DEPARTMENT OF THE NAVY
NAVY RECRUITING DISTRICT OHIO
P.O. BOX 3990
COLUMBUS, OHIO 43218-3990

NAVCRUITDISTOHIOINST 1720.1B
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11 FEB 2015

NAVCRUITDISTOHIO INSTRUCTION 1720.1B

Subj: SUICIDE PREVENTION PLAN

Ref: (a) OPNAVINST 1720.4A

Encl: (1) Suicide Prevention Crisis Plan

1. Purpose. To provide policy, procedures and assign responsibilities for Navy Recruiting District Ohio's Suicide Prevention Program in accordance with reference (a).

2. Cancellation. NAVCRUITDISTOHIOINST 1720.1A.

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

4. Policy. NRD Ohio's Suicide Prevention Program and enclosure (1) is consistent with guidance in reference (a). 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.

ERIC A. SHAFER

Distribution:
Electronic only, via
http://www.cnrc.navy.mil/Ohio/Latest-Info.htm

SUICIDE PREVENTION CRISIS RESPONSE PLAN

(Navy Recruiting District Ohio)

Command Suicide Prevention Coordinator ..... LT Hagness
(W) 614-693-3008 (C) 612-309-9933

Commanding Officer.....1-614-693-3001
OPS.....1-614-693-3035

Command Master Chief.....1-614-693-3003
Command Duty Officer.....1-614-565-3101
Naval Medical Center Bethesda 1-301-295-4611
Psychiatric Unit 1-301-295-4095
Poison Control.....1-800-222-1222
NRC – Suicide Prevention Coordinator – CTIC Gordon.....1-901-874-9173

Additional Phone Numbers:
- OPNAV N135 Behavioral Health 1-901-874-6613
- Military One Source 1-800-342-9647
- National Suicide Prevention Helpline 1-800-273-8255
- National Hopeline Network 1-800-SUICIDE
- Tragedy Assistance Program for Survivors 1-800-959-TAPS

PURPOSE:

It is the organization's responsibility to ensure that any Sailor who presents themselves at risk or exhibiting suicidal behaviors to the command receives immediate treatment and concern required.

DISCUSSION:

It is not possible to plan for every event. However, in many situations, a written crisis response plan, easily accessible in the duty office and/or similar location can help avoid wasting critical time spent looking for contacts for information. The response plan will assist units in assuring a plan of action is available for crisis response.

RESOURCES:

1. OPNAVINST 1720.4A (SUICIDE PREVENTION PROGRAM)

2. OPNAVINST 6100.2A (HEALTH AND WELLNESS PROMOTION PROGRAM)

3. MILPERSMAN 1770 (CASUALTIES AND SURVIVORS BENEFITS)

4. SECNAVINST 6320.24A (MENTAL HEALTH EVALUATIONS OF MEMBERS OF THE ARMED FORCES)

a. WEBSITES:

(1) WWW.SUICIDE.NAVY.MIL - Navy Personnel Command Suicide Prevention

(2) WWW.MILITARYONESOURCE.COM - Military One Source

(3) WWW.MILITARYMENTALHEALTH.ORG (Provides anonymous online mental health screenings - Funded by DOD Office of Health Affairs)

b. General Prevention Resources:

(1) American Association of Suicidology - http://www.suicidology.org/web/guest/thinking-about-suicide

(2) American Foundation Suicide Prevention - www.afsp.org

(3) Center Disease Control Suicide Awareness Prevention - www.cdc.gov/ncipc/factsheets/suifacts.htm

(4) NIMH - http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

(5) Real Men/Real Depression - http://www.nimh.nih.gov/health/topics/depression/men-and-depression/index.shtml

(6) Suicide Awareness Voices of Education - www.save.org

(7) Suicide Prevention Action Network - www.spanusa.org

(a) Suicide Prevention Resource Center - www.sprc.org

(b) Tragedy Assistance Prgm for Survivors - www.taps.org

SUICIDAL BEHAVIOR:

Suicidal behavior can range from threats or statements to hurt themselves. Statements that the world or others would be better off without them, taking actions to hurt themselves and actually taking their lives are examples of suicidal behavior.

ACTION - What will the First Responder Do?

- If a Sailor presents suicidal behavior during working hours:
  - Use the following Checklist provided. Contact the appropriate personnel for your command. This will be determined by your command location and need of your Sailor at that time and whether there are injuries present at the time.
  - This can be Medical, Chaplain, Suicide Prevention Coordinator, CDO, CMC, XO, CO.
  - How will the response be determined?
    - If no injuries, call: SPC, CDO, CMC, XO, CO
    - If there are injuries, call: 911/Medical, SPC, CDO, CMC, XO.
- **Ensure the Sailor is not left alone.**
- Additionally, there are some important "Do's" and "Don'ts". If the person reports to the CDO or to their chain of command, follow the rules below:
  - **DO:**
    - Remove all hazards in your surroundings (blinds, scissors, etc.)
    - Treat the Sailor with respect. Remember the acronym:
      ACT - Ask (Ask if someone is thinking about suicide), Care (Let them know you care), Treat (Get them help as soon as possible).
    - Be yourself. Using the right words is important. If you are concerned, your voice and manners will show it.
    - Listen attentively, stay calm, be supportive, and kind.
    - Focus on the person, not the rules.

- Do not be judgmental or invalidate the person's feelings. Let the person express emotions without negative feedback.

o **DON'T:**

- Tell the Sailor how he/she is feeling.
- Make decisions for the Sailor.
- Say anything that would cause the Sailor to feel that you disbelieve what he/she is saying.

RESPONSE PLAN FOR COMMAND PERSONNEL WHEN DEALING WITH A DISTRESSED MEMBER

Date:_____

Time:_____

Caller ID Number:_____

If a distressed or suicidal person calls or comes into the office, ask for the following information. **The order of 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," etc., **ASK "Are you having thoughts of suicide?"**
YES _____ **NO** _____

Be yourself	**Show Concern**	**Be sympathetic**	**Listen**
Stay Calm	**Offer Help and Hope**	**Stay on the phone**	**Get Help**

1. **Have you thought about how you would harm yourself? Yes___ No ___**

   Details:

   _____

   _____

2. **Do you have what you need to do it? / Do you have a gun, pills, etc? Yes ___ No ___**

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

_____

_____

If the person indicates he/she has a gun, Ask:

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

_____

3. **What is your name?**

_____

4. **Who is there with you?**

_____

5. **Where are you? (Determine specific address, building number, space, etc.)**

6. **I can help you. I can get you some help. Do you want help? Yes ___ No ___**

7. **Are you willing to wait for help? Yes ___ No ___**

8. **Contact Immediately: 911, Poison Control, Suicide Hotline 1800-273-TALK (8255), Chain of Command.**

CHECKLIST IN INSTANCE OF SUICIDAL BEHAVIOR

If you receive a call concerning a member has committed suicide or suicidal behavior, you must:

1. **Identify the Caller:**
   Name: _____
   Phone Number: _____
   Date/Time: _____

2. **Identify the Facts:**
   Sailor's identity:
   Location of Sailor:
   Where did incident occur?

Approximate age of Sailor:
Is there a weapon?
Is there someone else there as well? Who?
Have they taken drugs or alcohol?

3. **Call Command Rep:**
SPC: LT Hagness (W) 614-693-3008 (C) 612-309-9933
CDO: 614-565-3101
CMC: 614-693-3003
XO: 614-693-3002
CO: 614-693-3001

4. **Ask: Has Medical Assistance 911 been called?**
Yes _____ No _____
If yes, who was contacted?
Name:_____
Phone Number: _____

5. **Ask: Has Security/Law Enforcement been called?**
Yes _____ No _____
If yes, who was contacted?
Name: _____
Phone Number: _____

6. **Has NCIS or Local authorities been notified?**
Yes _____ No _____
If yes, who was contacted:
Name: _____
Who notified them (Name): _____
Agent/Officer Phone Number: _____

******Copy to be kept with Suicide Prevention Coordinator*******

DEFINITIONS:

Suicide Attempt - A self inflicted potentially injurious behavior with a non fatal outcome for which there is evidence of intent to die. A suicide attempt may or may not result in injury.

Suicide - The act of intentianaly causing one's own death. (either explicit or implicit).

Other Suicide Related Behavior - Expressed suicide related thoughts, suicide related communications, and non fatal self injurious behavior without evidence of intent to die.

Suicide Related Ideations - Any self reported thoughts of engaging in suicide related behaviors.

Suicide Threat - Any interpersonal action, verbal or nonverbal, without a direct self injurious component, passive or active, for which there is evidence that the person is communicating that a suicide related behavior might occur in the near future.

Suicide Plan - A proposed method of carrying out a design that can potentially result in suicide related behaviors or a systematic formulation of a program of action that will potentially lead to suicide related behaviors.

Self Harm - A self inflicted potentially injurious behavior for which there is evidence that the person did not intend to kill himself/herself. Person may engage in self harm behaviors when they wish to use the appearance of intending to kill themselves in order to attain some other end to seek help, to punish others, to receive attentio0n or to regulate negative mood. Self harm may result in no injuries, injuries or death.

REPORTING PROCEEDURES:

During a suicide the following reports must be submitted:

1. Personnel Casualty Report - Within 4 hours of the member's death/suicide attempt by CO or ISIC of the member who suffers the casualty.
2. Special Incident Report - Must be submitted within 5 working days of incident.
3. Follow up email to Chain of Command
4. DODSER - Submitted by the Military Medical Provider. 30-60 days depending on suicide/suicide attempt or suicide behavior.

PERSONNEL CASUALTY REPORT (PCR):

PCR is required for suicides and suicide related behaviors which result in very serious injury, serious injury, or evacuation. OPREP-3 reporting per OPNAVINST 3100.6H, is required for all suicide related behaviors regardless of outcome. The OPREP-3 report should specify only "SUICIDE RELATED BEHAVIOR" without distinction between attempts and other behaviors. Ref: MILPERSMAN 1770.

In case of a casualty, the Personnel Casualty Report will need to be submitted to:

1. Navy Personnel Command
2. Chief BUMED
3. Naval Safety Center
4. CNO
5. Home Port Stations
6. JAG
7. Military Medical Support Centers,
8. American Red Cross

PCR information will consist of:

Casualty Reporting Command: NRD Ohio
Date/Time Group:
Type of Casualty: Suicide/Suicide Attempt
ALPHA: Name of Member
BRAVO: Status of Duty Station, POC Telephone Number, UIC

CHARLIE: Non-Hostile/Hostile
DELTA: Date of incident, Place, Circumstances of incident
ECHO: Condition of Member and prognosis (Poor/Fair/Good/Excellent)
FOXTROT: PNOK, Name, address and relation to member.
GOLF: NOK Notification. Has members been officially notified in person or by a Naval Representative. If they were notified, list how notifications were made.
HOTEL: N/A
INDIA: Date of Dependency App/Record of Emergency Data.

NAVY UNIT SPECIAL INCIDENT REPORT:
This should be completed by the command within 5 working days of the incident. When information is known, the command should send an email to the Commodore, Deputy, and Operations Officer Navy Recruiting Region EAST. Also, the command should provide an email stating the root cause, lessons learned and steps to improve resiliency.

EXAMPLE SITREP:
1. TYPE OF INCIDENT: SUICIDE/SUICIDE ATTEMPT
2. DATE OF INCIDENT: 1OCT09
3. TIME OF INCIDENT: 2300
4. LOCATION OF INCIDENT: AKRON, OH
5. SUSPECT OR ALLEGED OFFENDERS: NAME
6. SUSPECT OR ALLEGED OFFENDER'S COMMAND AND UIC: NRD OHIO, 62416
7. GENDER: MALE/FEMALE
8. AGE: 49
9. RACE: CAUCASIAN/AFRICAN AMERICAN/HISPANIC/ASIAN ETC
10. WEAPON: N/A / YES (TYPE)
11. ALCOHOL/DRUG: N/A / YES (TYPE)
12. VICTIM OR COMPLAINANT: NAME
13. VICTIM OR COMPLAINANT'S COMMAND AND UIC:
14. GENDER: MALE
15. AGE: 52
16. RACE: CAUCASIAN/AFRICAN AMERICAN/HISPANIC/ASIAN ETC
17. ALCOHOL/DRUGS:

18. NAVCRIMINSERV NOTIFIED: YES/NO
19. INSTALLATION FAMILY ADVOCACY REP NOTIFIED: YES/ NO
20. SUMMARY/BRIEF DESCRIPTION OF INCIDENT: ATTEMPTED SUICIDE.
21. MEDIA INTEREST: NOT ANTICIPATED
22. NAVCRIMINVSERV INVOLVEMENT: YES / NO
23. POC E-MAIL, COM, DSN (24/7 ACCESS & AVAILABILTY WITH KNOWLEDGE OF THIS MATTER):
24. SUMMARY: AT APPROXIMATELY 2300 ON THE MORNING OF 01 OCT 2009, CHIEF PETTY OFFICER SAMMY SMOCK ATTEMPTED TO COMMIT SUICIDE AT THIS RESIDENCE AT (ADDRESS). LT ROCK STEVENS WAS NOTIFIED BY THE SERVICE MEMBER OF THE INCIDENT AT 0100 ON 2 OCT 09. THE SERVICE MEMBER CALLED HIS MOTHER AND SHE CALLED 911. HE IS CURRENTLY AT AKRON GENERAL HOSPITAL IN AKRON, OH. FAMILY MEMBERS ARE AWARE OF THE SITUATION AND ARE WITH CHIEF SMOCK AT THE HOSPITAL. THE REASONS FOR THE SUICIDE ATTEMPT ARE PRESENTLY UNKNOWN. THE SAILOR HAS BEEN ADVISED BY MEDICAL STAFF THAT HE WILL BE INVOLUNTARILY KEPT UNDER OBSERVATION IN THE PSYCHIATRIC WARD OF THE HOSPITAL FOR 3-5 DAYS.//

Message Body (Suicide): (EXAMPLE)

MSGID/OPREP-3,USMTF,YYYY/USS SHIP/001//
REF/A/DESC: INITIAL VOICE REPORT TO ISIC/USS NEVERSAIL
/160529ZJUN2009//
FLAGWORD/NAVY UNIT SITREP (OPREP-3 NAVY BLUE IF MEDIA INTEREST)/-//
TIMELOC/160430ZJUN2005/4050N13235E/INIT//
GENTEXT/INCIDENT IDENTIFICATION AND DETAILS/

1. TYPE OF INCIDENT: NON-HOSTILE DEATH
2. DATE OF INCIDENT: 16JUN05
3. TIME OF INCIDENT: 0430L
4. LOCATION OF INCIDENT: BASE HOUSING, NORFOLK, VA
5. SUSPECT OR ALLEGED OFFENDER: NONE
6. SUSPECT OR ALLEGED OFFENDER'S COMMAND AND UIC: NRD OHIO, 62416
7. GENDER: N/A
8. AGE: N/A
9. RACE: N/A

10. WEAPON: SHEET
11. ALCOHOL/DRUG: BEER, TWO 6-PACKS
12. VICTIM OR COMPLAINANT: E-4
13. VICTIM OR COMPLAINANT'S COMMAND AND UIC:
14. GENDER: MALE
15. AGE: 24 YEARS OLD
16. RACE: WHITE
17. ALCOHOL/DRUGS: NO
18. NAVCRIMINVSERV NOTIFIED: YES
19. INSTALLATION FAMILY ADVOCACY REP NOTIFIED: N/A
20. SUMMARY/BRIEF DESCRIPTION OF INCIDENT: DEATH BY POSSIBLE SUICIDE.
21. MEDIA INTEREST: NOT ANTICIPATED.
22. NAVCRIMINVSERV INVOLVEMENT: NOTIFIED
23. POC E-MAIL, COM, DSN (24/7 ACCESS & AVAILABILTY WITH KNOWLEDGE OF THIS MATTER): LT BROWN, COMM 555-555-5555, DSN 555-5555, LT.BROWN@NAVY.MIL
24. SUMMARY: SM FOUND IN BERTHINGSHOWER AT APPROXIMATELY 0430 WITH A SHEET KNOTTED AROUND HIS NECK, HANGING FROM WATER PIPE. MEDICAL ASSISTANCE WAS RENDERED FROM SHIP'S CREW UNTIL ARRIVAL OF EMERGENCY MEDICAL STAFF. SERVICE MEMBER WAS PRONOUNCED DEAD ON ARRIVAL AT PORTSMOUTH NAVAL HOSPITAL. MEMBER RETURNED FROM IA DEPLOYMENT TO IRAQ ON 1 MAY 2005. PDHRA WAS COMPLETED.//

Message Body (Suicide Related Behavior): (EXAMPLE)

1. TYPE OF INCIDENT: MEMBER SUICIDE RELATED BEHAVIOR
2. DATE OF INCIDENT: 16JUN05
3. TIME OF INCIDENT: 0430L
4. LOCATION OF INCIDENT:
5. SUSPECT OR ALLEGED OFFENDER: E-4
6. SUSPECT OR ALLEGED OFFENDER'S COMMAND AND UIC: NRD OHIO, 62416
7. GENDER: MALE
8. AGE: 23
9. RACE: CAUCASIAN
10. WEAPON: NONE
11. ALCOHOL/DRUG: NONE
12. VICTIM OR COMPLAINANT: N/A
13. VICTIM OR COMPLAINANT'S COMMAND AND UIC: N/A
14. GENDER: N/A
15. AGE: N/A
16. RACE: N/A

17. WEAPON: N/A
18. NAVCRIMINVSERV NOTIFIED: NO
19. INSTALLATION FAMILY ADVOCACY REP NOTIFIED: NO
20. SUMMARY/BRIEF DESCRIPTION OF INCIDENT: SUICIDAL IDEATION.
21. MEDIA INTEREST: NOT ANTICIPATED
22. NAVCRIMINVSERV INVOLVEMENT: NO
23. POC E-MAIL, COM, DSN (24/7 ACCESS & AVAILABILTY WITH KNOWLEDGE OF THIS MATTER): LT BROWN, COMM 555-555-5555, DSN 555-5555, LT.BROWN "AT" NAVY.MIL
24. SUMMARY: ACTIVE DUTY, E-4 MALE, DURING COUNSELING SESSION WITH DIVISION LEADING PETTY OFFICER, ADMITTED TO SUICIDAL IDEATION. MEMBER WAS DIRECTED TO SPECIFIC CHIEF PETTY OFFICER SUPERVISION, AND FOLLOWING COUNSELING WITH DUTY CHAPLAIN, WAS ESCORTED TO NAVAL MEDICAL CENTER PORTSMOUTH FOR MEDICAL EVALUATION. COMMAND CURRENTLY AWAITING MEDICAL ASSESSMENT.

Example email to be sent out to COC:

Sir,
Per your direction, the following information is provided regarding the XX FEB 2013 NRD Ohio suicide ideation:

Suicide Ideation/Attempt of E-5 at NRD Ohio on 9 February 2011. Member ingested approximately 15 Tylenol tablets.

Root Cause:
1. Member's recent incident stemmed from family issues and concerns that he personally determined to be out of his control. Specifically, the mother of his son sent him a text the night prior which stated that he would no longer be able to see his son. He also has an infant child with another woman (a fellow recruiter at the district), and this relationship cause some stress for him because he felt he needed to conceal his involvement with the other recruiter and the child. Member stated to his DLCPO (after the incident) that he felt isolated due to his situation, and was hesitant to reach out for help.

Lessons Learned:

1. We have since discovered that other Sailors who knew of the member's situation and associated stress did not inform the Chain of Command. After talking to the member and his mentor, the DLCPO learned that the member had been posting statements on a social networking site that could be perceived as a request for personal help.

2. NRD Leadership must ensure we continue to promote an environment where Sailors who have issue feel comfortable enough to bring them forward. At every opportunity we need to stress the importance of knowing the "state" of those under our charge, and to take action to relieve any bad stressors.

Steps to Improve Resiliency:

1. NRD CO personally discussed OSC and understanding where people are in their stress zones with all Station DLCPO/LPO's. The message centered on not only the role of OSC in preventing suicide, but its role in preventing poor decision as well. The all hands training included testimony from command members with recent infractions and their message on the importance of seeking personal help in stressful situations. The entire leadership team will continue to use every opportunity to emphasize the importance of understanding and managing stress.

2. NRD recently hired a Navy Nurse as a CANREC and appointed him as the Suicide Prevention Coordinator (SPC). The SPC forwarded the command's Suicide Prevention Instruction and Crisis Response Plan to all station for training and reference.

3. Continue to emphasize that leaders at every level must ensure they are "in their spaces" and getting to know the Sailors in their charge. They must engage the Sailor when any such issue is even mildly suspected. Also need to emphasize training on not being the "Senior Person with a secret".

4. Divisions will take advantage of our location and bring Fleet and Family Service Advisors to their division training. Personal stress management and personal wellness will be the main discussion topics.

5. All DLCPOs will ensure that Military One Source contact information for mental health services is posted in the stations and easily accessible.

DOD SUICIDE EVENT REPORT (DODSER)

This is used to improve the institutional knowledge of the suicides with the Navy. All suicides or undetermined deaths in which suicide had not been ruled out as a cause of death, require completion of the DODSER by the decedent sailor's command designated representative within 60 days of notification by OPNAV N135F. In addition to reporting requirements for deaths by suicide, all suicide attempts, as determined by competent medical authority, shall be reported via DODSER within 30 days of Medical Evaluation. Suicide Attempt DODSERs shall be completed by a military medical provider at the facility responsible for the service member's psychological assessment or by the military treatment facility responsible for the Tricare referral. The DODSER replaces the Department of the Navy Suicide Incident Report.

Normally, the residing military medical physician will complete the DODSER. If the member was first seen by a civilian provider, the information should be collected and the Suicide Prevention Coordinator should link both providers so that a detailed DODSER could be generated by the military provider. Be sure to tell the military provider the time of incident and that a DODSER should be provided. The DODSER requires basic identifying demographic information on the decedent and military status at time of death. Portions of the DODSER will contain questions regarding the decedent's event information, medical history, etc. Refer to NAVADMIN 122/09.