



DEPARTMENTS OF THE ARMY AND THE AIR FORCE
NATIONAL GUARD BUREAU
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NGB-ZA

17 SEP 2008

MEMORANDUM FOR THE ADJUTANTS GENERAL OF ALL STATES, PUERTO RICO, THE US VIRGIN ISLANDS, GUAM, AND THE COMMANDING GENERAL OF THE DISTRICT OF COLUMBIA

SUBJECT: (All States Log Number P08-0009) Army National Guard (ARNG) Suicide Prevention Program Policy

1. References:

- a. AR 190-40, Serious Incident Report, 15 Jun 05.
- b. AR 600-63, Army Health Promotion, 7 May 07.
- c. Memorandum, ARNG, NGB-ARO-FP, 2 Nov 07, subject: Serious Incident Reporting Procedure for the Army National Guard.

2. This policy identifies the ARNG Suicide Prevention Program requirements. This memorandum supersedes all previous ARNG suicide prevention program policies.

3. The ARNG is committed to reducing suicides by implementing the five overarching strategies as established in Section 4-4 of AR 600-63. This policy supports the implementation of these strategies by:

- a. Promoting the development of positive life-coping skills.
- b. Encouraging help-seeking behavior.
- c. Raising awareness of and vigilance toward suicide prevention.
- d. Synchronizing, integrating, and managing the Army Suicide Prevention Program.
- e. Conducting suicide surveillance.

4. States are unique in the laws, social support structure, and community resources that are available to meet the needs of Soldiers and Families. Every state will develop its own program for suicide prevention structured around the following:

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a. Community Health Promotion Council (CHPC), if appointed, will provide guidance to the suicide prevention program. This requirement is addressed in Sections 2-2 and 4-4 of AR 600-63.

b. Appointment of a State Suicide Prevention Program Manager (SSPPM).

c. Appointment of one officer or one enlisted Soldier E6 or above per company as Suicide Intervention Officer (SIO).

d. Providing annual Suicide Prevention Training to all members of the ARNG. First line leaders will present ACE Suicide Prevention for Soldiers to all E4s and below. Chaplains or senior leaders will present ACE Suicide Prevention for Leaders to all officers and Soldiers E5 and above.

e. Developing additional strategies based on State and local resources that address the following areas:

(1) Suicide Awareness and Prevention.

(2) Suicide Intervention.

(3) Suicide Response Planning. Develop a response plan in the event that a Soldier attempts or completes a suicide. This plan will indicate how the State will leverage internal resources and community relationships to reduce the risk of further suicides. The plan will identify resources that support commanders in restoring the unit to combat readiness and that provide support to affected Family members.

f. Suicide Prevention Month. Observe September as Suicide Prevention Month in conjunction with National Suicide Prevention Week. All units will include Suicide Awareness and Prevention activities in their September drill weekend training plan.

5. Responsibilities.

a. ARNG Chief of Staff. Oversee the ARNG Suicide Prevention Program.

b. ARNG G1. Coordinate, execute, and monitor the ARNG Suicide Prevention Program.

c. ARNG Suicide Prevention Program Manager (SPPM).

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(1) Administer the ARNG Suicide Prevention Program for both military and civilian members with the goal of reducing suicides nationwide.

(2) Maintain suicide surveillance to report suicides, monitor suicide data, identify trends, and provide decision support.

(3) Be the suicide prevention subject matter expert. Know all regulations and policies, and provide recommendations for changes and policy refinement.

(4) Complete suicide awareness, prevention, and intervention training and qualification.

(5) Provide direct support and training to SSPPMs, including access to the most current information on suicide trends, training materials, and policy guidance.

(6) Plan and conduct SSPPM training annually. Training will consist of SPPM duties and responsibilities; policy and regulatory guidance; suicide awareness, prevention, intervention, and response strategies; mapping and accessing community resources; suicide data gathering; and program development.

(7) Monitor the SSPPMs' duty appointments and training status.

(8) Coordinate with internal and external organizations to share information, trends, best practices, and training developments.

(9) Collaborate with the Army Suicide Prevention Program Coordinator. Synchronize the ARNG Suicide Prevention Program with the Army's suicide prevention strategic plan.

(10) Document approved suicide prevention and intervention training programs.

(11) Classify a death as either pending or confirmed upon notification of a suicide or apparent suicide.

(a) Pending: A death that is suspected to be a suicide but is under investigation and no formal cause of death has been determined.

(b) Confirmed: A death determined to be a suicide by a death certificate or coroner's report.

d. State Chief of Staff. Oversee the State Suicide Prevention Program.

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e. State G1.

(1) Coordinate, execute, and monitor the State Suicide Prevention Program.

(2) Submit Serious Incident Reports (SIR) for all attempted, suspected, and completed suicides.

f. G3. Incorporate suicide prevention training into the State's annual training guidance.

g. State Suicide Prevention Program Managers.

(1) Appointment.

(a) Every State will appoint a SSPPM and forward a copy of orders to the ARNG SPPM.

(b) The SSPPM duties will be assigned to a full-time officer or NCO, E6 or above.

(c) The SSPPM will possess the maturity to empathize with, and respect the sensitivity of, people affected by suicide or suicidal ideation and to handle suicide information with discretion.

(d) Chaplains will not function as the SSPPM.

(2) Duties and Responsibilities.

(a) Administer the Statewide Suicide Prevention Program.

(b) Maintain suicide surveillance at the State level to include tracking data and reporting completed suicides. Review the suicide data on SIRs for accuracy. Gather supplemental information on suicides and attempts to aid in classifying, analyzing, and identifying trends, and providing decision support.

(c) Provide additional information to the State G1 for completion of an updated SIR when a formal determination of cause of death has been made. Acquire and forward a copy of the death certificate or other official documents verifying the cause of death to the ARNG SPPM within 48 hours of receipt.

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(d) Complete Train-the-Trainer sessions in the suicide awareness, prevention, and intervention products as developed by the US Army Center for Health Promotion and Preventative Medicine (USACHPPM).

(e) Be the State subject matter expert on ARNG suicide prevention. Know all regulations and policies, and provide recommendations for the establishment and refinement of State policies.

(f) Coordinate State policy development and prevention activities with commanders, medical officers, chaplains, personnel officers, mental health officers, and health promotion officers throughout the State.

(g) Identify Federal, State, and county suicide prevention and intervention resources. Promote Soldier awareness and access to these resources. Build cooperative relationships with community agencies to increase services for Soldiers.

(h) Disseminate Suicide Prevention posters, training materials, graphic training aids, and hotline information to leaders, trainers, Soldiers, and armories throughout the State.

(i) Monitor appointment and training status of SIOs to ensure that intervention-trained personnel are available in all companies Statewide. Coordinate for intervention training and disseminate training information to all SIOs.

(j) Identify trainers certified in suicide prevention or intervention.

(k) Record all intervention training events that take place in the State to include the number of Soldiers trained.

(l) Provide input to the State's CHPC.

(m) Coordinate with the chaplain and the Deployment Cycle Support (DCS) officer to provide suicide prevention and intervention training in accordance with the DCS plan.

(n) Serve as the coordination and information link between the State and the ARNG SPPM.

h. Joint Forces Headquarters Chaplain.

(1) Train chaplains and selected assistants within the command as gatekeepers.

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(2) Advise leadership on moral and ethical issues and other stress factors that could contribute to an increased number of people at risk.

(3) Coordinate with the SSPPM to train all chaplains and selected assistants as trainers in suicide prevention and intervention.

i. Unit Ministry Teams.

(1) Function as gatekeepers in suicide prevention to provide direct intervention to Soldiers in crisis.

(2) Monitor Soldier morale and stress. Inform the commander of areas of concern in the unit climate.

(3) Train Soldiers and leaders using the ACE Suicide Prevention for Leaders and the Army ACE Intervention Training.

(4) Provide direct support to commanders, Soldiers, and Family members when a Soldier expresses suicidal ideations, attempts suicide, or completes suicide.

(5) Train first-line leaders to teach Suicide Prevention for Soldiers.

j. State Surgeon.

(1) Provide technical knowledge on best practices for suicide prevention and intervention.

(2) Provide assessment and recommendations for improving the State's suicide prevention program.

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

k. State Family Program Director.

(1) Coordinate the following prevention and intervention training:

(a) Suicide Prevention for Families IAW the Deployment Cycle Support Plan.

(b) Intervention training for Family Assistance Center workers.

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(2) Coordinate training of unit-level Family Program personnel on Federal and State resources available to Families, and on mapping out resources unique to their local communities.

I. Company Commanders.

(1) Incorporate suicide prevention training into the yearly training plan.

(2) Inform all subordinates of available assistance agencies.

(3) Reduce stigma. Build a command climate that encourages and enables Soldiers and officers to seek help.

(4) Provide command support for unit participation in suicide awareness and prevention activities.

(5) Appoint SIOs and forward a copy of the appointment order to the SSPPM.

m. Suicide Intervention Officer (SIO).

(1) Complete the Army ACE Intervention Training.

(2) Advise the commander on annual suicide prevention training requirements.

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

(4) Notify the chain of command of any suicide attempts or completions. Provide initial and updated information to the SSPPM. Advise the commander of options available for providing support to the deceased Soldier's Family and fellow Soldiers.

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

n. First-Line Leaders.

(1) Promote a climate of support, minimize stigma, and encourage help seeking behavior.

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(2) Understand the responsibilities of suicide prevention, intervention, and referral.

(3) Take a personal interest and know what is going on in subordinate Soldiers' personal lives. Provide support where needed.

(4) Teach Suicide Prevention for Soldiers to all Soldiers E4 and below.

(5) Implement the buddy system. Foster a sense of responsibility in Soldiers to provide watchful care and support to peers.

o. All Soldiers.

(1) Live up to the Army Values in caring for a buddy.

(2) Depend on your buddy for advice, protection, and support.

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

(4) Report all risks of self harm.

6. The point of contact is Ms. Erin Thede, Chief, Soldier and Family Services and Support Division, at DSN 327-7597, 703-607-7597, or erin.thede@us.army.mil.



H STEVEN BLUM

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Chief, National Guard Bureau

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Each State Chaplain

Each State PAO

NGB Chaplain

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NGB Division Chiefs

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