



DEPARTMENT OF THE NAVY
NAVAL SUPPORT ACTIVITY MONTEREY
271 STONE ROAD
MONTEREY, CA 93943-5000

IN REPLY REFER TO:
NSAMINST 1720.1
13 Mar 2013

NAVAL SUPPORT ACTIVITY MONTEREY INSTRUCTION 1720.1

Subj: SUICIDE PREVENTION, CRISIS RESPONSE AND INTERVENTION PLAN

Ref: (a) OPNAVINST 1720.4A

1. Purpose. Per reference (a), all commands are required to have a suicide prevention, crisis response and intervention plan. NSA Monterey's plan is outlined below. The command Chaplain is responsible for this plan and all NSA Monterey required actions outlined in reference (a).

2. Background. To increase awareness and understanding of current emerging suicide prevention programs and engage in effective strategies on suicide intervention.

3. Plan.

General Guidelines.

a. Definitions.

(1) Self-destructive Behavior. Behavior to oneself that causes injury or is a risk to one's health, life, or welfare.

(2) Suicide Attempt. Action taken by an individual to kill oneself.

(3) Suicide Ideation. Thoughts about ending one's life.

(4) Suicide Plan. An idea about how to kill oneself that may include how, when, and where the suicide would occur. Having a suicide plan intensifies the risk of accomplishing suicide. Having a suicide plan and the means to implement the plan (e.g., a weapon) significantly raises the risk of suicide.

b. Warning Signs.

(1) Previous suicide attempts or life-threatening behavior.

(2) Family history of suicide.

(3) Symptoms of depression, such as changes in sleeping patterns, eating patterns, energy levels, or an inability to concentrate.

(4) Recent loss(es), especially the loss of a family member, friend or significant other through death, divorce or separation, loss of honor or rank, or loss of job or status.

(5) Little or no social support systems and withdrawal from friends or family.

(6) Direct or indirect statements of suicide intention or desire to die.

(7) Specific plan with the means readily available.

(8) Feelings of hopelessness, worthlessness, self-reproach, or excessive guilt.

(9) Difficulty making decisions or solving problems, inertia.

(10) Self-neglect or lack of attention to appearance.

(11) Verbal statements such as "I wish that I were dead," "I'd be better off dead," etc.

(12) Obsession with death, dying, violence, or suicide.

(13) Settling personal affairs or giving away prized possessions, making final preparations.

4. Intervention Guidelines. Individuals who are identified to be at risk for harm to self or others require immediate intervention. Often the period of time during which they are at acute risk of harm is only minutes or hours. Your rapid response is essential. No issues concerning suicide are considered confidential. Mandated reporting is a necessity to ensure an individual's safety.

a. Take threats seriously. Err on the side of safety. It is easier to predict suicidal behavior when a person shows

several warning signs, but with some people the warning signs may be masked or very subtle.

b. Confront the problem. If you suspect that a person is suicidal, begin asking pertinent questions. Don't be afraid to discuss whether a person has experienced suicidal thoughts--you won't plant the ideas. Getting the person to talk is a positive step.

c. Show that you care. Offer support and understanding, along with assurance that you will get the individual needed help. Many times, active duty members make statements that their command doesn't care. Genuine concern is important to people who may be feeling alone and worthless.

d. Remain calm; be directive. People who are potentially suicidal are feeling overwhelmed and hopeless. They need your firm and confident guidance because they are in crisis, unable to see options to deal with their problems, and unable to mobilize themselves to get the needed help.

e. Connect the individual to professional help. If individuals are actively suicidal or homicidal (that is, currently having thoughts of harming self or others), they will be referred to the Naval Medical Center Behavioral Health Department, where they will be seen on a same-day emergency basis. During normal duty hours, individuals will be seen at the Behavioral Health Clinic. After hours, they are referred for emergency room evaluation at the Naval Medical Clinic or closest hospital emergency room. Command Duty Officers are available to assist after normal duty hours with referrals, as are Duty Chaplains.

f. Do not leave the individual alone. Maintain watch over the individual until seen for mental health evaluation. If a suicidal member contacts the Command by phone, keep the individual on the phone as long as possible to obtain full identifying data and obtain information about the individual's situation. Do not put the individual on hold while mobilizing assistance. If the member is in face-to-face contact, ensure someone stays with the person at all times and escorts the individual to get professional help.

g. Follow up with any heightened at risk individual after treatment and take additional precautionary measures if needed.

h. People who have thoughts along with a plan are at increased risk, compared to those who have vague thoughts of self-harm but no specific plan. Those with the means available, especially lethal means such as a gun or other weapon, are at even greater risk. Finding out about what has kept an individual from acting on a plan reveals something about their coping skills, resources, and support system. Basic questions to ask if an individual has had suicidal thoughts, plans and intent are important to determine the urgency of intervention. Ask the following questions:

- (1) "Have you had thoughts of harming yourself or others?"
- (2) "How recently have you had those thoughts?"
- (3) "How have you thought of doing harm to yourself?"
- (4) "Do you have the means available to harm yourself?"
- (5) "What's kept you from acting on your plan?"

5. Procedures/Emergency Actions. Active duty members and Reservists on active duty who are identified in need of emergency mental health evaluation will generally be escorted to the Presidio of Monterey Medical Clinic during the Clinic's normal duty hours (0730-1600). Members will generally be transported to the nearest medical center emergency room for emergency evaluation after normal duty hours. Retirees and family members will be directed to the Fleet and Family Service Center or the nearest hospital emergency room, as appropriate. However, if any at-risk individual reports ingestion of medication or toxic substances, indicates physical trauma, or has a weapon, call 911 for immediate emergency response.

a. Consult with a Behavioral Health Department provider about the need for an emergency evaluation. Escort the member to the evaluation; do not leave the member unattended at any time. Normally, two individuals are needed to escort the member, enabling one to drive and the other to serve as support and monitor the member. After hours, contact the NSA Monterey Staff Duty officer (SDO) at (831) 392-5651.

b. As noted, call 911 and dispatch an ambulance if the at-risk individual reports ingestion of medication or toxic substances, or physical trauma. To assist the medical professionals attempt to determine what the caller ingested and approximately when or long ago. The individual will be transported to the nearest hospital emergency room for treatment.

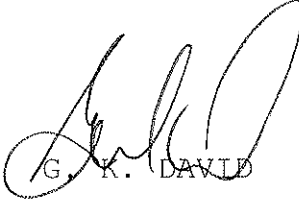
c. Call 911 if the at-risk individual has a weapon and resists assistance. The respective off-base police can also assist with transporting individuals who are a danger to themselves or others for emergency evaluation.

d. If you have telephone contact versus face-to-face contact with the at-risk individual, keep the caller on the line as long as possible while enlisting other staff to contact appropriate help. Do not put the caller on hold. Immediately obtain identifying data: name, address, phone number, location, nature of complaint, and the names of spouse or other family members. Use open-ended questions to encourage the individual to talk and stay connected while help is mobilized.

6. Emergency Phone Numbers:

SUICIDE PREVENTION CRISIS CONTACT NUMBERS		
Contact	Phone	Additional Details
911 Operator	911	9-911 (If dialing from on-base)
NSA MONTEREY SDO	831-392-5651	Staff/Command Duty Officer
Command Chaplain	831-656-2241	Chaplain
Presidio of Monterey Medical Clinic	831-242-5761 (day) 866-772-9939 (after hours)	<u>Medical clinic front desk</u>
Behavior Health (POM)	831-242-4328	Mental Health Department
California Poison Control System- San Diego Division	800-222-1222	Poison Control
Navy Fleet and Family Support Center	831-656-3060	For immediate counseling services
National Hope Line Network	800-442-4673	<u>www.hopeline.com</u>

National Suicide Prevention Lifeline	800-273-8255	www.suicidepreventionlifeline.org
Military One Source	800-342-9647	Free confidential counseling via phone or referral to in-person
Monterey County Mental Health Crisis Line	Suicide Prevention Hotline (bilingual) 877-663-5433	Crisis Hotline
Civilian Employee Assistance Program	866-443-3277	Mental Health Support
Naval Criminal Investigative Service	619-556-1364	Southwest Field Office



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