



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3000 MARINE CORPS PENTAGON
WASHINGTON, DC 20350-3000

MCO 1720.2
MFC-5
10 APR 2012

MARINE CORPS ORDER 1720.2

From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS SUICIDE PREVENTION PROGRAM (MCSPP)

Ref: (a) DOD Directive 1010.10, "Health Promotion and Disease/Injury Prevention," August 22, 2003
(b) DOD Directive 6490.1, "Mental Health Evaluations of Members of the Armed Forces," October 1, 1997
(c) SECNAVINST 5211.5E
(d) SECNAVINST 6320.24A
(e) MCO 3040.4
(f) MCO 5040.6H
(g) MCO 5100.29B
(h) Leaders Guide to Managing Marines in Distress
(i) SECNAV M-5210.1

Encl: (1) Locator Sheet
(2) Record of Changes
(3) Definitions
(4) DOD Suicide Event Report (DODSER) User Instructions
(5) Recognition Citation Example

1. Situation. To provide policy and procedural guidance for the Marine Corps Suicide Prevention Program.

a. This Order implements, complies with, and conforms to the regulatory requirements stated in references (a) through (i).

b. This Order updates information and policies stated in the references.

c. This Order mandates that commanders ensure the policies stated in the Order are used in creating, establishing, maintaining, and reinforcing local command suicide prevention programs and procedures.

d. Implementation of this Order requires integrating multidisciplinary capabilities to assist all commanders in creating local suicide prevention programs in all units down to the battalion/squadron level.

e. All definitions applicable to this Order are explained in enclosure (3).

2. Mission. The Marine Corps Suicide Prevention Program (MCSPP) establishes policy and provides resources, guidance, and training for suicide prevention programs throughout the Marine Corps in order to reduce suicides and suicide attempts.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Deaths by suicide and other non-fatal suicide-related events often occur in association with stressors such as relationship stressors, work related stressors, pending disciplinary action, and illness such as depression, and in association with periods of transition in duty status and between duty stations. The Marine Corps Suicide Prevention Program (MCSPP) emphasizes the importance of leadership for the early identification and intervention for stressors that detract from personal and unit readiness. Additionally, MCSPP emphasizes the importance of data collection and analysis to continually inform, evaluate, and refine Corps-wide prevention efforts. Improvements can then be implemented to ensure the Marine Corps maintains optimum unit effectiveness and mission readiness through the establishment of a robust, community-based approach to reducing suicide-related events.

(b) Suicide prevention should not be viewed as a single activity or training.

(c) Marines and Sailors should be shown that getting help for fellow Marines and Sailors in distress is a duty, not an option, and is consistent with Marine Corps ethos and values.

(d) Psychological, spiritual, physical, and social fitness should be linked with personal and mission readiness.

(e) Peer-to-peer leadership should be encouraged. Whenever a Marine or Sailor is in distress, whether due to a relationships stressor, stress injury, financial crisis, or combat experience, it is the responsibility of everyone to get that Marine or Sailor help.

(f) The desired outcome of MCSPP is a proactive, efficient and effective strategy to maintain the readiness of both individual marines and Sailors and their units. This strategy is aligned with the Marine Corps larger, holistic prevention approach to behavioral health that seeks to develop coping skills, increase resilience, and increase access to and engagement of behavioral healthcare services.

(2) Concept of Operations

(a) This Order requires the Suicide Prevention Program be implemented throughout the Marine Corps to reduce the risk of suicide for active-duty Marines and Sailors, Reservists, dependents and civilian Marines employed by the Marine Corps; to minimize adverse effects of suicidal actions on command readiness and morale; and to preserve mission effectiveness and war-fighting capability.

(b) Medical personnel, chaplains, Family Service Center counselors, health promotion program leaders, substance abuse counselors, and command suicide prevention program officers support local commanders with information in their areas of expertise, intervention services, and assistance in crisis management.

(c) Command suicide prevention programs shall be implemented to reduce the risk of suicide, to minimize adverse effects of suicidal behavior

on command readiness and morale, and to preserve mission effectiveness and war-fighting capability.

(d) Commanders are responsible for implementing a command suicide prevention program in accordance with this Order for all battalion/squadron level or higher commands. The command suicide prevention program involves a continuum of care with several elements:

1. Awareness education and health promotion in the form of annual suicide awareness and prevention training to promote healthy lifestyles for all personnel.

2. Leadership training providing leaders at all levels with information and skills to enhance risk identification and early intervention with at-risk personnel.

3. Crisis intervention and risk management procedures for the referral and evaluation of Marines and Sailors requiring emergency behavioral healthcare and/or Marines and Sailors who have problems that increase risk for suicide such as depression and/or alcohol abuse.

4. Postvention services providing support to families and units affected by the suicide of a member.

5. Casualty reporting to higher authority to assist in improving institutional knowledge about suicide through research into risk and protective factors. The purpose of such research is to improve future prevention efforts.

6. Reintegration of Marines and Sailors who were evaluated or treated for stress injury and were found fit for return to duty. Thoughtful reintegration can reduce future suicide risk and encourage other Marines and Sailors to engage helping services when needed. Examples of reintegration include publicly or privately welcoming a Marine or Sailor back to the unit, and restoring pride through reassignment to normal duties or assignment to MOS appropriate duties.

7. Inspections of the completion and recording of the annual suicide awareness and prevention training by Commanding Generals during regularly scheduled inspections.

(e) For purposes of this Order, covered communications are oral, written, or electronic communications of personally identifiable information. All involved parties must maintain the integrity of privacy policies. Use and disclosure of such information shall be in compliance with reference (c). For the purposes of suicide prevention, failure to maintain the integrity of privacy policies undermines Marine and Sailor trust in leadership, and deters Marines and Sailors from seeking help for themselves and others.

b. Subordinate Element Missions

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

(a) Establish a Marine Corps Suicide Prevention Program (MCSPP) incorporating collaboration between Headquarters Marine Corps (HQMC) and operating forces.

(b) Coordinate M&RA participation on the Executive Force Preservation Board (EFPB).

(c) Provide appropriate funding and resources to support MCSPP.

(2) Director, Marine and Family Programs Division (MF) shall:

(a) Provide general oversight and guidance, and develop recommended plans and policy for MCSPP to the DC, M&RA.

(b) Represent MCSPP to Federal and Congressional Representatives and coordinate MCSPP with major commands, other Headquarters Marine Corps agencies, and higher headquarters.

(c) Serve as the focal point for coordinating policy on the development and implementation of all suicide prevention training within the Marine Corps.

(d) Establish and maintain a comprehensive database to track and analyze trends on all suicide-related events as outlined in enclosure (2).

(e) Per reference (f):

i. Support requests from the Inspector General of the Marine Corps (IGMC) to assist in the Command Inspection Program (CIP).

ii. Develop and update a suicide prevention functional area checklist.

(f) Provide evidence-based tools and resources for use in command suicide prevention programs.

(g) Coordinate and attend organizational conferences and working groups pertaining to MCSPP, and provide relevant information to Marine Corps commands for use in their local programs.

(h) Coordinate research to support programming decisions with both quantitative and qualitative data.

(i) Provide formal monthly and annual ad hoc reports on suicide-related events and related trends across the Marine Corps.

(j) In coordination with HQMC Public Affairs (PA), develop effective communication plans to promote MCSPP.

(k) Act as the resource sponsor for obtaining funding and other resources for MCSPP.

(l) Develop and provide standardized annual suicide prevention training for commanders to use in their local suicide prevention program that targets all Marines and Navy personnel attached to Marine units.

(3) Director, Semper Fit and Exchange Services Division (MR) shall:
In coordination with CMC (MF), provide guidance and take appropriate actions for MCSPP Semper Fit program resource implementation into local installation and unit level MCSPP initiatives.

(4) Commander, Marine Forces Reserve (MARFORRES) shall:

(a) Ensure Marine Corps Reserve awareness of the MCSPP.

(b) Ensure completion of required MCSPP training.

(5) Commanding General, Marine Corps Combat Development Command (MCCDC), in coordination with CMC (MF) shall:

(a) Ensure, at a minimum, individual training standards teach Marines the critical aspects of suicide awareness, prevention and reporting requirements.

(b) Ensure programs of instruction throughout the entry-level training schools include instruction on suicide awareness and prevention.

(c) Ensure all levels of professional military education and training include appropriate training on suicide awareness, prevention and reporting requirements.

(6) Commanding General, Training and Education Command (TECOM) shall:

(a) Ensure Series Officers, Drill Instructors, and permanent personnel receive training in identifying suicide risk factors and in making referrals and obtaining appropriate care for recruits and Marines.

(b) Ensure leaders conduct periodic risk assessments during the recruit training cycle (e.g., Series Officer Counseling, Senior Drill Instructor Counseling, Recruit Surveys, and qualification and transition/separation periods).

(c) Ensure suicide awareness and prevention is included in the training schedule for all recruits and officer candidates, and all officers attending the Marine Corps University.

(d) Ensure suicide awareness and prevention training is incorporated into the curriculum of all formal leadership schools.

(7) Inspector General of the Marine Corps (IGMC), in coordination with CMC (MF) shall:

(a) Per reference (f), ensure the command suicide prevention program is an item of special interest during regular Command and Unit Inspection Programs (CIP/UIP).

(b) Utilize the Automated Inspection Reporting System (AIRS) checklist as the standard for ensuring compliance with this Order.

(8) Medical Officer of the Marine Corps (HQMC HS) shall, in coordination with CMC (MF) and the Bureau of Medicine and Surgery (BUMED):

(a) In accordance with reference (b), ensure Navy medicine is in a supporting relationship with local commanders to provide services to include evaluation, referral, and treatment for Marines at risk.

(b) Ensure treatments shall be based upon the potential for therapeutic benefit as determined by the behavioral healthcare provider.

(c) Provide serial clinical assessments and mental status examinations are performed, with or without specific therapies, to assess a

Marine's or Sailor's ongoing suicide risk until the Marine is deemed clinically to be psychologically stable and to no longer represent an imminent danger to self or others.

(d) Ensure recommendations are based on the doctoral-level behavioral healthcare provider's good faith clinical judgment of the need for, and feasibility of, reducing or eliminating the Marine's or Sailor's ability to cause injury to himself, herself or another; or for avoiding any precipitating events that might lead to such injury. Recommendations for precautions shall be considered especially in cases of those Marines or Sailors who have demonstrated the potential to become dangerous in the past, as evidenced by violent or destructive behavior. Recommendations for precautions may include, but are not limited to, an order to move into military barracks for a given period; an order to avoid the use of alcohol; an order not to handle firearms or other weapons; or an order not to contact a potential victim or victims.

(e) Ensure healthcare providers comply with references (a) thru (g) regarding suicide prevention and reporting of suicide-related events.

(f) Ensure medical personnel notify commands if a Marine's or Sailor's mental state or condition presents a moderate or high risk of suicide, in order to coordinate appropriate preventive actions.

(g) Ensure medical personnel are familiar with the Marine Corps Suicide Prevention Program (MCSPP) and understand the requirement for command consultation in the event of a suicide-related event and to coordinate prevention activities in accordance with references (b) and (d).

(9) Chaplain of the Marine Corps shall:

(a) Coordinate with CMC (MF) to ensure all chaplains assigned to Marine Corps units are fully aware of the contents of this Order.

(b) Ensure Command Religious Program personnel, in cooperation with the local Medical Treatment Facility (MTF) and installation resources (e.g., Substance Abuse Counseling Center, General Counseling Center, etc.), are a resource to assist local commands in developing stress management and suicide prevention programs.

(10) Marine Corps Installation Command shall:

(a) Support CMC (MF) suicide prevention strategy and program requirements.

(b) Coordinate with the Commanding General Marine Corps Combat Development Command (CG MCCDC) to establish and maintain measures-appropriate training standards for installation first responders to suicide related events (e.g., Base Security, Naval Criminal Investigative Service (NCIS), and fire personnel).

(c) Ensure accessibility to support services such as: counseling services, Navy and Marine Corps Relief Society, Chaplains Religious Enrichment Development Operation (CREDO), Prevention and Education Services, Stress and Anger Management, and Personal Financial Management.

(d) Through local Marine Corps Community Services (MCCS) Directors, coordinate and liaison with local MCCS resources to facilitate

training events (e.g., anger management, resilience, financial, and family services training) for installation personnel and provide resource advocacy for DOD, base, local, state and federal service availability.

(e) Ensure adequate postvention resources are available in the event of a suicide-related event. Information on postvention services can be viewed at: <http://www.usmc-mccs.org/suicideprevent/postvention.cfm>.

(11) Marine Force and Marine Expeditionary Force Commanders shall:

(a) Support CMC (MF) suicide prevention strategy and program requirements.

(b) Ensure establishment of MCSPP at all levels through the battalion/squadron, recruiting station, inspector-instructor level and above.

(c) In coordination with CMC (MF) and local Public Affairs (PA) offices, ensure all suicide prevention themes, programs, events, and updates are incorporated into PA planning and products.

(12) Director, Division of Public Affairs shall:

(a) Coordinate with CMC (MF) to ensure key Marine Corps Suicide Prevention Program (MCSPP) themes, programs, events, and updates are incorporated into command public affairs plans.

(b) Disseminate information on key MCSPP themes, programs, events, and updates through Marine Corps News, Marines Magazine, MarineLink, and civilian media outlets, as appropriate.

(c) Coordinate with CMC (MF) to obtain information and/or provide a subject matter expert as spokesperson when responding to civilian media inquiries pertaining to MCSPP programs.

(d) Coordinate with command PA officers to ensure information on Marine Corps-wide MCSPP themes, programs, events, and updates are incorporated into the local command information effort.

(13) All commanding officers (battalion/squadron level and above) shall:

(a) Use Marine leaders, medical staff, chaplains, Semper Fit coordinators, MCCS programs and SACC counselors to coordinate, evaluate, and sustain an integrated program of awareness education, early identification and referral of at-risk personnel, treatment, and follow-up services.

(b) Appoint in writing, a Marine, to fulfill duties as the unit suicide prevention program officer. Typical responsibilities of this collateral duty do not include clinician or therapy duty. Rather, the suicide prevention program officer is an administrative and/or coordinating resource for the commander to use in managing the unit suicide prevention program.

(c) Ensure all Marines and Sailors receive standardized annual suicide prevention training developed by CMC (MF). To succeed, suicide prevention training must include small group discussion. Training must therefore be provided to groups no larger than thirty Marines and Sailors.

(d) Ensure leaders who provide annual training demonstrate current knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

(e) Follow all procedures per reference (b) and reference (d) for commander actions in screening, evaluation, disposition, and treatment of all Marines and Sailors deemed at risk for harm to themselves or others. Per reference (e) recommended specific questions to assess suicide potential are (copies of reference (e) are available by ordering through the Behavioral Health Information Network at <http://bhin.usmc-mccs.org>):

1. Ideation: "Do you have or have you had any thoughts about dying or hurting or killing yourself?"

2. Intent: "Do you wish to die?"

3. Plan: "Will you hurt or kill yourself or allow yourself to be hurt or killed accidentally or on purpose?" "Do you have uncontrolled access to weapons at work or at home?"

4. Behaviors: "Have you taken any actions toward hurting yourself; for example, obtaining a weapon with which you could hurt yourself?"

5. Attempts: "Have you made prior suicide attempts?" "When?" "What did you do?" "How serious was the injury?" "Did you tell anyone?" "Did you want to die?"

(f) In accordance with reference (b), ensure all Marines and Sailors who engage in suicide related behavior or who are at risk for harm to self or others are kept in sight and escorted to an evaluation with a mental healthcare provider. Ensure appropriate follow-up appointments are completed by referred Marines and Sailors.

(g) Coordinate with military and civilian authorities to complete appropriate investigations or inquiries into all cases of suspected suicide by Marines.

(h) Implement in writing command procedures to be followed for suicide prevention and crisis intervention plans that include the process for identification, referral, access to treatment and follow-up procedures for Marines and Sailors at risk of suicide. At a minimum, procedures shall include:

1. Internal suicide-related event notification procedures.

2. Measures to facilitate crisis management.

3. Methods to restrict access of at-risk personnel to means that can be used to inflict harm to themselves or others.

4. Suicide hotline contact phone numbers.

5. Training requirements.

6. Reporting requirements [e.g., Personnel Casualty Report (PCR) and Department of Defense Suicide Event Report (DODSER)].

7. Protection of confidentiality and protection of personally identifiable information.

8. Currently available internal and external suicide prevention resources. A current list of overall suicide prevention resources can be viewed at: <http://www.usmc-mccs.org/suicideprevent/postvention.cfm>.

(i) When applicable, assign Casualty Assistance Calls Officers (CACO), in accordance with reference (e), to ensure family support and access to appropriate survivor benefits; and that adequately trained medical personnel, Marine Corps Community Services (MCCS) counselors, or chaplains assess needs and facilitate requirements for supportive postvention for surviving family members.

(j) Following a suicide, ensure ongoing needs assessment and facilitate access to required care as appropriate for those Marines and Sailors affected by the suicide.

(k) Submit a completed Department of Defense Suicide Event Report (DODSER) for all suicides (medical personnel will submit DODSERS for suicide attempts) in accordance with reference (e). This includes undetermined deaths for which suicide has not been excluded by the medical examiner consistent with reference (e). The DODSER (Enclosure (4)), is 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. The DODSER is completed online at <https://dodser.t2.health.mil/dodser/>. The DODSER form requires a login, accomplished via the Defense Knowledge Online Single Sign-On criteria (DKO SSO -<https://www.us.army.mil>).

1. Suicide Attempts. The DODSER is due within 30 days of the determination of the attempt by competent medical authority. (Medical personnel will submit DODSERS for suicide attempts).

2. Suspected Suicide. The DODSER for a suspected suicide is due within 15 working days of the date of the initial PCR.

(l) Facilitate access to medical, dental, and service records to aid in the thorough completion of DODSERS.

(m) Recognize personal preventive and/or proactive efforts in suicide prevention. One manner is to publicly commend Marines and Sailors who have assisted others. For an example of language consistent with such a citation see enclosure (5).

(14) Individual Marines and Sailors

(a) Learn and practice skills for maintaining a healthy lifestyle that promotes psychological health, physical readiness, and positive stress management.

(b) Provide assistance and immediately notify the chain-of-command if a fellow Marine or Sailor is observed to be experiencing distress or difficulty in addressing problems or exhibiting behavior consistent with suicidal ideation.

10 APR 2012

(c) Seek assistance through the chain-of-command for support resources when experiencing distress or difficulty in addressing problems.

(d) Participate in suicide prevention training on an annual basis at a minimum.

c. Coordinating Instructions. Suicide prevention is an integral part of mission accomplishment through force preservation.

4. Administration and Logistics

a. Resources and additional guidance for developing a local unit and installation suicide prevention program can be found at the HQMC website: www.usmc-mccs.org/suicideprevent.

b. Submit all change recommendations regarding this Order via the appropriate chain-of-command to CMC (MF). Recommendations should be submitted in writing and should include supporting rationale.

c. CMC (MF) shall maintain the AIRS checklist for IG inspections of the Suicide Prevention Program.

d. Records created as a result of this directive shall include records management requirements to ensure the proper maintenance and use of records, regardless of format or medium, to promote accessibility and authorized retention per the approved records schedule and reference (i).

5. Command and Signal

a. Command. This Order is applicable to the Marine Corps Total Force.

b. Signal. This Order is effective the date signed.



R. E. MILSTEAD JR
Deputy Commandant for
Manpower and Reserve Affairs

DISTRIBUTION: PCN 10202410100

LOCATOR SHEET

Subj: MARINE CORPS SUICIDE PREVENTION PROGRAM

Location: _____
(Indicate the location(s) of the copy(ies) of this
Order.)

RECORD OF CHANGES

Log completed change action as indicated.

Change Number	Date of Change	Date Entered	Signature of Person Incorporating Change

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.

Crisis Management - Responding to unforeseen circumstances with no time to plan ahead.

Crisis Intervention - Intervention provided when a crisis exists to the extent that one's usual coping resources threaten individual or family functioning.

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 - The act of intervening (interfering so as to modify, etc.).

Multidisciplinary - Several branches of medicine, science, or other professions working together toward common goals.

Postvention - Intervention after a suicide to aid the survivors.

Prevention - Attempt to reduce occurrence of a problem.

Protective Factors - Any factors whose presence is associated with an increased protection from a disease or condition. Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome.

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

Risk Factor - Attribute associated with the likelihood of suicide.

Risk Management - Effort to lessen exposure to liability or adverse outcome.

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

Suicide Attempt - A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Suicidal - In acute crisis with ideation, definite tendencies or an attempt to end one's own life.

Suicidal Behavior - Suicide attempts and completion.

Suicidal Ideation - Thoughts of engaging in suicide-related behavior.

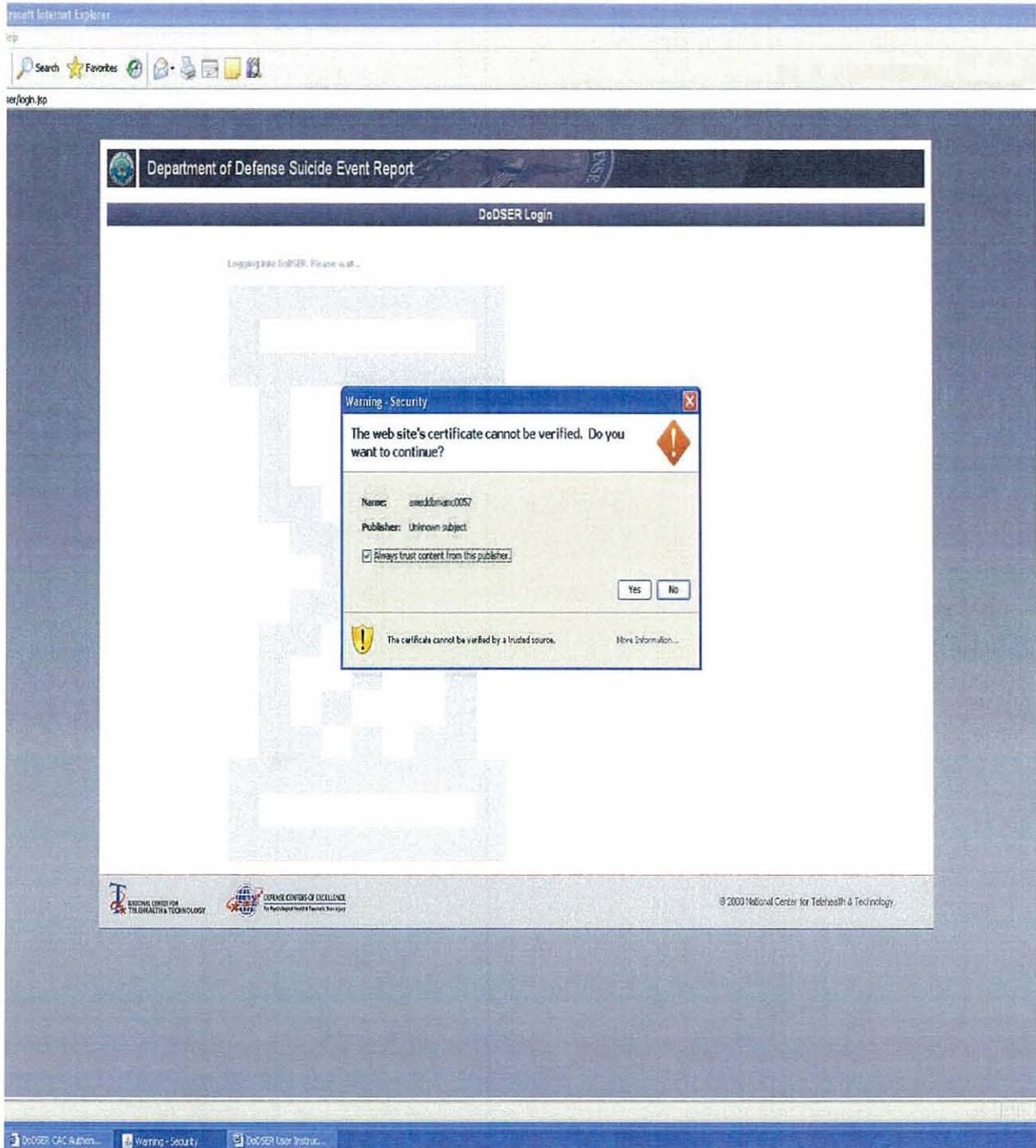
Stressor - A precipitating factor.

Trend Analysis - Analysis of changes over time.

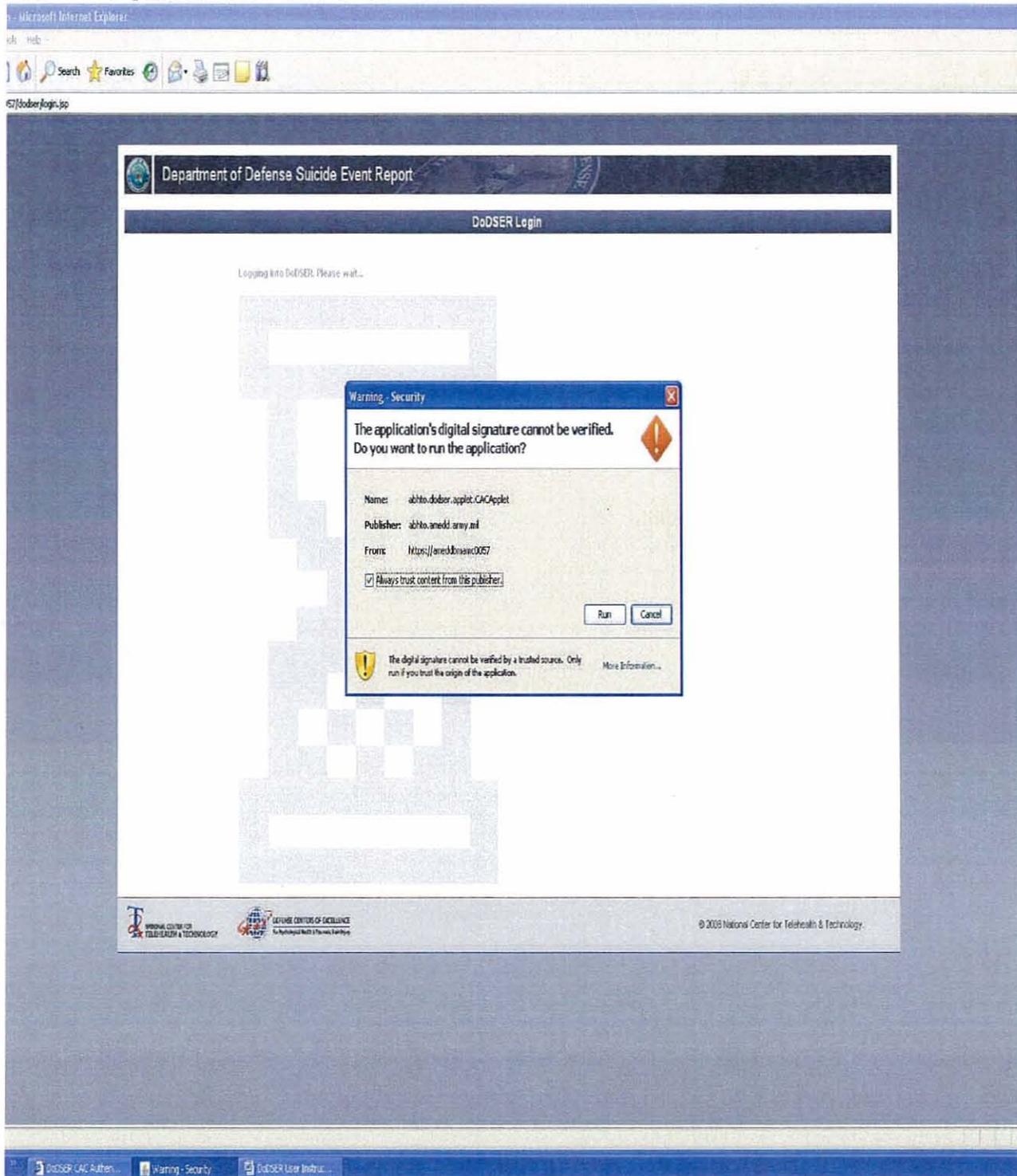
DODSER User Instructions

At the top right hand corner of the screen, click on "Click here to log in"
Read through the user agreement and click "I accept" or "Deny."

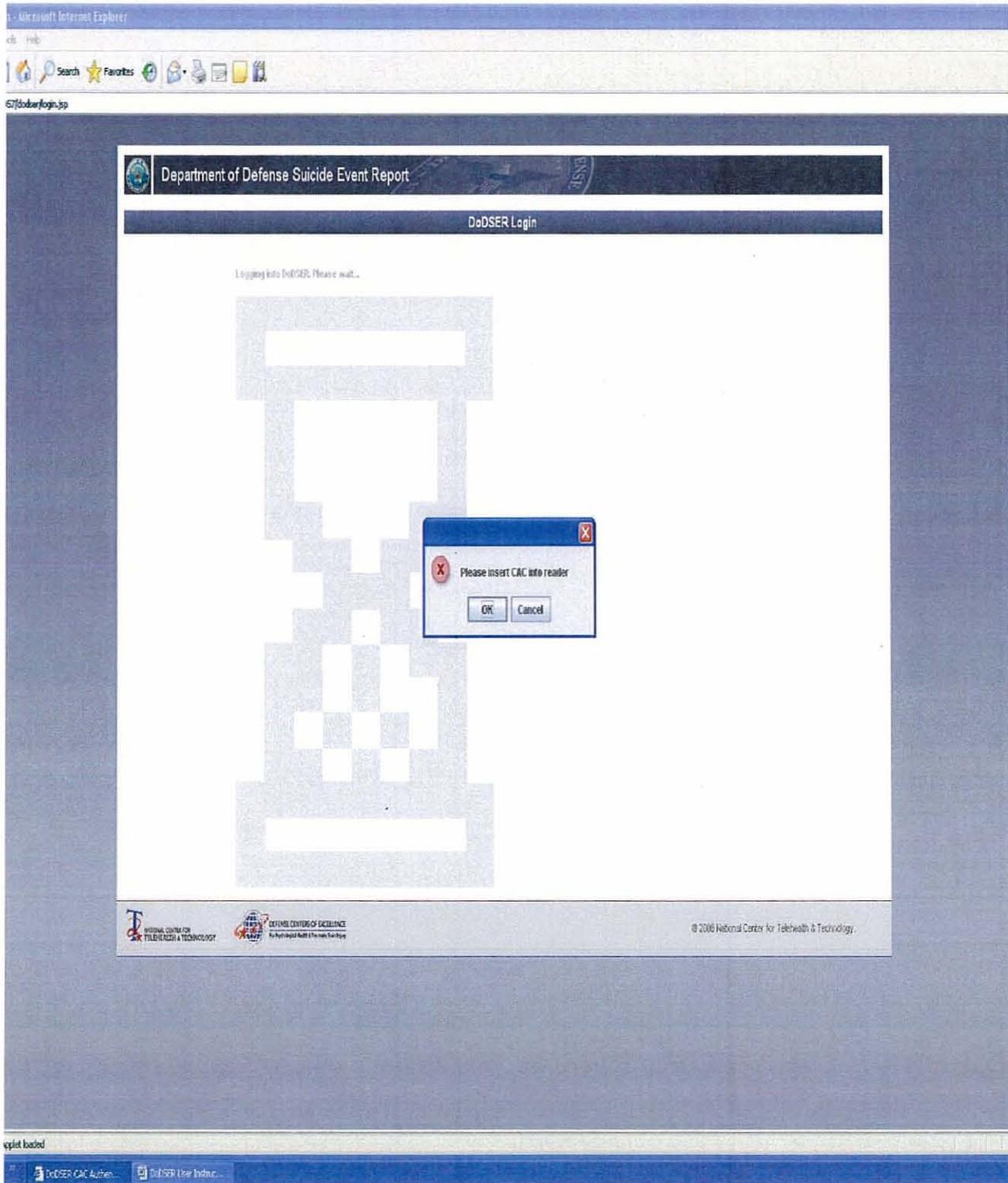
After the user has accepted the user agreement instructions, a security warning pops up asking if the user would like to accept the website's certificates. Check the box marked "Always trust content from this publisher," and click "Yes."



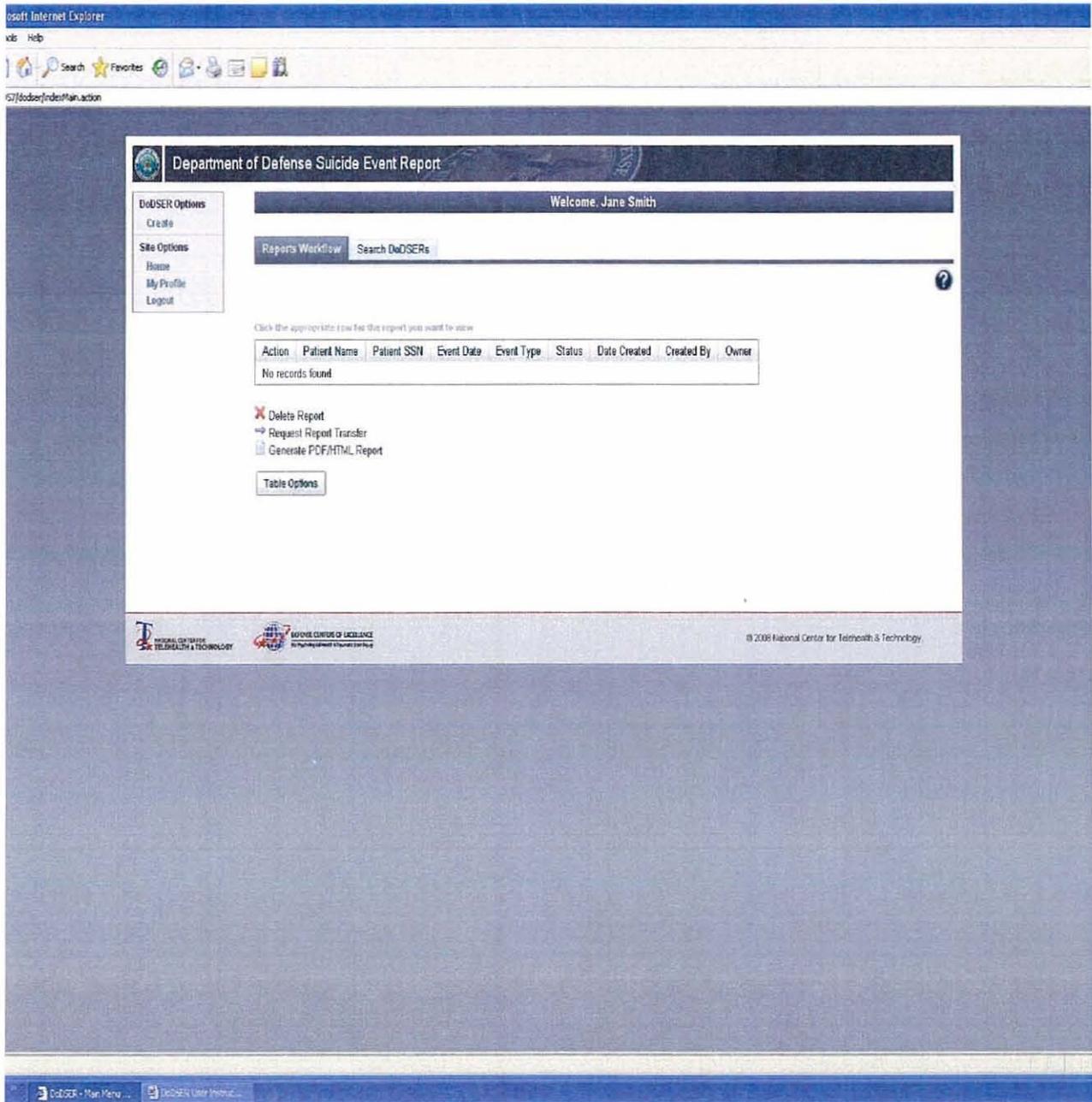
Another security warning will pop saying the application's digital signature cannot be verified. Check the box marked "Always trust content from this publisher," and click "Run."



A pop up will instruct the user to insert a CAC (Common Access Card). If the user does not have a CAC reader on the PC being used, the DODSER cannot be completed. The DODSER must be completed on a computer with a CAC reader. Insert the pin code and click "OK."



The user will be brought to the main menu page. To create a new DODSER submission, under DODSER Options click "Create."



The user will be prompted to select a report type from a drop down menu. Select the service component for which the DODSER is being completed (Marine Corps). Brief instructions will be displayed.

Microsoft Internet Explorer
File Help

67[dober]in[dober]action

Department of Defense Suicide Event Report

DoDSER Options
Create
Site Options
Home
My Profile
Logout

Create DoDSER

The following report types are available for you to create. The Service you select should correspond to the patient/decendent's service branch.

Select Report Type: DoDSER Army

The DoDSER (Army version formerly called the ASER) was developed to examine the causes and circumstances of suicide behaviors among Army Soldiers. Completed suicide is one of the leading causes of death among U.S. Soldiers and suicide behaviors lead to unnecessary soldier and family suffering and premature attrition. The DoDSER standardizes the data collected on all suicide events and is an integral part of the Army's Suicide Prevention Program.

The DoDSER should be completed for all fatalities, hospitalizations, and evacuations where the injury or injurious intent is self-directed. It is not intended to replace the psychological autopsy, which is limited to fatalities in which the manner of death is uncertain.

More information is available in the [DoDSER Army FAQ](#). (PDF, 0.05 MB)

You can also view the DoDSER questionnaire in a single file for [online reference](#). (PDF, 0.25 MB)

Instructions:

The DoDSER is REQUIRED for:

- All suicide behaviors that resulted in hospitalization or evacuation.
- All suicide completions/fatalities.

This form must be completed by a credentialed behavioral health (BH) clinician (psychologist, psychiatrist, social worker, or psychiatric nurse) within 30 days of the date of hospitalization or evacuation, or within 60 days of the date the event was determined to be a suicide. All answers should reflect the circumstances at the time of the event.

Complete all pages of this online form before submission.

For suicide behaviors that resulted in inpatient hospitalization or evacuation:

- Information is primarily obtained from the patient
- Review all available medical and behavioral health records
- Interview co-workers and supervisors as needed

For suicide completions/fatalities:

- Review all available records:
 - Medical and mental health records
 - Personnel and counseling records
 - Responsible investigative agency (e.g. CID) records
 - Records related to manner of death, such as casualty reports, toxicology/lab reports, pathology/autopsy reports, suicide notes, etc.
- Interview related persons:
 - Co-workers and supervisors
 - Responsible investigative agency

The first portion of the DODSER is completed to identify the individual. **IDENTIFYING INFORMATION** - Fill in all required information marked with a red asterisk. When the user is finished completing the identifying information section click "Save" before continuing to "Next Page". All questions with a red asterisk are required fields (*).

Information - Microsoft Internet Explorer
xds Help
Search Favorites
S7[odser]query[odser].action

Department of Defense Suicide Event Report

Report Identifying Information

The following fields pertain to information that are necessary to identifying and distinguishing different Suicide Event Reports. All required fields must be filled in order to create a new report record on the DoDSER database and move on to subsequent pages. Questions with * are required fields for submission

1. *Event type: (required to move on)

Suicide
 Suicide attempt (evidence of intent to die)
 Self harm (without intent to die)
 Suicidal ideation only (without an attempt/self harm)

2. *Event date: 01 Jun 2009
Event time: 1500

3. *Last name: Doe
*First name: John
Middle initial: [empty]
*SSN: 123456789

4. *Date of birth: 15 Jan 1980

5. *Sex: Male
 Female

Save & Return Home Save & Next Page

NATIONAL CENTER FOR TELEHEALTH & TECHNOLOGY
DEFENSE CENTER OF EXCELLENCE
© 2008 National Center for Telehealth & Technology

The next portions of the DODSER will be information relating to the patient.

I. PATIENT INFORMATION

Fill in all information. Items marked with a red asterisk are **REQUIRED**.

Some selections prompt a drop down menu after being selected (i.e. marital status). Make a selection from the drop down menu, then proceed.

When the user is finished completing the patient information section, click "Next Page." The User will be prompted to fill in additional items on sponsor, event, and patient history.

Internet Explorer

Department of Defense Suicide Event Report

I. Patient

Patient Name: D. J. Smith
Patient SSN: 123-45-6789
Event Type: Suicide
Event Date: 11/11/11
Report Type: DODSER Army

If a question is marked with an asterisk (*), you must provide an answer before you can submit the DODSER.

E. * Relationship to sponsor:

- Sponsor
- Spouse
- Dependent
- Other
- Army
- Air Force
- Navy
- Marines
- Coast Guard
- Foreign military
- Other uniformed service
- Other

E. * Racial category:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black/African American
- White/Caucasian
- Other
- Don't know

E. * Specific ethnic group:

- Hispanic
- Maricopa
- Puerto Rican
- Cuban
- Latin American
- Other Spanish
- Native American
- Alaska
- Eskimo
- U.S. (as defined by the Table)
- Asian
- Other Asian
- Japanese
- Korean
- Indian
- Filipino
- Vietnamese
- Other Asian
- Pacific Islander
- Polynesian
- Other Pacific Islander
- Other
- Don't know

II. **SUMMARY** -This section pertains to information about the individual completing the DODSER.

Fill in all information. Items marked with a red asterisk are **REQUIRED**.

When the user is finished completing the summary information section click "Next Page".

III. **REVIEW** -This section of the DODSER allows the user to review his/her selections and notes missing fields.

Review the information submitted in the DODSER. If there are no mistakes and all the information is correct, click "Submit". If there are mistakes, click "Save". The program will prompt the user to the home page.

DoDSER - VIII. Narrative Summary - Microsoft Internet Explorer provided by NACI

Department of Defense Suicide Event Report

VIII. Narrative Summary

Patient Name: Eaton, Daniel Event Type: Suicide Attempt Report Type: Marine Corps
Patient SSN: 126-74-1262 Event Date: 31 Jan 2010

If a question is marked with an asterisk (*), you must provide an answer before you can submit the DoDSER

99. (For Medical Providers Only) Provide a brief "bio-psycho-social" formulation as to WHY this patient/decendent engaged in suicidal behavior.

3996 char. left, alphanumeric and punctuation allowed

100. *Location where this DoDSER was completed:
 Same as geographic event location
 Other location

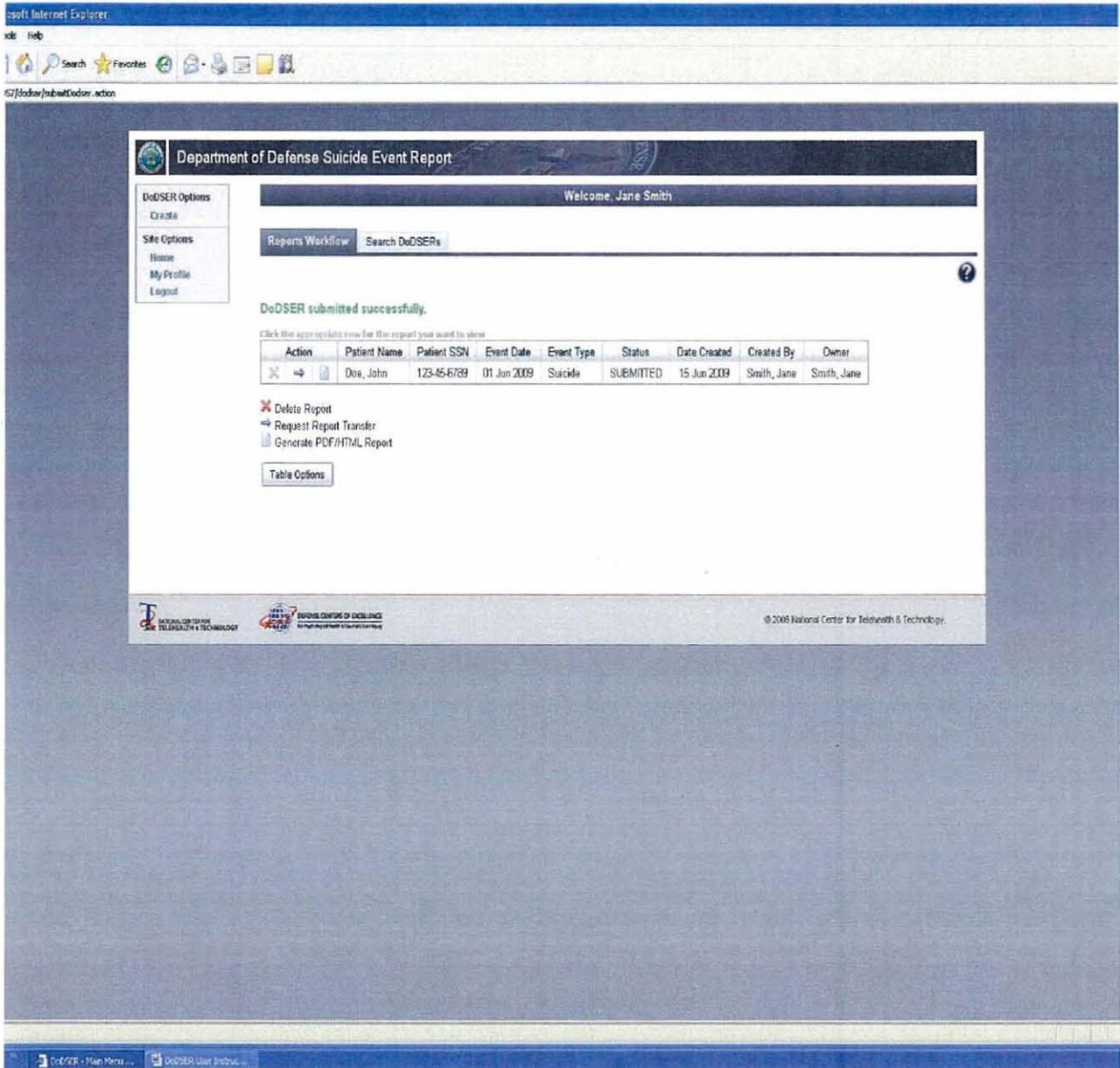
101. Medical facility or unit where this DoDSER was completed:
*Navy/Marine Corps location: 100 alphanumeric char. max

102. Behavioral Health Provider:
Name: 100 alphanumeric char. max
Rank/grade: 100 alphanumeric char. max
Phone number: (xxx-xxx-xxxx)
DSN prefix: 100 alphanumeric char. max
*Email: valid email address only.
Specialty:
 Licensed Mental health Counselor or equivalent
 Psychiatric Nurse
 Psychiatrist
 Psychologist
 Social Worker
 Other: 100 alphanumeric char. max

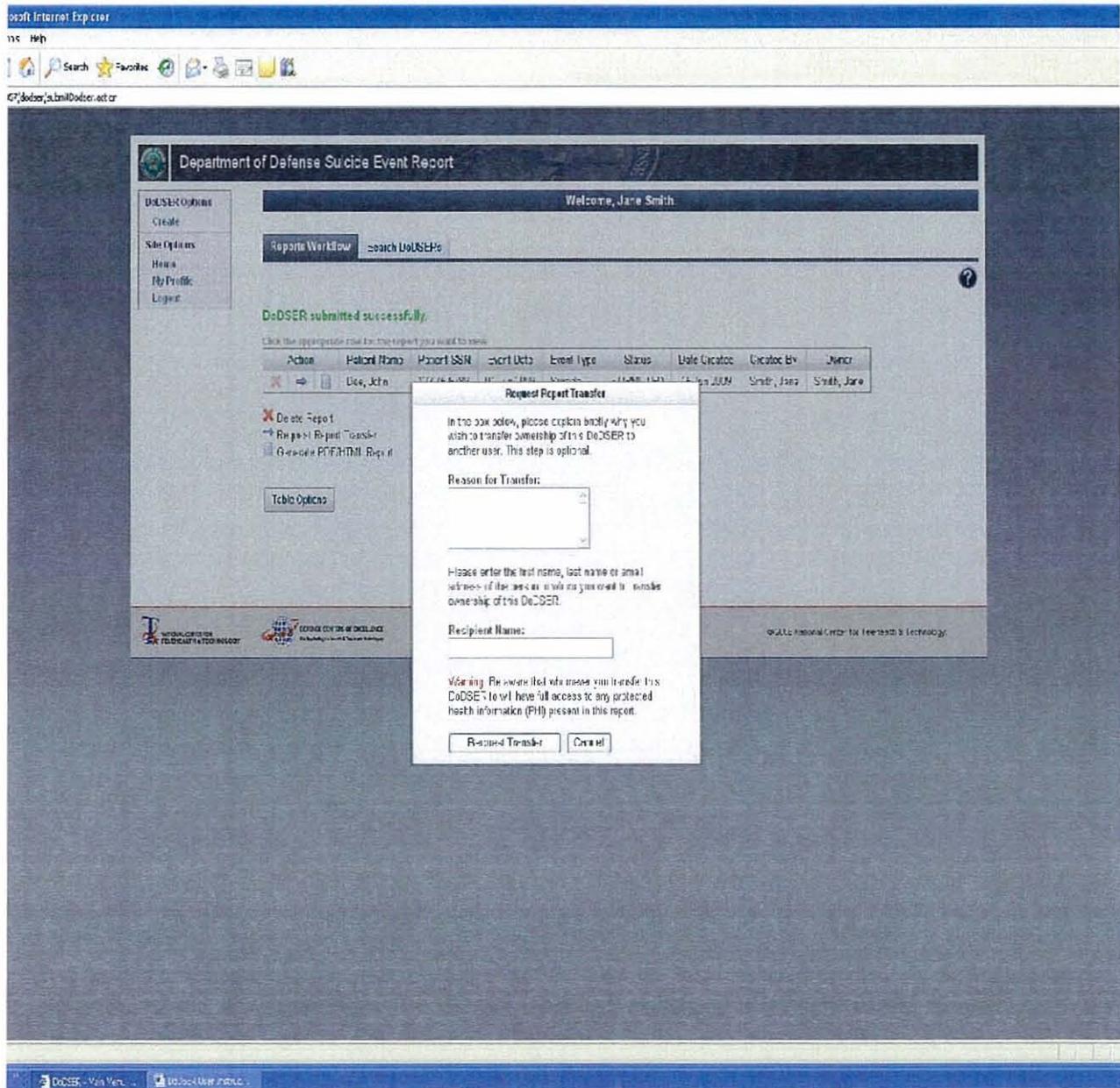
103. Form Completer (Non-Behavioral Health Provider):
Name: 100 alphanumeric char. max
Rank/grade: 100 alphanumeric char. max

At the home page, the user can see all submissions made by him/her. If changes need to be made to a DODSER that is "In Progress," click on the name of the patient and make corrections accordingly. To delete a DODSER that is "In Progress," simply click on the red X for "Delete Report" and the designated DODSER will be deleted from the user's file.

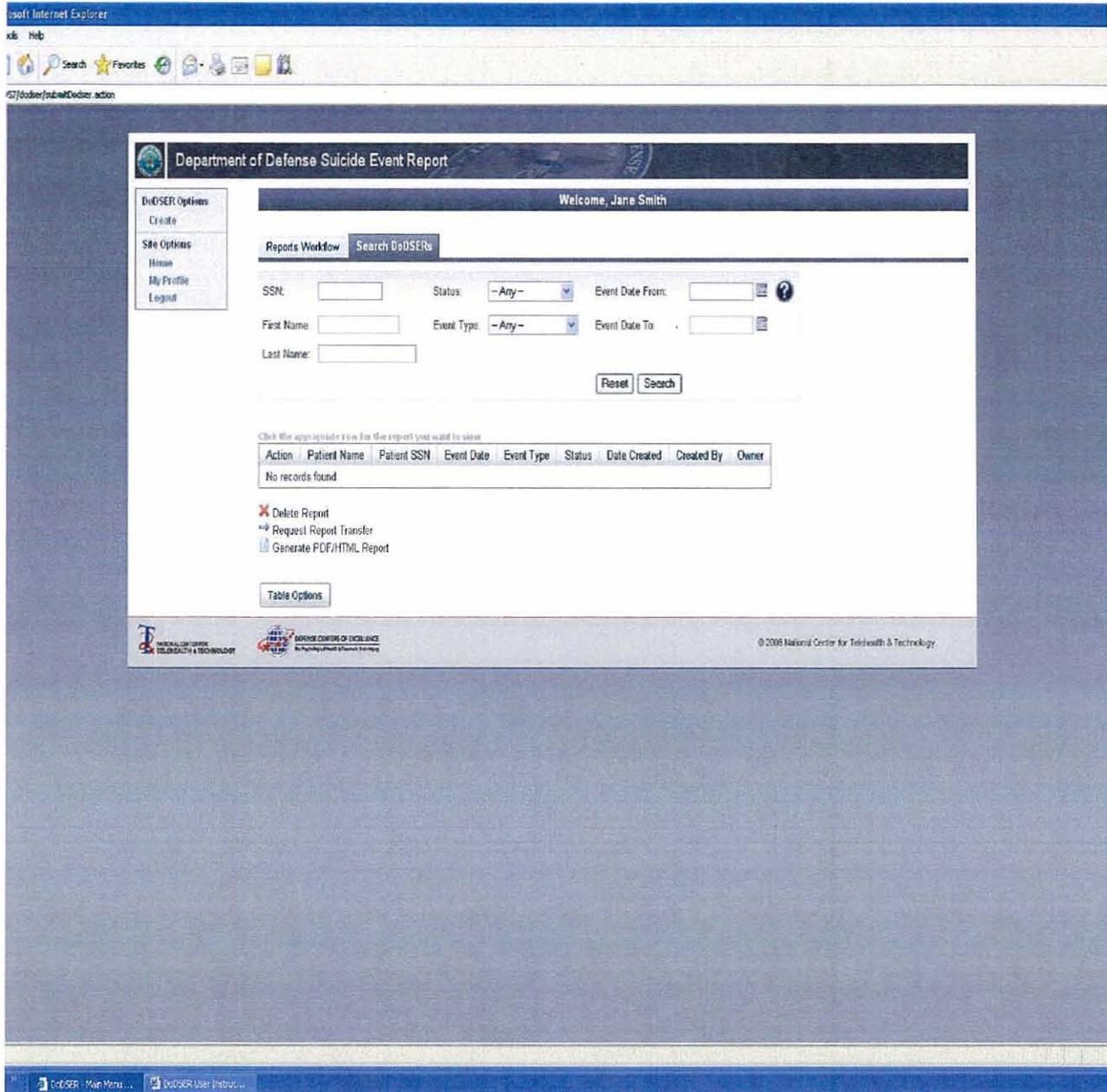
If a DODSER needs to be deleted that has already been submitted, please contact HQMC Suicide Prevention Program.



To **Transfer** a DODSER to another provider, click on the blue arrow (➡) and fill in the selected information. Click **"Request Transfer,"** and the DODSER will be transferred to the service administrator. Service administrators and DOD managers may complete requests for transfer.



To search for a DODSER that has already been "Submitted," or that is still "In Progress," fill in all known information and click "Search." The user may only search for DODSERS that the user has submitted.



Recognition citation example, recognizing exceptional peer-to-peer suicide intervention:

CORPORAL DEV L. DAWG
UNITED STATES MARINE CORPS

FOR EXCEPTIONAL PERFORMANCE OF DUTY BY HELPING A FELLOW MARINE IN NEED WHILE SERVING AS _____ ON _____. ON THIS DAY, CORPORAL DAWG TOOK IMMEDIATE ACTION TO ENSURE THAT A FELLOW MARINE RECEIVED IMMEDIATE CARE AND ASSISTANCE. UPON NOTIFICATION THAT A CLOSE PERSONAL MARINE FRIEND AND MENTOR HAD THE INTENTION OF POSSIBLY CAUSING HIMSELF PERSONAL HARM, CORPORAL DAWG IMMEDIATELY CONTACTED THE MARINE'S CHAIN OF COMMAND. HIS EFFORTS WERE DIRECTLY RESPONSIBLE FOR THIS MARINE RECEIVING IMMEDIATE AND MUCH NEEDED MEDICAL ATTENTION. HIS UNTIRING DEVOTION AND SPECIFIC ACTIONS ON THIS DAY EXEMPLIFIED THE CHARACTERISTICS OF A TRUE NONCOMMISSIONED OFFICER AND DIRECTLY CONTRIBUTED TO SAVING THIS MARINE'S LIFE. THE MARINE CORPS IS DEEPLY INDEBTED TO HIM. CORPORAL DAWG'S INITIATIVE, PERSEVERANCE, AND TOTAL DEDICATION TO DUTY REFLECTED CREDIT UPON HIM AND WERE IN KEEPING WITH THE HIGHEST TRADITIONS OF THE MARINE CORPS AND THE UNITED STATES NAVAL SERVICE.

DATED
I. M. COMMANDING
Colonel, U.S. Marine Corps
Commanding