



Navy Suicide Prevention Program

Training for Suicide Prevention Coordinators (SPCs)

Released by Suicide Prevention Program, OPNAV N170

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Navy Suicide Prevention Branch

OPNAV N170B is the Suicide Prevention Branch within the Navy Culture and Force Resilience 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

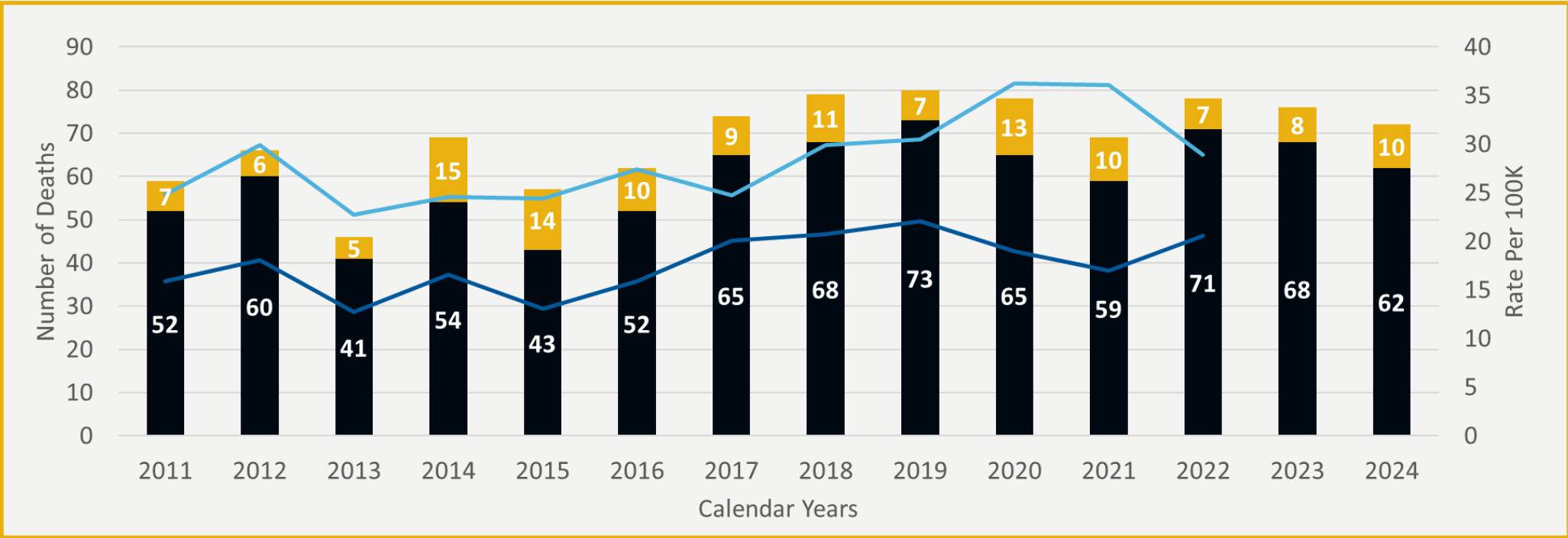


Objectives

- ▶ Responsibilities
- ▶ Reporting requirements
- ▶ Reporting requirements
- ▶ Suicide Risk/Protective Factors, Warning signs
- ▶ Crisis response plan
- ▶ Lethal Means Safety (LMS) Plan
- ▶ Reintegration
- ▶ Postvention
- ▶ DODSER
- ▶ Sailor Assistance and Intercept for Life (SAIL)



Suicide Snapshot



Rate per 100k	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Navy AC Suicide Rate	15.9	18.1	12.7	16.6	13.1	15.9	20.1	20.7	22.1	19.0	17.0	20.6
Civilian Suicide Rate (Normalized)	24.8	29.9	22.7	24.6	24.4	27.4	24.7	29.9	30.5	36.2	36.1	28.9

Relevant and Related Policy

TITLE	DESCRIPTION
OPNAVINST 1720.4B	Navy Suicide Prevention Program
SECNAVINST 1730.9	Confidential Communication to Navy Chaplains
OPNAVINST 3100.6	OPREP/SITREP Reporting Requirements (available on SIPRNET only)
DODI 6490.04	Mental Health Evaluations of Service Members
DODI 6490.08	Command Notification Requirements in Providing Mental Health Care
OPNAVINST 6100.2A	Health Promotion/Life Skills
NAVADMIN 027/17	Sailor Assistance and Intercept for Life Update
NAVADMIN 208/16	Suicide Prevention and Response: Sailor Assistance and Intercept for Life
NAVADMIN 021/21	Sailor Assistance and Intercept for Life Update
NAVADMIN 263/14	Guidance for Reducing Access to Lethal Means

Responsibilities: Commanding Officers

- ▶ Foster a command climate that supports and promotes psychological health and overall wellness, and communicates regular messages to promote 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 (test annually at minimum)
- ▶ 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 N170B 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 no less than twice per year.
- ▶ Ensure educational materials, 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. Establish relationship with medical DoDSER POC.
- ▶ Collaborate with other SPCs and program managers (UPCs, DAPAs, CFLs, etc.), be a member of the Command Resilience Team and meet quarterly per OPNAVINST 5354.1G and NAVADMIN 222/19 tailor OPNAV N170B resources to command efforts.

Responsibilities: Echelon 2 & 3 SPPMs

Echelon 2 and 3 commands must assign an SPPM. SPPMs should be E7 or above, or GS 9 or above, and will provide proactive and consistent suicide prevention program policy guidance and training to subordinate commands. Once a SPPM is assigned, commands must provide the individual's name and contact information to OPNAV N170B via email to suicideprevention@navy.mil or via telephone at (901) 874-6613.

SPPMs will:

- ▶ Receive OPNAV N170F training within 90 days of designation
 - ▶ Ensure subordinate commands comply 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 OPNAVINST1720.4B, 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

Suicide Prevention CMT

Per OPNAVINST 1720.4B all Suicide Prevention training must adhere to the DOD Suicide Prevention Training Competency Framework. CMT is available at <https://www.mynavyhr.navy.mil/> At minimum, training must include:

- ▶ Basic education on suicide, including an emphasis that anyone can be at risk
- ▶ 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
- ▶ 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.)
- ▶ Postvention actions following a death by suicide to promote healing and return to Mission-readiness
- ▶ 100% confidential communications to Navy chaplains

Recognizing Risk in Sailors

Suicide can't be predicted, but it can be prevented.

LISTEN TO YOUR SAILOR

"I give up."

"This isn't worth it. I'd rather be dead; you're better off without me."

"I can't do anything right."

"I can't believe/he hurt me this way. It hurts too bad."

THINGS TO LOOK FOR

Drastic changes in behavior

Declining self-care (weight loss or gain, disheveled appearance)

No future plans, seems to have given up

Social media posts with increasing images of alcohol, weapons, and feelings of loneliness and rejection

Are you or someone you know on a path to suicide?

Know the warning signs.

YOU DON'T HAVE TO SEE EVERY SIGN TO ACT.

I **S** **P** **A** **T** **H** **W** **A** **R** **M**

Ideation
Thoughts of suicide (expressed, threatened, written).

Substance Misuse
Increased or excessive alcohol or drug use.

Purposelessness
Seeing no reason for living, having no sense of meaning in life.

Anxiety
Anxiousness, agitation, inability to sleep or excessive sleeping.

Trapped
Feeling as though there is no way out of current circumstances.

Hopelessness
Feeling hopeless about oneself, others or the future.

Withdrawal
Isolating from friends, family, usual activities, society.

Anger
Feelings of rage or anger, seeking revenge for perceived wrongs.

Recklessness
Acting without regard for consequences, excessively risky behavior.

Mood Change
Dramatic changes in mood, unstable mood.

What To Do:

ASK

Ask your shipmate questions that will help you get help: "Are you thinking about killing yourself?" or "Do you have a plan to kill yourself?"

CARE

Tell your shipmate that you are concerned about him or her. Without judgment, express why you're concerned. They may not show it, but they likely appreciate that someone cared enough to say something.

TREAT

Take your shipmate to get help immediately by seeking a Navy chaplain, medical professional or trusted leader. Call 911 if danger is imminent.

Help is always available through the Military Crisis Line. Call 1-800-273-TALK (Press 1), text 838255 or visit www.militarycrisisline.net

Connecting the Dots: Who Is At Risk?

History

- Abuse (Physical, Sexual, Emotional)
- Prior Suicide Related Behavior
- Mental Health Treatment in Past Year
- Prior Suicide Attempt
- Alcohol Abuse

Ongoing Stressors

- Experienced Loss
- Intimate Relationship Problems:
- Work Problems
- Disciplinary/Legal Issues:
- Financial Issues
- Life Event

Disrupted Social Network

- Transition



**Distorted Thinking &
Lethal Action**

Warning Signs

- Recent Event Causing Shame, Guilt, Loss of Status
- Recent Event Causing Feelings of Rejection/Abandonment
- Feelings of Hopelessness

Judgement Factors

- Sleep Problems
- Recent Event Causing Anger
- Under the Influence of Alcohol

Access to Lethal Means

- Easy Access to Unsecured Firearms

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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

Protective Factors

Protective factors promote healthy stress navigation and good coping skills.

- ▶ 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

THE TRUTH



Standard Form 86 (SF-86)

"Questionnaire for National Security Positions" is used to evaluate individuals under consideration for security clearances. SF-86 Question 21 asks if you have received any treatment for mental health conditions.



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



Seeking help to promote personal wellness and recovery is a sign of strength and may favorably impact a person's security clearance eligibility.



Not all psychological health treatment is required to be reported when answering Question 21.

Lethal Means Safety

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

- ▶ 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
- ▶ Encourage Sailors to properly dispose of unused prescription drugs via [at-home procedures](#) or [drop box disposal at their MTF](#) (select locations).

PUT SPACE BETWEEN THE THOUGHT AND THE TRIGGER

Here are some effective methods to securely store your firearms:



Cable Lock

Offers basic protection by preventing accidental discharge and unauthorized use.



Lockbox

Offers a moderate level of safety by securing firearms with a key, combination, or biometric lock.



Gun Safe

Provides the highest level of safety, offering protection against unauthorized access, fire, and theft.

Reporting Requirements: DODSER

	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)
- ▶ 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 referred the Sailor to a civilian health care 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.

Crisis Response Plan

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

Crisis Response Plan (Example)

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 Stay calm Show concern Offer help and hope Be sympathetic Stay on the phone Listen 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: _____

See the full [Suicide Related Behavior Response & Prevention Guide](#) on MyNavyHR

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Reintegration Considerations

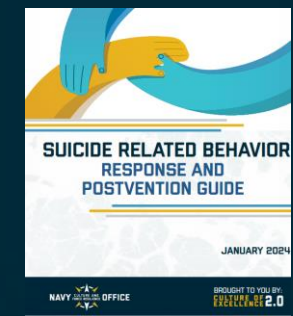
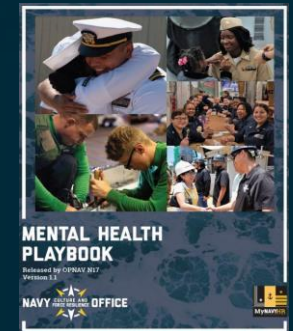
After a Sailor receives psychological health treatment and is fit for duty, reintegration must be done carefully to promote Sailor's continued health, reduce negative perceptions within command and reduce impact on other vulnerable Sailors.

- ▶ 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.
- ▶ Ensure that leaders, peers, and medical are ready to help. 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. Maintain communication with Sailor and, if possible the family, during transition to minimize risk and promote ongoing success.
- ▶ Reinforce seeking help as a sign of strength. Seeing a shipmate return as a respected, contributing member of the unit after receiving treatment may increase the chances that others will seek help when needed.

[Mental Health Playbook](#)

[Suicide Related Behavior Response & Prevention Guide](#)

Refer to these resources for additional guidance:



Postvention: After a Death by Suicide

“Postvention” describes actions that are taken after a suicide to help those affected by the loss. You can refer to the Postvention Guide on <https://www.mynavyhr.navy.mil/>

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; no two people will grieve the same.
- ▶ 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



Resources for Sailors

Local Resources

Chain of command for support, mentorship, and guidance

Chaplains: 100% confidentiality, CREDO, premarital & marital counseling, spiritual guidance and support

Fleet and Family Support Centers (FFSCs): counseling, classes, education, support programs

Primary Care Manager and Primary Care Mental Health Provider—Integrated Behavioral Health, assessments, and treatment

Local Vet Centers: 100% confidential, not in VA or TriCare records. Call 1-877-WAR-VETS (927-8387)

Military Family Life Counselors (MFLC): MilitaryOneSource.mil

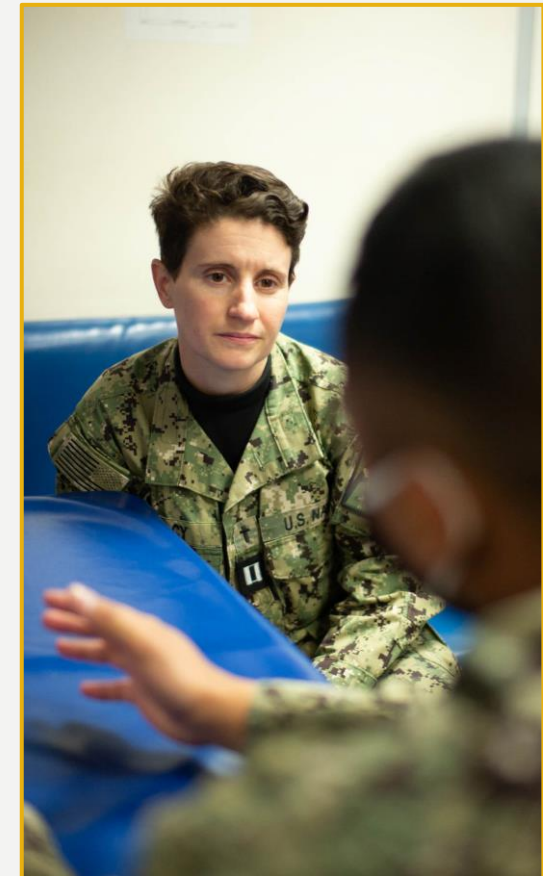
Tragedy Assistance Program for Survivors (TAPS): 800-959-TAPS (8277)

Give an Hour: <https://giveanhour.org>

National 24/7 Resources

Military OneSource: 1-800-342-9647

Veterans' Military Crisis Line: 988, Press 1



Additional Resources

General Suicide Prevention Resources

- ▶ **Navy Suicide Prevention:** www.suicide.navy.mil
 - Contact information
 - Facts and warning signs
 - Informational products and resources
- ▶ **Suicide Prevention Resource Center:** www.sprc.org
- ▶ **Defense Suicide Prevention Office:** <https://www.dspo.mil/>

Navy Stress Control Resources

- ▶ **Mental Health Playbook:**
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Leaders-Toolkit/Mental-Health-Playbook/>

PRINCIPLES OF RESILIENCE

BENDING WITHOUT BREAKING

Predicting challenges, maintaining a sense of control, strengthening relationships, fostering trust and finding meaning are critical to building resilience and navigating stress.

CONTROLLABILITY Keep an Even Keel

Learning to make choices that help restore a sense of empowerment is key during adversity, from emotional responses to problem-solving actions.



PREDICTABILITY Be Ready

Negative outcomes are less likely when we prepare for expected challenges and plan for the unexpected.



RELATIONSHIPS Stay Connected

With strong relationships, individuals and groups can thrive under stress despite profound challenges.



TRUST Know Who to Turn To

Presence of trust increases willingness to confide in others, utilize resources and address concerns before stress injuries occur.



MEANING Find Purpose

A sense of purpose promotes health stress navigation, thoughtful decision making and better performance.



Help is always available through the Military Crisis Line. Call 1-800-273-TALK (Press 1), text 838255 or visit www.militarycrisisline.net



Sailor Assistance and Intercept for Life (SAIL)

Training for Suicide Prevention Coordinators

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Sailor Assistance and Intercept for Life (SAIL)

The SAIL Program is an intervention strategy that provides rapid assistance, ongoing risk management, care coordination and reintegration assistance for Sailors identified with an SRB. Participation is completely voluntary.

SAIL:

- ▶ Supplements but does not replace mental health treatment providing continuous contact throughout the 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: Things you should know

- ▶ Commands are responsible to refer all Sailors who experienced SRBs to the SAIL program per [NAVADMIN 027/17](#). Participation in SAIL services is entirely up to the Sailor.
- ▶ SPCs are responsible for submitting SAIL referrals.
- ▶ Only the assigned SAIL Case Manager can offer participation and conduct caring contacts.
- ▶ Details about the Sailor's SRB or other circumstances are not included in the SAIL referral and are not shared with the SAIL Case Manager.
- ▶ Providers, leaders and Command Resilience Team members should be knowledgeable about SAIL so that they can encourage Sailors to accept the services.

WHY SAIL?

Previous suicide-related behavior (SRB) significantly increases the risk of future suicide.

In 2016, 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 Reporting Requirements

When an SRB occurs, the SPC will:

- ▶ Visit Navy Suicide Prevention's SAIL webpage:
<https://www.mynavyhr.navy.mil/Support-Services/Culture-Resilience/Suicide-Prevention/Commands-Leaders/>
- ▶ Click on the link titled "SAIL Mailbox"
- ▶ Submit the required information
- ▶ via encrypted email to
- ▶ MILL N17 SAIL.fct@navy.mil, subject: SAIL REFERRAL

The SPC should not contact the Sailor directly to obtain their information. Command administrative resources should be utilized.

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	Region
N	Command
O	Region
P	Commanding Officer's Name
Q	Commanding Officer's Phone
R	Commanding Officer's Email
S	Additional Information (Alt Triad's contact info, i.e., XO, CMC)

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:

[Sailor Assistance and Intercept for Life \(SAIL\)](#)

- ▶ Contact the SAIL Case Manager within your region to verify contact.
- ▶ As a BEST Practice, include SAIL Case Manager contact info in CRP.

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!”

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
- ▶ 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.....

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

SAIL Questions

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

NAVY SUICIDE PREVENTION PROGRAM



Office: (901) 874-6613



Email: MILL_N17_SAIL.fct@navy.mil

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

Questions