



1. DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, DC 20350-2000

OPNAVINST 1720.4
PERS-67D
28 Dec 2005

OPNAV INSTRUCTION 1720.4

From: Chief of Naval Operations

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) DOD Directive 1010.10 of 2 Aug 03
(b) OPNAVINST 6100.2
(c) SECNAVINST 6320.24A
(d) MILPERSMAN 1770-090
(e) MILPERSMAN 1770-120

Encl: (1) Program Action and Responsibilities

1. Purpose. To provide policy and procedures, and assign responsibilities for the Navy's Suicide Prevention Program.

2. Applicability. Provisions of this instruction apply to all active and reserve Naval components within the Department of the Navy (DON).

3. Policy

a. Suicide prevention programs shall be implemented throughout DON to reduce the risk of suicide for members of the Navy, to minimize adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and war fighting capability consistent with references (a) and (b).

b. Suicide prevention programs institutionalize the Navy's 10-point action plan to address and minimize potential adverse effects of suicide risk factors and strengthen associated protective factors. The action plan shall include the following:

(1) Commanding officers (COs) will ensure suicide prevention training is conducted annually.

(2) COs will appoint a Suicide Prevention Coordinator (SPC) for their command. This may be a medical officer (i.e.,

psychiatrist, flight surgeon, general medical officer, etc.), medical service corps officer (i.e., clinical psychologist or social worker/substance abuse counselor) or command chaplain. The SPC will aid the CO in ensuring that the suicide prevention program is implemented. If a command does not have a command chaplain, a designated SPC could seek the advice of a command chaplain at the next echelon.

(3) Messages of concern should be published by the senior leadership team (e.g., COs, Officers in Charge (OICs), Command Master Chiefs (CMCs), etc.) to provide current information and guidance to all personnel on suicide prevention. Emphasis shall be given to promoting the health, welfare, and readiness of the Navy community; to providing support for those who seek help for personal problems; and to ensuring access to care for those who seek help.

(4) Command-level suicide prevention and crisis intervention plans will be developed to provide local command-level program of awareness education, early identification, and referral of at-risk personnel.

(5) Local medical services, chaplains and religious program specialists, Fleet and Family Service Centers (FFSCs), health promotion centers, and substance abuse counseling services shall provide coordination, expertise, and information to unit-level leadership allowing development and maintenance of program plans.

(6) Command-level programs must include action plans for identification, referral, access to treatment, and follow-up for personnel having problems that indicate a heightened risk of suicide.

(a) Additional information on suicide prevention can be found at www.npc.navy.mil/CommandSupport/SuicidePrevention.

(b) Command-level action plans should also include plans for expediting assistance for service members with behavioral difficulties commonly associated with suicide.

(c) Key risk factors associated with suicide include current mental health problems such as depression and substance abuse, and a past history of suicidal threats and behaviors. Other variables associated with suicidal behavior are

relationship problems, financial and legal difficulties, occupational problems, social isolation, ostracism, or withdrawal and preoccupation with death.

(7) Suicide prevention training must provide instruction that it is each service member's duty to obtain assistance for other service members in the event of suicidal threats, gestures or attempts. This training shall instruct service members on suicide risk and protective factors, appropriate actions and responses to suicidal persons, and strategies for obtaining assistance from local support services.

(a) Access must be provided to prevention, counseling, and treatment programs and services supporting the early resolution of mental health, family and personal problems that underlie suicidal behavior.

(b) Command-level plans should highlight measures to facilitate crisis care consistent with reference (c) and to restrict access of at-risk personnel to means that can be used to inflict harm to themselves or others.

(8) Suicide prevention is to be included as an element of the Life-skills/Health Promotions training for Navy personnel to enhance coping skills and reduce the incidence of problems that detract from personal and unit readiness. These may include alcohol abuse avoidance, financial management, stress management, conflict management, relationship management, and parenting skills.

(9) Families and units adversely affected by suicide deaths or non-fatal suicide events that resulted in personnel witnessing extreme suffering, mutilation, etc. are to be provided sensitive support.

(a) Commands will assign Casualty Assistance Calls Officers (CACO) to ensure family support and access to appropriate survivor benefits.

(b) Commands will ensure that trained medical, FFSC, or chaplain/religious program specialists assess and facilitate requirements for supportive interventions for military units and affected service members.

(10) Post-suicide data-collection, surveillance, and epidemiological analysis must be performed in the aftermath of active duty suicides and undetermined deaths for which suicide has not been excluded by the medical examiner consistent with references (d) and (e).

(a) Commander, Navy Personnel Command (COMNAVPERSCOM) (PERS-6) reports via the chain of command to the Chief of Naval Operations (CNO) regarding the circumstances and events of all alleged Navy suicides on a monthly basis. The chain of command understands all the circumstances regarding an alleged suicide will not be immediately available and that investigations are ongoing. Yet senior Navy leadership needs to be expeditiously informed about basic information and circumstances surrounding the event and what investigations are outstanding.

(b) Following this initial report, commands will be contacted to complete SECNAV 5350/1 (Rev. 04-04), Department of the Navy Suicide Incident Report (DONSIR). The DONSIR is a detailed questionnaire about the service member and the circumstances of the alleged suicide to further research on incidents of suicide. COs should maintain copies of medical, dental, and service records to best complete the DONSIR. Information within the DONSIR is used to understand suicidal behavior better and to improve suicide prevention education and policy.

4. Action

a. Enclosure (1) provides information containing Program Action and Responsibilities.

b. COs are responsible for ensuring an effective suicide prevention program is established and maintained year-round, consistent with this instruction and unit mission.

c. COs are encouraged to utilize personnel already trained in suicide prevention skills and methods and to have select personnel at their command trained in suicide prevention skills and methods.

d. All Navy personnel shall participate in suicide prevention training.

5. Forms and Reports

a. SECNAV 5350/1 (Rev. 04-04), Department of the Navy, Suicide Incident Report (DONSIR) may be obtained at <http://www.nhrc.navy.mil/>.

b. The reporting requirement contained in paragraph 3b(10)(b) is exempt from reporting requirements per SECNAVINST 5214.2B.

/s/

J. C. HARVEY, JR.
Vice Admiral, U.S. Navy
Deputy Chief of Naval Operations
(Manpower, Personnel, Training,
and Education)

Distribution:
Electronic only, via Navy Directives Website
<http://neds.daps.dla.mil>

PROGRAM ACTION AND RESPONSIBILITIES

1. Deputy Chief of Naval Operations (DCNO) (N1/NT) shall establish Suicide Prevention Program policy.
2. Chief of Naval Personnel (CHNAVPERS) shall provide policy guidance for Navy's Suicide Prevention Program.
3. Commander, Navy Personnel Command (COMNAVPERSCOM) shall appoint a Special Assistant to the Navy on Suicide Prevention. The role of this position will be to:
 - a. Provide assistance in the development of policy guidance for Navy's Suicide Prevention Program.
 - b. Provide educational support to commands for suicide prevention elements.
 - c. Provide information and establish training for Suicide Prevention Coordinators (SPC).
 - d. Coordinate support and assistance (i.e., clinical/administrative) for units suffering a completed suicide when needed.
 - e. Monitor completed suicides.
 - f. Track trends of all Navy suicides to better track trends thereby improving training and policy.
 - g. Provide ongoing program evaluation.
 - h. Maintain statistical data on suicide prevention training.
 - i. Develop and maintain an appropriate Navy database to monitor all completed suicides in the Navy in coordination with NAVPERSCOM (PERS-67D), Navy Casualty Office (PERS-62), and the Office of the Armed Forces Medical Examiner.
4. Chief, Bureau of Medicine and Surgery (BUMED) shall:

a. Develop procedures and policy to ensure service members who have suicidal ideations, gestures, or attempts are properly evaluated, as necessary.

b. Develop procedures and policy to ensure that medical department personnel execute their responsibilities regarding the Suicide Prevention in an appropriate and consistent manner throughout Navy.

c. Provide technical assistance with implementation and evaluation of the Suicide Prevention Program.

5. Chief of Chaplains (N097) shall:

a. Consult with BUMED in the development of procedures and policy to ensure service members who have suicidal ideations, gestures, or attempts are properly evaluated, as necessary.

b. Develop procedures and policy to ensure that chaplain/religious program specialists execute their responsibilities regarding the Suicide Prevention Program in an appropriate and consistent manner throughout Navy.

c. Provide technical assistance with implementation and evaluation of the Suicide Prevention Program.

6. Commander, Naval Education and Training Command (CNETC) shall:

a. Provide General Military Training (GMT) curricula on Suicide Prevention.

b. Include Suicide Prevention at basic accession points, such as Officer Candidate School (OCS), Officer Indoctrination School (OIS), Naval Reserve Officer Training Corps (NROTC), Recruit Training Command (RTC), etc.

7. Commander, Navy Recruiting Command (COMNAVCRUITCOM) shall:

a. Ensure all men and women recruited into Navy meet minimum entry-level physical and mental readiness standards. Individuals having had prior psychiatric evaluation, treatment,

or hospitalization require further evaluation from a medical professional for consideration of a waiver for the service member's psychiatric history.

b. The spirit of this policy is that individuals with a prior psychiatric history are at greater risk for additional psychiatric care, suicidal behavior, and having greater difficulties managing the stresses and strains of Navy life. Therefore, as a general rule individuals with previous mental health treatment, especially with regards to previous suicidal ideation, gestures/attempts, are not viewed suitable for Naval Service.

8. Commander, Naval Reserve Forces Command (COMNAVRESFORCOM) shall:

a. Implement a program compatible with existing directives and Reserve training time outlined in reference (b).

b. Ensure all Drilling Reservists, including Voluntary Training Unit (VTU) members complete suicide prevention training annually.

c. Ensure reserve unit commanders, COs, and OICs, reserve chaplains/religious program specialists, and healthcare professionals assist, advise, and educate commands in implementing the Suicide Prevention Program.

9. COs shall:

a. Aggressively integrate the Suicide Prevention Program as a part of the Command's Health Promotion activities.

b. Appoint in writing a SPC to carry out this instruction.

c. Appoint in writing assistant SPCs (as necessary) to carry out this instruction, depending on command size and structure.

d. Ensure Suicide Prevention training is announced and conducted each calendar year.

e. Distribute health and fitness materials in support of NAVPERSCOM health promotion initiatives.

10. SPCs shall:

- a. Become thoroughly familiar with components of this instruction and advise the chain of command on all Suicide Prevention Program matters.
- b. Complete COMNAVPERSCOM-approved SPC training course as soon as possible upon assignment as SPC.
- c. Schedule and announce Suicide Prevention training.

11. Individual service members shall:

- a. Maintain a lifestyle that promotes optimal mental health and physical readiness. Service members will become knowledgeable in managing stress. If service members notice a shipmate is not handling stress well they will provide assistance and support via the chain of command as appropriate.
- b. Participate in suicide prevention training.