DEPARTMENT OF THE NAVY
COMMANDER TRAINING AIR WING ONE
101 FULLER ROAD SUITE 250
MERIDIAN MS 39309-5403

IN REPLY REFER TO:
COMTRAWINGONEINST 1721.1
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29 Sep 11

COMTRAWING ONE INSTRUCTION 1721.1

From: Commander, Training Air Wing ONE

Subj: SUICIDE PREVENTION PROGRAM IMPLEMENTATION PLAN

Ref: (a) DOD Directive 1010.10
(b) OPNAVINST 6100.2A
(c) OPNAVINST 1720.4A
(d) SECNAVINST 6320.24A
(e) OPNAVINST 3100.6J
(f) MILPERSMAN 1770-090
(g) MILPERSMAN 1770-010
(h) MILPERSMAN 1770-120
(i) CNATRAINST 1721.1

Encl: (1) Suicide Action Plan
(2) SDO Checklists
(3) Response Plan For Distressed Callers

1. Purpose. To publish policies and procedures, define actions, and assign responsibilities for the implementation of Chief of Naval Air Training's (CNATRA) Suicide Prevention Program (SPP) per references (a) through (i) at Training Air Wing ONE (TW-1), and at Training Squadrons SEVEN (VT-7) and NINE (VT-9).

2. Background. References (a) through (c) direct the implementation of a Suicide Prevention Plan with the desired goal of increasing awareness and reducing the risk of suicide in order to maintain readiness and morale, preserve mission effectiveness, and war fighting capability. Reference (i) discusses the prescribed format of the SPP for all Naval Air Training Commands (NATRACOM).

3. Policy

a. As directed by DOD and CNATRA per references (a) through (i) CTW-1 shall implement a Suicide Prevention Plan in accordance with reference (i).

b. Per reference (i), the TW-1 SPP 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 Commodore will appoint, in writing, a Suicide Prevention Coordinator (SPC) and an Assistant Suicide Prevention Coordinator (ASPC) within their command. The SPC and ASPC will aid the Commodore, Chief Staff Officer, and CO/XO of VT-7 and VT-9 in ensuring that the SPP is implemented.

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

(3) Messages of concern will be published by the senior leadership team (SPCs, Commodore, CSO, CO/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 program plans.

(6) The Command SPP 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 member 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) Risk factors associated with suicide include: Current mental health problems, especially depression, substance abuse, and past history of suicidal thoughts and behaviors. Other risk factors include difficulties with relationships, finances, and/or occupation, legal problems, loneliness, ostracism, withdrawal, and preoccupation with death.

(7) The Command SPP will include annual suicide prevention training for all personnel. At a minimum, that training will discuss obligation of each Service member to obtain assistance for another Service member in the event of suicidal threats, gestures, or attempts; suicide risk factors and protective factors; identifying signs and symptoms of mental health concerns and/or operational stress; appropriate actions and responses to suicidal persons, and strategies for obtaining assistance from local support services using included enclosures (1) through (3) as well as when those forms are not available.

(a) Contact information and access will be provided to prevention, counseling, and treatment programs 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/stress/conflict/relationship management, and parenting skills.

(9) Families and units adversely affected by suicide deaths and 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 chaplains/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 circumstance of the alleged suicide to further research on incidents of suicide. This report can be completed online by visiting: https://dodser.amedd.army.mil/dodser.

(b) Commands will maintain copies of medical, dental, and service records to best complete the DODSER.

(c) Personnel Casualty Reports (PCR) shall be submitted on all completed suicides, suicide attempts, and suicide gestures per references (f) through (h) including instances where a service member is injured or incapacitated as a direct result of a suicide attempt or gesture.

4. Action

a. The SPC and ASPC, in cooperation with the Command leadership, shall ensure that all command personnel participate in the annual suicide prevention training and account for all personnel's attendance.

b. Assigned SPC and ASPC responsibilities:

(1) Attend SPC training as designated by OPNAV N135 through the Fleet and Family Support Center.

(2) Become thoroughly familiar with reference (a) and the TW-1 SPP as outlined in this instruction.

(3) Ensure all hands are familiar with TW-1 Suicide prevention plan and how to access local resources for assistance with at risk Service members. This is likely best accomplished during annual suicide prevention training.

(4) Ensure Command is compliant with the Suicide Prevention Response Checklist outlined in reference (a) and the CNATRA Suicide Prevention Program outlined in reference (i).

(5) Provide copies of enclosure (1) through (3) for the ODO/SDO duty binder.

(6) Keep Command leadership informed an all matters pertaining to suicide prevention and cooperate with them in enacting changes and policies outlined in future instructions.

c. Individual Service member responsibilities:

(1) Attend annual suicide prevention training.

(2) Maintain a lifestyle that promotes optimal health and physical readiness. Service members will become knowledgeable in managing stress. If Service members notice a shipmate who they feel may be at risk, he or she will provide assistance and support via the chain of command as appropriate.

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Distribution:
Electronic only, via TRAWING ONE website:
https://www.cnatra.navy.mil/TW1/pubs_instructions.asp
https://www.cnatra.navy.mil/TW1/pubs_notices.asp
https://www.cnatra.navy.mil/TW1/pubs_cancellations.asp

SUICIDE ACTION PLAN

General Overview:

It is best for mental health or medical professionals to assess and manage suicidal personnel 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 ODO 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!

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, Operations Surgeon, and the ODO, and await follow-on orders.

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

___ Monitor the personnel 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.

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 personnel or dependent to nearest Medical Treatment Facility or civilian Emergency Room.*

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

___ Notify TW-1 ODO, Wing OPSO, and CSO.

___ Is he or she on watch or about to go on watch? The command must decide whether the personnel 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 person 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 PERSONNEL.

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

___ Maintain PHONCON with personnel or third party.

___ Maintain PHONCON with emergency entities.

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

___ Notify the personnel's Chain of Command.

___ Notify TW-1 ODO, Base Chaplain and Flight Surgeon.

___ Is he or she on watch or about to go on watch? The command must decide whether the personnel 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 personnel 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 PERSONNEL's BODY.

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

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

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

Command	*Phone Number*	**On Base**	*Phone Number*
Commodore -CAPT Lobdell CO VT-7 CDR Doster CO VT-9 CDR Snyder	601-604-3424 601-480-8464 757-559-1789	Base Duty Chaplain	601-604-2015/2115
CSO -CDR Fahey XO VT-7 -CDR Delanty XO VT-9 -CDR Krause TW-1 OPSO	360-929-3435 601-604-2059 601-480-7896 601-604-2227	Security Dispatch	601-679-2958/2361
Flight Surgeon -LCDR Cusick -LT Cassler	 724-674-0497 607-725-3663	Branch Medical Clinic Medical Officer Of the Day	601-481-4147
SPC-LCDR Cusick	724-674-0497	Fleet and Family Support Center	601-679-2360
		Off Base	
CACO- TW-1 LCDR Spencer VT-7 -LT Whitmire -LT Johnson VT-9 -Capt Regan -LT Diebig	 757-748-2085 601-934-8718 210-310-5921 504-339-3498 601-350-0003	Local Emergency Medical Services	911
ODO/SDO -VT-7 -VT-9	 601-679-2321 601-679-2330	Poison Control	1-800-222-1222

__ Notify the TW-1 ODO, Wing OPSO, and CSO

__Notify the Base Chaplain

__Notify the personnel's Chain of Command

__Notify the CACO and follow CACO protocol

__Notify the command 's SPC. You may call the SPC at any time for additional guidance.

__Contact Admin in order to have personnel'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**********