NAVSUPPACT NAPLES INSTRUCTION 1720.1B

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

Subj: COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A
(b) CNICINST 1720.4A
(c) COMNAVREGEURAFSWAINST 1720.4
(d) OPNAVINST F3100.6J CH-3

Encl: (1) Suicide Crisis Intervention Plan
(2) Crisis Response Plan
(3) SAIL Reporting Process

1. **Purpose.** To provide policy, procedures, and assign responsibilities for the Command Suicide Prevention Program (CSPP), per references (a) through (d).

2. **Cancellation.** NAVSUPPACTNAPLESINST 1720.1A.

3. **Applicability.** This instruction applies to all military service members, civilian employees, and full-time contractors onboard U.S. Naval Support Activity (NAVSUPPACT), Naples, Italy. No one seeking assistance shall be refused.

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

   a. Training

      (1) Per reference (c), the Suicide Prevention Coordinator (SPC) and Alternate Suicide Prevention Coordinator (ASPC) must be an E-7 or above and qualify by completing one of the approved Navy Personnel Command training courses: Navy Suicide Prevention Conference or the annual Department of Defense Suicide Prevention Seminar. The SPC and ASPC are also required to take the Applied Suicide Intervention Skills Training (ASIST) for Trainers course and the safeTALK Training for Trainers course.

      (2) Suicide Prevention General Military Training will be offered a minimum of two times per year. The training will consist of awareness of suicide concerns and improving wellness and intervention. Training will be coordinated and tracked by the SPC. The SPC or ASPC is the preferred trainer; however, any service member (E-7 and above) trained in ASIST or safeTALK may train.
(3) The command will provide and promote mental, emotional, physical, and spiritual wellness programs which greatly benefit suicide prevention. The SPC and ASPC will be familiar with existing programs and coordinate development of new programs as required.

(4) The Commanding Officer (CO) will promote a healthy command climate consistent with operational stress control principles, per reference (a). Additionally, the CO will actively promote the CSPP through all available channels.

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)). Additionally, all departments/shops will be familiar with the CSPP and enclosures (1) through (3). Enclosures (1) and (2) will be posted at the quarterdeck, Unaccompanied Housing/Barracks watch, Command Duty Officer binder, and emergency dispatch.

(2) At least one member of each department shall be trained in additional suicide intervention skills. Training used will be safeTALK, a three-hour alert helper course offered by NAVSUPPACT Naples’ Religious Ministry Team and Chaplains Religious Enrichment Development Operation. In addition, all Command Duty Officers and Assistant Command Duty Officers shall be trained in safeTALK. Tracking will be kept by the SPC but it will be the responsibility of each Department Head and Leading Chief Petty Officer to promote training.

(3) Persons at risk may receive intervention initially through any command member trained in ASIST or safeTALK Alert Helpers. The next step in intervention is advanced intervention with a chaplain, Fleet and Family Support Center, Mental Health (MH), or a medical professional.

c. Response

(1) Per reference (a), all reports of suicidal behavior will be treated seriously and will receive immediate, compassionate, and proper response from the command.

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

d. Reporting

(1) Per reference (a), 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, for all active duty and reserve component service members within 30 days of medical evaluation.
(2) All events requiring a DoDSER shall be reported to the SPC for proper tracking and follow-up.

(3) When a Suicide Related Behavior occurs, the SPC will submit an encrypted email to mill_n17_sail.fct@navy.mil following the guidelines provided in enclosure (3). This will begin the process of offering SAIL services.

5. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

6. Review and Effective Date. Per OPNAVINST 5215.17A, NAVSUPPACT Naples will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire ten years after effective date unless reissued or canceled prior to the ten-year anniversary date, or an extension has been granted.

T. A. ABRAHAMSON

Releasability and distribution:
NAVSUPPACTNAPLESINST 5216.4CC
Lists: I through IV
Electronic via NAVSUPPACT Naples website:
https://www.cnic.navy.mil/regions/cnreurafs/wa/installations/nsa_naples/about/departments/administration_n1/administrative_services/instructions.html
SUICIDE CRISIS INTERVENTION PLAN

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


3. **Goal Statement.** 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.
   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: a chaplain, Mental Health (MH), Fleet and Family Support Center (FFSC), or the Emergency Room (ER).

g. Do not leave them alone!

6. Who Can Help

a. **Quarterdeck** at DSN: 626-5547 or COMM: 081-568-5547.

b. **Chaplain**
   
   (1) Capodichino (CAPO) Chaplain at DSN: 626-3539 or COMM: 081-568-3539.
   
   (2) Support Site (SS) Chaplain at DSN: 629-4600 or COMM: 081-811-4600.
   
   (3) Duty (after-hours) Chaplain at CELL: 366-680-5972

c. **Mental Health**
   
   (1) During working hours: MH Department at DSN: 629-6306 or COMM: 081-811-6306.
   
   (2) After working hours: USNH Naples ER at DSN: 629-6150 or COMM: +39-081-811-6150.

d. **FFSC**, at DSN: 629-6372 or COMM: 081-811-6372.
e. **Lifeline** via a toll-free European number, at COM: 00800-1273-TALK (8255).

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. **Intervention Plan**

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

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

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.).

**NOTE:** In serious cases, if individual refuses to seek an emergency evaluation, contact Emergency Dispatch at DSN: 626-4911/5911 or 081-568-4911/5911 to request a security escort for the individual to USNH Naples ER for an emergency assessment/treatment.
CRISIS RESPONSE PLAN

If you encounter someone who seems distressed or suicidal, in person, on the phone, or through electronic communication, 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 someone 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.
Fleet Family Support Center.
Emergency Room.

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

DO NOT LEAVE THE PERSON ALONE!

If unable to take the individual to the U.S. Naval Hospital (USNH) Naples Emergency Room, get help and contact Emergency Dispatch DSN: 626-4911/5911.

Local Emergency Numbers

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<td>NAVSUPPACT Naples CAPO Security Office</td>
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All active duty military, civilians, family members, and contractors can reach the Lifeline by dialing commercially via a toll-free European number, 001-800-1273-TALK (8255).

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

USNH Naples Emergency Room

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USNH Naples Information Desk

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USNH Naples Mental Health

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NAVSUPPACT Naples Chaplain SS Office

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Fleet and Family Support Center

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Fleet and Family Support Counseling

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SAIL REPORTING PROCESS

1. When a Suicide Related Behavior occurs, the Suicide Prevention Coordinator will submit the following information via encrypted email to mill_n17_sail.fct@navy.mil, subject: SAIL.
   a. OPREP/SITREP Date Time Group
   b. Sailor's Last Name
   c. Sailor's First Name
   d. Sailor's Middle Initial
   e. Sailor's Rank
   f. Sailor's Work Phone
   g. Sailor's Cell Phone
   h. Sailor's Email Address
   i. Command
   j. Region & Base/Installation
   k. Commanding Officer's Name
   l. Commanding Officer's Phone
   m. Commanding Officer's Email

2. If unable to send an encrypted message to this mailbox, try the following:
   a. Go to https://dod411.gds.disa.mil
   b. Enter the email of the functional account (mill_n17_sail.fct@navy.mil)
   c. Click "Search"
   d. Click "BUPERS"
   e. Click the appropriate download link (usually: "Download Certificate(s) as vCard Outlook & Internet Explorer or Netscape 7.x Required")

Enclosure (3)
f. Select Certificate

g. Click "Save"

h. Once downloaded, member can send encrypted emails to functional account.