



DEPARTMENT OF THE ARMY
INSTALLATION MANAGEMENT COMMAND
NORTHEAST REGION, UNITED STATES ARMY
GARRISON, PICATINNY ARSENAL
PICATINNY ARSENAL, NEW JERSEY 07806-5000

IMNE-PIC-ZA

MAR 12 2010

MEMORANDUM FOR All Picatinny Arsenal Personnel

SUBJECT: Suicide Prevention Plan/Standard Operating Procedure

1. PURPOSE: To provide guidance concerning efforts to prevent occurrences of suicidal situations, (ideation, gestures, attempts, suicide) on Military members, Military Family members and DA Civilians at Picatinny Arsenal.

2. APPLICABILITY: This plan applies to all Military members, Military Family members and DA Civilians who work or live on Picatinny Arsenal.

3. REFERENCES:

- a. AR 600-63 Army Health Promotion, 07 May 2007
- b. DA Pamphlet 600- 24 Suicide Prevention and Psychological Autopsy, 30 Sep 88
- c. DA Pamphlet 600-70 Guide to Prevention of Suicide and Self-Destructive Behavior
1 Nov 85

4. BACKGROUND:

a. Attempted suicide or completed suicides creates an adverse impact on the morale and readiness of the military community. Leaders, supervisors and other members of the Picatinny Arsenal community who are in frequent, close contact with others, are often in the best position to identify persons at risk. Caring and proactive unit leaders/supervisors cultivate a positive, cohesive environment which nurtures and develops positive life-coping skills.

b. Installation gatekeepers are those individuals who in the performance of their assigned duties and responsibilities provide specific counseling or help to individuals in need:

- (1) Assure that subordinates are aware of assistance agencies.
- (2) Refer individuals who are identified as having personal or emotional problems to an appropriate source of help.

c. Primary installation gatekeepers are individuals who are trained in recognizing and helping individuals with suicide-related symptoms or issues. Their duties include assisting those in need who are more susceptible to suicidal ideations or are at risk for suicidal behavior. Secondary installation gatekeepers are individuals such as supervisors and leaders who have daily contact with a person at risk. Their awareness of suicide risk factors can facilitate early identification and intervention for persons in crisis. Early involvement is a critical factor in suicide risk reduction.

5. ORGANIZATIONS:

a. Suicide Prevention Task Force (SPTF): The SPTF is established to organize and direct the Army Suicide Prevention Program (ASPP). The task force will convene twice per year (December and July); and will consist of the following members (DA 600-24, 2-2, c):

- (1) Garrison Command Sergeant Major (CSM)
- (2) Installation Chaplain (IC)
- (3) Health Clinic (HC)
- (4) Public Affairs Officer (PAO)
- (5) Civilian Personnel Advisory Center (CPAC)
- (6) Director, Emergency Service (DES)
- (7) Legal Staff (LS)
- (8) Director, Human Resources (DHR) –Proponent
- (9) Employee Assistance Program Coordinator (EAPC)
- (10) Director, Army Community Services (ACS)
- (11) Installation Safety Office (ISO)

6. RESPONSIBILITIES:

a. SPTF will:

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

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(2) Evaluate the program needs of the installation and make appropriate recommendations to the Commander.

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

(4) Develop marketing materials about installation suicide prevention activities and identify appropriate forums for training.

(5) Evaluate the impact of the pace of training and military operations on the quality of individual and family life in the total military community.

(6) Recommend command policy guidance about training and operational issues to assure the military community has sufficient opportunity for quality family life.

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

(8) Meet at the discretion of the task force chairperson.

(9) Coordinate with military and civilian support agencies as necessary; to include review of psychological autopsies for possible causes of the suicide, and, if necessary, evaluate the prevention effort and make recommendations to the commander or supervisor.

(10) Convene and collaborate following serious suicide gestures or attempts at the call of the chairperson, to determine the adherence to the suicide program and provide support where necessary.

(11) Assign a member to the Installation Prevention Team (IPT) and provide report on suicide-related statistics.

(12) Provide oversight and monitor annual suicide awareness training to the entire workforce as regulated by AR 600-63, 4-4d (3)(a). Awareness training will include Suicide Prevention Notification/Reporting Responsibilities at Appendix D.

4. SPECIFIC FUNCTIONS: The following list of specific functions for task force members and other installation staff agencies is provided as a guide for the efficient operation of the SPTF:

a. SPTF Chairperson:

(1) Serves as the presiding officer of the SPTF and coordinate the efforts of task force members.

(2) Serves as the point of contact for program information and advice to the Garrison Commander.

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(3) Integrates suicide prevention into community, Service members, Family members, and support programs as appropriate.

(4) Serves as Subject Matter Expert on implementing Army Suicide Prevention training and programs.

(5) Will convene the SPTF when there is a suicide attempt or suicide event related to Picatinny Arsenal. Will recommend to leadership best practices or needed policy changes.

b. IC: The Installation Chaplain is the cornerstone of the effort to provide unit level suicide prevention training for leaders, supervisors, soldiers, and civilian employees.

(1) Serves as a primary gatekeeper.

(2) Advise installation commander and task force members on moral and ethical issues and other factors which may result in an increased number of people at risk.

(3) Receives annual training to identify individuals who are at increased risk of suicide and make an appropriate referral (AR 600-63, 4-4d(3e)). This training may be obtained at the Installation Management Command (IMCOM) Annual Suicide Prevention Conference.

(4) Provides training expertise to assist the command in the suicide prevention education-awareness training process; assists task force members and other staff members in satisfying identified training needs

(5) Provide awareness education to the installation with assistance from other supportive agencies.

c. HC:

(1) Serves as a primary installation gatekeeper.

(2) Assesses and advises the installation commander on stress factors which may result in increased numbers of persons at risk.

d. PAO: Coordinates the community awareness needs of the task force.

e. CPAC:

(1) Assures local programs take into consideration the needs of the civilian work force.

(2) Is responsible for coordinating the training of civilian managers and supervisors.

(3) Ensures Employee Assistance Program information is incorporated in the New Employee Orientation Briefing.

f. DES:

(1) Serves as a primary installation gatekeeper.

(2) Ensures DES responds to potential suicide situations discretely and cautiously to avoid increasing stress.

(3) Provides feedback to the task force, on any suicide related events which may have occurred on post, report all suicide related incidents to the Chaplain and SPTF chairperson. Will document incident on the police blotter.

(4) Provides suicide prevention awareness training to DES personnel, using the assistance and advice of the Chaplain, or mental health professionals.

(5) Establishes liaison with local suicide prevention emergency services, to coordinate community suicide prevention programs and procedures.

g. Legal Office:

(1) Serves as a secondary gatekeeper.

(2) Will provides suicide prevention awareness training for internal personnel and will advise and assistance the SPTF.

h. DHR:

(1) Identifies/assesses suicide risk factors and coordinates civilian suicidal prevention treatment/services for federal civilian employees.

(2) Develop and annually modify as required, a Suicide and Homicide Incident Prevention Checklist (see Appendix C) for the community concerning the immediate procedures to follow when confronted with a suicidal situation.

(3) Monitor demographic trends and provide a quarterly update to members of the SPTF.

i. EAPC:

(1) The EAPC serves as a primary gatekeeper.

(2) Provides assistance to command and supportive agencies concerning assessment, identification, follow-up care, long-term counseling and treatment of DA civilian employees.

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(3) Provides suicide prevention training to DA civilian employees with the assistance from the Chaplain, ACS and CPAC.

(4) Coordinate SPTF efforts with the FMWR School Liaison Officer when promoting suicide prevention awareness to school age children.

j. ACS Officer:

(1) Informs the SPTF of any suicidal issues reported by Family Advocacy or Army Emergency Relief Counselors and Workers.

(2) Continues operation of advocacy and out-reach programs dealing in areas of stress and family violence.

(3) In coordination with SPTF and PAO, heightens public awareness of the support available within the community.

(4) Assist Chaplain in providing suicide prevention training to family members,.

(5) Emphasizes support agencies and mechanisms during family member orientations and other appropriate briefings.

k. Garrison Commander:

(1) Assigns the chairperson to the SPTF.

(2) Ensures suicide awareness training is conducted for subordinate leaders, with the assistance from the SPTF or from a behavioral health professional.

7. SUICIDE PREVENTION SERVICES: The components of the suicide prevention services are prevention (education and identification), intervention (post-gesture or attempt) and post-vention (post suicide). The administration and maintenance of each component are as follows:

a. Prevention: Prevention education will equip Military members, Family members and DA civilians with coping skills to handle overwhelming life circumstances or the means of identifying high risk factors.

(1) The Chaplain with assistance from ADCO, ACS and EAP will provide suicide prevention education installation wide to Active Duty personnel and their family members. Training will focus on the importance of mental health, stress reduction, life-coping skills, alcohol/drug abuse avoidance, financial stress, conflict management and marriage and family life skills.

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(2) EAPC will provide DA Supervisors with training on the current Army policy toward suicide prevention, suicide risk identification, and early intervention with at-risk personnel. Training will include how to refer subordinates to the appropriate helping agency, and how to create an atmosphere within their command that encourages help-seeking behavior.

(3) All personnel will be familiar and comply with the Army suicide intervention guidance ASK, CARE and ESCORT, aka ACE. Personnel will receive training that focuses on referral techniques/protocols in addition to those mentioned in para 7a(1)(2).

(4) SPTF will coordinate with PAO to foster community awareness by:

(a) Publishing existing military and civilian crisis hot line numbers in local media.

(b) Providing articles on suicide prevention, stress, depression, family violence and abuse, substance abuse and the identification of supportive agencies.

(c) Promoting community awareness suicide prevention activities tailored to meet the needs of the community.

(d) Marketing of promotional media items during periods or events likely to produce higher than normal incidences of suicide, such as summer moving months of July and August; and before, during and after deployments.

b. Intervention: Intervention includes alteration of the conditions which produced the current crisis, treatment of any underlying problem that contributed to suicidal thoughts, and long term follow-up to assure problem resolution. Intervention may also include listening, referring and taking the person to a helping agency. (See Notification Procedures in Appendix D and E).

c. Suicide Prevention Services:

(1) DES:

(a) Establish procedures for immediate notification of Chaplain, SPTF chairman and appropriate commander or supervisor during instances when suicide is imminent or occurred. Coordinate directly with OHC in crisis situations or Emergency Room as appropriate.

(b) When notified, DES will respond to the location where the person is making a gesture or attempting to commit suicide and will coordinate appropriate escort for the person to the ER/EAP/local emergency services for evaluation or referral. When a person is transported to the ER by someone other than DES, DES will be notified ensuring a blotter entry is generated.

(c) Provide for the immediate protection and well being of persons at imminent risk for suicide until unit or medical personnel are on the scene.

(2) Supervisors/Commanders:

(a) Participate in the SPTF when soldiers/employees within their organization are identified as a suicide risk.

(b) Coordinate any necessary administrative action required by members of the organization who have attempted suicide.

(3) Health Clinic (HC):

(a) Maintains case files on identified high risk individuals who have been referred to care by the OHC.

(b) Acts as the primary point of contact during a suicide crisis for command and SPTF.

(c) Coordinate with medical treatment facilities, and mental health professionals to provide for clinical evaluation, treatment for individuals who may be at increased risk.

(4) Chaplain (IC):

(a) Develop procedures to provide chaplain intervention during a suicide crisis.

(b) Provide immediate pastoral assistance to families who have suffered a suicide or suicide attempt.

(c) Provide training to military community in stress management, suicide prevention, and with the assistance and advice of the ACS.

(5) Legal Staff, CPAC, EAPC, ACS Officer: Provide advice and assistance to the SPTF within their areas of administrative or professional expertise on matter pertaining to suicide risks or attempts.

d. Intervention Guidance:

(1) Active Duty:

(a) Any soldier who may exhibit any suicidal behavior will be evaluated by a behavioral health specialist. During the evaluation, the specialist will contact the soldier's unit commander to get command input concerning the soldier's background, recent manner, and to involve command in the resolution of the crisis.

(b) In the event of a suicidal incident the unit commander of the soldier will notify the chain of command concerning the incident ASAP but NLT 12 hours after they are notified of the incident. The unit commander will consult with chaplain or OHP concerning the immediate disposition (in hospital, in barracks, MEDEVAC to psychiatric hospital, etc.) of the case of the soldier or employee.

(c) The OHP will follow their SOP for the processing of suicidal persons including notification to local suicide crisis centers or hospitals.

(d) Active Duty Family members who express suicidal thoughts, at their request, are taken directly to a mental health professional, i.e. ER, EAP. DES should be summoned to the scene if the individual declines assistance and exhibit violent behavior to him/herself or others.

(2) Army Civilian:

(a) Army civilians who express suicidal thoughts, at their request, will be referred or escorted to the EAP. The EAP Manager will assess and refer individuals to the local suicide emergency services, i.e. crisis hotline and other supportive agencies. Individuals will be encouraged to contact the crisis hotline or a family member while with the EAPC. The EAPC will notify DES, OHP or other appropriate personnel.

(b) DES will be summoned to the scene if any individual declines assistance for self-injurious behavior or actions. DES will evaluate the individual and make appropriate referrals. If DES, with command consultation, determines that the individual is at risk to himself/herself they will transport the individual to the nearest emergency room.

(c) Contractor Employees and Others: While contract employees and others (e.g. delivery personnel, repairmen) who are in the government workplace are not eligible for the Employee Assistance Program, but if they make threats to themselves or others, DES must be notified. For contract employees, the Contracting Officers Representative should be notified so they can advise the Contractor of the incident.

e. Post-vention Guidance:

(1) Unit level intervention following completed suicidal acts is required to minimize psychological reactions and to prevent potential copy-cat suicides. Installation resources and those of the local supportive agencies must be mobilized or engaged to assist survivors, family members and the military community at large.

(2) Assistance from mental health professionals will provide bereavement counseling, which may not only speed the recovery of survivors but may also prevent new suicides among the affected group.

(3) All suicidal manifestations by other individuals (ideations, gestures, attempts) must be reported to DES and a blotter entry is required to document the suicidal event.

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(4) The supervisors of the soldier, family member, or employee will notify the chain of command concerning the incident as soon as possible but no later than 12 hours after they were notified of the incident. The supervisor will consult with HS/CMHS or ES/EAPC concerning the immediate disposition (in hospital, in barracks, MEDEVAC to psychiatric hospital, etc.) of the case of the soldier, family member or employee.

(5) The chairperson of the SPTF will convene the council following a suicide. The SPTF will look at the actions taken to ensure that the provisions of this regulation were followed. The SPTF will consider findings and conclusions and take necessary actions to modify the Suicide Prevention Program or recommend remedial actions (additional training, addition of prevention services, etc.) when appropriate. The chairperson will record the minutes of the SPTF meeting. The findings will be recorded in an After Action Report (AAR) and provided to the Garrison Commander.

(6) When appropriate the commander or supervisor of the soldier, family member, or employee will meet with the SPTF to provide input into the review and to solicit unit activity or support,

8. **PROPONENT:** The Point of Contact for this SOP is Mr. Christopher Moore, Army Drug and Alcohol Program Coordinator, 973-724-4387.


JOHN P. STACK
LTC, SF
Garrison Commander

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Appendix A

Appendix B

Appendix C

Appendix D

Appendix E

APPENDIX A

SUICIDE AND HOMICIDE SUPPORT SERVICE AGENCIES:

<u>PICATINNY Emergency Services</u>	<u>Building</u>	<u>Phone</u>
Director of Human Resources	34	5829
Occupational Health Clinic	118	2113
DES-Police	73	7273
DES Fire and Rescue	169	3097
USA Chaplain	328	4139
USA Safety Office	351	3655
Employee Assistance Program (EAP)	34	4357

Local/National/Army Suicide Prevention Emergency Services

Police (Emergency only)	911
Suicide Prevention	1-800-784-2433
Veterans Suicide Prevention Hotline	1-800-273-8255
Morris County Sheriff's Dept	1-973-285-6600
Military OneSource (Crisis Intervention Line)	1-800-342-9647
Concern Emergency Hotline: (EAP Contractor)	1-800-242-7371
U.S. Army Suicide Prevention (Army Well-Being Liaison Office)	1-800-833-6622
Wounded Soldier and Family Hotline	1-800-984-8523
National Center for PTSD (Information Center)	1-802-296-6300
Defense Center of Excellence (DCoE): Psychological Health Info	1-866-966-1020
St. Clare's Psychiatric Hotline	1-973-625-6063
Morris County Mental Health Hotline	1-877-294-4357

APPENDIX B**INSTALLATION GATEKEEPERS**

Primary Gatekeepers	Secondary Gatekeepers
Chaplains & Chaplain Assistants	Picatinny Police
Family Advocacy Counselor	Legal
Director of Emergency Services	Inspectors General
Emergency Medical Technicians	School/Youth Counselors
Employee Assistance Program Manager	Supervisors

Installation Gatekeepers: Individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to Soldiers and civilians in need. Installation gatekeepers will receive training in recognizing and helping individuals with suicide-related symptoms or issues. Gatekeepers can be identified either as “primary gatekeepers” (whose primary duties involve assisting those in need who are more susceptible to suicide ideation) or “secondary gatekeepers” (who may have secondary opportunity to come in contact with a person at risk).

APPENDIX C
SUICIDAL/HOMICIDAL INCIDENT EMERGENCY CHECKLIST

IMPORTANT!!	Any Person Talking About, Threatening, or Attempting to Harm Himself or Another Person(s) Must be Reported Immediately!
CALL 911	

SAFETY AND SECURITY OF OUR COMMUNITY REQUIRES OUR VIGILANCE!

SUICIDAL/HOMICIDAL WARNING SIGNS!

- Talking about wanting to die.
- Talking about killing themselves or others.
- Talking very critically about themselves.

IN ASSOCIATION WITH THE TOP THREE, ONE OR MORE OF THE FOLLOWING MAY ALSO BE A WARNING SIGN:

- Worsening performance.
- Worsening personal appearance.
- Eating and sleeping habits change.
- Drinking increases or drugs use begins.
- Giving away prized personal items.
- Getting hurt/frequent accidents.
- Depression about loss of a friend/relative.
- Buying a gun.

CARING LEADERSHIP IS THE KEY TO PREVENTION!

APPENDIX D

NOTIFICATION/REPORTING RESPONSIBILITIES

1. **SUICIDAL PERSON:** All persons who exhibit warning signs of being a risk to the safety of themselves or others must be referred a behavioral health professional or emergency room.

2. **DIRECTOR OF EMERGENCY SERVICES (DES) NOTIFICATION.** All suicidal manifestation (ideations, gestures, attempts) are reported to DES. DES will make the call to local hospital to report the arrival of any persons referred for suicidal manifestations. DES will dispatch proper personnel to the emergency room to document the incident. DES will notify the unit commander, Chaplain, and SPTF as soon as possible after their initial response. In addition, DES will provide a written report to the unit commander/supervisor and the SPTF chairperson, within one (1) working day of the incident. Family members/DOD civilians may be referred to the EAP for follow-up action.

3. **LOCAL HEALTH PROVIDER/OHC (OHC)/CMHS West Point:**

a. Assess Active Duty/DAC personnel or their family members. If needed make further referral(s) or medically clear the person for release.

b. If escorted by other than DES; notification to DES and EAP will be made.

c. Contact the unit commander or supervisor for input and support concerning disposition.

d. Conduct an evaluation/assessment and referral. If the disposition is to release the Soldier to the unit, the Soldier will be escorted by the unit commander, or the commander's designated representative.

4. **COMMANDER/SUPERVISOR OF SUICIDAL PERSON:**

a. The commander/supervisor is responsible for immediate notification to the chain of command of suicide incidents.

b. The commander/supervisor will provide information to the chairperson, SPTF regarding the suicide incident within 24 hours of the incident. In the case of a civilian employee or family member, another family member or other designated representative will be contacted.

APPENDIX E

SUICIDE – RELATED ATTEMPT NOTIFICATION CHART

