



# **Navy Suicide Prevention Program**

Training for Suicide Prevention Coordinators

February 15, 2023

# Navy Suicide Prevention Branch

OPNAV N170B, is the Navy Suicide Prevention Branch of the 21<sup>st</sup> Century Sailor Office.

Our Suicide Prevention program provides policies, resources and support to the fleet, helping to foster an organizational climate that supports and develops leaders, builds resilience and encourages Total Sailor Fitness.

The goal of the Navy Suicide Prevention Program is to reduce suicides by enabling Sailors—through knowledge, personal responsibility and resources—to thrive as a psychologically healthy, resilient and mission-effective force.





# Objectives

- SP program overview
- Statistics and knowledge
- Reporting requirements
- Crisis response plan
- Reintegration
- Postvention
- Training materials and resources and how to obtain them
- Sailor Assistance and Intercept for Life (SAIL)



# Relevant and Related Policy

Title	Description
OPNAVINST 1720.4B	<a href="#">Navy Suicide Prevention Program</a>
OPNAVINST 5354.1G	<a href="#">Navy Equal Opportunity Program</a>
SECNAVINST 1730.9	<a href="#">Confidential Communication to Navy Chaplains</a>
OPNAVINST 3100.6	OPREP/SITREP Reporting Requirements
DODI 6490.04	<a href="#">Mental Health Evaluations of Service Members</a>
DODI 6490.08	<a href="#">Command Notification Requirements in Providing Mental Health Care</a>
OPNAVINST 6100.2A	<a href="#">Health Promotion/Life Skills</a>
NAVADMIN 208/16	<a href="#">Suicide Prevention and Response: Sailor Assistance and Intercept for Life</a>
NAVADMIN 027/17	<a href="#">Sailor Assistance and Intercept for Life Update</a>
NAVADMIN 263/14	<a href="#">Guidance for Reducing Access to Lethal Means</a>





# Responsibilities: OPNAV & COs

OPNAV N170B is responsible for providing educational support and resources to commands for suicide prevention, training and educating SPPMs and SPCs, and ongoing program evaluation to the chain of command.

## Commanding Officers (COs) will:

Foster a command climate that supports and promotes psychological health and overall wellness and communicates regular messages that promote help seeking and available resources

- Establish and maintain an effective suicide prevention program consistent with OPNAVINST 1720.4B
- Designate an SPC in writing (inspection item) who demonstrates trustworthiness, maturity and is an advocate for help seeking. Work with SPC/key personnel to develop a written crisis response plan (ensure command familiarity through drills)
- Ensure command notifies SPC when Sailor exhibits SRB
- Establish lethal means safety measures and be familiar with procedures for emergent mental health evaluations, command directed evaluations and communications with providers
- In the event of a suicide, complete the Dept. of Defense Suicide Event Report (DoDSER) within 60 days of notification from OPNAV N170B

***Every leader has a responsibility to foster a command climate that encourages Sailors to seek help, receive help and be welcomed back to the unit.***

# Responsibilities: SPCs

**SPCs must receive required training as established by OPNAV N170F within 90 days of designation by their commanding officer in writing.**

**SPCs will:**

- Be thoroughly familiar with OPNAVINST 1720.4B requirements, serve as an adviser to the command and meet with/brief Triad often.
- Ensure educational materials, helpful resources and leadership messages are accessible throughout command.
- Schedule and announce suicide prevention training and be prepared, as needed, to conduct training (ensure the facilitator has the most up-to-date materials and requirements).
- Ensure the crisis response plan is current and tailored to each command's unique characteristics. Crisis plan must include lethal means plan, local resources, procedures for safely transporting an immediate-risk person, procedures for responding to concerning social media content and assisting a distressed caller
- Be familiar with and execute SAIL, DoDSER and other reporting procedures as specified in OPNAVINST 1720.4B.
- Maintain collaboration with other SPCs and program managers such as UPCs, DAPAs, CFLs, etc., be a member of the Command Resilience Team and meet quarterly per OPNAVINST 5354.1G and tailor OPNAV N170B resources to command efforts

# Command Suicide Prevention Program Checklist



- ☐ SPC is designated in writing by CO and has received required OPNAV N170B training within 90 days and it is valid only once per command/UIC.
- ☐ GMT ( available at <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/>) is conducted annually and records are maintained accordingly.
- ☐ Leadership messages are routinely distributed to provide current suicide prevention information and guidance to all personnel.
- ☐ Personnel have ready access to information about seeking help for stress and psychological health issues, including local resources.
- ☐ Supervisors are trained in identifying personnel who may be at risk or in need of additional support.
- ☐ Procedures are in place to assist personnel in need of support resources and treatment.
- ☐ Educational materials and information are readily available and accessible throughout the command.





## Responsibilities: Echelon 2 & 3 SPPMs

Echelon 2 and 3 commands must assign an SPPM. SPPMs should be E-7 or above, or GS-9 or above, and will provide proactive and consistent suicide prevention program policy guidance and training to subordinate commands. Once an SPPM is assigned, commands must provide the individual's name and contact information to OPNAV N170B via e-mail to [suicideprevention@navy.mil](mailto:suicideprevention@navy.mil) or via telephone at (901) 874-6613.

### SPPMs will:

- Receive OPNAV N170B training within 90 days of designation
- Ensure subordinate commands are in compliance with OPNAVINST 1720.4B (go over SP Program Checklist)
- Ensure each subordinate command has an OPNAV-trained SPC and letter of appointment, and maintain a roster of subordinate command SPCs
- Coordinate the revision and development of Navy Suicide Prevention Programs and policies with OPNAV N170B
- Disseminate suicide prevention program information to subordinate commands
- Assist subordinate command SPCs and ensure they meet all program requirements as set forth in the OPNAVINST 1720.4B, including maintaining a up-to-date crisis response plan
- Maintain historical data on all suicides, SRBs and Sailor Assistance and Intercept for Life (SAIL) referrals
- Provide guidance and oversight of annual GMT



# Navy Suicide Prevention Approach

Per OPNAVINST 1720.4B, commands are required to maintain robust and engaging local suicide prevention programs, helping to equip Sailors with the knowledge, skills and resources to proactively navigate stress, support one another and respond appropriately in the event of a crisis.

<b>1</b> <b>TRAINING</b>	Educate Sailors on suicide risk/protective factors, warning signs and intervention; when and how to reduce access to lethal means; and describe resources available for support.	<b>3</b> <b>RESPONSE</b>	Timely and appropriate support for Sailors experiencing a psychological health or suicidal crisis, as well as those affected by suicide (including shipmates and families).
<b>2</b> <b>INTERVENTION</b>	Proactive planning for crisis intervention, addressing the process for identification, referral, access to treatment and follow-up procedures for personnel who are at imminent risk of suicide.	<b>4</b> <b>REPORTING</b>	Immediate reporting of suicide and suicide-related behaviors (SRBs) to mobilize appropriate resources and inform command and Navy-wide suicide prevention efforts.



# Suicide Prevention GMT

Per OPNAVINST 1720.4B all Suicide Prevention training must adhere to the DOD Suicide Prevention Training Competency Framework. GMT is available on the Suicide Prevention website <https://www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/> At minimum, training must include:

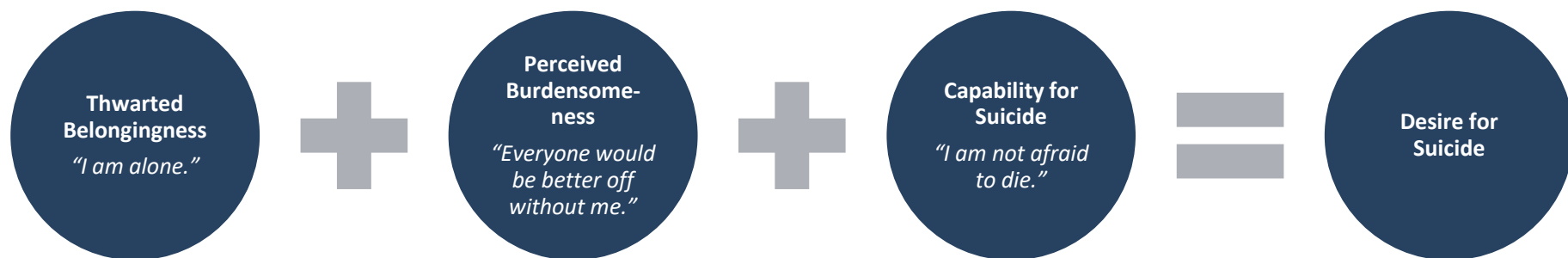
- Basic education on suicide, including an emphasis that anyone can be at risk regardless of rank, gender, race or status
- Recognition of risk factors, warning signs, and protective factors
- Familiarization with “Ask, Care, Treat” to facilitate early intervention when a Sailor may be at risk for suicide or is experiencing difficulty navigating stress
- Protocols and resources for responding to crises (local crisis response plan) involving those who may be at high risk for suicide
- How to practice lethal means safety (in home storage and voluntary storage of personally owned firearms, proactive prescription drug disposal, etc. )
- 100% confidential communications to Navy chaplains



# Targeted Training Resources

- **Gatekeeper Training** is available for download on the Suicide Prevention website. This training is targeted for Navy gatekeepers who interact more often with Sailors at heightened risk of suicide. These include family members, legal staff, schoolhouse instructors and staff in transient personnel units and barracks. Training is not mandatory but encouraged. Lesson plans are provided and can be used in small group discussions.

# Why Do Sailors Die by Suicide?



Joiner, T. (2005) Why People Die by Suicide Cambridge, MA: Harvard University Press

# Theoretically Speaking

- Thwarted Belongingness:
- Rejection by or separation from unit
- Rejection by or separation from friends and family
- Loss of relationships (significant other, children, mentor)
- Loss of identity (Navy status, culture, society, organizations)
- Emotionally disconnected
- Feeling ostracized
- Fear of gossip and judgment



# Theoretically Speaking

- Perceived Burdensomeness:
- Others standing the watch, extra work load for peers
- Disappointing leaders, peers and family
- Added stress for family
- Financial strain for family
- Frequent or embarrassing mistakes at work
- Difficulty getting qualifications or learning the job

# Theoretically Speaking

- Acquired Capacity:
- Nearly all hands trained to use a weapon, some use daily
- Many military own private weapons
- Exposure to combat or death
- Prior traumatic experiences with near death or abuse
- High risk takers, impulsivity
- Preparations for death, rehearsals
- Prior suicide attempts

# Challenges in preventing suicide:

- Statistically rare and cannot be predicted
- Not linear from ideation to attempt to death
- Most who think of suicide don't attempt
- Most who attempt once don't attempt again
- Often impulsive, suicide decided in final hour
- Limited problem solving and coping skills
- Limited emotional regulation and frustration tolerance, cognitive inflexibility
- Hopelessness and rigidity



## Barriers to seeking help:

- Desire for self-reliance
- Society portrayal and culture
- Judgment, lose trust of leaders
- Negatively impact career
- Lose security clearance
- Loss of privacy, gossip
- Perceived as weak
- “Get over it” attitudes
- Lack of awareness of resources

# Suicide Risk Factors

## Navy Mirrors Society

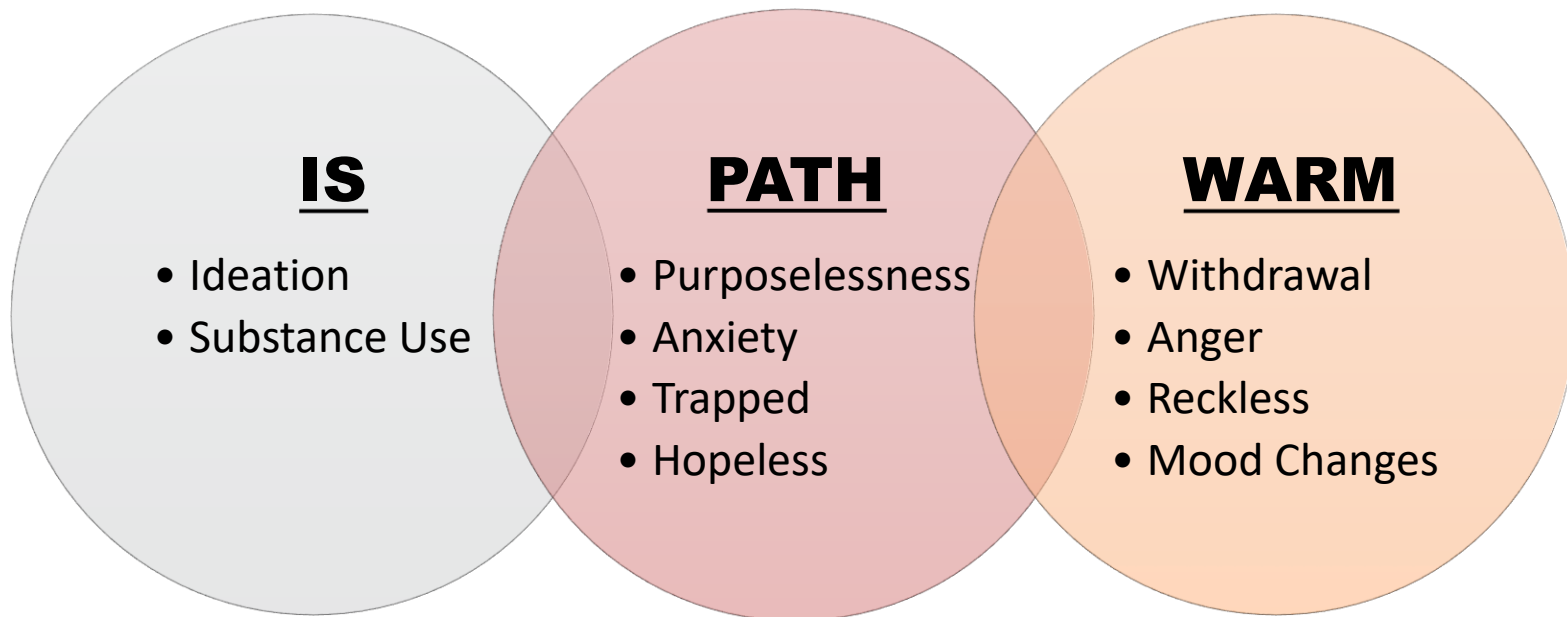
- Individual factors
- Relationships
- Culture
- Economic
- History of abuse
- Substance abuse
- Mental health history
- Legal problems
- Access to care
- Barriers to seeking help
- Chronic pain
- Sexual harassment, ostracism

## Stressors Unique to the Navy

- Unpredictability in job
- Job environment, long hours
- Navy culture and warrior pride
- Lack of privacy
- Frequent transition/PCS
- Away from families/support
- Reporting requirements
- Fear of career loss, failure
- Security clearances
- Chronic sleep deprivation
- Familiarity with weapons
- Excessive use of energy drinks

*No single risk factor predicts suicide*

# Understanding Warning Signs



- IS**
- Ideation
  - Substance Use

- PATH**
- Purposelessness
  - Anxiety
  - Trapped
  - Hopeless

- WARM**
- Withdrawal
  - Anger
  - Reckless
  - Mood Changes

***Connecting the dots.....***

***Recent legal action, intense relationship problems, academic failure, recent weapons purchase, increased substance use, social media posts***

# Protective Factors

Protective factors are resources and aspects of life that promote healthy stress navigation and good coping skills. They can be personal, external or environmental.

- Strong sense of community, healthy relationships, command climate that supports and promotes help seeking
- Belonging, purpose and fulfillment
- Spirituality
- Good problem solving, coping skills, comprehensive wellness and self-care
- Access to health care and other local resources
- Practicing lethal means safety

**KNOW THE FACTS:**

Less than 1% of security clearance denials and revocations involve psychological health concerns.

**<1%**

1 SMALL ACT CAN MAKE A DIFFERENCE.

Reach out to your nearest medical provider or the Military Crisis Line at 1-800-273-TALK.



**1Small ACTO**

#BeThere for Every Sailor, Every Day.

# Lethal Means Safety


Research shows that the likelihood of an impulsive suicide attempt decreases when lethal means of suicide are out of reach during periods of high-risk or increased stress.

- Includes firearms, some prescription medications and structural hazards (shower curtain rods, ropes, cords, etc.).
- Firearms are the most common method of suicide in the U.S. and the military due to access and high lethality.
- Commanders and health professionals may ask Sailors who are reasonably believed to be at risk for suicide or causing harm to others to *voluntarily* allow their privately-owned firearms to be stored for temporary safekeeping by the command.
- Emphasizing lethal means safety is not about discouraging firearm use or rights; it's about saving lives during high-risk periods.
- Sailors should be encouraged to properly dispose of unused prescription drugs via [at-home procedures](#) or [drop box disposal at their MTF](#) (select locations).


Staying Safe Under Stress

**UNDER MORE STRESS THAN USUAL?**


Take a few extra precautions to store your firearm.




Store firearms unloaded with a gunlock in a secured cabinet, safe or case.



Closets, drawers and shoeboxes are not safe locations!



Keep ammunition in a separate secured storage location.



#BeThere for Every Sailor, Every Day.

A few extra moments to retrieve and unlock your firearm can interrupt the impulse for suicide and open the door for help.

Every Sailor, Every Day

navstress.wordpress.com

For added safety during times of increased stress, store personally owned firearms with a gun lock in a secured safe separate from ammunition. Gun locks may be available at your local Fleet & Family Support Center or Navy Operational Support Center (NOSC).



# Who is at Risk?

## HISTORY

- Prior suicide-related behavior
- Mental health treatment

## RESOURCES

- SAIL
- Embedded mental health
- Placemat
- Chaplains

## DISRUPTED SOCIAL NETWORK

- Transition (pending demotion/PCS/upcoming separation from the Navy/retirement)

## RESOURCES

- Gatekeeper training
- Columbia Scale
- VA Safety Plan
- Transition GPS

## JUDGEMENT FACTORS

- Sleep problems
- Recent event causing anger
- Under the influence of alcohol

## RESOURCES

- Circadian Watch Bill
- "Keep What You've Earned"
- "Prescription for Discharge"

## ONGOING STRESSORS

- Experienced loss
- Intimate relationship problems
- Work problems
- Disciplinary/legal issues
- Financial issues
- Life event

## RESOURCES

- Gatekeeper training
- One Love training
- Command Resilience Team
- FFSC
- DPL-OSC/NAVOSC-Lead/Family Course

## WARNING SIGNS (IS PATH WARM)

- Ideation
- Substance Abuse
- Purposelessness
- Anxiety
- Trapped
- Hopelessness
- Withdrawal
- Anger
- Recklessness
- Mood Changes

## RESOURCES

- ACT
- SAIL
- Embedded mental health

## ACCESS TO LETHAL MEANS

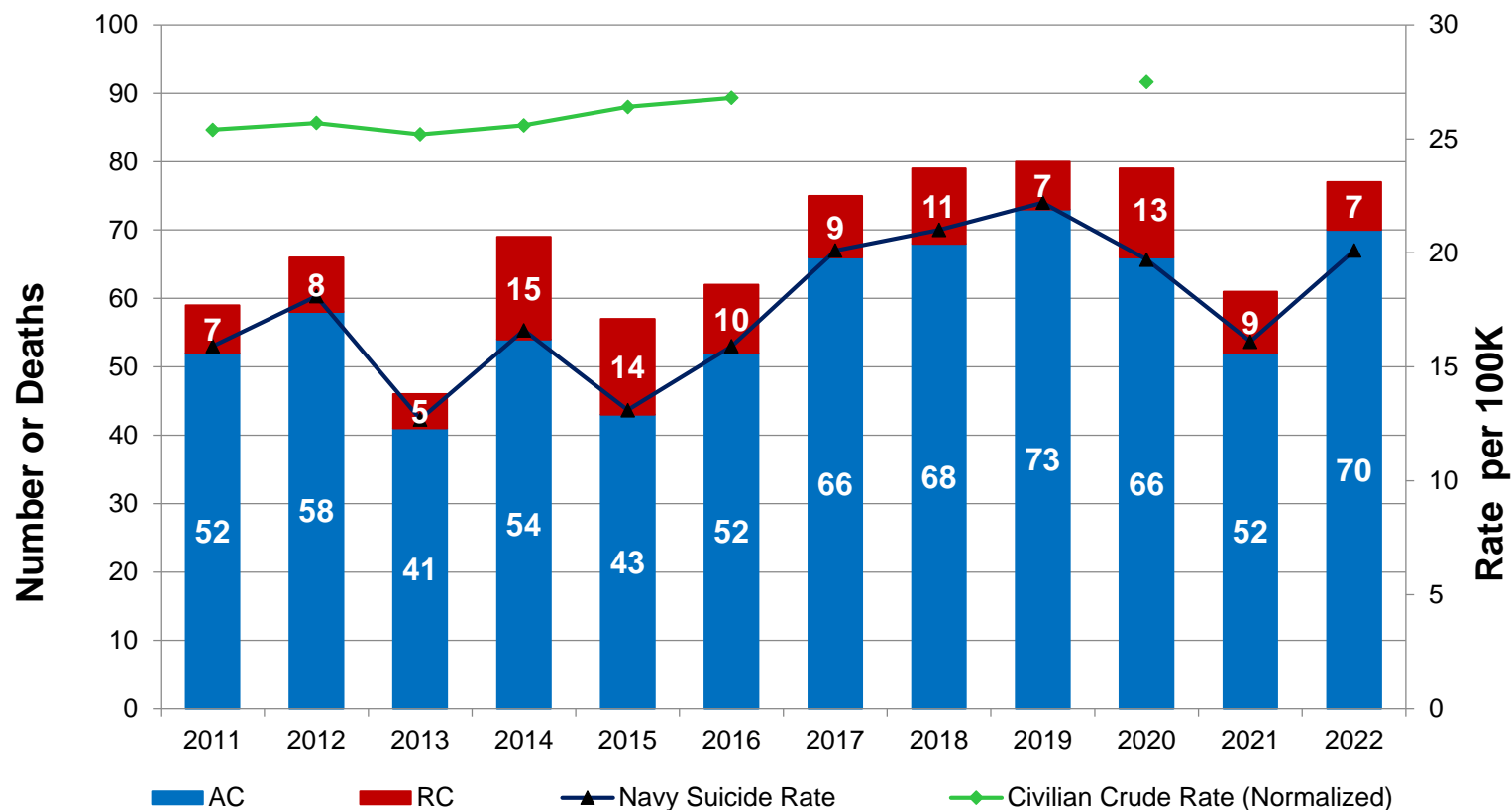
## RESOURCES

- Voluntary storage of personal firearms
- Barracks modifications
- Gun locks

Compressed Intervention Window

## DISTORTED THINKING AND LETHAL ACTION

# Suicide Snapshot



09 November 2021 Source: OPNAV N170B

# Reporting Requirements Overview

	OPREP Unit SITREP (1 hour)	OPREP Navy Blue (1 hour)	Personnel Casualty Report (4 hours)	SAIL Referral* * (see below)	DoDSER (see below)
Suicide-related Behavior	✓			✓	*
Death by Suicide		✓	✓		✓

- Reporting requirements apply to uniformed service members only (active and reserve)
- All SAIL referrals should be submitted NLT the next business day. If a Sailor experiences a SRB over a weekend, the command should ensure the SAIL referral is submitted NLT Monday (or Tuesday if Monday falls on a holiday).\*\*
- DoDSER timeframe begins once Armed Forces Medical Exam Systems (AFMES) has made official determination as to whether suicide is the manner of death. OPNAV N170B will contact the command and inform them of AFMES' determination.
  - If an SRB is classified as a suicide attempt by a medical authority, a DoDSER is required to be completed by the MTF that provided the assessment or the MTF that submitted the Tricare referral if the assessment was conducted at a civilian facility.\*
- Upon AFMES confirmation of suicide as the manner of death, COs are to establish a local Suicide Event Review Board at the command.
  - Board must complete a Suicide Event Review Board Charter and utilize the DoDSER Submission Checklist as a guide for potential resources to ensure thorough reporting.

# Readiness is Key

OPNAVINST 1720.4B requires all commands to develop and maintain a documented and tailored crisis response plan to appropriately respond to psychological health emergencies. This plan should be updated no less than annually and tested to ensure familiarity.

## Key considerations include:

- Access to medical treatment facilities and resources when in homeport vs. foreign port, shore installation vs. afloat command
- Immediate environmental precautions such as reducing access to lethal means of suicide (includes establishing local storage procedures)
- Procedures for conducting safety watch and transporting an immediate-risk person to appropriate medical personnel and/or facilities for evaluation
- Procedures for responding to concerning social media, text or email content and assisting a distressed caller (or someone who calls the command out of concern for a Sailor). Ensure training for all pertinent personnel such as QD/CDO/OOD/duty section leaders
- Responding to an SRB including SAIL referral



# Tailoring to Your Command

## Local Emergency Numbers

These numbers must be updated each time circumstances change. Different numbers will be applicable for shore stations, air squadrons, when a ship is in home port, in a foreign port, or at sea.

### Emergency Numbers:

Base Security \_\_\_\_\_

Ship Security \_\_\_\_\_ Port Security/Services \_\_\_\_\_

Fire Department \_\_\_\_\_

Civilian Law Enforcement \_\_\_\_\_

**NOTE:** The more information you can provide to law enforcement/security, the better prepared they will be to effectively handle the situation.

Military:  
Medical clinic \_\_\_\_\_ Hospital \_\_\_\_\_

Civilian:  
Hospital Name/Number \_\_\_\_\_

Poison control \_\_\_\_\_

Duty Doctor \_\_\_\_\_

Chaplain \_\_\_\_\_

Fleet and Family Support Center \_\_\_\_\_

CO/OIC \_\_\_\_\_

XO \_\_\_\_\_ CMC/COB \_\_\_\_\_

IA/GSA Support Number \_\_\_\_\_

Suicide Prevention Coordinator \_\_\_\_\_

Other: \_\_\_\_\_

## Response Plan for Distressed Person Encounter

Caller ID Number \_\_\_\_\_ Date/Time \_\_\_\_\_

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

If a person calls or comes into the office and says things like, "I'm so depressed, I can't go on," or "Life isn't worth living," or "I wish I were dead," or statements implying they are thinking of harming themselves.

**Be yourself**      **Show concern**      **Be sympathetic**      **Listen**  
**Stay calm**      **Offer help and hope**      **Stay on the phone**      **Get help**

**Do not leave the person alone!**

### ASK:

1. Are you having thoughts of suicide? Yes \_\_\_\_ No \_\_\_\_

2. Have you thought about how you would harm yourself? Yes \_\_\_\_ No \_\_\_\_  
Details: \_\_\_\_\_

3. Do you have what you need to do it? Yes \_\_\_\_ No \_\_\_\_

Details: \_\_\_\_\_  
If the person has a gun, ask:  
Is it loaded? Yes \_\_\_\_ No \_\_\_\_ Where is it? \_\_\_\_\_

If the person indicates he/she has taken pills, ask:  
name of the medication (s): \_\_\_\_\_  
how many pills were taken: \_\_\_\_\_  
what time the pills were taken: \_\_\_\_\_

4. What is your name? \_\_\_\_\_

5. Who is there with you? \_\_\_\_\_

6. Where are you? Determine specific address, building number, ship's space, etc, if at all possible. \_\_\_\_\_

7. I can help you. I can get you some help.  
Do you want help? Yes \_\_\_\_ No \_\_\_\_

8. Are you willing to wait for help? Yes \_\_\_\_ No \_\_\_\_

### EMERGENCY Contact Numbers

Call 911  
Suicide Hotline: 1 800-273-TALK (8255)  
Mental Health: \_\_\_\_\_

# Reintegration Considerations

After a Sailor receives psychological health treatment and is fit for duty, reintegration must be done carefully to promote Sailor's continued health, reduce negative perceptions within command and reduce impact on other vulnerable Sailors.

- Ensure a warm hand-off between the medical provider and command leadership.
- CO should maintain communication with Sailor and providers during treatment and reintegration process.
- Determining fitness for duty is team effort; ensure that leaders, peers, medical on board. Type of injury is not as important as recovery progress and Sailor's ability to perform required duties.
- In some cases, reintegration back into civilian world is best, but is not a consequence for seeking help. Maintain communication with Sailor and, if possible the family, during transition to minimize risk and promote ongoing success.
- Consistently reinforce seeking help as a sign of strength. Seeing a shipmate successfully return as a respected, contributing member of the unit after receiving treatment may increase the chances that others will seek help when needed.



# Communication Between Line Leaders and Mental Health Providers



These best practices for sharing mental health information between providers and line leaders can ensure a balance between the privacy of the patient and the safety of the Sailor's unit and mission.

## Recognize the need for balance

DoD guidelines attempt to strike a balance between a commanding officer's "need to know" and the need to preserve the confidentiality of a mental health session

## Know the guidance

Have an understanding of the requirements regarding who can receive information, what approvals are needed, and other requirements

## Use embedded medical providers

As embedded providers are part of the operational unit they are able to judge what aspects of a Service Member's condition are most applicable to unit operations

## Know your patients' jobs

In the absence of an embedded provider mental health practitioners are required to make every effort to understand the military duties of their patients and the mission of their units

## Assume all parties want what is best for the service member

Providers should respond to inquiries with the understanding that the COs as well as the providers have the Service Member's best interests in mind



Taking the time to have cooperative discussions within the boundaries of regulations can improve care and ensure that high-risk personnel are identified and appropriately monitored. These positive discussions also improve the relationship between the CO and mental health provider.

# Criteria for Notification to Command

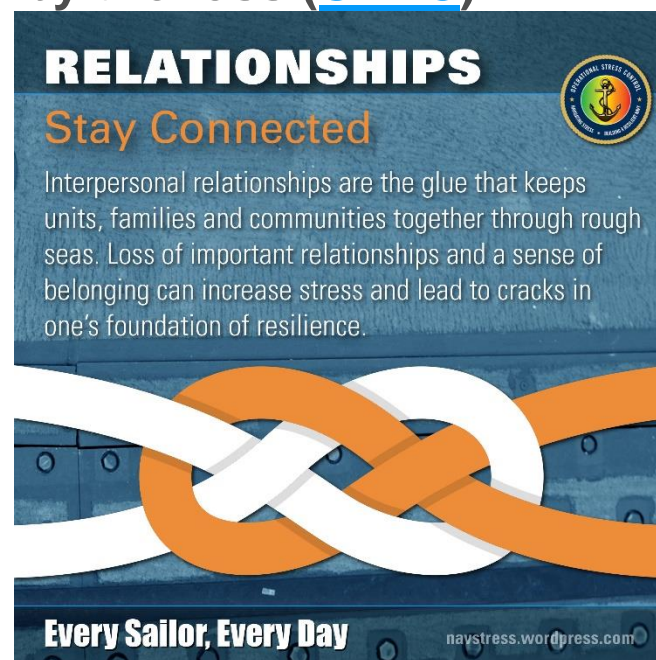
DoDI 6490.08 directs that providers shall notify the line commander when one of the following conditions or circumstances is met:

- 1 Harm to Self: Serious risk of self-harm by the Service Member either as a result of the condition itself or medical treatment of the condition
- 2 Harm to Others: Serious risk of harm to others either as a result of the condition itself or medical treatment of the condition
- 3 Harm to Mission: Serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgment
- 4 Special Personnel: Service member is in the PRP, or a position that has been pre-identified as having mission responsibilities of such sensitivity or urgency that normal notification standards would significantly risk accomplishment
- 5 In Patient Care: Service Member is admitted or discharged from any inpatient health or substance abuse treatment facility
- 6 Acute Medical Conditions Interfering with Duty: Service Member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs ability to perform assigned duties
- 7 Substance Abuse Treatment Program: Service Member has entered into or is discharged from an outpatient or inpatient treatment program for substance abuse
- 8 Other Special Circumstances: As determined on a case-by-case basis by a health care provider or CO at the O-6 or equivalent level or above
- 9 Command-Directed Mental Health Evaluation: Mental health services are obtained as a result of a command-directed mental health evaluation

# After a Death by Suicide

“Postvention” is a term commonly used to describe actions that are taken after a suicide to help those affected by the loss ([SPRC](#)).

- Losing a shipmate to suicide is one of the most difficult situations Sailors may face.
  - Those left behind may experience immediate or delayed emotional reactions including perceived guilt, anger, shame or betrayal, and no two people will grieve the same.
  - In the aftermath, finding balance between the grief process and mission demands can be challenging. Sailors impacted by suicide must be given same considerations as Sailors who lose a Shipmate by other causes.
  - Postvention can serve as “psychological first aid.” Risk is doubled for a unit after a suicide or attempt. Command messaging after a loss is critical. Consult with Medical or Chaplain.



# Postvention Considerations

## Immediate Needs

- ⚠ On scene considerations, check on personnel, ensure safety of the scene.
- Contact local law enforcement, security forces and Navy Criminal Investigative Services (NCIS).
- Notify chain of command and initiate required reporting.
- Contact casualty assistance call officer (CACO) to notify next of kin and receive casualty briefing.



## Providing Support

- Consult with chaplain, mental health clinic or on-call mental health provider to initiate postvention support and prepare safe messaging to the command members.
- Understand and anticipate emotional response (guilt, anger, betrayal, rejection/ abandonment, shame or isolation); allow time to grieve.
- Provide support for all survivors, including family.
- Ongoing monitoring of key people (those in close contact, witnesses, chain of command).
- Plan and conduct appropriate memorial service(s).
- Mobilize support system (SPRINT) or consult with local medical or chaplain, Psychiatric Health Outreach Program (PHOP) if reservist.

## Key Considerations

- ❓ How do I break the news?
- When do I break the news?
- How much do I share?
- Monitor for reactions?
- Who may be affected?
- How do I assign key roles?
- Witnessing or discovering the body
- Legal involvement
- High media interest
- Absence from the event
- Problematic relationship leading up to the event



# Resources to #BeThere for Every Sailor, Every Day

Posters, graphics, fact sheets, event ideas and best practices are available through the Every Sailor, Every Day campaign's [FY-23 1 Small ACT Toolkit](#) to promote a safe narrative on psychological health and encourage seeking help.

## OPNAV N170 Resources

- [Navy Suicide Prevention](#)
  - [Navy Suicide Prevention Handbook](#)
  - [SAIL](#)
  - [Gatekeeper Training](#)
  - [Every Sailor, Every Day Campaign](#)
  - [Additional Informational Products](#)
  - [CNIC SAIL Commander's Toolkit](#)

## Additional Resources

- [Defense Suicide Prevention Office](#)
- [Suicide Prevention Resource Center](#)
- [Navy & Marine Corps Public Health Center](#)
- [Human Performance Resource Center](#)
- [Psychological Health Center of Excellence](#)
- [PsychArmor](#)



# Support & Crisis Resources

Ensure that contact information for the below 24/7 confidential support resources is visible and shared often.

- [Military Crisis Line](#) – Support for service members, veterans and families in crisis. Call 1-800-273-TALK (option 1), text 838255 or visit link for live chat.
- [Military OneSource](#) – Variety of non-medical counseling services available to service members and families. Call 1-800-342-9647.
- [Navy Chaplain Care](#) – Communications with Navy chaplains are always 100% confidential unless the service member decides otherwise. Sailors and family members can speak with their nearest command chaplain, call 1-855-NAVY-311.
- [Psychological Health Resource Center](#) – Access to professional health resource consultants who understand military culture and offer tailored information on psychological health. Available to service members, family members and clinicians. Call 1-866-966-1020 or visit link for live chat.
- [Crisis Text Line](#) – Free support for anyone in crisis. Text HOME to 741741.
- [Psychological Health Outreach Program \(PHOP\)](#) – Navy Reserve program that ensures reservists have full access to appropriate psychological health care, recovery and resilience services and resources.

## Command Websites and Blogs



SECNAV 5720.44c mandates that all Navy websites publish this button on their homepages, hyperlinked to <http://www.veteranscrisisline.net>



# 1 Small ACT

# Entra

© 2011 Blackwell Publishing Ltd *Journal of Internal Medicine* 270: 105–114

9

© 2011 Blackwell Publishing Ltd *Journal of Internal Medicine* 270: 103–111

*Life Counsel*



# **Sailor Assistance and Intercept for Life (SAIL)**

Training for Suicide Prevention Coordinators

February 15, 2023

# Objectives

- SAIL purpose and benefits
- Reporting requirements and SPC responsibilities
- SAIL Referral Process



# What is SAIL?

The SAIL Program...

- Is an intervention strategy that provides rapid assistance, ongoing risk management, care coordination and reintegration assistance for Sailors identified with a suicide-related behavior. Participation is completely voluntary.
- Supplements mental health treatment by providing continuous contact throughout the critical first 90 days after a suicide related behavior.
- Applies evidence-based tools—the Columbia Suicide Severity Rating Scale (C-SSRS) and Veteran’s Administration Safety Plan (VA Safety Plan)—to monitor the needs of and provide additional resources to Sailors who accept the program.
- Promotes a collaborative relationship with healthcare providers and command leadership.
- Facilitates the coordination of additional resources for Sailors beyond medical intervention to promote ongoing recovery and success.

**SAIL is not designed to replace existing services and is not a form of treatment.**

# Why do we need SAIL?

- Previous suicide-related behavior (SRB) significantly increases the risk of future suicide.
- According to the Navy Suicide Prevention Annual Multi-Disciplinary Case Review approximately 40% of Sailors who died by suicide had a previous SRB.
- Maintaining contact with and coordinating care services for individuals who have exhibited an SRB can prevent future suicide ideation and attempts.

# SAIL Referral Process



**Sailor**

Experiences suicide-related behavior

**Command**

1. Submits OPREP/SITREP. 2. SPC submits SAIL Referral to OPNAV N170B using encrypted mail link [MILL\\_N17\\_SAIL.fct@navy.mil](mailto:MILL_N17_SAIL.fct@navy.mil); 3. \*\*\*\*\*New\*\*\*\*\* Ensure the Sailor has been contacted by SAIL Case Manager.

**OPNAV N170B**

Receives and tracks SAIL referral and forward to CNIC HQ

**CNIC**

Receives and tracks SAIL referral and forward to appropriate SAIL POC(s).

**SAIL Case Manager**

Contacts Command to verify information and incident. Contacts Sailor to offer SAIL services. Initiate caring contacts if member accepts

**Sailor**

Receives caring contacts at a minimum of 1, 3, 7, 14, 30, 60, and 90 days providing resources and updated safety planning as needed.



# SAIL: Things You Should Know



## “After I Submit the SAIL Referral, How Do I Verify if My Sailor Has Been Contacted?”

The following link contains the SAIL POC List broken down by region:

<https://www.milsuite.mil/book/docs/DOC-929099>

(CAC enabled only)

- Contact the SAIL POC within your region to verify contact.
- As a BEST Practice, include SAIL Case Manager contact info in your CRP (Crisis Response Plan).

## SAIL Guidance:

OPNAVINST 1720.4B, NAVADMIN 208/16  
NAVADMIN 027/17, NAVADMIN 021/21,  
SAIL Commander's Took-Kit:

<https://www.milsuite.mil/book/docs/DOC-984073>

- ☐ The SAIL referral is mandatory for any Sailor who experienced a suicidal related behavior.
- ☐ Only the assigned SAIL Case Manager can offer participation and conduct caring contacts.
- ☐ Providers, leaders and CRT members should be knowledgeable about SAIL so that they can encourage Sailors to accept the services.
- ☐ REMEMBER: “Ask. Care, Treat!”



# Reporting Requirements

- **When an SRB occurs, the SPC will:**
  - Visit Navy Suicide Prevention's SAIL webpage (<https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Suicide-Prevention/Command-Leaders/SAIL/>)
  - Click on the link titled "SAIL Mailbox"
  - Submit the required information via encrypted email to [MILL\\_N17\\_SAIL.fct@navy.mil](mailto:MILL_N17_SAIL.fct@navy.mil), subject: SAIL REFERRAL
- **Additional Notes:**
  - The SPC should not contact the Sailor directly to obtain their information. Command administrative resources should be utilized.
  - Items in red indicate new required information.
  - As a "Best Practice" - When sending the referral, cc the SAIL Case Manager within your region  
<https://www.milsuite.mil/book/docs/DOC-929099> (CAC enabled only)

## REQUIRED INFORMATION

- a) OPREP/SITREP DTG:
- b) Date of Incident:
- c) Sailor's Last Name:
- d) Sailor's First Name:
- e) Sailor's Middle Initial:
- f) Sailor's Rank:
- g) Sailor's Work Phone:
- h) Sailor's Email Address:
- i) **Sailor's Personal Cell Number:**
- j) Sailor's Current Location (City, State, Country):
- k) For Reserve Component Sailors only, indicate status: (FTS, SELRES on orders, SELRES not on orders):
- l) Base/Installation:
- m) **Command:**
- n) Region:
- o) Commanding Officer's Name:
- p) Commanding Officer's Phone:
- q) Commanding Officer's Email:
- r) **Additional Information (Alt Triad's contact info, i.e. XO, CMC):**

# Sending Encrypted Mail to the SAIL Mailbox

- If experiencing problems sending a SAIL referral via encrypted email:
- Go to website: <https://dod411.gds.disa.mil>
- Enter the SAIL email link: [MILL\\_N17\\_SAIL.fct@navy.mil](mailto:MILL_N17_SAIL.fct@navy.mil)
- Click “Search”
- Click on “MILL”
- Click on the appropriate download link (usually: Download Certificate(s) as vCard Outlook & Internet Explorer or Netscape 7.x Required)
- Select Certificate
- Click “Save”
- Once downloaded, open the downloaded file in Outlook so it will populate in the "To" line. Start sending encrypted emails to SAIL Mailbox

**If encryption problems continue,  
please do the following:**

- Submit the SAIL referral via DoDSAFE:  
<https://safe.apps.mil/>
- Please be sure to send a passphrase in a separate email.

# Update your Crisis Response Plan



- Command crisis response plan must include process to notify SPCs of all SRBs to ensure timely submission of SAIL referrals to OPNAV N170B.
- Refer all Sailors who experienced SRBs to the SAIL program.
- Maintain the Sailor's privacy. The Sailor's information must be protected in compliance with the Privacy Act, HIPAA and applicable directives.
- More information on developing crisis response plans can be found in the Commanding Officer's Suicide Prevention Program Handbook.

# SAIL Care Coordination

- 7 Caring Contacts: 1,3,7,14,30,60, 90 days following the day Sailor accepts services as indicated on the Introductory Contact.
- At each caring contact:
  - Completion of the C-SSRS
  - Review and update of the VA Safety Plan
  - Discussion of the Sailor's engagement with services and providers
  - Identification of any barriers to care or to other needed referrals
- An integral part of SAIL is the strong relationship the SAIL case manager forms with commands. Communication with command is required for every caring contact.
- In addition, SAIL case managers are collaborating with medical providers and other involved service providers.



# SAIL Questions

Please contact OPNAV N170B if you have questions regarding the SAIL Program.

Navy Suicide Prevention Program Office  
Mr. Vic Gooden (SAIL Program Manager)  
(901) 874-4220

[MILL\\_N17\\_SAIL.fct@navy.mil](mailto:MILL_N17_SAIL.fct@navy.mil)

***It's about being there for  
Every Sailor, Every Day***



**Questions?**

**#BeThere** for Every Sailor, Every Day.