



UNITED STATES MARINE CORPS  
HEADQUARTERS BATTALION  
MARINE CORPS AIR GROUND COMBAT CENTER  
BOX 788200  
TWENTYNINE PALMS, CA 92278-8200

BnO 1720.2A  
ADJ  
20 Nov 18

BATTALION ORDER 1720.2A

From: Commanding Officer  
To: Distribution List

Subj: COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) DoDD 6490.16  
(b) BnO 5530.1B  
(c) MCO 3504.2A  
(d) MCO 1720.2  
(e) MCO 3040.4  
(f) MARADMIN 073/14  
(g) MARADMIN 512/14  
(h) SECNAVINST 5211.5E  
(i) DoDI 6490.4  
(j) DoDI 6490.08  
(k) MCO 5100.29B  
(l) CCO 1720.16C

Encl: (1) Definitions  
(2) Example Recognition Citation  
(3) Resources and Links

Reports Required: I. Report of Casualty  
(Report Control Symbol DD-1300)  
II. Department of Defense Suicide Event Report  
(DoDSER) (<https://dodser.t2.health.mil>)

1. Situation

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

b. Engaged leadership assists early identification and intervention of stressors that detract from personal and unit readiness. Early identification and intervention enables the command to assist Marines, Sailors, and family members by reducing stressor burdens and maintain life without resorting to suicide.

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c. Implementing this Order requires integrating multidisciplinary capabilities to assist leaders in identifying "at-risk" Marines and provide access to tools and services which lessen their risk of suicide. All definitions applicable to this Order are explained in enclosure (1).

2. Cancellation: BnO 1720.2 dated 21 April 2016.

3. Mission. Provide local policy and procedural guidance for a suicide prevention program and intervention at all levels throughout Headquarters Battalion (HQBn).

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.

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

(c) Marines and Sailors should be shown that getting help for fellow Marines and Sailors 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 mission readiness.

(e) Peer-to-peer leadership is encouraged. Any time a Marine or Sailor is in distress; whether due to a relationship stressor, stress injury, financial crisis, or combat experience; it is everyone's responsibility to get that Marine or Sailor help.

(f) Support family members affected by suicide, HQBn will assess and facilitate awareness of available resources including properly trained medical personnel, base counseling services, and chaplain.

(g) The desired outcome of this Order is a proactive, efficient and effective plan to maintain the readiness of individual Marines, Sailors, and the battalion. It 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.

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(2) Concept of Operations

(a) Implementing this program reduces the risk of suicide for Marines, Sailors, dependents, and civilians; minimizes the adverse effects of suicidal actions on command readiness and morale; and preserves mission effectiveness.

(b) Medical personnel, chaplains, Family Service Center counselors, health promotion program leaders, substance abuse counselors, and the command suicide prevention program officer support the command with information in their areas of expertise, intervention services, and assistance in crisis management.

(c) Marines with personally owned weapons will store them in accordance with references (a) and (b).

1. Privately-owned weapons belonging to personnel not residing in quarters designated for eligible officer or enlisted personnel, such as base-housing, will be stored in the HQBn Armory, building 2144. It is highly recommended that Marines residing off-base store their privately-owned weapons in gun locks or in a secured safe.

2. Personnel who wishes to store their personal weapon(s) within the Battalion Armory must register the weapon(s) with the Provost Marshal Office (PMO) at the Vehicle Registration Office (VRO), Building 901, adjacent to the main gate. Physical possession of the weapon is not required to register. Following registration, the individual must submit a request through their respective company office to the Commanding Officer.

3. The Commanding Officer may direct a service member to store their weapon(s) in the HQBn Armory for reasons including: military protective orders, pending legal action, and upon recommendation from a mental health provider. Under these circumstances, the weapon(s) must also be registered with PMO.

4. In order for personnel to permanently withdraw personally owned weapons from the HQBn Armory, they must submit a request to the Commanding Officer via the S-4 Office.

(c) 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 be in compliance with reference (e). Failure to maintain the integrity of privacy policies undermines Marine and Sailor's trust in leadership, and deters them from seeking help for themselves and others.

b. Tasks

(1) Company Commanders and/or First Sergeants

(a) Ensure that the any Marine or Sailor who is at low/medium/high risk are reported to the Commanding Officer, added to the Force Preservation Council, and they are continuously monitored and

(b) Ensure all Marines and Sailors receive standardized annual suicide prevention training, coordinated by the S-3 shop.

(c) Ensure leaders who provide annual training attend the two day ASIST and the SafeTALK training provided by the Chaplain, they must demonstrate current knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

(d) Follow all procedures per references (a) and (c) for commander actions in screening, evaluation, disposition, and treatment of Marines and Sailors 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 uncontrolled 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?"

(e) In accordance with reference (a), ensure Marines and Sailors 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 competent medical authority. Ensure follow-up appointments are completed by the Marine or Sailor.

(f) Following a suicide, ensure ongoing needs assessment and facilitate access to required care as appropriate for those Marines and Sailors affected by the suicide.

(g) Recognize personal preventive and proactive efforts in suicide prevention. One manner is to publicly commend Marines and Sailors who have assisted others. For an example of language consistent with such a citation see enclosure (2).

(h) Welcome the Marine or Sailor back to the company, directorate, or section. Thoughtful reintegration of personnel treated for stress injury returned to duty will reduce future suicide risk and encourage others to engage helping services when needed.

(i) Ensure protection of confidentiality and protection of personally identifiable information.

(j) Ensure the Marine or Sailor following a suicide crisis is available to military and civilian authorities to complete appropriate investigations or inquiries into all cases of a suicide crisis.

(3) Suicide Prevention Program Officer

(a) The duties of the Suicide Prevention Program Officer (SPPO) are as an administrative and coordinating resource for HQBn.

(b) Coordinate with the Installation SPPO on all matters pertaining to the program.

(c) Ensure that all Marines receive suicide awareness training as part of the UMAPIT 2.0 annual training.

(d) 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) which involves UMAPIT and the Marine Intercept Program (MIP).

(d) 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 service members. 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 in accordance with reference (e). This includes undetermined deaths for which suicide has not been excluded by the medical examiner consistent with reference (b).

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(e) In all cases of a bona fide suicide, ensure the Investigating Officer of the Command Investigation or Preliminary Inquiry completes the DoDSER within 15 working days of the event.

(4) Executive Officer and/or Adjutant

(a) When a suicide gesture, ideation, attempt, or actual suicide occurs, report to Headquarters Marine Corps via voice report, Serious Incident Report (SIR) and/or Personnel Casualty Report (PCR), in accordance with reference (g).

(b) Coordinate with military and civilian authorities to complete appropriate investigations or inquiries into all cases of suicide crisis by Marines or Sailors.

(5) Section Officer-in-Charge and/or Senior Enlisted Advisor

(a) Ensure annual suicide prevention training is 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, training can also be scheduled through the S-3 shop.

(b) Ensure signed attendance rosters are submitted to the SPPO for records keeping.

(6) Individual Marines and Sailors

(a) Notify the Commanding Officer through the chain of command when it comes to your attention that you have a Marine or Sailor in crisis for suicide.

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

(c) Provide assistance, and immediately notify the chain of command if a fellow Marine or Sailor is observed experiencing distress or difficulty in addressing problems, or exhibiting behavior consistent with suicidal ideation.

(d) Seek assistance through the chain of command for support resources and enclosure (3), when experiencing distress or difficulty in addressing problems.

c. Coordinating Instructions

(1) Suicide prevention is an integral part of mission accomplishment and force preservation. Suicide prevention is not a single training event or activity; but a combination of engaged leaders at every level coupled with training. HQBn will conduct suicide prevention training in order to ensure all Marines understand their duty to get help for a fellow Marine in distress, develop the leadership skills to enhance risk identification and early intervention, and understand crisis management procedures. HQBn's program will include post-intervention service support to Marines and resources for families affected by the suicide of a service member.

(2) The Unit Casualty Assistance Command Representative (CACR) will ensure Staff Non-Commissioned Officers and commissioned officers have taken, at a minimum, Casualty Assistance Calls of Officers (CACO) online training and keep on file, the training certificate, in accordance with reference (e). This is to ensure that in the case of a casualty, the command has a pool of available Marines.

(3) Suicide Ideation. In the event a Marine or Sailor talks about hurting or killing him or herself, is contemplating suicide, or exhibiting any of the warning signs; take action. Never leave the Marine alone and escort the Marine to his or her Staff Non-Commissioned Officer in Charge. In after-hours situations, notify the chain-of-command immediately. The Marine or Sailor's leadership will go to the Marine or Sailor's location. The Marine or Sailor will be safeguarded until he or she can be transferred to appropriate medical professionals.

(4) Command Watch One-on-One (1-1) Monitoring Personnel

(a) Acknowledge that this is a difficult situation, whatever the Marine or Sailor is going through, and discuss being directed to be on 1-1 observation.

(b) Check the Marine or Sailor for potential hazards such as belts, glass objects, razors, etc.

(c) Observe the Marine or Sailor for signs of odd behaviors or psychosis and report these observations to Mental Health (MH). Such as: The Marine or Sailor seems to be talking to someone that is not there, responding to conversations when no one is talking (shaking head in agreement/disagreement).

(d) If they act irrational, become combative or non-compliant, call the Provost Marshal's Office at 911 or (760) 830-6800/6809/6810, for immediate transport to the Emergency Room.

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

(f) You will not allow the service member to go **ANYWHERE** without you or another assigned command escort. You must see the service member at all times. This includes using the head, shower, or anywhere else the service member may go.

(g) You will not leave the service member without ensuring that he or she has another command escort.

(h) You will not allow the service member access to any weapons, ammunition, or pyrotechnics. If someone tries to give them any of these items, you will ensure they do not have access to them and inform the Command Duty Officer/ and Staff Non-Commissioned Duty Officer.

(i) You will not encourage, recommend, provoke, or allow the service member to harm themselves or others. You will take all precautions minimizing potential embarrassment or stigma associated with these command watch responsibilities.

(j) During shift changes the service member being watched will not be left unattended.

#### 5. Administration and Logistics

a. A current list of suicide prevention resources can be viewed at: [https://www.manpower.usmc.mil/portal/page/portal/M\\_RA\\_HOME/MF/Behavioral%20Health/BH\\_Community%20Counseling%20and%20Prevention](https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention).

b. Distribution Statement "A" directives issued by the Battalion Commander will be distributed via email upon request and can be viewed at <http://www.29palms.marines.mil/units/headquartersbattalion/asp>.

#### 6. Command and Signal

a. Command. This Order is applicable to all active duty, reserve, and civilian personnel within HQBn.

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

  
S. A. EDWARDS

DISTRIBUTION: A

Definitions

1. 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.
2. Crisis Management - Responding to unforeseen circumstances with no time to plan ahead.
3. Crisis Intervention - Intervention provided when a crisis exists to the extent that one's usual coping resources threaten individual or family functioning.
4. Depression - A mental state characterized by pessimistic sense of inadequacy and a despondent lack of activity.
5. Ethos - The distinctive spirit of a culture.
6. Intervention - The act of intervening (interfering so as to modify, etc).
7. Multidisciplinary - Several branches of medicine, science, or other professions working together toward common goals.
8. Postvention - Intervention after a suicide to aid the survivors.
9. Prevention - attempt to reduce occurrence of a problem.
10. 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.
11. Risk - Exposure or vulnerability to harm, disease, or death.
12. Risk Factor - Attribute associated with the likelihood of suicide.
13. Risk Management - Effort to lessen exposure to liability or adverse outcome.
14. Suicide - Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.
15. 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.
16. Suicidal - In acute crisis with ideation, definite tendencies or an attempt to end one's own life.
17. Suicidal Behavior - Suicide attempts and completion.
18. Suicidal Ideation - Thoughts of engaging in suicide-related behavior.
19. Stressor - A precipitating factor.

Recognition Citation Example

Recognizing Exceptional Peer-To-Peer Suicide Intervention

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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 UPON 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

Resources/Links

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1. M&RA Behavioral Health Information: [https://www.manpower.usmc.mil/portal/page/portal/M\\_RA\\_HOME/MF/Behavioral%20Health/BH\\_Community%20Counseling%20and%20Prevention](https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention)
2. Military OneSource:
  - a. [http://www.militaryonesource.mil/f?p=MOS3:SEARCH:0::::P10\\_SEARCH:suicide](http://www.militaryonesource.mil/f?p=MOS3:SEARCH:0::::P10_SEARCH:suicide)
  - b. From the U.S. 1(800) 869-0278
  - c. From outside the U.S. (where available) 1(800) 869-0278
  - d. En Español: 1(888) 732-9020
  - e. TTY/TDD: 1(800) 346-9188
3. Post-Traumatic Stress Disorder:
  - a. <http://dcoe.health.mil>
  - b. email: [Resources@DCoEOutreach.org](mailto:Resources@DCoEOutreach.org)
4. Military Crisis Line 1(800) 273-8255 press 1 (24/7)
5. DSTRESS LINE 1(877) 476-7734 (24/7) (Completely Anonymous)