MWHS-1 Suicide Behavior: Reintegration Plan

1. Intent. Restore a Marine or Sailor to Military Occupation Specialty (MOS) – appropriate duties, settings, and responsibilities following suicidal thought or behavior. This will increase their self-esteem, self-respect, and sense of purpose.

2. Mission. To promote recovery following the return to a Marine or Sailor's assigned unit from a period of limited or light duty relating to suicidal behavior. To support unit readiness and the Commander's support to those who engage in helping services or resources.

3. Execution. Prior to a Marine or Sailor returning to full duty, a meeting should occur between the CO (or CO representative), Chaplain, Officer in Charge (OIC), and SNCOIC of the Marine in order to plan the best way to reintegrate the individual into the command. All accommodations (type, location, and hours of work) should align with the medical diagnosis and/or medical recommendations. For example, strenuous work may be inappropriate or some Marines but assist reintegration with others.

4. Triggers. These questions should be considered when reintegrating a Marine or Sailor.

a. Relationships. Are there any relationships in the workplace that might have a direct bearing on the individual's suicidal behavior or increases the stress levels (e.g. romantic relationships, physical altercations, legal witnesses, etc.)? Will the Marine or Sailor's return to unit affect their family? Long work hours and work-related stress may be detrimental to a weakened family unit. For this reason, thought must be given to family/unit support.

b. Work problems/stress. Does the individual's suicidal behavior have any connection to their duty requirements? Is the Marine or Sailor capable of dealing with the current operational tempo and stress (physical exertion, loud noises, etc.)? It should not be presumed that the Marine or Sailor cannot handle stressful situations. Often times, returning to a familiar environment is more beneficial than moving to a new job.

c. Healthcare. Is the Marine or Sailor on medication or continuing counseling? Personnel should be encouraged to take all medications as prescribed and attend all medical appointments to include counseling appointments.

d. Communication.

(1) Personal. The command and the individual should have open communication. The Marine or Sailor should be informed of the reintegration plan and encouraged to comment from a personal perspective.

(2) Unit. It is best to limit unit discussion of suicide-related behavior in order to promote a smoother transition for the Marine or Sailor. If the suicidal behavior is common knowledge within the command, it may be necessary to educate the command on the role we play in "Never leaving a Marine or Sailor behind."

5. Safety. The time period directly following discharge form the hospital is a high-risk time for suicide thoughts and behavior. Take unit level precautions that prevent social isolation but avoid stigmatizing the Marine or Sailor. Adhere to the hospital discharge safety plan. Make coordination to ensure limited access to firearms and promote the use of gunlocks.

6. Reintegration can return a sense of pride to a Marine or Sailor who has displayed suicidal behavior. As leaders, our mission is to facilitate that pride by promoting an environment of healing and reaffirming the Marine or Sailor's value to the unit and to the institution. By considering the preceding information, a command can have a profound, positive impact on an individual's reintegration and healthy coping with a serious incident.