



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3280 RUSSELL ROAD
QUANTICO, VIRGINIA 22134-5103

NAVMC 1720.1A
MF

NAVMC 1720.1A

From: Commandant of the Marine Corps
To: Marine Corps Active and Reserve Components
Subj: MARINE CORPS SUICIDE PREVENTION SYSTEM PROCEDURES
Ref: (a) MCO 1720.2A
(b) DoD Instruction 6490.16 w/CH-2, "Defense Suicide Prevention Program," September 11, 2020
(c) DoD Instruction 1010.10 w/CH-3, "Health Promotion and Disease Prevention," May 16, 2022
(d) DoD Instruction 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011
(e) DoD Instruction 6490.04 w/CH-1, "Mental Health Evaluations of Members of the Military Services," April 22, 2020
(f) MCO 1754.14
(g) MCO 3040.4
(h) DoD Instruction 5200.08 w/CH-3, "Security of DoD Installations and Resources and the DoD Physical Security Review Board (PSRB)," November 20, 2015
(i) MCO 5530.14A
(j) MCO 3504.2A
(k) MCO 5100.29C
(l) SECNAVINST 5211.5F
(m) MCO 5512.11E
(n) MARADMIN 355/20
(o) MCO 5351.1
(p) DoD Instruction 6400.09 "Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm" September 11, 2020
(q) SECNAVINST 5510.35D
(r) MARADMIN 044/20
(s) 5 U.S.C. 552a

Encl: (1) MARINE CORPS SUICIDE PREVENTION SYSTEM PROCEDURES

1. Purpose. Suicide Prevention in the Marine Corps is executed in accordance with references (a) to (s) and this NAVMC. This NAVMC establishes procedures to support suicide prevention, intervention, and postvention efforts and to ensure consistency throughout the Marine Corps. This NAVMC details the activities of all stakeholders involved in the Marine Corps Suicide Prevention System (MCSPS), which incorporates critical elements and resources to support suicide prevention, intervention, and postvention efforts.

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

04-Oct-22

2. Scope. Commanders; Suicide Prevention Program Officers (SPPO); Suicide Prevention Program Officer Coordinators (SPPC); Marines and Service members attached to Marine Commands (hereafter referred to as Marines); Combat Operational Stress Control (COSC) Regional Training Coordinators (RTC), Providers, Extenders, and Team Members; Navy Embedded Mental Health (EMH); Chaplains; Safety Officers; Installation Marine Corps Community Service (MCCS) assets; Embedded Preventive Behavioral Health Capability (EPBHC); and supporting organizations comply with the procedures contained in this NAVMC.

3. Information. Manpower and Reserve Affairs (M&RA), Marine and Family Programs Division (MF), Behavioral Programs Branch, Suicide Prevention Capability Section (SPC) will update the procedures provided within this NAVMC as necessary. Questions related to the content of this NAVMC should be directed to: M&RA, MF, Behavioral Programs Branch, SPC, 3280 Russell Road, Quantico VA 22134, (703) 784-9044.

4. Applicability. This NAVMC is applicable to the Active and Reserve Components.

5. Certification. This NAVMC is effective the date signed.

BALOCKI.MARIE.C
LAIRE.1160469494

Digitally signed by
BALOCKI MARIE CLAIRE 11604
69494
Date: 2022.10.04 18:44:55 -0400

M. C. BALOCKI
Director
Marine and Family
Programs Division

DISTRIBUTION: PCN 10001720100

MARINE CORPS SUICIDE PREVENTION SYSTEM PROCEDURES**TABLE OF CONTENTS**

<u>IDENTIFICATION</u>	<u>TITLE</u>	<u>PAGE</u>
Chapter 1	ROLES AND RESPONSIBILITIES OF SUICIDE PREVENTION STAKEHOLDERS	
1.	Purpose	1-1
2.	Stakeholder Responsibilities	1-1
Chapter 2	MARINE CORPS SUICIDE PREVENTION SYSTEM PROCEDURES	
1.	Purpose	2-1
2.	Procedural Prevention Guidelines for Suicide Prevention	2-1
3.	Procedural Guidelines for Behavioral Response	2-4
4.	Procedural Guidelines for Postvention and Memorial Services/Remembrances	2-8
Chapter 3	ACCESS TO LETHAL MEANS	
1.	Purpose	3-1
2.	Voluntary Safe Storage	3-1
3.	Safety Measures	3-1
Chapter 4	REPORTING SUICIDE-RELATED EVENTS	
1.	Purpose	4-1
2.	Command Reporting Requirements	4-1
3.	Surveillance of Suicide-Related Events by Headquarters Marine Corps (HQMC)	4-4
APPENDIX A	COMMANDER'S CHECKLIST FOR RESPONSE TO SUICIDE RELATED EVENTS	A-1
APPENDIX B	STANDARD OPREP-3 SIR MESSAGE FORMAT	B-1
	STANDARD PCR SUICIDE ATTEMPT FORMAT	B-3
	STANDARD PCR DEATH BY SUICIDE FORMAT	B-4
	MARINE AND FAMILY PROGRAMS DIVISION (MF) 30-DAY DEATH OR SUSPECTED DEATH BY SUICIDE REPORT FORMAT	B-5
	MARINE FORCES RESERVE SUICIDE EVENT REPORTING REQUIREMENTS	B-12
APPENDIX C	DEFINITIONS	C-1
	TERMS AND DEFINITIONS NO LONGER USED	C-3
	GLOSSARY OF ACRONYMS	C-4
APPENDIX D	SUICIDE PREVENTION PROGRAM OFFICER/SUICIDE PREVENTION PROGRAM COORDINATOR APPOINTMENT LETTER EXAMPLE	D-1
APPENDIX E	SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION RESOURCES	E-1

Chapter 1

Roles and Responsibilities of Suicide Prevention Stakeholders

1. Purpose. Provide procedures that pertain to the roles and responsibilities of suicide prevention stakeholders as established within the policies and guidance of reference (a) in order to execute a comprehensive, standardized, and effective Marine Corps Suicide Prevention System (MCSPS).

2. Stakeholder Responsibilities

a. Manpower and Reserve Affairs (M&RA), Marine and Family Programs Division (MF):

(1) Oversee the content of the Inspector General Marine Corps (IGMC) Suicide Prevention Checklist. Participate as subject matter experts for every required IGMC inspection.

(a) During IGMC inspections, audit the unit's ability to conduct training, namely Unit Marine Awareness and Prevention Integrated Training (UMAPIT).

(b) While auditing, observe the training to ensure it is conducted by a trained facilitator, provided to the authorized number of personnel and executed in accordance with all HQMC training requirements.

(2) Provide Department of Defense Suicide Event Report (DoDSER) to include: addressing questions; adapting and implementing proposed standard operating procedures for the submission process; and assisting those who submit DoDSERs to understand the necessary information for completion, per reference (a) and this NAVMC. Provide formal reports on suicide-related events across the Marine Corps.

(3) Conduct the Death by Suicide Review Board (DSRB), which comprises subject matter experts from M&RA, MF and other stakeholders whose expertise may be relevant to the process. The timeline of release of this information to installation level stakeholders and operational commanders is dependent on when M&RA, MF receives all death by suicide reports from the prior year. Once received, analyzed, and staffed for leadership review, the results are published.

(4) Coordinate with the Commanding General, Marine Corps Training and Education Command, to develop suicide prevention learning objectives and training curriculum in enterprise-wide professional military education. The objective of the training is to promote mental wellness and leadership at all levels of the Marine Corps.

(5) Collaborate with stakeholders to incorporate the elements of suicide prevention into training and education for Marines and their families

and opportunities to attend suicide prevention trainings.

(6) Assign MarineNet training to all Marines whose record includes the extra duty code (SPPO/SPC) in the Marine Corps Total Force System to ensure: 1) command appointed SPPO/SPPC's complete the required training, 2) training completion is monitored on a monthly basis; and 3) maintain ongoing oversight of the command-level suicide prevention program through the SPPO/SPPC to make certain requirements are implemented in accordance with DOD and Marine Corps policy.

b. All Major Operational and Installation Level Commanding Officers

(1) Establish a command climate that provides subordinate leadership the latitude to care for the mental, physical, spiritual, and social health and readiness of your Marines.

(2) Promote the use of the Combat Operational Stress Control (COSC) core leadership functions and the hierarchy of response presented in chapter 2 of this NAVMC.

(3) Appoint SPPOs/SPPCs in accordance with command level and as directed in reference (a).

(4) Ensure all Marines under the command's administrative control receive annual HQMC-approved suicide prevention training and be prepared to demonstrate a period of instruction during the IGMC inspection in accordance with training requirements.

c. Suicide Prevention Program Officer (SPPO)/Suicide Prevention Program Coordinator (SPPC). The SPPOs and SPPCs are command-level appointments and are one of the commander's means of operationalizing suicide prevention in their unit. As such, SPPOs/SPPCs are responsible to the commander by whom they are appointed in support of that commander's suicide prevention efforts. In accordance with reference (a), SPPOs and SPPCs must:

(1) Be thoroughly familiar with the contents of reference (a) and this NAVMC in order to advise the chain of command on all suicide prevention matters and the functioning of the MCSPS. The SPPOs/SPPCs are not to provide intervention or clinical/therapy services.

(2) Advise the commander on requirements, resources, and the timeliness of reports following a suicidal ideation, suicide attempt, and death by suicide. Suicide event reporting procedures and timelines are contained in chapter 4 of this NAVMC.

(3) Ensure suicide prevention materials, resources, and leadership messages are accessible throughout the command. Prominently display suicide hotline contact numbers in readily available areas to Marines and on unit webpages. Appendix E of this NAVMC provides additional resources.

(4) In accordance with command level operational guidance,

schedule and announce Unit Marine Awareness and Prevention Integrated Training (UMAPIT) authorized by M&RA, MF. Providing additional suicide prevention education and training is encouraged to strengthen resilience skills and mitigate suicide risks. Additional training materials and other resources are located on the Suicide Prevention homepage https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability. Ensure the training presented is based on the most up-to-date suicide prevention training requirements.

(5) Assist the commander in the development of risk management procedures to mitigate the impact of critical stressors, onset of stress injuries, and suicide events. Additional information on risk management procedures are provided on the Suicide Prevention homepage https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability. The procedures include:

(a) Internal suicide-related event notification.

(b) Measures to facilitate risk management.

(c) Methods to restrict access to lethal means.

(d) Confidentiality awareness.

(e) Guidance for initiating an appropriate Marine Intercept Program (MIP) referral, per reference (f). Chapter 2 of this NAVMC addresses MIP.

(f) Direction on how to assist fellow Marines directly or indirectly affected by crisis.

(g) Reintegration and postvention methods.

(h) A list of suicide prevention resources and education on the identification of signs and risk factors of suicide. Appendix E of this NAVMC provides additional resources.

(6) Ensure risk management procedures are current and tailored specifically to the command, in compliance with the requirements of reference (a), and established with an understanding of all available resources and mental health assets.

(7) Participate in quarterly meetings as directed by M&RA, MFC, Suicide Prevention Capability Section (SPC). Maintain collaboration and coordination with other SPPOs/SPPCs, EPBHC, and Navy EMH, where available, to ensure knowledge of most up-to-date resources and implementation of suicide prevention within the MCSPS.

(8) Maintain a copy of the SPPO/SPPC appointment letter and training certification. SPPO/SPPCs are responsible for providing a copy of appointment letters and MarineNet certificates to inspectors.

(9) Contact M&RA, MF, SPC within 30 days of appointment in writing, and when replaced, to establish and maintain a line of communication to facilitate reception of information, resources and policy clarification from HQMC. An additional duty code (SPPO/SPPC) is entered into the Marine Corps Total Force System for identification purposes. Appendix D of this NAVMC provides an example of an SPPO/SPPC appointment letter.

d. Suicide Prevention Program Officer (SPPO)/Suicide Prevention Program Coordinator (SPPC) Selection Requirements:

(1) Commanders shall appoint in writing 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 to fulfill the duties as the unit SPPO, per reference (a). At recruiting stations commanders may appoint an E-5 or above. Reserve Component commands shall establish and maintain a single suicide prevention program inclusive of Reserve and Active Duty personnel, per reference (a). This includes the appointment of a SPPO at each Inspector-Instructor (I&I) duty station.

(2) Commanders shall appoint in writing 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, per reference (a).

(3) Consider the Marine or Sailor's maturity, desire to perform the collateral billet, existing collateral duties, and current workload during the selection to ensure that the SPPO/SPPC can support an effective program.

(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, per reference (a).

(5) Suicide prevention is a commander's program and having the SPPO/SPPC be a uniformed member ensures program personnel are approachable by other Marines and have access to the commander at all times.

(6) Commanders may not appoint embedded personnel or civilians who have position descriptions associated with their employment as suicide prevention program personnel. Commanders shall request exception to policy from DC, M&RA, via chain of command in cases where it is necessary to appoint a civilian as the SPPC, per reference (a). Submit request to HQMCSPC@usmc.mil.

e. Suicide Prevention Program Officer (SPPO)/Suicide Prevention Program Coordinator (SPPC) Training:

(1) Complete the required M&RA approved SPPO/SPPC online training located on MarineNet within 30 days of appointment, per reference (a). Command shall maintain copies of the training certificate for inspection purposes while the Marine/Sailor is designated as the SPPO/SPPC, per reference (a).

(2) Remain current with annual suicide prevention training in accordance with references (a) and (b). Additionally, the SPPO/SPPC are to complete the Operational Stress Control and Readiness (OSCAR) training within 90 days of appointment. OSCAR training provides information and resources for the identification and early intervention of Marines experiencing stress injuries.

f. Marine Corps Suicide Prevention System (MCSPS) Stakeholders when functioning in the capacity of suicide prevention and in accordance with reference (a), must:

(1) Be thoroughly familiar with the contents of reference (a) and this NAVMC in order to support suicide prevention efforts, the MCSPS methodology and the needs of the SPPOs and SPPCs as they support the commander's suicide prevention efforts.

(2) Participate in quarterly SPPO/SPPC meetings as directed by SPC. Maintain collaboration and coordination with SPC and other suicide prevention stakeholders to ensure knowledge of the most up-to-date resources and implementation of suicide prevention within the Marine Corps.

Chapter 2

Marine Corps Suicide Prevention System Procedures

1. Purpose. Provide commanders, SPPOs/SPPCs, supporting organizations, and individual Marines information on MCSPS procedures in order to implement suicide prevention, intervention, and postvention. The procedures are designed to guide: creation and sustainment and promotion of positive behaviors; maintaining force readiness and resiliency, and improve overall wellbeing of Marines.

2. Procedural Guidelines for Suicide Preventiona. Suicide Prevention Marine Corps Suicide Prevention System (MCSPS) Stakeholders

(1) M&RA, MF, SPC; Commanders; SPPO/SPPCs; individual Marines; COSC RTCs; OSCAR Operational Stress Control and Readiness (OSCAR) Team Members; Navy Embedded Mental Health (EMH); Chaplains; Safety Officers; Equal Employment Opportunity (EEO), Sexual Assault Response Coordinators (SARCs), Victim Advocates (VAs), the Embedded Preventive Behavioral Health Capability (EPBHC), and installation MCCS assets are suicide prevention stakeholders within the MCSPS.

(2) Suicide prevention stakeholders support Marines through coordinated efforts overseen by SPC. This includes providing training to strengthen resiliency, skills to mitigate stressors that interfere with mission readiness, education to identify Marines in distress, and when appropriate, effective interventions to get Marines back in the fight.

b. Suicide Prevention Framework. Suicide prevention includes all factors of the environment that influence a Marine's stress response and mental wellness. Marine Corps suicide prevention encompasses the five core leadership functions: strengthen, mitigate, identify, treat, and reintegrate. A successful suicide prevention program requires command involvement. In accordance with references (a) and (o), commanders shall include these five elements as integral functions of their suicide prevention program and command climate.

(1) Strengthen. Strengthening Marines enhances resilience against stress and aids in creating effective stress responses. Leaders are critical in building the skills and habits of effective stress management that support training, safety, and access to care for Marines and their Families. In accordance with references (a) and (o) leaders must:

(a) Develop unit cohesion and provide positive examples of effective stress management such as reducing stigma of accessing mental health services.

(b) Foster an environment that promotes and cultivates

mental wellness of the Marines.

(c) Demonstrate that no one is immune to stress and provide examples of how to respond to life stressors in a positive manner.

(d) Promote ethics and protect core values to ensure that the mental, physical, spiritual, and social health of every Marine in the unit is maintained.

(2) Mitigate. Mitigation is the result of efforts taken to ensure that stress levels are well-managed in order to conserve mental, physical, spiritual, and social fitness and unit readiness. In accordance with reference (a) and (o) leaders must:

(a) Demonstrate examples of effective stress management for Marines by responding positively to life stressors.

(b) Train Marines to understand the importance of developing positive resiliency skills to mitigate suicide risk and encourage help-seeking behavior.

(c) Provide awareness on the procedures in place to assist Marines in need of support, resources, and treatment.

(d) Educate Marines that anyone may be at risk of suicide regardless of age, gender, race, rank, or professional status.

(e) Provide awareness of lethal means safety, to include safe storage requirements for firearms and medications as methods to mitigate negative stress reactions. Additional details on access to lethal means are covered in Chapter 3 of this NAVMC.

(3) Identify. Every Marine experiences stress. Effective leadership continuously monitors stressors and recognizes when a fellow Marine is at risk for suicide, or experiencing critical stressors or stress injuries. In accordance with references (a) and (o) leaders must:

(a) Know their Marines, including their specific strengths, weaknesses, and the nature of the personal and professional challenges the Marines experience.

(b) Know why their Marines joined the Marine Corps; what each Marine wants from the experience; and how to support the Marine's personal and professional growth while maintaining unit readiness.

(c) Discuss Marines' personal and professional goals to ensure they are meeting identified objectives to support mental, physical, spiritual, and social fitness.

(d) Actively listen to Marines. Personal time with a

respected leader allows a Marine to know he or she is appreciated and contributes to the Marine's morale.

(4) Treat. Commanders are responsible to ensure the full and adequate course of treatment for Marines. In order to increase the likelihood that care is accepted by the Marines, and in accordance with references (a) and (o) leaders must:

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

(b) Assist Marines in need of support, resources, and treatment and ensure access to care without judgment or stigma.

(c) Properly respond to Marine's behavioral changes through the use of the behavioral response described in paragraph 3, page 2-4 of this chapter.

(5) Reintegrate. Commanders assume responsibility for every aspect of the lives of the Marines with whom they have been entrusted. Appropriate reintegration after a suicide-related event, whether transitioning the Marine back into the workplace, another duty, or into civilian life, is vital to the Marine's long-term success. In accordance with references (a) and (o) leaders must:

(a) Provide support to Marines who have experienced a stress injury, suicidal ideation, or suicide attempt.

(b) Remain engaged with the Marine and his or her family by providing assistance and resources to facilitate the Marine's transition.

c. Suicide Prevention. Marine Corps suicide prevention efforts are reinforced through initiatives that increase problem-solving and coping skills to minimize the likelihood of suicidal behavior. Marine Corps suicide prevention efforts are comprised of, but are not limited to, training, skill building and stress management, safe messaging, and access to care.

(1) Training. Suicide prevention training emphasizes the importance of assisting Marines as they develop and strengthen resilience skills, identify potential suicide risk factors in themselves and peers, mitigate suicide risk, and encourage help-seeking behavior.

(a) Commanders must ensure annual suicide prevention training is conducted through Unit Marine Awareness and Prevention Integrated Training (UMAPIT), per reference (a). This training is intended to be delivered by a trained UMAPIT instructor in a small group format (no more than 30 Marines), per reference (r). The

entirety of the curriculum is to be completed as designed to ensure effectiveness. Additional information on UMAPIT, training requirements, and the UMAPIT Facilitator Guide are located on the Suicide Prevention homepage https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability.

(b) Recommend all leaders complete Marine Awareness and Prevention Integrated Training for Leaders (MAPIT-L), consisting of rank-appropriate curricula that integrates managing behavioral health matters with leadership and values-based training.

(c) Commanders are encouraged to augment required suicide prevention training by leveraging other suicide prevention resources such as MAPIT Dashboard. For additional information contact SPC.

(2) Safe Messaging

(a) Everyone plays a role in shaping the conversation to promote health and mental wellness, mitigate risk, and maintain a supportive environment to enhance total fitness. Leaders are critical in conveying suicide-related messages that support safety, help-seeking, and care for Marines and their Families.

(b) All suicide prevention stakeholders use standardized language to promote common language and decrease stigma, per reference (a). Information on safe messaging is located on the Suicide Prevention homepage https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability. Appendix C of this NAVMC provides terms and definitions no longer used.

(3) Access to Care

(a) Command activity homepages must contain a link to the Veterans Crisis Line at <http://veteranscrisisline.net>, and National Suicide Prevention Lifeline at www.suicidepreventionlifeline.org and 1-800-273-TALK, per reference (a).

(b) Marines must have quick access to information on seeking help for stress and mental wellness, including non-installation resources, per reference (a). Ensure information on how to contact community counseling centers, mental health clinics, Military Treatment Facilities (MTFs), Military Family Life Counselors (MFLCs), and local crisis resource centers is readily available, visible throughout the command, and communicated regularly.

(c) A list of additional suicide prevention, intervention, and postvention resources is contained in Appendix E of this NAVMC.

3. Procedural Guidelines for Behavioral Response

a. Intervention. An intervention is action taken to respond to a Marine at high risk for suicide or in crisis.

(1) Command climate is a critical aspect of suicide prevention in the Marine Corps. It provides a proper perspective of what will happen as a Marine deals with life stressors. The intent of the behavioral response is to provide proper and consistent leadership reactions to everyday issues. In accordance with reference (a), the command climate must:

(a) Ensure subordinate leaders are involved with every aspect of Marines' lives in the unit.

(b) Facilitate the discussion of life stressors between Marines and leadership without judgment or stigma.

(c) Place high importance on the mental, physical, spiritual, and social health of every Marine in the command.

(2) Commanders must establish and implement risk management procedures in a manner that addresses the needs of Marines at each level of the behavioral response hierarchy, per reference (a). Risk management procedures are updated and reviewed annually to ensure readiness and accuracy. In accordance with reference (a) risk management procedures should address the following components, at a minimum:

(a) Internal command suicide-event notification procedures. Chapter 4 of this NAVMC outlines reporting requirements for suicide-related events.

(b) Procedures to mitigate stress injuries: (1) safely transporting an at-risk Marine to appropriate medical personnel and/or facilities for evaluation, (2) responding to concerning social media content, and (3) assisting a distressed caller (or someone who calls the command out of concern for a Marine).

(c) Methods to restrict access to lethal means for those deemed at risk for harm to themselves or others. Chapter 3 of this NAVMC outlines practices that restrict access to lethal means.

(d) Posting suicide hotline and veterans' crisis line contact phone numbers and websites. Appendix E of this NAVMC provides additional resources.

(e) Procedures to assist Marines in need of support, resources, and treatment. This includes time allocated for appointments, transportation access, and overcoming logistical barriers. The use of mental health services are to be viewed by all as comparable to the use of other medical and health services. Similar to medical and health services, there should be no stigma

attached to a Marine seeking mental health services, in accordance with reference (e).

(3) Establish a climate that facilitates healthy responses to life stressors. A commander may direct a mental health evaluation to any subordinate Marine for a variety of concerns, including: fitness for duty, occupational requirements, safety issues, significant changes in performance, and behavior changes that appear to be unmanageable by the Marine. A command-directed mental health evaluation has the same status as any other military order, in accordance with references (a) and (e).

(a) A Commander refers a Marine for emergency mental health evaluation when:

1. A Marine through actions, words, or circumstance, attempts, intends, or is likely to cause violence/serious harm to self or others.

2. When the commander believes that the Marine is experiencing a severe mental health issue or is ineffectively responding to stress.

(b) Commanders must ensure that Marines who verbalize suicidal ideations, attempt suicide, or are at high risk of harm to self or others are kept in sight and immediately escorted to an evaluation with a mental health professional, in accordance with references (a) and (d).

(c) Ensure appropriate follow-up care appointments are completed by referred Marines. The mental health professional is to determine current risk of imminent danger and a safety plan, which can be developed and shared with commanders, in accordance with reference (f).

(4) The Marine Intercept Program (MIP) is a targeted intervention that provides brief follow up contacts for Marines who have experienced suicidal ideations or attempts. MIP augments other behavioral programs within the MCSPS through regular contacts (telephonic and face-to-face). Reference (f) of this NAVMC provides detailed information on the MIP.

(a) Commanders shall provide the Community Counseling Program (CCP) counselors with all information necessary to contact the Marine and coordinate command referrals with the CCP Counselor, in accordance with reference (f).

(b) A commander may engage with the MIP to address safety concerns and ensure appropriate command coordination is in place throughout the process and until MIP services are completed.

(5) Marines in the non-activated Reserve Component who

experience suicidal ideations and attempts receive follow-up care from their regional Psychological Health Outreach Program in accordance with reference (f).

(6) OSCAR training educates and enhances a Marine's readiness at the fire team level. Individual Marines are encouraged to:

(a) Be alert and pay attention to fellow Marines' behavior and/or changes in behavior, and circumstances which may provide indicators about their stress levels.

(b) Know fellow Marines well enough to ask questions concerning the noted shifts in behavior or personality. Not all suicidal persons exhibit signs or give signals. Ask directly:

1. "Are you having a hard time dealing with a life situation?"

2. "Is that situation the cause of your altered behavior?"

3. "Will you allow me to help you deal with the stress?"

4. "Is this something we should have a conversation with the command chaplain about?"

5. "What do you think we can do to change the factors of stress in this situation?"

6. "Are you thinking about harming or killing yourself or anyone else?"

(c) Listen without judgement and take the issue seriously. Utilize resources within the unit, to include the Combat and Operational Stress Control Team, Chaplain, and other resources provided during annual training.

(d) Ensure fellow Marines understand that individual welfare is important to the unit's readiness and overall performance.

(e) If needed, escort the Marine to ensure they receive the appropriate level of care.

b. Reintegration. Appropriate reintegration, after any suicide-related event, is vital to the long-term success of the Marine and the unit. In accordance with references (a) and (o), to reintegrate a Marine who experienced a suicide-related event or who required a higher level of care, the commander must:

(1) Provide a command climate that develops an effective reintegration process and demonstrates dignity and respect for the Marine while meeting the needs of the unit. Command leaders, the

Marine, and mental health professionals work together to develop the appropriate environment and effective reintegration process at the lowest levels. Utilize the Commander's Checklist for Response to Suicide-Related Events located in Appendix A of this NAVMC for guidance on reintegration support.

(2) Communicate with healthcare providers to ensure the appropriate follow-up care appointments are scheduled and completed by referred Marines.

(3) Provide support to the Marine and his or her family. It is imperative that the Marine and his or her family are linked with resources and offered supportive care, assistance, and resources to facilitate the Marine's transition back into the workplace. Periods of transition can be a source of heightened stress for the Marine and their fellow Marines.

4. Procedural Guidelines for Postvention and Memorial Services/Remembrances

a. Postvention Procedures. Marines may experience immediate or delayed emotional reactions including perceived guilt, anger, shame, betrayal, or relief following a suicide-related event or death by suicide. It is imperative that unit leadership and peers address and mitigate negative attitudes, and monitor the psychological and mental wellness of members of the unit. Cultural factors play an important role in the grieving process. Incorporate cultural considerations about religion, death, suicide, grief, and loss into all postvention efforts. Additional information and guidance is located in Appendix A of this NAVMC and on the Suicide Prevention homepage located at https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability.

(1) Postvention is a form of prevention. Properly conducted, postvention helps suicide attempt survivors cope with grief and prevents additional suicides. It is imperative that postvention facilitates the healing of individuals from grief and distress of suicide loss; mitigates other negative effects of exposure to suicide; and prevents suicide among Marines who are at high risk after exposure to suicide. MCSPS Stakeholders ensure specific risks factors are addressed within the affected unit.

(2) Utilize the SPPO/SPPC, OSCAR Team members, Chaplain and other members of the MCSPS to provide information and guidance for supporting a unit, fellow Marines, and families after a suicide event to help promote healthy grieving and return to mission readiness. The period following such an event may be a time of heightened risk for suicide.

(3) Foster a positive, safe command climate that promotes healthy stress responses and cultivates mental wellness within the unit. The command climate is the best resource to assist with the recovery process, encourage healthy grieving, and return to readiness.

Utilize the Commander's Checklist for Response to Suicide-Related Events located in Appendix A of this NAVMC for guidance.

(4) Conduct appropriate postvention responses. Reinforcing prevention training as a form of postvention may inadvertently cause shame or guilt. The following principles are key elements of a postvention response:

(a) Predictability: While suicide is not predictable, a command's commitment to mental wellness can be predictable. Encourage Marines to speak up when they are distressed, and reassure them that support resources are in place and accessible (Chaplain, medical, MCCA assets, etc.). It is important that every member of the unit understands they can communicate and assist fellow Marines as they mitigate life stressors.

(b) Controllability: After a suicide event, it is normal for Marines to feel as if the situation is out of their control. The reintegration process may seem overwhelming at times. Patience and continued mentoring and support of peers, subordinate leaders, and commanders will help during the process.

(c) Relationships: The connections with peers, leaders, and loved ones can provide a sense of community, hope, and purpose for every member of the unit. Encourage Marines to maintain the connection they have with one another. Encourage leaders to ask other Marines how they are and actively listen.

(d) Trust: Trust plays a critical role in a unit's ability to withstand adversity and it extends beyond individual relationships. Similar to predictability, the presence of trust promotes a supportive command climate and mental wellness. It is essential that commanders utilize the suicide prevention stakeholders within the Marine Corps and the unit.

(e) Meaning: Following a suicide event, it is common for those affected to seek answers and assign blame. The support of fellow Marines and leaders can assist in the recovery process by fostering hope. Manage rumors by accurately, respectfully, and carefully communicating information about the death in a timely manner. Appendix A of this NAVMC provides additional guidance and resources.

b. Memorial Event or Remembrance Procedures

(1) A memorial event or remembrance should provide the opportunity for closure for members of the unit, per reference (b). Even in the case of a death by suicide, a leader's remarks can serve to reinforce the value of life, underscore the loss felt by members of the unit, encourage others to seek appropriate help, and highlight the ongoing need to care for all unit members. Commanders are encouraged to ask for professional advice and input from providers. Chaplains

have specialized training in the planning and execution of memorial services. Commanders may also seek advisement from installation Behavioral Health services including the Community Counseling Program and MIP services.

(2) In accordance with reference (b), commanders should inform family members of the deceased about any unit memorial event or remembrance that is conducted in a deployed environment, and invite the family to attend memorial events at the home station, as appropriate. Coordination to notify/invite family members will be conducted through the Marine Corps Casualty Assistance Program in accordance with reference (g).

(3) It is critical that commands properly perform a memorial service or remembrance to avoid glorification of the suicide event and potentially increase the likelihood of contagion events among unidentified at-risk Marines and attached civilian personnel.

(4) A successful memorial service or remembrance comforts the grieving, assists the unit to deal with guilt and anger, and encourages Marines and/or family members to seek help if necessary. For specific guidance on memorial events, see reference (b).

Chapter 3

Access to Lethal Means

1. Purpose. This chapter establishes requirements and practices that directly restrict access to lethal means for Marines who are at risk of harm to self or others, per references (a), (b) and (p).

2. Voluntary Safe Storage

a. Promote and educate Marines and immediate family members to voluntary use of gun locks and safe storage methods for privately owned firearm(s), medications, and other lethal means on property that is not on a military installation, or Department of Defense (DoD) owned property, as a matter of general household safety and risk reduction. Due to significant local and state variability in laws regulating privately owned firearm(s) transfer, the command coordinates with local and state authorities for the proper procedures and storage methods relevant to installation or DoD owned property locality.

b. In cases where commanders or mental healthcare professionals have reasonable grounds to believe a Marine is at risk for harm to self or others, encourage Marines to voluntarily store their privately owned firearm(s) on the relevant installation/independent duty site temporarily. If a Marine agrees to voluntarily relinquish his or her privately owned firearm(s), follow the installation/independent duty site procedures for proper and safe storage of privately owned firearms and ammunition. If a command is not located on an installation, the command coordinates with local law enforcement, National Guard, and/or joint-base personnel for safekeeping.

3. Safety Measures

a. If commanders (in consultation with mental healthcare professionals) believe a Marine is at risk of harm to self or others, they will (consistent with the law) ask the Marine to voluntarily store his or her privately owned firearms and ammunition, a minimum of 72 hours, for temporary safekeeping, in accordance with references (a) and (i), and local installation procedures. The action must be entirely voluntary for the Marine; the request by the commander may not be accompanied by any command incentives or disincentives, per references (b) and (p).

b. If a Marine indicates that he or she has possession of a privately owned firearm:

(1) Ask the Marine to voluntarily store firearms and ammunition temporarily at a location designated by local policy for a specified period of time.

(2) If a Marine voluntarily agrees to store his or her

firearms and ammunition for temporary safekeeping, ensure the weapons and ammunition are safeguarded in accordance with reference (i). Ensure the weapons and ammunition are returned in accordance with the installation/independent duty site policies when the specified period ends or the Marine requests them. This is completely voluntarily and for a duration determined solely by the owner of the firearm(s).

Chapter 4

Reporting Suicide-Related Events

1. Purpose. Provide guidance and procedures for reporting suicide ideations, suicide attempts, and deaths in which suicide is suspected or verified within the Marine Corps, per references (a), (b), (g), (j), (l), (n), and (s).

2. Command Reporting Requirements

a. Ensure that protected healthcare information or personally identifiable information contained in any documentation is safeguarded in accordance with the Privacy Act of 1974, per reference (s).

b. Regardless of the severity of injury or perceived intent, submit reports as detailed below. Reserve Component commands shall follow specific reporting processes located in Appendix B of this NAVMC, per reference (a).

(1) Death by Suicide is Suspected or Verified

(a) If a suspected or verified death by suicide occurs, submit an OPREP-3 Serious Incident Report (SIR) to Headquarters Marine Corps (HQMC) in accordance with reference (j) via the following:

1. Voice (synchronous) report to the Marine Corps Operations Center (MCOC) within 30 minutes of the incident, or within 30 minutes of becoming aware of the incident, at 1-866-476-2669, in accordance with references (j) and (n). In the voice report, include applicable information, as available, but at minimum include: date, time, location, unit, installation, personnel involved, and a general description of the incident.

2. Written (asynchronous) report to HQMC using the Automatic Message Handling System (AMHS) to Commandant of Marine Corps (CMC) Washington DC Plans Policy and Operations (PPO) within 6 hours of incident, or within 6 hours of becoming aware of the incident, in accordance with references (j) and (n). Use the format outlined in Appendix B of this NAVMC.

(b) Submit a voice report as soon as possible but no later than 1 hour after learning of the incident to the Casualty Assistance Program, Military Personnel Services Branch, MF at 1-800-847-1597. Provide, at a minimum, the decedent's name, Social Security number, and basic circumstances surrounding the incident, in accordance with reference (g).

(c) Submit a Personnel Casualty Report (PCR) no later than 1 hour after learning of the incident following the requirements and format in accordance with reference (g). Appendix B of this NAVMC provides a standard PCR format.

(d) Submit the DoDSER in deaths where suicide is suspected or verified, per references (a) and (b). This information is utilized in the Death by Suicide Review Board (DSRB).

1. Appoint a Marine Officer and supporting team, within three working days of transmitting the initial PCR, in order to collect, examine, and record information required by the DoDSER in accordance with references (a), (b) and (g). Major command policy determines the command level at which the suicide DoDSER is completed.

2. Submit a DoDSER within 30 days of submitting the initial PCR on <https://DODSER.t2.health.mil/>. The data collection process for the DoDSER is a means to improve risk management, not an investigative procedure to determine negligence or accountability.

(e) Submit a MF 30-Day Death or Suspected Death by Suicide Report, in accordance with reference (a), for all deaths by suicide no later than the close of the thirtieth day following the death and send via encrypted email to M&RA, MF, SPC at 30_day_suicide_report@usmc.mil. Use the format outlined in Appendix B of this NAVMC. A MF 30-Day Death or Suspected Death by Suicide Report quick reference is located on the Suicide Prevention homepage located at https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability.

(f) Submit any updates to the completed DoDSER to M&RA, MF Behavioral Program Data Surveillance within 60 days after Armed Forces Medical Examiner System (AFMES) has determined the manner of death as a suicide, in accordance with references (a) and (b). M&RA, MF Behavioral Programs Branch, Data Surveillance maintains a record of AFMES verifications for suicides and updates it weekly based on reconciliation with AFMES.

(2) Suicide Attempt

(a) If a suicide attempt occurs, provide an OPREP-3 SIR to HQMC in accordance with reference (j) via the following:

1. Voice (synchronous) report to MCOC within 30 minutes of the incident, or within 30 minutes of becoming aware of the incident at 1-866-476-2669, in accordance with references (j) and (n). In the voice report include applicable information, as available, but at minimum include: date, time, location, unit, installation, personnel involved, and a general description of the incident.

2. Written (asynchronous) report to HQMC using the AMHS to CMC Washington DC PPO within 6 hours of incident, or within 6 hours of becoming aware of the incident, in accordance with references (j) and (n). Use the format outlined in Appendix B of this NAVMC.

(b) Submit a voice report as soon as possible but no later than 1 hour after learning of the incident to the Headquarters Marine Corps Casualty Section (MFPC), Military Personnel Services Branch, MF at 1-800-847-1597. Provide, at a minimum, the decedent's name, Social Security number, and basic circumstances surrounding the incident, in accordance with reference (g).

(c) Submit a PCR no later than 1 hour after learning of the incident following the requirements and format in accordance with reference (g). Submit a supplemental/progress PCR at least weekly until the individual's category has been downgraded below seriously ill/injured, is sent on convalescent leave, or is returned to duty. Appendix B of this NAVMC provides an example PCR.

(d) Ensure a medical provider, at the medical treatment facility (MTF) that performs the psychological assessment after the suicide attempt, has completed a DoDSER, in accordance with this NAVMC and references (a), (b) and (g).

1. In the event the Marine is not treated in a MTF, the DoDSER is completed by the unit medical officer or division psychiatrist with the most familiarity with the event, by the MTF responsible for a TRICARE referral, or by the reserve component command medical representative. The Marine's command provides any amplifying information sought by medical personnel for DoDSER completion.

2. Commanders verify the completion of a DoDSER within 30 days of the determination of the attempt by competent medical authority (CMA). Commanders do not receive the report as it is protected medical information.

(3) Suicidal Ideation

(a) If a suicidal ideation occurs, provide an OPREP-3 SIR to HQMC in accordance with reference (j) via the following:

1. Voice (synchronous) report to the MCOC within 12 hours of incident, or within 12 hours of becoming aware of the incident at 1-866-476-2669, in accordance with references (j) and (n). In the voice report include applicable information, as available, but at minimum include: date, time, location, unit, installation, personnel involved, and a general description of the incident.

2. Written (asynchronous) report to HQMC using AMHS to CMC WASHINGTON DC PPO within 24 hours of incident, or within 24 hours of becoming aware of the incident, in accordance with references (j) and (n). A CMA should not be the basis for making a report, per reference (a). Ideations are to be reported as the result of a thought, wish or intent to die or cause self-harm as conveyed to any Marine or any other mandated reporter. 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. Use the format outlined in Appendix B of this NAVMC.

(4) Reporting Requirements for Dependent Deaths When Suicide is Suspected or Verified

(a) The death of a dependent/eligible family member for an active duty Marine is a reportable casualty, in accordance with reference (g). Eligible family member means those individuals recognized as an approved dependent by the Marine Corps. Reports are generated by the first Marine Corps activity learning of the death.

1. Submit a voice report as soon as possible, but no later than one hour after learning of the incident, to the MFPC, Military Personnel Services Branch, MF at 1-800-847-1597. Provide at a minimum the decedent's name, social security number, and basic circumstances surrounding the incident.

2. Submit a PCR no later than one hour after learning of the incident following the requirements and format outlined in reference (g).

(b) Marines have the responsibility to report within 30 days any family member additions or changes, including deaths, to the nearest Defense Enrollment Eligibility Reporting System or Real-Time Automated Personnel Identification System Office, in accordance with reference (b) and (m).

3. Surveillance of Suicide-Related Events and Reporting of Counts and Rates by Headquarters Marine Corps (HQMC)

a. M&RA, MF Behavioral Programs Branch, Data Surveillance:

(1) Identifies suspected or verified suicides, suicide attempts or suicide ideations through surveillance of relevant reports across the Marine Corps.

(2) Cleans, verifies, and enters case information for each suicide related incident into the Suicide Tracking and Reporting Tool (START).

(3) Maintains accurate death by suicide, suicide attempt, and suicide ideation counts across the Marine Corps through reports outlined in this Chapter.

(4) Serves as administrators for the DoDSER system on behalf of the Marine Corps and provides technical assistance to individuals completing DoDSERs for Marine deaths by suicide and suicide attempts.

(5) Provides an accurate list of DoDSER cases to the Defense Health Agency (DHA) Office for inclusion in the DoDSER Annual Report. Reviews and verifies the accuracy of USMC data in the DoDSER Annual Report.

(6) Serves as the Marine Corps point of contact for the AFMES.

(a) Reconciles with the AFMES on a weekly basis to accurately track deaths where suicide is suspected or verified for Active Component Marines and Reserve Component Marines on active duty status.

(b) Provides a list of deaths where suicide is suspected or verified for Reserve Component Marines not on active duty status (NDS) to AFMES on a quarterly basis.

(c) Coordinates with the MFPC to verify suicide as the manner of death for NDS Marines based on the death certificate in the Defense Casualty Information Processing System (DCIPS).

(d) Reviews and verifies final Marine Corps suicide counts for Active and Reserve.

(7) Tracks deaths where suicide is suspected or verified for Dependents of Marines in coordination with MFPC.

(8) Supports requests for information from Defense Suicide Prevention Office with approval from Marine and Family Programs Division leadership.

(9) Supports requests for information with approval from Behavioral Programs Branch leadership and/or Marine and Family Programs Division leadership. Provide aggregate data only with counts larger than five to protect the identity of individual Marines.

(10) Calculates the annual suicide rate for the Active Component and the Reserve Component for internal Marine Corps purposes only. If the number of suicides (numerator) in a rate calculation is less than 20, the suicide rate is not reported because the rate is unstable and therefore not reliable.

(11) Ensures protected healthcare information or personally identifiable information contained in any documentation is safeguarded in accordance with the Privacy Act of 1974, references (l) and (s).

Commander's Checklist

for Response to Suicide-Related Events

INSIDE:

- ◆ Requirements After:
 - Suicidal Ideation
 - Suicide Attempt
 - Death by Suicide

- ◆ Guidance for:
 - Addressing the Unit
 - Reintegration

- ◆ Online Suicide Prevention Resources

This tool provides critical practices for response to suicide-related events that support safety, help-seeking, and healing for the unit, Marines, and their Families.

Prepared by
Headquarters Marine Corps,
Behavioral Programs Branch,
Suicide Prevention
Capability Section



Suicidal Ideation

REQUIREMENTS WITHIN 24 HOURS

_____ Make voice notification to Marine Corps Operations Center (MCOOC) **within 12 hours of the ideation**, or within 12 hours of becoming aware of the ideation. MCOOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454.

_____ Verify Recognize, Act, Care, Escort (R.A.C.E.) protocol has been followed, and that the Marine has not been left alone. Contact Behavioral Health and/or Medical assets and follow the installation protocol. This usually involves a mental health evaluation at the Mental Health clinic (during duty hours) or Emergency Department (after duty hours).

_____ Submit Operations Event/Incident Report (OPREP-3)/Serious Incident Report (SIR) message **within 24 hours of the ideation**, or within 24 hours of becoming aware of the ideation.

_____ If the Marine is not currently a danger to him/herself or others, but is in need of assistance, and there is a question of fitness for duty, the commanding officer can request a Command Directed Evaluation.

Online Suicide Prevention Resources

PsychArmor Institute: psycharmor.org/suicide-prevention-intervention-postvention

Defense Suicide Prevention Office's Fulfillment Center: dspofulfillmentcenter.com

Suicide Prevention Resource Center: sprc.org/resources-programs/locating-and-understanding-data-suicide-prevention

Prevention messaging: suicidepreventionmessaging.org

Centers for Disease Control (CDC) Suicide Prevention: cdc.gov/violenceprevention/suicide/fastfact.html

Reintegration After a Suicidal Ideation

During periods of extreme stress, it is not uncommon for Marines to have thoughts or feelings of suicide, but may not meet criteria for admission to a hospital. In these situations, outpatient treatment will be offered to address the suicidal thoughts and behavior, as well as any mental health disorders. It is essential that leaders and providers collaborate. Consider the following collaborative opportunities:

- Working together to develop a means for ongoing monitoring of potential risks
- Consulting regarding possible responses to a Marine's disruptive behaviors
- Looking for ways to increase support and decrease factors contributing to the individual's suicidal thoughts, feelings, and behaviors
- Following up jointly (provider and leader) with the Marine

Ensure supervisor/designee has frequent check-ins with Marine and that unit leaders meet regularly with the Marine to discuss any safety/coping concerns and provide support. Check-ins (daily to 2-3x weekly) may be accomplished in person, via telephone, or text at the discretion of the Commander. Weekly contact with supervisor/designee should occur face-to-face. Ensure that these contacts are supportive and not punitive by paying particular attention to changes in critical stressors or supports.

If a Behavioral Health/Medical asset believes that a Marine is at an increased risk for suicide, the provider may recommend duty restrictions, such as removal from positions of increased responsibility or temporary change in flying status.

Commands may also be directed by a Mental Health provider to minimize the time a Marine is left alone, as well as, advised to reduce access to lethal means (firearms, medications, etc.).

Ensure the Marine is cleared for return to duty by Behavioral Health and his or her Primary Care Manager. Consultation between Behavioral Health/Primary Care Manager and command can ensure a work schedule that accommodates the Marine, and provides additional supervision and support without risk of showing secondary gain for having reported thoughts of suicide. The goal is to gradually return the Marine to full duties.

If personal safety is a concern:

- Establish non-weapons bearing duties and securing personal weapons/providing an alternative storage site
- Encourage the Marine to voluntarily secure personal firearms with friend/armory
- Establish "No Drink" order
- Have Marine and supervisor/designee develop activity plan for off duty time that fosters connections with positive supports
- Review Marine's leave requests carefully and with consideration for potential stressors; requests should involve structured time or planned events that will enhance the Marine as he or she takes time away from the unit

Be aware of secondary stress to those Marines and/or family members who are directly involved with the Marine. Refer to the appropriate helping agency as needed.

Provide Marines with a list of helping resources such as Community Counseling Program (CCP), Chaplain, and Military and Family Life Counselors (MFLCs).

Encourage Marine's family/friends to reach out to the unit (e.g., Deployment Readiness Coordinators (DRC), Force Preservation Council (FPC) mentor), if they become concerned about the Marine's mental or emotional state.

MARINE &
Family

Suicide Attempt

REQUIREMENTS WITHIN 24 HOURS

_____ Voice notification to MCOC **within 30 minutes of the event**, or within 30 minutes of becoming aware of event. MCOC: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454.

_____ Verify that local law enforcement/Provost Marshal's Office (PMO)/Naval Criminal Investigative Service (NCIS) and 911 (situation dependent) have been contacted. Ensure the area of the attempt has been secured.

_____ Notify chain of command. Ensure notifications are kept to a short list of "need-to-know" personnel and contain a minimum amount of information to convey the nature of the attempt. Being appropriate with "need to know" helps avoid stigmatizing the Marine when he or she returns to work.

_____ If attempt was by an Active Duty Marine, notify the Mental Health clinic or Mental Health on-call provider to consult with safety planning and coordination of a Commander Directed Evaluation.

_____ Submit Personnel Casualty Report (PCR) **no later than one hour** upon knowledge and verification of the attempt. PCRs for suicide attempts require Competent Medical Authority (CMA) determination. Provide CMA contact information in the report.

_____ Submit OPREP-3/SIR message **within six hours of the attempt**, or within six hours of becoming aware of the attempt.

_____ Notify chaplain and Behavioral Health/Medical assets, and consult with providers to prepare announcement to unit and coworkers.

Visiting Marine: If the Marine is hospitalized, consult with Medical and your chain of command, regarding visiting. Attempts require a formal mental health assessment and often result in hospitalization to stabilize the individual and ensure safety.

REQUIREMENT WITHIN 30 DAYS

_____ Verify with CMA that a Defense Suicide Event Report (DoDSER) was completed **within 30 days** of determination of an attempt.

Reintegration After a Suicide Attempt

_____ Ensure the Marine is cleared for return to duty by Mental Health and his or her Primary Care Manager. Consultation between Mental Health/Primary Care Manager and command can ensure a work schedule that accommodates the Marine and provides additional supervision and support. The goal is to gradually return the Marine to full duties.

_____ Ensure supervisor/designee has frequent check-ins with Marine and that unit leaders meet regularly with the Marine to discuss any safety/coping concerns and provide support. Check-ins (daily to 2-3x weekly) may be accomplished in person, via telephone or text at the discretion of the Commander. Weekly contact with supervisor/designee should occur face-to-face. Ensure that these contacts are supportive and not punitive by paying particular attention to changes in critical stressors or supports.

_____ If personal safety is a concern:

- Establish non-weapons bearing duties and securing personal weapons/providing an alternative storage site
- Encourage the Marine to voluntarily secure personal firearms with friend/armory
- Establish “No Drink” order
- Have Marine and supervisor/designee develop activity plan for off duty time, i.e., weekends, leaves, and holidays
- Review Marine’s leave requests carefully with consideration for potential stressors; requests should involve structured time or planned events that will enhance the Marine as he or she takes time away from the unit.

_____ Encourage Marine to continue engage in unit and community activities, if appropriate.

_____ Emphasize how other Marines in the unit can receive help to cope with the incident. Be aware of secondary trauma to those Marines and/or family members who are close to the Marine who made the attempt. Refer to the appropriate helping agency.

_____ Ensure the unit is aware of helping resources, such as the Military Crisis Line, CCP, Chaplain, and MFLCs.

_____ Encourage family/friends of the Marine to reach out to the unit if they become concerned about the Marine’s mental or emotional behavior and any changes that might increase stress.



Death by Suicide

REQUIREMENTS WITHIN 24 HOURS

_____ Voice notification will be made to MCOG **within 30 minutes of the death**, or within 30 minutes of becoming aware of the death. MCOG: 703-695-5454; toll-free: 866-HQMC-NOW (476-2669); DSN: 225-5454.

_____ Contact Headquarters Marine Corps (HQMC) Casualty to notify next of kin **within one hour of the death**, or within one hour of becoming aware of the death (MFPC: 800-847-1597). Receive briefing on managing casualty affairs. Ensure Casualty Assistance Officer procedures are followed.



_____ Submit PCR **no later than one hour** after knowledge and verification of the death. PCRs for deaths require CMA determination.

_____ Submit OPREP-3/ SIR message **within six hours of the death**, or within six hours of becoming aware of the death.

_____ Notify chaplain, Behavioral Health/Medical assets. Consult providers to prepare announcement to unit and coworkers.

_____ Verify that local law enforcement/PMO/NCIS and 911 (situation dependent) have been contacted. Validate with Judge Advocate General (JAG) and Criminal Investigation Office who has jurisdiction over the scene and medical investigation.

REQUIREMENT WITHIN THREE WORKING DAYS

_____ Within **three working days** of transmitting the initial PCR for a death by suicide, appoint a Marine officer and supporting team to collect, examine, and record information on the DoDSER.

REQUIREMENT WITHIN 30 DAYS

_____ Submit completed DoDSER **within 30 days of initial PCR** for all deaths by suicide at: <https://dodser.t2.health.mil>.

_____ Submit MF 30-Day Death or Suspected Death by Suicide Report **NLT the close of the thirtieth day** following the death and send to M&RA, MF, SPC at 30_day_suicide_report@usmc.mil. The report template is located in Appendix B of NAVMC 1720.1. A quick reference is located on the Suicide Prevention homepage located at https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability.

Guidance for Speaking About Death by Suicide to the Unit

_____ Consult with your Public Affairs Officer, chaplain, and Behavioral Health/Medical assets for guidance on speaking publicly about suicide.

_____ Make an announcement to the unit and work site with a balance of "need to know" and rumor control. Consider having command support team members (e.g., chaplain, MFLC, CCP, OSCAR providers) present. Efforts should focus on survivors, and initial announcement should be made at work site/unit.

_____ Avoid specific details about the death by suicide. Marines may identify with the personal or situational details, which could inadvertently increase suicide-related behaviors within the unit.

- State the death was a suicide or reported suicide. Do not mention method used
- State the general location of the event (on or off installation). Do not state specific location
- Do not state who found the body, whether a note was left, or any assumptions why the Marine killed himself/herself

_____ Focus on how surviving Marines can receive support to cope with the loss. Be aware of secondary trauma to those Marines and/or family members who were directly involved with the suicide incident. Provide Marines with a list of helping resources such as MFLCs, CCPs, the chaplain, and OSCAR providers.

_____ Consider FPC assignment for surviving Marines who were particularly impacted by the death, using the Risk Assessment Mapping Process.

_____ Consult with the senior enlisted leader to schedule a memorial service or remembrance, if desired. Memorial services or remembrances are not mandatory, but are highly encouraged.

_____ During memorials or remembrances, avoid idealizing the deceased or conveying that suicide is different from any other death. Consult with your Behavioral Health assets, the chaplain, and your mentors/chain of command on memorial or remembrance plans.

_____ Anniversaries of suicide (one month, six months, one year) are periods of increased risk for survivors. Promote healthy behaviors and the R.A.C.E. concept during these periods.

STANDARD OPREP-3 SIR MESSAGE FORMAT

** All Personal Data in sample OPREP-3 for Death by Suicide is Suspected
or Verified/Suicide Attempt is fictitious **

(CLASSIFICATION DETERMINED BY INFORMATION IN THE REPORT)

TO:CMC WASHINGTON DC

PPOCC:

SUBJECT: OPREP-3SIR/M123456/001

MSGID/GENADMIN/CMC WASHINGTON DC PPO

POC// SUBJ/OPREP-3SIR/M123456/001 //

REF/A/DOC/CMC/MCO 3504.2A//

REF/B/TEL/CDO I MEF/XXXXXXZ XXX 20// (VOICE NOTIFICATION TO MCOC)

NARR/REF A IS MCO ON OPREP-3SIR: SERIOUS INCIDENT REPORTS. REF

B IS VOICE REPORT SUBMITTED TO THE MCOC.//

POC/I. M. MARINE/GYSGT/I MEF ADJUTANT CHIEF/-/TEL:760-365-1234

/EMAIL: IMMARINE@IMEF.USMC.MIL//

GENTEXT/REMARKS/1.BASIC NARRATIVE REGARDING THE SITUATION, THE MEANS OF
THE ATTEMPT, WHEN THE COMMAND WAS INFORMED, WHERE IT OCCURRED, CASUALTY
STATUS. I.E. SNM INFORMED LEADERSHIP ON XXXXXXXZ XXX 20, THAT WHILE IN
THE BARRACKS... OR, WHILE AT CAMP LEJEUNE NAVAL HOSPITAL FOR A MEDICAL
APPOINTMENT on XXXXXXXZ XXX 20 SNM INFORMED...

2. XXXXXXXZ XXX 20 (DATE WHEN ATTEMPT OCCURRED)

3. PERSONNEL INVOLVED: (ALL FIELDS ARE REQUIRED AND CANNOT BE OMITTED)

A. NAME/RANK

B. EDIPI

C. UNIT ORGANIZATION

D. SMALL UNIT POINT OF CONTACT INFORMATION (IMMEDIATE SUPERVISOR)

E. POINT OF CONTACT FOR COMPETENT MEDICAL AUTHORITY

F. ALCOHOL INVOLVED: Y/N/UNKNOWN

G. LOCATION OF PERSONNEL INVOLVED

4. INVESTIGATION: Y/N. STATE WHAT AGENCY IS CONDUCTING THE
INVESTIGATION

5. MEDIA INTEREST: Y/N. IF SO STATE LOCAL OR NATIONAL

6. LOCAL INTELLIGENCE OFFICER AND SECURITY PERSONNEL HAVE BEEN NOTIFIED:

Y/N

7. STATE ANY FURTHER ACTION BEING TAKEN.///

STANDARD OPREP-3 SIR MESSAGE FORMAT

** All Personal Data in sample OPREP-3 for Suicide Ideation is fictitious
**

(CLASSIFICATION DETERMINED BY INFORMATION IN THE REPORT)

TO:CMC WASHINGTON DC

PPO CC:

SUBJECT: OPREP-3SIR/M123456/001

MSGID/GENADMIN/CMC WASHINGTON DC PPO

POC// SUBJ/OPREP-3SIR/M123456/001 //

REF/A/DOC/CMC/MCO 3504.2A//

REF/B/TEL/CDO I MEF/XXXXXXXZ XXX 20// (VOICE NOTIFICATION TO MCOC)

NARR/REF A IS MCO ON OPREP-3SIR: SERIOUS INCIDENT REPORTS. REF

B IS VOICE REPORT SUBMITTED TO THE MCOC.//

POC/I. M. MARINE/GYSGT/I MEF ADJUTANT CHIEF/-/TEL:760-365-1234

/EMAIL: IMMARINE@IMEF.USMC.MIL//

GENTEXT/REMARKS/1.BASIC NARRATIVE REGARDING THE SITUATION, WHEN THE
COMMAND WAS INFORMED, WHERE IT OCCURRED, CASUALTY STATUS. I.E. SNM
INFORMED LEADERSHIP ON XXXXXXXZ XXX 20, THAT WHILE IN THE BARRACKS... OR,
WHILE AT CAMP LEJEUNE NAVAL HOSPITAL FOR A MEDICAL APPOINTMENT on
XXXXXXXZ XXX 20 SNM INFORMED...

2. XXXXXXXZ XXX 20 (DATE WHEN IDEATION OCCURRED)

3. PERSONNEL INVOLVED: (ALL FIELDS ARE REQUIRED AND CANNOT BE OMITTED)

A. RANK

B. EDIPI

C. BIRTHDATE

D. UNIT ORGANIZATION

E. SMALL UNIT POINT OF CONTACT INFORMATION (IMMEDIATE SUPERVISOR)

F. POINT OF CONTACT FOR COMPETENT MEDICAL AUTHORITY

G. ALCOHOL INVOLVED: Y/N/UNKNOWN

H. LOCATION OF PERSONNEL INVOLVED

4. INVESTIGATION: Y/N. STATE WHAT AGENCY IS CONDUCTING THE
INVESTIGATION

5. MEDIA INTEREST: Y/N. IF SO STATE LOCAL OR NATIONAL

6. LOCAL INTELLIGENCE OFFICER AND SECURITY PERSONNEL HAVE BEEN NOTIFIED:
Y/N

7. STATE ANY FURTHER ACTION BEING TAKEN.///

STANDARD PCR SUICIDE ATTEMPT FORMAT

*** All Personal Data in sample PCRs is fictitious ***

Report Type: INIT

Casualty Type: Nonhostile

Casualty Status: NSI ILL/INJURY

Casualty Category: Self-Inflicted

Report Number: 09207001

Personnel Type: Regular

Personnel Affiliation: Active Duty

Personnel Category: Obligated/Voluntary Service

SSN (New/Old): 999-99-9999

Last Name: SMITHERS

First Name: LEROY

Middle Name: SCOTT

Service: United States Marine Corps

Military Rank: CAPT

Military Unit of Assignment: MWSG 38, MAG 36, 1ST MAW, OKINAWA, JAPAN

Date/Time of Incident (New/Old): 20070220/2315

Incident City: OKINAWA

Incident Country: Japan

Circumstance: SUICIDE ATTEMPT, VERIFIED BY COMPETENT MEDICAL AUTHORITY. DISTRAUGHT OVER A PENDING DIVORCE AND THE RETURN OF HIS FAMILY TO THE STATES, CAPT SMITHERS INGESTED APPROX 45 TYLENOL TABLETS. AT APPROX 0130, 070221 CAPT SMITHERS CONTACTED EMS PERSONNEL AND REPORTED THE INCIDENT. EMS PERSONNEL TRANSPORTED SNO TO THE USNH CAMP LESTER FOR TREATMENT. POC AT USNH CAMP LESTER IS DR. LEE, DSN: 314-623-7773.

Diagnosis Info: SUICIDE ATTEMPT, DRUG OVERDOSE.

Duty Status: Pass/Liberty

Remarks: SPOUSE AND CHILDREN OF SNO ARE IN LAS VEGAS, NV. SNO DOES NOT DESIRE NOK TO BE NOTIFIED. POC AT MWSG IS CAPT WALLACE, DSN: 314-622-9900 OR COML: 011-83-453-7773. PRELIMINARY INQUIRY CONDUCTED ON 20 FEB 07. CAUSE OF INJURY IS SELF-INFLECTED; NO COMMAND INVESTIGATION REQUIRED.

STANDARD PCR DEATH BY SUICIDE FORMAT

*** All Personal Data in sample PCRs is fictitious ***

Report Type: INIT

Casualty Type: Nonhostile

Casualty Status: DECEASED

Casualty Category: Pending

Report Number: B8807008

Personnel Type: Regular

Personnel Affiliation: Active Duty

Personnel Category: Obligated/Voluntary Service

SSN (New/Old): 999-99-9999

Last Name: BOSTON

First Name: GILBERT

Middle Name: JASON

Service: United States Marine Corps

Military Rank: SGT

Military Unit of Assignment: AT (TOW) CO, 8TH TANK BN, HIALEAH FL

Date/Time of Incident (New/Old): 20070807/0350

Incident City: FT LAUDERDALE

Incident State: FL

Circumstance: SGT BOSTON WAS FOUND IN HIS HOME BY THE FT. LAUDERDALE POLICE DEPARTMENT WITH A GUNSHOT WOUND TO THE HEAD. WITNESSES STATE SGT BOSTON WAS ARGUING WITH SOMEONE OVER THE TELEPHONE BEFORE HEARING A GUNSHOT.

Date/Time of Death: 20070807/0350

Place of Death City: FT LAUDERDALE

Place of Death State: FL

Cause of Death: GUNSHOT WOUND TO HEAD

Remarks: PRELIMINARY INQUIRY (PI) INITIATED AND COMPLETED ON 07 AUG 2007. COMMAND INVESTIGATION (CI) REQUIRED AND INITIATED ON 07 AUG 2007. SNM'S MANNER OF DEATH IS PENDING A DETERMINATION BY THE ARMED FORCES MEDICAL EXAMINER. REMAINS ARE LOCATED AT BROWARD COUNTY CORONER; POC IS DR. SMITH AT 555-555-5555.

**MARINE AND FAMILY PROGRAMS DIVISION (MF) 30-DAY DEATH OR SUSPECTED DEATH BY
SUICIDE REPORT FORMAT**

Unit Name
**Marine and Family Programs
Division (MF) 30-Day Death or
Suspected Death by Suicide
Report**

Date of Event (yyyy/mm/dd)

CONTROLLED UNCLASSIFIED INFORMATION (CUI). Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

This document contains information exempt from mandatory disclosure under the Freedom of Information Act. Exemptions (b)(5) and (b)(6) apply.



Submit to:
HQMC, Suicide Prevention Capability
30_Day_Suicide_Attempt@usmc.mil

CUI

Service Member Overview

WHO: EDIPI /Rank/Age/MOS Of Marine(s)/Sailor(s) Involved

RELATIONSHIP STATUS: (Choose: Married, Divorced, Separated, Pending Divorce, Single, Recent Break-Up, or other descriptor)

LOCATION OF DEPENDENTS: City, State

DEPENDENTS: Name/Relationship/Sex/Date of birth
Name/Relationship/Sex/Date of birth

RESIDENCE: On/Off base and address

FAMILY HISTORY/STRESSORS: (Information regarding Birth parents/Home Life/ Extended family/Financial/Legal/ Medical concerns/Previous employment/Performance, etc.)

POSITIVE ELEMENTS: Positive personal/work life influencers (e.g., good relationship, social support from family and/or friends, promotion, etc.)

Photo of Marine
(if available)



MF 30-Day Death or Suspected
Death by Suicide Report/CUI

2

CUI

Military Information

Past

ENLISTMENT WAIVERS: Yes/no (If YES, how many & what type of waiver—medical, drug, etc.)

NJP/COURT MARTIAL HISTORY: Yes/no (If YES, how many, what type of charge, and when; outcome of hearing)

Recent

DUTIES: Current billet

WORK SCHEDULE: Hours prior to incident

STATUS AT THE TIME OF THE INCIDENT: (on duty, liberty, leave, terminal leave, etc.)

FPC CLASSIFICATION AT TIME OF EVENT: Classification/Date Assigned

Anticipated future

EAS: yyyy-mm-dd

REENLISTMENT STATUS: N/A, No Intent, Pending, Approved

PENDING DEPLOYMENTS: No or Type/Location/Date



MF 30-Day Death or Suspected Death by Suicide Report/CUI

CUI

Force Preservation

FORCE PRESERVATION HISTORY FROM [INSERT PREVIOUS COMMAND]			
<u>Detach Date</u>	<u>Last FPC Date</u>	<u>FPC Classification</u>	<u>FPC Handoff</u>
YYMMDD	YYMMDD	High, Medium, Low	No/Yes - Method
Command Mitigation Plan: What FPC Mentor information was passed? What risk mitigation measures did the FPC implement for the service member?			

CURRENT FORCE PRESERVATION HISTORY			
<u>Join Date</u>	<u>FPC Dates</u>	<u>FPC Classification</u>	<u>Mitigation Plans</u>
YYMMDD	YYMMDD	High, Medium, Low	Yes/No
Add rows for each change in classification as necessary			

COMMAND MITIGATION PLAN PRIOR TO EVENT
<ul style="list-style-type: none"> What risk mitigation measures did the FPC implement for the service member?
FPC Effectiveness / Issues / Lessons Learned: What risk factors, indicators, or non-standard conditions were known (by peers, small unit leaders, medical professionals) but not provided to the FPC that would have helped inform the commander?
Mitigation Plan Post-Event / Additional Comments:



MF 30-Day Death or Suspected Death by Suicide Report/CUI

CUI

Relevant History

***Please indicate if any information was discovered post-event**

Address the following:

- Any history of suicidal ideations or attempts – (Yes or No/ **If yes**, provide Date & details)
- Any history of receiving mental health treatment – (Yes or No/ **If yes**, provide Date & details)
- Any history of receiving behavioral health services – (Yes or No/ **If yes**, provide Date & details)
- Was the above history known to command? – (Yes/No/Detail)
- Any factual factors that may have contributed to suicide
- Any pending/recent transitions
- Any pending/recent career setbacks
- Any pending/recent personal relationship changes/stressors
- Any history of substance abuse
- Any prescribed medications, treatments, and where it was obtained
- Any appointments, military and civilian (attended/canceled/missed, etc.)
- Any pending/recent disciplinary actions, charges or court proceedings
- Any history of victimization in service



MF 30-Day Death or Suspected
Death by Suicide Report/CUI

5

CUI

Summary of Events

Preliminary Incident Summary: Provide as much detail as possible regarding the actual events leading up to the incident, the incident itself, and the post incident actions by Marine(s)/ EMS/ Police/ etc.

- Include any other potential contributing factors. (Use as many slides as necessary.)
- Include a description of any involvement of other Marines and how their actions or inactions contributed. This involvement may have had either a positive or negative impact.



MF 30-Day Death or Suspected
Death by Suicide Report/CUI

6

CUI

Initial Lessons Learned/Actions Proposed or Taken*

- Was there any new information learned about the Service Member during the notification of next of kin?
- Detail any lessons learned as a result of this incident.
- Include any recommended changes in policy or SOP that may result.
- Other actions taken by the command.
 - Stand-downs
 - Climate Assessment Surveys(e.g.):
 - Private motor vehicle
 - Drinking and driving
 - Motorcycles
 - Off duty and recreational
 - Ground safety assessment
 - Higher headquarters

*pending results of any ongoing investigations



MF 30-Day Death or Suspected
Death by Suicide Report/CUI

7

MARINE FORCES RESERVE SUICIDE EVENT REPORTING REQUIREMENTS

IDEATION						
CATEGORY	OPREP-3 SIR	Flash Notification to MFR COC	PCR	DODSER	30 Day Brief	Reportable in HQMC Stats
Active Duty	Yes ¹	Yes	No	No	No	Yes
Active Reserve (AR)	Yes ¹	Yes	No	No	No	Yes
SMCR/IMA/IRR on ADOS	Yes ¹	Yes	No	No	No	Yes
SMCR Drill Status	Yes ¹	Yes	No	No	No	Yes
SMCR Non-Drill Status	Yes ¹	Yes	No	No	No	No
IMA Drill Status	Yes ¹	Yes	No	No	No	Yes
IMA Non-Drill Status	Yes ¹	Yes	No	No	No	No
IRR	No	Yes	No	No	No	No
Civilian-On Facility	No	No	No	No	No	No
Civilian-Off Facility	No	No	No	No	No	No
Active Duty Dependents	No	No	No	No	No	No
Reserve Dependents	No	No	No	No	No	No

ATTEMPT						
Requires Competent Medical Authority Determination (Name and POC number)						
CATEGORY	OPREP-3 SIR	Flash Notification to MFR COC	PCR	*DODSER	30 Day Brief	Reportable in HQMC Stats
Active Duty	Yes ¹	Yes	Yes	Yes	Yes	Yes
Active Reserve (AR)	Yes ¹	Yes	Yes	Yes	Yes	Yes
SMCR/IMA/IRR on ADOS	Yes ¹	Yes	Yes	Yes	Yes	Yes
SMCR Drill Status	Yes ¹	Yes	Yes	Yes	Yes	Yes
SMCR Non-Drill Status	Yes ¹	Yes	No	Yes	No	No
IMA Drill Status	Yes ¹	Yes	Yes	Yes	Yes	Yes
IMA Non-Drill Status	Yes ¹	Yes	No	Yes	No	No
IRR	No	Yes	No	No	No	No
Civilian-On Facility	Yes ¹	No	Yes	No	No	No
Civilian-Off Facility	No	No	No	No	No	No
Active Duty Dependents	No	Yes	No	No	No	No
Reserve Dependents	No	Yes	No	No	No	No

¹ cc COMMARFORRES G3 G5

SUICIDE						
CATEGORY	OPREP-3 SIR	Flash Notification to MFR COC	PCR	*DODSER	30 Day Brief	Reportable in HQMC Stats
Active Duty	Yes ¹	Yes	Yes	Yes	Yes	Yes
Active Reserve (AR)	Yes ¹	Yes	Yes	Yes	Yes	Yes
SMCR/IMA/IRR on ADOS	Yes ¹	Yes	Yes	Yes	Yes	Yes
SMCR Drill Status	Yes ¹	Yes	Yes	Yes	Yes	Yes
SMCR Non-Drill Status	Yes ¹	Yes	Yes	Yes	No	Yes
IMA Drill Status	Yes ¹	Yes	Yes	Yes	Yes	Yes
IMA Non-Drill Status	Yes ¹	Yes	Yes	Yes	No	Yes
IRR	No	Yes	Yes	No	No	No
Civilian-On Facility	Yes ¹	Yes	Yes	No	No	No
Civilian-Off Facility	No	Yes	No	No	No	No
Active Duty Dependents	No	Yes	Yes	No	No	No
Reserve Dependents	No	Yes	No	No	No	No

¹ cc COMMARFORRES G3 G5

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 Marines. 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

Automatic Message Handling System	AMHS
Assistant Commandant of the Marine Corps	ACMC
Armed Forces Medical Examiner System	AFMES
Community Counseling Program	CCP
Command Element	CE
Commandant of Marine Corps	CMC
Competent Medical Authority	CMA
Combat Operational Stress Control	COSC
Defense Casualty Information Processing System	DCIPS
Director of the Marine Corps Staff	DMCS
Death by Suicide Review Board	DSRB
Defense Health Agency	DHA
Department of Defense	DoD
Department of Defense Suicide Event Report	DoDSER
Department of Navy	DON
Deputy Commandant, Manpower and Reserve Affairs	DC M&RA
Equal Employment Opportunity	EEO
Embedded Mental Health	EMH
Embedded Preventive Behavioral Health Capability	EPBHC
Headquarters Marine Corps	HQMC
Headquarters Marine Corps Casualty Section	MFPC
Marine Awareness and Prevention Integrated Training for Leaders	MAPIT
Marine and Family Programs	MF
Marine Corps Community Services	MCCS
Marine Corps Operations Center	MCOC
Marine Corps Suicide Prevention System	MCSPS
Marine Expeditionary Forces	MEF
Military Family Life Counselor	MFLC
Marine Intercept Program	MIP
Major Subordinate Command	MSC
Medical Treatment Facility	MTF
Not on Active Duty Status	NDS
Operational Stress Control and Readiness	OSCAR
Personnel Casualty Report	PCR
Personally Identifiable Information	PII
Plans Policy and Operations	PPO
Regional Training Coordinator	RTC
Safety Division	SD
Sexual Assault Response Coordinator	SARC
Serious Incident Report	SIR
Suicide Prevention Capability Section	SPC
Suicide Prevention Program Coordinator	SPPC
Suicide Prevention Program Officer	SPPO
Suicide Tracking and Reporting Tool	START
Unit Marine Awareness and Prevention Integrated Training	UMAPIT
Victim Advocate	VA

Suicide Prevention Program Officer/Suicide Prevention Program
Coordinator Appointment Letter Example

From: Commanding Officer

Subj: APPOINTMENT AS THE SUICIDE PREVENTION PROGRAM OFFICER

Ref: (a) MCO 1720.2A

1. Per the reference, you are hereby appointed as Suicide Prevention Program Officer (SPPO).
2. You are directed to familiarize yourself with reference (a) and acknowledge your assumption of duties by completing the receiving endorsement.
3. Your duties and responsibilities include the following:
 - a. Provide the Commanding Officer with guidance regarding policies, procedures, and resources for suicide prevention.
 - b. Ensure compliance with suicide reporting requirements, to include Department of Defense Suicide Event Report.
 - c. Assist in the development of command risk management procedures, with support from the Embedded Preventative Behavioral Health Capability and other support services.
 - d. Schedule and/or ensure completion of annual suicide prevention training, Unit Marine Awareness Prevention Integrated Training.
 - e. Ensure suicide prevention messaging and support materials, to include hotline information, is readily available and accessible to the unit.
4. Your responsibilities do not include those of a clinician or mental health professional.
5. This appointment is revoked upon your transfer, reassignment from your present duties, or upon my direction.

RECEIVING ENDORSEMENT

From:

To:

1. I have read and understand the above references and hereby assume the duties as the SPPO.

Copy to:

SNO

Suicide Prevention, Intervention, and Postvention Resources

1. This list provides current HQMC MF suicide prevention, intervention, and postvention resources to support Command suicide prevention programs, per reference (a). These resources are not an exhaustive list and will continue to be updated as more information becomes available. This list is informative in nature and does not indicate Department of Defense or Marine Corps endorsement. These resources are applicable to the Marine Corps Active Component and drilling Reservists.

2. All resource web links listed in this chapter may be accessed via the Suicide Prevention homepage https://www.manpower.usmc.mil/webcenter/portal/BehavioralProgramsBranch/pages_behavioralprogramsbranch/suicidepreventioncapability or on the Gear Locker, Suicide Prevention page <https://hqmcportal.hqi.usmc.mil/sites/family/mfc/PrevClin/ComCounPrev/mfc5/default.aspx>. To access Gear Locker an account is required. To create a Gear Locker account copy and paste this link <http://www.thegearlocker.org/> into a web browser and follow "Create A New Account" prompts on the right side of the screen. It may take up to three business days for new account generation. All questions pertaining to Suicide Prevention Resources should be directed to: HQMC MF SPC, 3280 Russell Road, Quantico VA 22134, (703) 784-9044.

3. Navy and Marine Corps Suicide Prevention Websites
 - a. Navy and Marine Corps Public Health Center - Prevention and Protection Starts Here

Covers topics such as Warning Signs and Risk Factors; What to Do; Where to Get Help for Marines and their Family; Suicide Prevention Coordinators; and Survivors of Suicide.
<http://www.med.navy.mil/sites/nmcphc/health-promotion/psychological-emotional-wellbeing/Pages/suicide-prevention.aspx>

 - b. Navy Personnel Command - Suicide Prevention

Supplies links to information on Facts and Warning Signs, Getting Help, Informational Products, Training Resources and other topics. The main section of the page features Latest News and Announcements, Quick Links, and Awareness Resources.
http://www.public.navy.mil/BUPERS-NPC/support/21st_century_sailor/suicide_prevention/Pages/default.aspx

 - c. MCCS: Community Counseling and Prevention

Connects Marines and their Families to help directly through the Community Counseling Program. Counselors conduct screenings, actively assess needs, provide non-medical counseling, and connect Marines and Families with additional

resources. <https://www.usmc-mccs.org/index.cfm/services/support/community-counseling/>

d. Suicide Prevention Gear Locker

Provides a current list of available suicide prevention resources located on HQMC MF Suicide Prevention Gear Locker. <https://ehqmc.usmc.mil/sites/family/mfc/PrevClin/ComCounPrev/mfc5/default.aspx>

e. MAPIT/UMAPIT Facilitator Guide

Delivers information and skills practice that protect against multiple behavioral health issues. This training does not take the place of professional mental healthcare when behavioral health concerns are identified. <https://ehqmc.usmc.mil/sites/family/mfc/MAPIT/SitePages/Home.aspx>

f. Wounded Warrior Regiment (WWR)

Provides medical, psychological health, and transition assistance to active duty, Reservists, and Veterans. WWR Referral and 24/7 call center information is provided on the website. <https://www.woundedwarrior.marines.mil/>

4. General Military and Veterans

a. CALM: Counseling on Access to Lethal Means

Provides an online course focusing on how to reduce access to the methods people use to kill themselves. It covers how to: identify people who could benefit from lethal means counseling, ask about their access to lethal methods, and work with them and their Families to reduce access. <http://www.sprc.org/resoruces-programs/calm-cousneling-access-lethal-means>

b. inTransition

Offers free and confidential specialized coaching and assistance for active-duty Marines, National Guard members, Reservists, Veterans, and Retirees who need access to mental health care when: relocating to another assignment, returning from deployment, transitioning from active duty to reserve component or reserve component to active duty, preparing to leave military service, or any other time they need a new mental health provider, or need a provider for the first time. <https://pdhealth.mil/resources/intransition>

c. MCCS: Community Counseling

Marines and their Families may access help directly through

Community Counseling Program. There is no wrong door for getting help. Counselors conduct screenings, actively assess needs, provide counseling, and connect Marines and Families with additional resources through referrals and direct handoffs between programs and facilities.

Community Counseling Programs are located on installations worldwide to increase access to care and assist Marines and their Families in navigating the many support resources available. <https://www.usmc-mccs.org/services/support/community-counseling/>

d. Military OneSource

Delivers a 24/7 connection to information, answers, and support to help reach goals, overcome challenges, and thrive. This Department of Defense-funded program may be accessed anytime and anywhere for coaching and non-medical counseling for many aspects of military life, including specific challenges such as, coping with the loss of a sibling, parenting after suicide, and when someone close to you dies by suicide. <https://www.militaryonesource.mil>

e. Military Health System: Suicide Prevention Awareness/Defense Center of Excellence

Provides resources to assist Marines and Families with information on topics such as Post Traumatic Stress Disorder and substance abuse. <https://www.health.mil/Military-Health-Topics/Conditions-and-Treatments/Behavioral-and-Mental-Health-Treatments/Suicide-Prevention>

f. TRICARE Military Healthcare Program

Serves more than nine million active duty, National Guard, and Reserves members, retirees, and Families of military servicemen and women. TRICARE provides access to services (including mental healthcare) and other benefits. <http://www.tricare.mil/>

g. Psych Armor

Provides free online education and support to all Americans who work with, live with, or care for Military Marines, Veterans, and their Families. <https://psycharmor.org/course-library/>

h. safeTalk and ASIST

Offers valuable skills to everyone ages 15 and older and requires no formal training or prior experience in suicide prevention. <https://www.livingworks.net/programs/safetalk/>

i. VA Lethal Means Training

Provides updated Lethal Means training and resources.
<https://www.train.org/main/course/1075258>

j. Department of Veteran Affairs - Mental Health Suicide Prevention

Delivers Suicide Prevention resources, brochures, and information sheets, available for download at no cost.
http://www.mentalhealth.va.gov/MENTALHEALTH/suicide_prevention/index.asp

k. Vet Center Supporting Combat Veterans

Provides readjustment counseling and outreach services to Veterans who served in a combat zone, as well as services for family members. To locate a vet center, visit <http://www.vetcenter.va.gov/>, or call 24 hours a day, 877-War-VETS, (972-8387). Information may also be accessed via social media, such as Facebook <http://www.facebook.com/VeteransHealth>

l. Make the Connection: Shared Experiences and Support for Veterans

Provides Veterans and family members with resources on suicide prevention, life events and experiences, and support services to include resource locators, self-assessments, and other self-help information.
<http://maketheconnection.net/conditions/suicide>

m. Real Warriors

Offers Marines, Veterans, and their Families with support methods to include: information on journal writing, relaxation techniques, and other ways to combat stress, fatigue, anger, and trauma. <http://www.realwarriors.net/family>

n. TAPS: Tragedy Assistance Program for Survivors

Offers services for any person, regardless of relationship, who has lost a military loved one. Services include, but not limited to, peer mentoring and bereavement counseling. There is also a national Military Survivor Helpline available 24 hours a day, seven days a week at 800-959-8277.
<http://www.taps.org/>

o. Vets Prevail

Delivers interactive programs designed by Vets for Vets, in an effort to make mental health services easily and readily available. <http://www.vetsprevail.org>

p. [afterdeployment.org](http://www.afterdeployment.org): Wellness Resources for the Military Community

Offers a series of video stories, on topics such as Who's At Risk, What you Should Do, and Reasons to Live. There is also an interactive suicide prevention workbook and an online suicide library with links to other resources.
<http://www.afterdeployment.org/topics-suicide-prevention>

5. Books/Pamphlets

a. After an Attempt: A Guide for Taking Care of Yourself After Your Treatment in the Emergency Department

Discusses the challenges and sources of support while moving ahead after Emergency Room treatment for a suicide attempt. It covers topics such as coping with suicidal thoughts, developing a support system, and creating a safety plan. The brochure is available by digital download or may be ordered in print. <http://store.samhsa.gov/product/SMA18-4355ENG>

b. National Suicide Prevention Lifeline: After an Attempt - A Guide for Taking Care of Your Family Member after Treatment in the Emergency Room

Provides tips for how to take care of yourself while helping a family member, as well as accessing important supplemental care for your family. Available free online by digital download or may be ordered in print.
<http://store.samhsa.gov/product/SMA18-4357ENG>

c. Resources for Suicide Survivors

Provides fact sheets and other pdf materials on topics such as surviving suicide and facilitating support groups, by the American Association of Suicidology. A "Survivors of Suicide" Handbook (SOS) is available in both English and Spanish.
<http://www.suicidology.org/suicide-survivors>

6. Children, Youth, and Families

a. The American Foundation for Suicide Prevention

Offers multi-dimensional support via its website, educational resources, and information on specific suicide prevention projects, local chapters, and other vital information.
<http://www.afsp.org/index.cfm>

b. National Alliance for Grieving Children

Provides space to share thoughts, feelings, ideas, and support for children who are grieving. An online map also connects Families to real world programs and groups where local resources can be found. <http://childrengrieve.org>

c. FOCUS: Family Resiliency Training for Military Families

Supports military Families by providing tools to meet the challenges arising from deployment, especially when a parent is facing combat and/or physical injury. Real world sites are available throughout the States, while FOCUS World (<http://focusproject.org/focus-world-intro>) offers an online, interactive format for military Families located anywhere. <http://focusproject.org/>

d. Sesame Workshop: Military Families

Offers kid-friendly videos to children of military Families, to "...help kids through deployments, combat-related injuries, and the death of a loved one." The final video, "When Families Grieve" talks directly about death and the grieving process. Guides for parents, in both English and Spanish, are available as well. <http://www.sesameworkshop.org/what-we-do/our-initiatives/military-families/>

e. SAVE: Coping with Loss

Provides information for Families coping with loss due to suicide, and includes sections such as "What to Tell Children," and "Grief After Suicide." There are also areas for personal stories, a blog for caregivers, and information on support groups.

http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=EB883CA2-7E90-9BD4-C5E35440BC7761EE

7. Multicultural/Diverse Resources

a. NAMI Veterans Resource Center: Veterans of Culturally Diverse Populations

Provides resources for American Indian and Alaska natives, African Americans, Asian American and Pacific Islander, as well as Gay/Lesbian/Bisexual/Transgender/Queer (LGBTQ) Marines. <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions>

b. IHS American Indian and Alaska Native Suicide Prevention Website

Delivers resources for Native American and Alaska Native communities, individuals, professional providers, and schools. Some tribe-specific resources are highlighted, as well as

programs such as Question, Persuade, and Refer (QPR) aimed to keep people of American Indian descent safe.
<http://www.ihs.gov/behavioral/index.cfm?module=BH&option=Suicide>

c. Asian American Suicide Prevention & Education

Offers general information as well as culture and language-specific resources, including videos and brochures, as well as information on the Asian LifeNet Hotline (1-877-990-8585).
<http://www.aaspe.net/index.html>

d. The American Military Partner Association

Provides a listing of resources and materials for Families with children of LGBTQ Marines and Veterans.
<http://militarypartners.org/>

e. Speaking of Suicide

Provides links for: friends and family, survivors of death by suicide and suicide attempts, the Trevor Project (www.thetrevorproject.org) for LGBTQ adolescents, and Trans Life Line (www.translifeline.org).
<http://www.speakingofsuicide.com>

8. Crisis Lines and Online Chats

a. National Suicide Prevention Lifeline

Offers a 24-hour, toll-free suicide prevention service available to anyone in crisis. Marines may call for self or someone in need. The call is free and confidential. There is also an online chat feature. 1-800-273-8255
<http://www.suicidepreventionlifeline.org/>

b. Veterans Crisis Line/Military Crisis Line

Ensures Veterans (as well as Active Duty, Reserve, and Guard) have free, 24/7 access to trained counselors. In addition to phone assistance, Veterans may now text (838255) for assistance or access online chat.
<http://www.veteranscrisisline.net> and
<http://www.veteranscrisisline.net/ActiveDuty.aspx>

c. Vets4Warriors

Offers a 24-hour support line (1-855-VET-TALK) staffed by Veteran peers, who have all served in the military and speak from experience. There is also a live chat option for "Web-based Peer Support." Both options offer ongoing support, if

needed, and referrals to psychological, medical, housing, and legal services. <http://www.vets4warriors.com/>

d. ChaplainCare

Provides information on e-mail, text, and chat options for spiritual resources and access to "resiliency links for suicide prevention, sexual assault prevention and response, and other helpful organizations." (1-855-NAVY-311)
<http://navy311.navy.mil>

e. Vet Center Combat Call Center 877-WAR-VETS

Provides a 24/7 support hotline (877-WAR-VETS), manned by combat vets who understand the challenges of readjusting to civilian life. <http://www.vetcenter.va.gov/media/Call-Center-PSA.asp>

04-Oct-22

2. Scope. Commanders; Suicide Prevention Program Officers (SPPO); Suicide Prevention Program Officer Coordinators (SPPC); Marines and Service members attached to Marine Commands (hereafter referred to as Marines); Combat Operational Stress Control (COSC) Regional Training Coordinators (RTC), Providers, Extenders, and Team Members; Navy Embedded Mental Health (EMH); Chaplains; Safety Officers; Installation Marine Corps Community Service (MCCS) assets; Embedded Preventive Behavioral Health Capability (EPBHC); and supporting organizations comply with the procedures contained in this NAVMC.

3. Information. Manpower and Reserve Affairs (M&RA), Marine and Family Programs Division (MF), Behavioral Programs Branch, Suicide Prevention Capability Section (SPC) will update the procedures provided within this NAVMC as necessary. Questions related to the content of this NAVMC should be directed to: M&RA, MF, Behavioral Programs Branch, SPC, 3280 Russell Road, Quantico VA 22134, (703) 784-9044.

4. Applicability. This NAVMC is applicable to the Active and Reserve Components.

5. Certification. This NAVMC is effective the date signed.

BALOCKI.MARIE.C
LAIRE.1160469494

Digitally signed by
BALOCKI MARIE CLAIRE 11604
69494
Date: 2022.10.04 18:44:55 -0400

M. C. BALOCKI
Director
Marine and Family
Programs Division

DISTRIBUTION: PCN 10001720100