



DEPARTMENT OF THE ARMY
1ST BATTALION, 1ST AIR DEFENSE ARTILLERY
UNIT 5140
APO AP 96368

APMC-PB

18 June 09

MEMORANDUM FOR All personnel assigned, attached or OPCON to 1st Battalion, 1st Air Defense Artillery, Kadena Air Base, Okinawa, Japan 96368

SUBJECT: Policy Letter #19 – Army Suicide Prevention Program (ASPP)

1. References:

- a. AR 600-63, Army Health Promotion, 7 May 2007.
- b. AR 600-85, Army Substance Abuse Program (ASAP), 24 March 2007.
- c. DA PAM 600-24, Suicide Prevention and Psychological Autopsy, 30 September 1988.
- d. DA PAM 600-70, U.S. Army Guide to the Prevention of Suicide or Self-Destructive Behavior, 1 November 1985.
- e. USARPAC Soldier Wellness Action Plan (SWAP) OPORD & Policy Memorandum, dated 19 August 2008.
- f. 94th AAMDC Policy Letter #15 – Army Suicide Prevention Program (ASPP).

2. Purpose: To establish a Command suicide prevention program. Suicide prevention is the concern of every commander, leader, supervisor, Soldier, and Army civilian.

3. Coordination of helping services:

- a. The Unit Ministry Team (UMT) will maintain professional connectivity and collaboration with various military and civilian helping agencies, to include: Community Mental Health Service, Army Community Service, ADAPCP, American Red Cross, Youth Services, Child Development Services, local public schools, and other agencies as appropriate.

APMC-PB

SUBJECT: Policy Letter #19 – Army Suicide Prevention Program (ASPP)

b. The UMT and/or chain of command will refer suicidal individuals to appropriate helping agencies:

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| a. 1-1 ADA BN Chaplain: | 634-5648 |
| b. 10 th SG Chaplain: | 644-4454 |
| c. Lester Emergency Room: | 643-7555 |
| d. Life Skills: | 634-1266 |
| e. Security Police: | 634-2475 |
| f. Emergency: | 911 |

c. UMT members or unit leaders will not attempt to provide clinical diagnostic crisis intervention counseling to Soldiers or family members. The primary mission of the Chaplain UMT is educational awareness and referral services. After assessing a potentially suicidal Soldier or Family member, the UMT and/or unit leaders will refer the individual to the Lester Naval Hospital Emergency Room or Community Mental Health Services.

4. Training:

a. The UMT will assist the department of mental health by facilitating suicide prevention education and awareness training to their units on a yearly basis or whenever the commander deems necessary.

b. The UMT (chaplain and chaplain assistant) will be trained by mental health officers in suicide prevention and suicide risk identification.

c. The UMT will provide or coordinate with the appropriate agencies for assistance in providing unit suicide prevention and awareness training.

5. Family Member Suicide Prevention Program (FMSPP):

a. Upon request, the UMT will also coordinate to provide and/or conduct suicide prevention education awareness programs and/or training for family members. This training will help them recognize the signs of increased suicide risk and to learn about referral sources for friends and Family members. Educational programs will focus on (but will not be limited to) three groups: spouses, teenagers, and children.

b. Where appropriate, Soldier and family member suicide education and awareness training may be conducted concurrently. Though the content will be clearly prescribed, the context of the education and awareness activities is at the discretion of the chaplain. Operational training funds may be used to support the UMT suicide prevention and awareness education.

APMC-PB

SUBJECT: Policy Letter #19 – Army Suicide Prevention Program (ASPP)

c. UMT personnel may undertake post-intervention support under the supervision of a mental health provider. The chaplain may also advise the commander after referring individuals to the Community Mental Health Service.

6. Commanders will:

a. Develop a local Suicide Prevention Program (SPP) comprising the three activities that mitigate suicidal behavior risk and impact: Prevention, Intervention, and Post-Intervention.

b. Appoint a Suicide Prevention Coordinator (SPC) to implement a program and have a unit SPP policy in place.

c. Commanders and Leaders will become familiar with the ASPP and train subordinate leaders on this program.

d. Include Suicide Prevention in all risk management analysis and conduct a suicide risk assessment of your command. Suicide Prevention and Awareness will be covered frequently at safety briefings by both leaders and/or UMT personnel.

e. Include Suicide Prevention in pre and post deployment briefings and counseling.

f. Include Suicide Prevention in all training plans and maintain training records of all suicide prevention training. Commanders will ensure suicide awareness and suicide prevention training is provided to all Soldiers, DA civilians, and is available for Family members. Completed training will be reported to the S1. Report the results and plans of action that you are taking to minimize suicide in your command. These reports and training records are due the first day of each quarter to the Battalion S1.

g. Commanders will eliminate any policy which discriminates, punishes, or discourages any Soldier, DA Civilian or Family member from seeking or receiving professional counseling.

7. Proponent. The S-1 is the proponent for this policy letter.

8. This policy letter is in effect until canceled or superseded.

“FIRST AMONG EQUALS!”



FINIS A. DODSON
CSM, USA
Battalion Command Sergeant Major



JANELL E. EICKHOFF
ITC, AD
Commanding