

Suicidal Ideation Battle Drill

Emergency Phase

1. 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. Assigned Behavioral Health Officer
 - c. Unit Suicide Intervention Officer
 - d. Nearest behavioral health crisis walk-in center (see list of locations/hours in FWS app)
 - e. Director of Psychological Health (M-F 0730-1500): 573-638-9500 x37083/573-694-8651
 - f. Chaplain
 - g. Nearest emergency room
 - h. 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