



DEPARTMENT OF THE NAVY
NAVY RECRUITING DISTRICT, NEW ORLEANS
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NAVCRUITDISTNOLAINST 1720.4A
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NAVY RECRUITING DISTRICT NEW ORLEANS INSTRUCTION 1720.4A

From: Commanding Officer, Navy Recruiting District New Orleans

Subj: SUICIDE PREVENTION PLAN

Ref: (a) OPNAVINST 1720.4A
(b) MILPERSMAN 1770
(c) OPNAVINST 3100.6J

Encl: (1) Suicide Risk Factors, Protective Factors, and Resources
(2) Command Suicide Prevention/Crisis Response Plan Checklist
(3) CDO Checklist
(4) Suicide Call Response Worksheet

1. Purpose. To provide policy, procedures and assign responsibilities for Navy Recruiting District New Orleans Suicide Prevention Program in accordance with references (a) through (c).

2. Cancellation. NAVCRUITDISTNOLAINST 1720.4

3. Background. Suicide is a preventable personnel loss that impacts unit readiness, morale and mission effectiveness. Relationship disruption, substance abuse, financial problems, legal problems and mental health problems (such as depression) can interfere with individual efficiency and unit effectiveness and also increase a person's suicide risk. Factors including positive attitude, solid spirituality, good problem solving skills, and healthy stress control can increase individual efficiency and unit effectiveness and reduce risk of intentional self harm. As such, preventing suicide in the Navy begins with promotion of health and wellness consistent with keeping service members ready to accomplish the mission.

4. Responsibility. Oversight of the Suicide Prevention Program is the responsibility of the Commanding Officer and the designated Suicide Prevention Coordinator (SPC). The program is administered in accordance with reference (a) through (c) with specific command responsibilities delineated in reference (a).

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5. Policy. NRD New Orleans suicide prevention program and enclosures are consistent with the guidance in references (a) through (d). This plan shall be implemented to reduce the risk of suicide, to minimize adverse effects of suicidal behavior on command readiness and morale; and to preserve mission effectiveness and war-fighting capability. The suicide prevention program shall include training, intervention, response and reporting.

/s/
C. A. STOVER

Distribution List:
Electronic only, via
<http://www.cnrc.navy.mil/neworleans/>

SUICIDE RISK FACTORS, 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 suicidal threats and behaviors
 - d. Relationship problems
 - e. Financial problems
 - f. Legal difficulties
 - g. Occupational problems
 - h. Social isolation
 - i. Ostracism
 - j. Withdrawal
 - k. Preoccupation with death
 - l. Impulsiveness
 - m. Access to and knowledge of lethal means
2. Protective Factors that Reduce Risk of Suicide:
 - a. Unit cohesion/camaraderie
 - b. Humor
 - c. Healthy lifestyle
 - d. Effective problem-solving skills
 - e. Positive attitude about getting help
 - f. Optimistic outlook

COMMAND SUICIDE PREVENTION/CRISIS RESPONSE PLAN

Important Phone Numbers

Command SPC.....(W) 504-432-2599... (C) 504-915-1800
MTF Emergency Room (Local MTF)..... _____
Local Emergency Room or Medical Facility 911
Local Military Hospital (Hospital Name) _____
Duty Chaplain _____
Navy Family Service Center (FFSC)..... _____
Base Security..... _____
Naval Criminal investigation Service (NCIS)..... _____
Poison Control..... _____

*** This is a living document. POCs identified here will need to be updated periodically and tailored to each Division's geographic location.***

A C T - Act, Care, Treat

What to Do

It is best for mental health or medical professionals to assess and manage suicidal situations but there may be times when unit leaders or peers find themselves on the phone or in person with a suicidal member. In any situation, if a member threatens suicide, or the member says things like, "I'm so depressed, I can't go on", or "Life isn't worth living", or "I wish I was dead", etc., take him/her **very seriously**. You may have very limited time and only one chance to intervene. The most important thing to do is take **action**.

By Phone:

- Establish a helping relationship (get your foot in the door).
- Quickly express that you are glad the member called.
- Gather as much information as possible:

Enclosure (2)

The order in which you ask the questions may differ depending on the specific situation. Before you proceed, remember to care:

Be yourself. Show concern. Be sympathetic. Listen.
Stay calm. Stay on the phone. Offer help. Repeat
back.

1. **Date:**
2. **Time:**
3. **Caller ID Number:**

Assess the member's tone and temperament by asking:

4. **Are you having thoughts of suicide? Y/N**
5. **Have you thought about how you would harm yourself? Y/N**
Details:
6. **Do you have what you need to do it (gun, pills, etc.)? Y/N**
*** If the person indicates he/she has taken pills, ask what kind of pills _____ how much _____ and when _____.
- *** If the person has a gun, ask if it is loaded: Y/N
7. **Name?**
8. **Is there anyone with you? Y/N Who?**
9. **Where are you? (Be specific)**

- Listen and do not give advice.
- Keep the member talking as long as possible until help can reach him but avoid topics that agitate him/her.
- Contact the appropriate helping resources.
- Follow up and ensure the member is **treated**, evaluated.

In Person:

- Act; find out what is going on with the member.
- Use open-ended questions such as: "How are things going?"
- Share care, concern for his/her well-being.
- Be honest and direct.
- Listen to words and observe emotions and body language.
- Repeat what he/she says using their words.
- Ask directly about their intent, i.e., "Are you thinking about suicide?"

- Keep the member safe – DO NOT leave them alone; have a capable member/escort with them at ALL times.
- Take steps to remove potential means of self-harm including firearms, pills, knives and ropes that do not endanger your personal welfare or the welfare of others.
- Notify security if member is agitated, combative or threatening.
- Escort the member to the nearest Military Treatment Facility (MTF) or civilian emergency room (ER) if MTF is unavailable.
- Follow up and verify that the member was treated, evaluated.
- If psychiatric hospitalization is required, talk to the MTF staff about what assistance is needed (e.g., arranging for transport/storage of necessary belongings, child or pet care).
- Monitor the member until you are convinced the risk is mitigated. Follow-up care should include mental health, unit flight surgeon and chaplain.
- The member may be so intent on suicide that he/she becomes dangerous to those attempting to help him/her. Call 911 or base security to help.
- If you transport member in vehicle, an escort must sit at each door to prevent the suicidal member from exiting a moving vehicle. Appoint a person to contact the mental health provider and pass the Commanding Officer's telephone number for feedback following the evaluation.

What to Avoid:

- Do NOT minimize the problem.
- Do NOT overreact to the problem.
- Do NOT create a stigma about seeking mental health treatment.
- Do NOT make the problem public; involve others only as necessary.
- Do NOT delay a necessary referral.

CDO CHECKLIST

If a member has **suicidal thoughts** or makes a **suicidal gesture**, take the following steps:

- Gather information using the **Action Plan/Suicide Call Response**
- Notify the CO, XO, CMC
- Notify the member's Chain of Command
- Notify the SPC
- Request medical evaluation
- ***The command must decide whether the member should be removed from any duty in which he might be a danger to himself or others. ***
- Draft a SITREP

If a Sailor makes a **suicide attempt** take the following steps:

- Call 911 (Off base) or Base Security (On base)
- Request medical evaluation
- Notify the CO, XO, CMC
- Notify the member's Chain of Command.
- Notify the SPC
- Remove the Sailor from any activity in which he could be a danger to himself or others
- Draft a SITREP

If a member **commits suicide** take the following steps:

- Notify the CO, XO, CMC
- Notify the CACO
- Admin- review member's service record (Page 2 and PNOK Info)
- Notify the SPC
- ***CO will decide how to address the issue; ie. speak directly to the division, department or the entire command.***
- Assist CO by liaising with Chaplain, FFSC or Naval Hospital SPRINT Team.
SPRINT info:
[http://www.med.navy.mil/sites/nme/pages/psychiatric\(sprint\).aspx](http://www.med.navy.mil/sites/nme/pages/psychiatric(sprint).aspx)
SPRINT Hotline: 1-800-240-6394 (pager) or 619-532-7894/6200 (front desk)
- Draft a SITREP

SUICIDE CALL RESPONSE WORKSHEET

For the purpose of this process, the Suicide Prevention Team (SPT) consists of the Suicide Prevention Coordinator (SPC), CO, XO, and CMC

1. **TAKE CALLER SERIOUSLY**, and let the caller know you are taking them seriously.

Reassure caller and reflect their emotions, e.g.

*"You did the right thing by calling. We can help you through this." "You sound very... _____
[upset/sad/anxious]."*

2. **GET SOMEONE FROM THE SUICIDE PREVENTION TEAM (SPT) ON THE LINE ASAP.** SPC Cell#: (504) 915-1800

Say:

"While you stay on the line, I will get someone to help you."

Tell SPT member you have a suicidal individual on the phone. Give him/her any information you have gotten so far.

3. **KEEP THE CALLER ON THE PHONE.** Do not put the caller on hold or transfer the call!

If the caller seems like they are about to hang up, say something like:

"Please stay on the phone. I'm getting someone to help you. I'm here to listen if you'd like to talk."

4. **IF STILL WAITING FOR an SPT member, gently try to get caller's name, last four, and phone number.** Write it legibly.

Say:

"I need to get some information. Let me get your name...your last 4... and the phone number where you are in case we get disconnected."

Once you have that information, say,

"Where are you right now, (name) _____?"

If they will not give you this information, do not pressure him/her. Keep him/her on the phone and talking, and ask again later.

5. AT ALL TIMES:

- a. Allow patient to talk about whatever he/she wants to.
- b. Make supportive statements, such as:
"It sounds like you've been having a difficult time lately."
- c. Be patient and compassionate.
- d. Do NOT give specific advice.

Do NOT make judgments or give opinions about what he or she is saying.

6. IF THE CALLER HANGS UP before the SPT gets on the line:

- a. Describe what happened to the SPT who was summoned to help. Then assist them in calling the individual back.
- b. If the individual cannot be reached by phone, call security if the member lives on base or look in the recall and call their local police if you know the location and give them whatever information you have.

Notes: _____

CDO/CMD REP Print Name and Signature/Date/Time