DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
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NAVMC 1720.1B
M&RA MF
21 Apr 2025

NAVMC 1720.1B

From: Commandant of the Marine Corps
To: Marine Corps Active and Reserve Components

Subj: MARINE CORPS SUICIDE PREVENTION SYSTEM PROCEDURES

Ref: See enclosure (1)

Encl: (1) References
(2) Marine Corps Suicide Prevention System Procedures

1. Purpose. Suicide Prevention in the Marine Corps is executed in accordance with references (a) through (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 involved in the Marine Corps Suicide Prevention System (MCSPS), which incorporates critical elements and resources to support suicide prevention, intervention, and postvention efforts.

2. Scope. Commanders, Suicide Prevention Program Officers (SPPO); Suicide Prevention Program Coordinators (SPPC); Marines and Service Members attached to Marine commands (hereafter referred to as Marines); Operational Stress Control and Readiness (OSCAR) Program Specialists, Extenders, Team Members, and Mental Health Professionals (MHP); Navy Embedded Mental Health (EMH); Chaplains; Safety Officers; Installation Marine Corps Community Service (MCCS) assets; Embedded Preventive Behavioral Health Capability (EPBHC); Primary Prevention Integrators (PPI); 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 (SPC) will update this NAVMC as necessary. Questions related to the content of this NAVMC must be directed to: M&RA MF Behavioral Programs Branch, SPC, 3280 Russell Road, Quantico VA 22134, (703) 784-9044, HQMCSPC@usmc.mil.

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

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

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References

(a) MCO 1720.2A
(b) DoDI 6490.16 w/CH-3, "Defense Suicide Prevention Program," February 2, 2023
(c) DoDI 1010.10 w/CH-3, "Health Promotion and Disease Prevention," May 16, 2022
(d) DoDI 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," September 6, 2023
(e) DoDI 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) DoDI 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 5512.11F
(n) MARADMIN 355/20
(o) MCO 5351.1
(p) DoDI 6400.09 "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm" September 11, 2020
(q) MCO 1500.63
(r) 5 U.S.C. 552a
(s) MCTP 3-30E/NTP 1-15M

TABLE OF CONTENTS

TABLE OF CONTENTS

Marine Corps Suicide Prevention System Procedures

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 Headquarters Marine Corps (HQMC)training requirements.

(2) Support 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.

(3) Provide formal reports on suicide-related events across the Marine Corps.

(4) Conduct the Death by Suicide Review Board (DSRB), in accordance with reference (b), 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.

(5) 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 in accordance with Department of Defense and Department of Navy requirements. The objective of the training is to promote mental fitness and leadership at all levels of the Marine Corps.

(6) Collaborate with stakeholders to incorporate the elements of suicide prevention into training and education attended by Marines and their families.

(7) Assign MarineNet training to all Marines whose record includes the extra duty code (SPPO/SPPC) in the Marine Corps Total Force System to ensure: 1) command appointed Suicide Prevention Program Officer (SPPO)/ Suicide Prevention Program Coordinator (SPPC) complete the required training, 2) training completion is monitored on a monthly basis; and 3) the SPPO/SPPC maintains ongoing oversight of the command-level suicide prevention program through the requirements implemented in accordance with Department of Defense (DoD) and Marine Corps policy.

(8) Provide compliance tools to ensure timely visibility of program oversight, including but not limited to: tracking key metrics, such as, appointment and training of SPPOs and SPPCs; flagging potential issues; and generating alerts for immediate action when necessary.

b. All Commanders

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

(2) Promote engagement with Chaplain Corps and value of privileged communication.

(3) Promote the use of the OSCAR five core leader functions and the hierarchy of response presented in chapter 2 of this NAVMC.

(4) Appoint SPPOs/SPPCs in accordance with command level and as directed in reference (a). Ensure that once appointed, the SPPO/SPPC takes the required training and that the codes SK for SPPCs and SL for SPPOs are included in the Marine Corps Total Force System (MCTFS)in accordance with reference (a).

(5) 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) Selection Requirements

(1) All Commanding General Officers appoint in writing a

Marine or Service Member, E-7 or above, as the SPPC to fulfill the duties per reference (a).

(2) All O5 and O6 Commanders appoint in writing a Marine or Service Member, E-6 or above, as the SPPO to fulfill the duties as the unit SPPO, per reference (a). Commanders at recruiting stations may appoint an E-5 or above. Reserve Component commands 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.

(4) Chaplains are an integral part of the MCSPS but due to confidentiality and privacy protections may not be assigned the duties of SPPO/SPPC, per reference (a).

(5) A uniformed SPPO/SPPC facilitates access to the command.

(6) Commanders may not appoint embedded personnel or civilians employed by or associated with the suicide prevention program. Commanders may request an exception to policy (ETP) if it is necessary to appoint a civilian as the SPPO or SPPC, per reference (a). The ETP request includes the command's Table of Organization and End strength (TO&E) report, collateral duty roster, and a signed ETP request letter. Submit the ETP request via the Enterprise Task Management Software Solution (ETMS2) to DC M&RA via MF SPC and carbon copy HQMCSPC@usmc.mil to ensure tracking. Approved ETP requests expire one year from approval date and are renewed yearly.

d. 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 should:

(1) Be thoroughly familiar with the contents of reference (a) and this NAVMC to advise the chain of command on all suicide prevention matters and the functioning of the MCSPS. SPPOs/SPPCs provide mentorship and leadership but are not accredited counselors or providers and are not to provide intervention or clinical/therapy services. Leadership and mentorship involve sharing insights, providing guidance, helping Marines navigate challenges, skill building, and supporting Marines with achieving personal and professional goals.

(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 located in chapter four of this NAVMC.

(3) Ensure suicide prevention materials, resources, and

leadership messages are accessible throughout the command. Prominently display suicide and crisis lifeline contact numbers in readily available areas to Marines and on unit webpages.

(4) Schedule and announce UMAPIT authorized by M&RA MF per reference (q) on an annual basis for all Marines, in accordance with command level guidance. Providing additional suicide prevention education and training is encouraged to strengthen resilience skills and mitigate suicide risks. Ensure the training presented is based on the most up-to-date suicide prevention training requirements for format and group size. Additional training materials and other resources are located on the M&RA MF Suicide Prevention Capability (SPC) website or —https://www.manpower.marines.mil/Marine-and-Family-Programs/Behavioral-Programs/

(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. 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) Supply a list of suicide prevention resources, prominently display 988 information, and educate 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 MF 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.

(8) Maintain collaboration and coordination with other SPPOs/SPPCs, OSCAR Team Members, EPBHC personnel, PPI, and Navy EMH, where available, to ensure knowledge of most up-to-date resources and implementation of suicide prevention within the MCSPS. SPPCs maintain a line of communication and directly support SPPOs within their area of responsibility (AOR) to ensure SPPOs receive resources, policy clarification, and assistance in implementing suicide prevention program efforts, e.g., "The 10th Marine Regiment SPPC would ensure the subordinate battalion SPPOs are informed and ready to support their battalion."

(9) 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. Appendix D of this NAVMC provides an example of an SPPO/SPPC appointment letter.

(10) Email M&RA MF SPC at HQMCSPC@usmc.mil 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. To keep leadership informed, ensure chain of command is carbon copied on email correspondence to M&RA MF SPC. The email includes:

(a) Appointment letter to include: appointment title (SPPO or SPPC); rank and name, command's Reporting Unit Code (RUC) and Major Command Code (MCC); and name of SPPO or SPPC replacing (if known).

(b) MarineNet Suicide Prevention Coordinator/Officer training certificate.

(c) Operational Stress Control and Readiness team member certificate.

(11) Ensure an additional duty code (SPPO/SPPC) is entered into the Marine Corps Total Force System for identification purposes.

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). Ensure that the training is recorded in the Marine Corps Total Force System (MCTFS) using codes SK for SPPCs and SL for SPPOs in accordance with reference (a). MarineNet training certificate is valid for one year then taken annually to maintain knowledge of suicide prevention protocols and available resources. All appointed SPPOs and SPPCs should maintain copies of their training certificates for inspection purposes per reference (a).

(2) Remain current with annual suicide prevention training in

accordance with references (a) and (b). Complete the most up-to-date OSCAR training within 90 days of appointment. OSCAR training provides information and resources for the identification and early intervention of Marines experiencing stress injuries. For additional OSCAR training support and resources email HQMC_COSCC@usmc.mil.

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

(1) Be thoroughly familiar with the contents of reference (a) and this NAVMC 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 M&RA MF 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 and guidance on MCSPS procedures in order to implement suicide prevention, intervention, and postvention. The procedures are designed to guide promotion and sustainment of positive behaviors to maintain force readiness and resiliency. The end state mission is to not only sustain, but also, enhance the overall readiness and wellness of Marines.

2. Procedural Guidelines for Suicide Prevention

a. Suicide Prevention Marine Corps Suicide Prevention System (MCSPS) Stakeholders

(1) M&RA MF SPC; Commanders; SPPO/SPPCs; individual Marines; OSCAR Program Specialists, Extenders, and Team Members; EMH; Chaplains; Safety Officers; Equal Employment Opportunity, Sexual Assault Response Coordinators, Sexual Assault Prevention and Response Victim Advocates, PPIs, EPBHC, and installation MCCS assets are suicide prevention stakeholders within the MCSPS.

(2) Suicide prevention stakeholders support Marines through coordinated efforts overseen by M&RA MF 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 addresses all factors of the environment that influence a Marine's stress response and mental, physical, social, and spiritual fitness. Marine Corps suicide prevention encompasses the five core leader functions as outlined in reference (s): strengthen, mitigate, identify, treat, and reintegrate. A successful suicide prevention program requires command involvement. Engaged leadership is one of the most powerful enablers of mental fitness and resilience. In accordance with references (a) and (o), commanders will 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:

(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 fitness of all Marines. A command with high levels of trust and respect enables Marines to seek help before harmful behaviors occur and enables leaders to recognize warning signs and connect Marines with resources.

(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 fitness 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:

(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, sex, race, rank, or professional status. Suicide Prevention Quick Tips for Leaders are located in Appendix E of this NAVMC.

(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 and Appendix E of this NAVMC.

(3) Identify. All Marines experience 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:

(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) Enable Marines' personal and professional goal attainment and 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:

(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:

(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 tools that increase problem-solving and coping skills to enhance psychological readiness and prevent the likelihood of suicidal behavior or adverse mental health outcomes. Marine Corps suicide prevention efforts are comprised of, but are not limited to, training, skill building, stress management, lethal means safety, and enabling 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 ensure annual suicide prevention training is conducted through Unit Marine Awareness and Prevention Integrated Training (UMAPIT), per reference (a) and reference (q). This training should be delivered by a trained UMAPIT instructor in a small group format (no more than 30 Marines), per reference (q). The entirety of the curriculum is to be completed as designed to ensure effectiveness and fidelity.

(b) Commanders are encouraged to augment required suicide prevention training by leveraging other suicide prevention resources such as MAPIT Dashboard. For additional information email HQMCSPC@usmc.mil.

(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 Marine Corps Total Fitness (MCTF). Leaders are critical in conveying suicide-related messages that support safety, help-seeking, and care for Marines and their Families. Appendix E of this NAVMC provides leaders the tools to enhance the psychological readiness of their Marines and their unit.

(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 M&RA MF SPC website. Appendix C of this NAVMC provides terms and definitions no longer used.

(3) Access to Care

(a) Command activity homepages will contain the Military and Veterans Crisis Line and weblink: Dial 988, press 1 and http://veteranscrisisline.net, per reference (a).

(b) Marines should 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 Chaplain support, community counseling centers, mental health clinics, Military Treatment Facilities (MTFs), Military Family Life Counselors (MFLCs), and local crisis resource centers are readily available, visible throughout the command, and communicated regularly.

(c) Information on mental fitness tools and help-seeking services to support the psychological warfighter readiness are located 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 experience's 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 should:

(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 fitness of every Marine in the command.

(2) Commanders will 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 will address the following components, at a minimum:

(a) Internal command suicide-event notification procedures. Chapter four 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 care, engagement with the Chaplain, medical personnel and/or facilities for evaluation.

2. Responding to concerning social media content.

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 military and veterans' crisis line contact phone numbers and websites. The Military and Veterans Crisis Line is 988 (Press 1). For OCONUS: In Afghanistan, call 00 1 800 273 8255 or DSN 111. In Europe, call 00800 1273 8255 or DSN 118. In Korea, call

080-855-5118 or DSN 118. In the Philippines, call #MYVA or 02-8550-3888 and press 7. In Japan, dial the country code and then 1-800-273-8255

(e) Procedures to assist Marines in need of support, resources, and treatment. This includes escorting to a Chaplain, requesting a referral for a mental health evaluation (MHE), time allocated for appointments, transportation access, and overcoming logistical barriers. Commanding Officers and E-6 and above Supervisors ensure Marines understand all resources available to receive mental health care. The use of mental health services is to be viewed by all as comparable to the use of other medical and health services. There must be no stigma attached to a Marine seeking mental health services per references (d) and (e). For example, a Corporal who is seeking an appointment for MHE with a local military mental health clinic or closest MTF, could now go to their Staff Sergeant (or above) in their direct chain of command and request the Staff Sergeant to assist in helping this Marine obtain access to an appointment for a MHE. It is important to note that a Marine seeking a MHE, or mental health care are not obligated to discuss medical concerns and the reasoning of request for a mental health referral. Marines should voluntarily discuss with commanders or supervisors what they are comfortable disclosing.

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

(b) Commanders 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 determines 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 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). Commanders shall not decline MIP on behalf of their Marine.

(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.

(c) Commanders are encouraged to proactively communicate with suicide prevention stakeholders and ensure appropriate referrals are made.

(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 OSCAR Team, Chaplain, and other resources provided during annual training. The Mental Health Roadmap and additional resources are provided in Appendix E of this NAVMC.

(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, commanders:

(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 are located in Appendix A of this NAVMC.

(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.

(2) Utilize the Chaplain, SPPO/SPPC, OSCAR Team members, 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 fitness and 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 fitness can be. Encourage Marines to speak up when they are distressed and reassure them that support resources are in place and accessible (Chaplain, medical, MCCS 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 extends beyond individual relationships. Similar to predictability, the presence of trust promotes a supportive command climate and mental fitness. 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 CCP and MIP.

(2) In accordance with reference (b), commanders inform family members of the deceased about any unit memorial event or remembrance 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) A successful memorial service or remembrance comforts the grieving, assists the unit in dealing 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 on the 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.

(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).

(3) If a Marine indicates that he or she is unwilling to voluntarily store privately owned firearms, commanders have the authority to order the Marine to be restricted to post until the potential for harm has been successfully mitigated, per reference (p).

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 will 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 Operations Event/Incident Report (OPREP-3) Reporting, Serious Incident Report (SIR) to 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 six hours of incident, or within six 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 one 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 one 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). Command policy determines the level at which the DoDSER is completed.

2. Submit a DoDSER within 30 days of submitting the initial PCR on https://dodser.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 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 M&RA MF SPC website.

(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 the 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 six hours of incident, or within six 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 one 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 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 CMA. Commanders do not receive the report as it is protected medical information.

(e) Ensure MIP counselors receive all information necessary to contact the Marine. Commanders shall not decline MIP on behalf of a Marine.

(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 is not 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.

(b) Ensure MIP counselors receive all information necessary to contact the Marine. Commanders shall not decline MIP on behalf of a Marine.

(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 Program Assessment Branch, Data Management and Analytics, in coordination with M&RA MF SPC:

(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 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 MF leadership.

(9) Supports requests for information with approval from Behavioral Programs Branch leadership and/or MF 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 (MCOC) **within 12 hours of the ideation**, or within 12 hours of becoming aware of the ideation. MCOC: 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 Behavioral 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 to 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 MCOC **within 30 minutes of the death**, or within 30 minutes of becoming aware of the death. MCOC: 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.health.mil/

_____ Submit Marine and Family (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 1720.1B. 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 SERIOUS INCIDENT REPORT (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
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/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 XXXXXXZ XXX 20, THAT WHILE IN THE BARRACKS… OR, WHILE AT CAMP LEJEUNE NAVAL HOSPITAL FOR A MEDICAL APPOINTMENT on XXXXXXZ XXX 20 SNM INFORMED...
2. XXXXXXZ 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 SERIOUS INCIDENT REPORT (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/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, WHEN THE COMMAND WAS INFORMED, WHERE IT OCCURRED, CASUALTY STATUS. I.E. SNM INFORMED LEADERSHIP ON XXXXXXZ XXX 20, THAT WHILE IN THE BARRACKS… OR, WHILE AT CAMP LEJEUNE NAVAL HOSPITAL FOR A MEDICAL APPOINTMENT on XXXXXXZ XXX 20 SNM INFORMED...
2. XXXXXXZ 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 PERSONNEL CASUALTY REPORT (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-INFLICTED; NO COMMAND INVESTIGATION REQUIRED.

STANDARD PERSONNEL CASUALTY REPORT (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.

MARINE & Family

Submit to:
HQMC, Suicide Prevention Capability
30_day_suicide_report@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

Photo of Marine (if available)

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.)

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

CUI

Force Preservation

FORCE PRESERVATION HISTORY FROM [INSERT PREVIOUS COMMAND]			
Detach Date	Last FPC Date	FPC Classification	FPC Handoff
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			
Join Date	FPC Dates	FPC Classification	Mitigation Plans
YYMMDD	YYMMDD	High, Medium, Low	Yes/No
Add rows for each change in classification as necessary			

COMMAND MITIGATION PLAN PRIOR TO EVENT

- *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:

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MF 30-Day Death or Suspected Death by Suicide Report/CUI 4

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

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.

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

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

DLOSSARY OF TERMS AND DEFINITIONS

Ad hoc - Impromptu or improvised updates/reports.

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

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

Connectedness - The feeling of support and willingness to help. Involves the quality and number of connections one has with other people in social circle of family, friends, and acquaintances.

Department of Defense Suicide Event Report (DoDSER) - A report that characterizes Service member suicide data through a coordinated, web-based data collection system.

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, or situation; also known as "secondary prevention."

Lethal Means – Method for suicide or homicide that has a high likelihood of resulting in death (e.g., firearms, drugs, and poisons).

Lethal Means Safety - Process of ensuring that highly lethal means of suicide or other prohibited abusive and harmful acts are out of reach during times of increased stress, when risk of such acts is heightened.

Marine Corps Total Fitness (MCTF) - Delivers Warrior Readiness and Resilience through an integrated system that invests in prevention and skill-building efforts to optimize warfighter performance, readiness, lethality, and resilience. Total Fitness optimizes Service-wide force longevity and performance through holistic human performance programs designed to strengthen the Force and Family.

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.

Mental Fitness - Engaged in healthy thinking and behaviors and building strong intellectual and emotional habits. Includes mindset, attitudes, and practices to help manage various stressors to optimize performance. Refers to the ability to integrate and improve cognitive, emotional, and behavioral capacities to optimize performance of METs and ensure mission readiness.

Physical Fitness - Functional strength, agility, aerobic capacity, endurance, mobility, and a well-rounded fitness program. Possessing the knowledge, skills, attitudes, and resources necessary to build and sustain optimum performance, and avoid injury or rehabilitate injuries.

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 an individual will engage in harmful behaviors. Also known as "primary prevention."

Prevention Activities – Policies, programs, or practices that aim to prevent self-directed harm and prohibited abusive or harmful acts.

Prevention Personnel - Marines or DoD civilian personnel whose official duties (to include collateral and additional duties) involve prevention of self-directed harm and prohibited abusive or harmful acts and who attain and sustain prevention-specific knowledge and skills.

Prevention Stakeholders - Individuals or organizations with equity in prevention of self-directed harm and prohibited abusive or harmful acts.

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. In an optimized MCSPS, human resources attain and sustain prevention-specific knowledge and skills, productive and collaborative relationship form and strengthen, and infrastructure facilitates and institutionalizes effective planning, execution, evaluation, and quality improvement.

Primary Prevention – Stopping a harmful behavior before it occurs. Can be implemented for an entire group or population or individuals, whether or not they are at risk. Primary Prevention targets leaders, individual Marines, and bystanders.

Protective Factors – Individual or environmental characteristics, conditions, or behavior that reduce the effects of stressful life events (e.g., inclusion, help-seeking behavior, financial literacy). These factors increase the ability to avoid risk and promote healthy behavior to thrive in all aspects of life.

Public Health Approach – A prevention approach that impacts groups or populations of people versus treatment of individuals. Public health focuses on preventing suicidal behavior before it ever occurs (primary prevention) and addresses a broad range of risk and protective factors. The public health approach values multi-disciplinary collaboration, which brings together many different perspectives and experiences to enrich and strengthen the solutions for the many diverse communities.

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 Factors - Factors caused by stress, trauma, or other circumstances that cause a schism in protective factors. Factors that make it more likely those individuals will develop a disorder or pre-dispose one to high-risk for self-injurious behaviors. Risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Risk /reduction - Methods for reducing the threat for suicidal ideations or behaviors. Examples include, but not limited to, mental health screenings, counseling, and means reduction.

Secondary Prevention - Describes the actions taken after a Marine is exposed to a trauma, is dealing with escalating stressors, or is progressively engaging in unhealthy stress responses; but before the Marine's state develops into a mental health crisis.

Social Fitness - Building and maintaining healthy, positive relationships with peers, unit leaders, friends, family members, and the community. Includes being kind and respectful to others and being able to forgive self and others.

Spiritual Fitness – Spiritual fitness is finding inner strength from a higher purpose. Marines look beyond themselves to more enduring sources of meaning and purpose that help them live out the core values of honor, courage, and commitment, live the warrior ethos, and exemplify the character expected of a United States Marine.

Stigma - A set of negative and often untrue beliefs that a society or

group of people have about something.

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.

Suicide Attempt Survivor – An individual who attempts to die by suicide, but does not die.

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

Suicidal Ideation – Thinking about, considering, or planning suicide.

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

Tertiary Prevention - The comprehensive care that occurs after a Marine experiences a mental health crisis and/or the associated harmful behavior.

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 unsuccessful effort aimed at achieving death. Alternate term: suicide attempt.

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

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

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

GLOSSARY OF ACRONYMS AND ABBREVIATIONS

ACMC	Assistant Commandant of the Marine Corps
AFMES	Armed Forces Medical Examiner System
AMHS	Automatic Message Handling System
CCP	Community Counseling Program
CE	Command Element
CMA	Competent Medical Authority
CMC	Commandant of Marine Corps
DCIPS	Defense Casualty Information Processing System
DC M&RA	Deputy Commandant, Manpower and Reserve Affairs
DMCS	Director of the Marine Corps Staff
DoD	Department of Defense
DoDSER	Department of Defense Suicide Event Report
DON	Department of Navy
DSRB	Death by Suicide Review Board
EMH	Embedded Mental Health
EPBHC	Embedded Preventive Behavioral Health Capability
EPT	Exception to Policy
ETMS2	Enterprise Task Management Tool
HQMC	Headquarters Marine Corps
IGMC	Inspector General Marine Corps
I&I	Inspector- Instructor
MCC	Major Command Code
MCCS	Marine Corps Community Services
MCOC	Marine Corps Operations Center
MCSPS	Marine Corps Suicide Prevention System
MCTF	Marine Corps Total Fitness
MEF	Marine Expeditionary Forces
MF	Marine and Family Programs Division
MFLC	Military Family Life Counselor
MFPC	Headquarters Marine Corps Casualty Section
MIP	Marine Intercept Program
MSC	Major Subordinate Command
MTF	Medical Treatment Facility
NDS	Not on Active-Duty Status
OSCAR	Operational Stress Control and Readiness
PCR	Personnel Casualty Report
PII	Personally Identifiable Information
PPI	Primary Prevention Integrator
PPO	Plans Policy and Operations
RTC	Regional Training Coordinator

SD	Safety Division
SIR	Serious Incident Report
SPC	Suicide Prevention Capability
SPPC	Suicide Prevention Program Coordinator
SPPO	Suicide Prevention Program Officer
START	Suicide Tracking and Reporting Tool
TO&E	Table of Organization and End Strength
UMAPIT	Unit Marine Awareness and Prevention Integrated Training
VA	Victim Advocate

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 Program Checklist

The following checklist is designed with the intent to ensure that command-level suicide prevention program requirements are implemented in accordance with Department of Defense and Marine Corps policies. Use the space to the left of the items to check items off as you complete them.

_____ Suicide Prevention Program Coordinator (SPPC) or Suicide Prevention Program Officer (SPPO) appointed in writing, in accordance with appropriate command level. SPPC or SPPO is a uniformed Marine or Sailor and copy of appointment letter maintained for inspections.

_____ Completion of required SPPC/SPPO training, within 30 days of appointment, and copy of SPPC/SPPO training certification maintained for inspections.

_____ SPPC/SPPO has contacted, within 30 days appointment, Headquarters Marine Corps (HQMC) Suicide Prevention Capability (SPC) via email at HQMCSPC@usmc.mil to ensure the most up-to-date suicide prevention resources are received.

_____ Operational Stress Control and Readiness (OSCAR) team member appointed in writing as the Combat and Operational Stress Control (COSC) representative. COSC representative is to collaborate with the regional training coordinator so that all COSC training and policy requirements are met. The COSC program enables a cohesive ready force and promotes long-term health and well-being among Marines, attached Sailors, and their family members.

_____ Documentation of collaborative partnerships to facilitate a comprehensive prevention strategy (e.g., COSC, chaplains, Sexual Assault Prevention and Response, Marine Corps Community Services (MCCS)) to support the command's suicide prevention program and the well-being of Marines and their families. Documentation may include, but limited to: meetings, email communications, training effectiveness evaluation plan, etc.

_____ Suicide prevention materials, resources, and leadership messages accessible throughout the command (e.g., 988 infographics, Marine Intercept Program (MIP) and/or Psychological Health Outreach Program (PHOP) referral information, etc.). This includes working suicide prevention hyperlink(s) and suicide prevention crisis/lifeline numbers displayed on the command's websites as well as state, regional, and local community resources.

Suicide Prevention Program Checklist

_____ Suicide Prevention Program Coordinator (SPPC) or Suicide Prevention Program Officer (SPPO) appointed in writing, in accordance with appropriate command level. SPPC or SPPO is a uniformed Marine or Sailor and copy of appointment letter maintained for inspections.

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_____ Operational Stress Control and Readiness (OSCAR) team member appointed in writing as the Combat and Operational Stress Control (COSC) representative. COSC representative is to collaborate with the regional training coordinator so that all COSC training and policy requirements are met. The COSC program enables a cohesive ready force and promotes long-term health and well-being among Marines, attached Sailors, and their family members.

_____ Documentation of collaborative partnerships to facilitate a comprehensive prevention strategy (e.g., COSC, chaplains, Sexual Assault Prevention and Response, Marine Corps Community Services (MCCS)) to support the command's suicide prevention program and the well-being of Marines and their families. Documentation may include, but limited to: meetings, email communications, training effectiveness evaluation plan, etc.

_____ Suicide prevention materials, resources, and leadership messages accessible throughout the

MARINE & Family

VERSION 2
MODIFIED: 2/11/2025

MARINE CORPS WARFIGHTER
MENTAL READINESS PLAYBOOK

Foreword

Marines, Sailors, and Civilian Teammates,

SgtMaj Ruiz and I firmly believe that mental readiness is just as critical to our combat readiness as physical fitness. Like so many of you, we have personally seen the unfortunate consequences that one Marine's mental health tragedy can have on an entire unit – not to mention their friends, family, and local communities. As a Nation and as a Corps we have made enormous strides over the past two decades in recognizing and treating mental health. We must remember, however, that mental health crises are not confined to wartime. We must treat it like any other component of Total Fitness – something to be strengthened and honed in peacetime, so that it can withstand the rigors of combat.

As Marines, we are America's 911 response force, always ready to answer the call, and that readiness starts from the inside out. Our mental resilience is the backbone of our strength, ensuring that when the nation needs us, we're at our best, both physically and mentally.

This Mental Readiness Playbook is your tool to tackle the challenges that can't be seen on a Physical Fitness Test. It's designed to help leaders at every level understand, support, and enhance the mental well-being of our Marines. Think of it as your go-to resource for fostering a culture where mental health is prioritized. But let's be clear – this playbook is just one tool in your kit. Nothing beats the power of kneecap-to-kneecap leadership and mentorship.

Use this guide to start conversations, but never forget the human element that makes our Corps unbeatable. Leadership is about connection, understanding, and always being there for your Marines. Let's ensure that every Marine knows that seeking help is a sign of strength, not weakness. Semper Fidelis.

Carlos A. Ruiz
Sergeant Major of the Marine Corps

Gen Eric M. Smith
General, U.S. Marine Corps
Commandant of the Marine Corps

SECTION 1 - WHAT'S IN IT FOR ME?

Mental readiness is central and critical to warfighter readiness. Properly caring for yourself and your Marines guarantees success on the battlefield and in life. Marines, you are some of the toughest and most resilient people on the planet. With that said, even superheroes need help at times. Mental health can be a tough discussion, but taking care of Marines is not, and it is what we are tasked to do. We cannot afford NOT to have these meaningful conversations. Mental readiness directly impacts each one of us, regardless of rank or billet. This playbook provides you with tools to help.

Give us a chance first Marines, we are proud of you.

— General Eric Smith, 39th Commandant of the Marine Corps

BLUF: Taking care of Marines is the plan of the day, every day. Doing it well requires constant training. The best leaders are voracious consumers of knowledge. This is a guide for effective influence. Read this playbook from cover to cover in the same way you would read an occupational publication.

Leaders at all levels—from small unit leaders to the Command Team—will:

1. Take care of their own.
   - Build a climate of trust and respect.
   - Know and invest in your people.
   - Promote Marine Corps Total Fitness.

2. Keep growing as a leader.
   - Have meaningful conversations.
   - Partner with clinical and non-clinical experts.
   - Lead from the front on accessing mental health resources.
   - Seek healthy outlets to avoid stagnation.

3. Stay in the fight.
   - Recognize risk factors and warning signs.
   - Emphasize resilience and promote protective factors.
   - Get people the care they need and keep them in the fight.

4. Utilize the arsenal of resources.
   - Consult with both nonmedical (e.g., chaplains) and clinical (e.g., medical professionals) experts.
   - Recognize engaged leadership as the most important resource available.

Over the history of the Marine Corps, one thing is clear: it is our people that make us great. Use this playbook to help your people–creating teams that are connected, cohesive, and ready to dominate in any and every assigned mission.

It is in fact you, the individual Marine, that the Corps draws its strength from. Upon earning the title Marine, you made a commitment to yourself, your family, your fellow Marines, and the Corps. I've made that same commitment. We must discipline our day and train hard with the goal of being better versions of ourselves than yesterday.

– SgtMaj Carlos A. Ruiz, 20th Sergeant Major of the Marine Corps

This playbook is intended to arm you with the tools to support the warfighter readiness of your unit and prevent adverse mental health outcomes or harmful behaviors. When harmful behaviors occur, you will be prepared to connect your people with the right resources, at the right level, at the right time.

Mental fitness is one domain of Total Fitness. Each domain—mental, physical, spiritual, social—strengthens the other. The goal is to create a community of support, where Marines remain connected to the mission, the command, and each other.

In the Marine Corps, there is a connected relationship between: Marines, their command, and the System of Care. Well-coordinated responses, built on relationships within this triangle, lead to better results for all hands. **Conversations between led and leader must regularly cover the warrior wellness octagon:** relationships, alcohol, finances, firearms, adversity, significant other, work and physicality (sleep/nutrition).

Command leadership is accountable for the command climate and for enabling their Marines to build skills that will help them navigate the literal battlefield, the battlefield of life, and the battlefield of the mind in healthy and productive ways.

This is not an either/or discussion, where leaders either care more about the mission or their people. Care for people is a force multiplier for mission readiness. Taking care of our people must be foundational to everything we do, and command leadership must be the source of hope for our Marines, so they have a sense of purpose, seeing their commitment to our Nation through our Corps as valued and worthwhile.

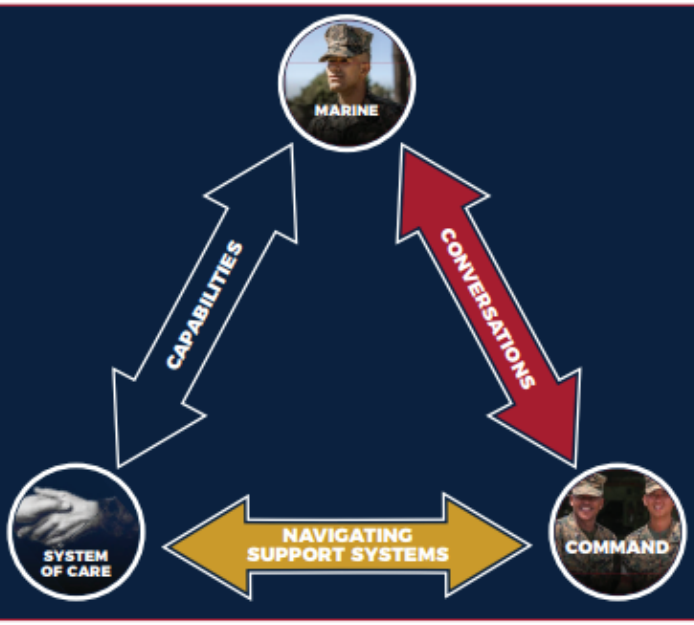


FIGURE 1. (RIGHT) relationship between commands, Marines, and the system of care

COMMAND TEAM

Within a climate of trust and respect, peer-to-peer relationships and engaged leadership are the most powerful defense against mental fitness challenges. No external resource can replace the commander's role or the role of a fellow warrior or friend.

The commanding officer (CO) shall establish and foster a climate of trust and respect. A command with high levels of trust and respect enables Marines to seek help before harmful behaviors occur and enables leaders to recognize warning signs and connect Marines with resources. Most importantly, a unit built upon trust and respect is a more lethal team.

Toxic environments undermine unit cohesion. It is every leader's responsibility to seek and destroy all behaviors which undermine connectedness. These behaviors are not solely hazing or bullying, but include other barriers to fostering a help-seeking culture. Critical to establishing the right type of preventive climate is eliminating the stigma for talking about a mental health condition and seeking support. There is no better way to do this than for leaders to be transparent and vulnerable, role-modeling the behavior they need all hands to practice. This could mean sharing your personal experiences, encouraging utilization of resources, and showing care and concern when speaking about those who are seeking help.

"I can't believe what you say because I see what you do." – James Baldwin

Above all, Marine Corps leaders must do all we can to create an environment where our people understand that we care about their well-being, so they can do the most valuable and meaningful work of their lives, alongside people they respect—where they are prepared and enabled to succeed. The environment must encourage and promote help-seeking behaviors.

The Command Team must care about the Marines throughout the continuum, from prevention to intervention to reintegration. Most Marines will not require high level care and most of life's stressors can be combatted through increased skills and engaged leadership. The best Command Teams are ready to support Marines in every time and place.

SMALL UNIT LEADERS (REGARDLESS OF RANK OR BILLET)

It is incumbent upon every leader to develop great competence in taking care of their people: the minds, bodies, and spirits entrusted to them. This begins with empathy, listening to hear and understand, genuinely caring, and knowing when it is beyond the leader's scope and external resources will be beneficial.

Small unit leaders are arguably more critical than the Command Team in creating professional and caring environments, recognizing warning signs, reinforcing the available resources and the messaging that seeking help is encouraged. Doing so will help them identify stressors and other risk factors so action can be taken as early as possible.

Leaders should strive to become fluent in prevention programs and available resources, so they can understand how to identify and respond to a mental fitness concern. When in doubt, leaders must be courageous in elevating those issues they cannot fix or resolve at the lowest levels.

ALL MARINES

Combat Operational Stress Control (COSC) foundational principles are the bare minimum expectations of all Marines. COSC is a unit's organic peer support program and enables effective and impactful leadership. These five core leader functions enable leaders to navigate the stressors of their lives and the lives of their Marines. The Five Core Leader Functions: Strengthen, Mitigate, Identify, Treat, and Reintegrate, to develop a Marine Corps Total Fitness (MCTF) mentality toward wellness. This encompasses a mindset of mental, physical, spiritual, and social fitness and wellness. A Total Fitness mindset is the foundation of the mental fitness of our force.

FIGURE 2.

All Marines must consistently assess how they are taking care of their own mental, physical, spiritual, and social fitness, as well as the healthy functioning of their fellow Marines. Stress is an inevitable part of life and an inherent part of military service. Self-care is paramount.

The stresses of Marine Corps life will test the SMITR (Strengthen, Mitigate, Identify, Treat, Reintegrate) framework and mindset. Strengthen focuses on how leaders and individuals can strengthen their Marines and themselves to navigate the stressors of life. Stress is not the enemy and, in most cases, can make individuals and teams stronger and better. However, it is important that people recognize when they are being pushed to a breaking point, beyond their level of personal resilience. Just as critical, leaders must set a positive environment that allows Marines to engage in self-care and recover from prolonged periods of stress.

Consistently, the data and the science show that if people are not sleeping, eating, or exercising regularly and have no constructive connections with others and something bigger than themselves, they are at higher risk for experiencing a mental fitness challenge. Mitigating stressors as much as possible, builds skills that strengthen protective factors, put the right systems and support in place, avoid elements that numb or deflect the challenges of our environment, and make our people more resilient. The scientific link between mental well-being and proper nutrition, sleep, and healthy social connections is crucial for leaders to understand and emulate.

As a person's stress load becomes larger, relationships with family, peers, and leaders matter most. Having a network to rely on for support and for getting to the resources and help needed is critical to cope, strengthen, and return to optimal performance. The value of a connected, cohesive team cannot be overstated.

Leaders must also identify Marines who need assistance by closely monitoring every available indicator of Marines' functioning and performance. Identifying involves more than looking, listening, and feeling for signs of possible breakage or wear—it means anticipating these inevitabilities. Leaders must identify not only the stress reactions, injuries, and illnesses experienced by their Marines, but also the day-to-day stressors they encounter so they can recognize high-risk situations for stress symptoms. These factors are the foundation for self-care in psychological well-being. Your local Semper Fit team is a resource for more information on total fitness.

The emphasis on Secondary Aid (Connect/Competence/Confidence) is paramount as we reintegrate our people into the fight. Stress + Recovery = Growth. The objective is not to eliminate stress, but to gain and apply the tools to adapt and overcome.

Some stress is healthy, but when not addressed it can lead to mental health challenges. If mental health care and treatment are required, leaders must be empathetic and ensure the Marine is given the time needed for care. It is the responsibility of the individual to precisely follow the plan provided to them, keeping leaders informed of progress or the need for additional support. Application of Treat is crucial here through applying the 7 Cs of Stress First Aid.

COMBAT AND OPERATIONAL STRESS FIRST AID (COSFA)

Combat and Operational Stress First Aid (COSFA). COSFA includes the 7 Cs: Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence. For those that want a deeper dive, refer to doctrine MCTP 3-30E.

COSFA is similar the steps of basic First Aid (FA) and Cardiopulmonary Resuscitation (CPR). The first step is recognizing that something might be wrong. Next we Check by simply asking, "Are you OK?" If they are okay, we do not need to perform CPR or provide First Aid.. BUT, If Annie is not OK, we do a quick Airway, Breathing, and Circulation check and then yell, "Call EMS/medical" to get help, or Coordinate.

Similarly, to use COSFA, we look, and listen, and determine that a peer may be in trouble. We Check in, asking, "Are you OK?" and then we Coordinate with others that can assist if needed. We call this ongoing process of Checking and Coordinating Continuous Aid. We should Check in often and Coordinate as needed. This process truly never stops.

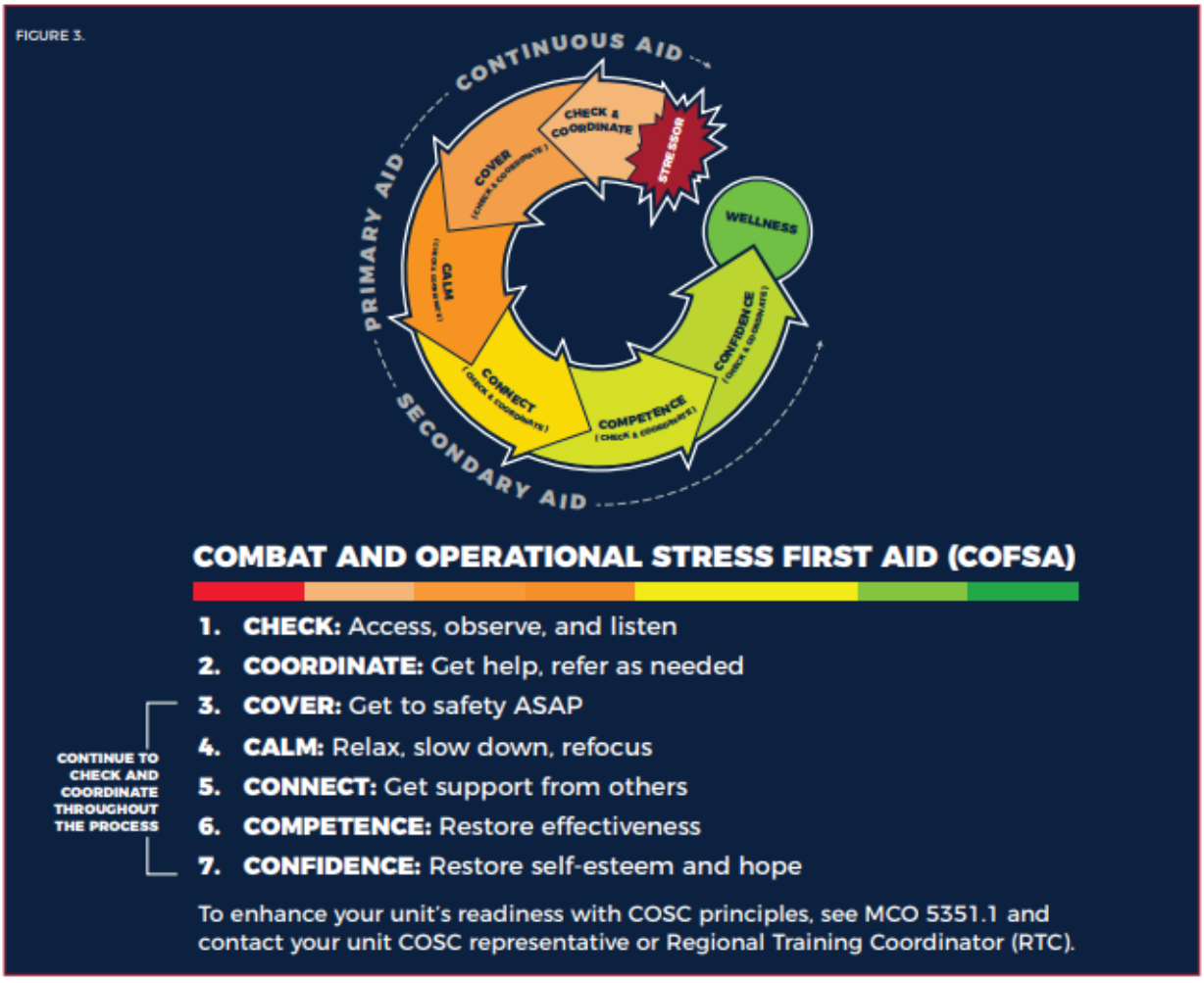
You can see on the Figure 3 diagram that Check and Coordinate are a part of each step in the process.

The next two Cs – Cover and Calm are a process called Primary Aid. These two steps are intended to save a life and prevent further harm. They are not always needed when someone is having a stress reaction, but when they are, if there is a physical safety risk you act immediately to make sure the person is safe (Cover) or provide emotional safety as able such as taking the person to a more private space.

Once safe, you assess if they are Calm. We know that people with post-stress elevated heartrate, respiration, and blood pressure show greater risk for long term health problems. This is where Calming reduces the risk for further injury. We may assist in Calming by breathing with the person or just giving them some time and safety.

The third process in Combat and Operational Stress First Aid is called Secondary Aid and these three Cs (Connect, Competence, and Confidence) are mainly a responsibility of leadership. It is important to remember that a person can have a stress injury and not be in crisis. Once a person is safe and calm, it's important that the unit and leaders act in concert with others to facilitate Connectedness, Competence, and Confidence to strengthen reintegration and resiliency, using the tools and resources that work best for them to move toward a sense of wellness.

FIGURE 3.



SECTION 2 - KEEP GROWING AS A LEADER

A good leader doesn't send every Marine or Sailor who is stressed or wants to talk to mental health or the chaplain. Leaders know their people and lean into conversations that create an environment of trust. Trust is not only important when the Marine is truly in crisis but enhances our warfighting capabilities as a team. Leaders are not expected to act as mental health providers. However, most Marines will bounce back from stress with caring leaders and mentors. Good leaders, the strongest leaders, possess self-awareness and prioritize their own psychological readiness. Leaders must identify their resources and support systems, prioritize their total fitness and be willing to seek help when necessary. Leading from the front is the only way we'll encourage others to seek help when needed.

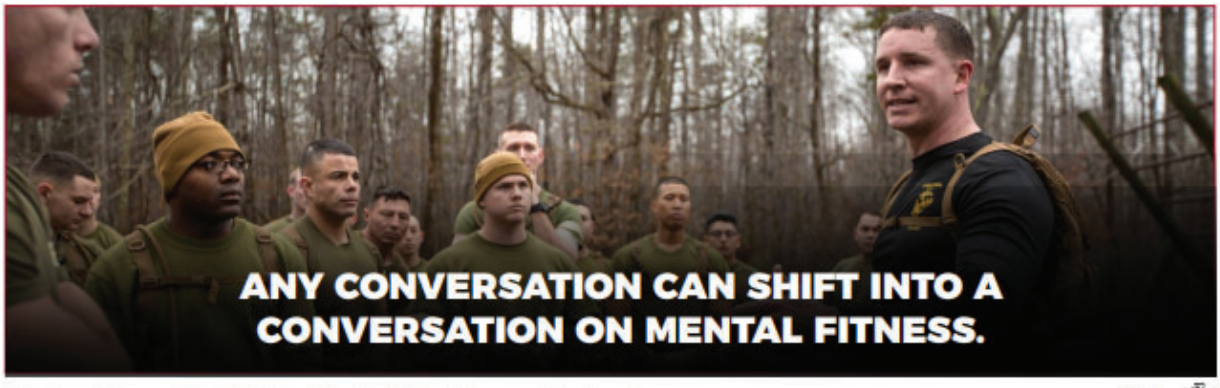
Starting the conversation about mental fitness requires prior preparation. Marines will not turn to their leadership in times of hardship if there has never been a conversation with them about anything other than the mission or work. Conversations that matter are often deeply personal and take courage. Not everyone is a naturally born "good listener" and that is OK. It requires practice and your Marines are worth the effort. Operational Stress Control And Readiness (OSCAR) Team Training Generation (Gen) III training provides a great example of how to remediate a situation in which Marines are hesitant to speak up because they do not trust that others will empathize with their point of view, or when the organizational culture does not foster connectedness.

There is no right way or only way to have meaningful conversations. Tools are listed below to help you skillfully navigate a challenging moment when you are needed most. While there are some specific techniques that can be helpful in this area, there is no better starting point than going out into your command with an acknowledgement of your own humanity and that of your team. We are Marines AND we are human.

CREATING TIME AND SPACE

Getting to know your Marines on a personal level and starting conversations that matter is simple. Take time out from your day to ask Marines and Sailors how they're doing and stick around for their reply. This may be uncomfortable for some who may confuse this with fraternization, but knowing your Marines so you can recognize warning signs is a key component of leadership. Knowing your Marines makes the team stronger and makes the team work better together. The benefits from this approach are innumerable, but key benefits include:

- Setting the tone for you as a leader or a peer, showing that you care.
- Asking questions about life outside of work are tiny investments in connectedness.
- Having these conversations lay key building blocks that strengthen your team and build a positive culture.
- Building a relationship ensures conversations that matter are a more regular occurrence.
- Showing empathy is the foundation of building trust and showing that you care for their well-being.
- Revealing your human side makes others feel more comfortable sharing what is on their mind.



Having conversations that matter does not fall exclusively on the shoulders of the Command Team. These conversations should happen at all levels of leadership and can be supported by enrolling in specific trainings to develop the skills or having conversations with your unit's and installation's counselors. Marines are more likely to trust engaged leaders who invest in them regularly and not just in times of crisis.

Developing your emotional intelligence (EQ) is also important in shaping your ability to have conversations that matter. EQ is the ability to recognize, understand, and manage our own emotions; and the ability to recognize, understand, and influence the emotions of others. It's OK to be uncomfortable with certain topics and emotions but understanding and acknowledging where you struggle will help you engage with rawness, realness, and vulnerability.

Tips on how to improve your EQ are part of the OSCAR curriculum and include:

- Slowing down to really think about what you're hearing and then what you are saying.
- Practicing putting yourself in another person's position or rehearsing ahead of time.
- Paying attention to body language.
- Identifying and commenting on changes like, "I can see you seem overwhelmed" or "You seem distracted. I can tell this is upsetting to you," are ways to acknowledge the challenging emotions.

If an everyday conversation shifts and it becomes evident that the Marine needs care outside of your unit, you will be positioned to talk positively about using additional resources.

"Have the courage to, one more time, reach out to somebody and give them that trust that they will take care of you." – SgtMaj Ruiz, SMMC

HAVING EFFECTIVE CONVERSATIONS WITH PEOPLE IN NEED

OPTIMIZING CONVERSATIONS THAT MATTER:

- Meet in a quiet space without distractions.
- Make the other person comfortable.
- Think about your body language (EQ). Are you conveying support or annoyance?
- Be authentic—convey you really care and want to hear what's on the person's mind.
- Set up another time to talk if you are pressed for time. Make sure to follow up!
- Work to understand sources of stress. Don't assume you know the source.
- Observe non-verbal cues.

Use Empathy: In the online age with reduced face-to-face interaction, one key element for healthy communication is often missing: empathy. While sympathy involves feeling for others, empathy also involves feeling with someone (e.g., "I empathize with you because of your situation of not being selected for promotion—I remember when I was passed over. I felt distraught and angry.") Empathy is necessary for healthy relationships and conversations that matter—when we are talking with someone in need, it is better to engage them empathetically. Empathy says, "you are not in this alone" and provides a pathway to hope and help. Think about why dogs are man's best friend; they don't fix your problem, judge you or tell you how someone has it worse. They're just present. That's empathy, being present and being a witness to another person's pain.

Active Listening: Active listening requires intentionality—directing our eyes, ears, and conscious awareness toward the person you are talking with. Active listening allows individuals to express themselves freely without feeling judged and includes paying attention to non-verbal clues and cues people make (see above). Up to 70 percent of interpersonal communication is non-verbal. Active listening means giving the speaker your undivided attention. A few key features of active listening are:

- Give verbal responses to what is being said, and show you are listening.
- Offer responses to bad news that include "that must be difficult" or "I can appreciate your feelings."

- Responses do not need to convey agreement but only that the individual is being heard.
- Avoid the "fix-it" reflex and focus on the message by reflecting what you heard. Collaborate with the person to help them problem-solve, but avoid trying to solve it for them. Ask them what they've tried and are willing to consider.
- Get up from behind your desk, sit beside the person, relax your posture, and table your rank.

Be Engaged: To show respect for the other person, avoid having furniture or a desk between each other as that may communicate the use of power, an interpersonal distance, or barrier. Preplan and be sure to hold phone calls until after the conversation has ended so you won't be interrupted. When interruptions are unavoidable, briefly assess if the current conversation should be rescheduled. If you must reschedule, express that you want to respect what is being said and you will reach out soon to set up another time to talk. Additional best practices include:

- Position yourself in a non-threatening way with body posture to put the other person at ease. Directly facing someone and hands lowered (no knife-hand) is typically understood as a non-offensive posture. Always give those you are talking to space to move and even walk away, if necessary.
- Be mindful of your body language and how it may be interpreted in the situation. Especially if you tend to be animated with your hands; your hands could help or even hinder you in talking with someone about mental fitness conditions.
- Look directly at the person, but do not make it a staring game. Do not look at your watch or smartphone. Keep a clock visible only to you in your office if needed. Give your undivided attention.
- Take a walk with the person you are speaking to. Movement can decrease anxiety and help someone open up.
- Nod in response. Do not smirk or rock your head side to side. Match your facial expressions with your emotions. Smile when appropriate and show concern when needed. Manage your emotional response.
- Don't overreact. When people are vulnerable and share intimate details, they may feel self-conscious. They want their feelings to be normalized no matter how unusual the situation. Focus on support and try not to react to the details they share.
- Avoid "mind reading." If someone looks uncomfortable, do not assume why. Simply ask them calmly, "I appreciate you talking with me, and I want you to be comfortable in discussing this matter with me. Is there anything I can do to make you feel more comfortable?"

Understand Stressors: Meeting operational commitments is our central focus but can cause tunnel vision, leading us to miss the impacts on our people. Marines experience stress from a variety of sources, both inside and outside of work. What may at first glance appear to be a workplace interpersonal issue might be a symptom of a bigger problem on the home front. Allow the Marine to tell you of their stressors rather than assume.

Recognize and Mitigate Personal Bias: The human brain is hardwired to make snap decisions based on previous experiences and judgements. These then become our biases. Biases are reflexive signals that can turn into stereotypes, preferences, prejudices, or habitual reactions we may have toward others. Bias can be either conscious or, more dangerously, unconscious. Bias is a natural part of life, and it is not always negative, but left unchecked, can cause great harm. Be mindful that a situation that seems simple to you may be overwhelming for another person.

Introversion/Extraversion and Personality: Introverts and extraverts approach human interactions differently. The extravert seeks out conversations and interactions with others as they are energized by the human interaction. In contrast, the introvert finds energy in their private time away from others. You may find that the person you are talking with may be the opposite of your personality. Understanding that not

everyone is going to share the same as you and adapting to their style will help build rapport.

Stigma: Unfortunately, the stigma associated with getting help has historically been rooted in our warrior culture. As a leader, you should be explicit in letting people know it's OK to ask for help. Further, when appropriate, asking about suicidal thoughts, "Are you thinking about suicide?" can be essential to getting someone help. We know that asking individuals if they're thinking of suicide is not going to make them suicidal and most are relieved to open up about it.

Some Conversations Will Be Hard: Mental health professionals, counselors, and chaplains are trained to have difficult conversations with those they serve. For the rest of us, it's more challenging. The person in need may not be forthcoming, and they may not want to open up no matter what you do. That's okay, just keep listening and talking. Keep building the rapport and relationship so they know you are a trusted agent who genuinely cares if they need you. AKA, "give a foxtrot." Some Marines may not talk to you right away but giving them a resource at the end of the conversation gives them hope. The Marine can text or call 988—anytime, 24/7. The Suicide and Crisis Lifeline is also available OCONUS: In Afghanistan, call 00 1 800 273 8255 or DSN 111. In Europe, call 00800 1273 8255 or DSN 118. In Korea, call 080-855-5118 or DSN 118. In the Philippines, call #MYVA or 02-8550-3888 and press 7. In Japan, dial the country code and then 1-800-273-8255. Service Members overseas may contact the crisis lifeline via the chat modality at https://www.veteranscrisisline.net/get-help-now/military-crisis-line/. If Service Members prefer to speak directly with someone, they can request a call within the chat. A crisis line responder will call them at the number they provide at no charge.

As a leader, you may feel pressure to have every answer, or you may feel unsure of how to have these conversations. Know that you are not alone and that your support personnel (mental health professionals, counselors, and chaplains) are there to help. It is important to be prepared, know yourself, know your limitations, and know who to refer to or confer with before you talk with someone about their mental fitness.

Command-directed Conversations: When someone is unwilling to seek help, and you have strong concerns for their well-being, a command-directed mental health evaluation (CDE) may be required. There are policies and procedures for commands to use when conversations go beyond your ability to help. Remember, if someone is thinking about harming themselves or others, you have an obligation to get them help. You may have to call 911 or the Military and Veterans Crisis Line at 988 + 1. OCONUS personnel can call 800-342-9647 or 703-253-7599. Prior to a making CDEs, it is always a best practice to talk to the Marines about the concerns you're observing and encourage them to seek help voluntarily. That makes their engagement with care more pleasant and they're more likely to continue with the care. However, if it is a life or death matter you have an obligation to get them help. Your unit's organic mental health members or the installation hospital can advise and assist.

Final Tips on Conversations that Matter:

- Find a quiet place to talk if possible. Options can include an outdoor space as well.
- Be positive.
- Avoid minimizing such as: "You are just having a bad day," "get over it," or "stop being soft."
- Use appropriate language that is supportive and reinforces help-seeking.
- Ask questions like, "How are you feeling?" "What support do you need?" "What can I do?"
- Make reassuring statements like, "we are here to help you," "you are not alone in this," "we must have each other's backs."
- Do not be judgmental or try to have all the answers.
- Know your limitations and know how and where to refer.
- Never leave someone alone that you think may harm themselves or others.
- Rank matters. If you are senior to the person you are talking with, make sure you do not use your rank as power. Instead, use it for empowerment!

Why Is Talking About Lethal Means Safety Important?

Firearms are the leading method for suicide in the Marine Corps, at a far higher rate than the civilian sector. When Marines are in crisis, and lack the ability to navigate their strong emotions, it is imperative that leaders have a conversation with them about lethal means safety. Lethal means safety involves putting time

and space between a person at risk and a lethal method (firearms, pills). The length of a suicidal crisis is as short as 5 minutes for some (25 percent) having an ideation and less than 20 minutes for others (50 percent). By delaying access to lethal means by 20 minutes or more, the risk of a suicide-related behavior occurring during a crisis drops by nearly 50 percent. Firearm owners who store their firearms locked and unloaded are 60 percent less likely to die by firearm than those who store them loaded and/or unlocked. It is difficult and touchy to ask about firearms but there may never be a more important conversation in that Marine's life. Explain to the Marine why you're concerned and ask if the Marine owns firearms and how they're stored. Express your concern, in the same way you'd talk about a person driving after having too many drinks. It's not about removing the gun forever but saying, "I care and now is not the best time to have an unsecured firearm in your possession. How can we secure it until things get better?" This conversation saves lives.

LEADERSHIP SELF-AWARENESS

Building strong mental readiness and Marine Corps Total Fitness begins with you, leaders. Have the self-awareness to invest in your own self-care, to recognize your limits and warning signs and to surround yourself with a support system who cares and knows you to speak up when necessary. Know the resources for yourself so you can speak with integrity when encouraging your Marines to use those resources. Marines lead, teach, train, and mentor. We need that leadership now when it comes to building and sustaining a psychologically ready force. And finally, in our organization, stress is part of the job. While we may be managing our stress and assisting others with theirs, at the end of the conversation we need to remember to return inward and take care of ourselves. If we do not take care of ourselves, we won't be able to help take care of others. **Command leaders must identify and train caring leaders invested in providing peer-to-peer support and sustaining a positive command climate.**

Marines are a powerful asset for building unit cohesion, connectedness, and inclusion. Assign key leaders/influencers to collateral duties connected to prevention programs. Prevention program duties include, but are not limited to: Combat and Operational Stress Control (COSC) Representatives, Operational Stress Control and Readiness (OSCAR) Teams, Suicide Prevention Program Coordinators or Officers (SPPC or SPPO), Equal Opportunity Advisors or Representatives, Force Fitness Instructors, and Substance Abuse Control Officers. Influencers should forge working relationships with other integrated prevention stakeholders, including civilians. For additional information and foundational training, these Marines are encouraged to complete the Prevention in Action Stakeholders Training on MarineNet. The Marine and Family Programs Division publishes a quarterly Prevention in Action newsletter that offers skill-building information and articles about programs that can help strengthen the total fitness of Marines and their families.

The Interactive Mental Wellness Resource is available for all and provides mental fitness skill-building information. Visit www.usmc-mccs.org/protect, and click on Prevention Skills You Can Use.

SECTION 3 - STAYING IN THE FIGHT

Recognizing the line between stress and distress is part of knowing yourself and knowing your Marines: Every Marine is different, and it is important to know yourself as well as your people so you can recognize changes in behavior. For most Marines, mentorship, support, and problem-solving skills will give them what they need to stay in the fight.

Sometimes negative emotions are normal for the situation (e.g., relationship problems, failing to promote) but when negative emotions or anxiety clearly get in the way of normal functioning at work or home, the person may benefit from professional care. Be open to seeking additional help when necessary.

Barriers to Help-Seeking: Leading reasons Marines report not seeking help when in distress are a desire to fix the problems themselves, a fear of loss of privacy, a fear of being seen as weak, and a fear of risking career or security clearance. Leaders must know the truth about seeking help. Remind Marines that even the strongest can need help in many areas of life, and it doesn't mean they're weak. It's OK to tackle your problems yourself as long as you know when you've hit your limit. Leaders must know the policies governing confidentiality and ensure everyone protects the privacy of Marines seeking help. Leaders must know and repeat the facts about the impact of seeking help on one's career. The truth is seeking help is viewed favorably in security clearance adjudication.

Know yourself and your people: Marines pride themselves on being inherently self-sufficient. You must know your own limits and your people's limits while recognizing changes in behavior that may require additional engagement or resources.

Patterns of Behavior: We should not overreact to stress, however when it impairs a person's functioning, we have crossed the line into distress. Recognize a departure from a Marine's usual attitude, behavior, and performance. Be especially mindful of alcohol misuse, suicidal statements, increased anger, poor impulse control, or interpersonal conflicts.

Safety Concerns: Suicidal statements, self-harming behaviors or attempts, or related behaviors are all a basis for immediate referral and assessment. Remember that self-harming behaviors can look like explosive anger, punching bulkheads when upset or even punching oneself and not just self-mutilation. In those cases, it is critical to talk with the Marine to understand the situation, and if needed, involve a professional counselor.

Common misconceptions persist regarding the impacts of seeking help: Very few Marines will ever lose their career or security clearance solely for seeking help. The Marine Corps and the DoD encourage you to take steps to protect your psychological readiness and stay in the fight. Seek help early and often to prevent negative impacts to your career and spread the truth about help-seeking to your Marines.

SPREAD THE TRUTH

PSYCHOLOGICAL HEALTH TREATMENT AND SF86 QUESTION 21

Standard Form 86 [SF86] "Questionnaire for National Security Positions" is used to evaluate individuals under consideration for Confidential, Secret, and Top Secret security clearances. One of the many reasons Service Members choose not to seek help for psychological health concerns is fear that doing so will jeopardize their clearance eligibility and careers. Here are the facts about answering SF86 Question 21:

IT'S OK TO SPEAK UP WHEN YOU'RE DOWN

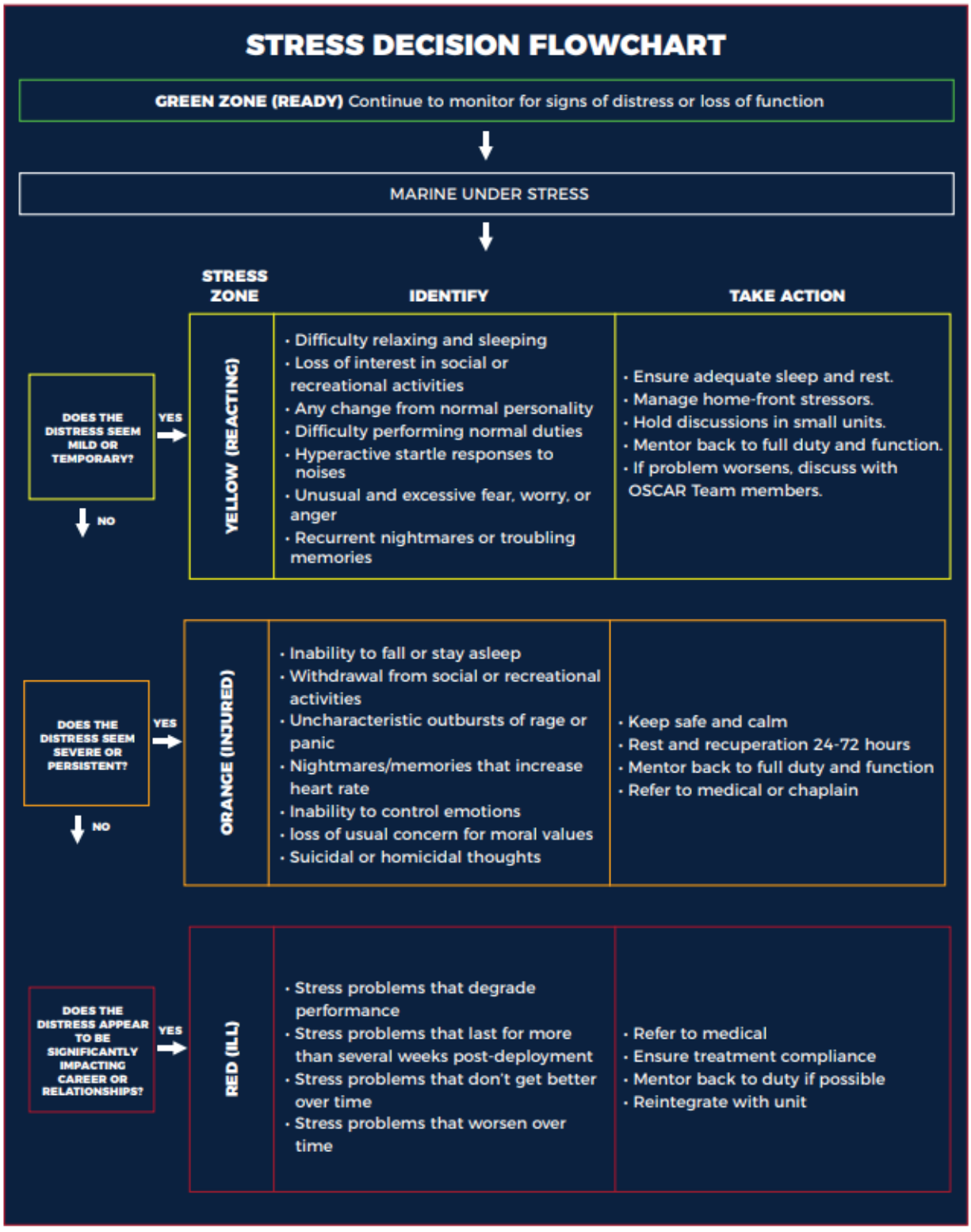
TRUTH	Less than 1 percent of security clearance denials and revocations involve psychological health concerns.
TRUTH	Seeking help to promote personal wellness and recovery may favorably impact a person's security clearance eligibility.
TRUTH	Not all psychological health treatment is required to be reported when answering Question 21.
TRUTH	Any psychological health care you report when answering Question 21 is protected by privacy rights.

WHAT DOES NOT NEED TO BE REPORTED WHEN ANSWERING QUESTION 21

- Counseling related to adjustments from service in a military combat environment
- Marital or family concerns (not related to violence by the Service Member)
- Grief Counseling
- Counseling related to being a victim of sexual assault

Did you Know? Any psychological health care a Service Member reports when answering SF86 Question 21 is protected by privacy rights. A personnel security investigator can only initially ask a health care provider if the Service Member is coping with a concern that could impair his or her judgement or reliability to safeguard classified information. If the answer is "no", additional questions are not authorized.

SEEKING HELP IS A SIGN OF STRENGTH, AND HELP IS ALWAYS AVAILABLE.
For confidential, 24/7 support, contact the Military Crisis Line by dialing 988 and pressing 1, or visiting www.veteranscrisisline.net.


STRESS DECISION FLOWCHART
GREEN ZONE (READY) Continue to monitor for signs of distress or loss of function
MARINE UNDER STRESS
STRESS ZONE
IDENTIFY
TAKE ACTION
DOES THE DISTRESS SEEM MILD OR TEMPORARY?
YES
NO
YELLOW (REACTING)
• Difficulty relaxing and sleeping
• Loss of interest in social or recreational activities
• Any change from normal personality
• Difficulty performing normal duties
• Hyperactive startle responses to noises
• Unusual and excessive fear, worry, or anger
• Recurrent nightmares or troubling memories
• Ensure adequate sleep and rest.
• Manage home-front stressors.
• Hold discussions in small units.
• Mentor back to full duty and function.
• If problem worsens, discuss with OSCAR Team members.
DOES THE DISTRESS SEEM SEVERE OR PERSISTENT?
YES
NO
ORANGE (INJURED)
• Inability to fall or stay asleep
• Withdrawal from social or recreational activities
• Uncharacteristic outbursts of rage or panic
• Nightmares/memories that increase heart rate
• Inability to control emotions
• loss of usual concern for moral values
• Suicidal or homicidal thoughts
• Keep safe and calm
• Rest and recuperation 24-72 hours
• Mentor back to full duty and function
• Refer to medical or chaplain
DOES THE DISTRESS APPEAR TO BE SIGNIFICANTLY IMPACTING CAREER OR RELATIONSHIPS?
YES
RED (ILL)
• Stress problems that degrade performance
• Stress problems that last for more than several weeks post-deployment
• Stress problems that don't get better over time
• Stress problems that worsen over time
• Refer to medical
• Ensure treatment compliance
• Mentor back to duty if possible
• Reintegrate with unit

RESPONDING WITH COMPASSION

Connecting with the Marine in need, providing encouragement, asking for ways that the command can support the Marine, and encouraging a process of continuing dialogue are critical to ensure that the Marine stays engaged with the command as the matter evolves. All members of the command are positioned to encounter a fellow Marine who is struggling. Balancing administrative and operational responsibilities of leadership will set the stage to successfully reintegrate them back into the command later. If your Marines are admitted to any medical facility, visit them and show command support..

HOW TO PROVIDE AN EMPATHETIC RESPONSE TO A DISTRESSED MARINE:

- Engage in active listening.
- Ask, "How can I help?"
- Encourage Marine to talk to leadership.
- Engage leadership to ensure safety of the impacted Marine.

FOLLOW THROUGH

It is not enough to simply hand a Marine a pamphlet expecting them to seek help at a resourced location. Leaders must follow up with their Marines and ensure they actually received help from a resource. If they did not, leaders can help those who are distressed in finding another resource or outlet. The "No Wrong Door" policy is imperative to keep in mind, and we all must reinforce the concept.

WARFIGHTER MENTAL READINESS

Stress is inevitable. Suffering is optional. Stress is a necessary building block to strength. Sometimes these tools include external resources and support. Our goal is not to eliminate stress but to help Marines gain the tools to adapt and overcome. When you create and demand an environment of mutual respect, trust, mentorship, and leadership, you enable your Marines to seek YOU and Marine Corps resources when they have exhausted their own internal resources to handle challenges. Marines leading, teaching, training, and mentoring is the foundation of unit cohesion and connectedness, a leading protective factor against all harmful behaviors. The tools below are necessary to set your Marines up for success in all aspects of life.

THE UPWARD SPIRAL

- **Radical Acceptance:** A conscious effort to acknowledge and honor difficult situations and emotions. Feelings are just that, feelings and not facts. Roll with them instead of fighting them. You'll feel better.
- **Practicing Healthy Habits:** Those who have healthy outlets, ie., a gym routine, volunteering, journaling, the arts, yoga, etc., all have lower rates of self-destructive behavior. They enjoy life more too!
- **Self-Improvement:** We are creatures of habit. As such, we must stay on the road of healthy habits, mindsets, and influences. Do not get complacent. Continously seek self-awareness and self-improvement.
- **Self-Actualization:** It takes training, maturity, and skills practice to be aware of, control, and express one's emotions in a healthy manner. This is also known as emotional regulation. This skill protects against harmful behaviors.
- **Social Fitness:** Feeling connected protects our immune system, lowers stress, depression, anxiety, and protects against harmful behaviors. Who is in your circle? Are they helping with your growth?
- **Mental Fitness:** Remaining engaged in healthy thinking and behaviors and building strong intellectual and emotional habits. Includes one's mindset, attitudes, and practices to help manage various stressors to optimize performance.
- **Physical Fitness:** Proper nutrition, adequate sleep, and exercise are the key building blocks of health. Self-care techniques are more effective than medications for mild mental health sympoms.
- **Spiritual Fitness:** Having a sense of purpose, meaning, and connection to something bigger than yourself is exercise for your soul. It makes you stronger and more resilient.

SUICIDE PREVENTION QUICK TIPS FOR LEADERS

The following tips can assist you in having these discussions safely and constructively.

- **Pay attention when Marines and Sailors are facing stressful times.** There is no single cause of suicide. Even in casual conversation, pay attention to mention of relationship problems, career setbacks, substance misuse, academic failures, or health concerns as these are risk factors for suicide. Warriors facing transitions (e.g., permanent change of station (PCS), separation, retirement) or legal challenges (e.g., non-judicial punishment (NJP)) are also at increased risk. Look out for increased alcohol use, social isolation, or withdrawal from usual activities as these are indications of a potential problem. Pay attention to Marines who seem to be extremely overwhelmed, unable to problem-solve, or cope with their stress. Remember, you don't have to see every sign to ACT (Ask, Care, Treat). Remind them that they are never alone and that their lives count.

- **Warriors may not seek help because they fear negative career consequences.** Remind Marines and Sailors that less than 1 percent of security clearance denials and revocations involve psychological health concerns. Proactively seeking help to promote personal wellness and recovery may favorably impact security clearance eligibility and most return to duty after seeking help. However, remind warriors that even a career setback is not worth one's life. Getting help is most important. Some won't seek help for fear of looking "weak," loss of privacy, or they simply want to solve the problems themselves. Reinforce that seeking help is a sign of maturity and strength.

- **Sometimes, changes to a Warrior's job responsibilities may be in their best interest to enable proper treatment and recovery.** However, these changes are not retaliation for seeking help. The Marine's or Sailor's health is the priority. Share positive stories of recovery and career mobility to encourage treatment, such as, this podcast with Suicide Prevention Program Coordinator, GySgt Davis, about "Normalizing the Conversation About Mental Health and Seeking Resources" https://www.youtube.com/watch?v=NSOb817kcZ8. Recognize that some Marines face pushback, isolation, and mocking from some peers and leaders when seeking help. It is your responsibilty as a leader to ensure your Marines support the recovery of the Marines who seek help. It is your responsibilty as a leader to ensure the unit wraps their arms around that Marine and support their recovery.

- **Get comfortable asking about access to lethal means. Firearms are the most used means for suicides in the Marine Corps.** When a warrior is showing signs of crisis, ask about access to firearms and encourage lethal means safety through voluntary storage of privately owned firearms. Familiarize yourself with Counseling on Access to Lethal Means (CALM) for additional guidance and understand local procedures for storage. CALM: https://sprc.org/online-library/calm-counseling-on-access-to-lethal-means-2/. This is not a Second Amendment debate or "taking" someone's firearm, rather putting time and space between the crisis (temporary) and the lethal means (permanent). It saves lives.

- **Outreach from leaders, fellow Warriors, and family can make a difference.** Research indicates that Marines and Sailors may not be willing to proactively discuss their concerns with military providers because they believe that others will find out, they fear judgment, or worry about career impact. Staying engaged, knowing your people, and knowing the warning signs can enable early intervention. Familiarize yourself with the guidance for communication between leaders and mental health providers available on www.suicide.navy.mil to address concerns about privacy rights. And always encourage use of confidential resources, such as Military Family Life Counselors, Military OneSource, the Military Crisis Line (who maintain confidentiality except for potential harm to self or others), or Navy chaplains (who maintain 100 percent confidentiality). The Marine's family often is more aware of troubling warning signs than the unit. Finding any way to engage families, make them knowledgeable about resources and telling THEM the truth about help-seeking arms them to partner with the Marine Corps to save lives.

There is no single cause, or solution, for suicide. While most Marines will not die by suicide, one loss is one too many and impacts the entire unit. Understanding how some spiral towards suicide can inform your recognition of warning signs and enhance your engaged conversations.

- **History:** Most were having relationship problems, legal problems, legal and financial troubles, or were facing academic or career setbacks.
- **Ongoing Stressors/ Warning Signs:** Relationship problems, prior suicide attempt, alcohol misuse, chronic pain, criminal, legal or financial problems, impulsivity or aggressive tendencies, hopelessness, poor coping skills, history of physical or sexual abuse, social isolation
- **Disrupted Social Network:** On top of multiple stressors, failing a school or physical fitness test/Combat fitness test (PFT/CFT), facing NJP, divorce, or administrative separation (ADSEP) can be the tipping point for many.
- **Judgement Factors:**Lack of sleep and increased alcohol use impairs rational decision making in warriors who might not otherwise ever consider suicide.
- **Access to Lethal Means:** The decision to die is often made in the final hour before the act. Access to lethal means makes that impulsive decision deadly and irreversible. Reducing access to lethal means during times of distress DOES save lives
- **Compressed Intervention Window:** Anger, rage, and shame can be intense feelings that the warrior may not be able to tolerate.
- **Distorted Thinking and Legal Action:** Most do not want to die but feel trapped and out of options in the final hours.

CRITERIA FOR NOTIFICATION TO COMMAND

DODI 6490.08 DIRECTS THAT PROVIDERS SHALL NOTIFY THE LINE COMMANDER WHEN ONE OF THE FOLLOWING CIRCUMSTANCES IS MET

Harm to Self: Serious risk of self-harm by the Service Member either as a result of the condition itself or medical treatment of the condition.

Harm to Others: Serious risk of harm to others either as a result of the condition itself or medical treatment of the condition.

Harm to Mission: Serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgement.

Special Personnel: Service Member is in the PRP, or a position that has been pre-identified as having mission responsibilities of such sensitivity or urgency that normal notification standards would significantly risk accomplishment.

Inpatient Care: Service Member is admitted or discharged from any inpatient health or substance abuse treatment facility.

Acute Medical Conditions Interfering with Duty: Service Member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs ability to perform assigned duties.

Substance Abuse Treatment Program: Service Member has entered into or is discharged from outpatient or inpatient treatment program for substance misuse.

Command-Directed Mental Health Evaluation: Mental health services are obtained as a result of command-directed mental health evaluation.

Other Special Circumstances: As determined on a case-by-case basis by a health care provider or CO at the 0-6 or equivalent level or above.

If the Service Member meets at least one of the criteria above, the provider should reach out to the embedded provider within the command. If there is no embedded provider within command contact the commander directly.

COMMANDERS' COMMUNICATION WITH MEDICAL

The Health Insurance Portability and Accountability Act (HIPAA) and DoDI 6490.08 follow a presumption that they are not to notify a Service Member's commander when the Service Member obtains mental health care or substance abuse education services. However, there are several conditions where a mental health provider is required to share this information (see above box). When conditions or treatment impact mission readiness the commander has a need to know. Commanders are not limited by HIPAA when communicating to medical and are ENCOURAGED to provide medical providers with contextual information that may aid assessment and treatment.

DoDI 6490.08 also specifies that commanders can share information within the chain of command if sharing that information is "necessary for the conduct of official duties." For example, if a medical professional communicates to a CO that the Marine has duty limitations, the CO may share that information down the chain of command as needed to execute the required duty limitations. However, only the minimal amount of information should be shared and only to individuals with a "need to know."

THE WARM HAND-OFF

The good rapport established with a Marine prior to engagement with the mental health team can be undone by the perception of indifference during the hand-off process. Having a caring conversation with the Marine prior to the hand-off facilitates a better outcome. Timely drop-off and pick-up from appointments, coordinated contact with medical, and check-ins with the Marine to inquire about how the process went can prevent the perception of being disregarded by the command. A warm hand-off in health care is used to describe the transfer of care from one support resource to another. In general, a warm hand-off will provide collateral information to augment and/or de-conflict the narrative leading to the Service Member's encounter with medical. When necessary, an escort may be employed to coordinate safe transfer and facilitate communication.

ESCORT BEST PRACTICES:

- Provide empathy, a supportive presence, and continuity throughout the process.
- Communicate command observations and contextual information.
- Affirmatively ensure that the Service Member was delivered to the right place, at the right time.
- Provide a command contact with name and telephone number.
- Obtain medical POC with name and contact information.
- Remain on site until released by medical personnel.

MARINE-REQUESTED EVALUATION

"Let me be clear up front, there is zero shame in admitting one's struggles with life-trauma, shame, guilt, or uncertainty about the future- and asking for help." – Gen. Neller 37th CMC

There are multiple ways for a Marine to seek mental health care when their problems exceed their own limits, leadership involvement and nonmedical counseling. Marines have always had the right to voluntarily seek a mental health appointment. Marines may call the nearest MTF behavioral health clinic, they may engage their Primary Care Manager, and they may talk to their embedded mental health provider. Marines do not have to disclose that they're seeking help to their chain of command but their leadership does have the right to know about appointment times. Only a Marine's commanding officer is entitled to details of a Marine's mental health care and only if it meets the disclosure criteria.

The Brandon Act is another way for Marines to seek mental health care and involves engaging their leadership to make the appointment. It was signed into Federal law in 2021, as part of the National Defense Authorization Act for Fiscal Year 2022. The Act changes nothing about a Service Member's access to mental health care. There has always been a "No Wrong Door" policy, and Marines may request help from Mental Health at any point and time without command involvement. The third method is a command-directed mental health evaluation (CDE) discussed below. The first two are self-referral and command-directed.

The Brandon Act aims to reduce stigma by allowing Marines and/or attached Service Members to seek mental health services and fosters a culture of support and environment that promotes help-seeking behaviors. The Marine Corps announced its implementation plan for active duty Marines and active duty reservists in MARADMIN 463/23, which was published September 23, 2023. Marines may initiate a referral process for an MHE through their CO or supervisor in the grade of E-6 or above.

Marines may request a referral for an MHE as soon as practicable on any basis, including: personal distress, personal concerns, trouble functioning in activities valued by the Service Member, and performing duties that may be attributable to possible changes in mental health. Marines are not required to provide a reason or basis for the request or referral.

Engaged and invested leadership is critical to the success of Marines in supporting their mental fitness. This hands-on approach results in well-established lines of communication between Marines, small unit leaders, and medical staff throughout the process of referral and treatment. COs are not expected to have all the answers, but they are expected to maintain relationships with subject matter experts to assist them in their decision-making. Where barriers cannot be fixed at the CO's level, commanders are expected to elevate the concern to their immediate chain of command to request assistance in navigating to a solution.

Commanding officers are allowed to ask the Marine for contact information for his or her provider and then reach out directly. Be transparent with the Marine regarding communicating with the provider, and emphasize that the purpose of the communication is to facilitate the Marine's care and re-integration.

COMMAND-REQUESTED EVALUATION

Sometimes it is necessary to direct Service Members to mental health when there is concern for their well-being, safety, or impact to the mission and they have not sought care themselves voluntarily. Command-directed evaluations (CDEs), when needed, are straightforward. CDEs are tools for the commander and a resource for the Service Member not used as retaliation against members. Commanders should consult with a mental health provider prior to a CDE to ensure it is the best route for the Service Member's health. The process is clearly articulated in DoDI 6490.04, which covers both emergent and non-emergent CDEs.

THE MENTAL HEALTH ROADMAP

The Mental Health Roadmap is designed to help people understand how to access the right care, for the right person, at the right time. Using this stepwise approach also preserves function and confidentiality which allows the system to be more agile in responding to unexpected needs as they arise. The Mental Health Roadmap below can be used to navigate the system and may be adapted or modified by commands to meet their local needs.


THE MENTAL HEALTH ROADMAP
FEELING STRESSED, DEBATING SEEKING HELP BUT DON'T KNOW WHERE TO START?
Seeking help early often prevents needing a higher level of care and impact to career. No Marine is ever alone and seeking help, whether from the unit or from available mental health resources, is a sign of strength.
CHAPLAINS
100% Confidential
No reporting requirement
No referral needed
No health record documentation
More than spiritual counseling
MILITARY & FAMILY LIFE COUNSELING
Non-medical counseling
Flexible counseling locations
No health record documentation
No referral needed
Minimal reporting requirement
MARINE CORPS COMMUNITY SERVICES
Individual and couples counseling
Life skills and education (financial, stress, coping skills)
No health record documentation
No referral needed
Non-medical counseling
MILTARY ONESOURCE
No health record documentation
No referral needed
Life skills/coping, couples counseling, adjustments and transitions
Non-medical counseling off-base
SPECTRUM KEY
READY
REACTING
INJURED
EMBEDDED MENTAL HEALTH (EMH)
Mental Health specialists supporting the command
Evaluate and treat mental disorders with therapy and/or medications
May make duty determinations
Health record documentation
COMMAND "DOC" (IDC/MO)
Can place referral to EMH/MTF/ Network for more serious concerns
Medication management for most mental health concerns
Health record documentation. May communicate with CO and other health providers
MILITARY TREATMENT FACILITIES (MTF)
Emergency and inpatient services
Group and medication treatment SARP
Military duty determinations
Health record documentation
May communicate with CO/other providers
NETWORK
Must have Tricare referral
Available when MT unavailable or cannot meet access in time
Cannot make duty determinations
Must include notes to military health record
May include emergency and inpatient services

SECTION 4 - ARSENAL OF RESOURCES

Navigating mental fitness support systems can be confusing, which may result in Marines not receiving the right care, for the right reason, at the right time. Strong relationships with key contacts in the local medical and mental fitness care system will equip COs to best advocate for their Marines in need.

As much as a commander may want to communicate to their Marines that they are not in it alone, COs are not alone in it, either. If you encounter barriers that you are unable to solve at your level, ask for help from the cadre of subject matter experts available to you.

Networking and Discovering Resources

Relationship building and networking are foundational to this process. Successful commands will build relationships with local mental health resources well in advance of a difficult situation. For commands with embedded mental health providers (EMHP), the EMHP providers should provide this networking function. For commands without embedded mental health resources, the Medical Officer, Independent Duty Corpsman (IDC), or another member of the Resiliency Teams can take on the function of building these connections.

Similarly, the local mental health community should build a relationship with any commands that will refer Marines to them. As part of the triangular relationship described in Section 1 – Marines shall take care of their own, they need to know who to call to get the correct information, such as overcoming administrative roadblocks, and the impact of operational schedules. There is no way for mental health providers to keep up with changes in local leadership. As a result, it is up to the command to take the first steps in initiating contact and building the relationship, whether that relationship is with military healthcare, Veterans Affairs (VA), or community resources.

How to Find Support

There are many people whose job it is to advocate for the needs of the Marine and the Command:

- Military Treatment Facility's (MTF) Fleet Liaison.
- A military hospital's Director of Mental Health oversees clinics or the inpatient ward.
- Command's Senior Medical Officer, Senior Nurse, or Senior Mental Health Officer identify what is available.
- Each installation has a Marine and Family Programs Center to facilitate referrals to non-clinical resources.
- Additional assets listed ahead in Commander Assets.

When care is not available through uniformed or on-base providers, Marines may be "referred to the network" by their Primary Care Manager (PCM). In this case, Marines are referred by their PCM to civilian providers in the community. All active-duty members require TRICARE authorization to receive routine medical care from the civilian network. If fitness for duty is a concern, the Marine must be seen by a DoD mental health provider. For more help getting access to community mental health care, please see your PCM, visit MHSNurseAdviceLine.com, or dial 1-800-TRICARE (874-2273), option 1.
has context menu

MOBILE RESOURCES

LUMOSITY
ELEVATE
PEAK
10% HAPPIER
TACTICAL BREATHING
CALM
WOEBOT
FIT BRAIN TRAINER
iBREATHE
DEEP CALM
COGNIFIT
INSIGHT TIMER
TALK LIFE
BREATHE 2 RELAX
HEADSPACE

GET IN ON App Store
DOWNLOAD ON THE Google Play

Download free apps from the National Center for Telehealth & Technology: **t2health.dcoe.mil/products/mobile-apps**

These apps are provided for informational purposes only. No Defense Department or U.S. Marine Corps endorsement implied for apps not created for a government entity. Always use caution with any application, read carefully, and know if a fee is associated.

WEB RESOURCES

afterdeployment.dcoe.mil
Wellness resources for the military community addressing 20 behavioral health topics with anonymous self-assesments, tips and facts, videos, and more.

militarykidsconnect.dcoe.mil
An online community where military youth can de-stress and connect with their peers.

sesamestreetformilitaryfamilies.org
Support for military families from Sesame Workshop on deployments, moving, and more.

COMMANDER ASSETS

Combat and Operational Stress Control (COSC) and Readiness:
The command-appointed COSC representative cultivates and manages your Operational Stress Control and Readiness (OSCAR) Team. OSCAR Team members assist commanders in maintaining warfighting capabilities by preventing, identifying, and managing the impact of combat and operational stress. They lead by example and intervene to prevent stress concerns from becoming more serious illnesses requiring medical intervention.

Embedded Preventive Behavioral Health Capability (EPBHC):
Civilian behavioral and public health professionals serve in the active-duty Fleet Marine Forces, Marine Forces Reserve, and Marine Corps Recruiting Command. EPBHCs provide commanders with analytics and coordination support to advise and inform behavioral health prevention strategies and resources at the unit and prevention system levels. EPBHC functions within the unit include: providing information and feedback on behavioral health programs and policies; integrating behavioral health system stakeholders; helping plan, develop, implement, and monitor policies, programs, and strategic communications; and identifying unit-wide behavioral health patterns.

Military And Family Life Counseling (MFLC):
MFLCs embedded within the units inform the command of trends in the behavioral health of the unit. MFLCs do not provide medical care; if a Marine requires medical support from a psychologist or psychiatrist, the MFLC will assist in connecting the Marine to the appropriate resource. MFLCs offer non-medical counseling services to help Marines and their families address stress and offer referrals to create an environment that encourages the proper management of stress.

Religious Ministry Teams:
Chaplains and Religious Specialists are uniquely qualified to provide specific care such as counseling and are distinguished by their confidentiality. As OSCAR Extenders they are part of the frontline professional response for mental health concerns.

Unit Medical Personnel:
Medical Officers and Corpsmen are responsible for medical readiness and provide primary care for Marines. They are often the first to evaluate and treat Marines for mental health concerns. They are part of the OSCAR team as OSCAR Extenders supporting OSCAR Team members and coordinating with OSCAR mental health professionals.

Embedded Mental Health (EMH) Team:
Mental health providers and behavioral health technicians are assigned within the Marine Expeditionary Forces as OSCAR mental health professionals. Their primary purpose is to provide clinical care in both garrison and deployed settings. They support the psychological readiness of their constituent commands and Service Members. The EMH serves as a trusted agent with the flexibility and accessibility to align their services directly with command priorities.

Personal Financial Management Program:
The Command Financial Specialist (CFS) is the command's primary source for unbiased, product-neutral, and conflict-free financial literacy education and information. The Personal Financial Manager (PFM) provides support and guidance for the units' CFS.

PFMs leverage Financial Education Action Points to identify relevant financial literacy training required at personal and professional life events.

Sexual Assault Prevention Response:
The Sexual Assault Prevention and Response (SAPR) Victim Advocates (VA) provide victim advocacy and non-clinical support 24/7. They provide monthly case status updates at the Case Management Group (CMG) and facilitate annual training, command team trainings, pre-deployment briefs, new-join briefs, and check-ins. Sexual Assault Response Coordinators (SARCs) ensure the SAPR program is implemented throughout the commander's Area of Responsibility (AOR). SARCs monitor trends, identify systemic issues,

and ensure compliance with applicable directives, assisting the command with meeting annual training requirements.

Individuals may also contact the Safe Helpline, which provides live, confidential help via phone by calling 877-995-5247. DSN users can call Safe Helpline by dialing 877-995-5247. OCONUS Service members can call the Telephone Helpline for free from anywhere in the world by using Voice over IP (VoIP) technology from the Safe Helpline App. Additional information is available at https://www.safehelpline.org/.
The website offers live, confidential, one-on-one help through a secure instant-messaging platform.

Single Marine Program (SMP):
The SMP Unit Representative is a Marine who participates in installation SMP council meetings, and ensures communication is fluid between the command, single Marines in the unit, and SMP Council members.

Substance Assessment and Counseling Program:
Substance Assessment Coordination Officers (SACO) ensure that annual unit substance misuse prevention education is coordinated and recorded in Marine Corps Total Force System (MCTFS); ensure Urinalysis Program Coordinators (UPC), observers, and Alcohol Screening Program Coordinators (ASPC) are trained prior to conducting urinalysis testing; oversee the unit urinalysis testing program and submit the results of all urinalysis and alcohol screening tests to the unit commander; oversee the unit Alcohol Screening Program; and conduct monthly random breathalyzer testing in conjunction with monthly random urinalysis testing.

Suicide Prevention Program:
Suicide prevention tools and resources are available throughout the Marine Corps. If someone is suicidal, call 911. If the situation is concerning but not an emergency, give the person options to talk to someone on the phone, online, or using the following resources:

- Military Crisis Line: Dial 988 (and press 1) or Text: 988
- Chat online at militarycrisisline.net
- Chaplain
- Community Counseling Program (CCP)
- Combat Operational Stress Control (COSC) Representative
- Operational Stress Control and Readiness (OSCAR) Team members

Transition Readiness Program (TRP):
The TRP implements a comprehensive transition and employment assistance program for Marines and their families.

Unit, Personal, and Family Readiness Program (UPFRP):
The UPFRP is a unit-centric program guided by the Family Readiness Command Team that reinforces the relationship between the unit and the services relevant to the unit, the unit members, and their families.

Deployment Readiness Coordinators (DRCs):
Deployment Readiness Coordinators are civilian employees that ensure the execution of the UPFRP within the unit. DRCs serve as the personal and family readiness communication link between the commander(s), Marines, and family members. DRCs coordinate with Marine Corps Community Services (MCCS), sister service support agencies, and other community resources. Uniformed Readiness Coordinators (URCs) carry out similar functions as a DRC.

FORCE MULTIPLYING RESOURCES

Family Member Employment Assistance Program (FMEAP):
The FFMEAP provides employment-related referral services, career and skill assessments, career coaching, job search guidance, portable career opportunities, and education center referrals/guidance.

Information, Referral and Relocation Program:
The Information, Referral and Relocation Program provides information and referral functions designed

to meet the challenges of the mobile military lifestyle. Individuals with unresolved information needs are referred to the source or resource that can best address those needs. This program is the central connector between military and community resources. Information, Referral and Relocation Specialists maintain a database of installation, Department of Defense, community, and national resources. The program oversees all relocation service functions to assist Marines and families with Permanent Change of Station, both stateside and overseas, and provides Settling-In Services when they arrive on a new installation.

General Library Program:
Libraries are located on 24 installations and provide a wide variety of materials (print, audio-visual, and virtual), services, and programs to meet the educational, informational, and recreational needs of Marines and families.

Marine For Life Network (M4L):
An extension of a tenet of the Marine ethos — "Once a Marine, always a Marine." M4L is a continuation of our strategic engagement with Marines and their families across the continuum of the M4L cycle—commencing with their transformational entry into our Corps, symbolized in their earning the Eagle, Globe, and Anchor, through their transition to Veteran Marine status and the return of these quality citizens back to their communities.

Voluntary Education Program:
The Voluntary Education Program provides personal and professional learning opportunities to the Marine Corps community. The program positively impacts recruitment, retention, and readiness of all Marines. Services and resources are provided by qualified counselors and advisors in cooperation with education service providers through individual and group counseling, workshops, and training opportunities to include testing for college credit and pre-admission. Marines will be informed of the full breadth of tuition funding sources and how they can advance their degree plans and academic achievement with appropriate courses and institution selections.

Leadership Scholar Program (LSP):
LSP is a partnership between nonprofit, four-year state and private universities and colleges, and the Marine Corps. Its purpose is to help honorably discharging Marines pursue their educational goals by identifying Marines whose academic and professional experiences make them competitive candidates for admission to LSP Partner Schools. There are more than 230 universities and colleges working with LSP, with at least one school in every state and the District of Columbia.

Marine Corps Credentialing Opportunities Online (COOL):
COOL is a credentialing awareness, information, and resources capability for all Marines. In addition to general information on credentialing and licenses, Marine Corps COOL also provides extensive associated linkages covering the gamut of education, transition, recruiting, career, and veteran's resources.

United States Military Apprenticeship Program (USMAP):
The USMAP is a formal military training program that provides active duty Navy, Marine Corps, and Coast Guard Service Members the opportunity to improve their job skills and to complete their civilian apprenticeship requirements while on active duty. The U.S. Department of Labor (DOL) provides the nationally recognized Certificate of Completion of Apprenticeship upon the completion of the program. Apprenticeship is a combination of on-the-job training and related classroom instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation.

This is an "earn as you learn" program for Marines to get paid to learn a trade. Colleges and vocational schools require that you pay for your training.

Department of Defense (DoD) SkillBridge Program:
DoD SkillBridge allows participating businesses and other training providers to gain early access to these highly skilled Service Members as prospective employees before those Service Members become Veterans. Since Service Members continue to receive their military pay and benefits while participating, the training provider does not pay the Service Member to participate.

Child And Youth Programs (CYP):
Child and Youth Programs (CYP) provide high-quality childcare programs and services that support eligible families. All programs are designed to enrich your child's social, emotional, cognitive, and physical growth and development. CYP professionals work in partnership with parents to meet each individual child's needs in a safe, healthy, and nurturing environment. A Parent Board is established within the Child and Youth Program to allow families to meet and discuss the program and coordinate parent participation.

Child Development Centers (CDC):
Child care services that support the needs of eligible children ages 6 weeks through 5 years old.. Program components include full-day, part-day, and hourly care services. CDCs are designed to meet the individual developmental needs of eligible children by offering quality childcare.

Family Child Care (FCC):
FCC providers offer high quality developmentally appropriate care to children ages 6 weeks to 12 years old in a small group setting. FCC providers are trained and certified by the installation command to meet policy, health, and safety standards. As independent business owners, FCC providers have flexibility to determine their own business hours, as well as the type of care they provide, such as infant only. FCC programs are DoD certified and meet the highest quality of early childhood program standards and criteria.

Off-Base Child Care Fee Assistance:
This program provides support to eligible Marines in paying for community-based childcare services. The program is designed to assist eligible Marine families who live outside of a 15-mile radius from a Marine Corps installation with a Child Development Program.

School Age Care (SAC):
School Age Care offers organized and supervised recreational, educational, and social activities for children ages 6 to 12 or those attending kindergarten through sixth grade.

Youth Programs (YP):
YP supports the development of lifelong skills for youth and offer recreational activities, computer labs, social and life skills development opportunities. Families residing off base may be eligible to receive paid memberships to local Boys and Girls Clubs of America by contacting their local community clubs. YP are DoD certified and meet the highest quality of standards and criteria.

Militarychildcare.com:
Sponsored by the Department of Defense, this website is for eligible families seeking childcare. This portal provides access to military-operated and approved childcare options across all services. It enables families to search for and request childcare making it easier for them to find the childcare they need.

Exceptional Family Member Program (EFMP):
The EFMP supports the continuum of care for all eligible sponsors and their family member(s) to improve the quality of life for families that support a member with special medical and/or educational needs. The EFMP staff and families work together to inform, educate, and empower individuals to be the best advocate for themselves and/or their family member(s). The EFMP is a DoD-mandated enrollment program designed to support individual, family, and unit readiness.

Defense Enrollment Eligibility Reporting Systems (DEERS):
The DEERS implements DEERS and Real-Time Automated Personnel Identification System (RAPIDS) policies for benefits and entitlements eligibility and issuance of identification cards within the Marine Corps. RAPIDS links the Uniformed Services Personnel Offices to the DEERS database to update dependent information in DEERS.

Marine Corps Family Team Building (MCFTB):
MCFTB reinforces and sustains a state of personal and family readiness to provide Marines and families with tools and resources needed to successfully meet the challenges of the military lifestyle and enhance mission readiness by providing preventative education that is offered across the life cycle of a Marine.

MCFTB – Family Readiness Program Training:

Family Readiness Program Training is dedicated to supporting the Unit, Personal and Family Readiness Program (UPFRP) by providing program-related training, education, and support.

MCFTB – LifeSkills Training and Education:
LifeSkills Training and Education is a comprehensive collection of personal skill-building classes that promote skill development and increases readiness to navigate life's obstacles. It provides Marines and family members practical skills for successful interactions and positive outcomes at work, home, and in life. Participants who complete LifeSkills courses are better equipped to tackle challenges with increased self-awareness and confidence. Through increased insight, participants are more likely to lend a hand to others in need, creating a mentorship atmosphere and stronger relationships. When participants gain life skills, it creates a positive and productive environment that promotes community.

MCFTB – L.I.N.K.S. :
L.I.N.K.S. stands for Lifestyle Insights, Networking, Knowledge, and Skills. It is an interactive orientation program to Marine Corps life and the local installation. Participants learn about Corps history and rank, local installation resources, services, benefits, military pay, separation and deployment, crossroad options, communication styles, investing in the community, and Marine Corps traditions. Partnerships are made with several services and personnel to include chaplains and L.I.N.K.S. mentors.

USMC Volunteers:
The Marine Corps has a long legacy of service to our Nation and our community. Volunteers demonstrate Marine Corps values each time they contribute their time and energy to their local community. Across the globe, Marines, Sailors, and their families are volunteering within the Marine Corps community. These selfless acts of volunteering positively impact the Marine Corps and its surrounding communities and help create strong, resilient families that are a positive factor in overall mission readiness.

Community Counseling Program (CCP):
CCP provides confidential, accessible, comprehensive, non-medical counseling services for Marines, other active duty personnel, and their family members.

Counseling uses action-oriented techniques targeting challenges in daily living and high-risk behaviors that have the potential to negatively impact a Marine's performance and relationships. Counseling at CCP aims to enhance skills and helps Marines and families accomplish personal goals through short-term, solution-focused counseling. Services are delivered in individual, family, and group settings and CCP offices are located on all Marine Corps installations.

Family Advocacy Program (FAP):
The FAP promotes healthy relationship development for Marines and families through prevention, counseling, and advocacy, as well as other supportive services. These efforts aim to decrease the risk and occurrence of child abuse, domestic abuse, and problematic sexual behaviors in children and youth (PSB-CY) in the Marine Corps.

New Parent Support Program (NPSP):
Parenting can be a challenge, especially for military families. The demands of transitioning to a new installation, parental absence due to deployments or other military requirements, and being separated from family members and social supports can make adjusting to parenting even more challenging.

The NPSP is a professional team of social workers, counselors, and registered nurses who provide education and support to Marine families who are expecting or have children from birth through age five.

Substance Assessment Counseling Program (SACP):
The SACP informs Marines about low-risk alcohol use and proper use of substances, deters Marines from use of illicit drugs, and provides non-medical counseling for Marines with mild-to-moderate substance use disorders to sustain and improve personal readiness. Substance Assessment Counseling Centers (SACCs) are located on Marine Corps Installations.

Alcohol Prevention Program:
Alcohol Prevention Program advocates for the proper use of alcohol, promotes abstinence and low-risk alcohol use, and provides training and education. Alcohol Prevention Specialists (APS) assist in the development and implementation of installation-level substance abuse prevention plans. These prevention plans address the specific substance misuse needs at each installation by using needs assessment, strategic planning, and evaluation. APS collaborates with stakeholders and use prevention-focused strategies and activities to address substance misuse risk factors.

Combat And Operational Stress Control (COSC):
COSC, grounded in Marine Corps doctrine, enables a cohesive ready force, and promotes long-term health and well-being among Marines, attached Sailors, and their families. COSC assists commanders, Marines, and attached Sailors in maintaining warfighting capabilities by preventing, identifying, and managing the impacts of stress.

Marine Awareness and Prevention Integrated Training (MAPIT):
MAPIT is a tiered initiative designed to improve the total fitness and mission readiness of Marines. MAPIT teaches prevention on behavioral health topics that include suicide, substance misuse, domestic abuse, and child abuse and neglect. MAPIT consists of Entry Level Training, MAPIT for Leaders, and unit-level sustainment.

Marine Intercept Program (MIP):
The MIP is a voluntary program that uses a targeted intervention to provide Service Members who have experienced suicidal ideations and suicide attempts care management to help reduce risk of further suicide-related events. MIP is part of a system of care that includes engagement with the Marine, the command, CCP, and Navy Medicine. MIP emphasizes quality connections between the MIP care coordinator, Service Member, and command by providing ongoing suicide risk assessments, a feedback loop, and care coordination.

MCCS Semper Fit Program:
Semper Fit and Recreation is prevention in real life for Marines (warrior athletes), their units and their families. Integrated primary prevention includes strength and conditioning (land and aquatic), injury prevention and management, compensatory optimization (performance nutrition, sleep), cognitive-vision performance training, spiritual skills (value clarification, connectedness with hope, meaning, and purpose), socialization skills, environmental fitness (stress inoculation, active rest, unloading, competitive intensity), and training/combat deployment support.

Aquatics:
Semper Fit's Aquatics programs support Marine operational readiness and the welfare of Marines and their families. Our aquatic fitness and military skills programs are developed by Semper Fit's expert swim instructors to help Marines develop their swimming skills and overall fitness. Additionally, our recreational aquatics services include guarded pools and beaches available to Marines and families across the Corps.

Beaches (Ocean Lifeguard Services):
The goal of Ocean Lifeguard Services from an operational perspective is to "be there before it happens" and send our patrons home the way they came to our beaches—safely. Ocean Lifeguard Service strives to provide highly effective lifesaving service that delivers proactive measures in the field of aquatic education, preventative action, and medical and aquatic rescue response.

Community Centers:
Semper Fit's Community Centers provide an inviting space for community members to use. Family programming and special community events are typically coordinated through these MCCS facilities.

Family Recreation:
Semper Fit provides a wide array of recreational programs and services that focus on the needs of Marines and their family members. While it is not a program in and of itself, it highlights the programs and resources available to Marine families that can help enhance their physical and mental fitness and social connectedness – all important components of family readiness.

Fitness Programs:
Semper Fit's Fitness Programs are designed specifically to support Marine and family readiness. Our facilities offer a full range of fitness equipment. Our world-class coaches, trainers, and fitness staff provide the highest quality services to Marines and their families.

Health Promotion:
The Marine Corps creates opportunities that promote and improve the health and wellness of the entire Marine Corps community. Semper Fit Health Promotion provides programs and services that encourage people to increase control over and to improve their full health potential. Health fairs, classes, workshops, one-on-one counseling, and awareness campaigns are some of the activities provided by the Semper Fit Health Promotion Program.

HITT / Warrior Athlete Readiness and Resilience:
Semper Fit's High Intensity Tactical Training Program (HITT) provides elite strength and conditioning programming and expertise to support total Marine physical fitness, and to complement commanders' organic assets. In short, HITT is all about helping Marines become Combat Ready and Resilient.

Military Recreation Centers:
Semper Fit Military Recreation Centers provide a comprehensive recreational experience through individual and group activities targeting active-duty Marines. These Centers may include Internet cafés and Wi-Fi services, game rooms with electronic gaming, billiards, table games, television and movie rooms, food operations, music rooms, and multi-purpose rooms that facilitate participation in a wide variety of social, competitive, and educational activities. The Centers may stand-alone or be collocated with other programs such as SMP providing a convenient location for information relevant to single Marines. Currently, there are 44 Military Recreation Centers on Marine Corps installations. All installations have one or more Military Recreation Centers. Professional Recreation Staff administer the programs at these locations.

MWR Deployment Support:
MWR Deployment Support is available to units that are deploying or already deployed. Semper Fit works with Marine Corps Community Services (MCCS) (Occupational Field 4130) Marines prior to, as well as during, deployments to determine MWR requirements, Executive Agent (EA) support, and resource allocation.

Outdoor Adventures Program:
Semper Fit's Outdoor Adventures program provides outdoor recreation opportunities, skills development, and instructional classes for units, families, and individuals. Activities may include, but are not limited to the following: archery, backpacking, boating, canoeing, cycling, camping, fishing, hiking, sailing, water and snow skiing, and other activities that promote readiness, fitness, and a healthy lifestyle.

Outdoor Recreation Equipment Checkout and Rental:
Semper Fit's Outdoor Recreation Equipment Checkout and Rental Program offer a wide range of recreational equipment for a variety of activities and needs at a nominal fee. Equipment includes, but is not limited to: camping equipment, canoes, kayaks, inflatables, climbing walls, picnic and party equipment, canopy tents, tables, chairs, grills, dunk tanks, lawn and garden equipment, and much more. Some Installations provide resale and equipment repair services.

Installation Sports:
Semper Fit's Installation Sports programs are designed to promote physical fitness, competitive spirit, and esprit de corps. Our installation sports (intramurals) offer opportunities for Marines and family members of all skill levels to take part in competitive sports.

All-Marine Sports:
Semper Fit's All-Marine Sports programs are designed to promote physical fitness, competitive spirit, and esprit de corps. All-Marine Sports allow exceptionally talented Marines to compete at high levels both nationally and internationally.

Single Marine Program:
Semper Fit's Single Marine Program (SMP) serves as the voice for single Marines in identifying concerns, developing initiatives, and providing recommendations through advocacy. The program also provides recreational activities and special events facilitating community involvement. SMP is comprised of single Marines who represent their unit and want to make a difference within their unit and in their military community. Single Marine Program Coordinators serve as the liaison between the SMP Council and its members, Command leadership, and installation quality of life programs and services.

Lead by young leaders, SMP supports single Marines' leisure interests and Quality of Life (QOL) concerns such as activities and issues that directly or indirectly influence personal readiness, morale, living environment, and personal growth and development. SMP is offered aboard 19 Marine Corps installations and throughout the Marine Forces Reserve. Facilities may include recreation centers, Internet cafes, game rooms, and multi-purpose rooms.

Unit Activities and Alternative Physical Training:
Semper Fit Unit Activities and Alternative Physical Training focuses on the needs of commanders and individual Marines. It is not a program but rather an approach to delivering programs and services that make them accessible to units, complement unit priorities, and can be utilized to augment physical training (alternative PT) and PME.

Consortium for Health and Military Performance (CHAMP):
CHAMP is offered by the Uniformed Services University of the Health Sciences (USUHS). CHAMP offers web-based evidence-based human performance resources designed to optimize growth and improve all domains of Marine Corps Total Force Fitness.

Chaplains Religious Enrichment Development Operation (CREDO):
CREDO offers transformational retreat-based programs and non-retreat events designed to assist Marines and their families in developing the spiritual resources and resiliency necessary to excel in the military environment. CREDO provides commanders with a key resource by which to care for and strengthen their Marines and families. You may request CREDO services via your local chaplain or installation Marine Corps Family Team Building.

LivingWorks Suicide Intervention:
Skills training is one of the most effective prevention approaches for the prevention of Suicide. Ensuring your team is trained to respond equips your Marines to recognize important signs and provide life-saving support. The following training is available by contacting your local chaplain and is available to anyone.

- LivingWorks Start Program is a 90-minute online training that teaches the learner to recognize when someone is thinking of suicide and connect them to help and support.
- LivingWorks safeTALK Program is a four-hour face-to-face workshop featuring presentations, audiovisuals, and skills practice. The program safeTALK provides learners with suicide prevention skills by recognizing signs of suicide, engaging someone with suicidal ideation, and connecting them to an intervention resource for further support.
- LivingWorks Applied Suicide Intervention Skills Training (ASIST) Program is a two-day face-to-face workshop. This workshop teaches learners how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Interventions have been shown to increase hope and reduce suicidality.

American Red Cross:
Services range from responding to emergency needs for food, clothing, and shelter, referrals to counseling services (e.g., financial, legal, mental health), respite care for caregivers, and other resources that meet the unique needs of local military members and their families. Their Hero Care app can be downloaded from the app/play store, or by texting "GETHEROCARE" to 90999.

Military One Source:
Military One Source counselors are available for free, short-term, confidential non-medical counseling services for a wide range of circumstances from marital conflicts and stress management, to coping with a loss and deployments. Sessions can take place in person, over the phone, or via secure video or online chat. Military One Source includes the following services:

Re the We:
Provides relationship development resources, including an online evidence-based program to strengthen your relationship, relationship coaching, relationship counseling, and coping with a break-up.

Military and Veterans Crisis Line (MCL and VCL):
Serves Service Members, Veterans, families, and friends. The MCL/VCL provides free, confidential support 24/7, 365 days a year. Connect with a real person qualified to support Veterans. Call 988, Option 1; Text 838255; or chat online. In Europe, call 00800 1273 8255 or DSN 118. In Korea, call 080-855-5118 or DSN 118. In the Philippines, call #MYVA or 02-8550-3888 and press 7. In Japan, dial the country code and then 1-800-273-8255. International calls may incur a charge, depending upon the location of the caller and the network provider. Service Members overseas may contact the crisis lifeline via the chat modality. If Service Members prefer to speak directly with a person, they can request a call within the chat. A crisis line responder will call them at the number they provide at no charge.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline). When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their condition is affecting them, provide support, and connect them to resources if necessary.

Navy Marine Corps Relief Society (NMCRS):
For people having trouble meeting urgent financial needs, NMCRS may be able to provide an interest-free loan or grant. They provide financial counseling to support better financial stability. They understand the unique challenges of military life, and they're ready to listen and suggest options to bring you needed relief. Services are completely confidential.

One Love Escalation Workshops:
Empowers young people with the tools and resources they need to see signs of healthy and unhealthy relationships and bring life-saving prevention education to their communities. Locate your local One Love representative at FLEET_ONELOVE@navy.mil.

CLINICAL TOOLS OUTSIDE OF THE COMMAND

MTF MENTAL HEALTH SERVICES:

Integrated Behavioral Health Consultant: Mental health provider stationed in a primary care clinic.

Outpatient Programs: Support and care for Marines and Sailors managing the symptoms of a mental illness who are stable enough to be treated outside of a hospital.

Inpatient Programs: Locked and secure facility to manage psychological symptoms which are imminently dangerous to the patient or those around them. Typically, a short-term stay option for crisis stabilization and then a return to outpatient treatment. Some facilities have the certification to hold patients on an "involuntary" status for a short period of time.

Residential Treatment Center: A place where individuals can experience 24-hour care, pursuing therapy in a more structured setting than their home environment.

Substance Abuse Rehabilitation Program: Provides screening, preventive, and dual diagnosis treatment for substance use disorders. Care levels offered at DoD-approved MTFs:

- Level 0.5: Early Intervention and Education Program | IMPACT
- Level 1: Outpatient Treatment Services
- Level 2: Intensive Outpatient or Partial Hospitalization
- Level 3: Dual Diagnosis Residential Treatment, Continuing Care
- Level 4: Medically managed Intensive Inpatient Treatment

TRICARE Network:
Any care that Navy Medicine cannot directly provide (other than emergency care) may be referred to the TRICARE network and requires a referral from the military PCM (emergency care does not require a referral). To schedule TRICARE appointments:

- Call assigned MTF appointment line or use the TRICARE Online (TOL) Patient Portal of the MHS GENESIS Patient Portal (TOL is only available to those enrolled to an MTF).
- If a Service Member is unable to go to their PCM or military hospital or clinic, they will need a referral or pre-authorization to seek outside care with a network provider (Pre-authorizations are not required for emergency care).
- If a Service Member is on leave away from their duty station and requires urgent or routine care:
  - They must still have a referral from their PCM.
  - If after hours, they can call the Nurse Advice Line at 1-800-TRICARE (874-2273).
  - The Service Member must call their PCM the next duty day to inform them of care received.

WHO MIGHT SEE A TRICARE NETWORK PROVIDER?

1. If enrolled in TRICARE Prime
   - A Marine's PCM is a network provider if they're not enrolled at a military hospital or clinic.
   - A Marine will be referred to network providers in their region for specialty care if they can't be seen at a military hospital or clinic.

2. If stationed in a remote location for duty and not close to a military hospital or clinic, a Marine may be enrolled in TRICARE Prime Remote and have slightly different rules for seeing a doctor.

3. If using TRICARE Select or Tricare Reserve Select, the Marine will pay less for care received from network providers, but he/she is not required to use network providers.

NON-NETWORK PROVIDER?

1. If enrolled in TRICARE Prime, a Marine may see a non-network provider only if approved by regional contractor because no other providers are available.

2. If enrolled in TRICARE Select or Reserve Select, or if enrolled in TRICARE Prime Remote and there are no network providers available in their remote location.

The TRICARE Network includes the following services:
Network Providers: Have a formal agreement with the regional network. These providers will only charge copays and accept a negotiated rate as payment in full. Members pay only network copays and cost shares.

Non-Network Providers:
Non-Network Providers Have no formal agreement with regional network and may require full payment up front. Non-network providers can choose to be either "participating providers" or "non-participating providers." Participating providers accept TRICARE- allowable charges as payment in full, however non- participating providers may charge up to 15 percent more than the TRICARE-allowable charge.

Military Health System Nurse Advice Line:
This advice line is for web chat and video chat, use link, or dial 1-800-TRICARE (874-2273), option 1 for 24/7 access to a registered nurse.

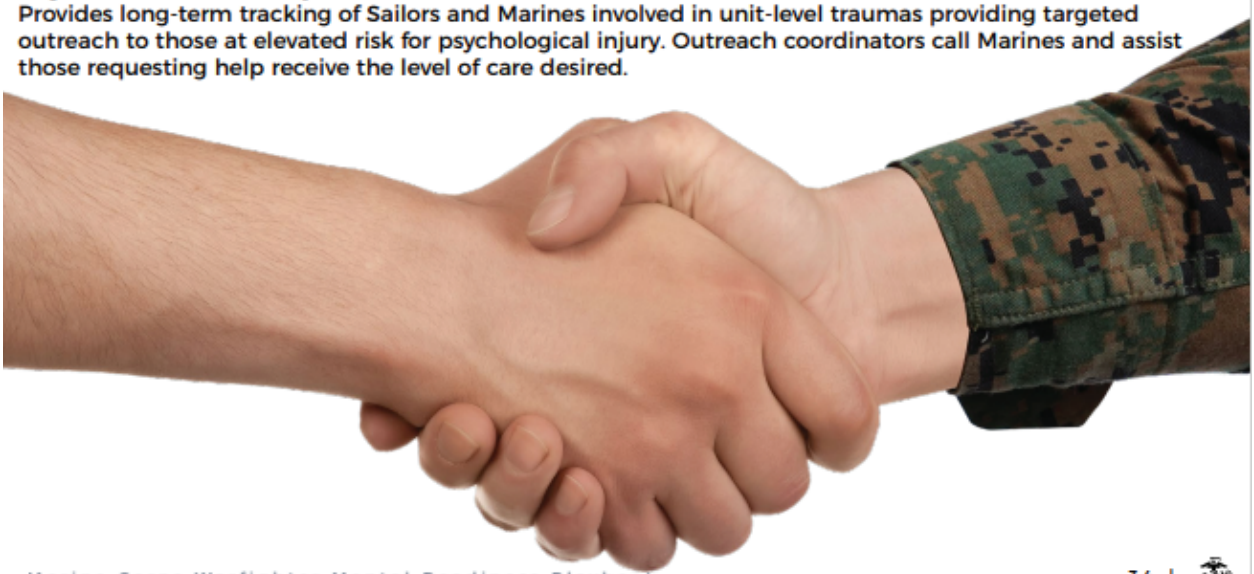
Psychological Health Outreach Program (PHOP):
Psychological Health Outreach Program (PHOP). Provides Navy Reservists and their families full access to appropriate psychological health care services and support in other areas of transition from AC to RC (including the IRR). PHOP can assist in finding a wide range of local resources as you embark on the next phase of your life and find similar services that you would encounter from Fleet and Family Service Centers in your new role. Contact your local PHOP region for assistance at 1-866-578-PHOP (7467).

Veterans Affairs (VA): The VA provides counseling through Vet Centers to veterans and Service Members, including members of the Reserve component who served on active military duty in any combat theater or area of hostility. Members of the Reserve component may be eligible for VA Health Care benefits.

- VA Mental Health connects veterans and their families to mental health services. Programs aim to enable people with a mental health condition to live meaningful lives in their communities and achieve their full potential.
- Vet Centers: Community-based centers that provide a range of counseling, outreach, and referral services to eligible veterans to help them make a satisfying post-war readjustment to civilian life.

Special Psychiatric Rapid Intervention Team (SPRINT):
Provides on-site, short-term mental health support to requesting commands immediately after critical events when local resources are overwhelmed or do not exist.

Organization Incident Operational Nexus (ORION):
Provides long-term tracking of Sailors and Marines involved in unit-level traumas providing targeted outreach to those at elevated risk for psychological injury. Outreach coordinators call Marines and assist those requesting help receive the level of care desired.



OTHER NON-MILITARY SERVICES AVAILABLE TO YOU AND YOUR COMMAND

Give an Hour:
Nonprofit that offers barrier-free access to mental health care for active duty, National Guard, Reserve and Veterans. Provides no-cost counseling through a network of volunteer mental health professionals with a focus on people impacted by military service, mass violence, opioid epidemic, and interpersonal violence.

PsychArmor Institute:
Access more than 250 free military culture educational products for healthcare providers, Veterans, employers, military family members, and more. Topics include mental fitness, caregiving, wellness, Service Member transition, and more.

Vet4warriors:
Peer counselors to speak with 24/7 via call (1-855-838-8255), email, or chat. Operating completely independent of the VA and the U.S. military, callers can feel confident that everything they say will always remain 100 percent confidential. This program complements official government resources available to Service Members and their families, veterans, and caregivers.

*Private organizations mentioned are not affiliated with the Department of Defense (DoD) or any Military Service. Mention of any non-federal entities is provided only to inform personnel of other possible information resources and is not an official endorsement of the organization by the Department of the Navy (DoN). Personnel are free to utilize resources of their own choosing.

RESOURCE	NAME	CONTACT
Unit Medical Lead (IDC, OMO, GMO, SMO)		
ISIC Medical Lead		
Deployment Readiness Coordinator (DRC)		
Embedded Mental Health Provider (OSCAR Provider)		
MTF		
Emergency Room		
Mental Health Department		
Embedded Preventive Behavioral Health Capability (EPBHC) or Primary Prevention Integrator (PPI)		
Chaplain		
COSC Team Leader		
Suicide Prevention Program Coordinator (SPPC) or Suicide Prevention Program Officer (SPPO)		
Sexual Assault Prevention Response Coordinator or Victim Advocate		
Family Advocacy Program Coordinator		
Victim and Witness Assistance Program		
Staff Judge Advocate		
Substance Assessment Coordination Officers (SACO)		
Force Fitness Instructor (FFI)		
Marine Corps Family Team Building (MCFTB)		
Marine and Family Programs Office		
Military and Family Life Counselor		
Military OneSource		
Navy Marine Corps Relief Society		
VA Veteran Center		
Semper Fit Health Promotion Director		
Semper Fit Fitness Professional Director		
Single Marine Program (SMP) Representative		


If you have questions or comments about the Marine Corps Warfighter Mental Readiness Playbook, scan this QR code to provide feedback, or email: behavioralhealth@usmc.mil