



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

CH-1 of 10 Feb 2025
NETCSTAFFINST
1720.1B N04
18 Jan 2024

NETC STAFF INSTRUCTION 1720.1B

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, 2020

Encl: (1) Suicide Risk Factors, Warning Signs, Protective Factors, and Resources
(2) Crisis Response Plan
(3) Response Plan for Distressed Callers
(4) 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 1720.1A.

3. Scope and Applicability. Provisions of this instruction apply to all active and Reserve Navy units within the Department of the Navy (DON).

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

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 enclosure (1) for suicide risk factors, warning signs, and definitions.

d. The NETC HQ SPP consists of four elements:

(1) Training. In line with reference (a), commanders at all levels will provide annual suicide prevention training to all members of their respective organizations and ensure family members have access to training, education, and information. Suicide prevention training conducted within the DON must be compliant with the Department of Defense (DoD) Suicide Prevention Training Competency Framework. These training competencies include competencies that are relevant to all personnel regardless of their population group, role, or position. In addition to the core competencies, there are population-specific competencies that address additional requirements for public affairs, support services, legal, leadership, and crisis support personnel. Additional training in suicide risk assessment is required for these gatekeeper communities, to include an annual requirement for healthcare providers on evidence-based suicide risk assessment, management, and treatment pertaining to suicide prevention. The DoD Suicide Prevention Training Competency Framework is available on the Navy suicide prevention web site at www.suicide.navy.mil.

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

(a) Basic education on suicide, including an emphasis that anyone can be at risk regardless of rank, sex, race or status.

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(b) Recognition of risk factors, warning signs, and protective factors provided in enclosure (1).

(c) Familiarization with "Ask, Care, Treat" - the Navy's call-to-action to encourage early intervention when a Sailor may be at risk for suicide or is experiencing difficulty navigating stress.

(d) Protocols and resources for responding to crises (local crisis response plan) involving those who may be at high risk for suicide.

(e) Awareness of firearms safety, to include the use of gun locks, gun safes, and voluntary storage of personal weapons in line with reference (a).

(f) Postvention (actions following a death by suicide to promote healing and return to mission-readiness).

(g) Confidential communications to Navy chaplains - chaplains cannot be compelled by the command, medical professionals, or others to disclose what a Service member or family member shares in confidence.

(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 SPP manager (SPPM) to proactively assist in implementing the command SPP. The SPPM should be E-7 or above, or GS-9 or above.

(2) Designate, in writing, assistant SPPMs as necessary to provide coverage for geographically separated HQ units (e.g., N3 Millington, etc.).

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

b. NETC HQ SPPM

(1) Become thoroughly familiar with the contents of this instruction, including references (a) and (b), and advise the chain of command on all SPP matters.

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

(3) Receive required Office of the Chief of Naval Operations (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.

(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 DoD suicide event report requirements and submission of SAIL referrals.

(9) Maintain collaboration with other SPPMs and suicide prevention coordinator (SPC), 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.

(10) Ensure subordinate commands are in compliance with the Navy SPP, including ensuring that echelon 3 commands have appointed an SPPM in writing. SPPM should be E-7 or above or GS-9 or above.

c. NETC HQ Assistant SPPM

(1) Receive required OPNAV (N171) SPC 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.

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

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

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) Attend suicide prevention GMT on an annual basis.

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

(6) Ensure NETC domain subordinate commands are in compliance with the Navy SPP and have appointed a command suicide prevention coordinator with a letter of designation.

6. Policy

a. The SPP will 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 (2) and (3) as tools to ensure a suicidal person is given timely proper care and all command and local resources are utilized.

c. Refer to enclosure (4) 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 and behaviors, recent significant life changes, drug or alcohol problems, isolation from friends and family, and 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 to include command triad and the Navy SPPM.

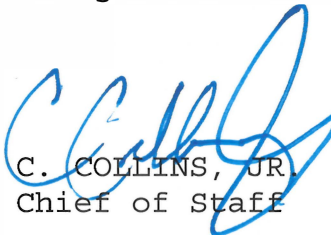
e. Assistance to Navy civilian employees beyond the suicide prevention training and incident reporting requirements is provided by the Civilian Employee Assistance program. Leadership will work closely with the human resources department when safety issues arise.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the DON Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager.

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, DoD, 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.


C. COLLINS, JR.
Chief of Staff

Releasability and distribution:

This instruction is cleared for public release and is available electronically on the NETC public web site (www.netc.navy.mil) or by e-mail at netc-directives@us.navy.mil.

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"):
 - a. I - Ideation. Thoughts of suicide expressed, threatened, written.

- b. S - Substance abuse. Increased or excessive alcohol or drug use.
 - c. P - Purposelessness. Seeing no reason for living or having no sense of meaning or purpose in life.
 - d. A - Anxiety. Feeling anxious, agitated, frequent nightmares, or unable to sleep (or sleeping all the time).
 - e. T - Trapped. Feeling trapped, like there is no way out.
 - f. H - Hopelessness. Feeling that nothing can be done.
 - g. W - Withdrawal. Withdrawing from family, friends, usual activities, or society.
 - h. A - Anger. Feeling rage or uncontrolled anger.
 - i. R - Recklessness. Acting without regard for consequences, excessively risky behavior.
 - j. 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.
 - 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: <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence>
 - f. Navy and Marine Corps Public Health Center: www.med.navy.mil/sites/nmcphc/Pages/Home.aspx.
 - g. Navy Operational Stress Control: <https://www.med.navy.mil/Navy-Marine-Corps-Public-Health-Center/Population-Health/Health-Promotion-and-Wellness/OPERATIONAL-STRESS-CONTROL-OSC/>
 - 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/>.
- l. Tragedy Assistance Program for Survivors: <http://www.taps.org/>.
- m. Defense Suicide Prevention Office: <http://www.dsppo.mil/>
- n. Give an Hour: <https://giveanhour.org>.
- o. PsychArmor Institute: <https://psycharmor.org>.

5. Definitions and Terms

a. Suicidal ideation. Thinking about, considering, or planning for suicide.

b. 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.

c. Suicide (death by suicide). Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

d. Resilience. Capacity for Sailors, families, and commands to withstand, recover, grow, and adapt in the face of stressors and changing demands.

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 (e.g., person is not aggressive).
- Allow the person to cry, scream, or swear. Distressing and suicidal feelings are often very powerful. Simply talking about the issues may provide the individual some relief from the stressors.
- Stay calm, and 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 they are thinking about suicide, you must always take the comments seriously.*]
- Do not promise confidentiality and 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.

- After you have a good understanding of the person's problems, summarize the problems back to them. [*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 their safety.
- Notify the Chaplain on duty, if applicable:
 - Naval Air Station (NAS) Pensacola Chaplain
Work Hours: 850-452-2342
After Hours: 850-452-4785
 - NETC Site East Chaplain
Work Hours: 757-433-2871
Dam Neck Work Hours: 757-492-6602
Regional After Hours: 757-438-3822
 - Navy Personnel Command (NPC) Millington Chaplain
Work Hours: 901-874-5341
Operations Watch (24 hours): 877-663-6772
 - Naval Station (NAVSTA) San Diego Chaplain
Work Hours: 619-556-2658
After Hours: 619-520-4949
- If possible, stay with the person or keep the person on the phone until medical services are available.
- Report incident to chain of command and staff duty officer (SDO) (850-554-8888).
- 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 SAIL referral. For the most up-to-date SAIL process, please refer to www.suicide.navy.mil.

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 or with person. 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:

NETC PENSACOLA
LOCAL SUICIDE PREVENTION RESOURCE REFERENCES

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

NETC SITE EAST
LOCAL SUICIDE PREVENTION RESOURCE REFERENCES

Emergency	CALL 911 FIRST
Base Emergency, EMS, Security, NAS Oceana	757-433-9111
NETC Site East Suicide Coordinator	540-653-4426
Duty Chaplain, Dam Neck	757-438-3822
Chaplain and Religious Services, Dam Neck	757-492-6602
Branch Medical Clinic Dam Neck	757-953-9915
Naval Medical Center Portsmouth	757-953-5000
FFSC, Dam Neck	757-492-6342
FFSC, Oceana	757-433-2912
Sexual Assault DoD Safe Helpline	877-995-5247
Poison Control	800-222-1222
Military Crisis Line	800-273-8255 (Option 1)

NETC N3
LOCAL SUICIDE PREVENTION RESOURCE REFERENCES

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 CDO	901-573-1232
NPC Assistant CDO	901-233-7486
NPC SPC	901-874-4444/ 4771
NPC Chaplain	901-874-5341
Operations Watch (24 hours)	877-663-6772
Military Medical Clinic, Naval Support Activity (NSA) Mid-South	901-874-6100
Lakeside Behavioral Health System (2911 Brunswick Rd)	901-377-4700
FFSC, 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)

NETC SITE WEST
LOCAL SUICIDE PREVENTION RESOURCE REFERENCES

Emergency	CALL 911 FIRST
Base Emergency, EMS, Security, NAVSTA San Diego	911
Duty Chaplain	619-520-4949
Chaplain and Religious Services	619-556-2658
NAVSTA San Diego Branch Medical Clinic	619-881-9202
NAVSTA San Diego Naval Medical Center Balboa	619-532-6400
FFSC, NAVSTA San Diego	619-556-7404
Sexual Assault DoD Safe Helpline	877-995-5247
Poison Control	800-222-1222
Military Crisis Line	800-273-8255 (Option 1)