (BMU) at 410-293-1758 (during working hours) or the Duty Healthcare Provider at 410-293-2273 (after working hours).
 - c. If injuries are not present, follow the procedures listed below for the appropriate response, either when in person or on the phone. Use discretion based on the situation to determine which resource is appropriate for the situation: Midshipman Development Center, Chaplain, Chain of Command, or Brigade Medical.

*** SUPPORT FOR SUICIDAL THOUGHTS DURING WORKING HOURS ***

During normal working hours, for a midshipman in distress, the preferred course of action is to call the MDC or escort the individual to the MDC. For staff members in distress, the duty chaplain or the Behavioral Health Department at NHCA is the preferred resource. However, there is no "wrong" place to seek assistance. Appropriate contact information is as follows:

- a. Midshipman Development Center (MDC)
 - * Call 410-293-4897 or escort to MDC.
- b. Chaplain
 - * Call 410-293-1100 to locate a chaplain.
 - * If no response, call the Duty Chaplain at 443-871-233.
- c. Member of Chain of Command
 - * Ask the individual for contact information or contact the Main Office at 410-293-5001 to identify the appropriate member of the chain of command.
- d. Medical: Call the BMU at 410-293-1758; or NHCA Behavioral Health at 410-293-3208.

*** SUPPORT FOR SUICIDAL THOUGHTS AFTER WORKING HOURS ***

After normal working hours, the Duty Chaplain is the initial point of contact for all suicide-related concerns (see enclosures (4) through (6)). Again, however, there is no “wrong” place to seek help. Available resources include the following:

- a. Medical: Call the Duty Healthcare Provider at 410-293-2273 (option #4).
- b. Chaplain: Call the USNA Duty Chaplain at 443-871-2339.
- c. Duty Mental Healthcare Provider (not on site): watchbill available in the Main Office or through the Duty Chaplain.

4. Actions: If a bystander is in contact with an individual presenting suicide-related behavior:

a. In Person:

(1) If injuries are present, the individual has already engaged in self-harm, or if he/she possesses a weapon, call 911 or 3-3333.

(2) Do not leave the individual alone.

(3) If possible, involve a second person to assist in seeking help while you assist the suicidal individual.

(4) Establish a relationship with the person and express interest in their welfare. State your willingness to help.

(5) Listen – do not give advice.

(6) Ask if the midshipman/Sailor/Marine has already taken any pills of any type including aspirin, ibuprofen, etc.

(a) If YES, call 911 or 3-3333.

(b) If NO, contact appropriate personnel for support per guidance above.

b. By Phone:

(1) Use the Watchstander Response Plan for Distressed Callers (enclosure (2)) to gather essential information.

(2) Establish a helping relationship (get your foot in the door). Quickly express that you are glad the individual called.

(3) ASK:

(a) Immediately get the telephone number that he/she is calling from in case you are disconnected. Use caller ID if available.

(b) Ask the name and command of the individual. Who is the individual's Company Officer, Senior Enlisted Leader, or supervisor?

(c) Find out where the individual is located if possible.

(d) Ask, "Are you feeling so bad that you are thinking about suicide?"

(4) CARE:

(a) Care and Listen. Do not give advice.

(b) Get as much information as possible about the individual's plans, access to means of self-harm, and intent.

(c) Keep the individual talking as long as possible until help can arrive, but avoid topics that agitate him/her.

(5) TREAT:

(a) Keep the individual on the phone. Do not break contact.

(b) Ask the individual expressing suicidal thoughts to locate someone nearby that they trust while remaining on the phone. Once they have done so, ask to speak with that person and ensure that he or she will not leave the individual alone.

(c) Refer to guidance on page one for assistance during work hours or after work hours and proceed accordingly to direct help to the individual or to have the individual escorted to help.

(d) If possible, have someone else call for help while you remain on the phone with the individual.

(e) If the individual is safely under the supervision of a responsible party, you may let the individual know that you are going to call to set up assistance through a chaplain or medical and that you will call back as soon as possible.

(f) Remember to express that you care. After requesting assistance from medical or a chaplain, call the individual back and continue to engage with the individual until help arrives to assume responsibility for the situation.

(g) If the individual cannot or will not seek someone nearby as an escort then:

1. Ask questions about where the individual is located.

2. If the individual answers, get as specific an answer as possible: address, space number in Bancroft, etc.

3. Flag down coworker or friend, walk to neighbors for help, etc. You must be creative to reach outside help while keeping the distressed individual on the phone.
4. Have someone contact the OOW to assist in using security to determine the location of the individual.
5. Remain on the phone with the individual expressing suicidal thoughts and remain calm.
5. Precaution for First Responders: Do not leave the person alone under any circumstance!

Watchstander Response Plan for Distressed Callers

Date: _____
Time: _____
Caller ID Number: _____

If a distressed or suicidal person calls, ask for the following information. The order in which you ask the questions may differ depending on the specific situation.

Before you do these remember to:

Be yourself.	Show concern.	Be sympathetic.
Listen.	Stay calm.	Stay on the phone.
Offer help.	Repeat back.	

During anytime of the conversation if the person starts saying things like, "I'm so depressed, I can't go on," or "Life isn't worth living," or "I wish I was dead," etc...,

ASK:

1. What is your name? _____
2. Is there anyone with you? ___ Who? _____
3. Where are you? (Determine specific address, building #, Bancroft Wing, etc..., if at all possible)

4. Are you having thoughts of suicide? Yes _____ No _____

5. Have you thought about how you would harm yourself?
Yes ___ No ___

Details: _____

6. Do you have what you need to do it? OR Do you have a gun, pills, etc? Yes _____ No _____

If the person indicates he/she has taken pills, ask what kind of pills, how much and when:

If the person has a gun ask if it is loaded: Yes _____ No _____ Where is it? _____

Follow Suicide Crisis Response Plan for resources to intervene.

USNA OOW/NADO SUICIDE INTERVENTION CHECKLIST

If an individual has suicidal thoughts, contact the Duty Chaplain, who will initiate appropriate action as per enclosures (4) through (6).

If an individual makes a suicidal gesture or a suicide attempt, take the following steps:

- a. Contact Medical to have the individual evaluated and treated as appropriate.
- b. Notify the individual's Chain of Command.
- c. Bancroft OOW will Notify the Commandant, Deputy Commandant, and Brigade Master Chief.
- d. NADO will notify the Chief of Staff and Command Master Chief.
- e. Notify the Suicide Prevention Coordinator.
- f. The Naval Academy leadership, in cooperation with chaplains, mental health, and medical providers, must decide whether the individual should be removed from any duty in which they might be a danger to themselves or others.
- g. Draft a SITREP in case Medical determines suicide-related behaviors are present.

NOTE: A SITREP is required for any suicide-related behavior. Medical personnel will determine if the criteria for suicide-related behavior, including thoughts, has been met. Refer to OPNAVINST F3100.6 for further guidance. The SPC will assist in proper reporting procedures.

2. If an individual commits suicide, take the following steps:

- a. Bancroft OOW will notify the Commandant, Deputy Commandant, and Brigade Master Chief.
- b. NADO will notify the Chief of Staff and Command Master Chief.
- c. Notify the Casualty Assistance Control Officer.
- d. Contact the administrative support office assigned to the individual in order to have the individual's page two reviewed for Primary Next-Of-Kin information.
- e. Notify the Suicide Prevention Coordinator.
- f. Notify Duty Chaplain.
- g. Notify the Director of the MDC.

h. The Commandant will determine how he/she wants to address the issue (Speak to the Brigade, Department or the entire Command). Assistance from Chaplains, the Midshipman Development Center, Fleet & Family Support Center, and/or Naval Hospital Clinic Annapolis is available for consultation on this issue.

i. Department of the Navy Suicide Incident Report (DONSIR) form at www.nhrc.navy.mil/programs/donsir/index.html is used to request Special Psychiatric Rapid Intervention Team (SPRINT) support.

j. Draft OPREP in coordination with Suicide Prevention Coordinator and chain of command.

PROCEDURES FOR AFTER-HOURS MENTAL HEALTH ASSESSMENTS

Background

After-hours mental health concerns within the Brigade must be addressed immediately. However, not all cases require an emergency evaluation or hospital admission, which under some circumstances might make a situation worse. The goal is to respond to all mental health concerns immediately and proportionately, providing the right level of assessment and care to meet the midshipman's individual needs.

USNA has a wide-range of professional resources available to address psychological issues, including medical doctors, corpsmen, chaplains, and mental health providers. It is important to have a standardized process through which all of these professionals work together to address after-hours mental health concerns within the Brigade.

Policies and Procedures: The following processes will be followed when addressing after-hours mental health concerns within the Brigade:

A midshipman who encounters another midshipman with mental health concerns will perform the following steps, as depicted in enclosure (5):

In the event of a medical crisis (e.g., a fellow midshipman has already ingested pills, seriously injured him/herself, or a weapon is present), call 911, then contact the OOW. The OOW will inform the Duty Healthcare Provider.

If no obvious medical crisis exists, but a Midshipman has expressed suicidal thoughts, contact the Duty Chaplain via the OOW. The correct process is to call the OOW, and request that the Duty Chaplain call back at a specified number. Company Commanders and Peer Advisers (where assigned) will also have access to the Duty Chaplain phone number.

Even if no suicidal thoughts have been expressed or endorsed, but there is concern about the welfare or safety of another Midshipman, contact the Duty Chaplain via the OOW.

If there are any concerns about safety, do not leave the Midshipman alone, even for a short period of time.

If there are no concerns about safety, continue to provide support as able. If the Midshipman desires, contact the Duty Chaplain during normal working hours, and/or recommend a self-referral to the MDC, the Academic Center, or the BMU.

When in doubt, assume that a safety concern exists and contact the Duty Chaplain via the OOW.

The Duty Chaplain will be the initial point of contact for all after-hours mental health concerns. Once contacted, the Duty Chaplain will carry out the following steps as depicted in enclosure (6):

If a midshipman is judged to be at imminent risk of harm, such that a referral to the Walter Reed Emergency Room is deemed appropriate, the Duty Chaplain will:

- Call the Duty Healthcare Provider. If the Duty Healthcare Provider concurs with sending the midshipman to Walter Reed, the Duty Healthcare Provider will conduct all necessary liaison with hospital personnel.

- Call the OOW. The OOW will arrange transportation, and will contact the Midshipman's Chain of Command. It is not the role of the Duty Chaplain or the individual Midshipman to arrange transportation to Walter Reed.

If the Chaplain is uncertain about whether an emergency mental health evaluation is appropriate, he/she will consult the duty mental health provider. Following this consultation, if the decision is made to transport the midshipman to Walter Reed, the Duty Chaplain will call the OOW and Duty Healthcare Provider as described above.

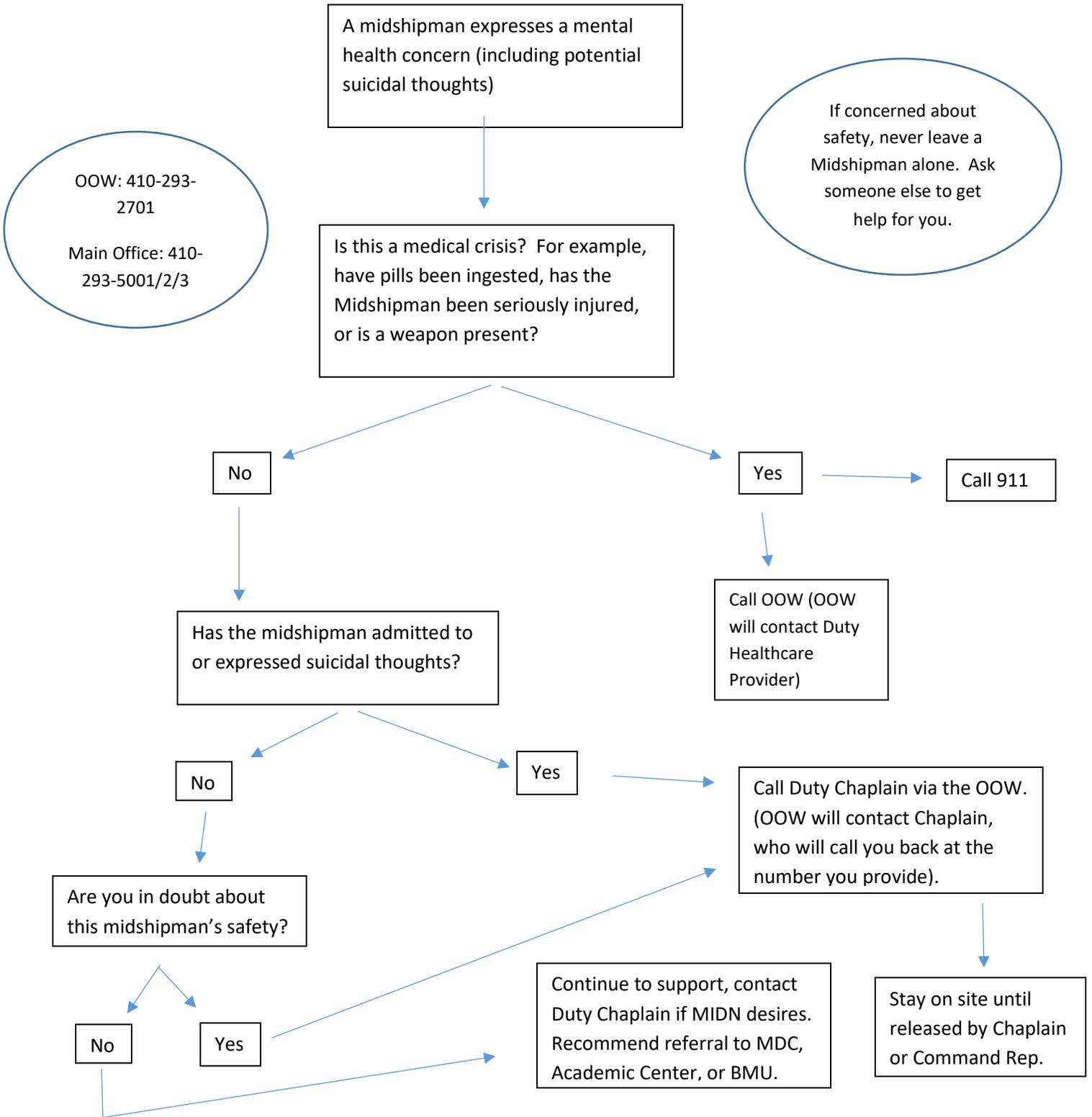
If an emergency evaluation is not deemed necessary, the Duty Chaplain will provide support, and arrange for appropriate follow-on appointments, including with MDC during the next business day.

Additional Recommendations:

Unless otherwise directed, the Staff Duty Officer (SDO) will accompany all midshipmen who are referred to Walter Reed for mental health reasons. Transportation will be conducted using a duty vehicle and at least two escorts, including the duty driver and the SDO. It is not safe or appropriate to transport Midshipmen with less than two escorts. All escorts should be provided a safety brief by medical staff prior to transporting any midshipmen.

In drafting a SITREP on a suicidal midshipman, the OOW should include only operationally relevant details, including information related to the midshipman's location and status (e.g., what happened, who is escorting the midshipman, what was the disposition, what is the plan?). The SITREP should not include personal details or anything related to past treatment.

After Hours Mental Health Concerns Decision Tree for Midshipmen



After Hours Mental Health Concerns Decision Tree for Duty Chaplain

