DEPARTMENT OF THE NAVY
U.S. NAVAL SUPPORT ACTIVITY
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NAVSUPPACT NAPLES INST 1720.1
N01R

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NAVSUPPACT NAPLES INSTRUCTION 1720.1

From: Commanding Officer, U.S. Naval Support Activity, Naples, Italy

Subj: COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4 (Series)

Encl: (1) Suicide Crisis Intervention Plan
(2) Crisis Response Plan
(3) Crisis Response Plan for Calls

1. Purpose. To provide policy and procedures, and to assign responsibilities for the Command Suicide Prevention Program (CSPP) per reference (a).

2. Applicability. This instruction applies to all members of U.S. Naval Support Activity (NAVSUPPACT) Naples command: Active Component and Reserve Component Service members, and all Navy civilian employees and full-time contractors.

3. The four components of the CSPP are: training, intervention, response, and reporting.

a. Training:

(1) Suicide Prevention General Military Training (GMT) will be offered a minimum of four times per year to enable all members of command to attend. The training will consist of awareness of suicide concerns, improving wellness and intervention. Training will be coordinated and tracked by the Suicide Prevention Coordinator (SPC). The SPC or assistant SPC is the preferred trainer.

(2) The command will provide programs to promote wellness which greatly benefits suicide prevention. The need for mental, emotional, physical, and spiritual wellness is recognized and supported by the command. In addition to existing services to meet these health needs, life-skills training, such as substance abuse avoidance, parenting and

marriage skills, managing finances, and stress and conflict management will be provided. Existing programs offered by the Religious Ministries Department, Fleet and Family Service Center (FFSC), medical, Morale Welfare and Recreation (MWR), etc., will continue under their respective departments. The SPC will not coordinate or direct these programs nor be responsible to implement additional programs, but will be aware of program offerings and assist in promotion of programs. The command will also actively promote these programs as essential and proven means of caring for service members and dependents, thus strengthening wellness and in turn preventing suicidal behaviors.

(3) The Commanding Officer (CO) will promote a command climate of overall health consistent with operational stress control principles (reference (a) para 5.b). Additionally, the CO will actively promote the CSPP via messages to the command.

b. Intervention

(1) Enclosure (1) is the approved plan for intervention. Ask Care Treat (ACT) is the foundation of this plan. All watch stander/duty binders will include copies of the Intervention Plan (enclosure (1)) and corresponding Crisis Response Plans (enclosure (2)) and Crisis Responses Plan for Calls (enclosure (3)). Additionally, all departments/shops will be familiar with the CSPP and enclosures (1) through (3). Enclosures (2) and (3) will be posted at all watch stations (i.e., quarterdeck) and should additionally be posted in each department/shop.

(2) At least one member of each department or shop will be trained in additional suicide intervention skills. Training used will be Applied Suicide Intervention Skills Training (ASIST), a two-day course offered by Chaplain's Religious Enrichment Development Operations (CREDO) at no cost to the command. ASIST training priority will be Department or Shop Leading Petty Officers.

(3) Persons at risk will receive intervention initially through a command member trained in the Command Suicide Crisis Intervention Plan (all command members) or an ASIST trained member. The next step in intervention is advanced intervention with a Chaplain, Fleet and Family Support Center, Mental Health, or Emergency Manager.

c. Response:

(1) All suicidal behaviors will be treated seriously and will receive immediate, compassionate, and proper response from the command in accordance with this instruction and reference (a).

(2) Persons at risk and those affected (family, coworkers) will receive follow-up care by a chaplain, counselor, or mental health professional.

d. Reporting:

(1) Per reference (a) paragraph 5d, the command will complete the Department of Defense Suicide Event Report (DoDSER) for all suicides within 60 days of notification of death. A DoDSER will be completed for all suicide attempts, as determined by a competent medical authority, of all active and reserve service members within 30 days of medical evaluation.

(2) All suicidal behaviors requiring a DoDSER must be reported to the SPC for proper tracking and follow-up.

C. S. GRAY

Distribution:
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Lists: I through IV
Electronic via NAVSUPPACT NAPLES web site:
https://www.cnic.navy.mil/Naples/About/Departments/Administration/AdministrativeServices/Instruction/index.htm

SUICIDE CRISIS INTERVENTION PLAN

1. **All active-duty military, civilians, family members and contractors can reach the Lifeline by dialing toll-free European number, 00800-1273-TALK (8255).**

2. **A live Internet-based chat service is also available at www.suicidepreventionlifeline.org.**

3. **Goal Statement.**

a. To provide immediate emotional support and crisis intervention to people in life-threatening situations and to educate the command about suicide and suicide prevention.

4. **Warning Signs.**

a. Be alert to any signs that are out of the norm and follow up with caring conversation.

b. Verbal threats (statements) of suicide.

c. Dramatic changes in mood or behavior.

d. Making preparations/getting affairs in order.

e. Preoccupation with death/dying.

f. Previous attempts.

g. Isolation/withdrawal.

h. Loss of interest in work, school, and favorite activities.

i. Increased use of drugs and/or alcohol.

j. Feeling hopeless/helpless.

k. Taking unnecessary risks, being impulsive, and/or reckless.

l. Drastic behavioral changes.

m. Unwilling to connect with those who could potentially help.

5. **What to do?**

a. Learn the warning signs and be alert.

b. If something doesn't seem right, take time to start a conversation.

c. If the conversation points to suicide, **ACT**! Do not be a bystander.

d. **ASK**: Ask the question "Have you had thoughts of suicide?"

(1) Be direct. Talk openly about suicide.

(2) Do not judge the response.

e. **CARE**: Demonstrate that you care and are willing to help. Listen.

(1) Show concern.

(2) Do not try to solve their problems.

f. **TREAT**: Get professional help for the person at risk.

(1) Call for help.

(2) Take the person at risk to professional help: Chaplain, Mental Health, FFSC, or the ER.

g. Do not leave them alone!

6. **Who can help?**

a. Lifeline - 00800-1273-TALK (8255)

b. Chaplain - 626-3539 (Capo)/629-4600 (Support Site)

c. Medical (Mental Health) - 629-6306

d. Fleet and Family Support Center - 629-6372

e. NSA Quarterdeck - DSN: 626-5547
COMM: 081-568-xxxx for Capo (626 prefix)
081-811-xxxx for Support Site (629 prefix)

7. **What to avoid**

a. Making a moral judgment

b. Giving advice

c. Offering simple solutions

d. Keeping the suicide plan a secret

e. Trying to solve the problem yourself

8. **Training**

a. Annual GMT Suicide Prevention

b. ASIST (Applied Suicide Intervention Skills Training)

9. **Intervention Plan**

a. Any person who has reason to believe, by direct or indirect knowledge, that a military personnel or civilian is at-risk for suicide must immediately notify the chain of command and refer the individual to medical for emergency assessment or chaplain for counseling and referral.

b. Establish a safety plan for dealing with high-risk service members (suicidal/homicidal/bizarre thoughts and behaviors) until mental health services are available. In the absence of guidance from a mental health professional:

(1) Institute a safety plan to include a suicide watch assigned to personnel in need of assistance.

(2) Removal of personal hazards (weapons, belt, shoes, boot straps, draw strings, shirt stays, personal hygiene items such as toothbrush and razor).

(3) Removal of environmental hazards from room (sheets, elastic bands, mirrors, pencils, pens, window dressings such as

blinds, shoelaces, strings, razors, metal eating utensils, telephones, tools, or any rope, breakable, or sharp-edged object).

(4) Mental Health Contact Information:

(a) During working hours: Mental Health Dept at the Naval Hospital, Support Site at COMM: 081-811-6306 or DSN: 629-6306.

(b) After working hours: Emergency Room at Naval Hospital, Support Site at COMM: 081-811-6150 or DSN: 629-6150.

(5) Chaplains are always available to help with suicide intervention.

(a) During working hours: Capo Chapel at COMM: 081-568-3539 or DSN: 626-3539 or Support Site Chapel at COMM: 081-811-4600 or DSN: 629-4600.

(b) After working hours: Call the NSA Quarterdeck at COMM: 081-568-5547 or DSN 626-5547, inform duty personnel of situation and request a Chaplain. They will contact the duty chaplain 24/7.

c. Coordinate follow-up plan for personnel following mental health evaluation or other support services in place with pass down (e.g. to watch, etc.).

In serious cases, if individual refuses to seek an emergency evaluation, contact Base Security at (CAPO) 626-2207 (S. SITE) 629-4269 to escort the individual to Naval Hospital Emergency Room for an emergency assessment/treatment.

CRISIS RESPONSE PLAN

If you encounter a distressed or suicidal person, follow the **ACT** suicide prevention model. Get as much of the following information as possible.

If you encounter someone who just doesn't seem themselves and during the course of conversation 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 direct and clear. Stay calm. Do not judge their response.

1. Have you thought about how you would harm yourself?
Yes_____ No_____
Details:

_____

_____

2. Do you have what you need to do it? Or, 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 has a gun, ask:
Is it loaded? Yes____ No____ Where is it?

_____

CARE: Show that you are a caring person who will help them.

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

3. If you do not know them ask, "What is your name?"

_____

4. Would you like to talk about what is wrong?

_____

_____

TREAT: Get them to help.

Chaplain. Mental Health. FFSC. ER.

5. Can I take you to someone that can help you?

DO NOT LEAVE THE PERSON ALONE!

If unable to take the individual to the Naval Hospital Emergency Room, get help and contact the Base Security at (CAPO) **626-2207** (S.SITE) **629-4269.**

Local Emergency Numbers
These numbers must be updated each time circumstances change.

Emergency Numbers:	**ON-BASE: 911**	**OFF BASE: 081-568-4911**
	Italian Police: 112	
	Italian Ambulance: 118	
NSA Quarter Deck:	**DSN: 626-5547**	**COMM: 081-568-5547**
Base Security:		
NSA Security Office (CAPO)	**DSN: 626-2207**	**COMM: 081-568-2207**
NSA Security Office (S.SITE)	**DSN: 629-4269**	**COMM: 081-811-4269**

All active-duty military, civilians, family members and contractors can reach the Lifeline by dialing commercially via **a toll-free European number, 00800-1273-TALK (8255).**

NOTE: The more information you can provide to law enforcement/security, the better prepared they will be to effectively handle the situation.

Naval Hospital Emergency Room:	**DSN: 629-6150** **COMM: 081-811-6150**
Naval Hospital Information Desk:	**DSN: 629-6155** **COMM: 081-811-6155**

Naval Hospital Mental Health:	**DSN: 629-6306** **COMM: 081-811-6306**
NSA Chaplain Capo office:	**DSN: 626-3539,** **COMM: 081-568-3539**
NSA Chaplain Support Site office:	**DSN: 629-4600** **COMM: 081-811-4600**
Fleet and Family Support Center:	**DSN: 629-6372** **COMM: 081-811-6372**
Fleet & Family Support Counseling:	**DSN: 629-6533** **COMM: 081-811-6533**

NSA Contact Information:

Primary Suicide Prevention Officer : Chaplain Jon Neil LT, CHC, USN
DSN: 629-4609
COMM: 081-811-4609

Alternate Suicide Prevention Officer: Chaplain Jason Sluder LT, CHC, USN
DSN: 626-3085
COMM: 081-568-3085

CRISIS RESPONSE PLAN FOR CALLS

If a distressed or suicidal person calls, follow the **ACT** suicide prevention model. Get as much of the following information as possible.

The order in which you ask the questions may differ depending on the specific situation.

If a person calls 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 direct and clear.
Stay calm.
Do not judge their response.

1. Have you thought about how you would harm yourself?
Yes_____ No_____
Details:

_____

_____

2. Do you have what you need to do it? OR, 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 has a gun, ask:
Is it loaded? Yes____ No____ Where is it?

_____

CARE: Show that you are a caring person who will help them.

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

3. What is your name?

_____

4. Who is there with you?

_____

_____

TREAT: Get them help. Have someone else call for help while you keep them on the line.

Chaplain. Mental Health. FFSC. ER.

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

_____

_____

6. Help is on the way, I need you to stay on the phone until they get there. Would you like to talk to me about what is wrong?

_____

_____

DO NOT LEAVE THE PERSON ALONE! KEEP THEM ON THE LINE!

Get Help and Contact the Base Security at (CAPO) **626-2207** (SUPPORT SITE) **629-4269**

Local Emergency Numbers

These numbers must be updated each time circumstances change.

Emergency Numbers:	**ON-BASE:**	**911**	**OFF BASE:**	**081-568-4911**
	Italian Police:	**112**		
	Italian Ambulance:	**118**		
NSA Quarter Deck:	**DSN:**	**626-5547,**	**COMM:**	**081-568-5547**
Base Security:				
NSA Security Office (CAPO)	**DSN:**	**626-2207,**	**COMM:**	**081-568-2207**
NSA Security Office (SUPPORT SITE)	**DSN:**	**629-4269,**	**COMM:**	**081-811-4269**

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