



DEPARTMENT OF THE NAVY

CHIEF OF NAVAL AIR TRAINING
CNATRA
250 LEXINGTON BLVD SUITE 102
CORPUS CHRISTI TX 78419-5041

CNATRAINST 1721.1

OOM

14 Apr 11

CNATRA INSTRUCTION 1721.1

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) DOD Directive 1010.10
(b) OPNAVINST 6100.2A
(c) OPNAVINST 1720.4A
(d) SECNAVINST 6320.24A
(e) MILPERSMAN 1770-090
(f) MILPERSMAN 1770-010
(g) MILPERSMAN 1770-120

Encl: (1) Suicide Prevention Program Actions and Responsibilities
(2) Suicide Action Plan
(3) SDO Checklist
(4) Response Plan for Distressed Callers

1. Purpose. To publish policy and procedures, and assign responsibilities for the Navy's Suicide Prevention Program per references (a) through (g) and enclosures (1) through (4).

2. Applicability. Provisions of the instruction apply to all commands within the Naval Air Training Command (NATRACOM).

3. Policy

a. Chief of Naval Air Training (CNATRA) is implementing a Suicide Prevention Program to attempt to reduce the risk of suicide for members throughout the NATRACOM, minimize the effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and war fighting capability consistent with references (a) through (c).

b. Per reference (c), the CNATRA Suicide Prevention Program will institutionalize an action plan to address and minimize potential adverse effects of suicide risk factors and strengthen associated protective factors. The action plan shall include the following:

(1) The CNATRA Chief of Staff (COS) will appoint, in writing, a Suicide Prevention Coordinator (SPC) and an Assistant Suicide Prevention Coordinator (ASPC) for CNATRA. The Commodore or Commanding Officer of each subordinate NATRACOM command will appoint, in writing, an SPC and ASPC within their command. The SPC and ASPC will aid the COS, Commodore, or Commanding Officer in ensuring that the Suicide Prevention Program is implemented.

(2) Suicide prevention training will be conducted annually, at a minimum.

(3) Messages of concern will be published by the senior leadership team (CNATRA, CNATRA COS, SPCs, Commodore's, COs/XOs) to provide current information and guidance to all personnel on suicide prevention. Emphasis will be given to promoting the health, welfare, and readiness of the command; to provide support for those who seek help for personal problems; and to ensure access to care for those who seek help.

(4) Command-level suicide prevention and crisis intervention plans will be followed to provide local command-level awareness education, early identification, and referral of at-risk personnel.

(5) Local medical services, chaplains and Religious Program Specialists (RPs), Fleet and Family Support Centers (FFSCs), Health Promotion Centers, and Substance Abuse Counseling Services will be utilized to provide coordination, expertise, and information to command-level leadership allowing development and maintenance of program plans.

(6) The Command Suicide Prevention Program will include an action plan for identification, referral, access to treatment, and follow-up for personnel having problems that indicate a heightened risk of suicide.

(a) The Command Action Plan will include plans for expediting assistance for command members with behavioral difficulties commonly associated with suicide. Additional information on suicide prevention will be accessed through www.npc.navy.mil/CommandSupport/SuicidePrevention as needed.

(b) Key risk factors associated with suicide include current mental health problems such as depression and substance

abuse, and a past history of suicidal threats and behaviors. Other variables associated with suicidal behavior are relationship problems, financial and legal difficulties, occupational problems, social isolation, ostracism, or withdrawal and preoccupation with death.

(7) Suicide prevention training will provide instruction that it is each Service member's duty to obtain assistance for other Service members in the event of suicidal threats, gestures or attempts. This training will instruct Service members on suicide risk and protective factors, identification of signs and symptoms of mental health concerns and operational stress, appropriate actions and responses to suicidal persons, and strategies for obtaining assistance from local support services.

(a) Contact information and access will be provided to prevention, counseling, and treatment programs and services supporting the early resolution of mental health, family, and personal problems that underlie suicidal behavior.

(b) The Command Suicide Prevention Plan will highlight measures to facilitate crisis care consistent with reference (d) and to restrict access of at-risk personnel to means that can be used to inflict harm to themselves or others.

(8) Suicide prevention will be included as an element of the Life-skill/Health Promotions training for command personnel to enhance coping skills and reduce the incidence of problems that detract from personal and unit readiness. These may include alcohol abuse avoidance, financial management, stress management, conflict management, relationship management, and parenting skills.

(9) Families and units adversely affected by suicide deaths or non-fatal suicide attempt or gesture that resulted in personnel witnessing extreme suffering, mutilation, etc., will be provided sensitive support.

(a) The command will assign a Casualty Assistance Calls Officer (CACO) to ensure family support and access to appropriate survivor benefits.

(b) The command will ensure that trained medical, FFSC, or chaplain/RPs assess and facilitate requirements for

supportive interventions for military units and affected Service members.

(10) Post-suicide reporting, data-collection, surveillance, and epidemiological analysis will be performed in the aftermath of active duty and reserve suicides.

(a) The command will complete a Department of Defense Suicide Event Report (DODSER) per reference (c). The DODSER is a detailed questionnaire about the Service member and the circumstances of the alleged suicide to further research on incidents of suicide.

(b) DODSER reports for completed suicides may be completed online by visiting:
<https://dodser.amedd.army.mil/dodser>.

(c) Commands will maintain copies of medical, dental, and service records to best complete the DODSER. Information within the DODSER is used to understand suicidal behavior better and to improve suicide prevention, education, and policy.

(d) Personnel Casualty Reports (PCR) shall be submitted on all completed suicides, suicide attempts, and suicide gestures per references (e) through (g). Additionally, PCRs shall be submitted when a Service member is injured or incapacitated as the direct result of a suicide attempt or gesture.

5. Action

a. Enclosure (1) provides information containing Program Action and Responsibilities.

b. All command personnel shall participate in suicide prevention training.



THOMAS E. BRODERICK
Chief of Staff

Distribution: CNATRA Website

SUICIDE PREVENTION PROGRAM
ACTIONS AND RESPONSIBILITIES

1. SPCs/ASPCs Shall:

a. Become thoroughly familiar with components of this instruction and advise the chain of command on all Suicide Prevention Program matters.

b. Complete Commander, Navy Personnel Command approved SPC training course as soon as possible upon assignment as SPC.

c. Schedule and announce Suicide Prevention Training.

2. Individual Service members shall:

a. Maintain a lifestyle that promotes optimal mental health and physical readiness. Service members will become knowledgeable in managing stress. If Service members notice a shipmate is not handling stress well, he or she will provide assistance and support via the chain of command as appropriate.

b. Participate in suicide prevention training.

SUICIDE ACTION PLAN

General Overview:

It is best for mental health or medical professionals to assess and manage suicidal Sailors and dependents, but there may be times when unit leaders or peers find themselves on the phone or in person with a suicidal individual. In any situation, if an individual threatens suicide, take him/her very seriously. You may have limited time and only one chance to intervene. The most important thing to do is take action and complete the following checklist.

If Alerted by Phone:

Immediately establish a helping relationship and express you are glad the person called!

___ Telephone number they are calling from: _____

___ Service member or dependent is located at:

___ Get as much information as possible about the person's plans, access to means of self-harm, and intent: _____

___ Contact the Chaplain, Flight Surgeon, and the Flight Duty Officer (FDO) and await follow-on orders. _____

___ Follow up and ensure the person is evaluated. _____

Listen, offer hope through resources and do not give advice!

Keep the caller talking as long as possible until help can reach him/her!

14 Apr 11

If alerted in Person:

Find out what is going on with the person, using open ended questions to keep the individual talking. Express concern for his/her well-being. Take steps to remove potential means of self-harm and offer hope.

___ Ask directly their intent, i.e., "Are you thinking about hurting yourself or others?" _____

___ Keep yourself and the person safe - DO NOT leave them alone. Have a capable individual with them at all times.

___ Involve Base Security or call 911 if the person is agitated, combative, or is a threat to you. _____

___ Do not keep it a secret. Contact the Chaplain, Flight Surgeon, and the FDO, and await follow-on orders. _____

___ The command should escort the individual to the local Naval Health Clinic or a civilian emergency room

___ Monitor the Sailor or dependent until medical evaluation deems that he/she are no longer at risk, or is in care of a medical professional.

___ Confer with medical and chaplain on a plan for follow-up care. _____

Enclosure (2)

SDO CHECKLIST

SUICIDE GESTURE

If an individual has suicidal thoughts or makes a suicidal gesture take the following steps:

___ Try to gather some information using the Response Plan for Distress Callers. Most importantly: NAME AND LOCATION OF PERSON calling.

___ Maintain PHONCON with person or third party.

___ Contact the Base Chaplain and Squadron Flight Surgeon for a possible emergency visit.

___ Designate an escort to be with the individual at all times.

Note: If the Chaplain is available he/she will evaluate the issue and more than likely will refer the person to medical for clinical assessment. If no Chaplain is available, ask the escort to take the Sailor or dependent to nearest Medical Treatment Facility or civilian Emergency Room.

___ Notify the Sailor's Command Duty Officer (CDO) and Chain of Command.

___ Notify CNATRA CDO/Staff Duty Officer (SDO).

___ Is he or she on watch or about to go on watch? The command must decide whether the Sailor should be removed from any watch or duty in which they could be a danger to themselves or others.

___ Notify the command's SPC. You can call the SPC at anytime for additional guidance.

___ Draft and send SITREP.

*** DODSER is only required for completed suicides ***

SUICIDE ATTEMPT

If a Sailor makes a suicide attempt take the following steps:

___ Try to gather some information using the Response Plan for Distress Callers. Most importantly: NAME AND LOCATION OF THE SAILOR.

___ Call 911 for off base incidents and Base Security Dispatch for on base incidents. If the Sailor made the emergency call him/herself, verify the call was made.

___ Maintain PHONCON with Sailor or third party.

___ Maintain PHONCON with emergency entities.

___ Designate an escort to be with the Sailor at all times.

___ Notify the Sailor's Chain of Command.

___ Notify CNATRA CDO/SDO, COS, Base Chaplain and Flight Surgeon.

___ Is he or she on watch or about to go on watch? The command must decide whether the Sailor should be removed from any watch or duty in which they could be a danger to them self or others.

___ Notify the command's SPC. You can call the SPC at anytime for additional guidance.

___ Draft and send SITREP.

*** DODSER is only required for completed suicides ***

***** WHEN IN DOUBT, CALL THE SPC *****

COMPLETED SUICIDE

If a Sailor commits suicide take the following steps:

___ Try to gather some information, from the witness or first responder, using the Response Plan for Distress Callers. Most importantly: NAME, UNIT, AND LOCATION OF SAILOR'S BODY.

___ Call 911 for off base incidents and Base Security Dispatch for on base incidents.

Enclosure (3)

___ Maintain PHONCON with witness (friend or family member) or first responder.

Command	Phone Number	On Base	Phone Number
Commodore -		Base	
CO -		Duty Chaplain -	
CSO -		Base Security	
XO -		Dispatch	
Flight Surgeon -		Hospital/Medical	
		Fleet and Family	
CSO -		Service Center	
SPC -		Off Base	
FDO -		Local Hospital	
		or Emergency	
		Medicine	911
CACO -		Department	
CDO/SDO -		Poison Control	800-222-1222
CNATRA CDO/SDO	361-533-0494		

- ___ Notify the CNATRA CDO/SDO.
- ___ Notify the Base Chaplain.
- ___ Notify the Sailor's Chain of Command.
- ___ Notify the CACO and follow CACO protocol.
- ___ Notify the command's SPC. You can call the SPC at anytime for additional guidance.
- ___ Contact Admin in order to have Sailor's Page Two reviewed for primary next of kin information.
- ___ Draft and send SITREP.
- ___ Initiate DODSER. Report can be located by visiting:
<https://dodser.amedd.army.mil/dodser>

***** WHEN IN DOUBT, CALL THE SPC *****

Enclosure (3)

RESPONSE PLAN FOR DISTRESSED CALLERS

Date: _____

Time: _____

Caller ID Number or Name: _____

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.

1. What is your name? _____

2. Who is there with you? _____

3. Where are you? (Determine specific address, building #,
etc., if at all possible) _____

During 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:

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

5. Do you have a plan to harm yourself? Yes _____ No _____

Details: _____

6. Have you been consuming alcohol? Yes _____ No _____

Details: _____

7. Do you have access to lethal means? OR do you have a gun, pills, etc.? Yes _____ No _____

Details: _____

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

9. Would you prefer to speak to the Chaplain, Counselor or Medical Doctor?

Reassure the Sailor that there are many avenues for help and you would like to assist them in getting help. Offer as much hope as possible.