



DEPARTMENT OF THE ARMY
UNITED STATES ARMY JAPAN
UNIT 45005
APO AREA PACIFIC 96343-5005

REPLY TO
ATTENTION OF

APAJ-GA

02 JUN 2016

COMMAND POLICY MEMORANDUM 16-07

FOR SEE DISTRIBUTION

SUBJECT: Suicide Prevention Policy Memorandum

1. References:

- a. Army Regulation 600-63, Army Health Promotion, 14 April 2015.
- b. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction and Suicide Prevention, 14 April 2015.
- c. Army Regulation 350-53, Comprehensive Soldier and Family Fitness, 19 June 2014.
- d. USARPAC Policy Memorandum 16-01; Health Promotion and Suicide Prevention.

2. Purpose: To establish guidelines for USARJ units to manage synchronized suicide prevention programs. Procedures and responsibilities in this policy apply to all personnel assigned to USARJ including Soldiers, DA Civilians, and Family Members.

3. Focus on prevention: Ensure Comprehensive Soldier and Family Fitness skills are taught each year. These skills build protective factors that may avert crises' negative effects.

4. Improve detection: Every Soldier and DA Civilian will receive annual Ask-Care-Escort (ACE) training IAW AR 600-63, Para 4-7. Every unit will ensure at least one-third (1/3) of their formation, to include DA Civilians, are trained in Ask-Care-Escort Suicide Intervention (ACE-SI). Intended audience for ACE-SI is company level leaders: squad and section leaders, platoon sergeants, platoon leaders, first sergeants, executive officers, company commanders, and DA Civilians assigned at the company level. ACE-SI is a one-time training requirement. Units will make a concerted effort to train Family Members to the same degree by inviting adult Family Members to ACE-SI sessions offering training to Family Readiness Groups. ACE Suicide Prevention Training for Family Members is the only Army-approved training program for families to be provided with. No other suicide prevention program can substitute for ACE and ACE-SI. Chaplains and their assistants will assist commanders in providing suicide prevention and awareness training for Soldiers, DA Civilians, and Family Members.

5. Integrate care: Made immediate referrals to support agencies (financial, legal, substance abuse, spiritual or medical) at the first sign of distress or conflict. Every command level will foster a climate of caring.

6. Inspect: USARJ HR Directorate will inspect the Suicide Prevention program annually.

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7. USARJ HR Directorate has overall responsibility and oversight of this program. The USARJ HR Directorate Well Being Program Manager will provide structure and implement guidance for suicide prevention programs. The Commander, US Army Garrison Japan conducts these programs in coordination with garrison and unit assets. Behavioral Health professionals and Chaplains will provide assistance as required.

8. This memorandum supersedes Command Policy Memorandum 15-15, dated 24 July 2015.

9. POC for this memorandum is Colleen E. Madrazo, USARJ Well Being and Quality of Life Specialist, USARJ HR Directorate, at DSN: 315-263-3567 or colleen.e.madrazo.civ@mail.mil.

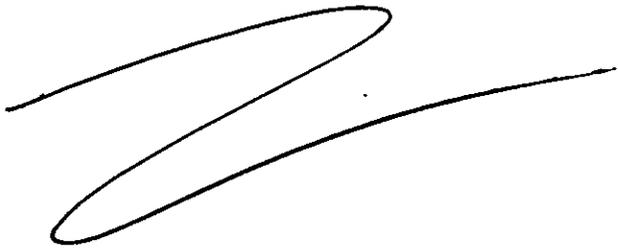
Encl
USARJ Suicide Prevention SOP



JAMES F. PASQUARETTE
MG, USA
Commanding

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*Team -
Keep working this at your level - I
know we're making a difference through
your leadership*



USARJ SUICIDE PREVENTION SOP

1. Escorting the at-risk Soldier. Soldiers can be inadvertently stigmatized when they are escorted by law enforcement to an assessment for a suicidal ideation/behavior. Escort is generally a unit responsibility and an effort should be made to have the Soldier escorted by unit members who are trained, respectful, and understanding, yet capable of controlling the anticipated situation. Law Enforcement personnel should only be used as escorts for those Soldiers who are combative/unruly or who, through their present or very recent actions, have demonstrated that they are an immediate threat to themselves or others.

2. Following release from behavioral health evaluation. Positive control is an important part of the ACE protocol before a formal suicide assessment for the at-risk Soldier. When behavioral health evaluations are complete, however, and a Soldier is released, this means that behavioral health personnel do not assess the Soldier as an immediate danger to themselves or others. At this point it is important that the Soldier resume responsibility for his or her own well-being with appropriate leadership support. Leaders can facilitate this by taking the following measures:

a. Do assist the Soldier in drawing in support of friends, family, and unit members to assist in effective positive coping.

b. Do assist in modifying at-risk behavior and follow-up appointments.

c. Do implement a safety plan for at-risk Soldiers that includes informing roommates or spouses on suicide warning signs and the potential lethality of the various means of suicide, when this can be accomplished consistent with HIPAA requirements and the Privacy Act.

(1) Do re-implement positive control if suicide warnings/behavior returns.

(2) Positive control involves keeping an at-risk Soldier in physical proximity of another Soldier who is able to impart care and respect for the suicidal Soldier's emotional condition. The assisting Soldier must understand the basic concepts of ACE/ACE-SI of the USARPAC policy. Suicidal Soldiers represent an emergency situation needing immediate attention. Follow this general sequence using the Ask - Care - Escort concepts:

a) Assess situation using ACE protocol.

b) Inform the suicidal Soldier you and one other Soldier will escort them to an Emergency Department (ED) for immediate professional assessment. Do not delay. Inform Chain of Command when you are safe at the ED with your Soldier.

(3) When at the ED or equivalent professional assessment, inform medical or behavioral health professional of the signs, behaviors or symptoms you noted and what the Soldier told you about a plan, means, preparations to die and intent to act on the plan. Tell them what prompted this response and how you assessed a level of danger requiring assistance.

(4) Remain as long as medical personnel need you or until Soldier in distress needs more privacy to discuss situation with that staff. There will be one of two outcomes:

ENCL

- a) Hospitalization where command will be notified automatically.
- b) Release: Soldier is safe to return to unit but may have follow-up appointments. Refrain from placing Soldier into line-of-sight rooms but do items in para 5 c.

(5) If suicidal behavior or risk returns follow steps 1) through 4) above.

d. Commanders are encouraged to implement a positive control SOP with the objective of ensuring safety, while also avoiding negative attention for at-risk Soldiers. In those rare cases where line of sight supervision is determined to be necessary, it may only be imposed by a commander, after consultation with and legal review by the servicing Judge Advocate, and with immediate notification to the brigade level commander or designee. Line of sight supervision (a strict form of positive control) should only be used for those Soldiers who are combative/unruly or who, through their present or very recent actions, demonstrate that they are a threat to themselves or others while pending safe transportation to the emergency department for evaluation.

3. Promote prevention resources. When it comes to suicide, only prevention equals success. When a Soldier reaches out for help, timely assistance can save a life. Publicize the following Army-wide resources available in your command to help in the battle against suicide:

a. National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or the military ONESOURCE Crisis Line/The Defense Center of Excellence (DCOE) Outreach Center can be reached at (800) 342-9647 or, from outside the US, at (484) 530-5908. Confidential contact can be made to the On Call Duty Chaplain at DSN 315-365-7739 or (808) 365-7739.

b. The Army G-1 website at <http://www.armyg1.army.mil/hr/suicide/> has numerous updates and initiatives such as the Soldier-Leader Risk Reduction Tool. Soldiers can also "Make the Connection" at <http://maketheconnection.net/>, where real veteran experiences are customized to the person in need and address a wide variety of issues.

4. Suicide prevention, readiness, and resilience are high interest items. When commanders incorporate these objectives into daily routines to reduce stigma and isolation, they can create and maintain a climate of trust, therefore enhancing unit readiness by having a mentally healthy and resilient force. In the event our prevention efforts fail, we should continue to extend this focused concern to limit suicide's negative impact on surviving family, friends, and teammates.

5. This SOP will be permanently posted on all unit bulletin boards.

6. The point of contact for this SOP is Colleen E. Madrazo, Well Being and Quality of life Specialist, USARJ G-1, at 263-3567 or colleen.e.madrazo.civ@mail.mil.