

**DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY INFANTRY CENTER
FORT BENNING, GEORGIA 31905-5000**

**USAIC Pamphlet
Number 600-22**

Personnel - General

USAIC SUICIDE PREVENTION PLANNING GUIDE

Summary. This pamphlet outlines policies for the United States Army Infantry Center (USAIC), Suicide Prevention IAW AR 600-63, Army Health Promotion.

Applicability. The planning guide provides leaders resources in the area of systematic issue awareness, appropriate crisis response and referral information.

Suggested improvements. The proponent of this pamphlet is the Directorate of Community Activities. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, USAIC, ATTN: ATZB-PAD, Fort Benning, Georgia 31905-5225.

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1. Purpose.

The purpose of this pamphlet is to explain functions of the Army Suicide Prevention Program at Fort Benning.

2. References.

- a. AR 600-63, Army Health Promotion
- b. DA PAM 600-70, Guide to the Prevention of Suicide and Self-destructive Behavior
- c. DA PAM 600-24, Suicide Prevention & Psychological Autopsy
- d. DOD Directive 6490.01, Mental Health evaluation by members of the Armed Forces

3. Explanation of Abbreviations.

- ADAPCPAlcohol Drug Abuse Prevention & Control Program
- ASPP.....Army Suicide Prevention Program
- CMHS.....Community Mental Health Service
- CPC.....Civilian Program Coordinator (ADAPCP)
- DAC.....Department of Army Civilians
- DCA.....Director of Community Activities
- DOD.....Department Of Defense
- HRC.....Human Resource Council
- MACH.....Martin Army Community Hospital
- MSCMajor Subordinate Command
- PMOProvost Marshal Office
- SPGSuicide Prevention Group
- SPTFSuicide Prevention Task Force
- UMT.....Unit Ministry Team
- USAIC.....United States Army Infantry Center

4. Suicide Prevention Task Force.

- a. The Suicide Prevention Task Force (SPTF) is authorized by

AR 600-63 to plan, implement, and manage Fort Benning's Army Suicide Prevention Program (ASPP). The SPTF operates as a sub-committee of the Human Resource Council (HRC) (This committee is sometimes referred to as the Installation Suicide Prevention Standing Committee).

b. The SPTF has permanent representatives from Alcohol Drug Abuse Prevention and Control Program (ADAPCP), Chaplain, Community Mental Health Service (CMHS), Military Law Enforcement, and Safety. Additional members that are called on as needed Director of Training, Commander Martin Army Community Hospital, Public Affairs Office, Criminal Investigation Division, Staff Judge Advocate, and Civilian Personnel.

c. The SPTF will implement the Suicide Prevention Plan and coordinate suicide prevention awareness, identification of at-risk individuals and procedures for crisis intervention and follow-up.

d. Suicides and suspected suicides will be reported immediately to the PMO for preparation of a Serious Incident Report. Criminal Investigation Division will forward a copy of the psychological autopsy to the TRADOC Suicide Prevention Manager and the Fort Benning Suicide Prevention Manager, the ADCO.

e. Suicide gestures and attempts by Soldiers will be monitored by the Major Subordinate Commanders.

5. Referral Information.

a. **Military.** Soldiers are encouraged to self refer. Seeking help will be looked at as a sign of effectively dealing with problems and of strength. CMHS should be considered first. Unit Ministry Team (UMT) and Family Life, can often support and provide guidance. After duty hours, the hospital emergency room would be the best source. See Table 1 for suicide risk factors.

b. **Family Members.** Family members may call a chaplain in the spouse's unit, the Family Life Center, Family Advocacy at DCA, CMHS or Social Work Services at Martin Army Community Hospital (MACH). After hours the emergency room should be contacted.

c. **Civilians.** Department of Army civilians or their supervisors may request information or discuss problems by calling the ADAPCP Civilian Program Coordinator (CPC).

6. Suicide Watch.

Suicide watch is to prevent Soldiers identified as a suicide risk from harming themselves or others in the unit. Suicide watch is

a commanders program. Guidance is found in DOD Directive 6490.1 Recommendations for additional information on suicide watch see Table 2.

7. Training Resources.

- a. Per AR 600-63 suicide risk identification will be integrated into every Army leadership course conducted by the Army school system.
- b. It is the role of the mental health officer to train the trainers,
- c. DA Pam 600-70 provides an excellent basis for suicide prevention training.
- d. TRADOC has an outstanding resource on the Internet at www-tradoc.monroe.army.mil/dcsbos/suicide/suicideframe.htm

8. Crisis Information. Phone numbers to call during duty hours, after duty hours and off post are listed in Table 3.

Table 1. Suicide Risk Factors and Warning Signs

Suicide Risk Factors and Warning Signs
1. Marked change in appearance, personality change and social withdrawal
2. Perceived loss/end of marriage/relationship
3. Alcohol/drug abuse
4. History of self-destructive behavior
5. Person is divorced or separated
6. Perceived loss/end of military career
7. History of suicidal gestures
8. Sudden purchases of firearms/weapons
9. History of suicidal family/friends
10. Involvement in a love triangle
11. Pending legal problems
12. Depression

Table 2. Suicide Watch Guide Lines

Suicide Watch GuideLines
1. The purpose of the unit watch is to prevent the Soldier from harming himself or others in the unit.
2. The commander will provide competent escorts that have been briefed on: <ul style="list-style-type: none"> a. Keeping the Soldier under direct eye contact. b. A search of the Soldiers immediate belongings c. Keep the Soldier away from harmful items such as weapons, sharp objects, pills, heights and traffic. d. Soldiers will not be allowed to go home during suicide watch. e. Any Soldier placed on suicide watch must be immediately seen by a mental health physician. However, an escort cannot discontinue suicide watch until the commander makes the decision after conferring with Community Mental Health (CMH).
3. The commander will ensure that Soldiers that are identified as a suicide risk; <ul style="list-style-type: none"> a. Are seen immediately at CMH during duty hours and the emergency room after duty hours. Commanders will give physician a detailed verbal summary of the reason the person is considered at risk. Proper paperwork will be completed as needed. b. Once Soldier has been identified as a risk to themselves or others, the commander will give Soldier an order to move into the barracks for a given time, an order to avoid the use of alcohol, an order not to handle firearms or other weapons. The commander will immediately check for privately owned weapons in quarters, barracks and vehicles. The commander will revoke the Soldiers privilege to have such items and store for safe keeping any weapons found in the arms room. <ul style="list-style-type: none"> c. The commander will notify the unit chaplain to help with follow-up.

Table 3. Phone numbers for crisis and referral information.

TIME	ACTIVITY	PHONE NUMBER
	Military Police	(706) 545-5222
DURING DUTY HOURS 0800-1700:	Unit Chaplains	
	Community Mental Health Services and Department of Psychiatry	(706) 544-3590/3690
	Civilian Counseling Services	(706) 545-2475/1138
	Family Life Center	(706) 545-5301/1760
AFTER DUTY HOURS, 1701 – 0759:	Military Police	(706) 545-5222
	Emergency Room MACH	(706) 544-1502
	Duty Chaplain	(706) 545-2218
OFF POST, 24 HOURS A DAY:	Emergency	911
	24 Hour Help Line	(706) 327-3999

FOR THE COMMANDER:

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