



DEPARTMENT OF THE NAVY
COMMANDER
NAVAL EDUCATION AND TRAINING COMMAND
250 DALLAS STREET
PENSACOLA, FLORIDA 32508-5220

CH-1 of 19 Mar 2020
NETCSTAFFINST 1720.1A
N004

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NETC STAFF INSTRUCTION 1720.1A

From: Commander, Naval Education and Training Command

Subj: NAVAL EDUCATION AND TRAINING COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4B
(b) Navy Suicide Prevention Handbook, January 2018

Encl: (1) Suicide Risk Factors, Warning Signs, Protective Factors, and Resources
(2) Definitions and Terms
(3) Crisis Response Plan
(4) Response Plan for Distressed Callers
(5) Local Suicide Prevention Resource References

1. Purpose. To establish policy and procedures for the implementation of the Suicide Prevention Program (SPP) within Naval Education and Training Command (NETC) Headquarters (HQ) per references (a) and (b).

2. Cancellation. NETCSTAFFINST 1720.1.

3. Scope. This instruction applies to all personnel attached to NETC HQ, including military, Department of Defense civilians, and contractors.

4. Background. Suicide is a preventable tragedy that requires command attention at every level. Navy leadership shall ensure every person is aware of prevention strategies and available resources.

a. A SPP shall be implemented to reduce the risk of suicide, properly manage at-risk situations, minimize adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and warfighting capability.

b. NETC supports the Navy's SPP and meets the requirements of reference (a). Suicide prevention operates over a continuum

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that addresses personnel stress management, crisis response, and managing the aftermath of a suicide attempt or death by suicide.

c. Every individual within the command is a key member of any prevention effort. Each of us has the opportunity to provide early intervention, at a time when non-medical interventions can have the greatest positive outcome for our Shipmates and co-workers. Refer to enclosures (1) and (2) for suicide risk factors, warning signs, and definitions.

d. The NETC HQ SPP consists of four elements:

(1) Training. Suicide prevention training will be conducted at least annually. Training will include topics to be utilized in order to increase awareness of suicide warning signs, improve and promote wellness, and ensure personnel know how to intervene when someone needs help.

(2) Intervention. Ensure timely access to needed services and have a plan of action for crisis response.

(3) Response. Assist families, units, and service members affected by suicide and suicidal behaviors.

(4) Reporting. Report incidents of suicide and suicide-related behaviors to mobilize appropriate resources and inform command and Navy-wide suicide prevention efforts.

5. Responsibilities

a. Chief of Staff

(1) Designate, in writing, a Suicide Prevention Program Manager (SPPM) to assist in implementing the command SPP. CH-1
Whenever possible, the SPPM should be E7 or above.

(2) Designate, in writing, Assistant SPPM as necessary CH-1
to provide coverage for geographically separated HQ units (i.e., N7 Dam Neck, N3 Millington).

(3) Oversee the issuance and adherence to policy pertaining to the NETC HQ SPP.

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b. NETC HQ SPPM

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(1) Become thoroughly familiar with the contents of this instruction and advise the chain of command on all suicide prevention program matters.

(2) Develop, execute, oversee the overall NETC SPP, and coordinate efforts with the Assistant SPPM.

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(3) Receive required OPNAV (N171) SPPM training and Sailor Assistance and Intercept for Life (SAIL) training as soon as possible after designation. Information on these trainings can be found at www.suicide.navy.mil.

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(4) Provide and publicize suicide prevention awareness resources at least quarterly.

(5) Advise the chain of command on all SPP matters.

(6) Ensure completion and tracking of training for military personnel, civilians, and full-time contractors to include: Annual Suicide Awareness General Military Training (GMT) and other specialized training as required.

(7) Develop and promulgate command-level suicide crisis response plans consistent with reference (a) that include identification, referral, access to treatment, follow-up, and a local resource with contact information.

(8) Assist with suicide incidence reporting within the command per reference (a), including Department of Defense Suicide Event Report (DODSER) requirements and submission of SAIL referrals.

(9) Maintain collaboration with other SPPMs/SPCs, health promotion and wellness coordinators, command fitness leaders and other members of the command resilience team to incorporate suicide prevention into all Total Sailor Fitness efforts. Tailor OPNAV (N171) resources to command efforts.

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c. NETC HQ Assistant SPPM

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(1) Receive required OPNAV (N171) SPC training and SAIL training as soon as possible after designation. Information on these trainings can be found at www.suicide.navy.mil.

(2) Support and coordinate efforts with the SPPM in providing and publicizing suicide prevention awareness resources at least quarterly.

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(3) Complete specific suicide prevention duties as instructed by the SPPM.

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(4) Serve as SPPM in the SPPM's absence.

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d. All personnel on staff

(1) Learn and practice skills that promote psychological health, physical readiness, and healthy stress navigation.

(2) Intervene using the "Ask, Care, Treat" model if someone is exhibiting signs of distress and immediately notify a trusted leader if the shipmate appears to be in imminent danger.

(3) Do not be afraid, and have the courage to seek assistance for support resources when experiencing distress or difficulty in addressing problems.

(4) Are expected to attend Suicide Prevention GMT on an annual basis.

(5) Encourage help-seeking behaviors by promoting unit cohesion and creating a positive command climate.

6. Policy

a. The SPP shall be implemented to increase awareness of suicide prevention, minimize the stigma of seeking help, reduce suicidal behavior, and maintain a clear standard of procedures during and after a crisis.

b. Utilize enclosures (3) and (4) as tools to ensure a suicidal person is given timely, proper care and all command and local resources are utilized.

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c. Refer to enclosure (5) for pertinent Suicide Prevention Resource points of contact.

d. Provide guidance for NETC supervisors to support employees who exhibit high risk behaviors or actions.

(1) A risk assessment is only valid at the time completed. Frequent assessments may be needed depending on the situation. Remember risk factors give an indication of the potential for harm to occur; they do not provide a 100 percent accurate prediction of what will happen.

(2) Determine the stressors making the staff member high-risk. Examples include, but are not limited to, past suicidal ideation/behaviors, recent significant life changes, drug or alcohol problems, isolation from friends and family, or recent relationship changes. This list is not all-inclusive, and the supervisor must be aware of stressors to establish an individualized plan of action for the high-risk staff member.

(3) Ask questions and interact with the employee early and often, in a private location. For ongoing concerns for self-injurious behavior, obtain medical attention.

(4) Ensure employees receive needed medical attention at the time of crisis and time to attend follow-up and scheduled appointments.

(5) Inform appropriate leadership, as soon as feasible, if the employee's work status changes.

e. Assistance to Navy civilian employees beyond the suicide prevention training and incident reporting requirements is provided by the Civilian Employee Assistance Program. Leadership will work closely with the Human Resources Department when safety issues arise.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000, 2000, and 4000 through 13000 series per the records

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disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>. For SSIC 3000 series dispositions, please refer to part III, chapter 3, of Secretary of the Navy Manual 5210.1 of January 2012.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, NETC will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 (Review of Instruction). This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



M. A. WHITT
Chief of Staff

Releasability and distribution:

This instruction is cleared for public release and is available electronically via the NETC public web site, <https://www.netc.navy.mil/directives.htm>, or via HP Records Manager (HPRM).

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SUICIDE RISK FACTORS, WARNING SIGNS,
PROTECTIVE 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 suicide related behavior and self-harm
 - d. Relationship problems
 - e. Financial problems
 - f. Legal difficulties
 - g. Academic, career, or personal setbacks
 - h. Social isolation
 - i. Ostracism
 - j. Withdrawal
 - k. Preoccupation with death
 - l. Impulsiveness and recklessness
 - m. Access to lethal means
 - n. Thwarted belongingness - "I'm alone"
 - o. Perceived burdensomeness - "I'm a burden"
 - p. Capability of suicide - "I am not afraid to die"
2. Warning Signs Associated with Suicides ("IS PATH WARM")
 - I - Ideation. Thoughts of suicide expressed, threatened, written.

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- S - Substance Abuse. Increased or excessive alcohol or drug use.
- P - Purposelessness. Seeing no reason for living or having no sense of meaning or purpose in life.
- A - Anxiety. Feeling anxious, agitated, frequent nightmares, or unable to sleep (or sleeping all the time).
- T - Trapped. Feeling trapped, like there is no way out.
- H - Hopelessness. Feeling that nothing can be done.
- W - Withdrawal. Withdrawing from family, friends, usual activities, society.
- A - Anger. Feeling rage or uncontrolled anger.
- R - Recklessness. Acting without regard for consequences, excessively risky behavior.
- M - Mood Changes. Experiencing dramatic changes or deterioration in mood, or unstable mood.

3. Protective Factors that Reduce Risk of Suicide

- a. Unit cohesion and camaraderie
- b. Strong connections with family and friends
- c. Access to mental and physical health care
- d. Feelings of purpose and belonging
- e. Effective problem-solving and non-violent conflict resolution skills
- f. Beliefs that support self-preservation
- g. Sobriety or responsible alcohol use
- h. Healthy lifestyle
- i. Optimism

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- j. Positive attitude about seeking help
 - k. Practice self-care
 - l. Proper nutrition
 - m. Exercise
 - n. Adequate sleep
 - o. Work and life balance
4. Resources
- a. Navy Suicide Prevention Web site: www.suicide.navy.mil
 - b. Military Crisis Line: 1-800-273-8255 (Option 1) or www.militarycrisisline.net
 - c. Military One Source: www.militaryonesource.com
 - d. Navy Chaplain Care: <https://www.navy.mil/local/chaplaincorps/>
 - e. Psychological Health Center of Excellence: <http://www.pdhealth.mil/resource-center/call-centers/psychological-health-resource-center>
 - f. Navy and Marine Corps Public Health Center: www.med.navy.mil/sites//nmcphc/Pages/Home.aspx
 - g. Navy Operational Stress Control: www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/osc/pages/default.aspx
 - h. Real Warriors Campaign: www.realwarriors.net
 - i. Human Performance Resource Center: www.hprc-online.org
 - j. Suicide Prevention Resource Center: www.sprc.org
 - k. American Foundation for Suicide Prevention: <https://afsp.org/>

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- l. Tragedy Assistance Program for Survivors:
<http://www.taps.org/>
- m. Defense Suicide Prevention Office: <http://www.dspo.mil/>
- n. DoD Be There Peer Support Call and Outreach Center:
www.betherepeersupport.com
- o. Give an Hour: <https://giveanhour.org>
- p. PsychArmor Institute: <https://psycharmor.org>

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DEFINITIONS AND TERMS

1. Suicidal Ideation. Thinking about, considering, or planning for suicide.
2. Suicide Attempt (Non-Fatal Attempt). A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
3. Suicide (Death by Suicide). Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
4. Resilience. Capacity for Sailors, families, and commands to withstand, recover, grow, and adapt in the face of stressors and changing demands.

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CRISIS RESPONSE PLAN

The below guidance can be utilized by any person assisting an individual in distress, and can be used for crisis intervention in person or by phone.

- Be yourself. Listen attentively to everything the person says, learn what the problems are, and gather as much contact information as possible.
- Treat the person with respect. Remember the acronym **ACT** - **Ask, Care, Treat**.
- If possible, do not handle this situation alone.
- Remove person from environmental hazards. Move to a quiet, private location to encourage open communication, if possible and feasible (i.e., person is not aggressive).
- Allow the person to cry, scream, or swear. Distressing/suicidal feelings are often very powerful. Simply talking about the issues may provide the individual some relief from the stressors.
- Stay calm, be supportive, sympathetic, and kind.
- Manage your own responses. Do not be judgmental or invalidate the person's feelings. Let the person express emotions without negative feedback. [*Always take suicidal comments very seriously. When a person says that he or she is thinking about suicide, you must always take the comments seriously.*]
- Do not promise confidentiality/refuse to be sworn to secrecy. A life is at stake and you may need to speak to a healthcare provider in order to keep the suicidal person safe. [*If you promise to keep your discussions secret, you may have to break your word.*]
- Do not offer ways to fix their problems, give advice, or make them feel like they have to justify their suicidal feelings.

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- After you have a good understanding of the person's problems, summarize the problems back to him/her. [*This helps to preclude misunderstandings and demonstrates the person that you are being attentive.*]
- Assist the person with seeking medical care and using local responses, or arrange emergency services if the person is unable or if the person is actively suicidal and you cannot ensure his/her safety.
- Notify the Chaplain on duty, if applicable:
 - NAS Pensacola Chaplain
Work Hours: 850-452-2342
After Hours: 850-452-4785
 - Dam Neck Chaplain
Work Hours: 757-492-6602
After Hours: 757-438-3822
 - NPC Millington Chaplain
Work Hours: 901-874-4444/4771
Operations Watch (24 hours): 877-663-6772
- Stay with the person or keep the person on the phone, if possible, until medical services are available.
- Report incident to chain of command and Staff Duty Officer.
- Ensure a coordinated follow-up and safety plan for individuals returning to work after seeking medical care.
- If a Sailor exhibits a suicide related behavior, the SPC must initiate a Sailor Assistance and Intercept for Life (SAIL) referral. For most up-to-date SAIL process, please refer to www.suicide.navy.mil.

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RESPONSE PLAN FOR DISTRESSED CALLERS

Date _____

Time _____

Caller ID Number _____

Caller's Name _____

If a distressed or suicidal person calls or comes into the office, do the following: (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," "Life isn't worth living," or "I wish I were dead," etc., ASK: "Are you thinking about killing yourself?" Yes _____ No _____

Offer help and hope. Be yourself. Listen. Show concern.

Stay on the phone. Stay calm. Get help. Be sympathetic.

1. Have you thought about how you would harm yourself?

Yes _____ No _____

Details:

If yes, ask when? _____

2. Do you have what you need to do it? OR Do you have a gun, pills, etc?

Yes _____ No _____

Details:

If the person indicates he/she has taken pills, ask what kind, how much, when, etc.

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If the person has a gun, ask:

Is it loaded? Yes _____ No _____ Where is it?

These factors may indicate imminent danger, requiring local emergency services (911).

3. Where are you? (Determine specific address, building number, ship's space, etc., if at all possible.)

4. Send Help while on the phone with the caller. Ensure you contact First Responder or have someone else call as soon as feasible. Wait until emergency crew arrives before hanging up.

5. If the caller is concerned about someone else who is suicidal, calmly reassure the person that he or she is doing the right thing by reaching out. Encourage him or her to "Ask, Care, Treat" using the guidance above in this enclosure. Provide the caller with all Military Crisis Line information: 1-800-273-8255, text to 838255, and chat available on <https://www.veteranscrisisline.net>.

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LOCAL SUICIDE PREVENTION RESOURCE REFERENCES (PENSACOLA)

Emergency	CALL 911 FIRST
Base Emergency, EMS, Security, Pensacola	850-452-8888
NETC SDO, Pensacola	850-554-5312
NETC N1 CDO, Pensacola	571-232-0820
NETC BLDG 628 SPC, Pensacola	850-452-3646 (W) 850-554-5283 (C)
NETC Quarterdeck (CDO)	850-452-4000
NAS Pensacola Quarterdeck	850-452-4785
NAS Pensacola Chaplain	850-452-2342
Duty Chaplain, Pensacola	850-452-4785
Casualty Assistance Calls Officer (CACO), Pensacola	850-554-8191
Branch Medical Clinic NAS Pensacola	850-452-5242
Naval Hospital Pensacola	850-505-6601
Fleet and Family Support Center	850-452-5990
Sexual Assault DoD Safe Helpline	877-995-5247
Poison Control	800-222-1222
Military Crisis Line	800-273-8255 (Option 1)

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LOCAL SUICIDE PREVENTION RESOURCE REFERENCES (DAM NECK)

Emergency	CALL 911 FIRST	
Base Emergency, EMS, Security, NAS Oceana	757-433-9111	
NETC N7 SPPM, Dam Neck	757-492-7232	CH-1
Duty Chaplain, Dam Neck	757-438-3822	
Chaplain/Religious Services, Dam Neck	757-492-6602	
Casualty Assistance Calls Officer (CACO), Pensacola	850-554-8191	
NETC SDO, Pensacola	850-554-5312	
Branch Medical Clinic Dam Neck	757-953-9915	
Naval Medical Center Portsmouth	757-953-5000	
Fleet and Family Support Center, Dam Neck	757-492-6342	
Sexual Assault DoD Safe Helpline	877-995-5247	
Poison Control	800-222-1222	
Military Crisis Line	800-273-8255	(Option 1)

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LOCAL SUICIDE PREVENTION RESOURCE REFERENCES (MILLINGTON)

Emergency	CALL 911 FIRST
Base Emergency, EMS, Security, Millington	901-874-7911
Civilian Law Enforcement	901-874-5533
NPC Duty Office	901-874-3071/ 3070
NPC Command Duty Officer	901-573-1232
NPC Asst. Command Duty Officer	901-233-7486
NPC Suicide Prevention Coordinator	901-874-4444/ 4771
NPC Chaplain	901-874-4092/ 3995
Operations Watch (24 hours)	877-663-6772
Military Medical Clinic, NSA Mid-South	901-874-6100
Lakeside Behavioral Health System (2911 Brunswick Rd)	901-377-4700
Fleet and Family Support Center, NSA Mid-South	901-874-5075
Sexual Assault DoD Safe Helpline	877-995-5247
Poison Control	800-222-1222
Military Crisis Line	800-273-8255 (Option 1)

Enclosure (5)