

Suicide Prevention Capability Stakeholder Survey USMC-HQ-21026.

In this survey, we would like to gain feedback from individuals who contribute in some way to the broader efforts toward suicide prevention in the Marine Corps. In order to understand the Marine Corps' system for suicide prevention, we wish to gain input from stakeholders across a wide range of billets and professional focus, including those who may not be directly tasked with suicide prevention. The results of this survey will help Headquarters Marine Corps better support staff, Marines, and Families in the suicide prevention mission. The survey is anonymous and your participation is completely voluntary.

If you would like to participate, please click “Yes” to proceed.

- Yes *[Survey will start if selected]*
- No *[Survey will terminate if selected]*

Please indicate your position. If you do not see your specific position title, please select the option to which your position most closely aligns or supports.

- Suicide Prevention Program Officer
- Behavioral Health Branch Head
- Embedded Preventive Behavioral Health Capability (EPBHC) Analyst, Coordinator, or Director
- EPBHC Specialists
- Navy Chaplain / Religious Program Assistant
- Embedded Mental Health Provider
- Corpsman or Unit Doc
- Other [Small text box]

Please indicate which of the following best describes whom you support.

- I MEF (1st Marine Division, 1st Marine Logistics Group, 3rd Marine Air Wing) OR MCIWEST (MCB Camp Pendleton, MCAS Camp Pendleton, MCAS Miramar, MCAS Yuma, MCLB Barstow) OR MCRD San Diego, MAGTF Training Command/MCASGCC Twenty-Nine Palms, or MCMWTC Bridgeport
- II MEF (2nd Marine Division, 2nd Marine Logistics Group, 2nd Marine Air Wing) OR MCIEAST(MCAS Beaufort, MCB Camp Lejeune, MCAS Cherry Point, MCAS New River, MCAS Blount Island, MCLB Albany) OR MCRD Parris Island
- III MEF (3rd Marine Division, 3rd Marine Logistics Group, 1st Marine Air Wing) OR MCIPAC(MCB Camp Butler, MCAS Iwakuni, MCAS Futenma, CATC Camp Fuji, Camp Mujuk, MCB Hawaii, MCAS Hawaii)
- MARFORRES (4th Marine Division, 4th Marine Logistics Group, 4th Marine Air Wing)
- MCINCR/MCB Quantico (MCAF Quantico, Henderson Hall, Marine Barracks Washington DC) OR Camp Allen/Elmore
- None of these
- Other – A Marine Corps Installation or facility not listed here
- Other – An Army, Navy, Air Force, National Guard, or other Department of Defense installation or facility not listed here
- I prefer not to answer

Are you currently or do you typically provide support on a deployed vessel?

- Yes
- No
- I don't know

Are you a certified Operational Stress Control and Readiness (OSCAR) Team Member?

- Yes
- No
- I don't remember

Job Duties – Specific

A list of activities has been provided. On average, how much time do you spend conducting the following activities during within your area of responsibility? If you do not engage in the activity, please put “N/A” as your response.

Task or Activity	Daily	Weekly	Monthly	Quarterly	Semi-Annually	Annually	N/A
Promoting best practices and appropriate messaging (e.g., creating social media posts)							
Facilitating outreach (e.g., hanging flyers, sharing resources with Marines)							
Connecting stakeholders (i.e., acting as a liaison between other suicide prevention stakeholders and connecting them with one another)							
Synchronizing prevention efforts (e.g., reducing duplicative efforts, coordinating and collaborating efforts)							
Coordinating with embedded resources, installation resources, or off-installation resources							
Identifying distressed Marines for appropriate support (i.e., recognizing signs of critical stressors)							
Referring or connecting a distressed Marine to appropriate treatment or support							
Treating a distressed Marine (e.g., counseling, medical treatment)							
Facilitating or engaging in efforts to support Marine reintegration following treatment and recovery (e.g., helping a Marine return to work duties, reducing stigma, etc.)							
Consulting with behavioral health, medical, or other service providers about a Marine or unit							
Advising and/or briefing Command (i.e., specifically disseminating information to command about findings, policies, and procedures)							
Monitoring and/or managing suicide prevention training (e.g., scheduling, logistics, tracking completion)							
Communicating/disseminating policy, procedures, and resources to Marines							
Facilitating suicide prevention training (i.e., conducting annual suicide prevention training)							
Identifying unit level risk and protective factors							
Analyzing data related to suicide prevention, tacking, or monitoring							
Translating and disseminating finds to key stakeholders (e.g., briefs info papers, etc.)							
Identifying unit level needs for training and resources							
Reviewing available evidence (e.g., looking over literature reviews, risk and protective factors reports, and data disseminated from HQ or other DoD entity)							
Reporting/tracking suicide-related events (e.g., ideations, attempts, deaths)							
General administration and coordination of local program (e.g., maintaining the duty binder, preparing for an IGMCI inspection, etc.)							
Other activity related to suicide prevention [specify below]							

Suicide Prevention is made possible by a system composed of a variety of stakeholders, some with direct focus on suicide prevention and others with more indirect contributions. Please describe, in your own words, how you support (or manage if applicable) the Suicide Prevention System. Please do not include PII in your response. (Open-ended)

Please describe, in your own words, what promising practices you have observed regarding suicide prevention. Please do not include PII in your response. (Open-ended)

Please describe, in your own words, the barriers that exist to effective suicide prevention in the Marine Corps. Please do not include PII in your response. (Open-ended)

How much professional collaborative interaction do you have with the following suicide prevention stakeholders?

	No interaction	Minimal interaction	Moderate interaction	Frequent interaction	Very frequent interaction	I don't know who this person is
Suicide Prevention Program Officers						
HQMC Suicide Prevention						
Marine Intercept Program (MIP) Providers						
CCP/FAP/SAP Counselors						
Behavioral Health Branch Heads						
Corpsmen or Unit Docs						
Military Family Life Counselors (MFLCs)						
Navy Chaplains						
Embedded Mental Health Professionals						
Embedded Preventive Behavioral Health Capability (EPBHC) staff						
Commanders						
Installation Resources						
Off-installation Resources						
Other: (Please list)						

Of the stakeholders with whom you have at least some interaction, are there any barriers to cooperative efforts for suicide prevention? If so, please elaborate. Do not include PII in your response. (Open-ended)

I am _____ confident in my ability to support Marines at risk for suicide should I encounter them.

- a) Not at all
- b) Somewhat
- c) Moderately
- d) Very

I would need _____ to feel fully prepared in my support of Marines at risk for suicide.

- a) No further training
- b) A little more training
- c) A fair amount of more training
- d) A lot more training

Suicide Prevention Goals

In the following section, please assign a number to each of the suicide prevention goals listed below in order to rank their importance in effectiveness for preventing suicide, with "1" being the most important and "12" being the least important.

Goals	Rank
Know what leads to, or protects against, suicidal behavior, and learn how to change those things to prevent suicide.	
Determine the degree of suicide risk among individuals in diverse populations in diverse settings through feasible and effective screening and assessment approaches.	
Find ways to assess who is at risk for attempting suicide in the immediate future.	
Ensure that people who are thinking about suicide but have not yet attempted receive interventions to prevent suicidal behavior.	
Find new treatments and better ways to use existing treatments to prevent suicidal behavior.	
Ensure that people who have attempted suicide can get effective interventions to prevent further attempts.	
Ensure that health care providers and others in the community are well trained in how to find and treat those at risk.	
Ensure that people at risk for suicidal behavior can access support services that work, no matter where they are.	
Ensure that people getting support for suicidal thoughts and behaviors are followed throughout their treatment so they don't fall through the cracks.	
Increase help seeking and referrals for at-risk individuals by decreasing stigma.	
Prevent the emergence of suicidal behavior by developing and delivering the most effective prevention programs to build resilience and reduce risk in broad-based populations.	
Reduce access to lethal means that people use to attempt suicide.	

Is there anything else you would like to share as it relates to suicide prevention in the Marine Corps? Please do not include PII in your response. (Open-ended)

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