



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 1720.16F

G-1

MAY 21 2026

COMBAT CENTER ORDER 1720.16F

From: Commanding General
To: Distribution List

Subj: SUICIDE PREVENTION PROGRAM

Ref: Enclosure (5)

Encl: (1) Reports Required
(2) Key Terms and Definitions
(3) Resources/Links
(4) Recognition Citation Example
(5) References List

Reports Required: Enclosure (1)

1. Situation

a. Deaths by suicide and other non-fatal suicide-related events often occur in association with stressors such as relationship stressors, work related stressors, pending disciplinary action, and illness such as depression, and in association with periods of transition in duty status and between duty stations.

b. This Order emphasizes the importance of leadership for the early identification and intervention for stressors that detract from personal and unit readiness.

c. This Order provides information for creating local suicide prevention programs in all units and directorates. All definitions applicable to this Order are explained in enclosure (2).

2. Cancellation. CCO 1720.16E.

3. Mission. In accordance with the references (a) through (z), provide a local policy and procedural guidance for a suicide prevention program that focuses on intervention at all levels throughout the Combat Center.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Leaders will take all necessary steps to create and sustain a climate of risk awareness, non-judgmental assistance, positive reinforcement, and unit member responsibility for others in need.

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(b) Suicide prevention is not a single activity or training.

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

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

(e) Peer-to-peer leadership is expected. At any time, a Marine or Sailor is in distress, whether due to a relationship stressor, stress injury, financial crisis, or combat experience, it is the responsibility of everyone to get that Servicemember help.

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

(g) Implementation of this program reduces the risk of suicide for active duty Marines and Sailors, reservists, dependents, and civilians, minimizes the adverse effects of suicidal actions on command readiness and morale, and preserves mission effectiveness.

(h) Suicide prevention is an integral part of mission accomplishment through force preservation.

(2) Concept of Operations

(a) Medical professionals, chaplains, community counseling center (CCC) counselors, health promotion program leaders, substance assessment program counselors, and command Suicide Prevention Program Officers/Coordinators (SPPOs)/(SPPCs) support local commanders with information in their areas of expertise, intervention services, and assistance in crisis management.

(b) Per reference (p), suicide prevention encompasses the five core leadership functions: Strengthen, Mitigate, Identify, Treat, and Reintegrate (SMITR). The functions below are all integral to this 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.

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.

3. Identify. Every Marine experiences stress differently. Effective leadership continuously monitors stressors and recognizes when a fellow Marine is at risk for critical stressors, stress injuries suicide or self-injurious behavior.

4. Treat. Commanders are responsible to ensure the full access and adequate course of treatment for Marines and removing barriers to care. In order to increase the likelihood that care is accepted by the Marines, and in accordance with references.

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.

(c) Commanders at the battalion/squadron level are responsible for implementing a command suicide prevention program in accordance with this Order. The command suicide prevention program involves a continuum of care with seven elements: awareness, promotion, intervention, postvention, reporting, reintegration, and assessment.

1. Awareness. Education and health promotion in the form of unit annual suicide awareness.

2. Promotion. Active promotion of healthy lifestyles for all military personnel.

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

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

5. Reporting. Casualty reporting to higher authority in order to assist in improving knowledge regarding suicide through research to improve future prevention efforts.

6. Reintegration. Publicly or privately, welcome the Servicemember back to the unit. Thoughtful reintegration of those treated for stress injury and found fit to return to duty will reduce future suicide risk and encourage others to engage helping services when needed.

7. Assessment. Suicide awareness, prevention training completion, and record keeping inspections will be scheduled and conducted by the Inspector General biennially.

(d) For the purposes of this Order, covered communications are oral, written, or electronic communications of personally identifiable information. All involved parties must maintain the integrity of privacy policies. Use and disclosure of such information shall comply with reference (e). For the purposes of suicide prevention, failure to maintain the integrity of privacy policies undermines the Servicemember's trust in leadership and deters them from seeking help for themselves and others.

b. Subordinate Element Missions

(1) Commanding Officers (COs), Headquarters Battalion (HqBn), Marine Corps Mountain Warfare Training Center, Marine Corps Tactics and Operations Group, and Marine Corps Logistics Operations Group

(a) Appoint, in writing, a Marine to fulfill duties as the unit SPPO, and provide a copy of this appointment letter to the SPPC.

(1) Reference (p), Ch.1, Par 2c-e for selection and training requirements.

(2) Reference (u) for online training course for SPPO and SPPC.

(b) Appoint, in writing, a Marine to receive personal health information, and provide a copy of this appointment letter to the Command SPPC.

(c) Utilize the Commander's Checklist for Response to Suicide Related Events to prepare, prevent, and respond to suicide related events in reference (p).

(d) All Commanders shall create an 8-Day Brief for submission to the first lieutenant general officer in their chain of command and to Headquarters Marine Corps staff offices as detailed in reference (m); no later than the 8th day following the suicide and follow-up with a Death Brief within 30 days utilizing reference (p) as a template.

(e) Notify the command SPPO and SPPC when a Personnel Casualty Report/Serious Incident Report (PCR/SIR) is submitted for all suicides, attempts, and ideations or behaviors, as directed in references (t) and (v). All PCRs and SIRs will be reported to the MAGTF/TC/MCAGCC Adjutant, Duty Officer, SPPC, and Unit Casualty Assistance Command Representative (CACR).

(f) The SPPO is the designated unit point of contact and shall liaise with the Department Head, Mental Health, Medical Services Directorate, Naval Hospital Twentynine Palms at (760) 830-2724. The SPPO will also liaison with the SPPC for support and notification of reports. When the SPPO transfers, ensure that the Directorate is informed of the following information for the new SPPO: Rank, FName MI. LName, Unit, (760) 830-XXXX.

(g) Ensure that the Servicemember's respective directorate [Assistant Chief of Staff (AC/S), Division Director, Special Staff Officer, or Officer-in-Charge] is informed of the Servicemember's status and provide any further instructions to assist the Servicemember.

(h) Training

1. In accordance with reference (n), annual suicide prevention training will be conducted via a "leader-led" approach. Training materials will be obtained via the Universal Marine Awareness and Prevention Integration Training (UMAPIT) 2.0 curriculum and will allow the opportunity for small unit leaders to interact with their personnel. The month of September is Suicide Prevention month. During this month, ensure that an event is planned in conjunction with Marine Corps Community Services (MCCS).. This training is found in Marine Corps Training Information Management System. HqBn SPPC will provide training to the MAGTF/TC/MCAGCC Staff.

2. For those units whose training coincides with the month of September, contact MCCS for assistance when training permits to ensure this event takes place.

3. Unit Casualty Assistance Command Representatives need to ensure Staff Noncommissioned Officers/Officers have taken, at a minimum,

Casualty Assistance Calls of Officers (CACO) online training and provide the training certificate to the CACR, in accordance with reference (b). This is to ensure that in the case of a casualty, the command has a pool of available Marines to serve as the designated CACO. HqBn will provide a CACO for MAGTF/TC, MCAGCC staff. All Casualty Reports will be forwarded to the MAGTF/TC/MCAGCC CACR, SPPC, Duty Officer, and Adjutant.

(i) Complete and submit an operations event/incident report (OPREP-3) on all deaths, suicide attempts, and suicide ideations, per references (a), (h), (t) and (v). PCRs shall be completed and submitted on all deaths and suicide attempts. HqBn will submit all reports for MAGTF/TC, MCAGCC staff. All OPREP-3s / SIRs will be forwarded to the MAGTF/TC/MCAGCC CACR, SPPC, Duty Officer, and Adjutant.

(j) Utilize the installation's and unit's key leaders and resources: Marine leaders, medical professionals, chaplains, MCCS program coordinators from Marine and Family Program's (MFP) Behavioral Health Branch, and Semper Fit Division in order to coordinate, evaluate, and sustain an integrated program of awareness education, early identification, and referral of at-risk personnel for treatment and follow-up services.

(k) Ensure trainers providing the annual training possess requisite knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

(l) Follow all procedures, per references (f) and (g), for commander actions in the screening, evaluation, disposition, and treatment of all Servicemembers deemed at risk for harm to themselves or others. Per reference (a), some recommended specific questions to assess suicide potential are:

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

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

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

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

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

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

(n) Coordinate with military and civilian authorities to complete appropriate investigations or inquiries into all deceased cases of Marines/Sailors.

(o) Implement command procedures to be followed for suicide prevention and crisis intervention that include the process for identification, referral, access to treatment, and follow-up procedures for Servicemembers at risk of suicide. Ensure procedures are written and at a minimum shall include:

1. Internal suicide-related event notification procedures.
2. Measures to facilitate crisis management.
3. Methods to restrict access of at-risk personnel to lethal means that can be used to inflict harm to themselves or others. Reference (p), Chapter 3, provides methods of restricting access to lethal means for at-risk personnel.
4. Suicide hotline contact phone numbers, see enclosure (3).
5. Training requirements. Ensure annual suicide prevention training is conducted through Unit-Based Marine Awareness Prevention and Integrated Training (UMAPIT). Promote additional training resources that strengthen resilience skills, encourage help-seeking behaviors, and mitigate suicide risk, such as Marine Awareness and Prevention Integrated Training for Leaders (MAPIT-L), Lethal Means infographics, etc. Provide information on seeking help for stress and mental wellness, including installation and non-installation resources.
6. Reporting requirements, per references (a), (b), and (h).
7. Protection of confidentiality and personally identifiable information.
8. Methods to request a referral for a mental health evaluation.

(p) When applicable, assign CACOs, in accordance with reference (b), to ensure family support and access to appropriate survivor benefits. For those family members of deceased Servicemembers, ensure that adequately trained medical personnel, MCCS counselors, or chaplains assess needs and facilitate requirements for the supportive needs of the family.

(q) Following a deceased Servicemember, ensure an ongoing needs assessment is maintained and facilitate access to required care, as appropriate for those Servicemembers affected by the death.

(r) Department of Defense Suicide Event Report (DoDSER) Process. The DoDSER is designed to standardize the review and reporting process on suicide-related events among military Servicemembers. The information is used to identify risk factors and assist commanders in targeting and improving local suicide prevention efforts. A DoDSER account can be completed online at <https://dodser.t2.health.mil>. Once created and training is complete, an event can then be created. Submit a completed DoDSER for all suicides (medical personnel will submit DoDSERs for suicide attempts), in accordance with reference (b). This includes undetermined deaths for which suicide has not been excluded by the medical examiner, consistent with reference (b).

1. Suicide Attempts. The DoDSER is due within 30 days of the determination of the attempt by competent medical authority.

2. Suspected Suicide. For suspected suicide commands are required to initiate a DoDSEER within 30 days of receiving notification of the death.

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

(t) Recognize personal preventive and/or proactive efforts in suicide prevention. One manner is to publicly commend Marines/Sailors who have assisted others. For an example of language consistent with such a citation see enclosure (4).

(u) Publicly or privately welcome the Servicemember back to the unit and work section. Thoughtful reintegration of those treated for stress injury and found fit to return to duty will reduce future suicide risk and encourage others to engage helping services.

(2) CO, Marine Aviation Weapons and Tactics Squadron One. As a tenant unit, work in conjunction with Marine Corps Air Station Yuma directives regarding suicide prevention. All PCRs, SIRs, and OPREP-3s will be reported to the MAGTF/TC/MCAGCC Adjutant, Duty Officer, SPPC, and CACR.

(3) Tenant Unit Commanders. All unit commanders ensure that the procedures and services within this Order are followed and utilized to ensure the mental health and safety of all Marines, Sailors, government civilians, and family members within your respective units. All PCRs, SIRs, and OPREP-3s will be reported to the MAGTF/TC/MCAGCC Adjutant, Duty Officer, SPPC, and CACR.

(4) Expeditionary Warfare Training Group, Pacific. Ensure all actions and reporting requirements are in accordance with reference (o). All PCRs, SIRs, and OPREP-3s will be reported to the MAGTF/TC/MCAGCC Adjutant, Duty Officer, SPPC, and CACR.

(5) Expeditionary Warfare Training Group, Atlantic. Ensure all actions and reporting requirements are in accordance with references as applicable. All PCRs, SIRs, and OPREP-3s will be reported to the MAGTF/TC/MCAGCC Adjutant, Duty Officer, SPPC, and CACR.

(6) ACs/S, Division Directors, Special Staff Officers, and Officers-in-Charge

(a) Notify the unit CO when it comes to your attention that you have a Servicemember in crisis regarding suicide.

(b) Per reference (b), ensure the Servicemember who engages in suicide-related behavior, or who are at risk for harm to self or others, are kept in sight and escorted to an evaluation with a mental health provider.

(c) Ensure the Servicemember attends all treatment and follow-up services.

(d) Ensure the protection of confidentiality and personally identifiable information.

(e) Coordinate with military and civilian authorities to complete appropriate investigations or inquiries into all cases of deceased cases.

(f) Ensure all Marines/Sailors receive annual suicide prevention training.

(g) Welcome (publicly or privately) the Servicemember back to the unit. Thoughtful reintegration of those treated for stress injury and found fit to return to duty will reduce future suicide risk and encourage others to engage helping services when needed. Recognize personal preventive and/or proactive efforts in suicide prevention. One manner is to publicly commend Marines/Sailors who have assisted others. For an example of language consistent with such a citation see enclosure (4).

(7) AC/S, G-1 Manpower, Adjutant. The MAGTF/TC, MCAGCC Manpower Adjutant is responsible to ensure a Command Suicide Prevention Program Coordinator is appointed. These duties are an administrative and coordinating resource for the Combat Center.

(8) The MAGTF/TC, MCAGCC Suicide Prevention Program Coordinator

(a) Coordinate with MCCS' Behavioral Health Branch (BHB) Head to provide updated suicide information to all unit SPPOs. Support timely and accurate submissions of all required reports in accordance with the references.

(b) Work in conjunction with all unit SPPOs to ensure that annual training for UMAPIT is completed and reports are submitted.

(c) Collaborate with MCCS BHB and Marketing regarding opportunities for program promotion.

(9) AC/S, MCCS

(a) MFP Division

1. In accordance with references (a) and (c), BHB will provide standardized annual suicide prevention training for commanders to use in their local suicide prevention program that targets all Marines and Sailors assigned and attached to their units.

2. Provide evidence-based tools and resources for use in command suicide prevention programs.

3. Collaborate with the Suicide Prevention Program Coordinator and MCCS Marketing regarding opportunities for MCCS promotion.

4. Once notified by Headquarters Marine Corps, MFP Division that an SIR or PCR has been submitted to Headquarters Marine Corps on an installation/attached Servicemember who experienced a suicidal ideation or attempt, CCC will make contact with the command leadership within 24 hours to offer Marine Intercept Program services.

5. Once the Servicemember's information is received from the command leadership, explain CCC's function and coordinate service delivery.

6. Contact the Servicemember immediately and offer MIP intervention and actions needed for care and reintegration.

7. Once contact is made with the Servicemember, notify MFP Division via the Suicide Tracking and Reporting Tool.

8. Ensure subsequent contact is made at day 3, 7, 14, 30, 60, and 90 to talk about safety concerns and service coordination.

9. Respective CCC counselor shall contact the commander after each contact is made with the Servicemember, to ensure appropriate command coordination is in place throughout the care coordination process.

(b) Semper Fit Division. Coordinate with MFP Division, to make training available, in accordance with references (a) and (c). Offer trainings on nutrition, sleep, behavior change, and fitness programs which support primary prevention throughout the year and annually. Collaborate with MCCS BHB and Marketing regarding program promotion.

(c) Marketing Division. Identify promotion opportunities that may be provided for Command functions and activities within the Non-Appropriated Fund guidelines. Coordinate authorized marketing support with the Suicide Prevention Program Coordinator, BHB, and Semper Fit.

(10) Command Inspector General

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

(b) Utilize the Functional Area checklist as the standard for ensuring compliance with this Order.

(11) CO, Naval Hospital Twentynine Palms

(a) In coordination with MCCS MFP Division, establish a supporting relationship with local commanders to provide services to include evaluation, referral, and treatment for Servicemembers at risk.

(b) Ensure treatments are based on the potential for therapeutic benefit, as determined by the behavioral healthcare provider.

(c) Provide serial clinical assessments and ensure mental status examinations are performed, with or without specific therapies, to assess a Servicemember's ongoing suicide risk until the Servicemember is deemed clinically to be psychologically stable and no longer represents an imminent danger to self or others.

(d) Ensure recommendations are based on the master-level behavioral healthcare providers who are qualified to assess, evaluate, and treat suicidal Marines and Sailors. Recommendations for precautions shall be considered, especially in cases of those Servicemembers who have demonstrated to be a potential danger in the past, as evidenced by violent or destructive behavior. Recommendations for precautions may include, but are not limited to, an order to move into military barracks for a given period; an order to avoid the use of alcohol; an order not to handle firearms or other weapons; an order and procedure to handle prescriptions, or an order not to contact a potential victim or victims.

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

(f) Ensure medical personnel notify the Command's Company GySgt if a Servicemember's mental state or condition presents a moderate or high risk of suicide, to coordinate appropriate prevention actions.

(g) Ensure medical personnel are familiar with reference (a) and understand the requirement for command consultation in the event of a suicide-related event. Ensure they can coordinate prevention activities, in accordance with references (f) and (g).

(12) Director, Religious Ministries

(a) Ensure all chaplains assigned to the Combat Center are fully aware of the contents of this Order.

(b) Ensure Command Religious Program personnel, in cooperation with the Naval Hospital Twentynine Palms, and the installation resources (e.g., BHB, etc.), are a resource to assist local commands in developing stress management and suicide prevention programs.

(13) AC/S, G-7 Government and External Affairs, COMMSTRAT Officer

(a) Coordinate with MCCS MFP Division to ensure key Combat Center themes, programs, events, and updates are incorporated into the command's public affairs plans.

(b) Disseminate information on key Marine Corps Suicide Prevention Program (MCSPP) themes, programs, events, and updates through the Observation Post, the Commanding General's (CG) Channel, and the MAGTF/TC, MCAGCC website, as appropriate.

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

(d) Coordinate with tenant command Public Affairs Officers to ensure information on Marine Corps-wide MCSPP themes, programs, events, and updates are incorporated into the local command's information effort.

c. Coordinating Instructions

(1) Individual Marines and Sailors

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

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

(c) For those experiencing distress or difficulty in addressing problems, assistance is available through the chain of command for support. See enclosure (3) for resources.

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

(2) Marines/Sailors placed on Command Supported Watch by the Emergency Room Duty Personnel

(a) Acknowledge that this is a difficult situation - whatever they are going through, as well as being directed to be on command supported watch.

(b) The command support watch Marine/Sailor will follow the Servicemember everywhere, i.e. following to the head, shower, etc. You will not allow the Servicemember to go **ANYWHERE** without you or another assigned command escort. You must always see the Servicemember.

(c) Check for potential hazards such as belts, glass objects, razors, etc.

(d) Observe for signs of odd behaviors/psychosis and report these observations to Mental Health.

1. Seems to be talking to someone that is not there, responding to conversations when no one is talking (shaking head in agreement/disagreement).

2. If they act irrational, become combative or non-compliant; call the Provost Marshal's Office for immediate transport to the ER.

(e) Leave your beliefs/thoughts regarding suicide outside.

(f) You will not leave the Servicemember without ensuring that he/she has another command escort.

(g) You will not allow the Servicemember to have access to any weapons, ammunition, or pyrotechnics. If someone tries to give him/her any of these items, you will ensure they do not have access to them and inform the duty officer/staff noncommissioned officer.

(h) You will not encourage, recommend, provoke, or allow the Servicemember to harm him/herself or others. You are to take all precautions minimizing any potential embarrassment or stigma associated with these command-watch responsibilities.

(i) During shift changes, the Servicemember being watched will not be left unattended.

(3) Warrior Preservation Status Report (WPSR). In accordance with reference (1), all MAGTF/TC, MCAGCC organizations may be called upon to provide data to the safety division in support of the quarterly WPSR. The WPSR report is submitted via the chain of command to the Assistant Commandant of the Marine Corps through the CG, Training and Education Command. Report Control Symbol (RCS) MC-5100-05 is assigned to this reporting requirement.

(4) ANYMOUSE. Reference (1) establishes procedures for reporting unsafe or unhealthful working conditions via enclosures (1) and (3). RCS MC 5100.06 is assigned to this reporting requirement.

(5) Ground Climate Assessment Survey System (GCASS). Reference (j) provides procedures for this required report. RCS MC-5100-07 is assigned to this reporting requirement.

(6) Operational Risk Management (ORM). Reference (1) establishes procedures for risk management. RCS MC-5100-08 is assigned to this reporting requirement.

(7) Personally Owned Weapons. Personally owned weapons will be handled in accordance with reference (k). Tenant units will follow their respective unit directive for personally owned weapons and restrict access to weapons and ammunition for at-risk personnel. Extend safe weapon storage promotion to families.

(8) Briefs

(a) 8 Day Briefs

1. All Suicide or Attempted Suicide 8-day briefs shall be sent to the "8 Day Suicide/Attempt" distribution list in the Global Address List (GAL), per reference (m).

2. All Aviation Mishap 8-day briefs shall be sent to the "8 Day Aviation Mishap" distribution list in the GAL, per reference (m).

3. All other 8-day briefs shall be sent to the "8 Day Ground/Off-Duty" distribution list in the GAL, per reference (m).

(b) 30 Day Briefs. Submit a 30 day brief to 30_Day_Suicide_Attempt@usmc.mil per reference (p).

(9) See enclosure (5) for the list of references.

5. Administration and Logistics


a. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center directives can be found at <https://www.29palms.marines.mil/Staff-Offices/G-1-Manpower-Directorate/Adjutant/#combat-center-orders>.

b. The available internal and external suicide prevention resources can be viewed at https://www.manpower.usmc.mil/webcenter/portal/oracle/webcenter/page/scopedMD/s0107ba7e_ddc6_4df3_allc_225cfb60b48b/Page7229ef1c_b4ee_463c_b5e4_c9d1062164ea.jspx?_afrLoop=82220866822083&_afrWindowMode=0&Adf-Window-d=w7hir38ilw&_afrFS=16&_afrMT=screen&_afrMFW=1366&_afrMFH=636&_afrMFDW=1366&_afrMFDH=768&_afrMFC=8&_afrMFCEI=0&_afrMFM=0&_afrMFR=96&_afrMFG=0&_afrMFS=0&_afrMFO=0.

6. Command and Signal

a. Command. This Order is applicable to all active duty, reserve, and civilian personnel under the cognizance of the CG, MAGTFTC, MCAGCC.

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


M. H. CLINGAN

DISTRIBUTION: A

Reports Required

<u>REPORT TITLE</u>	<u>REPORT CONTROL SYMBOL</u>	<u>PARAGRAPH</u>
I. Report of Casualty	DD-1300	4b(1)(d)
II. DOD Suicide Event Report (DoDSER)	(https://dodser.t2.health.mil)	4b(1)(n) <u>6</u>
III. Warrior Preservation Status Report (WPSR)	MC-5100-05	4c(3)
IV. ANYMOUSE	MC 5100.06	4c(4)
V. U.S. Marine Corps GCASS, i.e., Aviation Command Safety Assessment, Aviation Maintenance Climate Assessment Survey System (MCAS) or Ground Safety Assessment Survey	MC-5100-07	4c(5)
VI. ORM Status Report	MC-5100-08)	4c(6)

Key Terms and Definitions

1. 1-1 - When a Marine/Sailor is instructed to watch the Servicemember.
2. 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 in integrated whole.
3. CCC - Community Counseling Center. An MCCA program under the Behavioral Health Branch or Marine and Family Services Division.
4. Crisis Management - Responding to unforeseen circumstances with no time to plan ahead.
5. Crisis Intervention - Intervention provided when a crisis exists to the extent that one's usual coping resources threaten individual or family functioning.
6. Depression - A mental state characterized by pessimistic sense of inadequacy and a despondent lack of activity.
7. DoDSER - Department of Defense Suicide Event Report.
8. Ethos - The distinctive spirit of a culture.
9. Intervention - The act of intervening (interfering so as to modify, etc.).
10. MCSPP - Marine Corps Suicide Prevention Program.
11. MIP - Marine Intercept Program.
12. Multidisciplinary - Several branches of medicine, science, or other professions working together toward common goals.
13. PCR - Personnel Casualty Report.
14. Postvention - Intervention after a suicide to aid the survivors.
15. Prevention - attempt to reduce occurrence of a problem.
16. Protection Factors - Any factor whose presence is associated with an increased protection from a disease or condition. Characteristics, variables and/or conditions present in individuals or groups that enhance resiliency, increase resistance to risk, and fortify against the development of a disorder or adverse outcome.
17. Risk - Exposure or vulnerability to harm, disease, or death.
18. Risk Factor - Attribute associated with the likelihood of suicide.
19. Risk Management - Effort to lessen exposure to liability or adverse outcome.
20. SIR - Serious Incident Report.

21. Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
22. Suicide Attempt - A non-fatal self-directed potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
23. Suicidal - In acute crisis with ideation, definite tendencies or an attempt to end one's own life.
24. Suicidal Behavior - Suicide attempts and completion.
25. Suicidal Ideation - Thoughts of engaging in suicide-related behavior.
26. Stressor - A precipitating factor.

Resources/Links

1. Military OneSource:

- a. <https://www.militaryonesource.mil/health-wellness/mental-health/>
- b. From the U.S.: 1(800)342-9647 (24/7/365)
- c. From outside the U.S.: 1(800)342-9647 or (703)-7599 (24/7/365)
- d. En Español: 1(800)342-9647 (24/7/365)
- e. TTY/TDD: 1(800)342-9647 (24/7/365)

2. Military Health:

<https://health.mil/Military-Health-Topics/Mental-Health/Mental-Health-Topics/Suicide-Prevention>

3. Veterans/Military Crisis Line:

- a. Call 988 or 1(800)273-8255 and press 1 (24/7/365)
- b. Send a text message to 838255

4. Marine Intercept Program - (760) 830-7277

Community Counseling Center, bldg.1438S

The Marine Intercept Program (MIP) is a voluntary program for Marines who are identified as having a suicidal ideation (SI) or a suicide attempt (SA). Identification occurs via Operations Event (OPREP-3) Serious Incident Report (SIR) and/or a Personnel Casualty Report (PCR). CCP counselors contact the Marine at days, 1, 3, 7, 14, 30, 60, and 90 after acceptance of MIP services. After each contact with the Marine, CCP counselor updates the unit CO, XO, or SgtMaj.

5. CALM: Counseling on Access to Lethal Means

Reducing access to lethal means, such as firearms and medication, can determine whether a person at risk for suicide lives or dies. This course is about how to reduce access to the methods people use to kill themselves. It covers who needs lethal means counseling and how to work with people at risk for suicide—and their families—to reduce access.

<https://zerosuicide.edc.org/resources/trainings-courses/CALM-course>.

6. safeTalk and ASIST

Offers valuable skills to everyone ages 15 and older and requires no formal training or prior experience in suicide prevention.

<https://livingworks.net/training/livingworks-safetalk/>.

Recognition Citation Example

Recognizing Exceptional Peer-To-Peer Suicide Intervention

CORPORAL DEV L. DAWG
UNITED STATES MARINE CORPS

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

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

References

- (a) MCO 1720.2A
- (b) MCO 3040.4
- (c) MCO 1700.29
- (d) MARADMIN 512/14
- (e) SECNAVINST 5211.5F
- (f) DoDI 6490.04
- (g) DoDI 6490.16
- (h) MARADMIN 073/14
- (i) DoDI 6490.08
- (j) MCO 5100.29C
- (k) HqBnO 5530.1C
- (l) CCO 5100.15R
- (m) MARADMIN 490/18
- (n) MARADMIN 188/17
- (o) MOA between MAGTFTC and CSG-15
- (p) NAVMC 1720.1A
- (q) DoDI 6400.09
- (r) CCO 1601.17K Ch 1
- (s) MCO 5351.1
- (t) MCO 3504.2A
- (u) MARADMIN 461/15
- (v) MCO 5351.1A
- (w) Brandon Act, Public Law 117-81, Section 704
- (x) SECNAV M-5210.1: Records Management Program
- (y) DoD Directive 1010.10
- (z) Leader's Guide to Managing Marines in Distress