

ARMY SUICIDE PREVENTION PROGRAM (ASPP) CHECKLIST

These checklists serve as guides that will assist commanders, leaders, and Soldiers in developing and supporting their own suicide prevention program.

- The ASPP is built around an integrated system of continuous initiatives and efforts that focus on prevention through the early identification of and intervention with Soldiers at risk for suicide.
- Every leader and Soldier must remain committed and involved in suicide prevention; it is part of our Warrior Ethos – “Never leave a fallen comrade.”
- Suicide prevention is about Soldiers taking care of Soldiers. In the Army, we always take care of our battle buddies.
- For more information on resources to support local suicide prevention programs, visit the following websites:
- Army G-1 - www.armyg1.army.mil/hr/suicide.asp
- Center for Health Promotion and Preventive Medicine
<https://chppm-www.apgea.army.mil/dhpw/readiness/suicide.aspx>
- Army Behavioral Health - www.behavioralhealth.army.mil
- Office of the Chief of Chaplains - www.chapnet.army.mil
- National Guard (Virtual Armory) - www.virtualarmory.com
- Military One Source - www.militaryonesource.com

SOLDIERS

The first line of defense and perhaps the most important person in suicide

	<p>Know the warning and danger signs of suicide. Know the leading causes of suicide in the Army. Remain vigilant at all times!</p>
 <p>A Ask your buddy • Have the courage to ask the question. But stay calm. • Ask the question directly, e.g. Are you thinking of doing yourself harm? C Care for your buddy • Remove any means that could be used for self-harm. • Clearly control the situation. Do not use force. • Actively listen to provide relief. E Escort your buddy • Never leave your buddy alone. • Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider.</p>	<p>Take immediate action when suspecting someone is suicidal or if someone admits that they are contemplating suicide. Use the A.C.E. Intervention Model: Ask “Are you thinking about suicide?” (be direct and non-judgmental) Care for the Soldier: Safely remove lethal means; listen to the issues Escort the Soldier to helping professionals. Never leave the Soldier alone!</p>
	<p>Become aware of local helping services and protocols for use. See your chain of command, the Chaplain, Community Mental Health Clinic, or Army Community Services.</p>
	<p>Seek help at the first sign of stress or when having thoughts of suicide. This is a sign of courage and strength</p>

FIRST LINE SUPERVISORS / LEADERS

	<p>Know your Soldiers so you can recognize and even anticipate possible dysfunctional behavior. Promote the buddy system.</p>
	<p>Assess each Soldier’s life-coping skills. Ask them situational questions. Seek opportunities to positively influence your Soldier’s behavior.</p>
	<p>Ensure Soldiers receive suicide awareness and prevention training (coordinate with the Battalion Chaplain and/or the Unit Ministry Team)</p>
	<p>Create an atmosphere of inclusion for all Soldiers. Never ostracize any Soldier, regardless of their actions. Encourage help-seeking behaviors.</p>
	<p>Know what can trigger suicide: failed relationships, job-related problems, financial difficulties, legal problems, helplessness, guilt, etc.)</p>
	<p>Know some of the warning signs for mental health issues (loneliness, worthlessness, hopelessness, helplessness, guilt, etc.)</p>
	<p>Be the first to accept help, if needed. Be the first one to give help, if needed. Know what helping services are available: Chain of Command, Chaplain, mental health providers, Social Workers, Army Community Services, Military OneSource, etc.</p>
	<p>Reduce the perceived stigma regarding mental health care. Remember that most mental illnesses are a result of a sickness, not weakness and are treatable.</p>

COMMANDERS

	Maintain vigilance, specially on high-risk Soldiers. Ensure members of your UMT have knowledge of possible life crises or pending UCMJ actions within your unit.
	Offer suicide awareness and prevention training for spouses and all significant others as part of the reintegration phase of deployment.
	Ensure all newly assigned Soldiers know the location and protocols for accessing installation support agencies.
	Include mental health topics in officer and NCO professional development classes
	Ensure your UMT has received formal suicide prevention training: <ol style="list-style-type: none"> 1. A.C.E. Intervention Training (preferred) 2. Living Works Applied Suicide Intervention Skills Training (ASIST) Workshop and/or 3. QPR (Question, Persuade, Refer) Triage and Risk Assessment Training
	Promote help-seeking behavior as a sign of strength and courage. Respect Soldier/counselor confidentiality when Soldier is not a threat to self or others, and if they are able to perform their prescribed duties.
	Develop well-defined procedures for registering and storing privately owned weapons. Ensure procedures are in place to restrict access to firearms during suicide watches.
	Ensure any Guard or Reserve Soldier attached for deployment, receive suicide awareness and prevention training and suicide screening prior, during, and after deployment.
	Ensure there are "Family Reunion" seminars for both Soldiers and Family members to assist in successful reintegration following an extended deployment.

UNIT MINISTRY TEAMS (UMTs)

	<p>Become ACE trained. https://chppm-www.apgea.army.mil/dhpw/readiness/suicide.aspx Additional Training Resources are available at: Living Works: http://www.livingworks.net/ or QPR institute at http://qprinstitute.com/</p>
	<p>Download the USACHPPM Resource Manual for Suicide Prevention by visiting their website at https://chppm-wwwapgea.army.mil/dhpw/Readiness/suicide.aspx Prepare tailored suicide awareness and prevention training for “all ranks”, OPD, NCOPDs, and spouses using CHPPM’s Suicide Awareness Training for leaders and Soldiers.</p>
	<p>Keep commander informed on current suicide demographics. Check with local Community Health Promotion Council, Suicide Prevention Task Force, or the installation Suicide Prevention Coordinator. Explain high risk categories, such as those who are experiencing relationship problems, job-related problems, and legal and financial difficulties</p>

**INSTALLATION SUICIDE PREVENTION TASK FORCE / COMMITTEE
INSTALLATION SUICIDE PREVENTION COORDINATOR**

	Establish suicide prevention program specifically tailored for your installation. Refer to AR 600-63 and DA Pam 600-24.
	Assist the installation and local commanders in implementing their respective programs.
	Ensure suicide prevention policies and procedures comply with applicable laws, regulations, and directives regarding privacy and public information.
	Ensure all assigned commanders and senior NCOs are familiar with the availability of support agencies and the procedures for referral.
	Ensure the availability of mental health personnel is adequate to meet the needs of the installation. Know who is available to conduct crisis assessment and/or intervention during non-duty hours.
	Ensure commanders are provided timely feedback from support agencies concerning the effectiveness of the treatment of their Soldiers.
	Encourage stress management programs for Soldiers and Family members, especially during times of increased OPTEMPO or deployments.
	Assist in coordinating training events (A.C.E., ASIST, or QPR).
	Strive for at least two qualified trainers that can sponsor training workshops throughout the installation. One of the two should be a Family Life Chaplain.
	Strive for at least one qualified trained person at each community support agency (ACS, ASAP, TMC, MPs, etc.)
	Review and publicize emergency procedures available to all Soldiers and Family members such as Crisis Hotlines and suicide awareness cards. Military One Source: 1-800-342-9647 National Suicide Prevention Lifeline: 1-800-273-8255
	Ensure newly assigned Soldiers are briefed on installation support agencies during in-processing.
	Ensure dependent school personnel are trained in identifying and referring individuals at risk for suicide.
	Review surveillance reports and, once identified, monitor the time it takes to get Soldiers into local helping agencies.
	Establish procedures for creating an Installation Suicide Response Team.
	In conjunction with members of the installation Suicide Prevention Task Force, review the Army Suicide Event Report (now DoDSER), CID case files, AR 15-6, Line of Duty investigation, and medical and personnel records to identify any trends and provide timely and adequate recommendations to the installation commander.

