



DEPARTMENT OF THE NAVY
COMMANDER NAVY RESERVE FORCES COMMAND
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NORFOLK VA 23551-4615

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COMNAVRESFORCOMNOTE 1720
N00TR
5 Jul 2023

COMNAVRESFORCOM NOTICE 1720

From: Commander, Navy Reserve Forces Command

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) DoDINST 6490.16
(b) OPNAVINST 1720.4B
(c) NAVSUPACTHRINST 5820.1
(d) 2019 Navy Suicide Prevention Handbook
(e) OPNAVINST F3100.6J (NOTAL)
(f) COMNAVRESFORINST 5500.2A – Insider Threat
(g) Navy Insider Threat (INT) Potential Risk Indicator (PRI) Reporting Criteria)
(h) MILPERSMAN 1770-090: Suicide Prevention Program
(i) MILPERSMAN 1770-030: Personnel Casualty Report Procedures

Encl: (1) CNRFC Suicide Prevention and Crisis Intervention Plan Response Checklist
(2) Response Plan for Distressed Callers
(3) Emergency Contacts
(4) Leader Guide and Post-Intervention Checklist

1. Purpose. To provide policy and procedures for Commander, Navy Reserve Forces Command (COMNAVRESFORCOM) Suicide Prevention Program per references (a) through (e), and to publish enclosures (1) through (4).

2. Scope and Applicability. Provisions of this notice apply to all COMNAVRESFORCOM Sailors (Active Duty, Training and Administration of the Reserve, and Selected Reserve), civilian, and full time contractors.

3. Policy and Program. COMNAVRESFORCOM suicide prevention program, consistent with reference (a), is implemented to support a positive command climate, promote Sailor/Civilian resilience, reduce the risk of Suicide Related Behaviors (SRB), and preserve warfighting capability. The program is designed to enable deckplate action, which focuses on training, intervention, response, and reporting as core elements.

a. Training. In accordance with references (a) and (b), COMNAVRESFORCOM will provide annual suicide prevention training to all members of their respective organizations and ensure family members have access to training, education, information, and local resources. Training completion will be tracked via Fleet Training Management and Planning Systems and muster sheets will be maintained by the Suicide Prevention Coordinator (SPC).

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(1) Suicide prevention training will be conducted at least annually for all Sailors. As integral members of the Navy family, Navy civilian employees and full-time contractors who work at COMNAVRESFORCOM are required to attend command-sponsored suicide prevention training.

(2) Suicide prevention training will educate Sailors and civilians on suicide risk factors and warning signs, actions to strengthen protective factors and promote a supportive command climate, when and how to intervene appropriately, and available support resources. Training will promote the truth about seeking help and strongly encourage help-seeking behavior.

(3) SafeTALK. COMNAVRESFORCOM will afford interested personnel the opportunity to complete SafeTALK, which is designed to provide an in-depth skill to recognize signs of suicide, engage someone, and ensure a connection to safety. The SPC will provide local SafeTALK training information and or connect with the local Chaplain office to assist in locating a local training opportunity.

b. Intervention. To ensure timely access to services for suicidal ideations, all personnel assigned to COMNAVRESFORCOM will follow procedures in enclosure (1) and gather information utilizing enclosure (2). A key component to intervention is removing access to lethal means. Per references (a) and (b), if health professionals and commanders believe a Sailor to be at risk of suicide or causing harm to others, they must ask the Sailor to voluntarily store their privately-owned firearms and ammunition for temporary safekeeping. If a Sailor agrees to voluntarily relinquish their privately-owned firearm, the command will coordinate with Naval Support Activity (NSA) Hampton Roads installation Security Officer (SECO) or Assistant SECO to store privately owned firearms at NSA Northwest Annex per reference (c).

c. Response. Sailors and civilians experiencing a psychological health or suicidal crisis, as well as those affected by suicide including shipmates and families, will receive timely and appropriate support. Enclosure (3) provides emergency contacts to include local resources such as medical personnel, chaplains, or Fleet and Family Support Centers (FFSC) counselors that are available to assess the needs of the Sailor, shipmates, or family. Leadership will maintain contact with all individuals involved in a SRB and encourage Sailors to seek help.

(1) Sailor Assistance and Intercept for Life (SAIL) Program. SAIL referrals will be made within 24 hours of any SRB for military personnel. Command leadership will maintain contact with case manager provided by SAIL through FFSC or Psychological Health Outreach Program (PHOP) for Selected Reservists not on orders and ensure the case manager is able to make initial contact with the Sailor. Leadership will encourage Sailors to participate in treatment services and allow each Sailor the necessary time to attend appointments and follow-up treatment.

(2) Reintegration. Appropriate reintegration is vital to the Sailor and command's long-term successful recovery. Reintegration must be done carefully, ensuring a warm hand-off between the medical provider and command leadership to ensure that the Sailor continues to

receive the support needed to carry on in their careers and personal lives without feeling abandoned by their Navy team.

(3) Postvention. In accordance with reference (d), enclosure (4) is designed to assist COMNAVRESFORCOM leaders in guiding their response to suicide related behaviors and suicide.

d. Reporting. Suicides and SRBs must be reported immediately to mobilize appropriate resources and inform command and Navy-wide suicide prevention efforts. These events must be reported using guidelines outlined in reference (e). Additionally, the Situation Report (SITREP) should reference the following referrals have been completed (as applicable to the SRB):

(1) Submit a SAIL referral within 24 hours for all military personnel (including SELRES on orders 30 days or greater)

(2) Submit a PHOP referral within 24 hours for SELRES personnel (not on Active Duty).

(3) Submit an Insider Threat referral, outlined in references (f) and (g).

(4) Submit a Personnel Casualty Report (PCR) for an SRB that results in serious injury or hospitalization, as per reference (h) and (i),

(5) Open a Department of Defense Suicide Event Report (DoDSER) within 30 days of notification of a suspected suicide, as per reference (b).

4. Records Management. Records created as a result of this notice, regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of September 2019.

5. Cancellation Contingency. This notice will remain in effect for 1 year or until new guidance is issued. COMNAVRESFORCOM SPC will review this notice annually of its effective date to ensure applicability, currency, and consistency with Department of Defense and Navy Policy.



M.J. STEFFEN

Releasability and distribution:

This notice is cleared for public release and is available electronically only via COMNAVRESFOR website <https://www.navyreserve.navy.mil/Resources/Official-RESFOR-Guidance/Instructions/>



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RESPONSE CHECKLIST**When receiving a report of Suicidal Behavior (Thoughts, Ideations, Gestures or Attempts) from a Sailor/Civilian:****Responder Shall:**

- ☐ Gather information using the “**Response Plan for Distressed Callers**” template, or take record of physical conversation.

****Most importantly: Name, Unit, Location and Behavior Type.****

- ☐ Maintain communication with Sailor/Civilian or third party.

****Dial 911 if immediate assistance is needed. Dial 444-3333 for immediate on-base assistance.****

- ☐ Notify Sailor's/Civilian's Chain of Command (CoC) and Command Duty Officer (CDO).

Chain of Command Shall:

- ☐ Relieve Sailor/Civilian of duties (if applicable).
- ☐ Notify Suicide Prevention Coordinator (SPC) or Suicide Prevention Program Manager (SPPM).
- ☐ Contact Department of the Navy Civilian Employee Assistance Program (DONCEAP) Program Manager in N00CP for a civilian employee.
- ☐ Keep line of sight supervision until help is available
- ☐ Ask Sailor if he/she owns firearms.

****If Sailor owns firearm(s), ask the Sailor to voluntarily relinquish their registered or unregistered privately owned firearms and weapons. Coordinate with Installation Security Officer (SECO) or Assistant SECO for voluntary storage at NSA Northwest Annex.**

- ☐ Designate an escort to treatment facility. Escort will keep constant communication with Chain of Command and provide updates as available.

****Discretionary: If member is admitted to treatment facility, discuss notifying NOK with member and care team.****

- ☐ Ensure initial contact is made between Sailor and Sailor Assistance and Intercept for Life (SAIL) or Psychological Health Outreach Program case manager after SPC submits referral.
- ☐ Draft Unit Situation Report (SITREP) and submit to CDO for release. No SITREP is required for civilian employees.
- ☐ Provide Unit SITREP updates as applicable.

Suicide Prevention Coordinator Shall:

- ☐ Notify Chief of Staff, Executive Director, and Command Master Chief (CMC).

****If SRB behavior is classified as a suicide attempt by medical authority, a DoD Suicide Event Report is required to be completed by the Military Treatment Facility.****

- ☐ Initiate SAIL referral (for military).
- ☐ Initiate Insider Threat submission.
- ☐ Track Data and maintain communication with Sailor's CoC or Civilian's Supervisor (if applicable).

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When receiving a report of SUICIDE about a Sailor/Civilian:**Responder Shall:**

- Gather information using the “Response Plan for Distressed Callers” template or take record of physical conversation. Most importantly: Name, Unit, and Location of victim.
- Maintain communication with first responder.
- **Dial 911 for immediate off base assistance. Dial 444-3333 for immediate on-base assistance.*****
- Notify Sailor’s/Civilian’s Chain of Command.

Chain of Command Shall:

- Contact Command Services to review Sailor’s page 2 for primary next of kin information.
- Submit Personnel Casualty Report (PCR) via Defense Civilian Intelligence Personnel System as soon as possible (within four hours of notification but no longer than 12 hours). Initial PCR should not be delayed due to unknown or unavailable detail.
- Draft Unit SITREP and submit to CDO for release.
- Provide Unit SITREP updates as applicable.
- Notify CACO (Casualty Assistance Calls Officer). (*See emergency numbers*)
- Notify SPPM or SPC.

Suicide Prevention Coordinator Shall:

- Notify Chief of Staff, Executive Director, CMC, CDO, Legal/NCIS and Chaplain/Program Manager Work Force Relations to prepare activation of the Suicide Response/Traumatic Stress Response Team.
- Initiate DoD Suicide Event Report <https://dodser.t2.health.mil> (initiate a Department of Defense Suicide Event Report (DoDSER) within 30 days of receiving notification of the death. Commands must make every effort to answer DoDSER questions completely to ensure DoDSER quality. “Data unavailable” or “cannot determine” responses may result in the DoDSER being returned for rework.)

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RESPONSE PLAN FOR DISTRESSED CALLERS

(e.g. Suicidal/Homicidal/Bizarre thoughts and behaviors)

Caller ID Phone Number _____ **Date/Time** _____

If a distressed or suicidal person calls, or comes to the office, ask for the following information. **The order in which you ask the questions may differ depending on the specific situation.**

Remain calm, and provide positive communication with the person, with the intent to determine the Sailor's location and to get him or her assistance as soon as possible.

If a person calls or comes to 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," or statements implying they are thinking of harming themselves, remember to do the following:

- | | | | |
|----------------------|------------------------------|----------------------------|-------------------|
| ❖ BE YOURSELF | ❖ SHOW CONCERN | ❖ BE EMPATHETIC | ❖ LISTEN |
| ❖ STAY CALM | ❖ OFFER HELP AND HOPE | ❖ STAY ON THE PHONE | ❖ GET HELP |

ASK

1. May I have your name and current location (determine specific address, building number, ship's space, etc., If at all possible).

2. Are you having thoughts of suicide? Yes _____ No _____

3. Have you thought about how you would harm yourself? Yes _____ No _____

4. Try to acquire as many details on how they plan to harm themselves:

If the person has a gun, ask:

Is it loaded? Yes _____ No _____ Where is it? _____

If the person indicates he/she has taken pills, ask:

Name of the pills/medication(s): _____

How many pills were taken: _____

What time the pills were taken: _____

5. Who is there with you? _____

6. I can help you. I can get you some help. Do you want help? Yes _____ No _____

7. Are you willing to wait for help? Yes _____ No _____

EMERGENCY CONTACTS AND LOCAL RESOURCES

EMERGENCY CONTACTS	
CNRFC Command Duty Officer	757-274-9554
Fire /Ambulance/Police	911 or 444-3333 (on base)
Base Police	757-836-1900
NSA Hampton Roads SECO	757-836-1910
Chaplain - Area Duty	757-438-3822
Chaplain - RESFOR Hotline	757-322-5650
Chaplain - Base	757-836-1725/757-421-8205
Duty Medical	757-953-8760
Sentara Norfolk Hospital Emergency Dept.	757-338-3000
Impact Mental Health Services Portsmouth	757-399-1500
NMCP - Emergency Room	757-953-1365
NMCP - Mental Health Offices	757-953-9010/8751/8821
NMCP - Adult/Child Mental Health	757-953-5269
(CACO) CMD Casualty Assistance Calls Officer	See COMNAVRESFORCOMNOTE 5420
(CACO) REG Casualty Assistance Calls Officer	757-322-2817
	Toll Free 1-866-203-7791
Suicide & Crisis Hotline	1-800-273-TALK (8255) 988
National Hope Line Network	1-800-784-2433
Fleet and Family	757-444-2102
Military OneSource	757-342-9647
Psychological Health Resource Center	1-866-966-1020
Psychological Health Outreach Program (PHOP)	1-866-578-7467
DON Civilian Employee Assistance Program	1-844-366-2327
AFTER WORKING HOURS COMMAND NUMBERS	
Chief of Staff	904-531-2753
Executive Director	757-692-6448
Command Master Chief	224-237-8437
Suicide Prevention Program Manager	OSCS Tom Walsh: 610-329-4090
Suicide Prevention Coordinator	GMC James Anderson: 757-322-5747

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LEADER GUIDE AND POSTVENTION CHECKLIST

Purpose: This checklist is designed to assist leaders in guiding their response to suicide related behaviors and suicide. Research suggests the response by a unit's leadership can play a role in the prevention of additional suicides/suicide events or, in worst cases, inadvertently contribute to increased suicides/suicide attempts (suicide contagion). It is a guide intended to support a leader's judgment and experience. The checklist does not outline every potential contingency which may come from a suicide or suicide attempt.

****Suicide Deaths impact approximately 115 individuals - Exposure heightens the risk for Suicide in others. It is important to provide a "safety net" around those exposed and impacted.****

Guidance for Work Integration Following a Suicide Ideation/Attempt

1. A person who has experienced a crisis may find returning to work to be comforting (a sense of normalcy) or distressing. Help maintain a sense of purpose and belongingness within the command for the returning member. Work may need to be tailored to accommodate for medical/Mental Health follow-up appointments and assessed abilities of the person upon their return. The goal is to gradually return to full duties as appropriate.

a. If Active Duty: Ensure Active Duty Member is cleared for return to duty by Mental Health and their Primary Care Manager. Consultation between Mental Health/Primary Care Manager and Command can ensure a work schedule that accommodates the active duty member, provides additional supervision and support without risk of showing secondary gain for having suicidal ideations. Recommendations:

(1) "No Alcohol" order

(2) Non-weapons bearing duties

(3) Secure personal weapons, providing an alternative (i.e., installation armory)

b. If civilian: Recommend discussing alcohol and weapons. Engage with employee to ensure they provide documentation indicating they are medically cleared by their treating medical and or Mental Health provider to return to the work environment. Coordinate with the Program Manager, Work Force Relations on accommodations (if required) to work schedule and work environment.

2. A returning member should not be treated as fragile or "damaged". If they sense they are being "singled out" or treated differently in the presence of peers, it can damage the recovery process. Freely speak with the employee about being receptive to their thoughts on returning to work and how to avoid either their, or your, perception of "walking on egg shells."

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3. Consider leave requests carefully. Support the employee by ensuring leave requests involve structured time or planned events that will enhance them as they take time away from work.
4. Ensure all members of the unit are aware that seeking Mental Health is a sign of strength and helps protect mission and family by improving personal functioning instead of having personal suffering.
5. Never underestimate the power of the simple statement: “What can I do to be helpful to your recovery process?” or “How can I help?”
6. Consult with Mental Health providers to develop a supportive plan to re-integrate the Service member into the workplace.
7. Engage family and support networks to increase support and surveillance of the Service member. Encourage family and friends to reach out to the unit if they become concerned about the Service members emotional state.

Guidance for Actions Following a Death by Suicide

1. Chain of Command and Suicide Prevention Coordinator will consult with Mental/Behavioral Health provider and/or Chaplain to prepare announcement to unit and co-workers.
2. Make initial announcement to work site with a balance of “need to know” and rumor control. Consider having Chaplain and Department of the Navy Civilian Employee Assistance Program (DONCEAP) present for support to potentially distraught personnel, but avoid using a “psychological debriefing” model. Make initial announcement to work site/unit.
3. When speaking to the work site/unit, avoid announcing specific details of the suicide. Merely state it was a suicide or reported suicide. Do not mention the method used. Location is announced as either on-installation or off-installation. Do not announce specific location, who found the body, whether or not a note was left, or why the member may have killed himself/herself.
4. Avoid idealizing deceased or conveying the suicide is different from any other death. Consult with Mental/Behavioral Health, the Chaplain, and Chain of Command for any actions being considered for memorial response.
5. When engaging in public discussions of the suicide:
 - a. Express sadness at the loss and acknowledge the grief of the survivors;
 - b. Reiterate to the audience to seek assistance when distressed;
 - c. Encourage Service Member to be attuned to those who may be grieving or having a difficult time.

Enclosure (4)

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following the suicide, especially those close to the deceased; and

- d. Provide brief reminder of warning signs for suicide.
6. After death announcement is made to the work center, follow-up your comments in an e-mail provided to the community affected. Restate the themes noted above.
7. Increasing leadership presence in the work area immediately following announcement of death. Engage informally with personnel and communicate message of support and information. Presence initially should be fairly intensive and then decrease over the next 30 days to a tempo you find appropriate.
8. Consult with Chaplain regarding Unit Sponsored Memorial Services. Memorial services are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible.
9. Utilize or refer grieving co-workers to installation resources. For Military beneficiaries, consider Mental Health, Chaplain, Service member & Family Readiness, and Military One Source 1(800) 342-9647. For civilians, consider DONCEAP [DONCEAP available 24/7 at 1(844) 366-2327].
10. Anniversaries of suicide (1 month, 6 month, 1 year, etc.) are periods of increased risk. Promote healthy behaviors during this time period and be attuned to those who may be grieving or having a difficult time.

Enclosure (4)