



DEPARTMENT OF THE NAVY
NAVAL SERVICE TRAINING COMMAND
2601A PAUL JONES STREET
GREAT LAKES, ILLINOIS 60088-2845

NSTCINST 1720.1B CH-1
N00
6 Feb 25

NSTCINST 1720.1B- CHANGE TRANSMITTAL 1

From: Commander, Naval Service Training Command

Subj: NAVAL SERVICE TRAINING COMMAND SUICIDE PREVENTION PROGRAM

1. Purpose. To replace the word “gender” with “sex” in enclosure (7) in accordance with Executive Order 141658, Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government..


C/T. MATTINGLY

Releasability and distribution:

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NAVAL SERVICE TRAINING COMMAND INSTRUCTION 1720.1B

From: Commanding Officer, Naval Service Training Command

Subj: NAVAL SERVICE TRAINING COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A

(b) OPNAVINST 6100.2A

- Encl:
- (1) [Five Guiding Principles for Resilience](#)
 - (2) [Five Guiding Principles Checklist](#)
 - (3) [NSTC Suicide Prevention Resources](#)
 - (4) [Command Suicide Prevention Program Checklist](#)
 - (5) [NSTC Suicide Behavior Response Checklist](#)
 - (6) [NSTC Suicide Response Checklist](#)
 - (7) [NSTC Distressed Caller Worksheet](#)

1. Purpose. To implement the Commander, Naval Service Training Command (NSTC) Suicide Prevention Program (SPP) Administrative, Organization, and Response Plan.

2. Cancellation. NSTCINST 1720.1A

3. Background

a. The leadership of NSTC is committed to maintaining a fit and healthy force because the health of Sailors and civilians is vital to mission readiness. Suicide and suicidal behavior not only impacts the lives and well-being of NSTC personnel but also affects their families, friends, and co-workers. Leaders are encouraged to be involved in the lives of those they supervise by having a caring relationship and by being aware of any issues that may be affecting them.

b. The NSTC SPP supports the Navy's Suicide Prevention Program in meeting the requirements of reference (a).

(1) NSTC Chaplains and Mental Health Consultants will host an annual Suicide Prevention Symposium for key command personnel and Suicide Prevention Coordinators (SPC) as resources permit.

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(2) NSTC's Suicide Prevention Taskforce will encompass a team of military and civilian personnel that work in conjunction with mental health-care providers to ensure all personnel can seek assistance for themselves and assist others in a time of crisis or when confronted with someone who may be considering suicide. Additionally, this task force will meet quarterly to ensure program continuity and accountability.

c. The goals of the NSTC SPP are:

(1) Instilling resilience by providing information and experiences that can be internalized and by developing coping skills that are useful now and in the future;

(2) Training personnel to be aware of warning signs and despondency in themselves and others.

(3) Reducing stigma and encouraging help-seeking behavior.

d. NSTC SPCs will provide subordinate units methodical, systematic, and consistent training regarding suicide prevention. This training will imbue Sailors with healthy lifestyle mechanisms that carry them during times of stress from the beginning to the end of their career. NSTC SPCs will ensure that NSTC Sailors and civilians have the opportunity to develop and internalize emotional, physical, and spiritual coping strategies that foster resilience and that they have the resources to deal with personal and professional challenges throughout their career and beyond.

e. Suicide is a preventable personnel loss that impacts unit readiness, morale, and mission effectiveness. The NSTC SPP seeks to address suicide by encouraging all personnel to engage in training and education in regards to this crucial issue. A responsible suicide prevention program must empower all personnel to seek assistance for themselves and to encourage early intervention when helping those who appear distressed. Early referral by a concerned Shipmate, caring family member, co-worker, or supervisor can make all the difference in enabling someone to seek help.

f. Suicide prevention is an all hands effort. Every active duty service member and civilian within the NSTC domain should work to build resiliency and reduce stress, not only in the work force but in their personal life as well. The five guiding principles for resilience, contained in enclosure (1), are the

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core considerations to use as guiding points to understanding resilience and implementing stress control. Enclosure (2) is a checklist to help understand resiliency and stress prior to evolutions.

g. One of the additional hurdles in suicide prevention is the challenge of de-stigmatizing the act of asking for help. Everyone must take all calls for help seriously and treat those asking for help with respect and with selective confidentiality. There is no guarantee that expressing suicide will not affect a Sailor's career. However, individuals should seek help without fear of repercussions and all notifications are kept on a "need to know" basis to enable individuals to return to their command or work center once they have received the care needed.

h. NSTC SPP consists of four elements:

(1) Training increases awareness of suicide warning signs, improves wellness, and ensures personnel know how to seek help for themselves and how to intervene when someone else needs help.

(a) Annual Training. Each NSTC entity conducts annual training for all members (military, civilian, student) tailored to fit specific needs of the organization, based on unique stressors, life experiences, and length of time in the Navy.

(b) Ask, Care, Treat (ACT). Act is a mnemonic device embedded within Navy suicide prevention training materials to assist Sailors when faced with a crisis.

(c) Operational Stress Control (OSC). OSC teaches sailors to identify the symptoms of stress that may lead to suicidal behavior and encourages personnel to be aware of their shipmates' behavior and to recognize and report signs of distress. OSC also provides guidelines for developing coping mechanisms to manage stress and recommendations for building resilience and emphasizes the importance of mental and emotional well-being.

(d) Chaplains are encouraged to integrate Navy Core Values (honor, courage, commitment) into their Divine Services.

(2) Intervention ensures timely access to needed services and permits a plan of action for crisis response. Personnel should be encouraged to seek help without fear of

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repercussion. NSTC SPCs will provide information that clarifies misconceptions and answer questions about self-referral, such as, "What will happen if I self-refer?," "who will be notified?," and "Will it affect my career?"

(3) A response includes assisting families, units, and service members affected by suicide and suicidal behaviors.

(4) Reporting includes reports of incidents of suicide and suicide-related behaviors.

4. Responsibilities

a. Commanding Officers (COs) shall:

(1) Ensure an effective suicide prevention program is established and maintained, consistent with requirements of reference (a).

(2) Designate, in writing, an SPC to assist in implementing and providing oversight of the installation/unit suicide prevention program. Whenever possible, the SPC should be an E7 or above. Designate, in writing, assistant SPCs as necessary to accommodate the command size and structure.

(3) Ensure suicide prevention training is conducted on an annual basis for all command personnel and maintained in records of the training.

(4) In conjunction with the Command Fitness Leader (CFL) and medical personnel, ensure distribution of health and fitness materials in support of OPNAV health promotion initiatives per reference (b).

b. SPCs shall:

(1) Develop, execute, and lead the overall SPP for NSTC and subordinate commands and coordinating efforts with Fleet and Family Services.

(2) Qualify as an SPC by completing one of the approved Navy Personnel Command (NPC) training courses, attending the Navy Suicide Prevention Conference, or attending the annual Department of Defense (DoD) Suicide Prevention Seminar.

(3) Provide and publicize suicide prevention awareness resources on a regular basis such as posters, virtual training,

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pamphlets, videos, command websites, and social media, as recommended in Enclosures (1) through (7).

(4) Ensure suicide prevention resources, as detailed in enclosure (1), are included in every Plan of the Week (POW), applicable All-Hands e-mails at least once per quarter, and are available online at all times.

(5) Ensure completion and tracking of training for all military and civilian personnel to include annual suicide awareness training and other specialized training as required.

(6) Respond to suicide incidents within the command and submit Department of Defense Suicide Event Report (DoDSER) when required per reference (a). A DoDSER is required within 60 days of notification that a suicide or undetermined death, for which suicide has not been excluded by the medical examiner, has been reported. See <https://dodser.t2.health.mil>

c. Individual service members shall:

(1) Learn and practice skills for maintaining a healthy lifestyle that promote psychological health, physical readiness, and positive stress control.

(2) Participate in suicide prevention training on an annual basis as a minimum.

(3) Seek assistance through the chain of command for support resources when experiencing distress or difficulty in addressing problems.

(4) Provide assistance and immediately notify the chain of command if a shipmate is observed to be experiencing distress or difficulty in addressing problems or exhibiting behavior consistent with suicidal ideation.



S. C. EVANS

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FIVE GUIDING PRINCIPLES FOR RESILIENCE

The information below is derived from the Commanding Officer's Suicide Prevention and Response Toolbox, Tab B, located on the www.suicide.navy.mil website.

The Navy Operational Stress Control (OSC) Program provides core considerations to use as guiding points to understanding resilience and implementing stress control. These core elements are:

- Predictability
- Controllability
- Relationships
- Trust
- Meaning

Predictability

A large body of research demonstrates that adverse stress outcomes, particularly health impacts, are less likely when a challenging event is predictable. We will not jump as high to a loud noise or wince at the sting of a vaccination when something lets us know it is coming. Young children more easily leave the playground or go to bed if they have been given a "5 more minutes" warning. Realistic training and drills, consistent leadership, routines, and clear communication all contribute to predictability.

Controllability

No one can control every aspect of a challenging event. However, we know that having a sense of control generally leads to more positive results. A sense that we have some control over unfolding events comes from training and experience such as knowing what to do to respond to a fire and having practiced it before. Often the event itself may not be in our control, but our response to the event, to include problem solving actions or managing our own stress reactions (controlling breathing for example), can prove helpful. Another way to improve controllability, even when the event is beyond control, is offering choices, e.g. the child evacuating before a flood can

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choose which stuffed animal to bring or the Sailors who lose a shipmate can help choose how to conduct the memorial service.

Relationships

The underpinning of unit cohesion and morale, family wellbeing, and community is interpersonal relationships. With strong relationships, individuals and groups can thrive despite profound challenges. When important relationships fall apart, this can be very stressful and removes a portion of the foundation of resilience. For example, across the Department of Defense, relationship failure has been the most common stressor associated with suicide. Actions to foster, develop, preserve, and repair supportive relationships should always be a consideration in stress control.

Trust

Trust plays a critical role in withstanding adversity and extends beyond individual relationships. Trust provides a positive expectation from the organization and systems in which we operate and includes integrity, dependability, and competence on the part of leaders and larger organizations. Trust is built through experience and includes certain expectations (for example that the parachute will open, the equipment will function, medical services will be there in times of need, family will be faithful, etc.). Loss of trust will erode stress control efforts and increase risks of psychological distress. Presence of trust increases willingness to confide which better allows concerns to be recognized and addressed before stress injuries occur.

Meaning

People fare better when they know why they are doing what they do - why the mission is important, how their duties fit in to the picture, why their family makes certain sacrifices. A consistent aspect of recovery from traumatic events involves establishing meaning regarding the event and the subsequent changes that occur in the person's life. Leader activities like after action reviews can help speed this process by planting the seeds of shared meaning after a challenge. In addition, having a greater sense of purpose before significant challenges or stressful events occur makes it much easier to perform and grow.

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GUIDING PRINCIPLES CHECKLIST

For every evolution, ask yourself the following questions:

- ☐ Does this action/evolution make future challenges more predictable (for Sailors / Crew / Family)?
- ☐ Does it communicate what to expect?
- ☐ Does it demonstrate what to expect?
- ☐ Does it allow practice of what to expect (drill / training)? (Remember that consistency and following clear policies make situations more predictable.)
- ☐ Does this action / evolution give the Sailor / Crew / Family some control over the situation, their actions, or their reactions?
- ☐ Does it give some options or choices?
- ☐ Does it build skills that gives them confidence to respond to the challenge?
- ☐ Does it build skills that enable them to control their thoughts, attitudes, emotions, focus of attention, or physiology in the face of the challenge?
- ☐ Does it help them to recognize those aspects of the challenge (situation, action, reaction) that can be controlled and those that cannot?
- ☐ Does this action / evolution strengthen key relationships?
- ☐ Does it help build sense of belonging and cohesion in the group?
- ☐ Does it improve the crew's or family's ability to work as a team?
- ☐ Does it build skills to improve effective communication and conflict resolution?
- ☐ Does it enhance mutual understanding and appreciation of diverse contributors?
- ☐ Does this action / evolution build trust?
- ☐ Does it improve understanding between individuals?
- ☐ Does it demonstrate reliability (of the equipment, procedure, process) or effective use of contingency?
- ☐ Does it lead to a positive result (e.g. success or near success with clear pathway to future success) after experience slightly outside of usual "comfort zone"?
- ☐ Does this action / evolution enhance meaning?
- ☐ Does it communicate the big picture mission and how the individual, crew, and family fits in or contributes to the big picture?
- ☐ Does it clearly demonstrate to the individuals the positive impact of their actions?
- ☐ Does it help understand the "whys" and construct a shared understanding? (before or after an event)

Enclosure (2)

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NSTC SUICIDE PREVENTION RESOURCES			
ENTITY	RESOURCE	PHONE	ADDITIONAL DETAILS/WEBSITE
Civilian	911 Operator	911	9-911 (if dialing from on-base)
Military/ Civilian	NSTC Chaplain	847-688-2288	Office hours 0800-1600 CTS
Military	Medical Great Lakes	224-610-5505	Captain James A. Lovell Federal Health Care Center Emergency Room
Civilian	National Suicide Prevention Lifeline	800-273-8255 (TALK)	www.suicidepreventionlifeline.org/GetHelp The Lifeline is a network of 161 crisis centers in 50 states and is available 24/7; calls are routed to the closest available crisis center.
Navy	Navy Personnel Command Suicide Prevention Page	800-273-8255 (TALK) Press 1	www.suicide.navy.mil automatically directed to http://www.public.navy.mil/bupers-npc/support/suicide_prevention/Pages/default.aspx Caller is connected to the National Suicide Prevention Lifeline Military Crisis Line.
Navy/ Marine Corps	Navy/Marine Corps Public Health Center	800-273-8255 (TALK) Press 1	www.nmcphc.med.navy.mil/LGuide/index.htm Refer to "Suicide Prevention" Heading under "Psychological and Emotional Well-being" icon; caller is connected to the National Suicide Prevention Lifeline Military Crisis Line. Provides suicide prevention resources to help individuals recognize and understand suicide related behaviors, risk factors and protective factors.
Marines	Leaders Guide for Managing Marines in Distress	None Provided	www.usmc-mccs.org/leadersguide Provides guidance and resources for helping Marines who are in distress; refer to "Suicidal Behavior" tab.
Government	Military One Source	800-342-9647	www.militaryonesource.com Military OneSource is a Department of Defense (DoD) - funded program providing counseling services online, via telephone, or face to face to active duty, Guard and Reserve service members, and their families; available 24/7; does NOT provide "suicide" counseling.
Civilian	National Hope Line Network	800-442-4673 (HOPE) 877- 838-2838 (VET2VET)	www.hopeline.com HOPE connects the caller to a certified crisis center nearest to their calling location; VET2VET is a Veteran Peer Counseling hotline.

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Military	Military Pathways: Mental Health Screening	None Provided	www.militarymentalhealth.org DoD sponsored program; provides self-assessments for military personnel and family members, on-line, via phone or at installations.
Government	U.S. Office of Personnel Management	202-606-1800 General Inquiries	http://www.opm.gov/policy-data-oversight/worklife/reference-materials/traumaticevents.pdf Provides a "Manager's Handbook, Handling Traumatic Events;" Chapter 4 describes "Supervising an Employee with Suicidal Concerns."
Military/ Civilian	NSTC Flag Duty Officer	847-513-1814	After hours emergency

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COMMAND SUICIDE PREVENTION PROGRAM CHECKLIST

- ☐ Appropriate annual suicide prevention training conducted for Active Duty, Reserves, Navy Civilian and full time contractors.
- ☐ Life-skills/Health Promotions training related to Suicide Prevention has been provided.
- ☐ Messages of concern sent by senior leadership to provide current information and guidance to all personnel on suicide prevention.
- ☐ Written suicide prevention and crisis intervention plan in place (SOP, Duty Office Binder, etc.).
- ☐ Local support resource contact information easily available

Medical Treatment Facility

Local Emergency Room

Chaplain

Fleet and Family Support Center

Security

Other

- ☐ Personnel and supervisors have ready access to information about how to get help with personal problems (e.g. wallet card info, posters, plan of the day, emails)
- ☐ Procedure in place to facilitate personnel accessing needed services (e.g. time for appointments, access to transportation, overcoming logistical barriers, discouragement of stigmatization).
- ☐ Supervisors active in identifying personnel potentially in need of support for various issues (e.g. relationship problems, financial problems, recent loss, legal problems or loss of status, change in behavior or performance, showing warning signs).
- ☐ Safety plan for dealing with high-risk service members (e.g. suicidal/homicidal/bizarre thoughts and behaviors)

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- ☐ until mental health services are available. In the absence of guidance from a mental health professional, recommend:
 - a. Removal of personal hazards (no weapons, belt, shoes, boot straps, draw strings, shirt stays, and personal hygiene items such as toothbrush or razor).
 - b. Removal of environmental hazards from room (e.g. sheets, elastic bands, mirrors, pencils, pens, window dressings/blinds, shoelaces, strings, alcohol, weapons, medication, cleaning supplies, razors, metal eating utensils, telephones, tools, or any other rope, breakable, or sharp-edged object).
 - c. Line of sight supervision.
- ☐ Mental Health contact information readily available.
- ☐ Follow-up plan for personnel after acute evaluation.

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NSTC SUICIDE BEHAVIOR RESPONSE CHECKLIST	
If someone makes a suicide gesture or suicide attempt take the following steps:	
<input type="checkbox"/>	Gather as much information as possible using the "Distressed Callers Worksheet" in enclosure (7). Most importantly, note the NAME AND LOCATION of the distressed person.
<input type="checkbox"/>	Call 911 for off-base incidents, for Great Lakes on-base incidents call 3333 or as noted on your phone. If the distressed person made the emergency call themselves, verify the call was actually made.
<input type="checkbox"/>	Maintain phone contact with the distressed person or assisting third party until relieved by Emergency Medical Services.
<input type="checkbox"/>	If third party person is not already assisting, designate an escort to be with the distressed person at all times.
<input type="checkbox"/>	Notify the person's supervisor and/or chain of command.
<input type="checkbox"/>	Notify the Chain of Command, including the appropriate SPC.

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NSTC SUICIDE RESPONSE CHECKLIST	
If a person completes an act of suicide, take the following steps:	
<input type="checkbox"/>	Gather information from the witness or first responder using the "Distressed Callers Worksheet" in enclosure (7). Most importantly, note the name, unit, and location of the deceased.
<input type="checkbox"/>	Call 911 for off-base incidents, for Great Lakes on-base incidents call 3333 or as noted on your phone.
<input type="checkbox"/>	Maintain phone conversation with witness or first responder.
<input type="checkbox"/>	Maintain PHONCON with emergency entities.
<input type="checkbox"/>	Notify the person's supervisor and Chain of Command, including the SPC.
<input type="checkbox"/>	<p>Do not make any public statements without consulting with NSTC Public Affairs Office and/or referring to the Public Affairs Guidance (PAG) for Suicide Prevention.</p> <p>When speaking to the work site/unit, avoid announcing specific details of the suicide. Merely state it was a suicide or reported suicide.</p> <p>When engaging in public discussions of the suicide:</p> <p>(1) Express sadness at the Navy's loss and acknowledge the grief of the survivors;</p> <p>(2) Emphasize the unnecessary nature of suicide as alternatives are readily available;</p> <p>(3) Express disappointment that the Sailor did not recognize that help was available;</p> <p>(4) Ensure the audience knows that you and the Navy want personnel to seek assistance when distressed, including those who are presently affected;</p>

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	<p>(5) Encourage shipmates to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased; and</p> <p>(6) Provide a brief reminder of warning signs for suicide.</p>
<input type="checkbox"/>	<p>Notify the Casual Assistance Calls Officer (CACO). Note: If death occurred at home or if the family is already aware of death, it is not necessary to send the CACO immediately; rather, if the family is local, it might be advisable for the Commander, Deputy Commander, CMDCM or other command representative, along with the Chaplain, to make a bereavement visit in the hours after the death followed by an official CACO call the next day.</p>
<input type="checkbox"/>	<p>Draft and send Situation Report (SITREP). The Department of Defense Suicide Event Report (DoDSER) is only required for actual suicides. The SPC will oversee completion of the DoDSER with assistance from Navy Personnel Command (NPC) Suicide Prevention Office. Ref (a) details the process for preparing and submitting a DoDSER.</p>

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NSTC DISTRESSED CALLER WORKSHEET

A distressed person is calling because help is wanted. Your response should be to:

1. Communicate your desire to help.

2. **Take the caller seriously! Listen and get the essential information as soon as you can in order to provide help.**

a. NAME: _____

b. CURRENT LOCATION: _____

c. PHONE NUMBER: _____ (Verify Caller ID)

d. DESCRIPTION OF INDIVIDUAL CALLING: _____

_____ (Sex, approximate age, etc.)

e. NAME OF HELPER: _____

_____ (Another adult present?)

f. HAS AN INTENTION BEEN EXPRESSED?: YES / NO

(1) If yes, what was said: _____

g. If the person demonstrates the desire to hurt or kill themselves, ask the following questions:

(1) Do you know how you would hurt yourself? YES / NO

HOW: _____

(2) Do you have what you need to do it? YES / NO

WHAT: _____

Enclosure (7)

(3) If states with a gun, find out what type, who owns the gun, is it loaded, where is it located? _____

(4) Has medication been taken or is there a plan to take medication?

Ask what kind, how many, and when: _____

h. Any additional details: _____

3. Send help (911 if off-base, 3333 if on-base (Great Lakes), or as noted on phone), encourage individual to talk and continue to listen. Don't leave person alone. Wait until emergency crew arrives before hanging up.

4. Notify the following individuals after emergency contact has been established:

a. NSTC/NSGL Suicide Prevention Coordinator (SPC) at (847) 688-2288.

(1) If after working hours, contact the NSTC Flag Duty Officer (FDO) at (847) 513-1814.

b. Department Head, Command Master Chief, or Executive Officer.

c. Duty Chaplain, if available.