



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

BnO 1720.2C  
CO  
16 Jun 25

BATTALION ORDER 1720.2C

From: Commanding Officer  
To: Distribution List

Subj: COMMAND SUICIDE PREVENTION PROGRAM

Ref: (a) MCO 1720.2  
(b) MCO 3040.4  
(c) MARADMIN 512/14  
(d) SECNAVINST 5211.5E  
(e) DoDI 6490.4, "Mental Health Evaluations of Members of the Military Services," March 4, 2013  
(f) DoDD 6490.14, "Defense Suicide Prevention Program," June 18, 2013  
(g) MCO 3504.2A  
(h) MARADMIN 073/14  
(i) DoDI 6490.08, "Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members," August 17, 2011  
(j) MCO 5100.29B  
(k) CCO 1720.16A  
(l) MCO 1700.29  
(m) MARADMIC 490/18  
(n) MARADMIN 188/17  
(o) NAVMC 1720.1A  
(p) MCO 5351.1  
(q) MARADMIN 463/23

Encl: (1) Definitions, Resources, and Links  
(2) Example Recognition Citation  
(3) Combat Operational Stress Continuum  
(4) Department of Defense Suicide Event Report Procedures  
(5) Headquarters Battalion Crisis Response and Reintegration Plan  
(6) OPREP-3 SIR Example  
(7) Required Reporting Instructions

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 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.

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c. Implementation of this Order requires integrating multidisciplinary capabilities to assist all commanders in creating local suicide prevention programs in all units and directorates. All definitions applicable to this Order are explained in enclosure (1).

2. Cancellation: BnO 1720.2B

3. Mission. In accordance with the references, provide local policy and procedural guidance for a suicide prevention program and intervention at all levels throughout Headquarters Battalion (HQBn) when facing a suicidal crisis.

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 the responsibility of everyone to get that Marine or Sailor help.

(f) 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.

(g) 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. Effective leadership continuously monitors stressors and recognizes when a fellow Marine is at risk for suicide, or experiencing critical stressors or stress injuries.

4. Treat. Leaders must ensure that full and adequate course of treatment is available for Marines.

5. Reintegrate. 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.

## (2) Concept of Operations

(a) Implementing 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.

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

### b. Subordinate Element Tasks

#### (1) Company Commanders, Officers in Charge, and Noncommissioned Officers-in-Charge

(a) In regard to a Marine who has been deemed at risk for harm to themselves or others, ensure that the Marine/Sailor's respective directorate (assistant chief of staff, special staff officer, or officer-in-charge) and company is informed of the Marine/Sailor's status and provide any further instructions to assist the Marine/Sailor.

(b) Ensure all Marines/Sailors receive standardized annual suicide prevention training utilizing the Universal Marine Awareness and Prevention Integrated Training (UMAPIT) curriculum.

(c) Ensure leaders who provide annual training 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 (f) and (g) for commander actions in screening, evaluation, disposition, and treatment of all Marines/Sailors deemed at risk for harm to themselves or others. Per reference (a), some recommended specific questions to assess suicide potential are:

1. Ideation: "Are you having thoughts of suicide or of dying Have you had them in the past?"

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

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

4. Behaviors. "Have you taken any suicide actions on yourself? For example, obtaining a weapon with which to kill yourself?"

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

(e) In accordance with reference (a), ensure all Marines/Sailors who engage in suicide related behavior and are at risk to themselves or others are kept in sight and escorted to an evaluation with the appropriate healthcare provider. Ensure appropriate follow-up appointments are completed by the referred Marine/Sailor. If a Marine or family member is at risk, reference enclosure (5).

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

(g) To support family members affected by suicide, facilitate awareness of available resources, including properly trained medical personnel, available base counseling services and the chaplain. Assess and facilitate support for family members.

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

(i) 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 (b). This includes undetermined deaths for which suicide has not been excluded by the medical examiner consistent with reference (b). This report is due within 15 working days of the event.

(j) 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 (2).

(k) Publicly or privately welcome Marines or Sailors involved in suicidal events back to the company, directorate, and/or 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 when needed.

## (2) All Leaders

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

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

4. Behaviors. "Have you taken any suicide actions on yourself? For example, obtaining a weapon with which to kill yourself?"

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

(e) In accordance with reference (a), ensure all Marines/Sailors who engage in suicide related behavior and are at risk to themselves or others are kept in sight and escorted to an evaluation with the appropriate healthcare provider. Ensure appropriate follow-up appointments are completed by the referred Marine/Sailor. If a Marine or family member is at risk, reference enclosure (5).

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

(g) To support family members affected by suicide, facilitate awareness of available resources, including properly trained medical personnel, available base counseling services and the chaplain. Assess and facilitate support for family members.

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## (2) All Leaders

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

(b) Ensure the Marine/Sailor who engages in suicide related behavior or who are at risk for harm to self or others are kept in sight and escorted to the commanding officer.

(c) Ensure the Marine/Sailor attends all treatment and follow-up services.

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

(e) Ensure the Marine/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.

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

(g) Ensure that Marines/Sailors understand the procedures to request a referral for a mental health evaluation, in accordance with the Brandon Act. More details can be found in reference Q.

(h) Publicly or privately welcome the Marine or Sailor back to the directorate. 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.

### (3) Suicide Prevention Program Officer

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

(b) Coordinate with the Installation Suicide Prevention Program Officer 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) 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) S-1

(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); references (a), (h), and (i).

(b) Ensure the Incident Report recall roster is updated as needed and posted on the outside of the S-1 hatch.

### (5) OSCAR Team Members

(a) Attend OSCAR Team Training to become a certified OSCAR Team Member.

(b) Assist the Battalion Commander in preventing, identifying, and managing combat and operational stress issues.

(c) Conduct discussions with Marines concerning stress reactions and reduce stigma associated with seeking behavioral health assistance.

(d) Refer Marines to OSCAR Extenders when encountering a Marine or Sailor with stress issues beyond the ability to assist.

(e) Support the conduct of COSC-relevant training. This includes deployment-orientated training and unit training at all levels.

(f) Promote command climate by identifying stressors, supporting Marines and Sailors, advising leadership about stressors.

(6) 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 Marine/Sailor is observed to be experiencing distress or difficulty in addressing problems or exhibiting behavior consistent with suicidal ideation.

(c) Seek assistance through the chain of command for support resources and enclosure (1), when experiencing distress or difficulty in addressing problems.

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

c. Coordinating Instructions

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

(2) Personnel placed on Command Watch by the Emergency Room Staff

(a) Acknowledge that this is a difficult situation, whatever they are going through, as well as being directed to be on 1-1 observation.

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

(c) Report signs of odd behaviors/psychosis and report to Mental Health (MH) these observations.

(d) Seems to be talking to someone that is not there, responding to conversations when no one is talking.

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

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

(g) 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.

(h) You will not allow the service member 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.

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

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

(3) Safe Storage of Privately Owned Firearms and Medication

(a) Marines and Sailors living on base are permitted to keep their firearms in their home as long as they are unloaded, on safe, and locked in a safe or box designed for that weapon. Marines and Sailors living in the bachelor enlisted quarters are required to keep personal firearms in the Battalion armory and are forbidden to keep their personal firearms in their barracks room.

(b) Marines and Sailors living off base must familiarize themselves with the local law regarding the safe storage of firearms. Information regarding California law on storing firearms can be found at this web address: <https://oag.ca.gov/firearms/tips>

(c) Lethal amounts of medication should never be kept at hand. Medication at home will be locked in a box or container. Medication lock boxes are available online and can be purchased at pharmacies. Outdated or medication that is no longer needed should be disposed of at your nearest pharmacy. Be aware of the dangers of keeping alcohol in your home when medication is present. Drinking alcohol while taking medication can be lethal and impact an individual's judgment.

5. Administration and Logistics

a. A current list of overall suicide prevention resources can be viewed at: [https://www.manpower.usmc.mil/portal/page/portal/M\\_RA\\_](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/aspx>.

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.

ROLLINS.NATHAN.M      Digitally signed by  
ARCUS.1266309720      ROLLINS.NATHAN.MARCUS.1266  
309720  
Date: 2025.06.16 12:57:18 -07'00'

N. M. ROLLINS