Suicidal Ideation Battle Drill

Emergency Phase

- SM expresses suicidal ideation (to command, to battle buddy, etc.) or shows behavioral signs indicative of
 possible suicide risk (expressing hopelessness or that they are a burden to others; making references to death,
 to "being gone", or to others taking care of SM's loved ones; displaying extreme mood swings, agitation, rage,
 or dangerous risky behavior; isolation/withdrawal from others)
- 2. If in person with SM:
 - a. Ensure immediate safety
 - i. Do not leave Soldier alone
 - ii. Gather more information
 - 1. Relevant questions
 - a. Have you been thinking of suicide?
 - b. Do you have a plan?
 - c. Have you had some intention to follow-through or timeline for acting on suicidal thoughts?
 - d. Consider limiting access to means (firearms storage/safety measures, stockpiled medications, etc.)
 - 2. Available resources for support/assistance having this conversation
 - a. Suicide and Crisis Lifeline: 988, Press 1 for the Veterans Crisis Line (24/7 access)
 - b. Unit Suicide Intervention Officer
 - c. Nearest behavioral health crisis walk-in center (see list of locations/hours in FWS app)
 - d. Director of Psychological Health (M-F 0730-1500): 573-638-9500 x37083/573-694-8651
 - e. Chaplain
 - f. Nearest emergency room
 - g. 911/Police well check
 - iii. If necessary, transport SM to emergency room for immediate stabilization care
 - 1. Do not leave SM alone
 - 2. When possible, have a fellow Soldier communicate with receiving ER staff what statements SM has made so far and why there is concern for immediate safety
 - 3. This ensures that the ER has accurate information about the concerns, even if SM is, for whatever reason, unwilling/unable to speak openly with ER staff
 - 4. If SM refuses transport to emergency services
 - a. Consider joint call to Suicide and Crisis Lifeline: 988, Press 1 for the Veterans Crisis Line
 - b. Contact 911 for engagement of emergency services
- 3. If not in person with SM:
 - a. Consider options for arranging in person interaction
 - i. Leader/Chaplain/Battle Buddy in person well check
 - 1. Once in person, follow steps outlined above
 - ii. If in person contact isn't possible, explore options for phone contact with SM
 - 1. Use "Gather More Information" questions listed above as a guide
 - b. If SM isn't answering phone, utilize family or other supports to reach out to SM to establish contact
 - c. If SM cannot be reached, and there is concern for immediate safety, contact 911/Police for SM well check
- 4. Once immediate safety is established/assured, proceed to Resource Phase (next page)

Resource Phase

- 1. Complete CCIR. Whenever possible, include SM contact information within CCIR to expedite Psychological Health Program team making contact.
- 2. Send CCIR to JOC
- 3. Call JOC to ensure receipt: 573-638-9803
- 4. Email Psychological Health Program for SM follow-up: ng.mo.moarng.mbx.bh-team@mail.mil
 - a. Include SM name, SM contact information, brief synopsis of concerns and actions taken thus far, contact information for any relevant additional involved parties (Chaplain, family, POC, etc.)
 - b. Psychological Health staff will reach out to SM on the next business day
- 5. Encourage SM to be on the lookout for contact from the Psychological Health team and to answer/respond promptly for additional support and assistance with accessing care

Follow-up/Maintenance Phase

- 1. Monitor for additional action from Health Services re: profile/counseling statement and/or evaluation scheduling
- 2. Reinforce with SM importance of engagement in ongoing behavioral health care
- 3. Conduct (or delegate) intermittent check-ins with SM regarding welfare, coping, stress, connection to BH care, additional support needs