



UNITED STATES MARINE CORPS
15TH MARINE EXPEDITIONARY UNIT
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MEUO 1700.2A
CHAP
8 AUG 2013

MARINE EXPEDITIONARY UNIT ORDER 1700.2A

From: Commanding Officer
To: Distribution List

Subj: STANDING OPERATING PROCEDURES (SOP) FOR SUICIDE PREVENTION
PROGRAM WITHIN THE 15TH MARINE EXPEDITIONARY UNIT (MEU)

Ref: (a) SECNAVINST 5211.5E
(b) MCO 1720.2
(c) MCO 3040.4E
(d) MARADMIN 524/12
(e) MCIWEST-MCB CAMPENO 1700.1

Encl: (1) Suicide Prevention and Crisis Intervention Procedures

1. Situation. Establish the SOP for the Suicide Prevention program within the 15th MEU.

a. This Order implements, complies with, and conforms to the regulatory requirements stated in references (a) through (e).

b. This Order updates information and policies stated in the references.

c. This Order creates, establishes, maintains, and reinforces 15th MEU suicide prevention programs and procedures.

d. All definitions applicable in this Order are explained in reference (b) enclosure (3).

2. Cancellation. MEUO 1700.2

3. Mission. This SOP establishes policy, procedures and provides resources, guidance, and training to reduce suicides and suicide attempts.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

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

The 15th MEU Suicide Prevention Program and Procedures emphasizes the importance of leadership for the early identification and intervention for stressors that detract from personal and unit readiness.

(b) Suicide prevention will not be viewed as a single activity or training.

(c) Marines and Sailors will be shown that getting help for fellow Marines and Sailors in distress is a duty, not an option, and is consistent with Marine Corps ethos and values.

(d) Psychological, spiritual, physical, and social fitness will be linked with personal and mission readiness.

(e) Peer-to-peer leadership will be encouraged. Whenever a Marine or Sailor is in distress, whether due to relationships stressor, stress injury, financial crisis, or combat experience, it is the responsibility of everyone to get that Marine or Sailor help.

(f) The desired outcome of the 15th MEU Suicide Prevention Program and Procedures is a proactive, efficient and effective strategy to maintain the readiness of both individual Marines and Sailors. The 15th MEU strategy is aligned with the Marine Corps' larger, holistic prevention approach to behavioral health that seeks to develop coping skills, increase resilience, and increase access to and engagement of behavioral healthcare services.

(2) Concept of Operations

(a) This Order requires the Suicide Prevention Program and Procedures be implemented throughout the 15th MEU to reduce the risk of suicide for Marines and Sailors, dependents and civilian employees; to minimize adverse effects of suicidal actions on command readiness and morale; and to preserve mission effectiveness and war-fighting capability.

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

(c) The 15th MEU Suicide Prevention Program and Procedures shall be implemented to reduce the risk of suicide, to minimize adverse effects of suicidal behavior on command readiness and morale, and preserve mission effectiveness and war-fighting capability.

(d) Per reference (b), the 15th MEU Suicide Prevention Program and Procedures involves a continuum of care with several elements:

1. Awareness education and health promotion in the form of annual suicide awareness and prevention training to promote healthy lifestyles for all personnel.

2. Leadership training providing leaders at all levels with information and skills to enhance risk identification and early intervention with at-risk personnel.

3. Crisis intervention and risk management procedures for the referral and evaluation of Marines and Sailors requiring emergency behavioral healthcare and/or Marines and Sailors who have problems that increase risk for suicide such as depression and/or alcohol abuse.

4. Postvention services providing support to families and units affected by the suicide of a member.

5. Casualty reporting to higher authority to assist in improving institutional knowledge about suicide through research into risk and protective factors.

6. Reintegration of Marines and Sailors who were evaluated or treated for stress injury and were found fit for return to duty. Thoughtful reintegration can reduce future suicide risk and encourage other Marines and Sailors to engage helping services when needed.

7. Recording of the annual suicide awareness and prevention training in preparation for inspections by the Commanding General during regularly scheduled inspections.

(e) For the purposes of this Order, covered communications are oral, written, or electronic communications of personally identifiable information. All involved parties must maintain the integrity of privacy policies. Use and disclosure of such information shall be in compliance with reference (a). For the purposes of suicide prevention, failure to maintain the integrity of privacy policies undermines Marine and Sailor trust in leadership, and deters Marines and Sailors from seeking help for themselves and others.

b. Command Element Missions

(1) Suicide Prevention Program Officer

(a) Appointed in writing, the unit suicide prevention program officer, a Marine, is an administrative and/or coordinating resource for the commander to use in managing the 15th MEU suicide prevention program.

(b) The suicide prevention program officer will coordinate and manage the suicide prevention program within the command element.

(c) The suicide prevention program officer will coordinate with S-3 Training to ensure annual standardized suicide awareness and prevention training is scheduled and documented.

(2) S-3 Training

(a) Per reference (d), the S-3 Training Officer shall consult with the suicide prevention program officer to ensure adequate numbers of trainers are trained and qualified to facilitate standardized annual suicide awareness and prevention training. Master Trainers and Train the Trainers are allowed to provide training to their replacements. Vigilant turnover management is required.

(b) The S-3 Training Officer will reserve adequate training facilities, arrange with S-6 for required audio and visual equipment, keep track of Marines and Sailors attending, and enter the training into the Marines' training records.

(3) Chaplain

(a) Ensure all major subordinate element chaplains are fully aware of the contents of this Order.

(b) Ensure all 15th MEU Command Religious Program personnel, in cooperation with the local Medical Treatment Facility and installation resources, are a resource to assist the command in developing stress management and suicide prevention programs.

(4) All Leaders

(a) All leaders regardless of rank or pay grade, whether a supervisor, section head, or OIC, shall daily exercise effective suicide prevention by employing the principles of building trust, helping, knowing, and caring about the Marines and Sailors they lead.

(b) Each leader shall model healthy self-care and take action to further a work environment that publicly encourages and fully expects members to get the help that they need.

(c) All leaders, as appropriate and with respect to a member's right to privacy, will engage the member's workplace peers to support all Marines and Sailors who have sought and or received professional help.

(d) All Marines and Sailors of the 15th MEU command element will be familiar with and ready to execute Suicide Prevention and Crisis Intervention Procedures Enclosure (1).

c. Major Subordinate Element Missions

(1) All commanding officers (battalion/squadron level) shall:

(a) Use Marine leaders, medical staff, chaplains, Semper Fit coordinators, MCCS programs and SACC 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) Appoint in writing, a Marine, to fulfill duties as the unit suicide prevention program officer. Typical responsibilities of this collateral duty do not include clinician or therapy duty. Rather, the suicide prevention program officer is an administrative and/or coordinating resource for the commander to use in managing the unit suicide prevention program.

(c) Ensure all Marines and Sailors receive standardized annual suicide prevention training developed by CMC (MF). To succeed, suicide prevention training must include small group discussion. Training must therefore be provided to groups no larger than thirty Marines and Sailors.

(d) Ensure leaders who provide annual training demonstrate current knowledge about suicide prevention, use standardized training materials, and offer up-to-date information about local resources.

(e) Follow all procedures per reference (b) and (d) for commander actions in screening, evaluation, disposition, and treatment of all Marines and Sailors deemed at risk for harm to themselves or others.

(f) In accordance with reference (b), ensure all Marines and Sailors who engage in suicide related behavior or who are at risk for harm to self or others are kept in sight and escorted to an evaluation with a mental healthcare provider. Ensure appropriate follow-up appointments are completed by referred Marines and Sailors.

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

(h) Implement in writing command procedures to be followed for suicide prevention and crisis intervention plans that include the process for identification, referral, access to treatment and follow-up procedures for Marines and Sailors at risk of suicide. Per reference (b), at a minimum, procedures shall include:

1. Internal suicide-related event notification procedures.
2. Measures to facilitate crisis management.
3. Methods to restrict access of at-risk personnel to means that can be used to inflict harm to themselves or others.
4. Suicide hotline contact phone numbers.
5. Training requirements.
6. Reporting requirements.
7. Protection of confidentiality and protection of personally identifiable information.
8. Currently available internal and external suicide prevention resources.

(i) When applicable, assign Casualty Assistance Calls Officers (CACO), in accordance with reference (c), to ensure family support and access to appropriate survivor benefits; and that adequately trained medical personnel, Marine Corps Community Services (MCCS) counselors, or chaplains assess needs and facilitate requirements for supportive postvention for surviving family members.

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

(k) Submit a completed Department of Defense Suicide Event Report (DODSER) for all suicides (medical personnel will submit DODSERS for suicide attempts) in accordance with reference (c). This includes undetermined deaths for which suicide has not been excluded by the medical examiner consistent with reference (c).

(l) Facilitate access to medical, dental, and service records to aid in the thorough completion of DODSERS.

(m) Recognize personal preventive and/or proactive efforts in suicide prevention.

(2) Individual Marines and Sailors

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

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

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

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

d. Coordinating Instruction. Suicide prevention is an integral part of mission accomplishment through force preservation.

5. Administration and Logistics

a. Per reference (b), commanding officers are directly responsible for the logistical support of unit suicide prevention programs.

b. Suicide awareness and prevention materials shall be acquired with appropriated funds and may include videos, booklets, posters, and brochures and other training material mandated by the USMC.

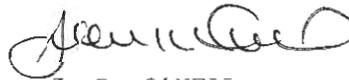
c. Where necessary, S-3 shall secure an appropriate training venue and shall coordinate with S-6, as necessary, to provide audio and visual equipment as required to conduct training.

d. S-3 will ensure annual suicide awareness prevention and training is completed and reported in the Marine Corps Total Force System.

6. Command and Signal

a. Command. This Order is applicable to the 15th MEU.

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


J. R. O'NEAL

15th MEU Suicide Prevention and Crisis Intervention Procedures

1. Internal suicide-related event notification procedures. Marines and Sailors of the 15th MEU aware of any suicide-related events will notify the CDO, Sergeant Major, Chaplain, Adjutant, Executive Officer, and Commanding Officer immediately, via telephone and e-mail, of all suicide-related events.
2. Measures to facilitate crisis management. If the Marine or Sailor is endangering self or others call 911 immediately. Marines and Sailors that express thoughts of engaging in suicide-related behavior or demonstrate suicide-related behavior will never be left alone. He or she will be escorted to the Emergency Room or Mental Healthcare Provider. Execute internal suicide-related event notification procedures after the Marine or Sailor is safe. Following a suicide attempt or suicide, the Command will formulate a multidisciplinary postvention plan to aid survivors.
3. Methods to restrict access of at-risk personnel to means that can be used to inflict harm to themselves or others. Marines and Sailors that express thoughts of engaging in suicide-related behavior or demonstrate suicide-related behavior will be escorted to the Emergency Room or Mental Healthcare Provider. Upon release back to the Command, the Command and Force Preservation Council will ensure the Marine or Sailor's access to means that can be used to inflict harm to self and others are restricted.
4. Suicide hotline contact phone number.
National Suicide Prevention Lifeline 1-800-273-TALK (8255)
5. Training requirements. See MEUO 1700.2A reference (d).
6. Reporting requirements. See MEUO 1700.2A references (b), (c), and MARADMIN 580/12.
7. Protection of confidentiality and protection of personally identifiable information. See MEUO 1700.2A reference (a).
8. Currently available internal and external suicide prevention resources.

Immediate Links in a Crisis

911 Emergency Services

Dial 911 from any phone in the United States or Canada

If you are alone or need additional professional help don't hesitate to call.

FOB Emergency Services (if in theater)

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

<http://www.suicidepreventionlifeline.org/>

The National Suicide Prevention Lifeline is a nationwide network of crisis centers. Calls are routed to the nearest available crisis center. The hotline is staffed by trained counselors and is available 24 hours a day, seven days a week. The service is free and confidential.

Direct Links For Prevention

Leaders Guide for Managing Marines in Distress

<http://www.usmc-mccs.org/leadersguide/>

The Leaders Guide for Managing Marines in Distress is an online resource that provides guidance and tools to leaders on what to look for, what to do and specific resources for helping Marines in distress. It includes a section on dealing with suicidal Marines.

Chaplain

15th MEU Chaplain 760-212-6691
Base Duty Chaplain 760-725-5061

Unit Chaplains are trained counselors and are permitted to provide comfort and advice with confidentiality assured.

Defense Centers of Excellence for Psychological Health Outreach Call Center

1-866-966-1020

resources@dcoeoutreach.org

http://www.dcoe.health.mil/media/DCoE_News/DCoE_Outreach_Center.aspx

The DCoE Outreach Center is open 24 hours a day, seven days a week to answer questions related to psychological health. Services are available by telephone or email.

Military OneSource

1-800-342-9647

<http://www.militaryonesource.com>

Military OneSource is provided by DoD at no cost to active duty, Guard and Reserve (regardless of activation status) and their families. Counseling services are provided face-to-face, online or by telephone. The service is private and confidential; however, your identity must be verified for their internal records only.

TRICARE

1-888-647-6676

<http://tricare.mil/mybenefit/>

TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide. TRICARE is available worldwide and is managed in four separate regions.

Marine and Family Services

<http://www.usmc-mccs.org/>

Marine and Family Services programs are directly related to combat readiness. They serve as a main mechanism through which a variety of programs, services and activities will be provided to our single and married Marines, Sailors and family members.

Deployment Health Clinic

1-800-796-9699

<http://www.pdhealth.mil/>

The core mission of the Deployment Health Clinic is to improve deployment-related health by providing caring assistance and medical advocacy for military personnel and families with deployment-related health concerns.

Military Medical Treatment Facilities

Many Marine Corps Installations have clinics or hospitals which provide behavioral healthcare for military personnel and family members.

Substance Abuse Rehabilitation Programs (SARP)

SARP performs substance use screenings for potential alcohol and drug problems among all active duty, retired and qualified family members at all host and tenant commands. To access services at SARP, please contact your command SACO or your Primary Care Manager (PCM). There are no consequences when Marines report dependency problems on legal drugs.

Operational Stress Control and Readiness (OSCAR)

OSCAR mental health professionals are not primarily clinical health care providers, but rather combat/operational stress control specialists who educate and are educated by their Marines through repeated contact in the field and the sharing of adversity, before deployment, during deployment and after deployment. OSCAR Teams are set up with infantry units close to the front.