

SAFE AND EFFECTIVE

Practices for Suicide Prevention and Response

Suicide Communication Standard Rules of Engagement



All communication regarding suicide influences attitudes, perceptions, and behaviors.

Specifically, care must be taken to promote health and wellness, mitigate risk, and maintain a supportive and winning mindset which enhances total fitness.



We must maintain the momentum we have gained as an institution in addressing death by suicide, a serious and preventable problem that affects the entire Corps. The following guidance is to describe practices critical in keeping the faith with Marines, attached Sailors, and their families.



Use these Standard Rules of Engagement (SROE) when addressing death by suicide to any audience; under any circumstance; in any forum (e.g., articles, policy, briefs, training, safety stand downs, and unit musters).



This standardization is critical to minimize misperceptions and correct myths, which can encourage those who are at risk to seek help— deviations from the below practices can negatively influence behavior and increase risk. **Any audience can include someone who may be considering suicide or know someone who is considering suicide.**

1

Use standardized terms¹. Suicidal ideation, suicide attempt, and died by suicide are terms approved by the Centers for Disease Control and Prevention.

2

Emphasize prevention. Suicides are preventable and timely intervention can stop many suicides. Actions must be taken if an individual is having thoughts of suicide or might be at risk. Promote use of the Marine Corps suicide prevention method R.A.C.E. (Recognize, Ask, Care, and Escort), described in MAPIT/UMAPIT².

3

Promote identification of warning signs. Sometimes those considering suicide will only display very subtle signs; we have to be alert to see them. It's important for friends, family, and leaders to talk to each other to get a more complete picture. Red flags include withdrawal or social isolation, talk of feeling hopeless or worthless, sudden mood changes, reckless behavior, talk of death or dying, and loss of interest in activities or things that used to be enjoyable

4

Address risk factors and triggering events. Those who die by suicide may experience risk factors and triggering events; many experience a diagnosable stress illness, substance abuse disorder, or both. The likelihood of suicide can be reduced by identifying those who may be at risk and implementing protective factors, resources, and ongoing social support. Risk factors and triggering events are described in MAPIT/UMAPIT³.

5

Promote help-seeking. Provide concrete steps for connecting with resources. Make the following information widely available, anyone who has thoughts of suicide or know others who are or might be at risk can:

- Walk-in or call any Community Counseling Center, Mental Health Clinic or Military Treatment Facility, Military Family Life Consultants (MFLC), as well as established local service providers and crisis centers
- Call the DSTRESS Line (1-877-476-7734 or use www.dstressline.com), Okinawa and MCAS Iwakuni call 098 970 7734 or DSN 645 7734, Military OneSource (1-800-342-9647 and use www.militaryonesource.mil), National Suicide Prevention Lifeline (1-800-273-8255 and Press 1 or text to 838255) and use www.veteranscrisisline.net), Europe call 00800 1273 8255 or DSN 118, Korea call 0808 555 118 or DSN 118

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Remove means of suicide. After identifying those at risk, remove any means of suicide such as weapons or stockpiled pills.



TERMS

1. **Suicide 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.
2. **Suicidal Ideation:** Thinking about, considering, or planning suicide.
3. **Died/Death by suicide:** A person who attempts suicide or dies by suicide is experiencing deep emotional pain, hopelessness, or mental illness - or all of the above. Such pain does not make someone a criminal. But the word "commits" makes suicide sound like a crime.⁴



UNACCEPTABLE TERMS

1. **Committed suicide:** Think of what else the word "commits" is used for. Somebody commits murder. Or commits rape. Or commits robbery. What is the common denominator? The word "commits" in combination with a noun often signifies a crime or another act of wrongdoing, such as "adultery."⁵
2. **Failed Attempt:** This terminology gives a negative impression of the person's action, implying an unsuccessful effort aimed at achieving death. Alternate terms: suicide attempt or suicidal self-directed violence.
3. **Nonfatal suicide:** This terminology portrays a contradiction. "Suicide" indicates a death while "nonfatal" indicates that no death occurred. Alternate term: suicide attempt.
4. **Successful suicide:** This term also implies achieving a desired outcome whereas those involved in the mission of "reducing disease, premature death, and discomfort and disability" would view this event as undesirable. Alternate term: suicide.
5. **Suicide gesture:** Manipulative act, and Suicide threat - Each of these terms gives a value judgment with a pejorative or negative impression of the person's intent. They are usually used to describe an episode of nonfatal, self-directed violence. A more objective description of the event is preferable such as non-suicidal self-directed violence or suicidal self-directed violence.

MARINE
&
Family

 www.usmc-mccs.org

ONLINE RESOURCES

¹ Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements, Feb 2011 at <http://www.cdc.gov/violenceprevention/pdf/self-directed-violence-a.pdf>

^{2,3} MAPIT/ UMAPIT facilitator guide is available at <https://ehqmc.usmc.mil/sites/family/mfc/MAPIT/SitePages/Home.aspx>

^{4,5} Language about Suicide (Part 1): The Power of Words. (2013) Retrieved June 27, 2016, from <http://www.speakingofsuicide.com/2013/04/13/language>

Suicide Prevention Resource Center at www.sprc.org