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CHIEF OF NAVAL AIR TRAINING
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CNATRAINST 1721.2
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CNATRA INSTRUCTION 1721.2

Subj: SUICIDE PREVENTION POLICY WITHIN THE NAVAL AIR TRAINING COMMAND

Ref: (a) CNATRAINST 1721.1
(b) CNATRA Suicide Prevention Assist Visit, draft of 2 Dec 11
(c) CNATRAINST 5420.13F

Encl: (1) Suicide Prevention Programs from other services

1. Purpose. To establish additional policies, procedures and best practices in preventing future loss of life by suicide within the Naval Air Training Command (NATRACOM).

2. Background. Reference (a) contains the policies and procedures, and assigns responsibilities for Chief of Naval Air Training's (CNATRA's) Suicide Prevention Program. This document will supplement reference (a) and enhance NATRACOM's suicide prevention efforts as it draws on the results of a comprehensive assist visit from a BUMED, NMCPHC, and OPNAV Team (reference (b)), as well as the "best practices" found at each of the Training Air Wings (TRAWINGS). Over the past three years NATRACOM has suffered the irreplaceable loss of five officers to suicide. As four of the five suicides were Naval Flight Students (NFSs), they are our primary at risk population and will be the focus of this policy.

3. Discussion. The objective of this policy is to establish a logical and standardized sequence of events that engages our at risk NFS population. This engagement should start the moment they enter a respective TRAWING, and build upon the suicide prevention work performed by the previous TRAWINGS, Schools Command or entry level programs. Suicide prevention training/engagement shall avoid repetitive training and focus on those known risks associated with potential "trip wires" in each TRAWING. A trip wire is defined as an event that causes additional stress and anxiety above and beyond the necessary day to day stress found in flight school. Each Commander and command should be sensitive to a trip wire event and look for potential signs that a NFS is struggling in how they handle these events.

4. Action. The following responsibilities are assigned to assure that suicide engagement/training is performed at each TRAWING. These actions are the minimum and should not limit an individual Commander from any actions deemed necessary to save a life.

a. **TRAWING Commodores.** The following engagement/training shall take place within the first two weeks of an NFS's class start date:

(1) Commodore briefing. Discussion should include flight school expectations, character development, coping mechanisms for dealing with the pressures and the resultant stress associated with flight school. Emphasis shall be placed on peer responsibility to reach out to each other and intervene when a fellow NFS is struggling either professionally or personally. The discussion should include that specific TRAWING's last suicide (or a case study) as well as a success story where an individual NFS raised his or her hand for help, received that help and was put back in training.

(2) Chaplain briefing. The Chaplain should cover religious services offered at your respective location including a discussion on privileged communication and suicide prevention. The Chaplain should cover a completed suicide event (different from the Commodore's example) and the conditions up to the tragedy. Discussion should also include the use and value of Military OneSource.

(3) Fleet and Family Service Center (FFSC) briefing. A trained FFSC facilitator should cover Stress Management and Suicide Prevention as it relates to flight school. Topics should include services provided by the FFSC, the Navy's Operational Stress Control Program and the Ask Care Treat class (training for NFSs entering primary and annual Navy training requirement).

b. **Squadron Commanders.** The following risk reduction procedures shall be implemented to facilitate the identification of potential at risk NFSs and/or prevent additional unnecessary stress on a daily basis:

(1) Each command will establish a NFS Human Factors Council (HFC) per reference (c).

(2) NFSs who are required to attend a Human Factors Board will not be identified as such on the flight schedule. Refer to reference (c) for details.

(3) NFSs who have received an UNSAT or failed a check-ride will no longer be required to change into a different uniform in order to be interviewed by their chain of command.

(4) NFSs who are attending counseling at FFSC will not be required to snivel as such in the snivel log. Instead, the NFS should indicate that they have a medical appointment.

(5) NFSs who request to Drop-on-Request (DOR) or who are recommended for attrition by their Squadron Commanders (for any reason) shall be afforded the opportunity to contact the Wing Chaplain or an FFSC counselor. NFSs that are subsequently attrited by the TRAWING Commodore shall be immediately contacted by the Wing Chaplain.

(6) Any NFS who is hospitalized or who is medically down for 30 days or more shall be engaged by the Wing Chaplain. NFSs who are hospitalized shall be visited in person by the Wing Chaplain AND a representative of their command. Weekly if not daily contact should be made to ensure the NFSs needs are being met and they know they remain part of the command.

(7) Wherever possible, increase the presence of squadron Flight Surgeons in squadron spaces in order to increase trust and build relationships between medical personnel and the NFSs.

(8) Ensure weekly Class Advisor/Flight Leader meetings occur and are formalized in their discussions with NFSs. Discussions should include: NFS progress, concerns, additional stressors and plans for that upcoming weekend.

c. **Senior Wing Medical Officers.** The following actions will be taken to ensure standardized practices across all TRAWINGs with regard to suicide prevention:

(1) Ensure squadron Flight Surgeons (FS) have an in-brief with newly reporting NFSs and address topics regarding access to care, clinic hours, after hours resources and points of contact, the role of the FS in supporting the NFSs successful completion of training, stress and stress relief, and general wellness.

(2) Ensure that all NFSs and IPs understand when a positive response is required to the question regarding mental health history on the Standard Form 86.

(3) Ensure medical personnel are appropriately trained to look for potential risks associated with suicidal behavior.

(4) During high risk screenings, medical personnel need to clearly indicate to NFSs what is and is not privileged communication, as it relates to the medical readiness required to fly.

5. Best Practices. Consideration should be given to adopt the following training/engagement best practices in order to enhance the resiliency of NFSs and the readiness of commands:

a. Conduct a mandatory Marriage and Flight School Class for all married and engaged NFSs. This class exposes spouses and potential spouses to the overwhelming study and preparation requirements placed on NFSs in order to succeed in flight school. The focus is on how to successfully maintain a good relationship while in flight school. FFSC, Military OneSource and their programs and services should also be discussed in detail during this mandatory meeting. Failed or failing relationships remain one of the most common factors associated with suicide and are the target of this class. (i.e. TRAWING FIVE)

b. Training key wing and squadron members (Suicide Prevention Coordinators (SPCs), Student Control Officers (Civilians and Military), Flight Leaders, Squadron Executive Officers and Commanders) in Applied Suicide Intervention Skills Training (ASIST). ASIST teaches individuals how to intervene with an identified at risk (potential suicidal) individual in the roll of the "first responder" and how to properly engage someone who is contemplating suicide. (i.e. TRAWING ONE, FIVE, SIX)

c. Establish relationship/sponsorship of new NFSs with the local Navy League to help build a mentor relationship outside the chain of command. This is accomplished by conducting quarterly NFS socials that are hosted by a local Navy League member. The social is normally held at a member's private residence (off-site) and is attended by other Navy League members, local members of the community ranging from interested neighbors to the Mayor and members of the Chamber of Commerce. Each Wing would ensure that all new NFSs are provided with a personal invitation from the Commodore and sniveled to attend. In addition to NFSs, squadron CO's and XO's also attend; however, no other instructors are invited as the intent is for local community members to meet and engage the NFSs. (i.e. TRAWING TWO)

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Distribution:
CNATRA Website

Suicide Prevention Programs From Other Services

1. Navy Suicide Prevention Program

"Good Leadership is Good Prevention"

http://www.public.navy.mil/bupers-npc/support/suicide_prevention/Pages/default.aspx

Currently, the Navy's suicide prevention efforts include the Ask Care Treat (ACT) model, and Prepare, Recognize, Engage, Send, and Sustain (PRESS) training. Training for Frontline Supervisors includes: The Manual for Instructors & Students, and Assisting Personnel in Distress. In addition, the Commanders Tool Kit for Suicide Prevention and Response has been updated. All three of these manuals are available on line via the link above.

2. Marine Corps Suicide Prevention Program

"Never Leave a Marine Behind"

<http://www.usmc-mccs.org/suicideprevent/>

Currently, the Marine Corps Officer Suicide Prevention program includes "The Officer Never Leave a Marine Behind Training". It is designed to complement the Battalion/Squadron level or above Commander's suicide prevention program, and should be led and/or facilitated by a senior Officer or that unit. This course is designed to be facilitated as a guided discussion; no formal instructor training is required. The course is designed to be 60-75 minutes in length and conducted in a small group setting of no more than 30 participants. Facilitators can retrieve their instruction materials through the link above.

3. Coast Guard Suicide Prevention Program

http://www.uscg.mil/worklife/suicide_prevention.asp

The goals of the Coast Guard's Suicide Prevention Program are to:

- Minimize suicidal behavior among all Coast Guard employees and their family members by empowering all Coast Guard personnel to recognize persons in distress and to take supportive action to help them,
- Encourage help-seeking behavior by reducing the stigma historically associated with receiving mental health care, and
- Protect those who responsibly seek mental health treatment from unfair actions resulting from seeking help.

Mandated training on suicide prevention is an annual requirement for all active duty Coast Guard members, full time civilian employees, and all drilling Reservists. This requirement can be met by completion of the online Suicide Prevention Mandated Training currently in development and to be made available at <https://learning.uscg.mil/portal.asp>. However, the optimum method for delivery of this training is by an approved subject matter expert such as an Employee Assistance Program Coordinator (EAPC).

4. Air Force Suicide Prevention Program

"Watchful Warriors' can help prevent suicides"

<http://www.af.mil/suicideprevention.asp>

The USAF Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The USAF has implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors. The initiatives include:

- Leadership Involvement
- Suicide Prevention in Professional Military Education
- Guidelines for Use of Mental Health Services

Enclosure (1)

- Community Preventive Services
- Community Education and Training
- Investigative Interview Policy
- Critical Incident Stress Management
- Integrated Delivery System (IDS)
- Limited Privilege Suicide Prevention Program
- Behavioral Health Survey
- Suicide Event Surveillance System

5. Army Suicide Prevention

"Shoulder to Shoulder" Finding Strength and Hope Together

<http://www.armygl.army.mil/hr/suicide/>

Currently, the Army's suicide prevention efforts are focused on improving readiness through the development and enhancement of the Army Suicide Prevention Program policies designed to minimize suicide behavior; thereby preserving mission effectiveness through individual readiness for Soldiers, their Families, and Department of the Army civilians. The Army provides Ask, Care Escort (ACE) Training via Army Knowledge On line services. Current training includes:

- Army ACE Suicide Intervention Training
- Suicide Awareness Briefing for Leaders