



DEPARTMENT OF THE NAVY

COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

IN REPLY REFER TO
COMTRAWINGFIVEINST 1720.1B CH-1
Code N00H
15 Jun 16

COMTRAWING FIVE INSTRUCTION 1720.1B CHANGE TRANSMITTAL 1

Subj: SUICIDE PREVENTION PROGRAM

Encl: Enclosure (4) Suicide Prevention - Crisis Intervention Plan

1. Purpose. To provide a change to the basic instruction.
2. Action. Replace page 1 of enclosure (4) of the basic instruction with attached updated enclosure page.


M. T. MURRAY

Distribution:
COMTRAWINGFIVEINST 5216.1U
Lists I(b), II



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Ch-1 incorp 15 Jun 16 - cmw
IN REPLY REFER TO:

COMTRAWINGFIVEINST 1720.1B
N00H
1 Jun 15

COMTRAWING FIVE INSTRUCTION 1720.1B

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4 Series
(b) DODD 1010.10
(c) OPNAVINST 6100.2 Series
(d) SECNAVINST 6320.24 Series
(e) MILPERSMAN 1770-090
(f) MILPERSMAN 1770-120
(g) CNATRAINST 1721.1 Series
(h) CNATRAINST 1721.2 Series

Encl: (1) Suicide Risk Factors, Protective Factors and Resources
(2) Definitions of Suicide Related Behaviors
(3) Suicide Prevention Program Actions and Responsibilities
(4) Suicide Prevention - Crisis Response Plan

1. Purpose. To provide policy and procedures, and assign responsibilities for the Navy's Suicide Prevention Program per reference (a).
2. Cancellation. COMTRAWINGFIVEINST 1720.1A.
3. Applicability. Provisions of the instruction apply to all members of Training Air Wing (TRAWING) FIVE.
4. Policy

a. TRAWING FIVE promulgates a Suicide Prevention Program to reduce the risk of suicide for members of the command, minimize the effects of suicidal behavior in concert with unit readiness and morale, and to preserve mission effectiveness and war fighting capability consistent with references (b), (c), (g), and (h).

b. Per reference (a), the TRAWING FIVE Suicide Prevention Program will implement the Navy's approach of training, intervention, response, and reporting 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. The action plan shall include the following:

(1) The Commanding Officer (CO) shall designate in writing a Suicide Prevention Coordinator (SPC) for the command. The SPC will aid the CO in ensuring the Suicide Prevention Program is implemented.

(2) The CO will accomplish the requirements established in reference (h).

(3) The SPC will provide current information and guidance to all personnel on suicide prevention. Emphasis will be given to promoting life-skills/health wellness, welfare, and readiness of the Squadron; to providing support for those who seek help for personal problems; and to ensuring access to care for those who seek help.

(4) Suicide prevention training will be conducted at a minimum annually for all Active Component and Reserve Component service members and for all Navy civilian employees.

(a) 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, appropriate actions and responses to suicidal persons, and strategies for obtaining assistance from local support services.

(b) Suicide prevention will be included as an element of the Life-skill/Health Promotions training for squadron 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.

(5) The Command crisis intervention plan and Suicide Prevention Program will include an action plan for identification, referral, access to treatment, and follow-up for personnel who indicate a heightened risk of suicide.

(a) The Command will provide support and access to prevention, counseling and treatment programs and services supporting the early resolution of mental health, and family and personal problems that underlie suicidal behavior.

(b) Key risk factors associated with suicide, protective factors that reduce the risk of suicide and additional resources are listed in enclosure (1). A few of these key risk factors include depression, substance abuse, and a past history of suicidal threats and behaviors. Other variables associated with suicidal behavior are relationship problems, financial and legal difficulties, or occupational problems.

(c) 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.

(d) Local medical services, Chaplains and Religious Program Specialists, Fleet and Family Service Centers (FFSCs), Health Promotion Centers, and Substance Abuse Counseling services will be utilized to provide access to treatment and coordination, expertise, and information to unit-level leadership allowing development and maintenance of program plans.

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

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

(b) Command will ensure trained medical, FFSC, or Chaplain/Religious Program Specialists assess and facilitate requirements for supportive interventions for military units and affected service members.

(7) Suicides and suicide-related behavior shall be reported per references (e) and (f). Definitions for various suicide-related behaviors are provided in enclosure (2).

(a) In the instance of suicide and undetermined deaths for which suicide has not been excluded by the medical examiner, the command shall complete the Department of Defense Suicide Event Report (DoDSER) within 60 days of notification of death. The DoDSER is a detailed questionnaire about the service member and the circumstances of the alleged suicide to further research on incidents of suicide. The command will maintain copies of medical, dental, and service records to best complete the DoDSER and respond to unforeseen questions.

(b) If a suicide attempt is made, a DoDSER shall be completed for all attempts made by Active and Reserve Component service members. The report shall be completed as determined by competent medical authority at the facility responsible for the member's assessment within 30 days of medical evaluation per reference (b).

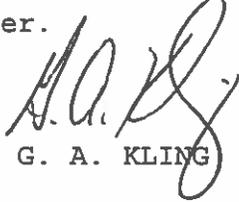
5. Action

a. Enclosure (3) provides information containing Program Action and Responsibilities, while enclosure (4) details the TRAWING FIVE Crisis Intervention Plan along with various suicide scenarios.

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

6. Forms and Reports

a. DoDSER may be completed online and is available at:
<https://dodser.amedd.army.mil/dodser>.



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Distribution:
COMTRAWINGFIVEINST 5216.1T
List I (b), II

SUICIDE RISK FACTORS, PREVENTIVE FACTORS, AND RESOURCES

1. 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. Preventive 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

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
 - f. www.npc.navy.mil/CommandSupport/SuicidePrevention
 - g. 1-800-SUICIDE (784-2433)
 - h. 1-800-273-TALK
 - i. (850) 438-1617

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 (i.e., 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.
6. Self-Inflicted Death with Undetermined Intent. Self-inflicted death for which intent is either equivocal or unknown.
7. Suicide Attempt. A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury.
8. Suicide. Self-inflicted death with evidence (either explicit or implicit) of intent to die.

SUICIDE PREVENTION PROGRAM ACTIONS AND RESPONSIBILITIES

1. SPCs shall:

- a. Be designated in writing by the Commanding Officer.
- b. Receive SPC training as established by OPNAV (N135) as soon as possible after designation.
- c. Become thoroughly familiar with the contents of this instruction and advise the chain of command on all Suicide Prevention Program matters.
- d. 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 and seek assistance when experiencing distress or difficulty in addressing problems.
- b. If service members notice a shipmate is not handling stress well or exhibiting behavior consistent with suicidal ideation, they will provide assistance and support via the Chain of Command as appropriate. Refer to enclosure (4).
- c. Participate in suicide prevention training on an annual basis as a minimum.

SUICIDE PREVENTION - CRISIS INTERVENTION PLANGeneral Overview

It is best for mental health or medical professionals to assess and manage a suicidal service member, but there may be times when unit leaders or peers find themselves observing suicide related behaviors, or in contact with a suicidal service member. In any situation, if a service member threatens suicide or has suicidal behaviors, take him/her very seriously as you may have limited time and only one chance to intervene.

Scenarios

Can be either observed by another person or self-admitted by service member. Follow the outlined steps below for each scenario:

1. Suicide related behaviors
2. Suicide attempt
3. Suicide

Scenario 1, Suicide-Related Behaviors. If a service member's thoughts, comments, written communication or behaviors lead the service member or someone else to believe that the service member may be at risk for suicide:

1. Notify the Flight Surgeon and either the Chaplain or a Fleet and Family Service Center Counselor.

2. Ensure someone stays with the service member until they have been evaluated by medical personnel or the Chaplain and it is deemed they are no longer at risk or they are in the care of a medical professional.

- The Command should escort the service member to nearest Naval treatment facility or a civilian emergency room if nearest treatment facility is unavailable and the situation dictates.

3. Notify the Chain of Command (XO and CO).

4. Notify the Suicide Prevention Coordinator.

5. If there is imminent risk the person may cause harm to self or others, restrict access to means that they can use to inflict harm.

- Removal of personal hazards - weapons, belt, shoes, boot straps, draw strings, shirt stays, personal hygiene items such as toothbrush and razors.

- Removal of environmental hazards from room - sheets, elastic bands, mirrors, pencils, pens, window dressings (blinds), shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools or any other rope, breakable, or sharp-edged objects.

Scenario 2, Suicide Attempt. A self-inflicted potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die which may or may not result in injury.

a. If notified by phone:

1. Establish a helping relationship and express you are glad he/she called. Stay calm and **keep him/her on the phone.**

2. Identify the following information:

1) Name.

2) Phone number - preferably caller ID.

3) Location - address or building number if possible.

4) Is he/she by him/herself? If he/she has someone available ensure that person stays with the Service member until he/she has been evaluated by medical personnel.

5) Has he/she been consuming alcohol?

6) Does he/she have access to weapons, pills, etc?

7) Has he/she already attempted harm to him/herself?

3. Have someone else call 911 if off-base or Base Emergency Response (7333) if on base. If the Service member has made the emergency call, verify the call was made.

4. Notify the Chain of Command (XO and CO).

5. Notify the Suicide Prevention Coordinator.

6. If able, restrict access to means that they can use to inflict any more harm.

- Removal of personal hazards - weapons, belt, shoes, boot straps, draw strings, shirt stays, personal hygiene items such as toothbrush and razors.

- Removal of environmental hazards from room - sheets, elastic bands, mirrors, pencils, pens, window dressings (blinds), shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools or any other rope, breakable, or sharp-edged objects.

7. Notify the Chaplain and Flight Surgeon.

8. Suicide Prevention Coordinator will ensure DoDSER is completed when applicable.

b. If notified in person:

1. Establish a helping relationship and express you are glad he/she told you and stay calm.

2. Identify the following information:

1) Has he/she been consuming alcohol?

2) Does he/she have access to weapons, pills, etc?

3) Has he/she already attempted harm to him/herself?

3. Ensure someone stays with the Service member until he/she has been evaluated by medical personnel and it is deemed that he/she is no longer at risk or he/she is in the care of a medical professional.

4. Call 911 if off-base or Base Emergency Response (7333) if on base. If the Service member has made the emergency call, verify the call was made.

5. Notify the Chain of Command (XO and CO).

6. Notify the Suicide Prevention Coordinator.

7. Restrict access to means they can use to inflict any more harm.

- Removal of personal hazards - weapons, belt, shoes, boot straps, draw strings, shirt stays, personal hygiene items such as toothbrush and razors.

- Removal of environmental hazards from room - sheets, elastic bands, mirrors, pencils, pens, window dressings (blinds), shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools or any other rope, breakable, or sharp-edged objects.

8. Notify the Chaplain and Flight Surgeon.

9. Suicide Prevention Coordinator will ensure DoDSER is completed when applicable.

Scenario 3, Suicide. Self-inflicted death with evidence (either explicit or implicit) of intent to die.

1. Try to gather information from the witness or first responder:

- 1) Name of service member.
- 2) Witness or first responder's name.
- 3) Witness or first responder's phone number.
- 4) Service member's unit.
- 5) Location of service member's body.

2. If not already done, call 911 if off-base or Base Emergency Response (7333) if on base.

3. If notified over the phone keep the witness or first responder on the phone until the emergency responders have arrived at the location.

4. Notify the Chain of Command (XO and CO).
5. Notify the Chaplain and Flight Surgeon.
6. Notify the CACO.

7. Contact Admin in order to have the service member's Record of Emergency Data (Page 2) available for the CACO.

8. Notify the Suicide Prevention Coordinator.

9. Suicide Prevention Coordinator will ensure DoDSER is completed when applicable.

Resources:

On Base	Phone Number
Base Duty Chaplain (Qtr Deck)	850-623-7211
Base Security Dispatch	850-623-7331
Hospital (NBHCWF)	850-623-7151
Fleet and Family Service Center	850-623-7177
Base Emergency	850-623-7333/7444
Off-Base	
911	911
Poison Control	1-800-222-1222