



UNITED STATES MARINE CORPS

III MARINE EXPEDITIONARY FORCE

UNIT 35601

FPO AP 96606-5601

AND

MARINE CORPS BASES JAPAN

CAMP SMEDLEY D. BUTLER, OKINAWA

UNIT 35001

FPO AP 96373-5001

III MEF/MCBJO 1720.2

G7
28 NOV 2007

III MARINE EXPEDITIONARY FORCE/MARINE CORPS BASES JAPAN ORDER 1720.2

From: Commanding General, III Marine Expeditionary Force
Commander, Marine Corps Bases Japan
To: Distribution List
Subj: SUICIDE PREVENTION PROGRAM

Ref: (a) MCO P3040.4E
(b) OPNAVINST 1720.4
(c) MCO P1700.24B
(d) MCO P1700.27B

Encl: (1) Suicide Awareness and Prevention Assistance Agencies
(2) Suicide Program Instructions and Orders

1. Situation. Suicides and suicidal events destroy families, adversely affect command readiness and morale, rob U.S. forces of valuable personnel, and degrade our warfighting capability. The most important asset in combating this problem is the individual Marine and Sailor. It is imperative that every preventive measure be taken to assist them in times of distress.

2. Mission. To ensure that all suicide prevention programs are effectively coordinated across the III Marine Expeditionary Force (MEF) and Marine Corps Bases Japan (MCBJ) spectrum, that all commanders are aware of the programs available to assist their Marines and Sailors, and that all Marines and Sailors requiring help receive appropriate and timely assistance.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. The purpose of the III MEF/MCBJ Suicide Prevention Program is to establish a method of facilitating active command involvement in suicide prevention, treatment, and tracking, developing a mutually supportive network of the suicide awareness and assistance agencies involved. Each command will develop a suicide prevention program and ensure that all applicable

orders and directives are implemented and followed. The III MEF/MCBJ Suicide Prevention Council will provide assistance and oversight as required. The end state is elimination of suicidal events by encouraging leaders at all levels to take necessary steps to create and sustain a climate of risk awareness, on judgmental assistance, and individual Marine/Sailor responsibility for those in need.

(2) Concept of Operations. The III MEF/MCBJ Suicide Prevention Program will focus on training and education, identifying potential high-risk behaviors associated with suicide. It will implement means to track suicides, suicide events and training within the III MEF/MCBJ, complying with required reporting of suicidal events per reference (a). The III MEF will also establish a Suicide Prevention Council chaired by the III MEF Assistant Chief of Staff (AC/S), G-7. This council will consist of representatives from the III MEF and MCBJ Major Subordinate Commands (MSCs), Major Subordinate Elements (MSEs) and agencies dealing regularly with suicide prevention and training programs, reporting and tracking of suicides and suicidal events, and providing mental health and access to spiritual care. This council will meet quarterly to review suicidal events, analyze trends, make recommendations for preventive action, and ensure that adequate suicide awareness programs are provided throughout the III MEF and MCBJ. This council will also provide data for inclusion in the III MEF Quarterly Readiness Brief (QRB).

b. Tasks

(1) MSC and MSE Commanders

(a) Assign a Suicide Awareness Program Coordinator (SAPC) to establish and oversee the command suicide awareness and prevention program with appropriate emphasis on annual awareness and prevention training, per references (b), (c) and (d). The SAPC will track referrals, treatment, and follow-up care of individual Marines and Sailors. This billet will be held by a Staff Noncommissioned Officer (SNCO) or Officer.

(b) Comply with required reporting of suicides and suicidal events, per reference (a), and provide a copy to the III MEF AC/S, G-1 and AC/S, G-7.

(c) The MSC and MSE SAPC will work directly with the Operational Stress Control and Readiness (OSCAR) Team and the U.S. Naval Hospital Okinawa (USNH) Mental Health Department to facilitate continuity of care and to identify the specific needs of their respective commands.

(d) Ensure medical professionals, chaplains and support personnel coordinate services, and track counseling and follow-on care. Close coordination between these two agencies will ensure accurate and thorough tracking of suicide events. The III MEF MSC

and MCBJ Religious Ministry Teams (RMTs) will collect their suicide-related counseling statistics monthly as requested by the III MEF Chaplain and forward them to the III MEF Chaplain Office with a copy to MCBJ Chaplain Office.

(2) III MEF/MCB AC/S, G-1

(a) Provide a representative to serve on the III MEF Suicide Prevention Council.

(b) Report suicides, attempts and gestures per reference (a), and ensure all suicide-related Personnel Casualty Reports (PCRs) and Department of the Navy Suicide Incident Reports (DONSIRs) are forwarded to the III MEF AC/S, G-7 for tracking purposes. These reports will not be released to any parties outside of the III MEF/MCBJ Suicide Prevention Council.

(3) III MEF AC/S, G-7

(a) Serve as the III MEF Suicide Prevention Program Coordinator (SAPC).

(b) Ensure the proper training of all MSC/MSE Command Suicide Awareness Program Coordinators.

(c) Chair the III MEF/MCBJ Suicide Prevention Council.

(d) Consolidate reports on suicide events, training and counseling from the III MEF/MCBJ Suicide Prevention Council to be included in the III MEF QRB.

(e) Appoint additional representatives to serve on the III MEF/MCBJ Suicide Prevention Council as deemed necessary.

(f) Brief the Commanding General (CG), III MEF and MCB on at least a quarterly basis. Provide an update on all aspects of current suicide events and reporting of ongoing Suicide Prevention Council initiatives with programs and resources, in the execution of the council's assistance and oversight responsibilities.

(4) III MEF Surgeon

(a) Serve on the III MEF/MCBJ Suicide Prevention Council.

(b) Ensure all Medical Services personnel are well-versed in suicide awareness and prevention training. Assist Marine Corps Community Services (MCCS) personnel in providing training to units on an as-needed basis.

(c) Provide liaison between the USNH and the III MEF/MCBJ Suicide Prevention Council. Coordination between the various medical

specialties will ensure accurate tracking and reporting of suicide events.

(d) Coordinate with the USNH Mental Health Department to provide a representative to serve on the III MEF/MCBJ Suicide Prevention Council.

(e) Work with the G-1 to ensure accurate tracking of personnel requiring initial and follow-on medical treatment. Also provide the III MEF/MCBJ Suicide Prevention Council a quarterly update of the number of personnel treated for suicide events.

(5) III MEF Chaplain

(a) Act as Deputy Chairman of the III MEF/MCBJ Suicide Prevention Council.

(b) Ensure all Religious Services personnel are well-versed in suicide awareness and prevention training. Assist MCCS personnel in providing this training to units on an as-needed basis.

(c) Provide the III MEF/MCBJ Suicide Prevention Council a quarterly update of MSC/MSE Religious Ministry Teams' counseling statistics specifically dealing with suicide attempts, ideations, and gestures. These statistics will be used to help identify III MEF-wide trends.

(6) 3d Marine Division (MarDiv) OSCAR Team

(a) Provide a representative to serve on the III MEF/MCBJ Suicide Prevention Council.

(b) Work in conjunction with the III MEF Surgeon and G-1 to ensure accurate tracking of personnel requiring initial and follow on medical treatment, and provide the III MEF Suicide Prevention Council a quarterly update of the number of personnel treated for all suicide events.

(7) MCCS, Marine and Family Services Branch, Counseling and Advocacy Program

(a) In accordance with references (c) and (d), provide annual and requested suicide awareness and prevention training to all units within the III MEF and MCBJ.

(b) Assist commanders at all levels with developing suicide prevention programs within their commands.

(c) Provide a representative to serve on the III MEF Suicide Prevention Council.

(d) Develop a quarterly Suicide Prevention and Awareness Training Tracking Report of MCCS suicide brief activity to be included in the III MEF QRB for command visibility on suicide awareness training.

(8) MCBJ Spiritual Fitness Center Chaplain's Religious Enrichment Development Organization

(a) Provide a representative to serve on the III MEF/MCBJ Suicide Prevention Council.

(b) Develop a one-day event to specifically address high-risk behavior, character building, stress management, ethical decision-making, building better relationships and cultivating healthy life-style habits, alcohol and substance abuse, etc. This event will be offered at least quarterly, and more frequently as required, throughout the III MEF.

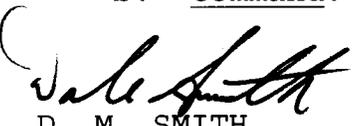
(c) Provide support to MSC/MSE commanders in development of command Suicide Prevention Programs.

4. Administration and Logistics. This Order provides guidance in the development of command Suicide Awareness Programs, supplementing Department of Defense (DoD), Navy, and Marine Corps directives, instructions, and applicable Force Orders. In order to protect the confidentiality of Marines and Sailors, at no time will individual names be used while reporting statistics and trends in the QRB. Enclosure (1) provides a list of support agencies to assist commands with suicide prevention and counseling.

5. Command and Signal

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

b. Command. Ensure widest dissemination of this Order.


D. M. SMITH
Chief of Staff
MCBJ


C. S. DUNSTON
Chief of Staff
III MEF

DISTRIBUTION:
III MEF LIST I, II
MCBJ LIST A

Suicide Awareness and Prevention Assistance Agencies

IN AN EMERGENCY, DIAL: 098-911-1911 from off base or 911 from on base.

1. Operational Stress Control and Readiness (OSCAR). OSCAR is the integration of behavioral health specialists and specially trained Staff Noncommissioned Officers (SNCO) into the active Marine Divisions to provide early intervention and reduce the effects of combat stress. Okinawa point of contact (POC): Defense Switch Network (DSN) 622-9724 or 622-9548.

2. Counseling and Advocacy Program and Military One Source. The Marine Corps Community Services (MCCS) Counseling and Advocacy Program has a staff of licensed credentialed clinicians available to provide assessment, referral, and treatment to individuals in distress. Also, the program staff includes prevention specialists to provide briefs, trainings and workshops to units, on a broad range of topics which includes Suicide Prevention. For information, or to arrange services call: 645-2915. Military One Source provides 24/7 information and referral services or counseling with masters-level consultants via phone, email, or internet. "One Source" also provides face-to-face counseling services as needed. This program is a key information and referral service for our Marines, Sailors and families. Information is available on many topics, including coping with deployments, combat and operational stress, depression, finances, etc. "One Source" could be particularly useful for reservists who may not have access to services on base. Headquarters Marine Corps (HQMC) POC: Commandant of the Marine Corps (CMC) MRZ, DSN 278-0295. "One Source" services can be reached at:

- a. 1-800-869-0278 in the United States;
- b. 1-800-8690-2788 outside the United States;
- c. 1-484-530-5908 collect from outside the United States;
- d. 1-800-346-9188 TTY/TDD;
- e. Online at www.militaryonesource.com.

3. Spiritual Fitness Center (Chaplains Religious Enrichment Development Operation) (CREDO) Personal Growth Retreat (PGR). The PGR is the cornerstone of the Spiritual Fitness Center Program. It is one of the many events provided by CREDO and provides individuals an opportunity to invest time in them while reflecting on their goals and future. The PGR serves as a catalyst in helping individuals focus on accepting reality, taking personal responsibility for their own lives and developing new perspectives in relationships with God, family, friends, the military and the broader world in which they live. A PGR is not a religious retreat. Participants have the opportunity to relate to people in similar circumstances while experiencing unconditional acceptance. The PGR is a place to gain strength, or to explore important personal issues. For information about PGRs and other CREDO retreats, contact the unit chaplain or call 645-3041.

4. Mental Health Professionals. This includes doctors and corpsmen specifically trained as mental health professionals.

5. Chaplains and Religious Program Specialists (RP's). Chaplains are special staff officers who have a unique role as they have direct access to anyone in the chain of command, and enjoy privileged communication during formal and informal counseling. As clergy, they can encourage and support the positive resolution of personal issues through counseling and direct intervention during a crisis. Since suicide ideations, attempts and gestures may be caused by pathological conditions, chaplains work closely with medical professionals within the constraints of privileged communication. Every command has access to a chaplain. To reach a chaplain after business hours, contact any MCB, III MEF or any major subordinate element duty officer.

SUICIDE PROGRAM INSTRUCTIONS AND ORDERS

MCO P1700.24B Marine Corps Personal Services Manual

MCO P1700.27A Marine Corps Community Services Policy Manual

MCO P1700.29 Marine Corps Semper Fit Program Manual

MCO P3040.4E Marine Corps Casualty Procedures Manual

MCRP 6-11C Marine Corps Combat Stress Manual

MCO 1510.89B Individual Training Standards (ITS) System for Marine Corps Common Skills (Vol 1)

MCO P1700.24B Marine Corps Personal Services Manual

1000. Suicide Prevention

1. Purpose. To establish a vigorous community approach to reduce suicides in the Marine Corps. This policy integrates multidisciplinary capabilities to assist commanders in implementing local programs that reflect best practice in suicide prevention. Program elements include awareness education, health promotion (via Semper Fit), life skills training, leadership training, crisis intervention and risk management, treatment, postvention services, casualty reporting and trend analysis, and inspections.

a. These tragic deaths often occur in association with problems that are largely preventable such as relationship problems, alcohol abuse, and depression. The Suicide Prevention Program emphasizes the importance early identification and intervention of problems that detract from personal and unit readiness. Additionally this program emphasizes the importance of data collection and analysis to inform, evaluate, and refine future prevention efforts. Program should emphasize prevention, intervention and data collection.

b. The Suicide Prevention Program involves a continuum of care with several elements:

(1) Awareness Education and Health Promotion. Release All Marine Corps activity (ALMAR)/Marine Administrative Message (MARADMIN) messages and annual suicide awareness and prevention training to promote healthy lifestyles for all personnel.

(2) Life Skills Training. Provide education to enhance coping skills and social support to reduce the incidence of problems that detract from personal and unit readiness (e.g. alcohol abuse prevention training, financial fitness, stress management training, and CREDO).

(3) Leadership Training. Provide leaders at all levels with information and skills to enhance risk identification and early intervention with at-risk personnel.

(4) Crisis Intervention and Risk Management. Provide procedures for the referral and evaluation of Marines requiring emergency psychiatric care and/or Marines who have problems that increase risk for suicide, such as depression and/or alcohol abuse. Included in this process are measures that facilitate crisis care (e.g., suicide watches) and restrict the access of at-risk personnel to the means that can be used to inflict harm to themselves or others.

(5) Counseling and Treatment. Provide services and programs that support the resolution of personal, family, and mental health issues that underlie suicidal behavior.

(6) Postvention Services. Provide sensitive family support and debriefing services for units affected by the suicide of a member.

(7) Casualty Reports and Trend Analysis. Provide incident reports to higher authority to assist in improving institutional knowledge about suicide through research into risk and protective factors. The purpose of such research is to improve future prevention efforts.

(8) Inspections. Inspect the completion and recording of the annual awareness and prevention training by Commanding Generals on regularly scheduled inspections.

2. Command Responsibilities

a. Use Marine leaders, medical staff, chaplains, Semper Fit coordinators, and Personal Services and Substance Abuse

Counseling Center counselors to coordinate, evaluate, and sustain an integrated program of awareness education, early identification and referral of at-risk personnel, treatment, and follow-up services.

b. Provide annual training in suicide awareness and prevention. Training should be provided to the smallest possible element (i.e., platoon/section level) to promote maximum effectiveness in education and discussion.

c. Ensure that 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 reference (h) for screening, evaluation, disposition, and treatment of all personnel deemed at risk for harm to themselves or others. Per reference (h) specific questions to assess suicide potential are:

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

(2) Intent: "Do you wish to die?"

(3) Plan: "Will you hurt yourself or allow yourself to be hurt accidentally or on purpose?" "Do you have uncontrolled access to weapons at work or at home?"

(4) Behaviors: "Have you taken any actions towards 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. Ensure that all personnel at-risk for harm to self or others are kept in sight and escorted to an evaluation with a competent medical authority. Additionally, ensure that all personnel who make suicide gestures or attempts are evaluated by a mental health professional and that appropriate follow-up appointments are completed by referred personnel.

f. Ensure a Personnel Casualty Report (PCR) is submitted on all suicides, attempts, and gestures.

Enclosure (2)

g. Coordinate with all military and civilian authorities to complete appropriate investigations or inquiries into all cases of suspected suicide by active duty Marine Corps personnel.

h. Complete a Department of the Navy Suicide Incident Report (DONSIR) on all cases of suicide deaths or undetermined deaths where suicide has not been excluded.

i. Provide support to the families after a suicide or suspected suicide and use the Critical Incident Stress Debriefing (CISD) Teams, as appropriate, to assist units affected by the suicide of a member. The purpose is to help those affected to normalize their reactions to the incident, and thereby reduce their risk for developing Posttraumatic Stress Disorder or other mental health concerns.

j. Encourage leadership practices that promote prevention and the resolution of problems at the lowest possible level.

MCO P3040.4E Marine Corps Casualty Procedures Manual

1001. Purpose

The Marine Corps Casualty Manual provides policy and guidance for commanders, administrative personnel and the Casualty Assistance Calls Officer (CACO) to assist in the efficient performance of duties relation to the Casualty Assistance Calls Program which include; casualty reporting, notification, assistance, all administrative requirements and military funeral honors to include the conduct of Marine Corps Birthday wreath laying ceremonies.

2000. Definitions

1. Very Seriously Ill or Injured. The category of a casualty applicable when illness or injury is classified by medical authority to be of such severity that life is imminently endangered. Special Patient (SpecPat): The category of casualty applicable when the casualty's illness or injury is not otherwise reportable but involves:

a. Incurable or terminal diseases (Acquired Immune Deficiency Syndrome (AIDS) is not classified as a terminal disease).

b. Diagnosed psychotic conditions requiring hospitalization.

c. Injuries such as loss of sight or limb, paralysis, or permanent and unsightly disfigurement of a portion of the body exposed to public view.

d. Attempted suicide and suicide gestures verified by medical authority.

2. Seriously Ill or Injured. The category of a casualty applicable when illness or injury is classified by medical authority to be of such severity that there is cause for immediate concern, but there is no imminent danger to life.

3. Not Seriously Injured. The casualty category applicable when an illness or injury may or may not require hospitalization, medical authority does not classify as incapacitating illness or injury (III) seriously ill or injured, or very seriously ill or injured, and the casualty can communicate with next of kin (NOK). Used only when reporting multiple or hostile incidents.

4. Incapacitating Illness or Injury (III). The category of a casualty applicable when illness or injury requires hospitalization but medical authority does not classify as seriously ill or injured, or very seriously ill or injured, and the illness or injury makes the person physically or mentally unable to communicate with next of kin (NOK).

3000. General. When a reportable casualty occurs, it is the responsibility of the casualty's command to notify those involved in the notification and assistance process.

1. Actions. Immediately submit a voice report to the Marine Corps Operations Center (MCOC) and the CMC (MRC) when a reportable casualty incident occurs and follow with a personnel casualty report (PCR). The CMC (MRC) will coordinate with and provide information to reporting commands, Marine Corps activities, and the Casualty Assistance Call Officer (CACO). Submit supplemental reports as the casualty's status or other information changes.

3001. Determining Casualty type, status, and category. DoDI 1300.18 provides policy guidance pertaining to the reporting of the casualty type, status, and category. Attempts, gestures, or

Enclosure (2)

suicides of active duty Marines should be reported (3-8) Reserve marines who die under Non-Hostile conditions are also reportable. To clearly determine type, status, and category please see section 3-8 of the Marine Corps Casualty Manual.

3002. If ill or injured Marines are to be placed into one of the following categories NSI, III, SI, VSI, SpecPat.

4000. DEPARTMENT OF THE NAVY SUICIDE INCIDENT REPORT (DONSIR)

1. Purpose. The DONSIR is designed to standardize the review and reporting process on suicides among active duty Navy and Marine Corps personnel. The information will be used to identify risk factors to assist commanders' in-targeting and improving local suicide prevention efforts. This Manual outlines steps for commands to use in completing the DONSIR and for reporting results to the CMC. Effective completion of the DONSIR requires a collaborative effort by line, medical, and other staff.

2. Intent. The DONSIR is a tool to improve institutional knowledge about suicides within the Marine Corps. The intent is to aggregate DONSIR data and periodically publish "Lessons Learned" for the Fleet. The data collection process for the DONSIR is a means to improve risk management, not an investigative procedure to determine negligence or accountability in cases of suicide or suspected suicide.

4001. MARCORCASPROC MAN

1. Action

a. Commanders of Marines or sailors who are alleged or suspected of having taken their own lives may contact the CMC (MRO) to request a DONSIR form. The DONSIR, NAVMC 11410, is available in the Marine Corps Electronic Forms System.

b. Within 3 working days of transmitting the initial PCR, the command shall appoint a Marine officer and supporting team to collect, examine, and record information on the DONSIR. Major command policy will determine the command level at which the DONSIR will be completed. Supporting team input should be sought from the CO/XO, medical officer, mental health provider, chaplain, CACO, PMO, and personal services. Input should also be sought from the decedent's supervisor and his/her co-workers.

Coordination of input to complete the DONSIR is to be determined by the command.

c. Within 15 working days of the initial PCR, the command shall forward a copy of the completed DONSIR with supporting documentation to the CMC (MRO) for data entry and analysis. Additional information can be forwarded as it becomes available (e.g., toxicology reports). The time limit is given to focus the command's efforts on information that is immediately available, not to burden the command with an open-ended and exhaustive data collection process.

2. Focus. The DONSIR focuses on data related to the decedent's military and professional life and are limited in scope with respect to the decedent's personal or private life. Completion of the DONSIR does not require input from non-military sources (e.g., family members and civilian friends). While information from non-military sources may be valuable in understanding the context of a service member's suspected suicide, the primary interest of the Marine Corps is on determining modifiable service related risk factors that can be used in the early identification and referral of at-risk personnel. To avoid duplication of efforts, the DONSIR team should work in conjunction with established investigating bodies (e.g., JAGMAN, NCIS, or civilian authorities). Data derived from formal investigations may be used to complete various sections of the DONSIR.

3. Format

a. Two primary means of collecting data for the DONSIR are record reviews and interviews. The following records should be used in completing the DONSIR:

(1) Military service record (including any records of counseling).

(2) Medical record.

(3) Secondary records (e.g., mental health, family advocacy program, and security reports).

(4) Medical appointments list (e.g., Composite Health Care System medical appointments for past 12 months).

(5) Financial records (e.g., letters of indebtedness).

Enclosure (2)

(6) Investigative reports.

(7) Autopsy reports (It is recognized that ballistics and toxicology reports will likely not be available when the DONSIR team initially convenes; copies of these reports should be forwarded when they become available.)

(8) Suicide note(s).

b. A form to record interviews from military personnel regarding the decedent (e.g., the decedent's supervisor, co-workers, and peers) is found at the back of the DONSIR package. These interviews should be conducted with sensitivity and due consideration for the personnel involved. The purpose of these interviews is to provide firsthand accounts about the decedent and his/her behavior, not to determine accountability or culpability for the service member's death.

4. Description

a. Section I of the DONSIR documents the basic identifying information on the decedent. Administrative information about the officer in charge of completing the DONSIR and status of other investigations should be noted in the Administrative Information box on page 1.

b. Section II gives information about the command; such as, region, type of unit, and as well as information about command members consulted in completing the DONSIR.

c. Section III yields trend and risk factor data. This section has seven subsections: Incident Information, Military Service Information, Background Factors, Personal/Civil Information, Medical Information, Use of Services, and Situational Factors.

(1) The subsection on Incident Information is a means of capturing information on the circumstances of the member's death.

(2) The subsections on Military Service, Background Factors, Personal/Civil Information, Medical Information, Use of Services, and Situational Factors have three parts: responses, comments, and quality of documentation.

(a) It is important to answer all three parts of each question. If available, provide additional information in the comments column.

(b) For the quality of documentation column, place a check mark in the appropriate category. In future analyses, more weight will be given to factors supported by written documentation or official statements obtained and submitted by the command.

d. The Feedback Section is optional, but it gives the command the opportunity to raise issues or concerns about the data collection process.

e. Upon completion of the DONSIR form, the command should provide a short written summary of the case via the Narrative Summary page. Special attention should be given to the last two items on this page regarding recommendations and "Lessons Learned." These items will be scrubbed of identifying data and will be used in compiling "Lessons Learned" for the Fleet. The information will be presented in a format similar to messages published by the Safety Center following aviation mishaps.

5. Support. Questions about the DONSIR may be directed to the CMC (MRO) or the Navy Personnel Command (PERS 6).

MCRP6-11C Marine Corps Combat Stress Manual

5000. Suicide Awareness. Some behaviors and symptoms previously described are not only signs of stress reaction but can also signal potential suicide risks. Service members must be ever vigilant for the signs and signals of a potential threat of suicide given by their fellow service members.

Signs of Suicide

A person contemplating suicide:

- Believes he or she is in a hopeless situation.
- Appears depressed, sad, tearful; may have changes in patterns of sleep and/or appetite.
- May talk about or actually threaten suicide, or may talk about death and dying in a way that strikes the listener as odd.
- May show changes in behavior, appearance or mood.
- May increase or start drug or alcohol use.
- May injure self or engage in risky behavior.
- Abandons planning for future.

Enclosure (2)

- May start withdrawing from others, including family and close friends.
- May give away possessions.
- May appear apathetic, unmotivated, indifferent.

Prevention Keys

The small-unit leader may be the first to identify the "signals" of a potential suicide risk Service member. The keys to prevention are to provide aid to persons at suspected risk and follow the acronym AID LIFE.

A - Ask. Do not be afraid to ask, "Are you thinking about killing yourself?" or "Are you thinking about suicide?"

I - Intervene immediately. Take action. Listen and let the person know he or she is not alone.

D - Don't keep it a secret. Let someone know that you think there may be a risk.

L - Locate help. Seek out the help of a Chaplain, Marine and Family Service Center, corpsman, doctor, friend, family member, or emergency room staff.

I - Inform the Chain of Command of the situation. The Chain of Command can secure necessary assistance resources for the long term.

F - Find someone to stay with the person now. Never leave a suicidal person alone.

E - Expedite. Get help now! An at-risk person needs immediate attention from professional caregivers.

MCO 1510.89B: Individual Training Standards (ITS) System for Marine Corps Common Skills (Vol 1)

ITS Use:

1. ITSS form the basis for all individual training in Functional Learning Centers (FLC) and units. They are

written for all MOSs in order to specify the critical skills required by units of their individual Marines in support of the unit

TASK: MCCS.07.14 (CORE) EXPLAIN STEPS NECESSARY IN THE PREVENTION OF SUICIDE

CONDITION(S): Given the requirement and the reference.

STANDARD(S): Per the reference.

PERFORMANCE STEPS:

1. Identify persons at risk for suicide.
2. Identify potential suicide risk signs or signals.
3. Identify keys to the prevention of a suicide.

INITIAL TRAINING SETTING: FLC Sustainment: 12 Req By: Pvt
REFERENCE(S):

1. MCRP 6-11C, Combat Stress