



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
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MCO 1720.2A
M&RA (MF)
2 AUG 2021

MARINE CORPS ORDER 1720.2A

From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS SUICIDE PREVENTION SYSTEM (MCSPS)

Ref: See Enclosure (1)

Encl: (1) References
(2) Glossary of Terms and Definitions
(3) Glossary of Acronyms and Abbreviations

1. Situation. Suicidal behaviors are a barrier to readiness that have lasting effects on Marines and Service Members attached to Marine Commands (hereafter referred to as Marines), Families, and the Marine Corps. Effective suicide prevention requires coordinated efforts within a prevention framework dedicated to promoting mental, physical, spiritual, and social fitness; strengthening healthy stress responses; mitigating stressors that interfere with mission readiness; identifying Marines at high risk or in crisis; caring for Marines with suicidal behaviors and ensuring the Marine receives proper treatment; and fully reintegrating Marines who are found fit to return to duty. This Order provides policy that effectively integrates all elements and resources of the Marine Corps Suicide Prevention System (MCSPS) in accordance with references (a) through (z) to prevent suicide. Marine Corps suicide prevention shall be implemented in accordance with this Order and the procedures contained in reference (r).

2. Cancellation. MCO 1720.2

3. Mission. This Order will establish policy, guidance, and assign responsibilities for all stakeholders of suicide prevention within the MCSPS to facilitate the education of Marines and their Families in suicide prevention, intervention, and postvention thereby reducing suicide attempts and deaths by suicide.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Establish a coordinated, consistent, and effective suicide prevention methodology that allows for stress identification and mitigation for Marines to prevent and address conditions that lead to suicidal behaviors.

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(b) Establish a command climate that facilitates resiliency as a result of teaching healthy stress reactions and cultivating mental, physical, spiritual, and social fitness, as the cultural norm.

(2) Concept of Operations

(a) Deputy Commandant for Manpower and Reserve Affairs, (DC M&RA), Marine and Family Programs Division (MF), Behavioral Programs Branch, Suicide Prevention Capability Section (SPC) serves as the executive authority for all suicide prevention stakeholders throughout the Marine Corps. Suicide prevention shall be conducted within the MCSPS. The MCSPS is outlined in reference (r).

(b) Commanders shall play a vital role in establishing and enforcing policies to foster a command climate that supports and promotes mental, physical, spiritual, and social fitness. These policies should be consistent with Combat and Operational Stress Control (COSC) principles presented in reference (h).

(c) Marines shall be trained in suicide prevention at every level of leadership throughout their careers. Suicide prevention training requirements are further outlined utilizing procedures in reference (r).

(d) The suicide prevention efforts of every command shall be guided by utilizing the procedures and resources outlined in reference (r).

(e) Standardized language, defined by the Centers for Disease Control and Prevention, is utilized as common language throughout the Marine Corps per references (a) and (l), to decrease stigma and improve coordination. Definitions applicable to this Order and terms no longer in use are provided in enclosure (3) and reference (r).

b. Subordinate Element Tasks

(1) Deputy Commandant for Manpower and Reserve Affairs (DC M&RA) shall:

(a) Facilitate and serves as the execution authority for suicide prevention policy including oversight, development, implementation, evaluation, communication, and training in accordance with reference (a).

(b) Provide tools, resources, and training curricula for suicide prevention, intervention, and postvention.

(c) Ensure ongoing collaboration and coordination across MF programs to promote and support suicide prevention, intervention, and postvention initiatives, per references (e) through (i) and reference (w).

(d) Develop and update a suicide prevention functional area checklist; perform Inspector General inspections, training, and site visits; and provide policy requirements to assist the Command Inspection Program, per reference (g).

(e) Review this order annually to ensure that it is necessary, current, and consistent with statutory authority.

(2) All Major Operational and Installation Level Commands shall:

(a) Establish and maintain a command climate that provides subordinate leadership the latitude to care for Marines exhibiting critical stressors or at risk of suicidal behavior in order to maintain individual and unit readiness.

(b) Facilitate the COSC core leadership functions as central elements of leadership philosophy, in accordance with reference (h). Direct subordinate leaders to strengthen healthy stress responses; mitigate stressors that interfere with mission readiness; identify Marines' risk level, care for Marines in crisis and/or with suicidal behaviors, ensuring the Marine receives proper treatment while minimizing stigma; and fully reintegrate Marines who are found fit to return to duty in accordance with references (c) and (h), and utilizing procedures outlined in reference(r).

(c) Appoint, in writing, suicide prevention program personnel. Suicide prevention program personnel must complete the required M&RA, MF online training within 30 days of appointment and must remain current with annual suicide prevention training in accordance with reference (a). Designation, selection criteria, training requirements, and responsibilities for suicide prevention program personnel are further outlined in reference (r).

1. Shall appoint, a Marine or Sailor, E-6 or above, as a Suicide Prevention Program Officer (SPPO) at the battalion/squadron level and the regimental/aircraft group (equivalent) level. At recruiting stations commanders may appoint an E-5 or above. Reserve Component commands shall establish and maintain a single suicide prevention program that is inclusive of Reserve and Active Duty personnel. This includes the appointment of a SPPO at each Inspector-Instructor (I&I) duty station.

2. Shall appoint, a Marine or Sailor, E-7 or above as a Suicide Prevention Program Coordinator (SPPC) at the Marine Expeditionary Force (MEF) Command Element (CE) level (equivalent), Major Subordinate Command (MSC) level, information group (equivalent), and recruiting districts.

3. Shall request exception to policy from DC M&RA, MF SPC via chain of command in cases where it is necessary to appoint a civilian as the SPPC.

4. Chaplains and religious program specialists are an integral part of the MCSPS and could incur serious conflicts of interest due to confidentiality and privacy protections and, therefore, must not be assigned the duties of SPPO/SPPC.

(d) Establish and implement, in writing, a command suicide prevention program integrating awareness education, early identification, referral of at-risk personnel to treatment, reporting requirements, reintegration, and postvention support. Requirements include the following:

1. Ensure the completion of the annual DC M&RA, MF-approved suicide awareness and prevention training for all Marines. Suicide prevention training must be conducted as designed by DC M&RA, MF. Reference (r) provides additional guidance for training.

2. Conduct unit leader training emphasizing the identification and care of Marines exhibiting behaviors associated with critical stressors or at risk of suicidal behavior. Foster an environment that facilitates healthy stress reactions and cultivates mental, physical, spiritual, and social fitness.

3. Incorporate internal and external suicide prevention resources provided in reference (r) into command suicide prevention programs. Ensure inclusion and accessibility to Marine Corps Community Services (MCCS).

4. All suicidal ideations, attempts, and suicides must be reported via OPREP-3 SIR, per reference (j). When in doubt, submit a report. Report suicidal ideations, suicide attempts, and deaths by suicide utilizing procedures outlined in reference (r). Commands should not delay reporting suicidal ideations pending a Competent Medical Authority (CMA) determination. Utilizing procedures outlined in reference (r), commands must submit a MF 30-day Death or Suspected Death by Suicide Report.

5. For suicidal ideations the focus is not the determination of whether or not an ideation took place but rather on allowing the commander and/or leader the opportunity to track the occurrence and engage with the Marine concerning issues of stress and other factors of suicide. The commander or leader can then determine if the Marine requires access to additional resources up to and including medical assistance.

6. In accordance with references (a) and (i), ensure that a Department of Defense Suicide Event Report (DoDSER) is submitted for each suicide attempt and death by suicide. Report suicide attempts and deaths by suicide utilizing procedures outlined in reference (r).

7. In accordance with reference (i), ensure that Personnel Casualty Reports (PCRs) are submitted for each suicide attempt and death by suicide.

8. Issue risk management procedures to include:

a. Internal suicide event notification procedures comprised of reporting all suicidal ideations, suicide attempts, and deaths by suicide. References (r) and (j) provide reporting procedures and timelines.

b. Measures to mitigate stress injuries and suicide events, utilizing procedures outlined in reference (r).

c. Methods to restrict access to lethal means for those deemed at risk for harm to themselves or others. Reference (r) details methods to restrict access to lethal means.

d. Required suicide hotline and websites in accordance with reference (v). Appendix E of reference (r) provides suicide hotline and veterans' crisis line contact phone numbers and websites.

9. Ensure Marines who attempt suicide or who are at risk for harm to self or others remain in sight and are immediately escorted to an evaluation with a mental health provider. Reference (r) provides guidance.

10. Ensure adherence to referral, evaluation, treatment, and medical/command management procedures for Marines who require assessment for mental health issues, psychiatric hospitalization, and/or are at risk of imminent or potential danger to self or others, in accordance with references (d) and utilizing procedures outlined in reference (r).

11. Ensure reintegration support is provided for Marines who have experienced a suicidal ideation or suicide attempt, utilizing procedures outlined in reference (r).

12. Ensure postvention support to individuals, families, and units after a suicide-related event. Reference (r) provides guidance for postvention procedures, including memorial services and remembrances.

(e) Support MCSPS efforts by adhering to all the requirements utilizing the procedures outlined in reference (r) and ensuring collaboration of stakeholders within your command suicide prevention program to include but not limited to: SPPCs; SPPOs; COSC Regional Training Coordinators (RTC); Operational Stress Control and Readiness (OSCAR) Team Members; Navy Embedded Mental Health (EMH); Chaplains; Safety Officers; Equal Employment Opportunity (EEO) representatives; Sexual Assault Response Coordinators (SARCs), Victim Advocates (VAs); the Embedded Preventive Behavioral Health Capability (EPBHC); and installation MCCS assets to ensure unity of effort.

(f) Demonstrate compliance with suicide prevention requirements through regularly scheduled inspections.

(3) All Suicide Prevention Stakeholders shall:

(a) Maintain interaction with DC M&RA, MF, Behavioral Programs Branch, SPC to ensure cross-communication and collaboration between entities as pertains to suicide prevention, utilizing procedures outlined in reference (r).

(b) Ensure other suicide prevention stakeholders within the fleet are aware of the tools, resources, and trainings for suicide prevention, intervention, and postvention utilizing procedures outlined in reference (r).

(c) Promote the implementation of suicide prevention initiatives provided by DC M&RA, MF, Behavioral Programs Branch, SPC to all units and suicide prevention stakeholders.

c. Coordinating Instructions

(1) For purposes of this Order, covered communications are oral, written, or electronic communications of personally identifiable information (PII). All involved parties must maintain the integrity of privacy policies. Use and disclosure of such information shall be in compliance with reference (m).

(2) Suicide prevention in the Marine Corps consists of an integrated system and involves the communicative, preventative, and collaborative efforts of COSC RTCs, OSCAR Team Members; Navy EMH; Chaplains; Safety Officers; EEO representatives; SARCs, VAs; EPBHC personnel; and installation MCCS assets. M&RA, MF, Behavioral Programs Branch, SPC encourages this collaborative effort as it supports the overall efforts of the MCSPS. The SPPOs and SPPCs are command-level appointments and are a commander's primary

means of operationalizing suicide prevention in their unit. As such, SPPOs/SPPCs work for the commander by whom they are appointed in support of that commander's suicide prevention efforts.

5. Administration and Logistics

a. Recommendations. Submit all recommendations regarding this Order via the appropriate chain of command to DC, M&RA, MF. Recommendations shall be submitted in writing and shall include supporting rationale.

b. Privacy Act. Any misuse or unauthorized disclosure of Personally Identifiable Information (PII) may result in both civil and criminal penalties. The Department of the Navy (DON) recognizes that the privacy of an individual is a personal and fundamental right that shall be respected and protected. The DON's need to collect, use, maintain, or disseminate PII about individuals for purposes of discharging its statutory responsibilities shall be balanced against the individuals' right to be protected against unwarranted invasion of privacy. All collection, use, maintenance, or dissemination of PII shall be in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a) and implemented per SECNAVINST 5211.5F.

c. Records Management. Records created as a result of this directive shall be managed according to National Archives and Records Administration (NARA)-approved dispositions per SECNAV M-5210.1 CH-1 to ensure proper maintenance, use, accessibility and preservation, regardless of format or medium. Records disposition schedules are located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at: <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>. Refer to MCO 5210.11F for Marine Corps records management policy and procedures.

6. Command and Signal

a. Command. This Order is applicable to the Marine Corps Active and Reserve components.

b. Signal. This Order is effective the date signed



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References

- (a) DoD Instruction 6490.16 w/CH-2, "Defense Suicide Prevention Program," September 11, 2020
- (b) DoD Instruction 1010.10 w/CH-2, "Health Promotion and Disease Prevention," January 12, 2018
- (c) DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
- (d) DoD Instruction 6490.04 w/CH-1, "Mental Health Evaluations of Members of the Military Services," April 22, 2020
- (e) MCO 1700.41
- (f) MCO 1754.14
- (g) MCO 5040.6J
- (h) MCO 5351.1
- (i) MCO 3040.4
- (j) MCO 3504.2A
- (k) MCO 5100.29C
- (l) Center for Disease Control and Prevention, "Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements," February 2011
- (m) SECNAVINST 5211.5F
- (n) SECNAV M-5210.1
- (o) Department of Defense Strategy for Suicide Prevention, December 2015
- (p) DoD Instruction 5200.08 w/CH-3 "Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB)," November 20, 2015
- (q) MCO 5530.14A
- (r) NAVMC 1720.1
- (s) MCO 5512.11E
- (t) MCO 5210.11F
- (u) 5 U.S.C. 552a
- (v) SECNAVINST 5720.44C CH-1
- (w) MCO 5300.17A
- (x) DOD Manual 6025.18 "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
- (y) DoD Instruction 6400.09 "Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm" September 11, 2020
- (z) SECNAVINST 5510.35D

GLOSSARY OF TERMS AND DEFINITIONS

Ad hoc - Impromptu or improvised updates/reports.

Behavioral Health - The reciprocal relationship between human behavior, individually or socially, and the well-being of the body, mind, and spirit, whether the latter are considered individually or as an integrated whole.

Competent Medical Authority (CMA) - A CMA is a U.S. military healthcare provider or a U.S. healthcare provider employed by or under contract or subcontract to the U.S. Government or U.S. Government contractor, per SECNAVINST 5510.35D. All CMAs will be authorized to perform independent clinical practice according to Navy Regulations by the healthcare facility responsible for the provider's competency and quality of care. All CMAs (military, civilian, and contractor) will be specifically trained, per enclosure (4), paragraph 3 of SECNAVINST 5510.35D and be designated in writing per procedures established in SECNAVINST 5510.35D.

Department of Defense Suicide Event Report (DoDSER) - Designed to standardize the review and reporting process on suicide-related events among military service members. The information is used to identify risk factors and assist commanders in targeting and improving local suicide prevention efforts.

Depression - A mental state characterized by a pessimistic sense of inadequacy and a despondent lack of activity.

Ethos - The distinctive spirit of a culture.

Intervention - A strategy or approach that is intended to prevent an outcome or alter the course of an existing challenge or stress; also known as "secondary prevention."

Lethal Means - Suicide methods that are highly lethal, (e.g., firearms, drugs, and poisons).

Marine Corps Suicide Prevention System - Organizational factors that include human resources, such as equipped and empowered leadership and prevention personnel; infrastructure, such as prevention-specific policy, resources, and data systems; and, collaborative relationships within the Marine Corps and across other organizations.

Means Safety - Techniques, policies, and procedures designed to reduce access or availability to lethal means and methods of deliberate self-harm.

Postvention - Response activities that should be undertaken in the immediate aftermath of a suicide that has impacted the unit. Postvention has two purposes: to help suicide attempt survivors cope with their grief and to prevent additional suicides. It also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. Also known as "tertiary prevention."

Prevention - A strategy or approach that reduces the risk or delays the onset of adverse health problems, or reduces the likelihood that a Marine will engage in harmful behaviors. Also known as "primary prevention."

Reintegration - Actions taken following a suicide-related event to ease transition of the Marine back into the workplace, another duty station, or civilian life.

Risk - Exposure or vulnerability to harm, disease, or death.

Risk Management - The process by which an organization deals with a disruptive and unexpected event that threatens to harm the organization, its members, or the general public.

Suicide - Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide Attempt - A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Suicidal Behavior - Behaviors related to suicide, including preparatory acts, as well as suicide attempts and death.

Suicidal Ideation - Thinking about, considering, or planning suicide or cause self-harm. The use of a Competent Medical Authority (CMA) is not required to determine if an ideation has occurred and should not be the basis for making a report.

Suicide Prevention Program Officer (SPPO) - A Marine or Sailor, appointed in writing as a collateral duty that ensures coordination of resources for the commander's unit suicide prevention program. Responsibilities of this collateral duty do not include clinician or therapy duty.

Suicide Prevention Program Coordinator (SPPC) - A Marine or Sailor, appointed in writing, which ensures subordinate commands are in compliance with Marine Corps Suicide Prevention System and maintains a roster of all subordinate command SPPOs. The SPPC ensures coordination of resources for the commander by whom they are appointed in support of that commander's suicide prevention efforts and ensures suicide prevention, intervention, and postvention resources are accessible to operating forces and subordinate commands.

Suicide Related Event - Includes all deaths by suicide, suicide attempts, and suicidal ideation.

TERMS AND DEFINITIONS NO LONGER USED

Committed Suicide - This terminology implies criminality, thereby contributing to the stigma experienced by those who have lost a loved one to suicide and discouraging suicidal individuals from seeking help. Alternate term: death by suicide.

Completed Suicide - This terminology implies achieve a desired outcome, whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this even as undesirable. Alternate term: suicide.

Failed Attempt - This terminology gives a negative impression of the person's action, implying an unsuccessfully effort aimed at achieving death. Alternate term: suicide attempt.

Successful Suicide - This term implies achieving a desired outcome whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this event as undesirable. Alternate term: suicide.

Suicidality - This terminology is often used to refer simultaneously to suicidal thoughts and suicidal behavior. These phenomena are vastly different in occurrence, associated factors, consequences and interventions so should be addressed separately. Alternate term: suicidal behavior.

Suicide Gesture, Manipulative act, and Suicide Threat - Each of these terms gives a value judgment with a negative impression of the person's intent. They are typically used to describe an episode of nonfatal, self-directed violence. A more objective description of the event is preferable such as non-suicidal or self-directed violence.

Glossary of Acronyms and Abbreviations

AFME	Armed Forces Medical Examiner
CE	Command Element
CMA	Competent Medical Authority
COSC	Combat Operational Stress Control
DC M&RA	Deputy Commandant, Manpower and Reserve Affairs
DoD	Department of Defense
DoDSER	Department of Defense Suicide Event Report
DON	Department of Navy
EEO	Equal Employment Opportunity
EMH	Embedded Mental Health
EPBHC	Embedded Preventive Behavioral Health Capability
MCCS	Marine Corps Community Services
MCSPS	Marine Corps Suicide Prevention System
MEF	Marine Expeditionary Forces
MF	Marine and Family Programs Division
MSC	Major Subordinate Command
OSCAR	Operational Stress Control and Readiness
PCR	Personnel Casualty Reports
PII	Personally Identifiable Information
RTC	Regional Training Coordinator
SARC	Sexual Assault Response Coordinator
SPC	Suicide Prevention Capability Section
SPPC	Suicide Prevention Program Coordinator
SPPO	Suicide Prevention Program Officer
VA	Victim Advocate