



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
JOINT TASK FORCE GUANTANAMO  
525TH MILITARY POLICE BATTALION (I/R)  
APO AE 09522-9998**

ARSO-GTC-CO

18 July 2014

**MEMORANDUM FOR SEE DISTRIBUTION**

**SUBJECT: Suicide Prevention Program (Policy Number 5)**

**1. References:**

a. DoD Directive 6490.1, Mental Health Evaluations of the Armed Forces, 1 October 1997.

b. DoD Instruction 6490.4, Requirements for Mental Health Evaluations of Members of the Armed Forces, 28 August 1997.

c. AR 600-63, Army Health Promotion, 7 September 2010 (RAR).

d. <http://www.armyg1.army.mil/hr/suicide/references.asp>.

2. Suicide prevention is a Commander's program and every leader's responsibility at all levels. The success of our Suicide Prevention Program rests upon proactive, caring, and courageous people who recognize the imminent danger and then take immediate action to save a life. Active engagement of everyone can help to minimize the risk of suicide and stop this tragic and unnecessary loss of human life. Suicide prevention is everybody's business in the Army.

**3. Coordination of helping services.**

a. The Unit Ministry Team (UMT) will coordinate for the services provided by both the military and civilian helping agencies such as the JSMART, Fleet and Family Service, ASAP, American Red Cross, Youth Services, Child Development Services, DODDS, and other agencies as appropriate.

b. The chaplain will refer suicidal individuals to one of these helping agencies if he/she deems necessary. The UMT will coordinate with the respective agencies for any help needed in providing unit suicide prevention training.

c. Soldiers who are referred to a mental health evaluation have a right to see an attorney or the Inspector General and contact a friend or relative. The Soldier will also be made aware of the reason for the command directed evaluation.

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4. Training.

a. All Soldiers assigned or attached to the battalion will receive, at a minimum, annual training on Suicide Prevention. Ask, Care, Escort (ACE) is the Army-approved suicide prevention and awareness training model. All training will be tailored to the unit challenges and focused at the squad level and documented in DTMS and individual training records.

b. Leaders will receive annual ACE Peer Training as well as periodic suicide awareness training throughout the year.

c. The UMT (chaplain and chaplain's assistant) will attend Applied Suicide Intervention Skills Training (ASIST), either the 2-day or 5-day (train the trainer) course. Senior Leaders within the Battalion will attend the 2-day course when available.

5. Family Member Suicide Prevention Program (FMSP).

a. The Installation Staff Chaplain through the UMT will implement the FMSP. The chaplain will coordinate, provide and/or conduct an education awareness program for Family Members to 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: parents, teenagers, and spouses.

b. Where appropriate, Soldier and Family Member suicide education and awareness 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. Available operational and training funds may be used to support the UMT training mission and to conduct the suicide prevention education and awareness activities.

c. The primary mission of the UMT is education and awareness. UMT personnel will refer any suicidal individual to the community mental health service if deemed necessary by the chaplain. Chaplains will not provide clinical services or crisis intervention counseling to any suicidal individual. UMT personnel may undertake post-intervention actions or serve as advisors to the commander after referring individuals to the community mental health service.

6. Point of contact for this memorandum is the undersigned at DSN 660-3522.



JOHN A. FIVIAN  
LTC, MP  
Commanding

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