



**DEPARTMENT OF THE ARMY**  
**US INSTALLATION MANAGEMENT COMMAND**  
**HEADQUARTERS, UNITED STATES ARMY GARRISON, WEST POINT**  
**681 ROGERS PLACE**  
**WEST POINT, NY 10996**

AMIM-MLG-ZA

15 November 2023

U.S. ARMY GARRISON WEST POINT POLICY # 38

SUBJECT: Garrison Suicide Prevention Policy

1. References:

- a. Public Law 111-383, Ike Skelton National Defense Authorization Act for Fiscal Year 2011, 7 January 2011.
- b. AR 600-92, Army Suicide Prevention Program, 8 September 2023.
- c. AR 600-63, Army Health Promotion, 14 April 2015.
- d. AR 600-85, The Army Substance Abuse Program, 23 July 2020.
- e. AR 608-18, The Army Family Advocacy Program, 13 September 2020.
- f. DA PAM, 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.
- g. DoDI 6400.09, DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm, 11 September 2020.
- h. DoDI 6400.11, DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders, 1 April 4, 2023.
- i. DoDI 6490.16, Defense Suicide Prevention Program, 2 February 2023.

2. Purpose. To outline the Commandant's Health Promotion, Risk Reduction, and Suicide Prevention policy.

a. The personnel readiness of our Army is paramount in our ability to fight and win on the battlefield. Sustaining the health and well-being of our Soldiers, Family members, military retirees, and DA Civilians is a preeminent responsibility of Army senior leaders and personnel at all levels. The Army's strategic approach to mitigating suicide and high-risk behaviors helps build cohesive units. Promoting healthy lifestyles, reducing risk-seeking behavior, and preventing suicide are priorities of this Command.

b. Whenever possible, we will use existing capabilities to establish a West Point enterprise-wide primary prevention system. This system will enable data-informed

actions that integrate primary prevention activities and prevent self-directed harm and prohibited abusive or harmful acts.

c. Our prevention efforts will focus on programs, policies, and practices that are based on research and informed by data.

### 3. PREVENTION.

a. The Army Substance Abuse Program (ASAP) and the Suicide Prevention Program Coordinator (SPPC) will oversee installation-wide training. The Army's primary authorized annual mandatory Suicide Prevention Training is Ask, Care, Escort (ACE). The USAG West Point Army Substance Abuse Program will assist commanders in training instructors among uniformed military personnel and civilian channels. If training is not conducted as specified, the SPPC will advise the commander.

b. Commanders are responsible for establishing and implementing suicide surveillance policies and reporting procedures for uniformed members considered 'at-risk' for suicide. Commanders will:

(1) Advise the SPPC and Suicide Prevention Working Group (SPWG) regarding suicide risk related to domestic abuse and child abuse.

(2) Support policy, initiatives, and strategies that integrate the Family Advocacy Program (FAP) prevention education and Family Readiness services with suicide prevention programming as needed to implement evidence-based or informed approaches to mitigate shared risk factors and leverage shared protective factors.

### 4. INTERVENTION

a. Commanders and Supervisors must ensure that Army ACE Suicide Intervention (ACE-SI) training is provided to Primary, Secondary, and Junior level leaders and first-line supervisors as required by reference (one time in a career).

b. If there are reasonable grounds to believe a Soldier is at risk of self-harm and possesses privately owned weapons, commanders will consult with behavioral health care providers and legal advisors, pursuant to Public Law 111-383, sec. 1062, to determine an appropriate course of action.

### 5. POSTVENTION

a. Caring. In terms of addressing suicide events, USAG West Point places a strong emphasis on compassion. While there exist various regulatory obligations regarding reporting, investigating, and evaluating such incidents, the foremost concern during postvention activities is tending to the well-being of the bereaved family and teammates.

The initiative to arrange external assistance will be overseen by the SPPC, in collaboration with the FAP, Chaplain, and other supportive parties.

b. Reporting. All deaths being investigated as suspected suicides must be recorded using DA Form 7747, Commanders Suspected Suicide Event Report. This form must be submitted to HQDA G-1 within 5 days of the suicide incident (command responsibility). Soldiers must be informed through the Casualty Assistance Office of the requirement to report their dependent's suicide deaths to the nearest installation DEERS office within 30 days of receiving the death certificate.

c. Investigating. Commanders are required to conduct AR 15-6 investigations on all suspected or confirmed Soldier suicides to identify factors that contributed to the Soldier's death by suicide, lessons learned, and recommendations for Soldier care solutions and best practices. The appointing authority for all suicide investigations is the commander exercising general court-martial convening authority (GCMCA) or the "Responsible general officer" assigned to a command billet with a servicing SJA.

d. Reviewing. Timelines for conducting suicide investigations should align with AR 600-92. The investigating command must submit the report of investigation to the SPPC within 70 days of the suspected suicide date. The investigating officer must be O-4 or above and must be appointed within 15 days of notification of the suspected suicide or death. The investigation must be completed within 49 days of the date of the commander's critical information requirements (CCIR) reporting the suspected suicide. The investigating command then has 10 days to complete the legal review, appointing authority's action, and obtain GCMCA approval as appropriate.

e. Department of Emergency Services (DES) will ensure that all suicide attempts are reported to the ASAP SPPC.

## 6. PUBLICATION REQUIREMENTS:

a. All subordinate commanders and tenant units will ensure this policy is widely disseminated and published down to the company level.

b. This policy memorandum will be posted in all unit and organizational areas.

c. This policy will be posted on all West Point knowledge management websites and mobile applications.

## 7. RESOURCES:

a. Call or text 988 for the Suicide & Crisis Lifeline sponsored by the U.S Department of Health and Human Services (press 1 after 988 for Veterans Crisis Line).

- b. Keller Army Community Hospital Emergency Room: (845) 938-4004.
- c. Keller Department of Behavioral Health: (845) 938-3441.
- d. West Point MP Station: (845) 938-3333.
- e. Garrison Chaplain: (845) 938-3874; After Hours Crisis: (845) 401-8171.
- f. ASAP Suicide Prevention Program Coordinator (SPPC): (845) 938-2912.
- g. Employee Assistance Program (EAP): (845) 938-1039.
- h. Family Advocacy Program (FAP): (845) 938-0633.
- i. Center for Personal Development (CPD): (845) 938-3022; After Hours Crisis: (845) 591-7215.
- j. Military and Family Life Counseling: (845) 219-4199.

8. EXPIRATION: This policy is effective the date of this memorandum and will remain in effect until superseded or rescinded.

9. CONCLUSION: This policy letter reaffirms our unwavering commitment to readiness, health, and wellbeing. Together, we will build a stronger, more resilient Army community. Every member of this Command plays a crucial role in achieving these goals.

10. PROPONENT. The Installation SPPC, Dr. Brian Crandall, ASAP Prevention Coordinator, is the proponent for this policy and can be reached at (845) 938-2912 (office), (845) 263-9676 (cellphone), or [brian.d.crandall2.civ@army.mil](mailto:brian.d.crandall2.civ@army.mil).



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