NYARNG Circular Number 629

SUICIDE PREVENTION PROGRAM

Headquarters New York Army National Guard
330 Old Niskayuna Road
Latham New York 12110-3514

1 February 2015
UNCLASSIFIED

SUMMARY OF REVISIONS

NYARNG Circular Number 629, 1 February 2015
Suicide Prevention Program

Summary. This circular establishes policies, procedures, and sets forth responsibilities for all aspects of the New York Army National Guard Suicide Prevention Program.

Applicability. This publication applies to the New York Army National Guard (NYARNG), unless otherwise stated.

Proponent and exception authority. The proponent for this circular is the Chief of Staff. The proponent has the authority to approve exceptions or waivers to this circular that are consistent with controlling law and regulations. The proponent may delegate this authority in writing, to a branch chief within the proponent's direct reporting unit, in the grade of Lieutenant Colonel or the civilian equivalent. To request an exception or waiver to this circular, send a written request to, Joint Forces Headquarters-New York, ATTN: MNFP, 330 Old Niskayuna Rd, Latham, NY 12110 prior to initiating deviation. Identify specific conflict(s) with this circular and provide justification for the request and alternate measures. Include an assessment of the associated risk with the request.

Army management and control process. This circular does not contain management control provisions.

HEADQUARTERS NEW YORK ARMY NATIONAL GUARD
330 Old Niskayuna Road
Latham New York 12110-3514

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SUICIDE PREVENTION PROGRAM

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CHAPTER 1

GENERAL

1-1. PURPOSE. This circular describes the New York Army National Guard (NYARNG) Suicide Prevention Program.

1-2. REFERENCES. See Appendix A

1-3. PROGRAM RESPONSIBILITIES.

a. The Adjutant General (TAG): Appoint a task force or committee and designate a presiding officer to plan, implement, and manage the New York Army National Guard Suicide Prevention Program.

b. The Chief of Staff (COS): Oversee the state Suicide Prevention Program.

c. Suicide Prevention Program Manager (SPPM):

(1) Administer the suicide prevention program for both Soldiers and DA employees with a goal to reduce the incidence of suicides.

(2) Serve on the Resilience, Risk Reduction, and Suicide Prevention (R3SP) Council.

(3) Coordinate and track the training of all Applied Suicide Intervention Skills Training (ASIST)-certified personnel, Ask, Care, Escort-Suicide Intervention (ACE-SI)-certified personnel, and Annual ACE Training for the state.

(4) Serve as the point of contact for the program and advise the commander and major subordinate commands.

(5) Integrate suicide prevention into community, Family, and Soldier support programs as appropriate.

(6) Maintain surveillance at the State-level to include tracking data and reporting completed suicides, suicidal ideations and attempts. Review the data in Serious Incident Reports (SIRs) for accuracy, and ensure the 15-6 Investigation captures all the information necessary to complete the Commanders Suspected Suicide Event Report (CSSE).

(7) Support the gathering of supplemental information on suicides and attempts to aid in classifying, analyzing, and identifying trends, and provide programmatic decision support.

d. Resilience, Risk Reduction and Suicide Prevention (R3SP) Council: Comprised of the Chief of Staff, Human Resources Officer, State Command Sergeant Major, MEDCOM Commander/Deputy State Surgeon, State Chaplain, and the SPPM.

(1) Coordinate program activities and the suicide prevention activities of the command, interested agencies, and persons.

(2) Evaluate program needs and make appropriate recommendations to commander.

(3) Review, refine, add, or delete items to the program based on an ongoing evaluation of needs.

(4) Recommend command policy guidance for training and operations issues to assure that Soldiers and their leaders have sufficient opportunity for quality Family life.

(5) Be aware of publicity generated with respect to suicides in the community and develop public awareness articles for publication.

(6) Implement an integrated Family member Suicide Prevention Program.

e. Joint Operations Center (JOC):

(1) The JOC will notify the SPPM, the Chaplain, and the Psychological Health Coordinators (PHCs) on any reported suicides, suicide attempts, ideations, and gestures.

(2) The JOC will notify the appropriate leadership on any reported suicides.

f. Military Naval Operations and Training (MNOT): Incorporate suicide prevention training into the Unit Training Guidance.

g. Medical Command (MEDCOM): Provide guidance IAW AR 600-63 in addition to the following:

(1) Provide assessments and recommendations for improving the state's Suicide Prevention Program.

(2) Assess and advise the state leadership on stress factors that may result in an increased number of personnel at risk.

(3) Assist in assessing Soldiers who are a Suicide risk and refer for appropriate follow-up.

(4) Provide a military medical liaison and case management services for Soldiers requiring ongoing treatment.

h. Chaplains and Unit Ministry Teams (UMT):

(1) Assist commanders in providing suicide prevention awareness training for Soldiers, Families, and DA Civilians IAW AR 600-63.

(2) Complete a two-day Applied Suicide Intervention Skills Training (ASIST) course, or a more comprehensive five-day ASIST T4T course.

i. Psychological Health Coordinator (PHC):

(1) Develop community-based behavioral health networks to improve access to mental health providers.

(2) Educate Soldiers and their Families on how to access behavioral health services and provide referrals as necessary.

(3) Conduct leadership education and training.

(4) Provide follow-up services for personnel identified to be at risk for suicide.

(5) Collaborate with MEDCOM to ensure Soldiers are profiled as needed.

(6) Build psychological health fitness and resilience while dispelling stigma.

(7) Document and track data to provide quality services and identify needs/trends.

j. Commanders:

(1) Publish a health promotion policy letter that includes suicide prevention efforts. This policy includes a full scope of prevention activities as listed in this circular to promote a community of healthy behaviors.

(2) Attend the 4-hour Ask, Care, Escort – Suicide Intervention (ACE-SI) course.

(3) Appoint, in writing, an E-6 or above to serve as the Suicide Intervention Officer (SIO) at each company level. Appointment memos will be submitted to the state SPPM for tracking purposes.

(4) Maintain records of Soldiers' annual suicide prevention and awareness training.

(5) Ensure policies are in place for unit watch, weapons profiles, and other unit-related procedures that relate to suicide risk symptoms or suicide-related events.

(6) Refer Soldiers who are undergoing disciplinary action and have multiple risk factors present to appropriate support services to mitigate risk.

(7) Ensure Soldiers identified with suicide risk symptoms/behaviors are not belittled, humiliated, or ostracized by other Soldiers and are not identified through special markings or clothing (example: Soldiers wear reflective training vests identifying them as high-risk individuals).

(8) Ensure that Soldiers are treated with dignity and respect and are encouraged to seek assistance if they are experiencing challenges or have been identified with suicide risk symptoms.

(9) Establish task forces, committees, and risk reduction teams to facilitate local health promotion initiatives to reduce high-risk behaviors and build resilience.

(10) Enhance unit readiness and maximize human resources by implementing the health promotion program within their units.

(11) Initiate proactive measures to prevent loss of life within their units due to suicide and to reduce the impact on survivors if a suicide takes place.

(12) Promote the battle buddy system throughout the deployment cycle for all Soldiers regardless of rank, position, and organizational affiliation.

(13) Ensure that Families, unit members and co-workers who experience loss due to suicide are provided/offered long-term assistance. Refer to DA Pamphlet 600-24 (Appendix D) and Chapter 4 (paragraph 4-6) of this circular for a specific list of prevention, intervention, and postvention resources.

(14) Share a Soldier's information only with those who have a need to know. If a Commander or healthcare professional has any questions regarding who has a need to know, they should contact the servicing judge advocate before sharing information.

(15) Encourage all Soldiers, civilians, and Family Members to practice a lifestyle that improves and protects physical, behavioral, and spiritual well-being.

(16) Demonstrate positive efforts to deglamorize the use of all forms of alcohol and tobacco products.

(17) Follow Crisis and Referral Counseling information outlined in Field Manual (FM) 6-22, Appendix B.

k. Suicide Intervention Officers (SIO):

(1) Complete a two-day Applied Suicide Intervention Skills Training (ASIST) course, or a more comprehensive five-day ASIST T4T course.

(2) Advise the commander on annual suicide prevention and awareness training requirements and ensure training is entered into the Digital Training Management System (DTMS).

(3) Work with the Family Readiness Group (FRG) Leader and Chaplain to develop and maintain a list of federal, state, and local community service agencies, clinics, and hotlines for Soldier referral.

(4) Monitor for Soldiers in crisis and connect them with helping resources and agencies.

(5) SIO must be appointed in writing (E-6 or above) at each company level.

(6) If possible, the SIO should attend the Master Resilience Trainer or Resilience Training Assistant course.

l. NCO Chain-of-Command/NCO Support Channel:

(1) Live up to the Army values by caring for Soldiers.

(2) Conduct annual suicide prevention and awareness training for Soldiers.

(3) Implement the battle buddy system in accordance with AR 600-63.

(4) Foster a sense of responsibility in Soldiers, to provide watchful care and support for peers.

m. Soldiers:

(1) Live up to the Army values in caring for your buddy.

(2) Seek out your buddy for advice, protection, and support.

(3) Recognize that seeking help is a sign of strength.

(4) Report all concerns that a buddy may harm themselves.

CHAPTER 2

GATEKEEPERS

2-1. PRIMARY GATEKEEPERS. Primary Gatekeepers are individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to personnel in need of support. Primary Gatekeepers will receive training in recognizing and helping individuals with suicide-related symptoms or issues.

2-2. SECONDARY GATEKEEPERS. Secondary Gatekeepers are personnel who may have a secondary opportunity to come in contact with a person at risk. The table below provides a list of our Primary and Secondary Gatekeepers to include both internal and external to our organization. In addition to the below list of Secondary Gatekeepers, full-time personnel at the unit-level are considered Secondary Gatekeepers, given their day-to-day interaction with Soldiers.

Primary and Secondary Gatekeepers (some are external*)

Primary Gatekeepers	Secondary Gatekeepers
Chaplains & Chaplain Assistants	Military Police
ASAP Counselors	Trial Defense Lawyers & Legal Assistants
Family Advocacy Program Workers	Inspectors General
Army Emergency Relief Counselors	DOD School Counselors
Emergency Room Medical Technicians	Red Cross Workers
Medical/Dental Health Professionals	First-Line Supervisors

2-3. Response Teams

a. Battalion Serious Incident Response Teams (SIRTs) are made up primarily from Battalion personnel, to include: S1, Chaplain, Medical NCO, Victim Advocate, SIO, and Personnel Service NCO. The Battalion SIRT is responsible for intervention actions and postvention support that includes grief and bereavement. Members of the SIRT will receive basic and advanced suicide prevention/awareness training as determined by the NYARNG.

b. Resilience Support Teams (RSTs) serve as a resource to the Battalion SIRT. RSTs include, but are not limited to, the SIO, Victim Advocate, Master Resilience Trainer (MRT), Chaplain, PHC, MEDCOM Behavioral Health, and R3SP Program Manager.

c. Behavioral Health (BH) professionals provide health promotion, prevention, and clinical services to address suicidal and self-injurious behaviors. BH professionals also provide the Battalion SIRT and NYARNG organizations with medically and scientifically supported information on suicide and suicide prevention. As such, BH professionals will receive training on state-of-the-art techniques and information resources pertaining to suicide prevention. The bulk of our BH support will come from Military Treatment Facilities (MTF), local VA offices within the State of New York, and the NYNG PHCs. NYARNG civilian and contract BH providers will ensure they remain current on suicide prevention information.

CHAPTER 3

IMPLEMENTATION

3-1. BACKGROUND.

a. The Army Suicide Prevention Program (ASPP). The ASPP is comprised of three principle phases or categories of activities to mitigate the risk and impact of suicide.

(1) Prevention focuses on preventing normal life "stressors" from turning into a life crisis. "Prevention Programming" focuses on equipping the Soldier, Family Member, and military employee with coping skills to handle overwhelming life circumstances. Prevention includes early screening to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs. Prevention is dependent upon proactive leaders who make the effort to know their subordinates, including estimating their ability to handle stress, and who offer a positive, cohesive environment which nurtures and develops positive life-coping skills. It also includes education about warning signs/symptoms of intense stress. The annual suicide prevention training mandated by the Department of the Army and the NYARNG are part of our overall strategy for prevention and education. Units are required to report the completion of annual suicide prevention training in DTMS NLT 31 October annually.

(2) Intervention attempts to prevent a life crisis or mental disorder from leading to thoughts of suicide, to help someone manage suicidal thoughts, and take action to intervene when a suicide appears imminent. Early involvement is a crucial factor in suicide risk reduction. Intervention includes altering the conditions that produced the current crisis, treatment of underlying psychiatric disorder(s) that contributed to suicidal thoughts, and follow-up care to assure problem resolution. This could also include controlling a person's environment, such as removing the means-of-suicide and enacting watchful-care of a buddy. Commanders play an integral part during this phase, as it is their responsibility to ensure a particular problem or crisis has been resolved before assuming the threat has passed.

(3) Postvention (defined by the American Association of Suicide Prevention as "the provision of crisis intervention, support, and assistance") is required when an individual has attempted or completed a suicide. After an attempt, commanders, NCOs, and other Gatekeepers must take steps to secure and protect such individuals before they can harm themselves and/or others. "Postvention" activities also include unit-level interventions (such as Critical Incident Stress Management (CISM) debriefings) following completed suicidal acts; to minimize psychological reactions to the event, prevent or minimize potential for suicide contagion, strengthen unit cohesion, and promote continued mission readiness.

b. The Department of Veterans Affairs (VA) behavioral health providers will serve as providers for many of our Soldiers. Based on this, we need to familiarize our leaders with the VA's estimated levels of suicide risk, which are discussed below and are now adopted by the New York Army National Guard.

3-2. MISSION. Implement a suicide prevention program that educates the NYARNG on prevention, intervention, and postvention.

3-3. EXECUTION AND TRAINING.

a. Intent of the Suicide Prevention Program is to educate and prevent suicides. Program key tasks are as follows:

(1) Increase suicide awareness with units and personnel.

(2) Provide timely delivery of crucial information to appropriate Gatekeepers.

(3) Provide behavioral health case management, care, and follow-on treatment.

(4) Provide immediate response to any safety risk.

(5) Provide immediate response when a suicide occurs in order to minimize the adverse effects on unit cohesion.

b. Program Concept is to implement key tasks by levels shown below:

(1) Level One. The main effort of the program will be phase or level one "prevention" activities. Each company/battery/troop commander is responsible for providing suicide awareness training and support to all assigned personnel annually. Suicide Prevention Training will focus on preventing normal life "stressors" from turning into life crisis. "Prevention Programming" focuses on equipping personnel with coping skills to handle overwhelming life circumstances. Prevention includes early screening (Periodic Health Assessment (PHA)/Medical Soldier Readiness Process (SRP)/Post Deployment Health Assessment (PDHA)/Post Deployment Health Reassessment (PDHRA)) to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs. See paragraph 4-1.

(2) Level Two. After medical screening occurs, unit commanders are responsible for taking action if early indicators exist as it relates to behavioral health issues that are normally recorded by the Soldier during medical screening. When a behavioral health red flag occurs on a Soldier's PHA, Medical SRP, PDHA, or PDHRA, the commander must take action to ensure that the identified Soldier receives any needed counseling and/or support. See paragraph 4-2.

(3) Level Three. When a suicide risk becomes Level Three (probable or imminent), then immediate intervention is required. Gatekeepers will execute battle drill three (see paragraph 4-3), with an emphasis on taking steps to secure and protect such individuals before they can harm themselves and/or others.

(4) Level Four. When a suicide occurs, the primary and secondary Gatekeepers will employ battle drill four (see paragraph 4-4), with an emphasis on minimizing psychological reactions to the event, preventing suicide contagion, strengthening unit cohesion, and promoting continued mission readiness.

CHAPTER 4

SUICIDE PREVENTION BATTLE DRILL

4-1. LEVEL ONE - NO RISK FOR SUICIDE.

a. Task and Purpose: Responsible to ensure a Suicide Prevention Program is implemented and a command climate is created that emphasizes and encourages help-seeking behavior.

b. Conditions: Given a Soldier who has not self-identified or been identified during an SRP, PDHA, PDHRA, or IDT or observed as having behavioral health issues. This Soldier is at No Risk for suicide.

c. Standards: Each company/battery/troop commander is responsible for providing suicide awareness training and support to all assigned personnel. Prevention training will focus on preventing normal life "stressors" from turning into life crises. "Prevention Programming" focuses on equipping personnel with coping skills to handle overwhelming life circumstances. Prevention includes early screening (PHAs/Medical SRPs/PDHAs/PDHRAs) to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs.

d. Reference: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report.

e. Task Steps and Performance Measures:

(1) Commanders and Gatekeepers will take steps to encourage help-seeking behaviors.

(2) Commanders will implement a suicide prevention program for their units in accordance (IAW) with NGB and state requirements.

(3) Units will conduct Annual Suicide Prevention Training using the Army-approved training material. Training methods can be found at http://dmna.ny.gov/suicideprevention.

(4) Should training produce any concerns for Soldier well-being, in regards to suicidal ideations or behaviors, refer to the Level Two Suicide Prevention Battle Drill for guidance.

4-2. LEVEL TWO - MILD TO MODERATE RISK FOR SUICIDE.

a. Task and Purpose: Responsible to ensure Soldiers have access (including transportation) to mental health providers. Level Two actions are taken with the goal of returning Soldiers to Level One or a No-Risk status.

b. Conditions: A Soldier self-identifies or is identified during an SRP, PDHA, PDHRA, IDT or observation as having behavioral health issues. This Soldier is at Mild to Moderate Risk for suicide. Soldier is having difficulty coping with stressors including, but not limited to, legal issues, relationships (divorce), unemployment, financial challenges, or loss of a loved one. Additionally, this includes recently redeployed Soldiers showing difficulty readjusting to civilian life.

c. Standards: Soldiers will have an evaluation (if not currently in treatment) and follow-up care or necessary treatment for behavioral health needs. Level Two Soldiers will have accommodations to ensure they are able to attend their mental health appointments. Soldiers who maintain his/her appointments will be more likely to return to a Level One and have no or minimal risk of committing suicide. This will aid the cohesiveness and effectiveness of the unit and will reduce the number of incidences.

d. References: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report (SIR).

e. Task Steps and Performance Measures:

(1) Commanders and Gatekeepers will take steps to encourage or mandate professional assistance for any Soldier identified as meeting the criteria for Level Two Intervention. Level Two Battle Drill is implemented in an attempt to prevent life crisis or certain situations leading to suicidal thoughts or self-injurious behavior.

(2) Identify at-risk Soldier (for warnings signs, see paragraph 5-4).

(3) Refer Soldier to appropriate resources (see paragraph 4-5).

(4) Leadership will contact the Soldier a minimum of every two weeks to monitor progress in stress mitigation.

(5) Complete serious incident report (SIR) and send to the JOC. The JOC will forward the SIR to the SPPM, PHCs, and Chaplain.

(6) Any incident involving severe depression, suicidal ideation or attempt, or violence of self or others will be considered a serious incident and reported IAW paragraph 5-2.

4-3. LEVEL THREE – HIGH RISK FOR SUICIDE.

a. Task and Purpose: Responsible to ensure immediate intervention of probable or imminent suicidal behavior or actions.

b. Conditions: Given a Soldier that is known to be high risk for suicide behavior or has displayed suicidal or self-injurious behavior, actions, thoughts, or ideations.

c. Standards: Respond immediately to (Level 3) activity in order to preserve life and to minimize the adverse effects on unit cohesion.

d. Reference: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report.

e. Task Steps and Performance Measures:

(1) Commanders, NCOs, and Gatekeepers must take steps to secure and protect such individuals before they harm themselves and/or others.

(2) Actions to take on contact, notifications, and/or actions:

(a) If imminent danger, call 911.

(b) Do not leave Soldier alone.

(c) Remove any means that could be used for self-injury, but do not use force.

(d) Reassure that he or she will receive help.

(e) If not in imminent danger, ask the question directly, “Are you thinking about killing yourself?” and remain calm.

(f) Determine if Soldier will voluntarily seek help.

(3) If Soldier is willing to seek help:

(a) Escort Soldier to a BH professional, VA Hospital, or Emergency Room.

(b) Complete SIR IAW chapter 5, paragraph 5-2. Flow of information for the incident is as follows:

- Individual conducts intervention, notifies 1st line leader and commander
- Commander or full-time representative in the unit completes SIR and forwards to JOC
- JOC forwards SIR to SPPM, Chaplain, PHC, MEDCOM
- PHC/MEDCOM provide follow-up care
- MEDCOM BH CM track open case

(4) If Soldier is NOT willing to seek help:

(a) Call 911 if Soldier has a means and plan to complete suicide.

(b) Notify the JOC at (518) 786-6104.

(c) Initiate a Command Referral for a Behavior Health assessment IAW Department of Defense Directive (DODD) 6490.1.

f. Commander or representative will make contact with the Soldier according to the following schedule:

(1) Minimum of twice per week for the first four weeks (may be extended if necessary) or as directed by medical professionals until the Soldier's risk drops below Level Two.

(2) Ensure Soldier is complying with treatment plan established by their behavioral health facility.

4-4. LEVEL FOUR – SUICIDE ATTEMPT WHICH LEFT SOLDIER IN CRITICAL CONDITION OR A DEATH.

a. Task and Purpose: Level Four is implemented to normalize the responses to an abnormal event among remaining Soldier's, while minimizing the long-term psychological effects.

b. Conditions: This takes place after a suicide or a serious suicide attempt, which left the Soldier in critical condition.

c. Standards: Respond Immediately to support the Family of the identified Soldier and his/her fellow Soldiers.

d. Reference: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report.

e. Task Steps and Performance Measures:

(1) Once aware of a suicide, flow of information is as follows:

- Commander or full-time representative in the unit notifies the JOC at (518) 786-6104
- Commander or full-time representative in the unit completes SIR and forwards to JOC
- JOC forwards SIR to SPPM, Chaplain, PHC, MEDCOM, ARNG Watch
- SIRT and RST provide support to unit

(2) The Admin NCO and 1SG will identify Soldiers that were close with the victim and/or may take the news harder than others. The identified individuals will be contacted by the Chaplain and/or Psychological Health Coordinators (PHCs). The Admin NCO and 1SG will notify the remainder of the unit.

(3) If possible, the unit will be debriefed at the next scheduled training assembly. The Battalion SIRT will conduct the debriefing, with support from appropriate members of the Resilience Support Team, to assist the Soldiers in understanding and normalizing the feelings they are experiencing.

(4) Minimize the potential for suicide contagion.

(5) Strengthen unit cohesion.

f. Promote psychological health and well-being, while promoting continued mission readiness. Soldiers, to include commanders and other leaders, are encouraged to talk amongst themselves or to a mental health provider about what they are experiencing.

g. An AR 15-6 investigation will be conducted on every suicide and death being investigated as a possible suicide IAW AR 15-6. The 15-6 investigation officer will be appointed in writing and the appointment letter will be included in final report. The Adjutant General is the appointing authority for all suspected and confirmed suicides.

4-5. CONTINUING CARE OPTIONS FOR RISK LEVELS 2 AND 3

Status	Level 2 and Level 3 Resources
All Soldiers and Family Members	1-800-273-TALK (8255) 1-800-SUICIDE(784-2433) www.suicide.org/suicide-hotlines.html
VA Eligible (5 years Active-Duty in Combat Zone)	Vet Centers Veterans Administration
AGR/ADOS	Tricare, MTF Mental Health Center (MTF MHC)
Technicians in IDT Status	MTF MHC
Technicians in non-IDT Status	Vet Centers VA (if eligible) Military OneSource Personal Insurance MTF MHC
State Employees	Insurance Dependent www.suicide.org/suicide-hotlines.html
Civilian Contractors	Contracting Company Community MHC Hospital Emergency Rooms

4-6. CONTACTS FOR RISK LEVELS 2 AND 3

Common Stressors	Stress Reduction Enablers	Contact Information	Description of Service
Everything	Person	1-800-273-TALK(8255)	Support
Everything	Psychological Health Coordinators	Linda Meineker, 518-396-8993 linda.l.meineker.ctr@mail.mil Puspita Sen, 518-545-8753 puspita.sen.ctr@mail.mil	Counseling and referral services
Everything	Family Assistance Specialists	Family Programs Office 1-877-715-7817	Referral to community resources for variety of issues
Relationships	State Support Chaplain	1-518-461-2527	Strong Bonds Marriage/Family Seminars; Spiritual Advising
Relationships	Military OneSource	Militaryonesource.com 1-800-342-9647	Twelve in-person non-medical counseling sessions; In your community; No cost
Financial	Soldier Relief Fund	Family Programs Office 1-877-715-7817	Assist with Grant request submissions
Financial	Military OneSource	Militaryonesource.com 1-800-342-9647	Financial assistance /Budget Planning/Debt issues
Employment	ESGR	William Tracy, 1-518-786-4911 william.j.tracy@us.army.mil	Assistance finding employment and resolving employment related issues
Employment	Transition Assistance Advisor	Robert VanPelt, 1-518-786-4543 robert.w.vanpelt@us.army.mil	Work with VA and Employers to assist with job placement
Legal	Office of the Staff Judge Advocate	MSG Gino Calandra, 1-518-786-4543 gino.calandra@us.army.mil	Assistance with Legal Issues
Legal	Military OneSource	Militaryonesource.com 1-800-342-9647	Legal consultations/legal referrals
Substance Abuse	Substance Abuse Program (NYARNG)	Kim Akins, Alcohol and Drug Control Officer, 1-877-715-7817	Referral Services for substance abuse issues
Substance Abuse	Substance Abuse and Mental Health Services Administration (SAMHSA)	www.samsha.gov 1-800-662-HELP (4357)	Referral Services for substance abuse issues

CHAPTER 5

TRAINING & REPORTING

5-1. TRAINING FOR SUICIDE AWARENESS AND PREVENTION

Training For	Training Curriculum	Frequency and when conducted	Primary trainer	Resourced by
All Soldiers	Ask, Care, Escort (ACE)	Annually	First Line Leaders	IDT
Junior Leaders	A.C.E.- Suicide Intervention (ACE-SI)	One Time Training	ACE-SI Trainers	R3SP
Primary and Secondary Gatekeepers	Applied Suicide Intervention Skills Training (ASIST)	One Time Training	ASIST Trainers	R3SP
Suicide Intervention Officers (SIOs)	Applied Suicide Intervention Skills Training (ASIST)	One Time Training	ASIST Trainers	R3SP

5-2. The following is an SIR template. GOCOMs are responsible for reporting all information in this template and forwarding it to the JOC. The JOC then forwards the SIR to the Chaplain, SPPM and PHCs.

Incident/Accident Report
Serious Incident/Accident Report
FOR OFFICIAL USE ONLY

a. Subject: (SIR Number)

b. Category**:** (Indicate Category 1 or 2)

c. Type of Incident: (if multiple incidents, list most serious to least serious)

d. Date/Time of incident: 20091217/1830

e. Location: Soldiers Apartment (800 Maplewood Ct, Port Jeff Station, NY 11856)

f. Other information, to include contact information for Soldier

g. *(FOUO)* Personnel Involved:

(1) Subject Name: John Doe

(2) Pay Grade: E-4

(3) SSN: 000-00-0000

(4) Race: White

(5) Sex: Male

(6) MOS: 88M

(7) Security Clearance: Secret

(8) Units and Station of Assignment: E Co 3rd/142nd AHB 100 Barton Ave, Patchogue, NY 11772

(9) Duty Status: M-Day

(10) Age: 23

h. Summary of Incident:

(1) SPC John Doe was found unconscious by spouse in their apartment. Empty pill bottle and possible suicide note were found next to Soldier. Spouse called 911 and Soldier was transported to local medical center. Soldier is currently in stable condition. Additional information will be forwarded as it becomes available.

(2) Remarks: Spouse notified Soldier's squad leader. Squad leader then notified the Unit Admin NCO who notified the company commander.

(3) Action taken by unit: Company commander contacted battalion chaplain and PHC, requesting support for the Soldier and his friends within the unit who are aware of the situation.

(4) Publicity: None

(5) Unit POC: SFC Smith, John
Admin NCO, E Co 3rd/142nd AHB
Phone: 518-555-5555
Email: john.smith@us.army.mil

(6) Company Commander: CPT Anderson, James
Phone: 518-444-4444
Email: james.anderson@us.army.mil

(7) Report completed by: MAJ Peterson, Steve
Deputy G3, 42nd ID
Phone: 518-333-3333
Email: steve.peterson@us.army.mil

5-3. REFERENCES FOR TRAINING REQUIREMENTS

a. Military Suicide Prevention Training
http://www.armyg1.army.mil/hr/suicide/training.asp

b. Military Suicide Prevention Training Materials/Resources
http://www.armyg1.army.mil/hr/suicide/default.asp

c. New York National Guard Suicide Prevention Program
http://dmna.ny.gov/suicideprevention

5-4. SUICIDE PREVENTION (WARNING SIGNS)

a. When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier.

(1) Talk of suicide or killing someone else.

(2) Giving away property or disregard for what happens to one's property.

(3) Withdrawal from family, friends, and activities.

(4) Significant problems with significant other or spouse.

(5) Acting bizarre or unusual (based on your knowledge of the person).

(6) Soldiers in trouble for misconduct (Art-15, UCMJ, etc.).

(7) Soldiers experiencing financial problems.

(8) Soldiers who have lost their job at home (reservists).

b. When a Soldier presents with any one of the following concerns, the Soldier should be seen immediately by a behavioral health specialist.

(1) Talking or hinting about suicide.

(2) Formulating a plan, to include acquiring the means to kill oneself.

(3) Having a desire to die.

(4) Obsession with death (music, poetry, artwork).

(5) Themes of death in letters and notes.

(6) Finalizing personal affairs.

5-5. SUICIDE PREVENTION (RISK FACTORS)

a. Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health.

b. The risk factors only raise the risk of an individual being suicidal; it does not mean they are suicidal.

c. The risk factors that are often associated with suicidal behavior include:

(1) Significant relationship problems (loss of girlfriend/boyfriend, divorce, etc.)

(2) History of previous suicide attempts.

(3) Substance abuse.

(4) History of depression or other mental illness.

(5) Family history of suicide or violence.

(6) Recent loss of Family member or friend to suicide.

(7) Work related problems.

(8) Transitions (retirement, PCS, discharge, etc.).

(9) A serious medical problem.

(10) Significant loss (death of loved one, loss due to natural disasters, etc.).

(11) Current/pending disciplinary or legal action.

(12) Setbacks (academic, career, or personal).

(13) Severe, prolonged, and/or perceived unmanageable stress.

(14) A sense of powerlessness, helplessness, and/or hopelessness.

d. In addition to receiving guidance and counseling from first-line leaders, anyone presenting any combination of these factors should be given extra attention and evaluated for additional need.

e. Suicidal Risk Highest When:

(1) The person sees no way out and fears things may get worse.

(2) The predominant emotions are hopelessness and helplessness.

(3) Thinking is constricted with a tendency to perceive his or her situation as all bad.

(4) Judgment is impaired by use of alcohol or other substances.

APPENDIX A

References

A-1. AR 600-63, Army Health Promotion

A-2. DA Pam 600-24 (Health Promotion, Risk Reduction, and Suicide Prevention)

A-3. AR 350-1, Army Training and Leader Development

A-4. AR 15-6, Investigations

A-5. AR 190-40, Serious Incident Report.

A-6. AR 600-85, Army Substance Abuse Program

A-7. AR 40-501 Standards of Medical Fitness

A-8. FM 6-22, Appendix B (Counseling)

A-9. DoD Directive 6490.1 (Mental Health Evaluations of Members of the Armed Forces)

A-10. DoD Instruction 6490.4 (Requirements for Mental Health Evaluations of Members of the Armed Forces)

A-11. ALARACT 079-2012 (Army Suicide Prevention Program – Annual Guidance on Suicide Prevention Training)

A-12. ALARACT 383-2011 (Army Suicide Prevention Program – Suicide Intervention Skills Training)

A-13. ALARACT 133-2010 (Suicide Intervention Trainers Additional Skills Identifier (ASI))

A-14. DMNA Pam 1-2, Incident Reporting

APPENDIX B

Suicide Prevention Resources

B-1. U.S. Army Center for Health Promotion and Preventive Medicine
http://chppm-www.apgea.army.mil/

B-2. Army G-1 Suicide Prevention Website
http://www.armyg1.army.mil/hR/suicide/default.asp

B-3. Defense Center for Excellence
http://www.dcoe.health.mil/

B-4. Substance Abuse & Mental Health Services Administration
http://www.samhsa.gov/

B-5. Suicide Prevention Resource Center
http://www.sprc.org/

B-6. Screening for Mental Health
http://www.mentalhealthscreening.org/military/

B-7. Tragedy Assistance Program for Survivors
http://www.taps.org/

B-8. After Deployment
http://afterdeployment.org/

B-9. War Fighter Diaries
http://www.warfighterdiaries.com/

B-10. Suicide 15-6 Investigation Procedures/Requirements
https://g1arng.army.pentagon.mil/Programs

APPENDIX C

GLOSSARY AND EXPLANATION OF TERMS

Section I
Abbreviations

ACE
Ask, Care, Escort

AGR
Active Guard Reserve

AR
Army Regulation

ARNG
Army National Guard

ASPP
Army Suicide Prevention Program

ATRRS
Army Training Resource and Reservation System

BH
Behavioral Health

CISM
Critical Incident Stress Management

CSF2
Comprehensive Soldier and Family Fitness

DMNA
Division of Military and Naval Affairs

PHC
Psychological Health Coordinator

DTMS
Digital Training Management System

IDT
Inactive Duty Training

JOC
Joint Operations Center

JFHQ
Joint Forces Headquarters

MRT
Master Resilience Trainer

MTF
Medical Treatment Facility

NCO
Non-Commissioned Officer

NYARNG
New York Army National Guard

PDHA
Post-Deployment Health Assessment

PDHRA
Post-Deployment Health Re-assessment

PHA
Preventive Health Assessment

R3SP
Resilience, Risk Reduction, and Suicide Prevention

RST
Resilience Support Team

RMT
Risk Management Team

SIO
Suicide Intervention Officer

SJA
State Judge Advocate

SIRT
Serious Incident Response Team

SRP
Soldier Readiness Processing

TAG
The Adjutant General

UMT
Unit Ministry Team

VA
Veterans Affairs

Section II
Terms

Behavioral Health Provider
Trained mental health person that is credentialed and licensed as a psychiatrist, clinical or counseling psychologist, social worker, mental health counselor, or psychiatric nurse practitioner/psychiatric nurse specialist.

Postvention
Intervention that is conducted after a suicide, largely taking the form of support for the bereaved family, friends, and professionals.

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

Suicide Attempt
Intent to cause self-inflicted fatal results, but results in non-fatal outcome for which there is evidence (explicit or implicit) of intent to die. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where evidence is present that the individual intended to die, but the event resulted in no injuries.

Suicidal Ideation
Any self-reported thoughts of engaging in suicide-related behaviors (without an attempt).

Suicide Prevention
Initiatives and activities designed to reduce the incidence of suicide and improve the identity ratio of at-risk individuals.

Resilience, Risk Reduction, and Suicide Prevention (R3SP) Council
A committee designed to identify areas of need and develop a plan of outreach and support. Implement programs to reduce the incidence of suicide.

Risk Management Team
This is an optional element of the ASPP. The RMT will actively monitor the progress of Soldiers identified as at-risk. The team is charged with the responsibility of addressing the medical and administrative needs presented by high risk cases.

The proponent office of this NYARNG Circular is the Chief of Staff. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, ATTN: MNFP, 330 Old Niskayuna Road, Latham, New York 12110-3514.

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