USMC Command
Suicide Prevention and
Risk Mitigation Strategies

TABLE OF CONTENTS

Note:

Click on hyperlinks to reach bookmarks in document.

INTRODUCTION

With the United States Marine Corps (USMC) Command Suicide Prevention and Risk Mitigation Strategies publication, the Headquarters Marine Corps Behavioral Programs Branch aims to assist commanders in responding when concerns arise about a Marine's wellness. A number of scenarios are provided with corresponding suicide prevention strategies. Additional points of consideration are also included that may be relevant to the particular scenario.

The situations included are NOT reflective of a specific case, and the strategies and considerations do not guarantee a suicide-related event will not occur. All situations are unique, and commanders need to use their best judgment and call on mental health professionals to offer more specific guidance on individual cases.

Following the scenarios, there is some additional information regarding collaboration with medical and mental health personnel. To provide feedback on this publication or recommend a scenario for inclusion in future iterations, please email HQMCSPC@usmc.mil.

Situation:
- E1-E4 Marine new to command.
- No known indications of elevated critical stressors or suicide risk.
- Lives in the barracks.

Strategies:
- Ensure the Marine has been checked-in properly.
- Ensure Staff Non-Commissioned Officer (SNCO) has reached out to welcome Marine.
- Ensure SNCO speaks with Marine about lethal means safety and provides additional support resources such as chaplain, Community Counseling Program (CCP), Mental Health, Military OneSource, Military Crisis Line, and local command contact.
- Assess which resources the Marine has access to in initial Force Preservation Council (FPC) discussion. Make recommendations for a mentor if the Marine does not have previously established local relationships (e.g., family, friends, etc.).
- Update Force Preservation Council (FPC) and Command Individual Risk and Resiliency Assessment System (CIRRAS) to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Actions that integrate newly transitioned Marines into the unit may minimize the suicide risk associated with this transition.
- The way command speaks about accessing support resources may directly influence how likely a Marine is to get help in times of stress/crisis. The more supportive command is about using resources early, the more likely a Marine is to consider reaching out.
- Lethal means safety should be talked about, to include means such as expired or unused medication and personally owned fire arms.
- Command should create a standard for assessing risk and a battle rhythm for how often risk will be reassessed. Marines should be assessed after significant changes (e.g., marriage, pregnancy, divorce, breakups, or moving) and reassessed regularly.
- Although any Marine may be at risk for suicide, Marines who are E1–E4 have elevated risk.
- Command must be vigilant. Although most Marines manage stressors without any suicidal behaviors, it is difficult to know which Marines will have a suicidal stress response. Command needs to be aware of critical stressors affecting Marines and act to help mitigate the stressors as quickly as possible.

Situation:
- E1–E5 Marine was just given permission to live off base.
- SNCO hears the Marine talking to others about buying a new car and TV.

Strategies:
- Complete monthly coaching/counseling session with Marine. Discuss changes and privileges the Marine has been given due to his or her good standing.
- Connect the Marine with the Unit's Command Financial Specialist (CFS) to discuss financial situation with Marine. The CFS can work through financial worksheet tools with the Marine to identify potential risk areas. If necessary, the CFS can offer additional resources such as the Personal Financial Manager.
- Follow up with Marine about lethal means restriction and how that should be handled in off base housing. Mention if the command can store personally owned weapons on base.
- Follow up with Marine regularly to see how he or she is managing new off-base living responsibilities.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- A financial crisis or financial strain can increase a Marine's stress level. Working with personal financial management specialists, command financial specialists, and other financial experts prior to making big monetary decisions can help prevent or minimize Marine's risk.
- Financial strain can also stem from a Marine sending a notable portion of his or her salary to extended family members living elsewhere.
- An increase in responsibility, such as living off base, comes with many additional considerations. Midterm counseling provides an opportunity to ask about the Marine's well-being and discuss situations that may be increasing his or her stress.

Situation:
- E5 Marine is preparing for permanent change of station (PCS).
- Spouse and child were sent to new duty station early because spouse is expecting second child.
- Marine just moved into the barracks temporarily until his or her PCS.

Strategies:
- Assess and ensure the Marine has access to resources, such as New Parent Support Program (NPSP), Family Advocacy Program (FAP) Prevention and Education (P&E), counseling provided by the CCP or the FAP.
- Assess and ensure the Marine can complete necessary steps for PCS.
- Ensure command is providing support to spouse and child and warm handoff of the family at new location through the use of the Marine Corps Sponsorship Program; contact the local Information Referral & Relocation Specialist for more information. Deployment Readiness Coordinators (DRCs) are available at the departing and receiving commands to assist the family's transition by providing resources and support.
- Direct your Operational Stress Control and Readiness (OSCAR) team to share stress management strategies with the Marines in your unit.
- Ensure someone is following up with the Marine in barracks and ensuring he or she is using healthy coping skills while separated from family. Provide any additional resources needed to support Marine.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.
- Ensure all personally owned weapons are properly stored and transferred if applicable.

Considerations:
- Transitions are often a high-stress period. Create a standard in the command for assessing risk and a battle rhythm for how often risk will be reassessed. Actions that support a Marine's transition and integration into the new command may minimize stressors associated with this transition.
- Separation from family and major life events is also associated with an increased risk for stress and suicide-related behaviors. Make certain that all Marines are reassessed after significant changes (e.g., marriage, pregnancy, divorce, breakups, or moving).
- Encourage family and friends of the Marine to reach out to the unit if they become concerned about the Marine's behavior and any changes that might increase stress.

Situation:
- Marine has experienced significant isolation due to COVID-19.
- Marine is main source of financial support for parents and sibling back in the States.
- Marine is very close to family and has been Outside the Continental United States (OCONUS) for 2 years.

Strategies:
- Encourage leadership to check in often with Marines during times of isolation and restriction. Come up with ways to engage and involve Marines in weekly efforts and outcomes of unit mission.
- Ensure stress mitigation resources are available and known to all Marines. Foster a climate that actively promotes application of these strategies to include reaching out for help whenever appropriate.
- Direct your OSCAR team to share stress management strategies with the Marines in your unit.
- Encourage leadership to talk to Marine about firearm safety, such as locks or storing personally owned weapons on base.
- Offer financial planning opportunities with local resources.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Champion small unit leadership. Marines must know the Marines who work for them, including information about families, friends, interests, and challenges in order to identify risks or crises. Social isolation is another risk factor for suicide-related behaviors.
- Ensure new leaders are taught and mentored on how to make these important connections and ask questions that can assist them in identifying high-risk Marines.
- Financial strain is a risk factor for suicide and can also stem from Marines sending a notable portion of their salary to extended family members living elsewhere.

Situation:
- Marine's significant other recently ended the relationship, Marine is upset by it.
- Marine was recently denied permission for a lateral military occupational specialty (MOS) move.
- Over a period of two weeks, SNCO observes multiple times when Marine expresses anger and general sadness over current life situation.

Strategies:
- SNCO needs to increase the presence of leadership throughout the unit and accessibility to resources such as CCP, Military and Family Life Counselors (MFLCs), chaplains, and other Behavioral Health resources to aid the Marine in coping with the breakup. Marine Corps Family Team Building offers classes on healthy relationships and conflict management that could help the Marine build healthy relationship skills. The SNCO needs to check in with the Marine often to see how he or she is doing.
- Offer support and comfort to Marine regarding denial of MOS move. Help Marine map out career goals and how to accomplish them. Encourage Marine to set specific, measurable, attainable, relevant, and time-bound (SMART) goals.
- Direct your OSCAR team to share stress management strategies with the Marines in your unit.
- Follow up with Marine about lethal means safety and access to medication or firearms.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Undesired relationship breaks-ups are the most common shared experience among Marines who died by suicide in the past 5 years.
- Relationship problems such as break-ups, violence, or loss can increase an individual's risk for suicide.
- Elevate a Marine's FPC risk indication every time that a Marine is demonstrating multiple indications of distress OR that a single but significant stressor occurs. Leaders need to discuss any change in a Marine's behavior, even if it seems positive.
- Teach and mentor all levels of leaders on how to become engaged with their Marines and to ask questions that can assist them in identifying high-risk Marines.
- Important protective factors for individuals are strong connections to friends, family, and community.

Situation:
- Marine was just seen in emergency room (ER) for a suicide-related event. The Marine was not hospitalized.
- Marine lives in barracks.
- Marine showed no obvious indications of being at risk for suicide or being in crisis at the time of the suicide-related event.

Strategies:
- Ensure supervisor/designee checks in with Marine and that unit leaders meet regularly with the Marine to discuss any safety/coping concerns and provide support. Ensure that these contacts are supportive and not punitive or stigmatizing.
- Encourage Marine to accept and participate in Marine Intercept Program (MIP) services, which are facilitated by the CCP. Do everything possible to ensure the Marine accepts and receives MIP services, including providing Marine's contact information when requested.
- Collaborate with Behavioral Health/medical assets to develop a means for ongoing monitoring of potential risks, recommendations on duty restrictions, reduced access to lethal means, etc.
- Encourage leadership to discuss with Marine the issues he or she is facing and express support for the Marine getting help (encourage help-seeking).
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Following a suicide-related event, the individual is at higher risk for a second suicide-related event. How a leader reacts to suicidal behavior will likely impact whether other Marines in the unit will be willing to disclose stressors or suicidal ideations/suicide attempts.
- Champion small unit leadership. Marines must know the Marines who work for them, including information about families, friends, interests, and challenges in order to identify risk or crisis.
- Ensure new leaders are taught and mentored on how to make these important connections and ask questions that can assist them in identifying high-risk Marines. Reinforce the importance of getting help when it is needed and that getting help is a positive and proactive action.
- Even when things seem to be getting better, the Marine remains at risk for suicide. Ensure the Marine has enduring support and resources.

Situation:
- Marine is in brig awaiting court martial.
- Marine has history of bad conduct.
- Marine is very social and since being in brig has become withdrawn.

Strategies:
- Ensure you are sending a representative to the brig regularly to check on Marine's well-being. Send a representative who can focus on the Marine's well-being without expressing negative judgments about the reason the Marine is in the brig. The chaplain can be a good command representative to gauge total well-being (mental, spiritual, physical, social) of Marine.
- If available, a CCP counselor can meet with the Marine in the brig.
- Consider courses of action for court martial and how to ensure a smooth transition of the Marine out of active duty or, if retained, reintegration into the unit and USMC.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.
- If a discharge from the Marine Corps is confirmed, connect the Marine to the Marine for Life Network to obtain military friendly resources during the transition.
- If a discharge from the Marine Corps is suspected or confirmed, connect the Marine with the Unit Transition Coordinator (UTC) and ensure Marine receives assistance with completing all requirements of the Transition Readiness Program (TRP).

Considerations:
- In the first 90 days following disciplinary or legal action, a Marine is at higher risk for suicide-related behavior. Consider the situation and how to appropriately support the Marine throughout this time period. In some cases, the heightened risk can occur when the situation first arises, even prior to a formal determination or legal charge.
- A fall from grace or glory, whether real or perceived, is a risk factor for individuals at risk for suicide-related behaviors.
- Leaders need to be aware of other critical stressors these disciplinary or legal issues may influence (e.g., financial issues, threat of discharge, family conflicts).
- Confirmation of a discharge is not required for the Marine to start and complete Transition Readiness Program (usmc-mccs.org/services/career/transition-readiness/). TRP completion is mandatory. Connect Marine with their UTC as soon as possible to ensure all mandated counseling, workshops, information, and resources are received. Additional transition resources include:
  - InTransition for mental health resources: (health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/inTransition)
  - Marine for Life Network: (usmc-mccs.org/articles/everything-you-need-to-know-about-the-marine-for-life-network/)

Situation:
- Marine recently received a non-judicial punishment (NJP) for underage drinking.
- Marine is usually a strong performer and was up for a meritorious promotion last quarter.

Strategies:
- Encourage Marine to follow up with embedded resources like the CCP, SAP, MFLC, or chaplain to discuss stressors and develop healthy coping mechanisms.
- Consult with OSCAR team members and Suicide Prevention Program officers (SPPOs) to be aware of what stressors high-performing Marines may be dealing with that are less obvious.
- Conduct monthly counseling with Marine and ensure resources and support for career and personal goals are available.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.
- If Marine is not being discharged but is approaching or within 365 days from EAS date, ensure Marine connects with the UTC for guidance with completing the TRP process.

Considerations:
- The first 90 days following disciplinary action is a high-risk period for suicide-related behavior. Consider the situation and how to appropriately support the Marine throughout this time period.
- A fall from grace or glory, whether real or perceived, is a warning sign for individuals at risk for suicide-related behaviors.
- Leaders need to be aware of other critical stressors these disciplinary or legal issues may worsen (e.g., financial issues, threat of discharge, family relationship distress).
- Confirmation of a discharge is not required for the Marine to start and complete Transition Readiness Program (usmc-mccs.org/services/career/transition-readiness/). TRP completion is mandatory. Connect Marine with their UTC as soon as possible to ensure all mandated counseling, workshops, information, and resources are received. Additional transition resources include:
    - InTransition for mental health resources: (health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/inTransition)
    - Marine for Life Network: (usmc-mccs.org/articles/everything-you-need-to-know-about-the-marine-for-life-network/)

Situation:
- E7 Marine is in second year of tour at a Recruiting Station.
- Marine is showing signs and symptoms of sleep issues and fatigue.
- Marine expressed thoughts of suicide to leadership.

Strategies:
- Identify and connect Marine to local resources for care; resources may be identified through the National Guard's state Director of Psychological Health and Military OneSource. Keep communication with medical open and ongoing to ensure information is getting to all parties as needed.
- Ensure command climate of Recruiting Station is supporting the total wellness of its Marines. Consider scope of work, environment, and standards expected of recruiters.
- Consider how the command can better support Marines under immense stress to meet quotas and goals.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Marines in remote locations, such as recruiters, may be at higher risk for death by suicide.
- Following a suicidal ideation, an individual is at higher risk for a second suicide-related event. Be supportive and solution-oriented. How a leader reacts to a suicidal behavior will likely impact whether other Marines in the unit will be willing to disclose stressors or suicidal ideations/attempts.
- Sleep issues and chronic pain are both risk indicators for suicide-related behavior.

Situation:
- An E7–E9 Marine has recently been sent OCONUS.
- Marine will be separated from family for a two-year tour.
- Marine does not participate willingly in command events.
- Marine is known to be a high-risk drinker and spends most of his or her time alone in quarters.

Strategies:
- Ensure leaders are conducting monthly or quarterly counseling for all Marines, even for senior enlisted and officer ranks. Risk and stress are experienced at all ranks.
- Connect Marines in distress with professional support as early as possible in order to increase the effectiveness of the professional intervention. For example, encourage Marines to speak with a substance abuse counselor about drinking habits, or refer them to CCP, Chaplain, or other Behavioral Health resources.
- Review command climate and explain how senior enlisted behavior sets a precedent for all younger Marines.
- Have your OSCAR team share stress management strategies within your unit.
- Encourage Marines to find something that connects them to the unit; consider leadership opportunities to pass on knowledge to younger Marines in a specially designed forum.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- There may be important differences in how Marines of different ages, personalities, MOS, and time in service are treated in relation to unhealthy coping. Leaders need to be aware of the tendency to treat indications of high-risk alcohol use among more seasoned Marines with more tolerance than they would for lower ranks.
- Leaders need to avoid glamorizing drinking or glorifying heavy drinkers. Leaders need to check each other to be sure that they do not promote excessive alcohol misuse.
- Pay close attention to ANY Marine who has had a sudden or building increase in alcohol consumption. Many Marines who died by suicide demonstrated a pattern of increased alcohol consumption in the weeks/months prior to the event. Increased alcohol-related behavior should be considered a signal of poor coping and crisis.
- Command needs to encourage family and friends of the Marine to reach out to the unit if they become concerned about the Marine's mental or emotional behavior and any changes that might increase stress.

Situation:
- Marine was recently hospitalized due to a suicide attempt.
- As of yesterday, the Marine is no longer on limited duty.

Strategies:
- Ensure Marine meets with leadership to discuss transition back into daily duties.
- Ensure Marine feels equipped to handle stressors and responsibility. Set up a plan for Marine to communicate with leadership if anything is too much or if more responsibility is desired.
- Encourage Marine to continue seeking support from embedded resources (e.g., psychologist, MIP, MFLC, chaplain).
- Provide guidance to ensure Marines are looking out for each other and themselves.
- Communicate an attitude of respect, trust, and a sense of belonging for all Marines in unit. Ensure the unit climate is open to the Marine's return.
- Help Marine refocus on the mission and rebuild confidence. Give the Marine meaningful work assignments.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Following a suicide-related event, an individual is at higher risk for a follow-on event. Continue to stay involved with a Marine following an extreme stress response even when the Marine appears to be doing better. Pay particular attention to the types of stressors the Marine experienced prior to previous suicide-related behaviors.
- Reintegration actions taken following a suicide-related event should protect the Marine's confidentiality.
- Help the Marine transition back into the workplace, to another duty station, or to civilian life with dignity and respect, giving the Marine a sense of belonging.
- Leaders need to emphasize how other Marines in the unit can receive help to cope with the incident. Be aware of impact to those Marines and/or family members who are close to the Marine who made the attempt. Refer individuals who need assistance to the appropriate helping agency.
- Encourage family and friends of the Marine to reach out to the unit if they become concerned about the Marine's mental or emotional behavior and any changes that might increase stress.

Situation:
- There was a recent death by suicide in your unit.
- Two of your Marines found the body of their fellow Marine.
- Family has been notified, and the unit memorial service has occurred.

Strategies:
- Meet with Marines who were directly involved in the event as well as adjacent unit members, and offer services and resources. Whenever possible, provide space and time for bereavement and grief.
- Look to resources like the Defense Suicide Prevention Office's Postvention Toolkit for best practices following a suicide-related event.
- Use the Commander's Checklist for Response to Suicide-Related Events as a resource to guide your actions following an event.
- Increase the presence of leadership throughout the unit and accessibility to resources such as CCP, MFLCs, Chaplains, and other Behavioral Health resources.
- Update FPC and CIRRAS to reflect current needs and issues of the Marines and

Considerations:
- Marines who witness or find an individual who died by suicide have an increased risk for suicide.
- Leaders need to emphasize how all Marines in the unit can receive help to cope with the incident. Be aware of impact to those Marines and/or family members who were close to the Marine who died. Refer individuals who need assistance to the appropriate helping agency.
- Encourage family and friends of the Marine to reach out to the unit if they become concerned about the Marine's mental or emotional behavior and any changes that might increase stress.
- Anniversaries of a suicide (one month, six months, one year, etc.) are periods of increased risk for those affected by suicide. Leaders need to promote healthy behaviors during this time period and be attuned to those who may be grieving or having a difficult time.
- Resources such as the Commander's Checklist for Response to Suicide-Related Events can help you put prevention and safety measures in place.
- Other Marines base their decision to seek help based on how the command responds to a suicide-related event. Ensure you are creating a climate of trust and respect with every action related to the suicide-related event.

Situation:
- Marine has recently returned to unit following the resolution of a court case.
- Unit was very involved and aware of case and the circumstances surrounding the event under investigation.

Strategies:
- Engage unit leaders in discussion about issues and ensure they don't undermine any Marine's reputation. Encourage them to have a kneecap-to-kneecap discussion with the Marines in their charge.
- Communicate an attitude of respect, trust, and a sense of belonging for all Marines in unit. Ensure the unit climate is open to the Marine's return.
- Help Marine refocus on the mission and rebuild confidence. Give the Marine meaningful work assignments.
- Assess physical, mental, spiritual, and social fitness of returning Marine and provide resources necessary to get the Marine "fit for full."
- Use OSCAR team members and SPPOs to be aware of what stressors Marines may be dealing with that are less obvious.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Encourage Marines to use local services such as the CCP counselors, MFLC, or chaplains before stressors overwhelm their ability to cope effectively. CCP and MFLC aim to increase the well-being of Marines, attached Sailors, and families by providing services that are focused on managing stress. Chaplains are available to help Marines work through whatever they are facing.
- Reintegration is an important step in ensuring the readiness of the individual and reducing stigma in the unit.

Situation:
- Marine recently returned to unit following in-patient treatment for substance misuse.

Strategies:
- Ensure Marine has connected with local resources and support for follow-up care and maintenance.
- Communicate with unit regarding importance of seeking help when needed and returning to the fight when able.
- Make reintegration a continuous process for those who have experienced challenges. Discuss with unit members situations where they should seek assistance for and set positive command climate for seeking that help.
- Communicate an attitude of respect, trust, and a sense of belonging for all Marines in unit. Ensure the unit climate is open to the Marine's return.
- Help Marine refocus on the mission and rebuild confidence. Give the Marine meaningful work assignments. Encourage non-substance related unit activities.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Reintegration is an important step in ensuring the readiness of the individual and reducing stigma in the unit.
- Periods of transition put individuals at higher risk for suicide-related events. Reintegration or returning to a unit following treatment is one of these sensitive periods of transition.
- Command needs to encourage family and friends of the Marine to reach out to the unit if they become concerned about the Marine's mental or emotional behavior and any changes that might increase stress.

Situation:
- Marine was recently escorted to hospital following a discussion with roommate about wanting to end his/her life.
- Hospital did not admit Marine and did not confirm suicidal ideation. Marine was sent home to the unit.

Strategies:
- If a provider tells you to "put a watch" on the Marine, ask questions to clarify what is meant. Each provider may use the word "watch" differently and it is important you understand what this provider means. Ask the clinician to be specific on what you need to do. If the provider is not comfortable with the Marine's safety if left alone and asks you to "watch" the Marine, it is appropriate to ask why the Marine is not being hospitalized or sent to a higher level of care. Situations, circumstances, locations, and available resources may all differ from location to location, so ask.
- Engage with unit Medical Officer, Flight Surgeon, or OSCAR Provider for awareness and care for the Marine.
- Offer and provide support to roommate of Marine experiencing suicide-related behavior. Ensure the roommate is OK following the event and reporting of the conversation.
- Offer trainings such as OSCAR or Unit Marine Awareness and Prevention Integrated Training (UMAPIT) to unit to help in identifying warning signs and risk factors of suicide-related behaviors.
- Update FPC and CIRRAS to reflect current needs, issues, and actions leadership is taking to support Marine.

Considerations:
- Reintegration is an important step in ensuring the readiness of the individual and reducing stigma in the unit.
- Following an ideation, an individual is at higher risk for a follow-on event. Continue to stay involved with a Marine following an extreme stress response even when the Marine appears to be doing better. Pay particular attention to the types of stressors the Marine experienced prior to previous event.
- There is no clear profile for a Marine who will die by suicide. Some Marines demonstrate a number of warning signs, some only minimal, and others show no signs at all. Encourage roommates, friends, and family of the Marine to reach out to the unit if they become concerned about the Marine's mental or emotional behavior or notice any changes that might increase stress.

Interacting and collaborating with a Marine's mental health provider can greatly assist leaders in knowing the best ways to assist a Marine in crisis.

Confidentiality:
- Information shared between a patient and the provider is privileged communication, and a provider has a legal and ethical responsibility to maintain that confidentiality and trust.
- Commander's access to health information applies per Military Command Exception
- Limits to confidentiality: DODI 6490.08 Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members outlines the following limits to confidentiality:
  - Harm to self. There is a serious risk of self-harm by the member.
  - Harm to others. There is a serious risk of harm to others. This includes any disclosures concerning child and/or domestic abuse.
  - Harm to mission. There is a serious risk of harm to a specific military mission.
  - Special personnel. The member is in the Personnel Reliability Program or has mission responsibilities of such potential sensitivity or urgency that normal notification standards would significantly risk mission accomplishment.
  - Inpatient care. The member is admitted or discharged from any inpatient mental health or substance misuse treatment facility.
  - Acute medical conditions interfering with duty. The member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs the member's ability to perform assigned duties.
  - Substance misuse treatment program. The member has entered into, or is being discharged from, a formal outpatient or inpatient treatment program for the treatment of substance misuse.
  - Command-directed mental health evaluation. The mental health services are obtained as a result of a command-directed mental health evaluation.
  - Other special circumstances. The notification is based on other special circumstances in which proper execution of the military mission outweighs the interests served by avoiding notification, as determined on a case-by-case basis by a covered entity.

A provider will share what he or she can and may seem evasive when answering other questions. The provider is NOT trying to be difficult but has a desire to help the Marine. Leaders may want more information. Resist the urge to ask for detailed information. The relationship between patient and provider is critical for therapy to be helpful, and if a Marine feels his or her leaders will ask about a lot of information, the Marine will likely be unwilling to open up to the provider.

What happens when someone goes to outpatient behavioral health?

The following information is for general informational purposes. Individual installations may differ significantly depending on a number of factors, but the following may be typical:

- Initial Evaluation: This is a non-emergent, scheduled evaluation. This is the first time the provider is meeting with the Marine. This appointment is to gather background and current information, develop a trusting relationship between the two and to begin to develop a treatment plan. Don't expect the Marine to be improving or "fixed" after this appointment.

- Routine Appointment: This is where treatment occurs. These will likely be scheduled weekly or every other week depending upon provider availability. All efforts will be made to help the Marine get to a better state. While most Marines benefit greatly from this process, it's not a guarantee for every Marine in every situation.

- Acute/Emergent Appointment: This occurs in the ER or as a walk-in at an outpatient behavioral health clinic. The main focus of this evaluation is not treatment or diagnosis, but on evaluating safety of the Marine and developing a solid safety plan and likely follow-up care.

What expectations should you have when interacting with mental health care providers?

Ask questions. If you don't understand something or need clarification, please ask the provider. Medical is there to assist the patient and the command and is there to help. Success is the goal for everyone. Don't be afraid to ask clarifying questions.

- Watch: If a provider tells you to "put a watch" on the Marine, ask questions to clarify what is meant. Each provider may use the word "watch" differently and it is important you understand what this provider means. Ask the clinician to be specific on what you need to do. If the provider is not comfortable with the Marine's safety if left alone and asks you to "watch" the Marine, it is appropriate to ask why the Marine is not being hospitalized or sent to a higher level of care. Situations, circumstances, locations, and available resources may all differ from location to location, so ask.

- If a provider tells you to "check in" on a Marine, ask questions to clarify what is meant.
  - Checking in is more than merely accountability/muster. "I saw them in the barracks this morning" is not checking in.
  - When you "check in" with a Marine, don't just ask "how are you?" He or she will almost always say, "fine," "good," "OK," or "I don't know." This gives you no information on how the Marine is actually doing.
  - Say things like, "tell me about your day," or "I'm worried about you, and I understand you are going through a lot. What's going on?"
  - If you want to know how someone is doing, you need to show interest in the individual and his or her situation. The person needs to know you care.
  - Listen – you don't need to try to fix things.
  - Some helpful phrases to use when talking to Marines to let them know you are listening and want to help include "Help me understand," "tell me about it," and "what is it like for you?"
  - Don't be too quick to share your own experiences and stories. Marines may interpret this as you comparing "traumas" and feel you are trying to say their problem is not that bad and you had it worse.

Critical stressors: Critical stressors are those that have been associated with an increased risk of suicide among military service members. Common critical stressors include:

- Relationship distress
- Financial problems
- Negative transitions out of the Marine Corps
    - Administrative separation (AdSep)
    - Medical board (Medboard)
    - Failure to promote
- Mental health challenges including substance misuse
- Anticipated or actual legal and/or military charges

Medical health professional: Generally a Primary Care Manager (PCM), flight surgeon, or any doctor working with patients.

Mental health professional (MHP): Generally a psychiatrist (may also be considered a medical health professional due to the medical degree), psychologist, or social worker.

Lethal means: Suicide methods that are highly lethal (e.g., firearms, drugs, and poisons).

Lethal means safety: Techniques, policies, and procedures designed to reduce access or availability to lethal means and methods of deliberate self-harm.

Lethal means restriction: Removing access to lethal means while an individual is in a suicide-related crisis.

Command Individual Risk and Resiliency Assessment System (CIRRAS): A single, standardized software-based tool to enable proactive identification and assessment of individual risk and resiliency factors. CIRRAS facilitates real-time risk mitigation and management by allowing commanders and leaders to review Marine and Sailor force preservation information at any time.

Suicide: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Suicide-related event: Includes all deaths by suicide, suicide attempts, and suicidal ideation.

Suicide risk: The likelihood an individual will engage in a suicide-related event.

Suicidal crisis/stress response: A high suicide-risk state that someone may be experiencing.

Suicidal ideation: Thinking about, considering, or planning suicide or to cause self-harm. The use of a Competent Medical Authority (CMA) is not required to determine if an ideation has occurred and should not be the basis for making a report.

Suicidal attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior; might not result in injury.

Fall from grace/glory: Sudden loss of status or influence as a result of a mistake. Even a minor mistake can be significant to some Marines who expect themselves to be without faults.

Suicide Prevention Program Officer (SPPO): A Marine or Sailor appointed in writing as a collateral duty who ensures coordination of resources for the commander's unit suicide prevention program. Responsibilities of this collateral duty do not include clinician or therapy duty.

Combat and Operational Stress Control (COSC): The COSC program assists commanders in maintaining warfighting capabilities by preventing, identifying, and managing the impacts of combat and operational stress. For more information, visit https://www.manpower.usmc.mil/webcenter/portal/ BehavioralProgramsBranch/pages_behavioralprogramsbranch/combatoperationalstresscontrol.

Commander's Checklist for Response to Suicide Related Events (Appendix A, NAVMC 1720.1): This tool provides critical practices for response to suicide-related events that support safety, help seeking, and healing for the unit, Marines, and their Families. Connect online: https://www.marines.mil/News/ Publications/MCPEL/Electronic-Library-Display/Article/2727248/navmc-17201/

Community Counseling Program (CCP; Installation): CCP's mission is to equip Marines and their families with skills to manage life challenges prior to a crisis. CCP helps Marines and families with concerns, such as relationship issues, anger, grief, and job stress.

Embedded Personnel (DRC; EPBHC): Deployment Readiness Coordinators (DRC) serve as the personal and family readiness communication link between commanders and Marines and family members. Embedded Preventive Behavioral Health Capability (EPBHC) personnel are civilian behavioral and public health experts in the active duty Fleet Marine Force (FMF), Marine Forces Reserve, and Marine Corps Recruiting Commands. They provide commanders with analytic and coordination support of unit-wide behavioral health prevention strategies.

Family Advocacy Program (FAP; Installation): FAP's mission is to prevent and/or reduce family violence, including child abuse and domestic abuse, and to ensure a coordinated community response to family violence.

Marine Intercept Program (MIP; Installation): A voluntary program for Marines and attached Sailors, who are identified as having a suicide ideation or suicide attempt. MIP is a collaboration between a Marine, the Marine's command, the CCP MIP Care Manager, and HQMC.

Military Crisis Line (DoD): The Military Crisis Line, text-messaging service, and online chat provide free support for all Service members, including members of the National Guard and Reserve, and all veterans, even if they are not registered with VA or enrolled in VA health care. The **Military Crisis Line** is a free, confidential resource for Service members. Service members can call 800-273-8255 and Press 1 to speak with trained responders, **text 838255**, or connect online at https://www.veteranscrisisline.net/get-help/military-crisis-line.

Military and Family Life Counselors (MFLCs; Embedded): MFLCs provide support and assistance for circumstances occurring across the military life cycle and augment existing behavioral health services available on the installations.

Military OneSource (DoD): Military OneSource from the Department of Defense is a 24/7 gateway to trusted information, resources and confidential help. When MilLife happens, it's a "first line of support"— giving Service members and military families tools to stay well and thrive. Service member can call 800-342-9647; or connect online at https://www.militaryonesource.mil/.

New Parent Support Program (NPSP; Installation): Home visitors allow Marines and spouses to receive help with their concerns as a parent or parent-to-be in the privacy of their own home. Home visitors provide education and classes, including Baby Boot Camp, which are designed to teach the basic skills necessary for providing newborn care.

Operational Stress Control and Readiness (OSCAR). **OSCAR mental health providers (MHPs)** include psychiatrists, psychologists, and licensed clinical social workers who coordinate and provide mental health diagnosis and treatment. **OSCAR team members** are trained Marines and Sailors who support and advise fellow personnel and leaders on Combat and Operational Stress Control. **OSCAR extenders** include medical and religious personnel who bridge the gap between OSCAR team members and MHP by providing prevention services and medical care.

Personal Financial Manager (PFM; Installation): The PFMs function as the installation's primary source for financial literacy education and information.

Sexual Assault Prevention and Response (SAPR; Embedded and Installation): SAPR's mission is to develop and manage evidence-informed initiatives with the goal of preventing sexual assault within Marine ranks and providing world-class care to victims of sexual assault

Single Marine Program (SMP) Coordinator (Installation)**:** Single Marine Program Coordinators provide oversight to all pillars of the SMP - advocacy, community involvement (volunteerism) and recreation programs. SMP provides opportunities for social connectedness, volunteer service, and recreational trips and events.

Substance Abuse Program (SAP; Installation): SAP's mission is to maximize USMC force preservation and readiness through prevention, deterrence, early identification, and intervention of substance misuse and substance use disorders. Marines can access services offered at SAP via Command referral, other program referral, or self-referral.

To find resources in your area, please visit usmc-mccs.org/services/.