Report No. DODIG-2025-085

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INSPECTOR GENERAL

U.S. Department of Defense

APRIL 15, 2025

(U) Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

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~~POC: Assistant Inspector General for Evaluations, Programs, Combatant Commands, and Operations,~~ [redacted]

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INSPECTOR GENERAL
INTEGRITY
EFFICIENCY
DEPARTMENT OF DEFENSE

(U) Results in Brief

(U) Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

April 15, 2025

(U) Objective

(U) We assessed and summarized the Navy's efforts to prevent and respond to suicide-related incidents on six specific topics, as required by section 599A of the FY 2023 National Defense Authorization Act (NDAA).

(U) Background

(U) In section 599A of the FY 2023 National Defense Authorization Act, Congress directed the DoD Inspector General to conduct a review of the Navy's efforts to prevent and respond to suicide-related incidents for six topics. These six topics included the extent of data collected, means (methods and resources) that commanding officers used, challenges related to prevention and the development of a response to incidents, capacity of mental health service teams, means mental health teams used, and other suicide prevention matters the Inspector General considers appropriate.

(U) Finding

(U) The Navy took actions to prevent and respond to suicide-related incidents. However, the Navy faced challenges ensuring all commanding officers had a properly designed crisis response plan in place, as required by Navy policy.

(U) From our survey of U.S. Fleet Forces Command and U.S. Pacific Fleet commanding officers, 277 responses were received, of which 198 (71 percent) provided a crisis response plan. Of the 198 crisis response plans received, 6 percent were not tailored to the command, 21 percent lacked a listing

(U) Finding (cont'd)

(U) of local resources and their contact information, and 49 percent lacked the required Sailor Assistance and Intercept for Life referral for Sailors exhibiting suicide-related behaviors.

(U) This happened because Navy policy lacks a governance mechanism to ensure commanding officers have a tailored crisis response plan in place and that the plan contains key elements.

(U) Without each commanding officer having a tailored crisis response plan, the Navy risks inadequate identification and oversight of and response to a Sailor in crisis, as well as improperly restricting access to lethal methods of suicide.

(U) Recommendations, Management Comments, and Our Response

(U) We recommend that the Director of the Navy Culture and Force Resilience Office develop and implement a plan to ensure all Navy commands have a completed local crisis response plan, as required by the Office of the Chief of Naval Operations Instruction 1720.4B. The Director agreed with this recommendation; therefore, it is resolved and open.

(U) We also recommend that the Director update the Instruction to assign an office with oversight and annual reporting responsibilities for Navy commanding officers' compliance with having a completed crisis response plan that contains the required elements. The Director disagreed with this recommendation; therefore, it is unresolved. Specifically, the Director stated that the recommended oversight to ensure completion of crisis response plans is impractical and would cause a burden on the fleet. Nevertheless, the Director also stated that the Instruction would be updated to help ensure the crisis response plans are completed. However, this requirement already exists in the Instruction and is not followed. Therefore, we request that the Director provide additional comments within 30 days in response to this recommendation.

(U) Please see the Recommendations Table on the next page for the status of recommendations.

(U) Recommendations Table

(U) Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
Director, Navy Culture and Force Resilience Office	1.b	1.a	None (U)

(U) Please provide Management Comments by May 15, 2025.

(U) Note: The following categories are used to describe agency management's comments to individual recommendations.

- **(U) Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **(U) Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **(U) Closed** – The DoD OIG verified that the agreed upon corrective actions were implemented.

OFFICE OF INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
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April 15, 2025

MEMORANDUM FOR SECRETARY OF THE NAVY
UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS
COMMANDER, NAVY INSTALLATIONS COMMAND
COMMANDER, U.S. FLEET FORCES COMMAND
COMMANDER, U.S. PACIFIC FLEET
DIRECTOR, NAVY CULTURE AND FORCE RESILIENCE OFFICE
AUDITOR GENERAL, DEPARTMENT OF THE NAVY

SUBJECT: (U) Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation (Report No. DODIG-2025-085)

(U) This final report provides the results of the DoD Office of Inspector General's evaluation. We previously provided copies of the draft report and requested written comments on the recommendations. We considered management's comments on the draft report when preparing the final report. These comments are included in the report.

(U) This report contains a recommendation that is considered unresolved because the Director of the Navy Culture and Force Resilience Office did not agree or provide alternative corrective actions to fully address the recommendation. Specifically, the Director stated that Recommendation 1.b, which recommends oversight to ensure completion of crisis response plans, is impractical and would cause a burden on the fleet. Nevertheless, the Director also stated that they would update the Office of the Chief of Naval Operations Instruction 1720.4B to help ensure the crisis response plans are completed. However, this requirement already exists in the Instruction and is not followed. Therefore, the recommendation will remain open. We will track this recommendation until management agrees to take actions that we determine to be sufficient to meet the intent of the recommendation and management officials submit adequate documentation showing that all agreed-on actions are completed.

(U) DoD Instruction 7650.03 requires that recommendations be resolved promptly. Therefore, please provide us within 30 days your response concerning specific actions in process or alternative corrective actions proposed on the recommendations. Send your response to either [redacted] if unclassified or [redacted] if classified SECRET.

(U) If you have any questions, please contact [redacted]

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(U) Contents

(U) Introduction

(U) Objective

(U) The objective of this evaluation was to assess and summarize the Navy's efforts to prevent and respond to suicide-related incidents on six specific topics, as required by section 599A of the FY 2023 National Defense Authorization Act (NDAA).[1,2]

(U) Background

(U) The FY 2023 NDAA directed the DoD Inspector General to assess the Secretary of the Navy's efforts to prevent and respond to suicide-related incidents among Sailors assigned to sea or shore duty.[3] The NDAA also required the DoD Inspector General to provide a report to the Committees on Armed Services of the Senate and House of Representatives that summarizes the results of the DoD Office of Inspector General's evaluation on the six topics listed in section 599A.

(U) National Defense Authorization Act for FY 2023

(U) Section 599A of the FY 2023 NDAA directed the DoD Inspector General to assess the following six topics, as directly stated in the NDAA.

> (U) (1) The extent of data collected regarding incidents of deaths by suicide, suicide attempts, and suicidal ideation among covered members, including data regarding whether such covered members are assigned to sea duty or shore duty at the time of such incidents.[4]
>
> (U) (2) The means used by commanders to prevent and respond to incidents of deaths by suicide, suicide attempts, and suicidal ideation among covered members.[5]
>
> (U) (3) Challenges related to—
>
> (U) (A) the prevention of incidents of deaths by suicide, suicide attempts, and suicidal ideation among members of the Navy assigned to sea duty; and

[1] (U) James M. Inhofe National Defense Authorization Act for Fiscal Year 2023, Pub. L. No. 117–263, January 3, 2022.

[2] (U) This report contains information that has been redacted because it was identified by the DoD as Controlled Unclassified Information (CUI) that is not releasable to the public. CUI is Government-created or owned unclassified information that allows for or requires safeguarding and dissemination controls in accordance with laws, regulations, or Government-wide policies.

[3] (U) DoD Instruction 6490.16, "Defense Suicide Prevention Program," November 6, 2017 (Incorporating Change 3, February 2, 2023), defines suicide as "death caused by self-directed injurious behavior with an intent to die as a result of the behavior." Suicide attempts are a "non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior." Suicidal ideation is thinking about, considering, or planning suicide.

[4] (U) According to the FY 2023 NDAA, covered members are Sailors assigned to sea or shore duty. Military Personnel Manual 1306-102, "Type Duty Assignment Codes," April 27, 2007, defines sea duty as "duty performed in commissioned vessels and deployable squadrons homeported in the United States" or "U.S. land-based activities and embarked staffs, which require [Sailors] to operate away from their duty station [over] 150 days per year." The manual defines shore duty as "duty performed in U.S. land-based activities where members are not required to be absent from the corporate limits of their duty station in excess of 150 days per year" or "long-term schooling of 18 or more months."

[5] (U) For the purposes of this evaluation, the term "commanding officer" is considered synonymous with "commander."

(U) (B) the development of a response to such incidents.

(U) (4) The capacity of teams providing mental health services to covered members to respond to incidents of suicidal ideation or suicide attempts among covered members in the respective unit each such team serves.

(U) (5) The means used by such teams to respond to such incidents, including the extent to which post-incident programs are available to covered members.

(U) (6) Such other matters as the Inspector General considers appropriate in connection with the prevention of deaths by suicide, suicide attempts, and suicidal ideation among covered members.

(U) Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program"

(U) The Office of the Chief of Naval Operations Instruction (OPNAVINST) 1720.4B, "Suicide Prevention Program," provides policies, procedures, and delegated responsibilities related to Navy suicide prevention.[6] According to OPNAVINST 1720.4B, command suicide prevention programs are implemented to support a positive command climate, promote Sailor resilience, reduce the risk of suicide-related behavior, and preserve warfighting capability. The Instruction also requires Navy commands to ensure that support is available to Sailors and their families after a suicide or suicide-related behavior. Additionally, the Instruction states that Navy commands should use local resources, such as medical personnel, chaplains, or Fleet and Family Support Center counselors, to assess the needs of the command and coordinate appropriate support services. The Instruction also requires that Navy commanding officers develop a written crisis response plan and run drills, at least annually, to ensure readiness for responding to suicide-related situations.

(U) Key Stakeholders for Navy Mental Health Assistance

(U) We identified key Navy offices that support Sailors in need of mental health assistance. These Navy offices provide suicide prevention and postvention training and guidance and collect, report, and analyze suicide data.

(U) Navy Culture and Force Resilience Office

(U) The Navy Culture and Force Resilience Office (OPNAV N17) is the executive agent of and develops policies and guidance for the Navy Suicide Prevention Program. The Office works with other stakeholders to collect, report, and analyze suicide data involving Sailors and their dependents. In addition, the Office coordinates the development and maintenance of a database to monitor suicide data.

[6] (U) OPNAVINST 1720.4B, "Suicide Prevention Program," September 18, 2018.

(U) U.S. Fleet Forces Command

(U) The U.S. Fleet Forces Command (USFFC) oversees the command and control of subordinate Navy forces and shore activities during the planning and execution of assigned Service functions in support of the Office of the Chief of Naval Operations.

(U) U.S. Pacific Fleet

(U) The U.S. Pacific Fleet (USPACFLT) is the world's largest fleet command. USPACFLT staff report administratively to the Office of the Chief of Naval Operations and operationally to the U.S. Indo-Pacific Command. USPACFLT's operational commands include the Third Fleet in the Eastern Pacific and the Seventh Fleet in the Western Pacific and Indian Ocean.

(U) Navy Bureau of Medicine and Surgery

(U) The Navy Bureau of Medicine and Surgery (BUMED) is responsible for providing medical support to the Fleet to ensure readiness. Navy Medicine personnel assigned to ships, submarines, aviation squadrons, and other operational positions report to their operational commands while assigned to those units.[7]

(U) Commander, Navy Installations Command

(U) The Commander, Navy Installations Command is responsible for collaborating with BUMED to develop policies and procedures for the Fleet and Family Support Centers to ensure Sailors exhibiting suicide-related behaviors are properly evaluated. The Commander, Navy Installations Command is also responsible for developing procedures to ensure installation emergency response personnel execute their suicide prevention program responsibilities throughout the Navy.

(U) Naval Sea System Command

(U) Naval Sea Systems Command is responsible for designing, building, delivering, and maintaining the Navy's ships, submarines, and systems. This command also manages 150 acquisition programs, operates four shipyards, and supervises shipbuilding at private shipyards. The Commander, Navy Regional Maintenance Center is a Naval Sea Systems Command field activity and oversees four Regional Maintenance Centers.

[7] (U) Navy Medicine is the whole of the U.S. Navy's medical support to the Fleet. BUMED is the headquarters for Navy Medicine.

(U) Finding

(U) The Navy Took Actions to Prevent and Respond to Suicide-Related Incidents; However, Challenges Remain

(U) We assessed and summarized the Navy's efforts related to six required topics listed in section 599A of the FY 2023 NDAA to prevent and respond to suicide-related incidents among Sailors. During our evaluation, we found that the Navy took actions to prevent and respond to suicide-related incidents. For example, the Navy collected standardized DoD and Service-specific data for trend analysis and provided multiple resources for commanding officers to use in response to incidents, including chaplains, primary care managers, and primary mental health providers. The Navy developed mental health teams that are billeted in sea and shore commands in addition to the teams that provide mental health resources and additional methods, such as evidence-based psychotherapy, to respond to incidents.[8] Additionally, the Navy significantly increased funding for suicide prevention and mental health support in its FY 2024 and FY 2025 budgets.

(U) However, the Navy faced challenges with ensuring all commanding officers had a properly designed crisis response plan, as required by OPNAVINST 1720.4B. We surveyed USFFC and USPACFLT commanding officers to determine if they had a crisis response plan. As demonstrated in the Figure, of the 277 survey responses we received, 198 (71 percent) commanding officers provided us with their crisis response plans, and 79 (29 percent) commanding officers did not. Of the 79 commanding officers that did not provide a crisis response plan, 39 stated that they did not have a crisis response plan, 38 stated that they had a crisis response plan but did not provide it, and 2 commanding officers did not answer whether they had a crisis response plan.

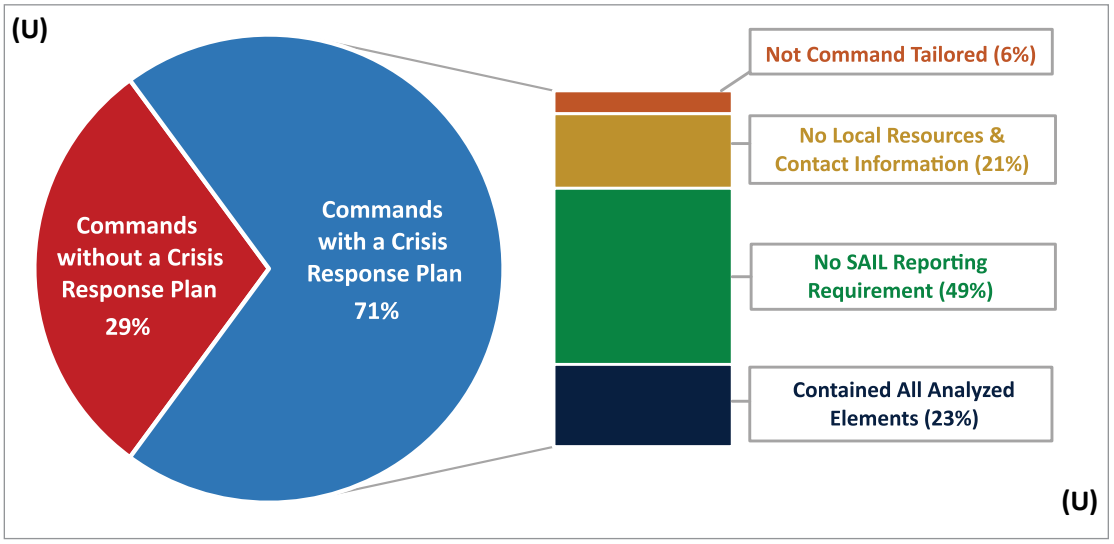
(U) Additionally, we analyzed 198 crisis response plans for three attributes that OPNAVINST 1720.4B required. As illustrated in the Figure, of the 198 crisis plans we reviewed, 12 (6 percent) crisis response plans were not tailored to the command. The Figure also shows that of the remaining 186 crisis response plans, 39 (21 percent) did not list the local resources and contact information, and 92 (49 percent) did not have a Sailor Assistance and Intercept for Life (SAIL) program reporting requirement. This occurred because OPNAVINST 1720.4B does not assign oversight roles or responsibilities for a Navy office, other than

[8] (U) The National Cancer Institute defines psychotherapy as the "treatment of mental, emotional, personality, and behavioral disorders using methods such as discussion, listening, and counseling." For this evaluation, we define "means" as resources available for disposal.

(U) for commanding officers, to verify that the crisis response plans are tailored to their units and include the key elements required by the Instruction. In August 2024, we notified the Navy's Office of Culture and Force Resilience officials of the deficiencies we identified with the crisis response plans. Navy officials stated that they plan to update OPNAVINST 1720.4B by March 2025 to include a requirement for the Naval Inspector General to review the self-assessment on the Suicide Prevention Coordinator's checklist and the drill and ensure Navy commanding officers completed a local crisis response plan.

(U) Without each Navy command having a tailored crisis response plan, the Navy risks inadequate identification of and response to a Sailor in crisis, improperly restricting access to lethal methods of suicide, and insufficient oversight of Sailors in crisis.

(U) Figure. Crisis Response Plans Analyzed Against Selected Elements



(U) Note: Because of rounding, overall percentage does not equal 100 percent.
(U) LEGEND
(U) SAIL Sailor Assistance and Intercept for Life
(U) Source: The DoD OIG.

(U) The DoD OIG Assessed and Summarized the Navy's Efforts to Prevent and Respond to Suicide-Related Incidents Based on Section 599A of the FY 2023 NDAA

(U) We assessed and summarized the Navy's efforts related to six topics listed in section 599A of the FY 2023 NDAA to prevent and respond to suicide-related incidents among Sailors.

(U) Topic 1: The Extent of Suicide-Related Data Collection

(U) We assessed the extent of data collected regarding incidents of deaths by suicide, suicide attempts, and suicidal ideation among covered members, including data regarding whether the covered members were assigned to sea or shore duty at the time of these incidents. The Navy did collect data on suicide-related incidents, including whether a Sailor was assigned to sea or shore duty at the time of the incident.

~~(CUI)~~ According to DoD Instruction 6490.16, "Defense Suicide Prevention Program," the Military Services must ensure each suicide event is reported in a DoD Suicide Event Report.[9] Specifically, the Navy is required to provide suicide-related data in its DoD Suicide Event Reports submitted to the Under Secretary of Defense for Personnel and Readiness. For example, for Sailors who died by suicide, the Navy collects suicide-related data [redacted]

(U) The Navy also publishes annual suicide data on the Navy Personnel Command website. The annual suicide data is divided between the active duty and Reserve Components and presents the annual number of suicides from 2007 to present. However, the website does not identify the sea or shore duty status for the incidents of suicide.

(U) USPACFLT and the USFFC collect suicide-related data for trend analysis. Specifically, USPACFLT collects data on suicides and suicide-related behaviors and translates the data into charts that illustrate historical trends comparing USPACFLT suicides and incidents of suicide-related behaviors with Navy-wide data. USPACFLT's data analysis showed the following trends.

- (U) Over a 5-year period, January and March had the greatest number of suicides.
- (U) Among gender, race and ethnicity, and age, Sailors who are male, white, or 25 years old or younger are at higher risk to die by suicide. Additionally, Sailors that are male, white, or 25 years old or younger present higher suicide-related behaviors.
- (U) More Sailors on sea duty died by suicide than Sailors on shore duty.
- (U) More Sailors assigned to aviation or surface commands died by suicide than Sailors assigned to a submarine command.

[9] (U) The DoD Suicide Event Report is a report that characterizes Service member suicide-related data through a coordinated, web-based collection system. DoD policy requires that the DoD collects and consolidates surveillance data of suicides and suicide attempts for reporting and analysis. This includes suicide-related behavior data from the DoD Suicide Event Report and Annual Suicide Report.

(U) The USFFC maintains a database of suicide-related behaviors. According to a USFFC official, when an incident of suicide occurs, the N1 Fleet Resilience Office uses the USFFC database, as well as other databases that track behaviors such as domestic violence and sexual assault, to determine if trends exist at the unit level or in certain locations. The USFFC database contains the following information.

- (U) Demographic data, such as age, gender, and race
- (U) Details of the incident, such as the date the incident occurred
- (U) Type of suicide-related incident, such as suicide-related behavior or death by suicide
- (U) Where the incident occurred, such as off base or aboard a ship at sea
- (U) A summary of the immediate outcome, such as if the Sailor was admitted to a Military Treatment Facility (MTF) or medically evacuated from the ship

(U) Topic 2: Means Available to Prevent and Respond to Suicide-Related Incidents

(U) We assessed the means commanding officers used to prevent and respond to incidents of deaths by suicide, suicide attempts, and suicidal ideation among covered members. We determined that the Navy has numerous resources available to commanding officers to prevent and respond to suicide-related incidents, but commanding officers did not always use all of the resources. We also found that physical distance may limit access to some resources.

(U) Based on the responses of 241 commanding officers to our survey, the top five resources commanding officers used to prevent and respond to suicide-related incidents, in order from most to least often used, were: chain of command, chaplains, primary care managers, primary mental health providers, and Fleet and Family Support Centers. Commanding officers used these five resources the least: the Navy's Special Psychiatric Rapid Intervention Team, Given an Hour donated mental health support, local Veterans Affairs Centers, Tragedy Assistance Programs for Survivors, and Organization Incident Operational Nexus.[10]

(U) Multiple factors, such as the distance between resources and the command, affect the access to, use, and availability of, Navy mental health and suicide prevention resources. For example, some Navy commands work in austere environments, such as submarines. Although a deployed submarine has an independent duty corpsman (IDC) onboard to provide medical care, submarines

[10] (U) A total of 198 commanding officers provided information regarding crisis response plans in their commands. A total of 241 commanding officers provided annotated survey responses regarding resources they used to prevent and respond to suicide-related incidents.

(U) do not have a chaplain or deployed resiliency counselor for mental healthcare.[11] Additionally, if a Sailor requires more care than the crew can provide, the Sailor must be evacuated from the ship, which can take up to 3 weeks when the vessel is on a mission. Some resources, such as the Special Psychiatric Rapid Intervention Team, are only activated when mental health resources are overwhelmed or unavailable following a traumatic event, such as a suicide.[12]

(U) Topic 3: Challenges with Suicide Prevention and Response Measures

(U) We assessed challenges related to the prevention and development of responses to incidents of deaths by suicide, suicide attempts, and suicidal ideation among Sailors assigned to sea duty. According to Navy officials, ships at sea face suicide prevention and response challenges, such as moving Sailors to and from vessels after an incident.

(U) Commander, Naval Air Forces Instruction 6000.1B, "Shipboard Medical Procedure Manual," states that transferring patients off a ship is an inherently dangerous procedure.[13] According to an October 2023 BUMED article, transfers can occur at night and in poor weather conditions.[14] Additionally, the article stated that unplanned medical movements can impact the degree of operational risk management associated with planned movements. Also, an urgent medical evacuation from an aircraft carrier may interrupt flight operations.[15]

(U) In addition, a patient must receive continuity of care throughout a transfer. Continuity of care requires a combination of professional evaluation and information among the sending command, transporting provider, and receiving command. Once a ship's commanding officer decides to medically evacuate a patient, communication with key personnel is essential. Adequate supplies, equipment, paperwork, and liaison with the receiving facility must be planned to ensure smooth patient movement. Patients sent for evaluation of suicide-related behaviors must have a non-medical escort, who will remain with the patient until released by the examining psychiatrist or psychologist. Before a patient is moved, the

[11] (U) IDCs are specialized hospital corpsmen trained to provide healthcare with or without physicians, dentists, and nurses. Navy chaplains are religious ministry professionals and Navy staff corps officers that offer guidance and comfort to Sailors and Marines. Deployed resiliency counselors are professional licensed counselors assigned to aircraft carriers and large-deck amphibious assault ships to provide confidential, short-term, non-medical counseling.

[12] (U) Special Psychiatric Rapid Intervention Teams deploy on request in 24 to 48 hours when all other mental health resources are overwhelmed or unavailable, providing short-term, non-clinical support to mitigate long-term unit and individual psychological distress immediately after a disaster.

[13] (U) Commander, Naval Air Force Instruction 6000.1B, "Shipboard Medical Procedure Manual," November 9, 2020. The directives and information in this manual address the common medical procedures the Commander of Naval Air Forces encountered. Naval Air Force commands must use this manual as the basic shipboard medical guide.

[14] (U) BUMED, "From Ship to Shore—Navy Medicine Gets Real, and Better, About Patient Movement," October 12, 2023.

[15] (U) Any patient transported off a ship while the ship is not tied to a pier is considered a medical evacuation and is accounted for as a form of regulated patient movement.

(U) commanding officer must ensure that the patient has their military identification card, clothing, funded orders, personal effects, and medical record. If a patient's movement involves a foreign country, the commanding officer must also ensure that the patient and escort have their passports.

(U) According to the October 2023 BUMED article, Navy Medicine, at the request of USPACFLT, identified several improvements to the ship-to-shore patient movement process to mitigate risks; these improvements are now standardized procedures. For example, Commander, Naval Air Forces Instruction 6000.1B includes a medical evacuation protocol and checklist that establish administrative procedures for conducting medical evacuations and outline specific procedures for outbound medical evacuations.

(U) Topic 4: The Capacity of Teams Providing Mental Health Services

(U) We assessed the capacity of teams providing mental health services to Sailors to respond to suicide-related incidents in the respective unit each team serves. We reviewed the Navy's guidebooks for Embedded Mental Health (EMH) and the Navy's EMH provider billet documentation and interviewed Navy officials. We determined that teams providing mental health services generally have the capacity to respond to incidents of suicidal ideation or suicide attempts among Sailors in the team's respective unit; however, limitations exist. We also determined that the Navy assigned mental health teams to positions in sea and shore commands to provide mental health services in response to suicide-related incidents. However, the teams' ability to respond can be limited by their distance from a Sailor in crisis and the teams' ability to indefinitely sustain the care and treatment of a Sailor in an extended crisis.

(U) Although embedding mental health providers in commands improves a Sailor's path to mental health care, EMH providers are not always able to immediately respond to an incident of suicidal ideation or attempted suicide. For instance, submarine EMH providers are embedded at the squadron level at the squadron's homeport. IDCs serve as the medical department representative on submarines because no medical officer is on board. IDCs perform diagnostic procedures, advanced first aid, basic life support, nursing procedures, minor surgery, basic clinical laboratory procedures, and other routine and emergency health care. Although IDCs receive extensive training, they are not psychologists or psychiatrists. However, IDCs are the only medical provider on a submarine to respond to an incident of attempted suicide or suicidal ideation.

(U) Another limitation for EMH providers is the level of sustained care they can provide if they are embedded on a ship. Although they provide the highest levels of clinical support, treatment setting and other operational demands limit EMH provider treatments. Therefore, EMH providers prioritize treatments that can be maintained at any point in a deployment cycle. To ensure a Sailor receives the appropriate level of care, EMH providers can use all available resources, including external resources such as an MTF.

(U) Topic 5: The Means Mental Health Teams Used

(U) We assessed the means mental health teams used to respond to suicide-related incidents, including the extent to which post-incident programs are available. After reviewing the Navy's "Mental Health Playbook" and conducting interviews with Navy officials, we determined that the mental health teams in the units that respond to suicide-related incidents consist of: EMH providers, a deployed resiliency counselor, and an IDC.[16] According to BUMED's "Embedded Mental Health Guidebook," EMH providers use methods such as clinical assessments and treatments and coordination of care with other clinical and non-clinical resources.[17]

(U) Through our interviews with Naval officials and our review of the Navy's mission and qualifications document for deployed resiliency counselors, we identified some of the methods the mental health providers use. For example, the deployed resiliency counselor sometimes uses non-medical counseling. The IDC uses methods such as issuing referrals, managing medical care for most mental health concerns, communicating with other providers, and providing general medical care, including medication.

(U) We also determined that the Navy developed post-incident resources and programs and can leverage other non-DoD programs as resources. The Navy's post-incident programs consist of the following resources.

- (U) Chaplains help Sailors solve personal problems in a way that supports positive mental health. Chaplains have no reporting requirements, do not require a referral, and do not have a requirement for health record documentation.
- (U) Fleet and Family Support Centers offer confidential counseling from professional, licensed clinicians. The Fleet and Family Support Centers offer services such as short-term clinical counseling, crisis intervention, and response to disasters.

[16] (U) Office of the Chief of Naval Operations N17, "Mental Health Playbook," February 2023.
[17] (U) BUMED, "Embedded Mental Health (EMH) Guidebook," February 2022.

- (U) The SAIL program is available to active duty Sailors who experienced suicidal ideation or a suicide attempt. It provides rapid assistance, ongoing risk assessment, care coordination, and reintegration assistance through a series of contacts over 90 days following the suicide-related behavior.
- (U) Deployed resiliency counselors are an extension of the homeport Fleet and Family Support Centers. They provide non-medical counseling for situational stressors. If a case is assessed to be outside the deployed resiliency counselor's clinical counseling scope of practice, they refer to the ship's EMH team. While a ship is deployed, the deployed resiliency counselor provides SAIL services and support if a suicide-related behavior occurs and the Sailor is not medically evacuated. According to a Commander, Navy Installations Command official, deployed resiliency counselors are available night and day.
- (U) The Special Psychiatric Rapid Intervention Team is intended for rapid activation to support a command that experienced the loss of a Sailor to suicide or another catastrophic event.

(U) Additionally, Sailors can contact the U.S. Department of Veterans Affairs' Veterans Crisis Line, which is free and confidential. The Veterans Crisis Line can be reached by chat, text, and phone. Separate phone numbers are available for calls originating from Europe, Southwest Asia, and the Pacific that can connect the caller with local resources.

(U) Topic 6: Other Matters the Inspector General Considered Appropriate

(U) We identified other matters we considered appropriate in connection with the prevention of deaths by suicide, suicide attempts, and suicidal ideation among Sailors. Specifically, we selected four matters that were appropriate in connection to suicide prevention—maintaining lines of communication with vessels at sea for mental health support, placing Sailors on limited duty (LIMDU) at Regional Maintenance Centers, having an effective general military training for suicide prevention, and increasing the Navy's budget requests for mental health and suicide prevention.

(U) The Navy Had Difficulty Maintaining Lines of Communication with Vessels at Sea for Mental Health Support

(U) Although mental health is one of the top reasons for most medical evacuations, senior Navy officials told us about challenges in maintaining lines of communication between vessels at sea and mental health resources. In addition, smaller ships without embedded medical and mental health providers and other support

(U) personnel are limited in the support they can provide to a Sailor in crisis. According to a Sixth Fleet article, the Navy's Destroyer Squadron 60 piloted a secure video teleconferencing program as a resource for providing continuous and consistent care for deployed units.[18] The pilot program connected Sailors at sea to mental health providers on shore. Of the Sailors who experienced mental health-related problems and received care through the video teleconference, nearly all recovered and returned to full duty. A BUMED official stated that the pilot program concluded, but the Destroyer Squadron 60 continues to use secure video teleconferencing. However, the use of video teleconferencing is limited for various reasons, such as bandwidth. Therefore, video teleconferencing for mental health onboard ships is infrequent and typically prioritized for emergency use.

~~(CUI)~~ [redacted][19] A BUMED official stated that, [redacted] Sailors may have increased ability to use their devices, when appropriate, to access tele-behavioral health. [redacted]

(U) Sailors Placed in Limited Duty Status for Mental Health Issues Did Not Always Receive Adequate Resources and Oversight

(U) According to Military Personnel Manual 1300-1400, "Limited Duty," the Navy uses the Disability Evaluation System as the mechanism for determining "fitness for duty" for continued Navy service, separation, or retirement of Sailors.[20] After our review of the Manual and interviews with Navy officials, we determined that the Disability Evaluation System did not always ensure that Sailors placed in a LIMDU status because of certain medical limitations or restrictions received sufficient oversight and resources to ensure their well-being. According to a senior official from the Commander, Navy Regional Maintenance Center, the regional maintenance centers were so overwhelmed that they had to assign staff to track Sailors on LIMDU status and ensure Sailors went to their medical appointments. However, in the last 2 years, the Navy took action to mitigate challenges to both Sailors placed in LIMDU status and the Regional Maintenance Centers responsible for LIMDU Sailors.

[18] (U) U.S. Sixth Fleet Public Affairs, "Destroyer Squadron 60 Spearheads VTC Use for Mental Health, Maintaining Readiness for Sailors at Sea," October 27, 2020.

[19] ~~(CUI)~~ [redacted]

[20] (U) Military Personnel Manual 1300-1400, "Limited Duty," September 5, 2021.

~~(CUI)~~ While the Mid-Atlantic Regional Maintenance Center (MARMC) did not have billets for chaplains as EMH resources, the MARMC immediately obtained interim chaplain support and mental health counseling resources in response to the fourth death by suicide. [redacted]

- ~~(CUI)~~ The results of the [redacted]
- ~~(CUI)~~ [redacted]
- ~~(CUI)~~ [redacted]
- ~~(CUI)~~ [redacted]
- ~~(CUI)~~ [redacted]

(U) The Navy's General Military Training for Suicide Prevention Lacked Effectiveness

~~(CUI)~~ The Navy faced challenges with the effectiveness of the general military training for suicide prevention. A Navy official reported that the Navy's suicide prevention and awareness training is not effective because it remains relatively the same every year, is not designed to change behavior, is not setup for multiple learners, and is administered through briefing slides. [redacted]

[21] ~~(CUI)~~ [redacted]

~~(CUI)~~ [redacted]

In response to our request for an updated status of the recommendation, the Navy's audit liaisons, responding for Chief of Naval Operations officials, stated that the suicide prevention and awareness training is being updated through a contract, and the revised training would be implemented by February 28, 2025.

(U) According to the performance work statement for the contract developing the general military training curriculum for suicide prevention, a key goal of suicide prevention is to reduce risk factors and promote protective factors that support resilience. It requires an evidence-based adult learning approach. Additionally, the performance work statement stated that the curriculum must teach Sailors how to identify and manage emotions in the context of suicide prevention and awareness. Lastly, the performance work statement indicated that core curriculum must be adaptable in multiple formats, such as computer-based, video-based, facilitator-led, and small group discussions.

(U) The Navy Increased Its FY 2024 and FY 2025 Budget Requests for Mental Health and Suicide Prevention

(U) The Navy significantly increased its FY 2024 and FY 2025 budget requests for mental health and suicide prevention funding. According to the February 2024 Department of the Navy report, "Highlights of the Department of the Navy FY 2025 Budget," the Navy significantly increased its requested budget by 184 percent above its FY 2023 budget for mental health and suicide prevention efforts. The Navy's FY 2023 budget request for mental health was $43 million, and the Navy increased its FY 2024 mental health budget request to $70 million. For FY 2025, the Navy requested a further increased mental health budget of $122 million. The Table shows the Navy's budget for mental health and suicide prevention efforts for FY 2023, FY 2024, and FY 2025.

(U) Table. Navy's Funding for Mental Health and Suicide Prevention Efforts

(U) Fiscal Year	Budget Amount
FY 2023	$43 million
FY 2024	$70 million
FY 2025	$122 million (U)

(U) Source: The DoD OIG.

(U) In addition, the Navy submitted its FY 2025 increased funding request for mental health and suicide prevention initiatives, such as virtual mental health recruiting, training and retaining the mental health force, and evidence-based prevention and intervention strategies. These mental health and suicide prevention initiatives will also contribute to maintaining wartime readiness. According to a Secretary of the Navy and Chief of Naval Operations memorandum, the Secretary of the Navy and Chief of Naval Operations committed to increased mental health funding requests in direct response to two clusters of deaths by suicide by Sailors assigned to the USS George Washington and MARMC in 2022.

(U) The Navy Did Not Ensure All Commands Had a Complete Crisis Response Plan

(U) Despite the Navy's actions to prevent and respond to suicide-related incidents, the Navy faced challenges ensuring that all commanding officers had a tailored crisis response plan as required by OPNAVINST 1720.4B. According to the Navy's suicide prevention policy, OPNAVINST 1720.4B, commanding officers are responsible for developing a written crisis response plan, and suicide prevention coordinators are responsible for ensuring the plan is current and tailored to each command's unique characteristics. In addition, OPNAVINST 1720.4B requires that a crisis response plan include key factors, such as the MTFs and mental health resources that are immediately available and how those resources can be contacted. The policy also requires that a suicide prevention coordinator initiate a SAIL referral for a Sailor that exhibits a suicide-related behavior.

(U) The requirement for commanding officers to have a crisis response plan was reinforced by an all-hands email from the Chief of Naval Personnel in February 2023, which outlined suicide prevention actions that leaders needed to exemplify, such as distributing a suicide prevention fact sheet to subordinate commands, demonstrating "what right looks like," and also ensuring that subordinate commanding officers have a crisis response plan.

(U) We surveyed USFFC and USPACFLT commanding officers to determine if they had a crisis response plan. Of the 277 survey responses, 198 (71 percent) commanding officers provided a crisis response plan, while 79 (29 percent) commanding officers did not.

(U) A crisis response plan should include the protocols and resources for a command's response to a crisis involving those who may be at a high risk of suicide. Although OPNAVINST 1720.4B requires commanding officers to have a crisis response plan and identifies key attributes to include in the plan, the Instruction does not include an oversight requirement that holds commanding

(U) officers accountable for ensuring they have a crisis response plan and that the plan complies with the requirements of the Instruction. We reviewed the 198 crisis response plans to determine whether they had the following three attributes, as required by the Instruction.

- (U) Tailored to the command
- (U) Included a list of local mental health and MTF resources and their contact information
- (U) Required that a SAIL referral be initiated for Sailors that exhibit suicide-related behaviors

(U) Of the 198 crisis response plans we reviewed, 12 were not tailored to the command. Of the remaining 186 crisis response plans tailored to the command, 39 did not identify the local resources and contact information, and 92 did not have the SAIL referral requirements.

(U) Without a properly designed crisis response plan, a command may not have procedures in place to respond appropriately and in a timely manner to a Sailor in crisis, validate that access to lethal methods of suicide are restricted, and ensure Sailors in crisis have sufficient oversight. Therefore, the Director of the Navy Culture and Force Resilience Office (OPNAV N17) Director should develop and implement a plan with milestones for all Navy commands to develop a completed local crisis response plan, as required by OPNAVINST 1720.4B, and update the Instruction to assign an oversight office and annual reporting responsibilities to verify Navy commanding officers' compliance with these requirements.

(U) In August 2024, we notified Navy officials of our concerns with Navy commanding officers not having a crisis response plan. Navy officials stated that they plan to update OPNAVINST 1720.4B by March 2025 to include the requirements for the Naval Inspector General to review and ensure Navy commanding officers completed a local crisis response plan.

(U) Recommendations, Management Comments, and Our Response

(U) Recommendation 1

(U) We recommend that the Director of the Navy Culture and Force Resilience Office N17:

a. (U) Develop and implement a plan with milestones to ensure all Navy commands have a completed local crisis response plan, as required by Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program."

(U) Navy Culture and Force Resilience Office Comments

(U) The OPNAV N17 Director agreed and stated that they will recommend that, within 45 days of the issuance of this final report, an Enterprise Task Management Software Solution tasker be issued directing all Echelon II commanders to ensure their subordinate commands have crisis response plans in place no later than 45 days of receiving the tasker.

(U) Our Response

(U) Comments from the OPNAV N17 Director fully addressed Recommendation 1.a; therefore, the recommendation is resolved but will remain open. We will close the recommendation once we verify that the information provided and actions taken by OPNAV N17 fully addressed the recommendation.

(U) Navy Bureau of Medicine and Surgery (Mental Health) Comments

(U) Although not required to comment, the BUMED Mental Health Deputy Director agreed with the recommendation.

(U) U.S. Pacific Fleet Comments

(U) Although not required to comment, the USPACFLT Office of Personal and Family Readiness Director, responding for USPACFLT, agreed with the recommendation and provided additional comments. Specifically, the Director stated that crisis response plans is a repeat deficiency from a previous Navy Audit evaluation and a routine deficiency on Naval Inspector General Area Assessments. The Director also suggested that the recommendation be updated to review, revise, and consolidate the crisis response plans developed in OPNAVINST 1720.4B and the Suicide-Related Behavior Response and Postvention Guide to provide a clear requirement for all command crisis response plans to follow a mandated template that also allows for local tailoring, such as local phone numbers and resources.

(U) U.S. Fleet Forces Command Comments

(U) Although not required to comment, the Fleet Resilience Director, responding for USFFC, agreed with the recommendation.

(U) Our Response

(U) Although the USPACFLT Office of Personal and Family Readiness Director suggested a revision to recommendation, coordination with the OPNAV N17 Director before the OPNAV N17 Director's tasker request can achieve the suggested action. Therefore, we did not revise the recommendation.

b. (U) Update Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program," to assign an office with oversight and annual reporting responsibilities for Naval commanding officers' compliance with having a completed crisis response plan that contains the elements required by the Instruction.

(U) Navy Culture and Force Resilience Office Comments

(U) The OPNAV N17 Director disagreed and stated that, according to U.S. Naval Regulations, a commanding officer's responsibility for their command is absolute. The Director further stated that requiring compliance reporting to a central office for every policy requirement delegated to a commander minimizes the commander's authority and responsibility, is impractical, and would impose an administrative burden on the fleet. However, the Director also stated that the Navy agrees it is critical for commands to develop and practice response plans and will update OPNAVISNT 1720.4B to better highlight the commander and immediate superior in command's responsibilities.

(U) Our Response

(U) Comments from the OPNAV N17 Director partially addressed the recommendation; therefore, the recommendation is unresolved. Specifically, the OPNAV N17 Director's proposed action to update OPNAVINST 1720.4B would not ensure commanders complete a crisis response plan. Paragraph 6.j.(5) of OPNAVINST 1720.4B already instructs commanders to develop a written crisis response plan, but as stated in the USPACFLT Office of Personal and Family Readiness Director's response, not having full compliance by all commanders is a recurring and uncorrected deficiency. Therefore, we request that the Director provide comments on how they will address the recommendation within 30 days of the issuance of this final report.

(U) Navy Bureau of Medicine and Surgery (Mental Health) Comments

(U) Although not required to comment, the Deputy Director of BUMED Mental Health agreed with the recommendation.

(U) U.S. Pacific Fleet Comments

(U) Although not required to comment, the Director of USPACFLT Office of Personal and Family Readiness, responding for USPACFLT, agreed with the recommendation.

(U) U.S. Fleet Forces Command Comments

(U) Although not required to comment, the Fleet Resilience Director, responding for USFFC, agreed with the recommendation.

(U) Appendix

(U) Scope and Methodology

(U) We conducted this evaluation from February 2024 through March 2025 in accordance with the "Quality Standards for Inspection and Evaluation," published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

(U) We identified, obtained, and reviewed the following documents during this evaluation.

- (U) James M. Inhofe National Defense Authorization Act for Fiscal Year 2023, Pub. L. No. 117–263, January 3, 2022
- (U) DoD Instruction 6490.16, "Defense Suicide Prevention Program," February 2, 2023
- (U) Secretary of the Navy Instruction 1730.9A, "Privileged and Confidential Communications to Chaplain," August 22, 2018
- (U) Secretary of the Navy Instruction 5720.44C, "Department of the Navy Public Affairs Policy and Regulations," February 21, 2012 (Incorporating Change 2, April 10, 2019)
- (U) Navy BUMED Instruction 6520.4, "Special Psychiatric Rapid Intervention Team," April 19, 2023
- (U) OPNAVINST 1720.4B, "Suicide Prevention Program," September 18, 2018
- (U) Naval Administrative Message 021/21, "Sailor Assistance and Intercept for Life Update," January 25, 2021

(U) We interviewed and obtained supporting documentation from the following offices to assess Navy efforts to prevent and respond to deaths by suicide and suicide-related incidents in accordance with section 599A of the FY 2023 NDAA.

- (U) USFFC
- (U) USPACFLT
- (U) Commander, Navy Installations Command
- (U) OPNAV N17

- (U) BUMED
- (U) Naval Sea Systems Command
- (U) Navy Operations
- (U) Navy Manpower Analysis Center

(U) To determine the resources that commanding officers use when responding to suicide-related incidents, we submitted a request for information and distributed a questionnaire on June 7, 2024, to the USFFC and USPACFLT. The questionnaire included 15 available resources and a 16th option of "Other (please specify)." We requested that the commands rank the available resources with values from 1 to 16 and "U," with "1" being the most often used for suicide, suicide attempts, and suicidal ideation prevention and response in their command; "16" as the least used in their command; and "U" for any means they did not use. We analyzed their responses to identify the most and least used and unused available resources.

(U) We queried commanding officers through questionnaires regarding OPNAVINST 1720.4B crisis response plan requirements and the frequency of their command's crisis response drills. We received 277 responses to our request for information with 241 completed questionnaires from commanding officers. In addition, we received 198 crisis response plans—162 from commanding officers who completed our questionnaire and 36 from commanding officers that did not complete the questionnaire.

(U) We analyzed the commanding officer responses regarding crisis response plans. To determine the completeness of the 198 crisis response plans we received, we analyzed the crisis response plans for three attributes required by OPNAVINST 1720.4B. Specifically, we determined if the plans: (1) were tailored to the command, (2) included a list of local mental health and MTF resources and their contact information, and (3) required that a SAIL referral be initiated for Sailors that exhibit suicide-related behaviors.

(U) Use of Computer-Processed Data

(U) We did not use computer-processed data to perform this evaluation.

(U) Prior Coverage

(U) During the last 5 years, the Navy commands issued two reports discussing topics related to suicide prevention, EMH, and issues pertaining to Sailor quality of life.

(U) U.S. Fleet Forces Command

(U) Commander, Naval Air Force Atlantic, "Investigation into Command Climate and Sailor Quality of Life Onboard the USS George Washington (CVN 73) Inclusive of Systemic Challenges That Impact Carriers Undergoing Extensive Maintenance or Construction in Newport News," April 3, 2023

(U) In response to the quality-of-life concerns that resulted from the deaths of three USS George Washington Sailors in April 2022, Commander, Naval Air Force Atlantic directed a broad quality-of-Service investigation of the resiliency and support programs that Navy ships field in support of the Sailor as it relates to the challenges for aircraft carriers undergoing refueling and complex overhaul. The report had 86 findings and made 87 recommendations. We reviewed the recommendations, but conducted no follow up since the recommendations were not within the scope of our evaluation.

(U) Navy

(U) Command Investigation Report, "Pearl Harbor Naval Shipyard Shooting of December 4, 2019," March 12, 2020

(U) On December 19, 2019, the Vice Chief of Naval Operations directed the USPACFLT Commander to convene this administrative investigation into facts and circumstances surrounding the December 2019 fatal shooting. The findings are grouped into two categories—potential contribution factors and noncontributing factors. One potential contributing factor was that a submarine EMH program provider under-diagnosed and did not properly manage the Service member's mental health condition during eight visits to the EMH clinic in Pearl Harbor. The EMH provider only diagnosed "Phase of Life Problems" and "Unspecified Problem Related to Unspecified Psychosocial Circumstances" when the Service member showed signs of an undiagnosed mental health disorder that likely would have disqualified him from submarine duty. Seven of his eight visits to the EMH clinic were with the behavioral health technician, not the provider. The report made 69 recommendations. We reviewed the recommendations, but conducted no follow up since the recommendations were not within the scope of our evaluation.

(U) Management Comments

(U) Navy Culture and Force Resilience Office

DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

7500
N17
19 Mar 25

From: Director, Navy Culture and Force Resilience Office (OPNAV N17)
To: Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs)
Via: Chief of Naval Personnel (BUPERS 00IG)

Subj: MANAGEMENT RESPONSE TO DRAFT AUDIT REPORT

Ref: (a) DODIG Memo of 3 Mar 25

Encl: (1) Management Response to Draft Audit

1. Per reference (a), enclosure (1) is provided.

2. There is no Controlled Unclassified Information contained within my response.

3. My point of contact is [redacted].

F. J. CLARK

FIRST ENDORSEMENT

From: Chief of Naval Personnel (BUPERS 00IG)
To: Office of the Assistant Secretary of the Navy (Manpower and Reserve Affairs)

1. Enclosure (1) is forwarded approved.

Stephen W. Croley
S. W. CROLEY
By direction

(U) Navy Culture and Force Resilience Office (cont'd)

MANAGEMENT RESPONSE TO DEPARTMENT OF DEFENSE INSPECTOR GENERAL EVALUATION OF THE U.S. NAVY'S EFFORTS TO PREVENT AND RESPOND TO INCIDENTS OF DEATHS BY SUICIDE, SUICIDE ATTEMPTS, AND SUICIDAL IDEATION (PROJECT NO. D2024-DEV0PB-0089.000)

RECOMMENDATION 1. *We recommend that the Director of the Navy Culture and Force Resilience Office:*

a. Develop and implement a plan with milestones to ensure all Navy commands have a completed local crisis response plan, as required by Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program."

OPNAV (N17) RESPONSE:

- ***Concur***. *OPNAV N17 will recommend to Navy leadership the coordination and issuance of an Enterprise Task Management Software Solution (ETMS2) tasker within 45-days of the issuance of the final report directing all Echelon II commanders to ensure their subordinate commands have a crisis response plan in place no later than 45-days after receipt of the tasker.*

b. Update Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program," to assign an office with oversight and annual reporting responsibilities for Navy commanders' compliance with having a completed crisis response plan that contains the elements required by the Instruction.

OPNAV (N17) RESPONSE:

- ***Non-concur***. *In accordance with United States Navy Regulations the responsibility of the commanding officer for his or her command is absolute, except when, and to the extent to which, he or she has been relieved therefrom by competent authority, or as provided otherwise in these regulations. The authority of the commanding officer is commensurate with his or her responsibility. While the commanding officer may, at his or her discretion, and when not contrary to law or regulations, delegate authority to subordinates for the execution of details, such delegation or authority shall in no way relieve the commanding officer of continued responsibility for the safety, well-being and efficiency of the entire command.*

Requiring compliance reporting to a central office for every policy requirement delegated to a commander, minimizes commanders' authority and responsibility, is impractical and would pose an undue administrative burden on the fleet. In this specific case, centralized reporting for crisis response plans would do little to ensure a command's ability to effectively respond in a crisis.

The unit commander and the immediate superior in command (ISIC) are best positioned to assess local requirements, support and other services available, and the ability of the unit to effectively execute a crisis response plan. Compliance with Navy suicide prevention policy is also assessed by the Office of the Navy Inspector General during unit inspections and area assessments.

However, Navy does concur that it is critical that commands develop and practice response plans. They should be treated with the same level of care as a warfighting tactic, technique, or procedure. They must be developed, understood, and air-tight, so that the likelihood of having to ask, "What should we do now?" is very low. Navy will continue to emphasize the importance of crisis response with commanders and will update OPNAVINST 1720.4B, Suicide Prevention Program, to better highlight the commander and ISIC responsibilities.

Enclosure (1)

(U) U.S. Fleet Forces Command

UNCLASSIFIED
DoD ISSUANCE COORDINATION RESPONSE

COMPONENT COORDINATOR RESPONSE

March 25, 2025

SUBJECT: Proposed Choose an item. Project No. D2024-DEV0PB-0089.000, "Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation"

On behalf of my Component, my formal response to this draft report is: Concur without comment.

My point of contact for this action is CDR Nicolas F. Douglas, N1FR Director, Fleet Resilience [redacted]

SANSONE.VINCENT.GARY[redacted] Digitally signed by SANSONE.VINCENT.GARY[redacted] Date: 2025.03.25 05:43:32 -04'00'

X [redacted]

Double-click the 'X' to insert a digital signature or print and sign a hard copy.

Coordinating Official's Name: CDR Nicolas F. Douglas
Coordinating Official's Position Title: N1FR Director, Fleet Resilience
Coordinating Official's Component: US Fleet Forces Command

DD FORM 818, AUG 2016 **UNCLASSIFIED**

(U) U.S. Pacific Fleet

UNCLASSIFIED
DoD COORDINATION RESPONSE

COMPONENT COORDINATOR RESPONSE

March 24, 2025

subject: DoD IG Project No. D2024-DEV0PB-0089.000: Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

On behalf of my Component, my formal response to this issuance is: Concur with comment. Below are comments for your consideration.

My point of contact for this action is John Croce, [redacted]

3/24/2025

X John D. Croce
Double-click the 'X' to insert a digital signat...
or print and sign a hard copy.
Signed by: CROCE.JOHN.D. [redacted]

Coordinating Official's Name: Mr. John Croce
Coordinating Official's Position Title: N17 Personal and Family Readiness
Coordinating Official's Component: US Pacific Fleet

DD FORM 818, AUG 2016 **SELECT A CLASSIFICATION**

(U) U.S. Pacific Fleet (cont'd)

UNCLASSIFIED

DoD ISSUANCE COORDINATION RESPONSE: DOD IG PROJECT NO. D2024-DEV0PB-0089.000: Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

CLASS	#	PAGE	PARA	Basis for Non-concur?	Comments, Justification, and Originator Justification for Resolution	Component and POC Name, Phone, and E-mail
U		1	2	☐	**Coordinator Comment and Justification:** Background cites the FY2023 NDAA direction, however, provides no context as to "why" Congress mandated the evaluation. Navy as a service component typically experiences the LOWEST suicide rate of al 4 services, on par with Air Force and significantly lower than Marines and Army. **Coordinator Recommended Change:** Add additional context as to why this evaluation was directed. **Originator Response: Choose an item.** **Originator Reasoning:**	US Pacific Fleet Mr. John Croce [redacted]
U		2	1	☐	**Coordinator Comment and Justification**: Office of the Chief of Naval Operations Suicide Prevention Program identifies only the OPNAVINST 1720.4B; however, two other key documents shaping the Navy's Suicide Prevention program are not identified, specifically The Mental Health Playbook, Ver 1.1 and the Suicide Related Behavior (SRB) Response and Postvention Guide (Jan 2024). Additionally, the use of Human Factors Councils and Boards, intended to identify "at-risk" Sailors early before they have a mental health issue is also integral to the Navy's suicide prevention program, although not yet codified by instruction. **Coordinator Recommended Change**: Recognize these other documents as integral to the Navy's Suicide Prevention program. However, it is noted that Playbooks and Guides lack the authoritative direction of an OPNAV Instruction. **Originator Response**: Choose an item. **Originator Reasoning**:	US Pacific Fleet Mr. John Croce [redacted]

DD FORM 818, AUG 2016 **REPLACES SD FORM 818, WHICH IS OBSOLETE**

UNCLASSIFIED 2

(U) U.S. Pacific Fleet (cont'd)

UNCLASSIFIED

DoD ISSUANCE COORDINATION RESPONSE: DOD IG PROJECT NO. D2024-DEV0PB-0089.000: Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

CLASS	#	PAGE	PARA	Basis for Non-concur?	Comments, Justification, and Originator Justification for Resolution	Component and POC Name, Phone, and E-mail
U		5 and 15	2-3	☒	**Coordinator Comment and Justification**: Crisis Response Plans (CRP) is a repeat deficiency from a previous Navy Audit Evaluation and a routine deficiency on Navy IG Area Assessments. While the report once again identifies this deficiency, additional observation and recommendations would be helpful to resolve this issue. For example: (1) Consider a mandated Template for all commands that include the verbatim requirements of OPNAVINST 1720.4B that must be included in the CRP; and allow for local unit level tailoring to address local resources and command specific requirements. (2) The SRB Response and Postvention Guide offers 8 elements and versions CRPs which may be adding to the confusion; rather than facilitating a solution. Per the Guide: "This guide is designed to flow from crisis response to reintegration and postvention. To that end, we recommend you read this handbook from cover to cover and review the decision tree below. This guide is also designed so individual sections can be removed and used to augment existing crisis response plans, support crisis response teams and inform command triads." (3) Consider what elements are truly necessary in a "Crisis" response plan. For example, SAIL referrals are required to be submitted by the SPC, but are they required for the "crisis response". **Coordinator Recommended Change**: Provide more specific observations and discussion based on the OSD level of expertise to facilitate a more effective response from Navy. **Originator Response**: Choose an item. **Originator Reasoning**	US Pacific Fleet Mr. John Croce [redacted]
U		7		☐	**Coordinator Comment and Justification:** Data collection. With no navy-wide automated data collection for Suicides and SRBs, OPNAV and the Fleets are limited to the OPREP-3 reporting system. Navy also has access to the DoDSER reports which have been recently cutoff to the Fleets. For USPACFLT data summarized it should be	US Pacific Fleet Mr. John Croce [redacted]

DD FORM 818, AUG 2016 **REPLACES SD FORM 818, WHICH IS OBSOLETE**

UNCLASSIFIED 3

(U) U.S. Pacific Fleet (cont'd)

UNCLASSIFIED

DoD ISSUANCE COORDINATION RESPONSE: DOD IG PROJECT NO. D2024-DEV0PB-0089.000: Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

CLASS	#	PAGE	PARA	Basis for Non-concur?	Comments, Justification, and Originator Justification for Resolution	Component and POC Name, Phone, and E-mail
					noted that the White male is disproportionately higher than the percentage in population. More Sailors on sea duty is irrelevant since the majority of PACFLT Sailors are assigned to Sea Duty. Observations regarding warfighting communities fail to explain that aviation makes up 45% of the Fleet, surface makes up 33% of the Fleet and submarines only make up 11% of the Fleet. Therefore, raw number comparisons are irrelevant. **Coordinator Recommended Change**: Consider adding additional context or revising observations. **Originator Response: Choose an item.** **Originator Reasoning**	
U		13		☐	**Coordinator Comment and Justification**: Sailors Placed in Limited Duty Status for Mental Health Issues Did Not Always Receive Adequate Resources and Oversight. Discussion did not include any of the actions taken by Navy to resolve an navy-wide deficiency in the assignment and care of LIMDU Sailors that was initiated in a USFFC Sprint, and followed through by the CNP in the QOS CFT lead by the CNIC Commander. These actions have resulted in a more even and Fairshare distribution of LIMDU Sailors across the Navy, more trained and more appropriately assigned Deployability Coordinators as well as higher level, Echelon 3 oversight with newly created Regional Deployability Coordinators. **Coordinator Recommended Change**: Include Navy-wide actions and remedies for this issue. **Originator Response**: Choose an item. **Originator Reasoning**	US Pacific Fleet Mr. John Croce [redacted] [redacted]

DD FORM 818, AUG 2016 **REPLACES SD FORM 818, WHICH IS OBSOLETE**
UNCLASSIFIED 4

(U) U.S. Pacific Fleet (cont'd)

UNCLASSIFIED

DoD ISSUANCE COORDINATION RESPONSE: DOD IG PROJECT NO. D2024-DEV0PB-0089.000: Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

CLASS	#	PAGE	PARA	Basis for Non-concur?	Comments, Justification, and Originator Justification for Resolution	Component and POC Name, Phone, and E-mail
U		14		☐	**Coordinator Comment and Justification**: The Navy's General Military Training for Suicide Prevention Lacked Effectiveness. Navy CMT for Suicide Prevention is a Service Component Discretion training requirement, not mandated by DoD. Navy has consistently mandated suicide prevention as an annual training requirement. Effective training can not be addressed with standard 12 slides of a PowerPoint presentation (some exceptions perhaps depending on the lecturer). Suicide prevention training should expand in scope to the broader topic of mental health and wellness. Current Suicide prevention training, as called out in a DoDIG evaluation as "ineffective" should be revised to allow for alternative prevention training that addresses behavior change and identifying at risk Sailors early, before they have mental health issues or become suicidal. Training such as One Love Escalation Workshops, safeTALK, ASIST, Virtual Reality "Moth to Flame", lectures from Kevin Hines, and other suicide survivors should be consider vice the mandated face-to-face slide deck dictated by OPNAV. More training on Human Factors Boards would also help with identifying at-risk sailors early, and getting them the help they need before the become extremis. Additionally, behavior changing training must be a continuum of lessons and tactics similar to the Suicide Prevention Continuum developed by USFFC and COMPACFLT https://flankspeed.sharepoint-mil.us/sites/CPF-HQ-N1/SuicidePrevention **Coordinator Recommended Change:** The suggested course of action in the report discussed will not resolve this issue. **Originator Response: Choose an item.** **Originator Reasoning**	US Pacific Fleet Mr. John Croce [redacted]

DD FORM 818, AUG 2016 **REPLACES SD FORM 818, WHICH IS OBSOLETE**

UNCLASSIFIED 5

(U) U.S. Pacific Fleet (cont'd)

UNCLASSIFIED

DoD ISSUANCE COORDINATION RESPONSE: DOD IG PROJECT NO. D2024-DEV0PB-0089.000: Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation

CLASS	#	PAGE	PARA	Basis for Non-concur?	Comments, Justification, and Originator Justification for Resolution	Component and POC Name, Phone, and E-mail
U		17	1.A.	☐	**Coordinator Comment and Justification:** Develop and implement a plan with milestones to ensure all Navy commands have a completed local crisis response plan, as required by Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program." **Coordinator Recommended Change:** Concur with comment. Consider revising to read: Review, revise and consolidate the Navy's Crisis Response Plans (CRP) developed int eh OPNAVINST 1720.4B and the SRB Response and Postvention Guide to provide a clear requirement for all command CRPs to follow a mandated template that also allows for local tailoring (local phone number, resources, etc.) Develop and implement a plan with milestones to ensure all Navy commands have a completed local crisis response plan, as required by Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program." **Originator Response: Choose an item.** **Originator Reasoning**	US Pacific Fleet Mr. John Croce [redacted]
U		17		☐	**Coordinator Comment and Justification:** Update Office of the Chief of Naval Operations Instruction 1720.4B, "Suicide Prevention Program," to assign an office with oversight and annual reporting responsibilities for Navy commanders' compliance with having a completed crisis response plan that contains the elements required by the Instruction. **Coordinator Recommended Change:** Concur. **Originator Response: Choose an item.** **Originator Reasoning**	US Pacific Fleet Mr. John Croce [redacted]

DD FORM 818, AUG 2016 **REPLACES SD FORM 818, WHICH IS OBSOLETE**
UNCLASSIFIED 6

(U) Navy Bureau of Medicine and Surgery (Mental Health)

MEMORANDUM FOR THE RECORD

March 6, 2025

FOR: DoD Office of the Inspector General

FROM: LCDR Kristin L. Landsinger, MSC USN, Deputy Director, Mental Health (N10C3), Bureau of Medicine and Surgery

SUBJECT: Draft Report for DoD OIG Project No. D2024-DEV0PB-0089.00, "Evaluation of the U.S. Navy's Efforts to Prevent and Respond to Incidents of Deaths by Suicide, Suicide Attempts, and Suicidal Ideation"

1. The draft report and recommendations have been reviewed, per your request. On behalf of BUMED N10C3, I concur without comment.

KL LANDSINGER

(U) Acronyms and Abbreviations

BUMED	Bureau of Medicine and Surgery
EMH	Embedded Mental Health
IDC	Independent Duty Corpsman
LIMDU	Limited Duty
MARMC	Mid-Atlantic Regional Maintenance Center
MTF	Medical Treatment Facility
NDAA	National Defense Authorization Act
OPNAV N17	Navy Culture and Force Resilience Office
OPNAVINST	Office of the Chief of Naval Operations Instruction
SAIL	Sailor Assistance and Intercept for Life
USFFC	U.S. Fleet Forces Command
USPACFLT	U.S. Pacific Fleet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