



UNITED STATES MARINE CORPS

2D MARINE LOGISTICS GROUP
U.S. MARINE CORPS FORCES COMMAND
PSC BOX 20002
CAMP LEJEUNE, NORTH CAROLINA 28542-0002

IN REPLY REFER TO:
2dMLGO 1754.1E
AC/S G-7/Insp
9 Apr 08

2d MARINE LOGISTICS GROUP ORDER 1754.1E

From: Commanding General
To: Distribution List

Subj: 2D MARINE LOGISTICS GROUP (MLG) SUICIDE AWARENESS
AND PREVENTION PROGRAM

Ref: (a) SECNAVINST 6320.24A
(b) MCO P3040.4E
(c) MILPERSMAN 1770-090
(d) MILPERSMAN 1770-120
(e) Department of Defense Suicide Event Report
(DODSER)
(f) 2d MLGO 5041.1K

Encl: (1) Program Purpose, Concept and Guidance
(2) MarAdmin 147/08

1. Situation. On average, the Marine Corps loses two Marines to death by suicide every month. Many more attempt suicide or have thoughts of killing themselves. Suicidal behavior reduces our readiness for battle. As Marines, we must respond to suicidal behavior and assist our fellow Marines and Sailors who are suffering.

2. Cancellation. GruO 1754.1D

3. Mission

a. Commanders Intent. It is my intent that each 2d MLG Regimental, Battalion and Combat Logistics Company Commander, establish and maintain a viable and effective Suicide Awareness and Prevention Program.

b. Concept of Operations and Tasks

(1) Command Inspector

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AND PREVENTION PROGRAM

(a) Serve as the principal advisor to the Commanding General on all unit Suicide Awareness and Prevention Program matters.

(b) Inspect each units' Suicide Awareness and Prevention program during the execution of the Commanding Generals Inspection Program.

(2) Regimental, Battalion, and Combat Logistics Company Commanders. Establish and maintain a viable and effective unit Suicide Awareness and Prevention Program. The guidance provided in enclosure (1) of this order is provided to assist you in this effort.

4. Administration and Logistics

a. Regimental Commanders, Battalion Commanders, and Assistant Chiefs of Staff will ensure that all 2d MLG personnel are familiar with the contents of this order.

b. Recommendations regarding the content of this order are invited. Appropriately endorsed recommendations should be forwarded to the Commanding General (Attn: AC/S G-7).

5. Command and Signal

a. Signal. This order is effective on the date signed.

b. Command. This order is applicable to the 2d Marine Logistics Group.



W. M. FAULKNER
By Direction

DISTRIBUTION: A

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PROGRAM PURPOSE, CONCEPT AND GUIDANCE

1. Purpose. To establish a robust community based approach to reducing suicidal behavior in the 2d MLG. This program integrates multidisciplinary capabilities to assist commanders in implementing their own command programs that reflect the best practices in suicide prevention. Suicide deaths and other non-fatal suicidal behavior often occur in association with stressors that are largely preventable. These stressors include relationship problems, alcohol abuse, and depression. Command suicide awareness and prevention programs should emphasize the importance of early identification and intervention for problems that detract from personal and unit readiness. Additionally these programs should emphasize the importance of data collection and analysis to continually inform, evaluate and refine individual unit and Corps-wide prevention efforts.

2. Program Concept and Elements. Command suicide awareness and prevention programs should include, but are not limited to the following elements:

a. Leadership

(1) Leaders will emphasize the importance of their suicide awareness and prevention program by regularly distributing troop information materials that highlight elements of the program. Such information will be circulated throughout the command not less than annually, and more often as determined appropriate or necessary.

(2) Leaders will encourage Marines and Sailors to seek assistance from mental health resources, chaplains and counselors as necessary. This will improve war fighting readiness. Leaders will behave in ways that clearly demonstrate to their Marines and Sailors that seeking help to overcome personal problems and other stressful life events is sound judgment. And that seeking help leads to success in war fighting, career progression, and life.

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(3) Commanding Officers will appoint a Marine or Sailor from their unit to act as the Suicide Awareness and Prevention Coordinator (SAPC). The SAPC will assist the Commanding Officer to ensure that the suicide awareness and prevention program is fully implemented. The following guidelines apply to the duties of the SAPC:

(a) The SAPC position is an additional duty. They are responsible for coordination of all elements of the suicide awareness and prevention program.

(b) The SAPC will act as the unit subject matter expert on USMC suicide awareness and prevention resources and guidance.

(c) The SAPC does not replace the roles that chaplains, medical personnel and other trainers have traditionally fulfilled. Instead, they act to coordinate the implementation of all aspects of the command suicide awareness and prevention program.

(d) The SAPC should conduct random checks to see if unit training is effective in accomplishing it's desired goal. That goal should be increased awareness of identification factors, protective factors and referral information. To accomplish this, surveys or other appropriate inventive means may be used. The information gained should be used to influence the scheduling of unit suicide awareness and prevention training.

(e) It is recommended that the unit executive officer be assigned the additional duty of SAPC.

b. Community Based Awareness and Prevention Program

(1) A unit suicide awareness and prevention program should be based on a public health model of suicide prevention that involves the entire Camp Lejeune and Marine Corps community. In short, it is the job of every Marine and Sailor to help prevent suicide.

(2) The unit suicide awareness and prevention program is owned by the commanding officer and coordinated by the SAPC. There are however, numerous other personnel and agencies involved in suicide prevention. Each of them may be called upon to provide guidance and subject matter expertise to the commanding officer and SAPC. These subject matter experts include but are not limited to the following:

- (a) Unit chaplain and religious program specialist.
- (b) Unit Medical Officer and Corpsman.
- (c) Unit Substance Abuse Control Officer.
- (d) USMC and Camp Lejeune MCCS resources.

c. Suicide Awareness and Prevention Education Plan

(1) At a minimum, the following should be included in a units suicide awareness and prevention education plan.

- (a) Suicide nomenclature (DoD/USMC approved definitions)
- (b) Continuum of suicidal thoughts and acts
- (c) Personal and Community responsibility
- (d) Early identification
 - 1. Risk factors
 - 2. Warning signs
- (e) Protective factors

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- (f) Referral of at-risk personnel
 - 1. Resources for referral
 - 2. Process of referral
- (g) Restricting access to means
- (h) Impact of suicidal acts on individual, family, and unit readiness
- (i) Successful interaction with medical Community
- (j) Postvention

d. Unit/Community Education/Training

(1) This training is intended to build resilience and prevent suicidal behaviors. It is in fact, a career long endeavor that involves numerous life skills.

(2) Commanders will ensure that a continuum of training is provided to all Marines and Sailors in their unit.

(3) A minimum of one training period each year will be focused solely on suicide prevention. This training is best conducted face to face and in small groups to encourage interaction.

(4) Training may be conducted by any of the following qualified individuals available to the unit.

(a) Health Promotions Specialist (MCCS/Semper Fit)

(b) Suicide Prevention Specialist (Community Counseling Center)

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- (c) Chaplain and/or Religious Program Specialist
- (d) Medical Officer and/or Corpsman
- (e) Suicide Awareness and Prevention Coordinator

(5) Additional training should be scheduled that addresses other safety, healthy lifestyle, or life skills issues. It is recommended that suicide awareness and prevention be included in a minor role. [For example, during a safety stand-down, attention may be briefly called to awareness of suicide warning signs and looking out for your fellow Marines, or during financial fitness training it may be discussed that financial concerns are one of the more commonly associated stressors related to deaths by suicide].

(6) Additional training sessions that address social skills, social networking and social support should be documented by the Suicide Awareness and Prevention Coordinator as resiliency training regardless of whether suicide prevention was specifically addressed. A successful Suicide Awareness and Prevention Program is one that increases resiliency through improving protective factors which includes social support. The best programs will document all of the above elements of training. An example of this would be a CREDO retreat.

e. Crisis Intervention Plan and Risk Management

(1) All units will maintain written standard procedures to be followed in the event a Marine, Sailor or civilian marine is identified as at-risk for suicidal acts. Command-level plans should highlight measures to facilitate crisis care consistent with reference (a) and to restrict access of at-risk personnel to means that can be used to inflict harm to themselves or others. At a minimum these procedures should include:

- (a) Safety protocols
- (b) Referral to assistance agencies (e.g. emergency room, BAS, etc.)
- (c) Telephone notification protocol
- (d) Transportation protocols
- (e) Restriction plan for access to weapons or other means of suicide
- (f) Suicide watch protocols

f. Counseling and Treatment

(1) At Camp Lejeune there are many services and programs available that support the resolution of personal, family, and mental health issues that may lead to suicidal acts. There are numerous options available for our Marines, Sailors and their dependents. Different resources are available for varying degrees of distress and need.

(2) It is the responsibility of the command to provide access to, and encourage participation in counseling and treatment services for all Marines, Sailors and dependents in distress. Assistance agencies may include, but are not limited to, any of the following:

- (a) Marine Corps Community Services Counseling
- (b) New Parent Support Program
- (c) Financial Counseling Services
- (d) Chaplain Services
- (e) Battalion Aid Station
- (f) Mental Health Clinic/Behavioral Health Clinic

(g) Local Emergency Department

(3) 2d MLG unit commanders should ensure that their Marines and Sailors are offered adequate time for follow-up with service providers once they have sought assistance for distressing life circumstances.

(4) Marines and Sailors should be encouraged to seek assistance to resolve personal problems. Therefore, those who avail themselves to counseling and treatment services, and remain fit for duty, should not be discriminated against in any way, to include pejorative evaluations and assignments.

g. Postvention Services

(1) A suicidal act, which may include a suicide attempt or a suicide, has an inevitable impact on both the family and unit of the Marine or Sailor. Further, the death of a Marine or Sailor by suicide increases the risk of future suicide attempts by immediate family members and may increase the risk of suicidal acts by other Marines or Sailors in the unit. Suicide postvention services are the first step in prevention for survivors.

(a) It is the responsibility of the unit to provide sensitive family support to dependents and, as practical, to non-dependent immediate family members.

1. Units will assign Casualty Assistance Calls Officers (CACO) in accordance with reference (b) to ensure family support and access to appropriate survivor benefits.

2. Units will ensure that adequately trained medical personnel, MCCS counselors, and/or chaplains assess needs and facilitate requirements for supportive interventions for surviving family members.

(b) It is the responsibility of the Commanding Officer to ensure the continuing readiness of Marine Corps units following a suicide attempt or death by suicide of a Marine.

(1) Units will ensure that adequately trained medical personnel, MCCA counselors, or chaplains assess the needs and facilitate supportive interventions required by other Marines or Sailors affected by the suicide.

(2) Units will conduct ongoing needs assessment for unit survivors after a suicidal act. They will also encourage help seeking behavior and provide access to supportive services as required.

h. Casualty Reports and Trend Analysis

(1) The development of effective prevention resources are dependent on a clear understanding of Marine Corps specific risk factors, warning signs, and protective factors. This can only be accomplished through the timely, accurate and thorough reporting of suicidal acts to higher authority. This allows the HQMC Marine Corps Suicide Awareness and Prevention Program personnel to conduct trend analyses and research. This in turn will assist in improving future prevention efforts and keep our Marines and Sailors alive and ready for battle.

(a) All self-harming behavior, suicide attempts, and suicides, are reportable to HQMC via a Personnel Casualty Report (PCR). Reference (b) applies. Suicidal ideations, plans and threats are not reportable, but should be tracked at the unit level to better understand the trends that may indicate increased risk for Marines or Sailors in distress to make a suicide attempt or die by suicide.

(b) Following all active duty suicides and/or undetermined deaths for which suicide has not been excluded by the medical examiner consistent with reference (c) and (d), commands are required to complete reference (e), the Department of Defense Suicide Event Report (DODSER). The DODSER was designed to standardize the review and reporting process on suicidal behavior among Marine Corps personnel and across the Department of Defense. Commanding Officers should maintain copies of medical, dental, and service records to aid in the thorough completion of the DODSER.

Information provided in the DODSER is used to better understand suicidal behavior and to improve suicide prevention education and policy. Enclosure (2) provides details.

i. Readiness Inspections

(1) A death by suicide or a non-fatal suicidal act reduces the Marine Corps' readiness for battle. To ensure continuing readiness, the inspection of unit suicide awareness and prevention programs is integral to maintaining mission readiness.

(a) The unit Suicide Awareness and Prevention Program is an inspectable item, and is included in the Commanding General's Inspection Program (CGIP). Reference (f) applies.

(b) The Commanding General, 2d MLG expects his commanders to maintain viable, mission supporting, Suicide awareness and Prevention Programs.

DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT

Date Signed: 2/28/2008

MARADMIN Number: 147/08

R 272015Z FEB 28 2008

UNCLASSIFIED//

MARADMIN 147/08

MSGID/GENADMIN/CMC WASHINGTON DC/MR//

SUBJ/DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT//

POC/CHRISSEY BRUCE/NF-4/UNIT:MRS-4/-

/EMAIL:CHRISTINA.BRUCE@USMC.MIL

/TEL:703-432-9488//GENTEXT/REMARKS/

1. EFFECTIVE 1 JANUARY 2008, THE DEPARTMENT OF DEFENSE SUICIDE EVENT REPORT (DODSER) REPLACED THE DEPARTMENT OF THE NAVY SUICIDE INCIDENT REPORT (DONSIR) AS THE REQUIRED DOCUMENT FOR REPORTING SUSPECTED DEATHS BY SUICIDE IN THE MARINE CORPS.
2. THE DODSER IS REQUIRED IN THE EVENT OF A CONFIRMED SUICIDE AND AN UNDETERMINED MANNER OF DEATH WHERE SUICIDE IS A SUSPECTED POSSIBILITY. THE DODSER WAS DESIGNED TO STANDARDIZE THE REVIEW AND REPORTING PROCESS ON SUICIDAL BEHAVIOR AMONG MARINE CORPS PERSONNEL AND ACROSS THE DEPARTMENT OF DEFENSE. IN THE EVENT OF A SUSPECTED SUICIDE, PLEASE CONTACT THE POC LISTED ABOVE TO OBTAIN A COPY OF THE DODSER.
3. EFFECTIVE COMPLETION OF THE DODSER REQUIRES A COLLABORATIVE EFFORT BY LINE, MEDICAL, AND OTHER STAFF. THE INFORMATION WILL BE USED TO IDENTIFY RISK FACTORS TO ASSIST COMMANDERS IN TARGETING AND IMPROVING LOCAL SUICIDE PREVENTION EFFORTS. THE DATA COLLECTION PROCESS FOR THE DODSER IS A MEANS TO IMPROVE RISK MANAGEMENT, NOT AN INVESTIGATIVE PROCEDURE TO DETERMINE NEGLIGENCE OR ACCOUNTABILITY IN CASES OF CONFIRMED OR SUSPECTED SUICIDE.
4. MAJOR COMMAND POLICY WILL DETERMINE THE COMMAND LEVEL AT WHICH THE DODSER WILL BE COMPLETED. SUPPORTING INPUT SHOULD BE SOUGHT FROM THE CO/XO, MEDICAL OFFICER, MENTAL HEALTH PROVIDER, CHAPLAIN, CACO, PMO, AND PERSONNEL SERVICES. INPUT SHOULD ALSO BE SOUGHT FROM THE DECEDENT'S SUPERVISOR AND CO-WORKERS. COORDINATION OF INPUT TO COMPLETE THE DODSER WILL BE DETERMINED BY THE COMMAND.
 - A. WITHIN 3 WORKING DAYS OF TRANSMITTING THE INITIAL PERSONNEL CASUALTY REPORT (PCR), THE COMMAND SHALL APPOINT A MARINE OFFICER AND SUPPORTING TEAM TO COLLECT, EXAMINE, AND RECORD INFORMATION REQUIRED BY THE DODSER.
 - B. WITHIN 15 WORKING DAYS OF THE INITIAL PCR, THE COMMAND

ENCLOSURE (2)

SHALL TRANSMIT THE COMPLETED DODSER TO HQMC VIA THE POC IDENTIFIED IN THIS MESSAGE. ADDITIONAL INFORMATION MAY BE FORWARDED AS IT BECOMES AVAILABLE (E.G., TOXICOLOGY REPORTS). THE TIME LIMIT IS INTENDED TO FACILITATE COLLECTION OF DATA THAT IS IMMEDIATELY AVAILABLE AND THEREBY NOT BURDEN THE COMMAND WITH AN OPEN-ENDED AND EXHAUSTIVE DATA COLLECTION PROCESS. THE QUESTIONS ON THE DODSER BECOME MORE DIFFICULT TO COMPLETE THE MORE TIME PASSES AND RECORDS BECOME UNAVAILABLE.

5. RELEASE AUTHORIZED BY MR. TIMOTHY R. LARSEN, DIRECTOR, PERSONAL AND FAMILY READINESS DIVISION.//

ENCLOSURE (2)