UNITED STATES MARINE CORPS
MARINE CORPS BASE
QUANTICO, VIRGINIA 22134-5001

MCBO 1700.5A
B 01
16 Jul 10

MARINE CORPS BASE ORDER 1700.5A

From: Commander
To: Distribution List

Subj: SUICIDE AWARENESS AND INTERVENTION

Encl: (1) Standard Operating Procedures (SOP)

1. Purpose. To provide guidelines for recognizing signs of suicide risk and intervening with Marines, Sailors, and their family members who may be suicidal.

2. Cancellation. MCBO 1700.5

3. Background. The rate of suicides in the Marine Corps is a continuing concern. This Order will address this trend aboard Marine Corps Base, Quantico (MCBQ) and the need for leaders to recognize signs or indicators of potential suicide victims.

4. Other Unit Commander Responsibilities

a. Unit commanders will ensure that awareness programs are implemented and training is conducted annually.

b. Unit commanders will ensure the widest dissemination of this Order and the inclusion of the SOP (enclosure (1)) in their duty binders.

5. Reserve Applicability. This Order is applicable to the Marine Corps Reserve stationed at MCBQ.

/s/
M. M. KAUZLARICH
Chief of Staff

DISTRIBUTION: A

STANDARD OPERATING PROCEDURES

COMMAND PROCEDURES FOR INTERVENING WITH POTENTIALLY SUICIDAL/HOMICIDAL ACTIVE DUTY SERVICEMEMBERS

1. General Guidelines

a. Definitions

(1) Self-destructive Behavior. Behavior to oneself that causes injury or is a risk to health, life, or welfare.

(2) Suicide Attempt. Action taken by an individual to kill oneself.

(3) Suicide Ideation. Thoughts about ending one's life.

(4) Suicide Plan. An idea about how to kill oneself that may include how, when, and where the suicide would occur. Having a plan intensifies the risk of suicide. Having a plan and the means to implement the plan (e.g., a weapon) raises the risk of suicide significantly.

b. Warning Signs

(1) Previous suicide attempts or life-threatening behavior.

(2) Family history of suicide.

(3) Symptoms of depression, such as changes in sleeping patterns, eating patterns, energy levels, or an inability to concentrate.

(4) Recent loss(es), especially the loss of a family member, friend or significant other through death, divorce or separation, loss of honor or rank, or loss of job or status.

(5) Little or no social support systems and withdrawal from friends or family.

(6) Direct or indirect statements of suicide intention or desire to die.

(7) Specific plan with the means readily available.

(8) Feelings of hopelessness, worthlessness, self-reproach, or excessive guilt.

(9) Difficulty making decisions or solving problems, inertia.

(10) Self-neglect or lack of attention to appearance.

(11) Verbal statements such as "I wish that I were dead," "I'd be better off dead," etc.

(12) Obsession with death, dying, violence, or suicide.

(13) Setting of affairs in order or giving away prized possessions, making final preparations.

2. Intervention Guidelines. Individuals who are identified to be at risk for harm to self or others require immediate intervention. Often the period of time during which they are at acute risk of harm is only minutes or hours. Your rapid response is essential. No issues concerning suici
de are considered confidential. Mandated reporting is a necessity to ensure an individual's safety.

a. Take threats seriously. Err on the side of safety. It is easier to predict suicidal behavior when a person shows several warning signs, but with some people the warning signs may be masked or very subtle.

b. Confront the problem. If you suspect that a person is suicidal, begin asking pertinent questions. Don't be afraid to discuss whether a person has experienced suicidal thoughts--you won't plant the ideas. Getting the person to talk is a positive step.

c. Show that you care. Offer support and understanding, along with assurance that you will get the individual needed help. Many times, active duty members make statements that their command doesn't care. Genuine concern is important to people who may be feeling alone and worthless.

d. Remain calm; be directive. People who are potentially suicidal are feeling overwhelmed and hopeless. They need your firm and confident guidance because they are in crisis, unable to see options to deal with their problems, and unable to mobilize themselves to get needed help.

e. Connect the individual to professional help. If individuals are actively suicidal or homicidal (that is, currently having thoughts of harming self or others), they will be referred to the Quantico Behavioral Health Department, where they will be seen on a same-day emergency basis. During normal duty hours, individuals will be seen at the Behavioral Health Clinic. After hours, they are referred for emergency room evaluation at the National Naval Medical Clinic or closest hospital emergency room. Naval Health Clinic Quantico (NHCQ) Command Duty Officers are available to assist after normal duty hours with referrals, as are Duty Chaplains.

f. Maintain watch over the individual until seen for mental health evaluation. If a suicidal or homicidal member contacts the Command by phone, keep the individual on the phone as long as possible to obtain full identifying data (see paragraph 3d) and information about the individual's situation. Do not put the individual on hold while mobilizing assistance. If the member is in face-to-face contact, ensure someone stays with the person at all times and escorts the individual to get professional help.

g. Questions to ask. Basic questions to assess if an individual has had suicidal thoughts or plans and intent are important to determine the urgency of intervention. People who have thoughts along with a plan are at increased risk, compared to those who have vague thoughts of self-harm but no specific plan. Those with the means available, especially lethal means such as a gun or other weapon, are at even greater risk. Finding out about what has kept an individual from acting on a plan reveals something about their coping skills, resources, and support system. Ask the following questions:

(1) "Have you had thoughts of harming yourself or others?"

(2) "How recently have you had those thoughts?"

(3) "How have you thought of doing harm to yourself?"

(4) "Do you have the means available to harm yourself?"

(5) "What's kept you from acting on your plan?"

3. Procedures/Emergency Actions. Active duty members and Reservists on active duty who are identified in need of emergency mental health evaluation will generally be escorted to the NHCQ Behavioral Health Department, during the Clinic's normal duty

hours (0730-1600). Members will generally be transported to the National Naval Medical Center - Bethesda for emergency evaluation after normal duty hours. Retirees and family members will be directed to the Behavioral Health Department or the nearest hospital emergency room, as appropriate. However, if any at-risk individual reports ingestion of medication or toxic substances, indicates physical trauma, or has a weapon, call 911 for immediate emergency response.

a. Consult with a Behavioral Health Department provider at (703) 784-1779/1780 about the need for an emergency evaluation. Escort the active duty member to the evaluation; do not leave the member unattended at any time. Normally, two individuals are needed for escort services, enabling one to drive and the other to serve as an escort. After hours, contact the Information Desk at (703) 784-1515 to consult with the Command Duty Officer or Medical Officer of the Day on arranging evaluation.

b. As noted, call 911 and dispatch an ambulance if the at-risk individual reports ingestion of medication or toxic substances, or physical trauma. Attempt to determine what the caller ingested and when. The individual will be transported to the nearest hospital emergency room for treatment.

c. Call 911 if the at-risk individual has a weapon and resists assistance. The Provost Marshal's Office (PMO) and respective off-base police can also assist with transporting individuals who are a danger to themselves or others for emergency evaluation.

d. If you have telephone contact versus face-to-face contact with the at-risk individual, keep the caller on the line as long as possible while enlisting other staff to contact appropriate help. **Do not put the caller on hold**. Immediately obtain identifying data: name, address, phone number, location, nature of complaint, and the names of spouse or other family members. Use open-ended questions to encourage the individual to talk and stay connected while help is mobilized.

4. Emergency Phone Numbers

a. MCBQ Behavioral Health/Chaplains

Behavioral Health Dept, Naval Medical Clinic (703) 784-1779/1780
Information Desk (24-hour), Naval Health Clinic (703) 784-1515

Duty Chaplain (contact through CDO) (703)784-2707
Command Duty Officer (MCCDC) (703) 784-2707/4096

b. Military Emergency Rooms

Walter Reed Emergency Room (301) 295-4810/
DSN 662-1199
Bethesda Emergency Room (202) 782-1199
DeWitt Army Community Hospital
(Ft. Belvoir) (703) 805-0518

c. Civilian Hospital Emergency Rooms

Potomac Hospital (703) 670-1363
Prince William Hospital (703) 369-8337
Mary Washington Hospital (540) 741-1111
Stafford Hospital (540) 741-9111

d. Military/Civilian Police

Base PMO (703) 784-2251/2/3
Quantico Police (703) 640-7500
Prince William Co. Police (703) 792-6500
Stafford Co. Police (540) 658-4400