



DEPARTMENT OF THE NAVY
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JBPHHINST 1740.1

JB00

6 Feb 12

JOINT BASE PEARL HARBOR-HICKAM INSTRUCTION 1740.1

From: Commander, Joint Base Pearl Harbor-Hickam

Subj: JOINT BASE PEARL HARBOR-HICKAM (JBPHH) SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A
(b) SECNAVINST 6320.24A
(c) NAVADMIN 029/08
(d) NAVADMIN 122/09
(e) MILPERSMAN 1170
(f) DON Civilian Human Resource Manual, Subchapter 792.1
(g) NTTP 1-15M

Encl: (1) Suicide Risk Factors, Protective Factors, and Resources
(2) Definitions of Suicide Related Behavior
(3) Command Suicide Prevention/Crisis Response Checklist
(4) Command Operational Stress Control
(5) Suicidal Behavior Report Form
(6) Response Plan for Distressed Callers
(7) Local Emergency Numbers

1. Purpose. To implement reference (a), which establishes the Department of the Navy policy and to provide guidance and procedures for Joint Base Pearl Harbor-Hickam's (JBPHH) Suicide Prevention Program (SPP).

2. Background

a. Each suicide is a tragic loss of human life and an event that entails a significant enterprise degradation of morale, unit cohesion, and mission readiness.

b. Feelings of helplessness and worthlessness are among the leading causes of suicide. Problems with relationships, substance abuse, financial issues, or an inability to cope with accumulated stress can also increase a person's suicide risk. Regardless of how demanding the mission is, we must never forget to care for one another. Leaders are in a unique position to support personnel experiencing difficulties through personal interaction, unit policies, and coordination with military or local agencies. Enclosure (1) contains a list of suicide risk factors, protective factors, and resources for assistance.

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c. Every individual within JBPHH is a key member of any prevention effort. Each one of us has the opportunity to provide early intervention, when non-medical interventions can have the greatest positive outcome for our shipmates and co-workers.

d. Navy suicide prevention programs consist of four elements:

(1) Training - increasing awareness of suicide concerns, improving wellness, and ensuring personnel know how to intervene when someone needs help.

(2) Intervention - ensuring timely access to needed services and having a plan of action for crisis response.

(3) Response - assisting families, units, and service members affected by suicide behaviors. Enclosure (2) contains definitions of suicide related behaviors.

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

e. JBPHH Military and Family Support Center (MFSC), Makalapa Medical Clinic, 15th Medical Group, Substance Abuse Rehabilitation Program, and JBPHH Chapels, provide coordination expertise, and information to unit level leadership in developing, providing, and maintaining suicide prevention program plans as outlined in reference (b). Enclosure (3) provides a suicide prevention and crisis response checklist to aid in response to suicidal behaviors.

3. Responsibilities

a. The Joint Base Commander shall:

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

(2) Appoint, in writing, a Suicide Prevention Coordinator (SPC) to carry out this instruction.

(3) In addition to the suicide awareness training available via Navy Knowledge Online (NKO), ensure Suicide Prevention training is conducted and recorded annually for all hands.

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(4) Be familiar with the Mental Health Evaluation referral procedures as explained in reference (b).

b. Suicide Prevention Coordinator shall:

(1) Become thoroughly familiar with components of this instruction and advise the command on all Suicide Prevention Program matters.

(2) Receive training as established by OPNAV (N135) as soon as possible upon assignment.

(3) Schedule and announce Suicide Prevention training and awareness events.

(4) Maintain a Crisis Intervention Plan with information customized to the command location. See enclosure (3).

(5) Promote suicide prevention awareness throughout the command.

c. Individual service members and civilians shall:

(1) Report immediately to the Chain of Command any individual displaying suicidal behavior, gestures, or attempts.

(2) Attend annual Suicide Prevention training.

4. Policy

a. The SPP shall be implemented through out JBPHH to increase awareness of suicide prevention, eradicate stigma of seeking help, reduce suicidal behavior, and to maintain a clear standard of procedures during and after a crisis.

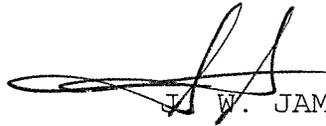
b. Enclosure (3) contains guidance that will ensure a suicidal person is given proper care and all command and local resources are utilized. Even though it is crafted for the use of a duty watchstander (CDO, OOD, etc.) handling a crisis, it can be utilized by any person assisting an individual in distress.

c. In accordance with reference (c) and (d) commands will report all suicide-related behavior via the OPREP-3 reporting system. Reference (e) provides guidance for submitting Personnel Casualty Reports.

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(1) Every OPREP-3 for a suicide will be followed by a Department of Defense Suicide Event Report (DoDSER). The DoDSER will be completed by a designated point of contact from the service member's command within 60 days of the date the event was determined to be a suicide, or deaths in which suicide has not been ruled out by the medical examiner. The command will be contacted by the Navy Behavioral Health Program Staff (OPNAV N135F), who will facilitate the completion of the DoDSER.

d. In accordance with reference (f), assistance to Navy civilian employees beyond the suicide prevention training and incident reporting requirements is provided by the Civilian Employee Assistance Program. Leadership will work closely with the human resource office when dealing with civilian issues of this nature.



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Distribution:

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<https://g2.cnic.navy.mil/TSCNRH/JOINTBASEPEARLHARBOR-HICKAMHI/J00/Directives/Private/default.aspx>

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SUICIDE RISK FACTORS, PROTECTIVE FACTORS, AND RESOURCES

1. Risk Factors and Stressors Associated with Navy Suicide.
 - 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
 - g. Spiritual support

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h. Beliefs counter to suicide that support self-preservation

3. Resources

a. www.suicide.navy.mil

b. www.nmcphc.med.navy.mil/LGuide/index.htm

c. www.militaryonesource.com

d. www.militarymentalhealth.org (Funded by Department of Defense Office of Health Affairs) provides anonymous online mental health screenings

e. www.usmc-mccs.org/leadersguide

f. www.triwest.com

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DEFINITIONS OF SUICIDE RELATED BEHAVIORS

1. Suicide-Related Ideations. Any self-reported thoughts of engaging in suicide-related behaviors.
2. Suicide-Related Communications. Any interpersonal act of imparting, conveying or transmitting suicide-related thoughts, wishes, desires or intent; not to be construed as the actual self-inflicted behavior or injury.
 - a. Suicide Threat. Any interpersonal action, verbal or nonverbal, without a direct self-injurious component, passive or active, for which there is evidence (either explicit or implicit) that the person is communicating that a suicide related behavior might occur in the near future.
 - b. 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.
3. Self-Harm. A self-inflicted potentially injurious behavior for which there is evidence (either explicit or implicit) that the person did not intend to kill themselves (i.e., had no intent to die). Persons engage in self-harm behaviors in order to attain some other end (e.g., to seek help, to punish others, to receive attention or to regulate negative mood). Self-harm may result in no injuries, injuries or death.
4. Self-Inflicted Unintentional Death. Death from self-inflicted injury, poisoning or suffocation where there is evidence (either explicit or implicit) that there was no intent to die. This category includes those injuries or poisonings described as unintended or "accidental."
5. Undetermined Suicide-Related Behavior. A self-inflicted potentially injurious behavior where intent is unknown. For example, the person is unable to admit positively to the intent to die, due to being unconscious, under the influence of alcohol or other drugs (and, therefore, cognitively impaired), psychotic, delusional, demented, dissociated, disoriented, delirious, or in another state of altered consciousness; or, is reluctant to admit positively to the intent to die due to other psychological states.
6. Self-Inflicted Death with Undetermined Intent. Self-inflicted death for which intent is either equivocal or unknown.

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

8. Suicide. Self-inflicted death with evidence (either explicit or implicit) of intent to die.

COMMAND SUICIDE PREVENTION/CRISIS RESPONSE PLAN CHECKLIST

Each command and environment is unique, as will be each command's suicide prevention and crisis intervention plan, but the following sample checklist may help in establishing or assessing the state of a program.

1. Appropriate annual suicide prevention training conducted for all Service members, including those in the Reserve, and for all Navy civilian employees and full time contractors?

Yes No

2. Suicide prevention part of life-skills/health promotions training?

Yes No

3. Messages of concern sent by the senior leadership team to provide current information and guidance to all personnel on suicide prevention?

Yes No

4. Written suicide prevention and crisis intervention plan in place (e.g., standard operating procedures, duty office checklist)?

Yes No

5. Local support resource contact information easily available?

Yes No

Chaplain/Religious Services _____

Military and Family Support Center _____

Medical _____

Security _____

Local Emergency Room _____

6. 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, e-mails)?

Yes No

7. Procedure in place to facilitate personnel accessing needed services (e.g., time for appointments, access to transportation, overcoming logistical barriers, discouragement of stigmatizing)?

Yes No

8. Supervisors active in identifying personnel potentially in need of support (e.g., relationship problems, financial

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problems, recent loss, legal problems or loss of status, change in behavior or performance, showing warning signs)?

Yes No

9. Safety plan for dealing with high-risk Service members (e.g., suicidal/homicidal/bizarre thoughts and behaviors) 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 (room free of sheets, elastic bands, mirrors, pencils, pens, window dressings (such as 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.

10. Mental health contact information readily available?

Yes No

11. Follow-up plan for personnel after acute evaluation?

Yes No

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COMMAND OPERATIONAL STRESS CONTROL

1. History. Operational Stress Control (OSC) Concept of Operations was established in November 2008 with the understanding that "helping sailors build resilience, and develop timely and appropriate responses to stress is critical to our operational readiness." The Combat and Operational Stress Control Doctrine was released December 2010 (NTTP 1-15M). To meet that end the program fosters a culture of resiliency and mutual support that enables Sailors to perform and thrive. The Navy's Operational Stress Control Program focuses on prevention - building psychological resilience. Resilience is defined as "the human capacity to prepare for, recover from, and adjust to life in the face of stress, adversity or trauma." The Navy is committed to a culture that fosters individual, family and command resilience and well-being. Stress is a fact of life. Navy leaders have a responsibility to help Sailors cope with stress issues. By teaching Sailors to navigate stress, we are increasing mission effectiveness and force readiness. OSC is a leadership issue. Important information is as follows:

a. Common Language. The first step in recognizing and addressing stress is having a common language. We've adopted the Stress Continuum, a model that recognizes that stress reactions occur across a continuum, or stress zones. The model uses four colors: Green, Yellow, Orange, and Red to help people understand the different stress zones.

(1) Green - Ready - not stress free but coping well.

(2) Yellow - Reacting - normal responses to stressful situation but ones that can cause us some distress such as trouble sleeping or increased irritability.

(3) Orange - Injured - when we need to admit that our stress may be more than we can handle alone ... when we need to seek help.

(4) Red - Ill - when we can no longer manage well and medical attention is required. By making tools and training available, OSC aims to help leaders, Sailors and their families identify their own and other's stress indicators and most importantly know what to do to return to the Ready "Green" Zone. (See Stress Continuum graphic)

b. Leadership. It is essential for Operational Stress Control (OSC) success. OSC has developed five core leadership

Enclosure (4)

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functions that, if given daily hands-on attention will demonstrate a leader's commitment to making a difference in the lives of Sailors, their families and overall command health.

(1) Strengthen - Enhance and build resilience in individuals, units, and families.

(2) Mitigate - Mitigating stress is about balance: - Optimal mitigation of stress requires the balancing of priorities. On one side is the need to intentionally subject Sailors to stress in order to train and season them. On the other side ensure adequate sleep, rest, and restoration to allow recovery from stress.

(3) Identify - Identify stress reactions or injuries early, before they become entrenched. Leaders must know the individuals in their commands and recognize when their confidence has been shaken. Most importantly, leaders need to know which stress zone their Sailors are in on a day-to-day basis.

(4) Treat - Ensure Sailors with a stress injury or illness get the help they need. Treatments options may include:

(a) Activities that Sailors can do to navigate their stress and help a Shipmate.

(b) Support from a leader, chaplain, counselor, or corpsman.

(c) Definitive medical or psychological treatment when a Sailor reaches the ill or injured stress zones.

(5) Reintegrate - Finally, Sailors that have received treatment for stress-related injuries or illnesses need to be effectively reintegrated back into their commands.

2. Key Actions for Success. Provide OSC training and information at all levels so that leadership, Airmen, Wingmen and families recognize both the positive and negative effects of stress. So far we have reached 208,000 people with instructor led and online courses designed specifically for petty officers, Chiefs, Division Officers and Department Heads, Senior Enlisted and Command Leadership.

a. Success. Indicators of achievement of OSC success:

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(a) When Sailors, families, and leaders work together to help themselves and others to build resilience.

(b) When Sailors use that resilience and strength to navigate through stressful times.

(c) When they seek help for stress issues before they become stress problems.

(d) When seeking help is considered sign of strength.

(e) When Shipmates who have received assistance for stress issues are fully integrated back into their commands and communities.

3. Measuring Success. In June 2010 OSC sponsored a Behavioral Health Quick Poll (BHQP) that was conducted by the Navy Personnel Research, Studies, & Technology (NPRST). The survey revealed a seven percent increase of awareness of the Stress Continuum among enlisted Sailors, and an 11 percent increase among officers. Sailors are also showing more drive to use positive methods to cope with stress, such as thinking of a plan to solve problems or exercising or playing sports. Active leadership support of these positive stress navigation skills is paramount to continue this trend.

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STRESS CONTINUUM

GET BACK TO GREEN

www.navy.navstress.com

READY	REACTING	INJURED	ILL
<ul style="list-style-type: none"> • Effective communication • Socially, spiritually active • Calm and confident • Strong, cohesive units and families • Emotionally and physically healthy 	<ul style="list-style-type: none"> • Changes from normal behaviors • Poor focus, loss of interest • Irritable and pessimistic • Temporary and mild distress 	<ul style="list-style-type: none"> • Unresolved loss, trauma, wear and tear, inner conflict • Social isolation • Sleeplessness and self medicating • More severe and lasting effects 	<ul style="list-style-type: none"> • Constant and disabling distress • Depression, severe anxiety • Symptoms get worse or get better then worse again • Relationships and work suffer
TO STAY MISSION READY	TO RECOVER AND BUILD RESILIENCE	TO BEGIN HEALING	TO GET HELP
<p>Keep fit, eat right, relax</p>	<p>Get adequate sleep, talk to someone you trust</p>	<p>Talk to a chaplain, counselor, or medical provider</p>	<p>Seek medical treatment</p>
<p>Unit Leader Responsibility</p>	<p>Individual, Shipmate, Family Responsibility</p>		<p>Caregiver Responsibility</p>

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SUICIDAL BEHAVIOR REPORT FORM

The Commander believes it is important to foster an environment that encourages Sailors and Airman to maintain a standard of responsibility and self-care. Some Sailors or Airman who are distressed engage in behaviors that impact their self-welfare and the welfare of the JBPHH command. These behaviors may require further assessment by appropriate professionals to ensure the safety of the Sailors and Airmans and JBPHH command staff members. This form is designed to obtain information and help us respond to Sailors and Airmans who are (or recently have been) in a suicidal crisis to ensure they have access to help when it is needed. If you are aware of the suicidal behavior of a Sailor or Airman (including thoughts, threats, attempts or other concerning behavior), please complete this form and return it to the Suicide Prevention Coordinator Office Bldg. 1323 within 24 hours (email jose.martinez6@navy.mil or 808-220-2265). We will review your report and determine if further assessment of the Sailor or Airman is necessary. If you have any questions, please contact the Suicide Prevention Coordinator at 808-220-2265. If a Sailor or Airman meets criteria for imminent suicidal risk, immediate actions such as calling 911 or contacting the police or hospital emergency room should be taken.

Suicidal Behavior Report form**Service Member's Information**

Name:	
Address:	
Phone:	

Reporter Information about the incident:

Describe the suicidal behavior the student exhibited:
How and when did this situation come to your attention?
What action (if any) has been taken in response to the suicidal behavior?

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Describe additional information regarding the Service Member's current or past suicidal behavior: (if you have no information on a particular question, please indicate N/A)

The Service Member has:	Please specify Service Member Behavior
Made comments such as " I would be better off dead" or " I wish I were dead" or " I wish I could just disappear" (suicidal fantasies)	
Told you or others they wanted to harm themselves (suicidal ideation)	
Made suicidal threats	
Communicated how they would harm themselves (suicidal plan)	
Made a suicide attempt or gesture	
Participated in self-harm (cutting, self-mutilation, etc.) or other high-risk behaviors	
Engaged in previous suicidal behavior (ideation, attempts, etc.)	

Please provide any other information you may know about the Service Member below. The Sailor or Airman has:

Been withdrawn or isolated from others	
Used alcohol or other drugs excessively	
Recently experienced a difficult situation or stressor (ending of a relationship, a death, etc.)	
Experienced recent disciplinary actions, IA or Deployment.	
Received any psychological or medical care or taking medication- if so, who is their PCM and what are they taking.	

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Response Plan for Distressed Callers

Date _____

Time _____

Caller ID Number _____

If a distressed or suicidal person calls or comes into the office, ask for the following information. The order in 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? 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? _____

3. What is your name?

4. Who is there with you?

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

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Local Emergency Numbers

Emergency Numbers:

Base Security: _____

Ship Security: _____ Port Security/Services: _____

Fire Department: _____

Civilian Law Enforcement: _____

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

Military:

Medical clinic: _____ Hospital: _____

Civilian Hospital Name/Number: On base 911/Off Base 911

Poison control: _____

Chaplain: _____

Military and Family Support Center: _____

JBC: _____

DJBC: _____

CSO: _____

CMC: _____

SEA: _____

IA/GSA Support Number: _____

Suicide Prevention Coordinator: _____

Other: _____