

Commander's Checklist

for Response to Suicide-Related Events

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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.

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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, as appropriate.

_____ 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.



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. (MCO 3504.2A)

_____ 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 1720.1A. 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.