



UNITED STATES MARINE CORPS
FLEET MARINE FORCE, ATLANTIC
MARINE FORCES COMMAND
MARINE FORCES NORTHERN COMMAND
1775 FORRESTAL DRIVE
NORFOLK, VIRGINIA 23551-2400

IN REPLY REFER TO
MARFORCOMO 1720.1
OCOS

MAR 10 2025

MARINE FORCES COMMAND ORDER 1720.1

From: Commander
To: Distribution list

Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) DoDI 6400.09
(b) DoDI 6400.11
(c) DoDI 6490.04
(d) DoDI 6490.08
(e) DoDM 5100.76
(f) DTM 23-005
(g) SECNAVINST 5211.5F
(h) MCO 1720.2A
(i) MCO 5351.1
(j) MCO 5530.14A
(k) NAVMC 1720.1A
(l) NAVMC 1700.41

Encl: (1) Marine Forces Command Suicide Prevention System Procedures Guide

1. Situation. The loss of a single Marine or Sailor to suicide is a tragedy that deeply affects all members of our Marine Corps family, and adversely impacts Marine Corps Total Fitness (MCTF) and mission readiness. Fleet Marine Force, Atlantic (FMFLANT); Marine Forces Command (MARFORCOM); Marine Forces Northern Command (MARFOR NORTHCOM), and subordinate commands must maximize and utilize the full spectrum of force preservation and integrated prevention capabilities. This Order provides guidance for leaders at all levels to recognize changes in behavior and performance and to then respond accordingly. All Marines, Sailors, and civilians will seek to identify risk factors in themselves and others to seek help when needed.

2. Mission. This Order instructs all commanders of FMFLANT; MARFORCOM; MARFOR NORTHCOM subordinate commands to develop, implement, and sustain Suicide Prevention Program (SPP) policies and procedures to educate all Marines, Sailors, civilians, and family members on how to prevent and respond to suicide-related events.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Promote positive command climates facilitating resilience by teaching healthy stress reactions that cultivate MCTF; mental, physical, spiritual, and social fitness.

(b) Utilize the Operational Stress Control and Readiness (OSCAR) Model and “Five Core Leader Functions” to strengthen healthy stress responses, mitigate stressors that interfere with mission readiness, identify, and treat Marines and Sailors who are at risk or may already have thoughts of suicide, and to reintegrate Marines and Sailors when they are fit to return to duty.

(c) Promote self-care and help-seeking behaviors to prevent the loss of life during stressful events.

(d) Each member should feel comfortable seeking help without a negative impact on their image or career. Seeking care signals internal strength and should not be stigmatized.

(2) Concept of Operations

(a) Engaged leadership is the greatest asset and opportunity for early intervention in preventing suicide.

(b) Establish a command climate affording subordinates latitude in seeking care related to mental, physical, spiritual, social health to increase readiness of Marines and Sailors.

(c) Educate Marines and Sailors about their rights when seeking mental health services. Ensure they understand self-referral options, as per references (c), (d), and (f). Enclosure (1) provides an overview of the self-referral process established by The Brandon Act.

(d) Utilize MCTF and OSCAR principles when preventing, identifying and reducing stress events for Marines and Sailors. Leverage the required OSCAR Team Members to help identify and support Marines and Sailors at-risk. OSCAR teams will collaborate with Suicide Prevention Program Coordinators and Suicide Prevention Program Officers (SPPC/SPPO) and other prevention stakeholders in suicide prevention lines of effort, per references (i) and (m).

(e) Ensure the collaboration of embedded stakeholders within the command SPP to include, but not limited to: SPPCs and SPPOs; Regional OSCAR Specialist, OSCAR Representatives, and OSCAR Team Members; Chaplains; Safety Officers; supporting Equal Opportunity Advisor (EOA) and Equal Opportunity Coordinator (EOC); Embedded Prevention Behavioral Health Capability (EPBHC)/Primary Prevention Integrators (PPI); Sexual Assault Prevention and Response (SAPR) personnel; Deployment Readiness Coordinators (DRC); and Marine and Family Life Counselors (MFLC), per references (h), (i), (k), and (l). Reference (m) provides additional details on collaboration requirements.

(f) Ensure installation Marine Corps Community Services (MCCS) and Morale, Welfare, and Recreation (MWR) programs are involved in efforts for prevention, risk mitigation, treatment, and effective reintegration of Marines and Sailors and their family members. If Marine Corps services are not available locally, tenant commands on Navy installations will utilize Navy resources and services.

b. Tasks

(1) All Commanders

(a) Establish command processes in written policy implementing the following:

1. Training requirements and awareness education
 2. Reporting requirements
 3. Early identification and referral to treatment of at-risk personnel
 4. Methods to restrict access to lethal means
 5. Reintegration and postvention support
 6. Collaboration with the Force Preservation Council (FPC) and other prevention stakeholders in alignment with references (a), (h), (k), and (m).
 7. Utilize concepts of MCTF and the OSCAR “Five Core Leader Functions” of Strengthen, Mitigate, Identify, Treat, and Reintegrate (SMITR) per reference (n). Enclosure (1) provides definitions of SMITR.
- (b) Ensure all Marines and Sailors receive standardized annual suicide prevention training as outlined in references (h) and (k) and supplemental suicide intervention training outlined in enclosure (1). Records will be maintained at the unit level.
- (c) Follow crisis intervention and risk management procedures for the referral and evaluation of Marines and Sailors requiring emergency behavioral healthcare and/or who have problems that increase risk for suicide such as depression and/or alcohol misuse. Enclosure (1), provides additional information on risk management procedures.
- (d) Coordinate storage of personally owned weapons and ammunition at the voluntary request of personnel reasonably believed to be at risk of suicidal behavior.
- (e) Coordinate postvention services, as outlined in reference (k), which offer support to Marines, Sailors, civilians, and families affected by a suicide. Enclosure (1) includes additional information about postvention services.
- (f) Utilize reintegration guidance outlined in reference (k) for at-risk personnel and/or following a suicide-related event. A thoughtful reintegration can reduce future suicide risk and encourage other Marines and Sailors to seek help when needed. Enclosure (1) includes additional information on providing reintegration support.
- (g) Maintain working suicide prevention links displayed on command websites with associated phone numbers, including the Veteran’s/Military Crisis Line (988, press 1).
- (h) Prominently display the Veteran’s/Military Crisis Line phone number (988, press 1), web address (www.veteranscrisisline.net), approved Marine Corps 988 poster (Enclosure (1)), and local resource list in areas that are readily accessible to Marines and Sailors. Enclosure (1) provides a link to a template to post local resources.

(i) Publish a command policy that fully implements and sustains the OSCAR principles and activities in accordance with reference (i). This shall include appointment of an OSCAR Representative and designation of OSCAR Team Members who are trained to promote a healthy command climate.

(j) Appoint, a Marine or Sailor, E-6 or above, as an SPPO in writing in accordance with reference (h) at the battalion/squadron level and the regimental/aircraft group level. Appoint, a Marine or Sailor, E-7 or above as an SPPC in writing in accordance with reference (h) at the Marine Expeditionary Force (MEF) Command Element (CE), information group, and Major Subordinate Command (MSC) level.

1. When identifying a Marine or Sailor for appointment, consider the individual's desire to perform the collateral billet, existing collateral duties, and current workload to ensure the SPPC can implement an effective program.

2. Ensure the SPPC/SPPO completes the required SPPC/SPPO training and provides a copy of the appointment letter and training certifications to the Marine and Family (MF) Suicide Prevention Capability Section (SPC), and the MARFORCOM SPPC within 30 days of appointment. SPPC/SPPO expectations and responsibilities are outlined in reference (k).

(k) Ensure SPPC/SPPOs, OSCAR Representatives, and OSCAR Team Members establish regular communication and actively collaborate with one another, and with other prevention personnel and stakeholders, per references (h), (i), (k), (l), and (m).

(l) Follow suicide reporting requirements as outlined in references (h), (k) and enclosure (1). Within 20 days, and prior to submission of the 30-Day Death by Suicide Report, brief the first General Officer (GO) (or designee) in the chain of command and schedule a brief with MARFORCOM Commander (or designee).

(2) II Marine Expeditionary Force and Marine Corps Information Command. SPPC shall implement the command SPP and provide oversight and support to SPPOs of subordinate commands, as outlined in reference (k). Provide reports and data to MARFORCOM as requested.

(3) Headquarters and Service Battalion

(a) In coordination with the MARFORCOM SPPC, ensure all Marines and Sailors receive approved standardized annual suicide prevention training and that it is entered into the Marine Corps Training Information Management System (MCTIMS).

(b) Adjutant. Facilitate access to service records for the medical officer or appointed Marine officer to complete all reporting requirements, including the Department of Defense Suicide Event Report and 30-Day Death by Suicide Report. Coordinate with FPC to access Force Preservation records as appropriate. Maintain copies of all reports.

(c) Ensure the SPPO maintains the qualification to be a Unit Marine Awareness and Prevention Integrated Training (UMAPIT) trainer and provides support for annual training.

(d) Provide reports and data to the MARFORCOM SPPC as requested.

(e) Provide support on behalf of MARFORCOM's SPPC when SPPC is unavailable to oversee suicide response and reporting requirements for suicide-related events at MARFORCOM.

(4) Marine Corps Security Force Regiment (MCSFR). Regimental SPPO will provide oversight and support to Battalion SPPOs to ensure continuity of programming at all levels of MCSFR. This includes consolidating reports and providing data to the MARFORCOM SPPC as requested.

(5) Marine Corps Embassy Security Group (MCESG). Headquarters SPPO will provide oversight and support to Regional SPPOs to ensure continuity of programming at all levels of MCESG. This includes consolidating reports and providing data to the MARFORCOM SPPC as requested.

(6) SPPCs and SPPOs

(a) Be thoroughly familiar with references (h), (k) and enclosure (1) to advise the chain of command on all suicide prevention matters. SPPCs and SPPOs are not to provide clinical intervention or therapy.

(b) Complete the required online MarineNet training within 30 days of appointment, complete OSCAR Team Member training within 90 days, and be current in annual UMAPIT. Complete supplemental training as outlined in enclosure (1).

(c) Submit your appointment letter and training certifications to the MF, SPC; MARFORCOM SPPC; and the MARFORCOM PWD within 30 days of appointment.

(d) When turning over the command's suicide prevention program to a new SPPC/SPPO, establish and maintain a line of communication to facilitate the reception of information, resources, and policy clarification from MF, SPC and MARFORCOM, MARFOR NORTHCOM. A 60-day turnover period is recommended to ensure no gaps in SPPC/SPPO coverage.

(e) Schedule, announce, and ensure completion and documentation of required suicide prevention annual training and required supplemental suicide intervention training referenced in enclosure (1).

1. Identify UMAPIT instructors within the command. Ensure they possess current knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

2. Coordinate with S-3s to ensure UMAPIT training is recorded in MCTIMS.

(f) Conduct regular internal reviews of the command's SPP. The SPP shall include written command procedures for suicide prevention and crisis intervention plans as well as processes for identification, referral, access to treatment, and reintegration procedures for at-risk personnel.

(g) Manage the command's SPP to facilitate the reduction of risk of suicide, minimize adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness.

1. Support a command climate that promotes MCTF and OSCAR and fosters unit cohesion.

2. Provide and/or coordinate administrative resources for the commander to use in managing the SPP. Maintain this information in the SPP turnover binder.

3. Facilitate access to resources and services, as required. Coordinate with internal and external command stakeholders.

(h) Maintain and ensure dissemination of suicide prevention and behavioral health resources and contact information utilizing the templates found in enclosure (1).

1. Ensure listed resources, contact information, and websites are current. SPPOs will provide updated resource lists to the SPPC quarterly. Document where information has been posted and how it is disseminated to ensure all personnel have the most current resource information. Establish a quality assurance process to ensure resource information is always current.

2. Resource lists shall be posted on the command's website and wherever 988 and other suicide-related information is posted.

(i) Utilize lethal means and safe storage training and information found in the Suicide Prevention Program Officer and Coordinator Tool Kit located online at www.manpower.marines.mil. See enclosure (1) for further links to lethal means and safe storage resources.

(j) Support the timely completion of reporting requirements associated with suspected or actual suicide ideations, attempts, and suicide as outlined in reference (k) and enclosure (1).

1. SPPCs/SPPOs shall be included on the OPREP-3/PCR distribution list for reported suicide-related behaviors and receive a copy of the completed 30-Day Death by Suicide Report.

2. SPPOs will provide a copy of OPREP-3/PCR and 30-Day Death by Suicide Report to MFC SPPC.

3. Reports will be maintained digitally in a secure, password protected folder following all requirements per reference (g).

(k) Per reference (g), when handling suicide related data, Personally Identifiable Information (PII), and Protected Health Information (PHI), ensure that the appropriate Controlled Unclassified Information (CUI) labeling is used in email subject lines and the email is labeled with the following CUI statement:

CONTROLLED UNCLASSIFIED INFORMATION (CUI)//PRIVACY SENSITIVE -Any misuse or unauthorized disclosure may result in both civil and criminal penalties. This document may contain information covered under the Privacy Act, 5 USC 552(a), and must be protected in accordance with those provisions and should be viewed only by personnel having an official "need to know". If you received this communication in error, please do not examine, review, print, copy, forward, disseminate, or otherwise use the information. Please immediately notify the sender and delete the copy received.

Controlled by: United States Marine Corps
Controlled by: (Enter Command Name)
CUI Category: PRVCY
Distribution/Dissemination Controls: DL ONLY
POC: (Enter Command POC)

(l) All suicide-related reports saved on hard drives, share drives, cloud drives, and/or sent via e-mail will be password protected or encrypted, per reference (g). Emails will be properly marked with

“FOUO-- Privacy Sensitive” to prevent spillage of PII, PHI, and any other personally sensitive information. Passwords will be provided via separate correspondence (SEPCOR).

(m) SPPCs ensure subordinate commands follow all suicide prevention policies by:

1. Maintaining a roster of all subordinate command SPPOs, including copies of appointment letters and training certifications. See enclosure (1) for the approved roster template.

2. Maintaining a copy of subordinate command resource lists and ensuring they are updated quarterly.

3. Meeting with SPPOs and key stakeholders quarterly and communicating regularly to provide current policies, information, and resources.

4. Conduct internal program inspections on behalf of the Command Inspector General.

(n) Support MARFORCOM; MARFOR NORTHCOM's Comprehensive Integrated Prevention Plan (CIPP) and act as a liaison with subordinate commands for the completion of command-level CIPPs that are congruent with the overall vision and plan.

(7) Force Surgeon

(a) Familiarize yourself with medical processes in case of suicide.

(b) Provide the commander with doctoral-level recommendations to aid in the reduced ability for a Marine or Sailor to cause injury to himself, herself, or another; or for avoiding any precipitating events that might lead to such injury.

(c) Ensure health care providers comply with references (h) and (k) regarding suicide prevention and reporting of suicide-related events.

(d) Facilitate access to service records for the appointed officer in completing all reporting requirements, in including the Department of Defense Suicide Event Report (DODSER) and 30-Day Death by Suicide Report.

(8) Communication Strategy and Operations. Ensure appropriate public communication measures are taken in the event of a suicide death, as permitted, or required by the Manual of the Judge Advocate General (JAGMAN) and DoD Public Affairs Manual.

(9) Deployment Readiness Coordinator. Provide Service-member families with information regarding suicide prevention resources and activities.

(10) MARFORCOM Prevention Workforce Division. Assist the SPPC with the following, per reference (l):

(a) Data analysis to assess local risk and protective factors.

(b) Development of command-level policy.

(c) Coordination of additional evidence-based suicide prevention education and training, e.g. ASIST and safeTALK.

(d) Promulgation of prevention materials, resources, and leadership messaging for MARFORCOM; MARFOR NORTHCOM.

(11) All Marines and Sailors

(a) Learn and practice skills for maintaining a healthy lifestyle that promote MCTF, OSCAR, and positive stress management.

(b) Support and immediately notify the chain of command, to include command leadership, if a fellow Marine or Sailor is observed to be experiencing distress or difficulty in addressing problems or exhibits behaviors consistent with thoughts of suicide. Remain with the individual until required assistance is provided.

(c) Seek assistance for support resources when experiencing distress or difficulty in addressing problems. A resource list and roadmap for care can be found on your command's website and posted throughout your command.

(d) Complete required annual suicide prevention training.

(e) Always practice safety when storing personally owned firearms and follow requirements per references (e) and (j). This includes storing weapons unloaded and separate from ammunition as well as the use of gunlocks and/or safes.

(f) Properly safeguard all prescription and non-prescription medicine by storing in a controlled location.

4. Administration and Logistics

a. Recommendations for changes to this order will be submitted to the MARFORCOM Prevention Workforce Division at: MF_Prevention_WF@usmc.mil.

b. The following websites provide resources and information to SPPCs/SPPOs:

(1) MARFORCOM Suicide Prevention and Force Preservation website:
<https://www.marforcom.marines.mil/Resources/Suicide-Prevention-and-Force-Preservation/>

(2) Manpower & Reserve Affairs Suicide Prevention Program Toolkit:
<https://www.manpower.marines.mil/Marine-and-Family-Programs/Behavioral-Programs/>

(3) UMAPIT SharePoint site: https://usmc.sharepoint-mil.us/sites/DCMRA_family_MARFORCOM_mapit/SitePages/Home.aspx

(4) MarineNet PPC training: <https://portal.marinenet.usmc.mil/content/mnet-portal/en/catalog/coursedetails.html?courseid=d512c9d7-048f-420e-88a4-0c0324a83ac2>

(5) SPPO: <https://portal.marinenet.usmc.mil/content/mnet-portal/en/catalog/coursedetails.html?courseid=51e509ac-71b3-4bde-b6b8-e3ee025a494b>

5. Command and Signal

a. Command. This Order is applicable to all FMFLANT; MARFORCOM; MARFOR NORTHCOM, and their subordinate commands.

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



R. L. SHEA

DISTRIBUTION: A-1

MARINE FORCES COMMAND SUICIDE PREVENTION SYSTEM PROCEDURES GUIDE**TABLE OF CONTENTS**

<u>IDENTIFICATION</u>	<u>TITLE</u>	<u>PAGE</u>
Chapter 1	Crisis Intervention and Reporting Requirements	2
Chapter 2	Access to Lethal Means	7
Chapter 3	Suicide Prevention Training Requirements	8
Chapter 4	Resources	10

CHAPTER 1

Crisis Intervention and Reporting Requirements

1. **Stress Injury/Illness Checklist.** Utilize the Operation Stress Control and Readiness (OSCAR) Core Leader Functions - Strengthen, Mitigate, Identify, Treat, and Reintegrate (SMITR) and the chart below to be aware of where Marines and Sailors are on the stress continuum and how leaders should respond.

Risk Category Determination Chart

Force Preservation Category Determination Support- SMITR	
High Risk	Treat; Reintegration: Medical; Legal; FAP; SAP
Severity	Death, Loss of Asset, Mission Capability or Unit Readiness
Probability	Frequent- Frequently or likely to occur, continuously experienced by an individual, or will occur frequently
Stress Continuum	Severe distress; loss of function persisting long enough to be diagnosable; requires intervention; unmanaged symptoms may significantly impact career and family
Medium Risk	Mitigation; Identify; Treat; Reintegration: CPP; Chaplain; MFLC; Legal; Financial
Severity	Sever injury of damage, significantly degraded mission capability or unit readiness
Probability	Occasional/Seldom- Will occur several time; Unlikely, can be expected to occur
Stress Continuum	More severe or persistent distress or impairment; lasting personality changes; difficulty sleeping; feelings of guilt or shame; unable to enjoy usual activities; losing control of emotions or thinking
Elevated Risk	Prevention/Strengthen; Mitigate; Identify: Coping Skills/Relationship/Financial Classes; Chaplain; MFLC; Peer Support, Unit Cohesion, OSCAR Team Members
Severity	Minor injury or damage, degraded mission capability or unit readiness
Probability	Likely/Occasional- will occur frequently or will occur several times
Stress Continuum	Feeling anxious, sad, worrying; cutting corners on the job; trouble with sleep; withdrawing from friends and family; being short-tempered; eating too much or too little; inability to concentrate
Low Risk	Prevention/Strengthen: Baseline Annual Training; Coping Skills/Relationship/Financial Classes; Peer Support, Unit Cohesion, OSCAR Team Members
Severity	Minimal injury or damage, little to no impact to mission readiness or unit readiness
Probability	Unlikely/Seldom- Improbable but possible to occur; Unlikely; can be expected to occur
Stress Continuum	Good to go; well-trained; calm and study; prepared; fit and tough; eating well; sleeping enough; sense of humor; good decisions

If a Marine or Sailor is injured or ill and demonstrates a change in behavior, the following steps are recommended to support early identification and crisis intervention to prevent a suicidal event.

a. Initiate R.A.C.E. (Recognize, Ask, Care, Escort).

Recognize distress in your Marine or Sailor:

- Note changes in personality, emotions, or behavior.
- Note withdrawal from co-workers, friends, and family.
- Note changes in eating and sleeping patterns.

Ask your Marine or Sailor:

- Calmly ask about the distress you observed.
- If necessary, do not hesitate to ask the question directly: “Are you thinking about killing yourself?”

Don’t necessarily believe the first answer someone gives you when you ask if the individual is suicidal. Keep checking in with the person, and if you remain concerned, skip to Escort (below).

Care for your Marine or Sailor:

- Actively listen, do not judge.
- Peacefully control the situation; do not use force; keep everyone safe.

If you are unsure about the person’s state of mind, contact your chain of command, chaplain, medical officer, embedded mental health provider/professional, Military and Family Life Counselor (MFLC), or Community Counseling Program (CCP).

Escort your Marine or Sailor:

- Never leave your Marine or Sailor alone.
 - If you can do so safely, remove any lethal means that you see (such as weapons or stockpiled pills), and keep the items away from the person.
 - If someone expresses suicidal thoughts to you during a phone call, keep the person on the phone and try to find the person’s location. Text, email, or call on another line to get help for the person. Keep talking until help arrives.
 - Escort them to the chain of command, chaplain, medical, or behavioral health professional. You can also call the Military & Veterans Crisis Line with the person by dialing 988 and pressing 1 or dial 911 if an emergency response is needed.
- If the Marine or Sailor states, “I want to die”, “I want to kill myself”, “I do not want to live”, or any other statement reflecting harm to self, **immediately move to the Suicide Ideation Reporting Requirements (next section)**.
 - If the Marine or Sailor does **NOT** state, “I want to die”, “I want to kill myself”, “I do not want to live” or any other statement reflecting harm to self but expresses high levels of distress refer to chart below and Reference (i) based for a leadership risk assessment. This may also warrant a conversation on lethal means safety and access covered in Chapter 2 of this enclosure, to mitigate risk.

2. Suicide Ideation Reporting Requirements

a. A Competent Medical Authority (CMA) should not be the basis for making a report, per Reference (h). 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, Sailor, or any other mandated reporter.

b. Verify that the Recognize, Act, Care, Escort (R.A.C.E.) protocol has been followed, and that the Marine or Sailor has not been left alone. Contact Embedded Mental Health or Emergency Department (after duty hours). If direct access to the Marine or Sailor is not expedient or available call 911. Notify Chain of Command.

c. **Within 12 hours** of becoming aware of the ideation, make a voice notification to Marine Corps Operations Center (MCOC) 1-866-476-2669. In accordance with References (h) and (k). 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.

d. **Within 24 hours**, submit Operations Event/Incident Report (OPREP-3)/Serious Incident Report (SIR) message. The OPREP-3 SIR must contain rank, EDIPI, birthdate, the date and time of incident, location of the incident, current location of the service member, casualty status, unit point of contact, small unit leader point of contact, and a general description of the circumstances. Example OPREP-3/SIR formats can be found in Reference (k) Enclosure 1.

e. **Within 24 hours** of submitting an OPREP-3 SIR, contact the appropriate Community Counseling Program Manager to provide all information necessary to contact the Marine or Sailor. Per References (h) and (k), ensure the Marine or Sailor can accept or decline Marine Intercept Program (MIP) services. Document the date contact was made in the 30-day report. See your command's resource list for CCP/MIP contact information. If no local MIP program exists, utilize the regional MIP program. Marines and Sailors within tenant commands on Navy installations may opt to utilize the Navy Sailor Assistance and Intercept for Life (SAIL) program.

f. Upon medical release of the Marine or Sailor, initiate the Reintegration Plan and any other identified Force Preservation efforts.

3. Suicide Attempt Reporting Requirements

a. Competent Medical Authority must determine the incident is a Suicide Attempt.

b. Contact 911 and render assistance if possible. Ensure Marine or Sailor does not possess any items which could inflict further harm to self or others. Remain with the Marine or Sailor and 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 or Sailor upon return to work.

c. **Within 30 minutes** upon knowledge and verification of the attempt, make voice notification to Marine Corps Operations Center (MCOC) 1-866-476-2669, in accordance with Reference (h) and (k). 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.

d. Contact the Casualty Assistance Command Representative (CACR) to 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, Marine and Family Programs Division (MF) at 1-800-847-1597.

e. **Within 1 hour** upon knowledge verification of the attempt, submit Personnel Casualty Report (PCR). Provide the contact information of the Competent Medical Authority who made the determination in the report. Example PCR formats can be found in Reference (k) Enclosure 1.

f. **Within 6 hours** of the attempt, submit Operations Event/Incident Report (OPREP-3)/Serious Incident Report (SIR) message. The OPREP-3 SIR must contain name, rank, EDIPI, birthdate, the date and time of incident, location of the incident, current location of the service member, casualty status, unit point of contact, small unit leader point of contact, and a general description of the circumstances. Example OPREP-3/SIR formats can be found in Reference (k) Enclosure 1.

g. **Within 24 hours** of submitting an OPREP-3 SIR or PCR, contact the appropriate CCP Program Manager to provide all information necessary to contact the Marine or Sailor. Per References (h) and (k), ensure the Marine or Sailor can accept or decline Marine Intercept Program (MIP) services. Document the date contact was made in the 30-day report. See your command's resource list for CCP/MIP contact information. If no local MIP program exists, utilize the regional MIP program. Marines and Sailors within tenant commands on Navy installations may opt to utilize the Navy Sailor Assistance and Intercept for Life (SAIL) program.

h. **Within 30 days** of determination of an attempt, the unit must verify with the Competent Medical Authority at the Medical Treatment Facility that performed the psychological assessment that a Department of Defense Suicide Event Report (DODSER) was completed. In the event the Marine or Sailor is not treated at an 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 the TRICARE referral.

(1) Commanders shall verify the completion of a DODSER and document completion in the 30-day report but shall not receive transmission of the report which is considered protected medical information.

(2) Commanders shall appoint a Marine or Sailor Officer and supporting team to collect, examine, and record information required to submit a DODSER and facilitate access to service records and necessary unit information to aid the responsible medical provider in the timely completion of the DODSER.

i. Upon medical release of the Marine or Sailor, initiate the Reintegration Plan and any other identified Force Preservation efforts.

4. Death by Suicide or Suspected Death by Suicide

a. A suicide must be determined by a CMA, such as a Medical Examiner. In cases of suspected suicides, reports will be classified as "Deceased Marine" until confirmed by CMA or approved by the Headquarters Marine Corps (HQMC) Casualty Section to be listed as a "Suicide." The OPREP-3 SIR should relay only information about the actual cause of death and will refrain from using language characterizing injuries as intentionally self-inflicted.

b. The death of a dependent of an active-duty Marine or Sailor, when suicide is suspected or verified, is a reportable casualty and shall be reported in accordance with Reference (k) Enclosure 1.

c. Contact 911 and render assistance if possible. Notify Chain of Command. Ensure notifications are kept to a short list of "need-to-know" personnel so that appropriate notification of the death to family, friends, and the unit can occur in a respectful manner and not secondhand.

d. **Within 30 minutes** of the death, make voice notification to Marine Corps Operations Center (MCOC) 1-866-476-2669.

e. **Within 1 hour** of the death, contact the Casualty Assistance Command Representative (CACR) to submit a voice report to the Marine Corps Casualty Section (MFPC), Military Personnel Services Branch, Marine and Family Programs Division (MF) at 1-800-847-1597 to notify next of kin. Receive briefing on managing casualty affairs.

f. **Within 1 hour** of becoming aware of the death, submit Personnel Casualty Report (PCR). Example PCR formats can be found in Reference (k) Enclosure 1.

g. **Within 6 hours** of becoming aware of the death, submit Operations Event/Incident Report (OPREP-3)/Serious Incident Report (SIR) message. Example OPREP-3/SIR formats can be found in Reference (k) Enclosure 1.

h. Notify Chaplain, Embedded Psychologist, prevention personnel, unit SPPO, and MFC SPPC or any command identified additional assets to assist with Postvention. Consult providers to prepare announcement to unit and coworkers.

i. **Within 3 days** of transmitting the initial PCR, the Command will appoint a Marine or Naval Officer and a supporting team to collect, examine, and record information required by the DODSER.

j. **Within 30 calendar days** of the death being reported, units shall complete the MF, SPC 30-Day Death or Suspected Death by Suicide report and brief first General Office and Commander, or designee. Following briefing, submit report to MFC, SPC via encrypted email at 30_day_suicide_report@usmc.mil, and provide a copy to the unit SPPO. See Reference (k) Enclosure 1 for report format.

k. **Within 30 days** of submitting the initial PCR, submit a DODSER on <https://DODSER.t2.health.mil/>. 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.

l. Utilize Reference (k), the below checklist, and the following links to support command postvention procedures

(1). Commander's Checklist for Response to Suicide-Related Events:

<https://www.marforcom.marines.mil/Portals/36/Prevention%20Workforce/Commanders%20SRB%20Response.pdf?ver=nXgnQ7IISNd-WJpL-zda9g%3d%3d>

(2). Postvention Toolkit for Military Suicide Loss:

<https://www.dspo.mil/Home/Tools/Resource-Library/Postvention-Guide/>

CHAPTER 2

Access to Lethal Means

1. Purpose. The conversation about reducing access to lethal means should be direct and happen when a Marine or Sailor is processing a Stress Injury or Illness or is identified as Medium or High risk via OSCAR Stress Continuum. Reducing access to lethal means for a person at risk of crisis is an important part of a comprehensive approach to suicide prevention. The most common method of death among Marines who die by suicide is from a personally owned firearm. Commands should always ask a Marine or Sailor in crisis to voluntarily store all privately owned firearms and ammunition for temporary safekeeping until the crisis has passed.

This chapter establishes requirements and practices that directly restrict access to lethal means for Marines or Sailors who are at risk of harm to self or others, per Reference (k). 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. These procedures shall be clearly outlined in each command's suicide prevention procedures and requires coordination with the respective armory and Physical Security utilizing standards established in Reference (j).

a. Voluntary Safe Storage

(1) The command must promote an understanding of lethal means safety (e.g., firearms, medications, household poisons). Promote and educate Marines, Sailors, and immediate family members to voluntary use gun locks and safe storage methods for privately owned firearm(s), medications (prescription or other), 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.

(2) The immediate family members in a Marine's or Sailor's households, not living on the installation or other DoD-owned or operated property, must be given an opportunity for voluntary safe storage of privately owned firearms on the installation. While stored on the installation, the firearm must be stored in accordance with local Armory/Physical Security guidance.

b. Resources for alternative storage methods outside of the installation

(1) Each unit SPPO should have gun locks available and be able to distribute to any Marine, Sailor, or family member in need. This shall be promoted with posters displayed in the unit and via frequent all-hands email reminders.

(2) Expired and no longer used prescribed medications should be disposed of by bringing them to your local pharmacy or fire station. If substances that can be abused are kept in the home, they should be monitored and locked.

CHAPTER 3

Suicide Prevention Training Requirements

1. Per Reference (h), HQMC annual training requirement for Suicide Prevention is included in the current version of Unit Marine Awareness and Prevention Integrated Training (UMAPIT). UMAPIT shall be facilitated by a currently trained and certified UMAPIT Facilitator, if available. The annual training event shall be no more than 30 Marines per event. The UMAPIT training event shall be no less than 90 minutes. Training events must utilize current HQMC provided UMAPIT facilitator's guide and slide show presentation to maintain fidelity of the training. Marine Corps Training Information Management System (MCTIMS) is the program of record for UMAPIT. Utilize the appropriate annual training code: B9, within seven days of the completion of the training event. Commands shall maintain copies of training completion rosters verifying 30 Marines per event, attendee information, and listing the certified instructor's name and rank. Commands must maintain each UMAPIT facilitator's certification. These items are inspected during the Commanding General's Inspection (CGI). The UMAPIT training cadre shall be maintained at minimum as follows:

a. MFC SPPC shall be a current UMAPIT Master Trainers or have the capacity to attend the course once appointed as the SPPC.

b. Regimental and Battalion SPPOs, OSCAR Representatives, Substance Assessment Coordination Officers (SACO), Chaplain and/or Religious Program Specialists E-5 and above shall be current UMAPIT Master Trainers or have the capacity to attend the course once appointed of their position.

c. Battalion SPPOs, OSCAR Representatives, and SACOs shall be current UMAPIT Train-the-Trainer (T3) or have the capacity to attend the course once appointed as a SPPO.

2. Per Reference (a) and (b) a selective training for Suicide Prevention, and all primary prevention efforts, is included in the Marine Corps' OSCAR program. The command must have 10% of the command or 20 Marines, whichever is greater, trained as OSCAR Team Members and/or trainers. Commands shall facilitate the OSCAR core leadership functions as central elements of leadership philosophy. OSCAR Team Member training is the leadership and peer training that emphasizes the identification and care of Marines and Sailors exhibiting behaviors associated with critical stressors or at risk of suicidal behaviors. Early identification of stress responses, and intervention of resources supports mitigation of suicidal behaviors. The OSCAR training cadre shall be maintained at minimum as follows:

a. SPPCs should strive to be OSCAR Master Trainers or have the capacity to attend the course once appointed as the SPPC.

b. Regimental and Battalion SPPOs, OSCAR Representatives, SACOs, and Chaplains and/or Religious Program Specialists E-6 and above shall be OSCAR Train-the-Trainer (T3) or have the capacity to attend the course once appointed as the SPPO.

c. OSCAR Extenders are strongly encouraged to attend OSCAR Team training with their unit(s). OSCAR Extenders do count towards the "5% or 20 Marines (whichever is greater)." OSCAR Extenders are medical staff, chaplains, corpsmen, religious program specialists, and other professionals who "extend" the capabilities of the OSCAR program by bridging the gap between Marine OSCAR Team Members and OSCAR Mental Health Professionals.

d. Per Reference (i), deploying units must complete OSCAR Deployment Cycle Training (DCT).

3. Supplemental suicide intervention training, such as LivingWorks safeTALK Suicide Prevention Training, and intensive suicide intervention training, such as Applied Suicide Intervention Skills Training (ASIST), are highly recommended for all Marines and Sailors. Utilizing intensive training in strategic positions throughout a command is a force multiplier, a positive step towards prevention and preservation of the Force. These trainings are recommended as described below for inclusion as supplemental training, however, are not required by chapter 3 section 3 of enclosure 1 of this order:

a. All Marines and Sailors should receive supplemental annual training, such as safeTALK, within 90 days of joining the command.

b. A minimum of 5% of Marines and Sailors will attend intensive suicide intervention skills training, such as Applied Suicide Intervention Skills Training (ASIST). When selecting Marines and Sailors to receive intensive suicide intervention training, commanders shall consider the Marine or Sailor's attitudes and beliefs about suicide and their level of interest in suicide intervention.

c. SPPCs, SPPOs, and OCAR Representatives are highly encouraged to attend intensive suicide intervention training, such as ASIST, within 90 days of appointment.

e. It is highly recommended that unit OSCAR Team Members and small-unit leaders receive supplemental suicide intervention training, such as safeTALK, and that SNCO and above attend intensive suicide intervention training, such as ASIST.

f. All commands can coordinate with their Religious Ministry Teams (RMT), CREDO, or prevention personnel to conduct supplemental and intensive suicide intervention training.

4. MarineNet training Prevention in Action: Stakeholders, teaches prevention strategies to promote engagement and skill-building that strengthen protective factors and increase positive behaviors.

a. The MFC SPPC, all SPPOs, and all OSCAR Representatives shall complete the Prevention in Action: Stakeholders training once they have completed the online SPPC/SPPO training and requisite OSCAR training.

b. It is highly recommended that stakeholders at all levels of command take this training to support prevention lines of effort.

5. Monthly and Quarterly Meetings and Training.

a. The MFC SPPC shall meet with the unit SPPOs quarterly for unit updates, program updates, and training. This will include key stakeholders as listed in section 2, (e) of the base order.

b. Unit OSCAR Representatives should meet monthly for unit updates, program updates, and training.

c. Unit OSCAR Representatives shall meet with the unit OSCAR Team Members at least quarterly to conduct training and updates, which will include coordination with all prevention stakeholders.

CHAPTER 4

Resources

1. Embedded Support Personnel. Each command shall create and update a contact sheet of local resources and providers and make it readily available to all Marines, Sailors, and Families. At minimum, the resource list must include those listed below. A template can be found in Appendix H.

- a. Veteran's/Military Crisis Line, National Suicide Prevention Lifeline
- b. Chaplain/Religious Program Specialist (RP)
- d. Embedded Psychologist, where available
- c. Suicide Prevention Program Officer (SPPO) and/or Coordinator (SPPC)
- e. Operational Stress Control and Readiness (OSCAR) Representative
- f. Embedded Preventive Behavioral Health (EPBHC) and/or Primary Prevention Integrator (PPI), where available
- g. Naval Medical Center (Mental Health)
- h. Marine Intercept Program (MIP) and/or Community Counseling Program (CCP)
- i. Military and Family Life Counselors (MFLC), where available
- j. Equal Opportunity Advisor (EOA) and/or Coordinator (EOC)
- k. Deployment Readiness Coordinators (DRC)
- l. Unit Readiness Coordinator (URC)
- m. Substance Assessment Coordination Officer (SACO)
- n. MFC Suicide Prevention and Force Preservation [website](#)
- o. Command Website
- p. Installation Sexual Assault 24/7 Hotline
- q. Sexual Assault Response Coordinator (SARC)
- r. Sexual Assault Victim Advocates (Civilians)

2. List of applicable resources in this order.

a. Definition of Five Core Leader Functions (SMITR)

1. Strengthen—Leaders must strengthen their Marines to enable them to successfully endure and manage the stressors they face.

2. Mitigate—Leaders must mitigate the stress of their Marines to keep them functioning optimally and to prevent the negative effects of stress reactions and stress injuries. The word “mitigate” literally means to re-duce in force or intensity.

3. Identify—Leaders must identify the stress zones in which individuals are operating and the stressors by which they are being challenged.

4. Treat—Leaders must ensure injured Marines receive a full and adequate course of treatment, to monitor progress toward recovery, and to mentor Marines either back to full duty or into a new life as a veteran.

5. Reintegrate—Leaders must retain and fully use Marines who have been injured by stress and either have recovered or are in the process of recovering. Reintegration includes evaluating and forming judgments about psychological fitness and suitability for duty; assigning Service Marines who are recovering from stress injuries or illnesses to duties that make the best use of their capabilities; changing attitudes in members of military units that might get in the way of accepting these individuals back in the unit. If Marines are unable to return to duty, leaders must help ease their transition to being a veteran.

b. The following resources can be found at the Headquarters Marine Corps Suicide Prevention Resources page (CAC enabled)

1. Web page: <https://portal.marinenet.usmc.mil/content/mnet-portal/en/library.16965.html>

a. Links to the following resources:

1. Brandon Act Self-Referral for Mental Health Fact Sheet
2. Commander's Checklist for response to suicide-related events
3. USMC Command Suicide Prevention and Risk Mitigation Strategies
4. Marine Corps 988 posters
5. Safe Storage for Lethal Means and Household Items
6. Marine Intercept Program brochure
7. Defense Suicide Prevention Office resources
8. 30-day death or suspected death by suicide report
9. Safe messaging for prevention, postvention, response, and terminology
10. Sample OPREPs and PCRs
11. Sample SPCC/SPPO appointment letters
12. Suicide prevention cards
13. Firearm storage toolkits
14. Suicide Prevention Social Media Toolkit
15. Resources for Geographically Dispersed Marines

c. The following resources can be found on the MARFORCOM Suicide prevention webpage:

1. Webpage: <https://www.marforcom.marines.mil/Resources/Suicide-Prevention-and-Force-Preservation/>

a. Links to the following resources

1. Military and Veteran's Crisis line
2. Military OneSource
3. Give an Hour
4. Marine Intercept Program
5. Brandon Act Fact Sheet
6. MARFORCOM Behavior Health Roadmap
7. MARFORCOM Local Resources List
8. MCCS Suicide Prevention Resources
9. Marine Corps Total Fitness
10. Marine Corps Interactive Suicide prevention and mental fitness resource
11. Marine Corps Warfighter Mental Readiness playbook
12. Lethal Means Safety Guide For Military Service Members and Their Families
13. Supporting Military Families in Crisis: A guide to help you prevent suicide
14. Prevention Knowledge Series for Leaders
15. MCCS Leaders Resource Guide
16. Mental Health Playbook for Leaders
17. USMC Command Suicide Prevention and Risk Mitigation Strategies
18. Commander's Checklist for Response to Suicide Related Events
19. UMAPIT resources materials
20. Templates for: Mental Health and Suicide Prevention Resources, Behavioral Health Roadmap, and Suicide prevention program officer roster
21. Links to key Marine Corps Orders, NAVMCs, policy statements, and MARADMINs that cover suicide prevention.