UNITED STATES MARINE CORPS
MARINE WING HEADQUARTERS SQUADRON 1
1ST MARINE AIRCRAFT WING
UNIT 37121
FPO AP 96373-7121

SqdnO 1720.1E
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17 AUG 2022

SQUADRON ORDER 1720.1E

From: Commanding Officer, Marine Wing Headquarters Squadron 1
To: Distribution List

Subj: MARINE WING HEADQUARTERS SQUADRON 1 SUICIDE PREVENTION AND CRISIS INTERVENTION

Ref: (a) MCO 1720.2A Marine Corps Suicide Prevention Program
(b) MCO P1700.27B W/CH 1 MCCS Policy Manual
(c) MARADMIN 461/15 Marine Corps Marine Intercept Program
(d) MARADMIN 512/14 Embedded Behavioral Health Prevention Capability
(e) MARADMIN 135/13 Suicide Prevention Officer Training
(f) MARADMIN 580/12 Report Requirements ICO DOD Suicides
(g) MARADMIN 355/20 Change to OPREP-3 Reporting
(h) MCO 3504.2A Operations Event/Incident Report (OPREP-3) Reporting
(i) HWMC Functional Area Inspection Suicide Prevention Program Checklist
(j) NAVMC 1720.1 Marine Corps Suicide Prevention System Procedures

Encl: (1) MWHS-1 Suicide Prevention Resources
(2) MWHS-1 Crisis Response Decision Making Tree
(3) Suicide Behavior: Reintegration Plan
(4) Suicide Prevention Definition
(5) Post Intervention Procedures
(6) Personnel Affected by Suicidal Crisis Checklist
(7) Supporting Team Appointment Letter

1. Situation. To provide policy and procedural guidance to the personnel of Marine Wing Headquarters Squadron 1 (MWHS-1) for the successful implantation of the Suicide Prevention Campaign. Implementation of this order requires the integration of multi-disciplinary capabilities.

2. Cancellation. This Order cancels Squadron Order 1720.1D.

3. Mission. MWHS-1 will emphasize suicide prevention through resiliency training and command resources in order to enable all Marines, Sailors, and family members to apply a healthy and balanced approach to deal with the daily stress of military service and family life.

4. Execution

a. Commander's Intent. All Marines, Sailors, and families receive training to recognize the warning signs of suicide, know how to act and aid in suicidality, and know and have access to resources to seek help. Leaders at all levels should foster an environment that removes all stigmas regarding suicide and receiving help. MWHS-1 will employ a team effort at every level in the chain of command to prevent and respond to suicide ideations, attempts, and deaths by suicide. The focus will always be to get the Marine, Sailor, or family member the help he or she needs.

b. Concept of Operations. MWHS-1 Suicide Prevention Campaign will employ the five Combat and Operational Stress Control (COSC) principles in order to develop totally fit Marines, Sailors, and Families, prevent suicidality, and promote resiliency for all members of the command. The five principles of COSC will be incorporated in the following ways:

(1) Strengthen. Leaders will conduct tough and realistic training to develop technical proficiency and unit cohesion. Leaders will promote programs and attendance at events that enable service members and their families to cope with operational stress and to build resiliency.

(2) Mitigate. Many stressors can be avoided through planning and the impact to others can be reduced, giving Marines a greater reserve to address those stressors that cannot be avoided. Good leadership and risk management decisions can help empower healthy coping strategies and build resiliency for future stressors.

(3) Identify. Promptly identify and address signs of stress before they escalate by understanding the stress continuum and decision matric. Section heads, use the Force Preservation Council (FPC) worksheet to list any issues/stressors an individual is coping with and brief to the Council during the monthly meetings, or as often as required.

(4) Treat. Take action, immediately. Give yourself and your Marines/Sailors the fighting chance to overcome stressors and behavioral health challenges. This ranges from self-care, while manageable, to peers and chain of command involvement, and/or referral to the Chaplain or medical personnel.

(5) Reintegrate. It is everyone's responsibility to treat all personnel with the utmost dignity, ensuring they are received completely and respectfully once recovered. MWHS-1 will support and assist in their recovery process by providing further mentorship and understanding of potential limitations imposed by their recovery.

c. Tasks. MWHS-1 shall:

(1) Designate, in writing, a Marine to serve as the Suicide Prevention Program Officer (SPPO). The SPPO will complete and pass the MarineNet SPPO training within 30 days of appointment. Ensure the SPPO is notified of the release of any suicide-related message or report.

(2) Report suicidal ideations (SIs), attempts, and deaths by suicide in accordance with the references, without delay in Operations Event/Incident Report 3 (OPREP-3) or Personnel Casualty Report (PCR), if required. Potential suicide-related behaviors are also reportable. Complete 8-day brief for all deaths by suicide.

(3) Assist in the preparation, completion, and transmittal of required reports for SIs, attempts, and deaths by suicide, or death where suicide has not be ruled out as the cause.

(4) Contact the Marine Intercept Program (MIP) coordinator through formal messaging and direct contact, in person or via phone, for any personnel engaged in suicide-related behavior. The command shall not deprive members of MIP benefits by failing to report behaviors or attempts under false pretenses. The command will also provide the contact information to the MIP counselor upon request.

(5) Restrict at-risk personnel from materials that could cause self-harm or death. The decision to remove weapons, prescription drugs, or any other lethal means that can be used for self-harm must be directed by the Commanding Officer. Alternatively, the at-risk Marine or Sailor can be removed from the threat, if necessary, as this action is authorized for any MWHS-1 personnel.

(6) Provide crisis intervention for all personnel who have engaged in suicide-related behavior and reintegration utilizing enclosures (1) though (5). These personnel will be kept in sight and promptly escorted to an appropriate Emergency Room for any medical needs and evaluation. Escorts will report or describe all suicide-related behaviors observed to the medical personnel.

(7) Evaluate secondary issues such as alcoholism and financial problems which may degenerate into suicide-related behaviors. Ensure personnel at-risk due to secondary issues have been referred to appropriate treatment resources such as Community Counseling Program (CCP), Substance Abuse Control Officer (SACO), and/or Military and Family Life Counselors.

(8) Provide follow-up support for families and units affected by the suicidal behaviors of MWHS-1 personnel, or whose suicidal behaviors affect MWHS-1 personnel. If post intervention efforts are needed, work with Behavioral Health professionals previously mentioned to provide care. Care shall be provide for all Marines and

Sailors identified at risk for suicide due to elevated risk factors, suicide ideations, attempts, or assessment by a mental health professional. Confidentiality for all those involved must be the highest priority during the event and only be compromised for the immediate physical well-being of those involved.

(9) Ensure all personnel provide assistance to their fellow Marines, Sailors, and civilian co-workers by immediately notifying the chain of command when any potential suicide-related behavior is observed, as determined by a reasonable person.

(10) Remain purposefully engaged with the Marine or Sailor, and their family members, to ensure safety, treatment compliance, and support to facility reintegration into normal duties when able.

(11) Support Squadron readiness and demonstrate the Commander's support to those who demonstrate accountability by engaging in services as needed. Eliminate the negative stigma surrounding seeking help and suicidality by encouraging peers to get help.

(12) Appoint in writing a supporting team within three working days of a death by suicide. The supporting team will consist of a Marine Officer, medical officer, mental health provider, Chaplain, Casualty Assistance Calls Officer (CACO), Provost Marshall Office (PMO), and the decedent's supervisor and co-workers. This team will aid in the collection, examination, and recording of information required to complete the Department of Defense Serious Event Report (DODSER) for a death by suicide.

(13) Those Marines or Sailors who exemplify themselves by observing and acting in any suicide prevention capacity shall be recognized by for their efforts by the command leadership. In accordance with Reference (a) Marines and Sailors should be encouraged to intervene when they recognize the warning signs or risk factors in their peers or under their charge. Recognizing these courageous acts decrease the stigma, creates an environment of trust, and most of all, encourages others to practice intervention methods. The Commander will recognize, through public acknowledgement, preventative and/or proactive efforts in the Suicide Prevention Campaign.

d. Coordinating Instructions.

(1) Suicide Response. When a member of the MWHS-1 team attempts suicide or is identified as risk of suicide the first individual to encounter the situation is responsible for the immediate follow on actions:

(a) If there is an active threat of harm to self or others, notify Provost Marshal Office (PMO) at 911 or 098-911-1911. Then, immediately notify the Squadron Duty Officer (SDO) at 090-6861-7104, who will notify:

(1) Commanding Officer

(2) Executive Officer

(3) Command Sergeant Major or Command Master Chief

(4) Chaplain and Flight Surgeon or Medical Officer

(b) Stay with the Marine or Sailor and place in your line of sight. If able to do so safely, identify and take away any items that may be used for self-harm (belt, shoelaces, knives, guns, etc.).

(c) Coordinate with command representatives and escort the Marine or Sailor to an appropriate professional. Connect the individual with professional help including access to treatment and follow up procedures for all MWHS-1 personnel identified at risk of suicide due to elevated risk factors such as suicide ideation, attempt, or assessment by a mental health provider. Prior to transport, consider requesting assistance from PMO or local police to search for weapons. If individuals are actively suicidal or homicidal, ensure that no fewer than two peers watch the at-risk individual and notify PMO.

(d) If a suicide attempt has been made or considered, escort to United States Naval Hospital Okinawa Emergency Department or the nearest Emergency Room. In the event of a suicide attempt, MWHS-1 will provide pertinent service, medical and dental records, upon request, to the responsible medical provider. The information

provided will only include necessary information used to aid the medical provider in the completion of the required Department of Defense Suicide Event Report (DODSER). Ensure medical personnel submit a DODSER in sharing of service records and pertinent personnel and unit information for all suicide attempts or deaths by suicide. The DODSER is due within 15 days of the determination of a suicide attempt, death by suicide, or undetermined deaths where suicide has not been excluded by a competent medical authority. The DODSER is completed online at https://dodser.t2.health.mil.

(e) If the individual has had suicide ideations without attempt or active evolving plan, escort the Marine or Sailor to one of the following location(s) or personnel:

(1) Camp Foster Naval Hospital Outpatient Mental Health Clinic, Bldg 620, 4th floor (DSN: 646-7645).

(2) United States Hospital Okinawa ER or nearest ER after hours.

(3) Chaplain (if desired by the individual).

(f) The escort should not or will not present themselves as the Command Representative. If a medical professional asks for input from the command, ensure they are directed the command's flight surgeon, the Commanding Officer's designated representative, or the Commanding Officer.

(2) Service members and/or family members may voluntarily store their privately owned firearms, ammunition, and other weapons that may cause harm (knives, swords, etc.) when the Commanding Officer, after consultation with health professionals, reasonably believes a service member or family member is at risk for suicide or harm to others. The CO can authorize the removal and storage of weapons and items that could be used to inflict harm to self or others for individuals who have been deemed at-risk by medical or behavioral health personnel. MWHS-1 promotes the voluntary use of gun locks and other safe storage methods for privately owned firearms. Although, Marines and Sailors do not have privately owned firearms on a property that is not on a military installation or other DoD-owned or operated property while here in Japan, many have firearms in the United States. The use of gun locks and safe storage methods ensures weapons cannot be utilized by anyone not intended to use them, as well as reduces the likelihood of negligent discharges, suicide attempts, and use of weapons in the conduct of unlawful events.

5. Administration and Logistics. The following reports must be made and submitted to Headquarters Marine Corps within the specified timeline:

a. OPREP-3 Serious Incident Report (SIR). Within six hours of any suicide-related incident, an OPREP-3 SIR will be drafted and submitted by the Executive Officer or Adjutant.

b. PCR. PCRs will be submitted as soon as an individual becomes a reportable casualty per reference (a). This applies for all SAs, suspected deaths by suicide, and deaths by suicide.

c. DODSER. Within three days of submitting a PCR, the command will send the DODSER to Headquarters Marine Corps.

6. Command and Signal

a. Signal. The command shall post emergency support resources and additional resources, as appropriate, to ensure is support is available to MWHS-1 Marines, Sailors, Civilians, and family members.

(1) Emergency Suicide Prevention Resources are available 24 hours, 7 days a week and at a minimum, shall include:

(a) National Suicide Prevention Lifeline: 1-877-273-8255, press 1 for the Department of Defense Military Crisis Line.

(b) The website: www.suicidepreventionlifeline.org, which offers online chat services.

(c) Military OneSource: 1-800-342-9647.

(d) DSTRESS: 1-877-476-7734 or DSN 645-7734 (098-476-7734).

(2) The following Suicide Prevention resources are available during working hours are are primarily for the use of the SPPO, MIP designee, and other program administrators:

(a) Marine Intercept Program (MIP) Local Community Counseling: DSN 645-2915.

(b) Embedded Prevention Specialist: DSN 645-1999.

b. Command. This campaign is applicable to all MWHS-1 personnel and requires engaged leaders, at all levels, to combat suicide and promote resiliency. The point of contact for this document is the SPPO, First Lieutenant Dylan Bruns, at DSN 645-6900, or EPBHC, Mrs. Hillary Vance at DSN 645-1999.

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