



DEPARTMENT OF THE NAVY
OFFICE OF THE JUDGE ADVOCATE GENERAL
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WASHINGTON NAVY YARD DC 20374-5066

JAG/CNLSCINST 1720.1

Code 61

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Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) OPNAVINST 1720.4A
(b) NAVADMIN 180/16 (Leading Suicide Prevention)
(c) OPNAVINST 5215.17A

Encl: (1) OJAG Suicide Prevention Crisis Response Plan
(2) OJAG Suicide-Related Behavior Response Checklist

1. Purpose. To implement a Suicide Prevention Crisis Response Plan and set annual Suicide Prevention training requirements for personnel assigned to the Office of the Judge Advocate General (OJAG) and Naval Legal Service Command (NLSC).

2. Cancellation. JAG/COMNAVLEGSVCCOMINST 1720.

3. Background. Reference (a) sets forth guidelines for the Navy's Suicide Prevention Program.

4. Applicability. The provisions of this instruction apply to all personnel under the cognizance of Commander, Naval Legal Service Command and personnel at the Office of the Judge Advocate General (OJAG), including active and reserve service members, civilian employees, and full-time contractors.

5. Action

a. Division Directors and Special Assistants within the Office of the Judge Advocate General shall:

(1) Ensure enclosures (1) and (2) have been reviewed by all personnel within their divisions and that these enclosures are readily accessible in the workspace to all assigned personnel.

(2) Ensure all personnel within their divisions receive annual Suicide Prevention training, which may be completed through annual General Military Training requirements.

(3) Foster a command climate that supports and promotes psychological health consistent with operational stress control principles, including unit morale and cohesion, physical fitness,

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deglamorization of alcohol use, adequate time for rest, good communication, work-life balance, and positive feedback.

(4) Foster a command climate that supports seeking help for personal problems and provide support for those who do, including facilitating access to prevention, counseling and treatment programs and services supporting the early resolution of mental health, and family and personal problems that underlie suicidal behavior.

(5) In the event command personnel may express or be at imminent risk to cause harm to self or others, take safety measures that may include restricting access to lethal means and seek emergent mental health evaluation consistent with references (a) and (b).

(6) In the event of a suicide or serious suicide-related behavior, provide support to families and affected personnel by utilizing local medical and counseling resources.

(7) Coordinate reporting requirements per reference (a) with the OJAG Suicide Prevention Coordinator (SPC).

b. Commanding Officers shall:

(1) Ensure an effective suicide prevention program is established and maintained within their command consistent with the requirements of reference (a), including the establishment of a written Suicide Prevention Crisis Response Plan similar to enclosure (1) that includes a process for identification, referral, access to treatment, and follow-up procedures for personnel who indicate a heightened risk of suicide in accordance with paragraph 5b(1) of reference (a).

(2) Designate, in writing, a Suicide Prevention Coordinator to assist in implementing the unit suicide prevention program.

(3) Ensure that a local suicide prevention phone checklist similar to enclosure (2) is readily accessible for all assigned personnel.

(4) Ensure all assigned personnel receive annual Suicide Prevention training.

6. 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.

7. Review and Effective Date. Per reference (c), the SPC will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or canceled prior to the 5-year anniversary date, or an extension has been granted.

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8. Point of contact. The OJAG/NLSC Suicide Prevention Coordinator can be reached via telephone at (202) 685-7715, DSN 325-7715; or by contacting OJAG Code 60 at (202) 685-5190, DSN 325-5190.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only at the Navy JAG website at <http://jag.navy.mil>.

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SUICIDE PREVENTION CRISIS RESPONSE PLAN

1. Purpose. While it is impossible to plan for every event, a written crisis response plan easily accessible in office spaces and online can help avoid wasting critical time during a crisis.
2. Suicide-related behavior. Suicide-related behavior can range from an individual (1) making threats or statements to hurt themselves, (2) making statements that the world or others would be better off without them, (3) taking actions to hurt themselves, and (4) actually taking their lives.
3. What to Do. In any situation, remember the acronym ACT (Ask, Care, Treat). If an individual threatens suicide, take him/her very seriously. You may have very limited time and only one chance to intervene. The most important thing to do is take action, including getting the individual to the appropriate mental and/or medical professional.
 - a. In general. Regardless of the manner the suicide-related information comes to your attention, DO:
 - (1) Treat the individual with respect.
 - (2) Be yourself. If you are concerned about them like you would be of your family, your voice and manner will show it.
 - (3) Listen attentively, stay calm, be supportive.
 - (4) Focus on the person, not the rules.
 - b. What to Avoid: It is imperative that the following actions are avoided:
 - (1) Do NOT minimize the problem (e.g. saying “suck it up” or “get over it”).
 - (2) Do NOT give simplistic advice.
 - (3) Do NOT attach stigma to seeking mental health treatment.
 - (4) Do NOT delay a necessary referral.
 - (5) Do NOT be judgmental or invalidate the individual’s feelings (e.g. indicating you disbelieve anything he/she is saying, “it’s not a big deal”, “you’re overreacting”).
 - (6) Do NOT tell the individual how he/she is feeling (e.g. “you don’t mean that”).
 - (7) Do NOT make decisions for the individual.
 - (8) Do NOT involve others who do not have a need to know. (e.g. making the problem a source of work center gossip).

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4. If faced with a crisis in person:

- Ask:
 - Find out what is going on with the individual.
 - Use open-ended questions, e.g. "How are things going?"
 - Share concern for his/her well-being.
 - Be honest and direct.
 - Listen to words and emotions.
 - Repeat what he/she says using their own words.
 - Ask directly about their intent, i.e., "Are you thinking about killing yourself?"

- Care:
 - Keep the individual safe — DO NOT leave them alone; have a capable person with them within line of sight at ALL times.
 - Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes.
 - Involve security if the individual is agitated or combative or is a threat to you.
 - Escort the individual to the nearest military treatment facility (MTF) or civilian emergency room (ER) if the MTF is unavailable.
 - Note: If the individual is so intent on hurting him/herself that he/she becomes a threat to others, talk to a mental health provider immediately. If the advice is to transport him/her to the ER in your own vehicle, ensure someone sits at each door to prevent the suicidal individual from exiting the moving vehicle. Provide the mental health provider with the Division Director's contact information for feedback following the evaluation.

- Treat:
 - Follow up and verify that the individual was evaluated.
 - If psychiatric hospitalization is required, talk to the MTF staff about what assistance is needed (e.g., arranging for necessary belongings, child care, or pet care).
 - Monitor the individual until you are convinced the individual is no longer at risk. Follow up care should include mental health, chaplains, and other medical professionals as applicable.

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5. If faced with a crisis by phone:

- Ask:
 - Establish a helping relationship by quickly express that you are glad the individual called.
 - Note the phone number and any identifying information on your phone system.Confirm:
 - Location
 - Telephone number
- Get as much information as possible about the individual's plans:
 - Age/description of individual
 - Access to lethal means (e.g. weapon, pills)
 - Identify any other individuals present there
 - Whether individual or others in vicinity have taken any drugs/alcohol
 - Individual's intent
- Listen and do not give advice.
- Keep the individual talking as long as possible until help can reach them, but avoid topics that agitate him/her.
- Care:
 - Has appropriate helping resource been contacted?
 - Suicide Prevention Line (800) 273-TALK
 - Medical assistance (if so, identify who)
 - Security/law enforcement (if so, identify who)
 - NCIS/local authorities (is so, identify who)
- Treat:
 - Follow up and ensure the individual is evaluated.

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Important Phone Numbers

NATIONAL SUICIDE PREVENTION LIFELINE	(800) 273 - TALK (8255)
NDW EMERGENCY CALL LINE (WNY)	(202) 433 - 3333
NDW REGIONAL OPERATIONS CENTER	(202) 433 - 4201
NDW COMMAND DUTY OFFICER (WNY)	(202) 421 - 3597
NDW DUTY CHAPLAIN	(202) 433 - 2275
FLEET AND FAMILY SUPPORT CENTER	(202) 685 - 0229
MILITARY ONESOURCE	(800) 342 - 9647
BRANCH MEDICAL CLINIC (WNY)	(202) 433 - 2640
POLICE (WNY/ANA)	(202) 433 - 2411
SAPR	(202) 685 - 1171
PENTAGON OPERATIONS CENTER/SECURITY	(703) 697 - 5555
PNT DI LORENZO CLINIC – MAIN CLINIC LINE	(703) 692 - 8810
DUTY CHAPLAIN (PNT)	(703) 695 - 3336
EMERGENCY ROOM (PNT): INOVA ALEXANDRIA	(703) 504 - 3066
GWU HOSPITAL – MAIN LINE (PNT)	(202) 715 - 4000