



MARINE CORPS WARFIGHTER

MENTAL READINESS PLAYBOOK



Foreword

Marines, Sailors, and Civilian Teammates,

SgtMaj Ruiz and I firmly believe that mental readiness is just as critical to our combat readiness as physical fitness. Like so many of you, we have personally seen the unfortunate consequences that one Marine's mental health tragedy can have on an entire unit – not to mention their friends, family, and local communities. As a Nation and as a Corps we have made enormous strides over the past two decades in recognizing and treating mental health. We must remember, however, that mental health crises are not confined to wartime. We must treat it like any other component of Total Fitness – something to be strengthened and honed in peacetime, so that it can withstand the rigors of combat.

As Marines, we are America's 911 response force, always ready to answer the call, and that readiness starts from the inside out. Our mental resilience is the backbone of our strength, ensuring that when the nation needs us, we're at our best, both physically and mentally.

This Mental Readiness Playbook is your tool to tackle the challenges that can't be seen on a Physical Fitness Test. It's designed to help leaders at every level understand, support, and enhance the mental well-being of our Marines. Think of it as your go-to resource for fostering a culture where mental health is prioritized. But let's be clear – this playbook is just one tool in your kit. Nothing beats the power of kneecap-to-kneecap leadership and mentorship.

Use this guide to start conversations, but never forget the human element that makes our Corps unbeatable. Leadership is about connection, understanding, and always being there for your Marines. Let's ensure that every Marine knows that seeking help is a sign of strength, not weakness. Semper Fidelis.



Carlos A. Ruiz
Sergeant Major of the Marine Corps



Gen Eric M. Smith
General, U.S. Marine Corps
Commandant of the Marine Corps





SECTION 1 - WHAT'S IN IT FOR ME?	1
Command Team	3
Small Unit Leaders	3
All Marines	3
Combat and Operational Stress First Aid (COSFA)	4
SECTION 2 - KEEP GROWING AS A LEADER	6
Creating Time and Space	6
Having Effective Conversations with People in Need	7
Leadership Self-Awareness	10
SECTION 3 - STAYING IN THE FIGHT	10
Spread the Truth	12
Stress Decision Flowchart	13
Responding with Compassion	14
Follow Through	14
Warfighter Mental Readiness	14
The Upward Spiral	15
Suicide Prevention Quick Tips for Leaders	16
The Downward Spiral	17
Criteria for Notification to Command	18
Commanders' Communication with Medical	18
The Warm Hand Off	19
Marine Requested Evaluation	19
Command Requested Evaluation	20
The Mental Health Roadmap	20
SECTION 4 - ARSENAL OF RESOURCES	22
Behavioral Health Mobile and Web Resources	23
Commander Assets	24
Force Multiplying Resources	25
Clinical Tools Outside of The Command	32
Other Non-Military Services Available to You and Your Command	35



SECTION 1 - WHAT'S IN IT FOR ME?

Mental readiness is central and critical to warfighter readiness. Properly caring for yourself and your Marines guarantees success on the battlefield and in life. Marines, you are some of the toughest and most resilient people on the planet. With that said, even superheroes need help at times. Mental health can be a tough discussion, but taking care of Marines is not, and it is what we are tasked to do. We cannot afford NOT to have these meaningful conversations. Mental readiness directly impacts each one of us, regardless of rank or billet. This playbook provides you with tools to help.



**Give us a chance first Marines,
we are proud of you.**

— General Eric Smith, 39th Commandant of the Marine Corps

BLUF: Taking care of Marines is the plan of the day, every day. Doing it well requires constant training. The best leaders are voracious consumers of knowledge. This is a guide for effective influence. Read this playbook from cover to cover in the same way you would read an occupational publication.

Leaders at all levels—from small unit leaders to the Command Team—will:

1. Take care of their own.
 - Build a climate of trust and respect.
 - Know and invest in your people.
 - Promote Marine Corps Total Fitness.
2. Keep growing as a leader.
 - Have meaningful conversations.
 - Partner with clinical and non-clinical experts.
 - Lead from the front on accessing mental health resources.
 - Seek healthy outlets to avoid stagnation.
3. Stay in the fight.
 - Recognize risk factors and warning signs.
 - Emphasize resilience and promote protective factors.
 - Get people the care they need and keep them in the fight.
4. Utilize the arsenal of resources.
 - Consult with both nonmedical (e.g., chaplains) and clinical (e.g., medical professionals) experts.
 - Recognize engaged leadership as the most important resource available.

Over the history of the Marine Corps, one thing is clear: it is our people that make us great. Use this playbook to help your people—creating teams that are connected, cohesive, inclusive, and ready to dominate in any and every assigned mission.



“It is in fact you, the individual Marine, that the Corps draws its strength from. Upon earning the title Marine, you made a commitment to yourself, your family, your fellow Marines, and the Corps. I’ve made that same commitment. We must discipline our day and train hard with the goal of being better versions of ourselves than yesterday.”

— SgtMaj Carlos A. Ruiz, 20th Sergeant Major of the Marine Corps

This playbook is intended to arm you with the tools to support the warfighter readiness of your unit and prevent adverse mental health outcomes or harmful behaviors. When harmful behaviors occur, you will be prepared to connect your people with the right resources, at the right level, at the right time.

Mental fitness is one domain of Total Fitness. Each domain—mental, physical, spiritual, social—strengthens the other. The goal is to create a community of support, where Marines remain connected to the mission, the command, and each other.

In the Marine Corps, there is a connected relationship between: Marines, their command, and the System of Care. Well-coordinated responses, built on relationships within this triangle, lead to better results for all hands. **Conversations between led and leader must regularly cover the warrior wellness octagon:** relationships, alcohol, finances, firearms, adversity, significant other, work and physicality (sleep/nutrition).

Command leadership is accountable for the command climate and for enabling their Marines to build skills that will help them navigate the literal battlefield, the battlefield of life, and the battlefield of the mind in healthy and productive ways.

This is not an either/or discussion, where leaders either care more about the mission or their people. Care for people is a force multiplier for mission readiness. Taking care of our people must be foundational to everything we do, and command leadership must be the source of hope for our Marines, so they have a sense of purpose, seeing their commitment to our Nation through our Corps as valued and worthwhile.

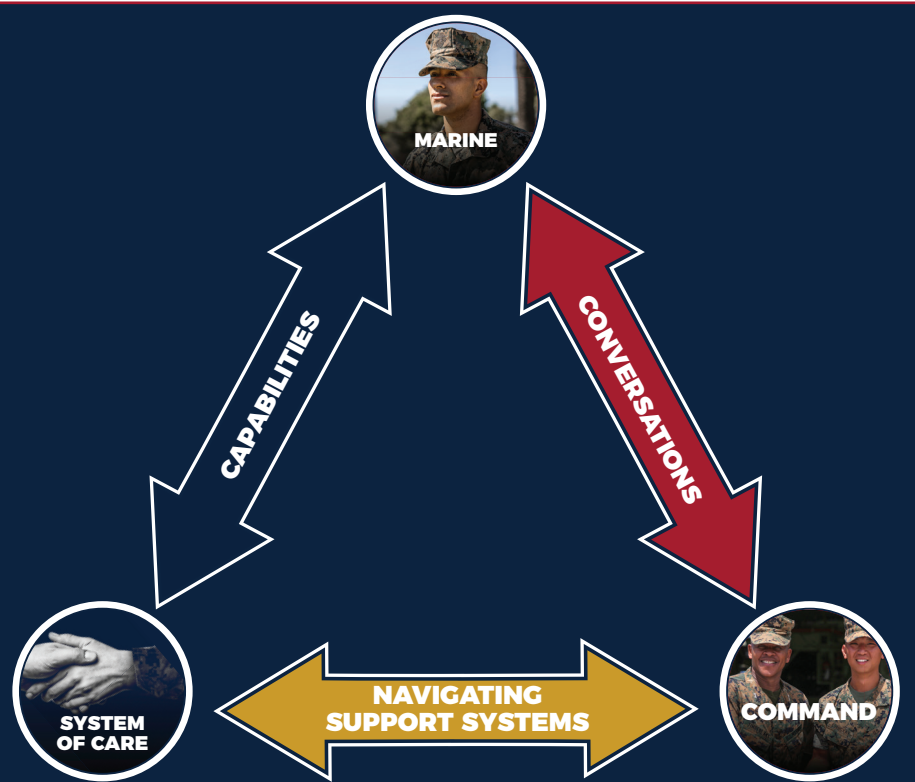


FIGURE 1. (RIGHT) relationship between commands, Marines, and the system of care

COMMAND TEAM

Within a climate of trust and respect, peer-to-peer relationships and engaged leadership are the most powerful defense against mental fitness challenges. No external resource can replace the commander’s role or the role of a fellow warrior or friend.

The commanding officer (CO) shall establish and foster a climate of trust and respect. A command with high levels of trust and respect enables Marines to seek help before harmful behaviors occur and enables leaders to recognize warning signs and connect Marines with resources. Most importantly, a unit built upon trust and respect is a more lethal team.

Toxic environments undermine unit cohesion. It is every leader’s responsibility to seek and destroy all behaviors which undermine connectedness. These behaviors are not solely hazing or bullying, but include other barriers to fostering a help-seeking culture. Critical to establishing the right type of preventive climate is **eliminating the stigma** for talking about a mental health condition and seeking support. There is no better way to do this than for leaders to be transparent and vulnerable, role-modeling the behavior they need all hands to practice. This could mean sharing your personal experiences, encouraging utilization of resources, and showing care and concern when speaking about those who are seeking help.

“I can’t believe what you say because I see what you do.” – James Baldwin

Above all, Marine Corps leaders must do all we can to create an environment where our people understand that we care about their well-being, so they can do the most valuable and meaningful work of their lives, alongside people they respect—where they are prepared and enabled to succeed. The environment must encourage and promote help-seeking behaviors.

The Command Team must care about the Marines throughout the continuum, from prevention to intervention to reintegration. Most Marines will not require high level care and most of life’s stressors can be combatted through increased skills and engaged leadership. The best Command Teams are ready to support Marines in every time and place.

SMALL UNIT LEADERS (REGARDLESS OF RANK OR BILLET)

It is incumbent upon every leader to develop great competence in taking care of their people: the minds, bodies, and spirits entrusted to them. This begins with empathy, listening to hear and understand, genuinely caring, and knowing when it is beyond the leader’s scope and external resources will be beneficial.

Small unit leaders are arguably more critical than the Command Team in creating professional and caring environments, recognizing warning signs, reinforcing the available resources and the messaging that seeking help is encouraged. Doing so will help them identify stressors and other risk factors so action can be taken as early as possible.

Leaders should strive to become **fluent in prevention programs and available resources**, so they can understand how to identify and respond to a mental fitness concern. When in doubt, leaders must be courageous in **elevating those issues they cannot fix or resolve at the lowest levels**.

ALL MARINES

Combat Operational Stress Control (COSC) foundational principles are the bare minimum expectations of all Marines. COSC is a unit’s organic peer support program and enables effective and impactful leadership. These five core leader functions enable leaders to navigate the stressors of their lives and the lives of their Marines. The Five Core Leader Functions: Strengthen, Mitigate, Identify, Treat, and Reintegrate, to develop a Marine Corps Total Fitness (MCTF) mentality toward wellness. This encompasses a mindset of mental, physical, spiritual, and social fitness and wellness. **A Total Fitness mindset is the foundation of the mental fitness of our force.**



All Marines must consistently assess how they are taking care of their own mental, physical, spiritual, and social fitness, as well as the healthy functioning of their fellow Marines. Stress is an inevitable part of life and an inherent part of military service. **Self-care is paramount.**

The stresses of Marine Corps life will test the SMITR (Strengthen, Mitigate, Identify, Treat, Reintegrate) framework and mindset. **Strengthen** focuses on how leaders and individuals can strengthen their Marines and themselves to navigate the stressors of life. **Stress is not the enemy** and, in most cases, can make individuals and teams stronger and better. However, it is important that people recognize when they are being pushed to a breaking point, beyond their level of personal resilience. Just as critical, leaders must set a positive environment that allows Marines to engage in self-care and recover from prolonged periods of stress.

Consistently, the data and the science show that if people are not sleeping, eating, or exercising regularly and have no constructive connections with others and something bigger than themselves, they are at higher risk for experiencing a mental fitness challenge. Mitigating stressors as much as possible, builds skills that strengthen protective factors, put the right systems and support in place, avoid elements that numb or deflect the challenges of our environment, and make our people more resilient. The scientific link between mental well-being and proper nutrition, sleep, and healthy social connections is crucial for leaders to understand and emulate.

As a person's stress load becomes larger, relationships with family, peers, and leaders matter most. Having a network to rely on for support and for getting to the resources and help needed is critical to cope, strengthen, and return to optimal performance. **The value of a connected, cohesive, inclusive team cannot be overstated.**

Leaders must also **identify** Marines who need assistance by closely monitoring every available indicator of Marines' functioning and performance. Identifying involves more than looking, listening, and feeling for signs of possible breakage or wear—it means anticipating these inevitabilities. Leaders must identify not only the stress reactions, injuries, and illnesses experienced by their Marines, but also the day-to-day stressors they encounter so they can recognize high-risk situations for stress symptoms. These factors are the foundation for self-care in psychological well-being. Your local Semper Fit team is a resource for more information on total fitness.

The emphasis on Secondary Aid (Connect/Competence/Confidence) is paramount as we **reintegrate** our people into the fight. **Stress + Recovery = Growth**. The objective is not to eliminate stress, but to gain and apply the tools to adapt and overcome.

Some stress is healthy, but when not addressed it can lead to mental health challenges. If mental health care and treatment are required, leaders must be empathetic and ensure the Marine is given the time needed for care. It is the **responsibility of the individual to precisely follow the plan provided to them**, keeping leaders informed of progress or the need for additional support. Application of **Treat** is crucial here through applying the 7 Cs of Stress First Aid.

COMBAT AND OPERATIONAL STRESS FIRST AID (COSFA)

Combat and Operational Stress First Aid (COSFA). COSFA includes the 7 Cs: Check, Coordinate, Cover, Calm, Connect, Competence, and Confidence. For those that want a deeper dive, refer to doctrine **MCTP 3-30E**.

COSFA is similar the steps of basic First Aid (FA) and Cardiopulmonary Resuscitation (CPR). The first step is recognizing that something might be wrong. Next we Check by simply asking, "Are you OK?" If they are okay, we do not need to perform CPR or provide First Aid.. BUT, If Annie is not OK, we do a quick Airway, Breathing, and Circulation check and then yell, "Call EMS/medical" to get help, or Coordinate.

Similarly, to use COSFA, we look, and listen, and determine that a peer may be in trouble. We Check in, asking, "Are you OK?" and then we Coordinate with others that can assist if needed. We call this ongoing process of Checking and Coordinating Continuous Aid. We should Check in often and Coordinate as needed. This process truly never stops.



You can see on the Figure 3 diagram that Check and Coordinate are a part of each step in the process.

The next two Cs – Cover and Calm are a process called Primary Aid. These two steps are intended to save a life and prevent further harm. They are not always needed when someone is having a stress reaction, but when they are, if there is a physical safety risk you act immediately to make sure the person is safe (Cover) or provide emotional safety as able such as taking the person to a more private space.

Once safe, you assess if they are Calm. We know that people with post-stress elevated heartrate, respiration, and blood pressure show greater risk for long term health problems. This is where Calming reduces the risk for further injury. We may assist in Calming by breathing with the person or just giving them some time and safety.

The third process in Combat and Operational Stress First Aid is called Secondary Aid and these three Cs (Connect, Competence, and Confidence) are mainly a responsibility of leadership. It is important to remember that a person can have a stress injury and not be in crisis. Once a person is safe and calm, it's important that the unit and leaders act in concert with others to facilitate Connectedness, Competence, and Confidence to strengthen reintegration and resiliency, using the tools and resources that work best for them to move toward a sense of wellness.

FIGURE 3.



COMBAT AND OPERATIONAL STRESS FIRST AID (COFSA)

1. **CHECK:** Access, observe, and listen
2. **COORDINATE:** Get help, refer as needed
3. **COVER:** Get to safety ASAP
4. **CALM:** Relax, slow down, refocus
5. **CONNECT:** Get support from others
6. **COMPETENCE:** Restore effectiveness
7. **CONFIDENCE:** Restore self-esteem and hope

CONTINUE TO
CHECK AND
COORDINATE
THROUGHOUT
THE PROCESS

To enhance your unit's readiness with COSC principles, see MCO 5351.1 and contact your unit COSC representative or Regional Training Coordinator (RTC).



SECTION 2 - KEEP GROWING AS A LEADER

A good leader doesn't send every Marine or Sailor who is stressed or wants to talk to mental health or the chaplain. Leaders know their people and lean into conversations that create an environment of trust. Trust is not only important when the Marine is truly in crisis but enhances our warfighting capabilities as a team. Leaders are not expected to act as mental health providers. However, most Marines will bounce back from stress with caring leaders and mentors. Good leaders, the strongest leaders, possess self-awareness and prioritize their own psychological readiness. Leaders must identify their resources and support systems, prioritize their total fitness and be willing to seek help when necessary. Leading from the front is the only way we'll encourage others to seek help when needed.

Starting the conversation about mental fitness requires prior preparation. Marines will not turn to their leadership in times of hardship if there has never been a conversation with them about anything other than the mission or work. **Conversations that matter are often deeply personal and take courage.** Not everyone is a naturally born "good listener" and that is OK. It requires practice and your Marines are worth the effort. **Operational Stress Control And Readiness (OSCAR) Team Training Generation (Gen) III** training provides a great example of how to remediate a situation in which Marines are hesitant to speak up because they do not trust that others will empathize with their point of view, or when the organizational culture does not foster connectedness.

There is no right way or only way to have meaningful conversations. Tools are listed below to help you skillfully navigate a challenging moment when you are needed most. While there are some specific techniques that can be helpful in this area, there is no better starting point than going out into your command with **an acknowledgement of your own humanity and that of your team.** We are Marines AND we are human.

CREATING TIME AND SPACE

Getting to know your Marines on a personal level and starting conversations that matter is simple. **Take time out from your day to ask Marines and Sailors how they're doing and stick around for their reply.** This may be uncomfortable for some who may confuse this with fraternization, but knowing your Marines so you can recognize warning signs is a key component of leadership. Knowing your Marines makes the team stronger and makes the team work better together. The benefits from this approach are innumerable, but key benefits include:

- Setting the tone for you as a leader or a peer, showing that you care.
- Asking questions about life outside of work are tiny investments in connectedness.
- Having these conversations lay key building blocks that strengthen your team and build a positive culture.
- Building a relationship ensures conversations that matter are a more regular occurrence.
- Showing empathy is the foundation of building trust and showing that you care for their well-being.
- Revealing your human side makes others feel more comfortable sharing what is on their mind.



Having conversations that matter does not fall exclusively on the shoulders of the Command Team. These conversations should happen at all levels of leadership and can be supported by enrolling in specific trainings to develop the skills or having conversations with your unit's and installation's counselors. **Marines are more likely to trust engaged leaders who invest in them regularly and not just in times of crisis.**

Developing your emotional intelligence (EQ) is also important in shaping your ability to have conversations that matter. **EQ is the ability to recognize, understand, and manage our own emotions; and the ability to recognize, understand, and influence the emotions of others.** It's OK to be uncomfortable with certain topics and emotions but understanding and acknowledging where you struggle will help you **engage with rawness, realness, and vulnerability.**

Tips on how to improve your EQ are part of the OSCAR curriculum and include:

- Slowing down to really think about what you're hearing and then what you are saying.
- Practicing putting yourself in another person's position or rehearsing ahead of time.
- Paying attention to body language.
- Identifying and commenting on changes like, "I can see you seem overwhelmed" or "You seem distracted. I can tell this is upsetting to you," are ways to acknowledge the challenging emotions.

If an everyday conversation shifts and it becomes evident that the Marine needs care outside of your unit, you will be positioned to talk positively about using additional resources.

"Have the courage to, one more time, reach out to somebody and give them that trust that they will take care of you." – SgtMaj Ruiz, SMMC

HAVING EFFECTIVE CONVERSATIONS WITH PEOPLE IN NEED

OPTIMIZING CONVERSATIONS THAT MATTER:

- ✓ Meet in a quiet space without distractions.
- ✓ Make the other person comfortable.
- ✓ Think about your body language (EQ). Are you conveying support or annoyance?
- ✓ Be authentic—convey you really care and want to hear what's on the person's mind.
- ✓ Set up another time to talk if you are pressed for time. Make sure to follow up!
- ✓ Work to understand sources of stress. Don't assume you know the source.
- ✓ Observe non-verbal cues.

Use Empathy: In the online age with reduced face-to-face interaction, one key element for healthy communication is often missing: empathy. While sympathy involves feeling for others, empathy also involves feeling with someone (e.g., "I empathize with you because of your situation of not being selected for promotion—I remember when I was passed over. I felt distraught and angry.") Empathy is necessary for healthy relationships and conversations that matter—when we are talking with someone in need, it is better to engage them empathetically. Empathy says, "you are not in this alone" and provides a pathway to hope and help. Think about why dogs are man's best friend; they don't fix your problem, judge you or tell you how someone has it worse. They're just present. That's empathy, being present and being a witness to another person's pain.

Active Listening: Active listening requires intentionality—directing our eyes, ears, and conscious awareness toward the person you are talking with. Active listening allows individuals to express themselves freely without feeling judged and includes paying attention to non-verbal clues and cues people make (see above). Up to 70 percent of interpersonal communication is non-verbal. Active listening means giving the speaker your undivided attention. A few key features of active listening are:

- Give verbal responses to what is being said, and show you are listening.
- Offer responses to bad news that include "that must be difficult" or "I can appreciate your feelings."



- Responses do not need to convey agreement but only that the individual is being heard.
- Avoid the “fix-it” reflex and focus on the message by reflecting what you heard. Collaborate with the person to help them problem-solve, but avoid trying to solve it for them. Ask them what they’ve tried and are willing to consider.
- Get up from behind your desk, sit beside the person, relax your posture, and table your rank.

Be Engaged: To show respect for the other person, avoid having furniture or a desk between each other as that may communicate the use of power, an interpersonal distance, or barrier. Preplan and be sure to hold phone calls until after the conversation has ended so you won’t be interrupted. When interruptions are unavoidable, briefly assess if the current conversation should be rescheduled. If you must reschedule, express that you want to respect what is being said and you will reach out soon to set up another time to talk. Additional best practices include:

- Position yourself in a non-threatening way with body posture to put the other person at ease. Directly facing someone and hands lowered (no knife-hand) is typically understood as a non-offensive posture. Always give those you are talking to space to move and even walk away, if necessary.
- Be mindful of your body language and how it may be interpreted in the situation. Especially if you tend to be animated with your hands; your hands could help or even hinder you in talking with someone about mental fitness conditions.
- Look directly at the person, but do not make it a staring game. Do not look at your watch or smartphone. Keep a clock visible only to you in your office if needed. Give your undivided attention.
- Take a walk with the person you are speaking to. Movement can decrease anxiety and help someone open up.
- Nod in response. Do not smirk or rock your head side to side. Match your facial expressions with your emotions. Smile when appropriate and show concern when needed. Manage your emotional response.
- Don’t overreact. When people are vulnerable and share intimate details, they may feel self-conscious. They want their feelings to be normalized no matter how unusual the situation. Focus on support and try not to react to the details they share.
- Avoid “mind reading.” If someone looks uncomfortable, do not assume why. Simply ask them calmly, “I appreciate you talking with me, and I want you to be comfortable in discussing this matter with me. Is there anything I can do to make you feel more comfortable?”

Understand Stressors: Meeting operational commitments is our central focus but can cause tunnel vision, leading us to miss the impacts on our people. Marines experience stress from a variety of sources, both inside and outside of work. What may at first glance appear to be a workplace interpersonal issue might be a symptom of a bigger problem on the home front. Allow the Marine to tell you of their stressors rather than assume.

Recognize and Mitigate Personal Bias: The human brain is hardwired to make snap decisions based on previous experiences and judgements. These then become our biases. Biases are reflexive signals that can turn into stereotypes, preferences, prejudices, or habitual reactions we may have toward others. Bias can be either conscious or, more dangerously, unconscious. Bias is a natural part of life, and it is not always negative, but left unchecked, can cause great harm. Common examples in a military organization might include items such as differences in rank, age, gender/gender identity, sexual orientation, ethnic background, religion, or leadership position. Be mindful that a situation that seems simple to you may be overwhelming for another person.

Introversion/Extraversion and Personality: Introverts and extraverts approach human interactions differently. The extravert seeks out conversations and interactions with others as they are energized by the



human interaction. In contrast, the introvert finds energy in their private time away from others. You may find that the person you are talking with may be the opposite of your personality. Understanding that not everyone is going to share the same as you and adapting to their style will help build rapport.

Stigma: Unfortunately, the stigma associated with getting help has historically been rooted in our warrior culture. As a leader, you should be explicit in letting people know it's OK to ask for help. Further, when appropriate, asking about suicidal thoughts, "Are you thinking about suicide?" can be essential to getting someone help. We know that asking individuals if they're thinking of suicide is not going to make them suicidal and most are relieved to open up about it.

Some Conversations Will Be Hard: Mental health professionals, counselors, and chaplains are trained to have difficult conversations with those they serve. For the rest of us, it's more challenging. The person in need may not be forthcoming, and they may not want to open up no matter what you do. That's okay, just keep listening and talking. Keep building the rapport and relationship so they know you are a trusted agent who genuinely cares if they need you. AKA, "give a foxtrot." Some Marines may not talk to you right away but giving them a resource at the end of the conversation gives them hope. The Marine can text or call 988—anytime, 24/7. The Suicide and Crisis Lifeline is also available OCONUS: In Afghanistan, call 00 1 800 273 8255 or DSN 111. In Europe, call 00800 1273 8255 or DSN 118. In Korea, call 080-855-5118 or DSN 118. In the Philippines, call #MYVA or 02-8550-3888 and press 7. In Japan, dial the country code and then 1-800-273-8255. Service Members overseas may contact the crisis lifeline via the chat modality at <https://www.veteranscrisisline.net/get-help-now/military-crisis-line/>. If Service Members prefer to speak directly with someone, they can request a call within the chat. A crisis line responder will call them at the number they provide at no charge.

As a leader, you may feel pressure to have every answer, or you may feel unsure of how to have these conversations. Know that you are not alone and that your support personnel (mental health professionals, counselors, and chaplains) are there to help. It is important to be prepared, know yourself, know your limitations, and know who to refer to or confer with before you talk with someone about their mental fitness.

Command-directed Conversations: When someone is unwilling to seek help, and you have strong concerns for their well-being, a command-directed mental health evaluation (CDE) may be required. There are policies and procedures for commands to use when conversations go beyond your ability to help. Remember, if someone is thinking about harming themselves or others, you have an obligation to get them help. You may have to call 911 or the Military and Veterans Crisis Line at 988 + 1. OCONUS personnel can call 800-342-9647 or 703-253-7599. Prior to a making CDEs, it is always a best practice to talk to the Marines about the concerns you're observing and encourage them to seek help voluntarily. That makes their engagement with care more pleasant and they're more likely to continue with the care. However, if it is a life or death matter you have an obligation to get them help. Your unit's organic mental health members or the installation hospital can advise and assist.

Final Tips on Conversations that Matter:

- Find a quiet place to talk if possible. Options can include an outdoor space as well.
- Be positive.
- Avoid minimizing such as: "You are just having a bad day," "get over it," or "stop being soft."
- Use appropriate language that is supportive and reinforces help-seeking.
- Ask questions like, "How are you feeling?" "What support do you need?" "What can I do?"
- Make reassuring statements like, "we are here to help you," "you are not alone in this," "we must have each other's backs."
- Do not be judgmental or try to have all the answers.
- Know your limitations and know how and where to refer.
- Never leave someone alone that you think may harm themselves or others.
- Rank matters. If you are senior to the person you are talking with, make sure you do not use your rank as power. Instead, use it for empowerment!

Why Is Talking About Lethal Means Safety Important?

Firearms are the leading method for suicide in the Marine Corps, at a far higher rate than the civilian sector.



When Marines are in crisis, and lack the ability to navigate their strong emotions, it is imperative that leaders have a conversation with them about lethal means safety. Lethal means safety involves putting time and space between a person at risk and a lethal method (firearms, pills). The length of a suicidal crisis is as short as 5 minutes for some (25 percent) having an ideation and less than 20 minutes for others (50 percent). By delaying access to lethal means by 20 minutes or more, the risk of a suicide-related behavior occurring during a crisis drops by nearly 50 percent. Firearm owners who store their firearms locked and unloaded are 60 percent less likely to die by firearm than those who store them loaded and/or unlocked. It is difficult and touchy to ask about firearms but there may never be a more important conversation in that Marine's life. Explain to the Marine why you're concerned and ask if the Marine owns firearms and how they're stored. Express your concern, in the same way you'd talk about a person driving after having too many drinks. It's not about removing the gun forever but saying, "I care and now is not the best time to have an unsecured firearm in your possession. How can we secure it until things get better?" This conversation saves lives.

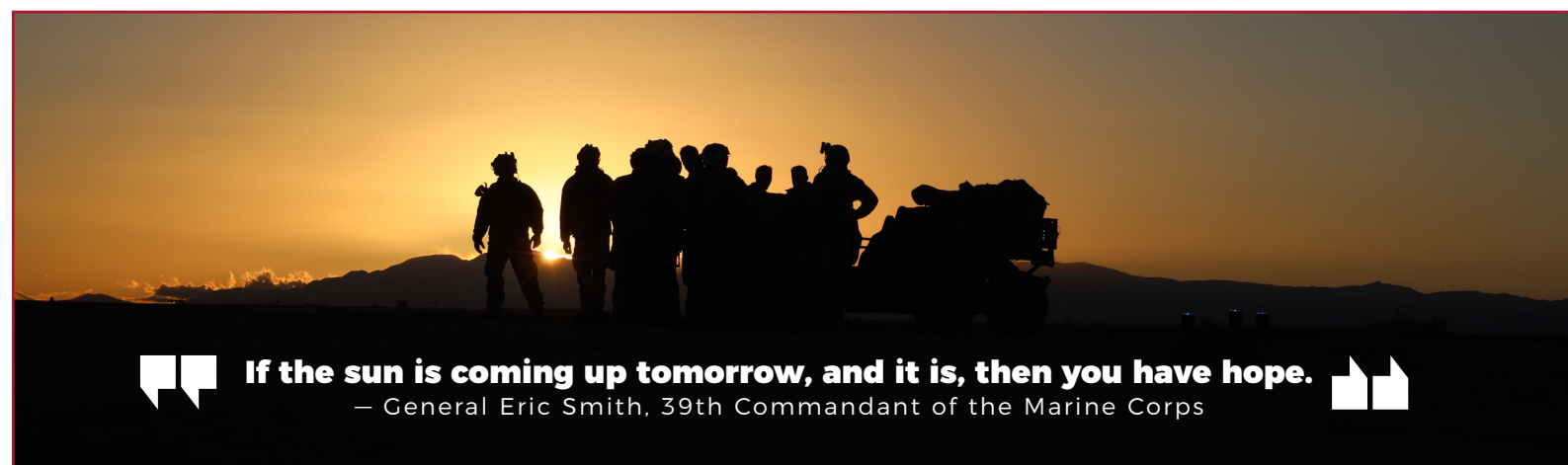
LEADERSHIP SELF-AWARENESS

Building strong mental readiness and Marine Corps Total Fitness begins with you, leaders. Have the self-awareness to invest in your own self-care, to recognize your limits and warning signs and to surround yourself with a support system who cares and knows you to speak up when necessary. Know the resources for yourself so you can speak with integrity when encouraging your Marines to use those resources. Marines lead, teach, train, and mentor. We need that leadership now when it comes to building and sustaining a psychologically ready force. And finally, in our organization, stress is part of the job. While we may be managing our stress and assisting others with theirs, at the end of the conversation we need to remember to return inward and take care of ourselves. If we do not take care of ourselves, we won't be able to help take care of others. **Command leaders must identify and train caring leaders invested in providing peer-to-peer support and sustaining a positive command climate.**

Marines are a powerful asset for building unit cohesion, connectedness, and inclusion. Assign key leaders/influencers to collateral duties connected to prevention programs. Prevention program duties include, but are not limited to: Combat and Operational Stress Control (COSC) Representatives, Operational Stress Control and Readiness (OSCAR) Teams, Suicide Prevention Program Coordinators or Officers (SPPC or SPPO), Equal Opportunity Advisors or Representatives, Force Fitness Instructors, and Substance Abuse Control Officers. Influencers should forge working relationships with other integrated prevention stakeholders, including civilians. For additional information and foundational training, these Marines are encouraged to complete the Prevention in Action Stakeholders Training on MarineNet. The Marine and Family Programs Division publishes a quarterly Prevention in Action newsletter that offers skill-building information and articles about programs that can help strengthen the total fitness of Marines and their families.

The [Interactive Mental Wellness Resource](#) is available for all and provides mental fitness skill-building information. Visit www.usmc-mccs.org/protect, and click on Prevention Skills You Can Use.

SECTION 3 - STAYING IN THE FIGHT



If the sun is coming up tomorrow, and it is, then you have hope.

— General Eric Smith, 39th Commandant of the Marine Corps



Recognizing the line between stress and distress is part of knowing yourself and knowing your

Marines: Every Marine is different, and it is important to know yourself as well as your people so you can recognize changes in behavior. For most Marines, mentorship, support, and problem-solving skills will give them what they need to stay in the fight.

Sometimes negative emotions are normal for the situation (e.g., relationship problems, failing to promote) but when negative emotions or anxiety clearly get in the way of normal functioning at work or home, the person may benefit from professional care. Be open to seeking additional help when necessary.

Barriers to Help-Seeking: Leading reasons Marines report not seeking help when in distress are a desire to fix the problems themselves, a fear of loss of privacy, a fear of being seen as weak, and a fear of risking career or security clearance. Leaders must know the truth about seeking help. Remind Marines that even the strongest can need help in many areas of life, and it doesn't mean they're weak. It's OK to tackle your problems yourself as long as you know when you've hit your limit. Leaders must know the policies governing confidentiality and ensure everyone protects the privacy of Marines seeking help. Leaders must know and repeat the facts about the impact of seeking help on one's career. The truth is seeking help is viewed favorably in security clearance adjudication.

Know yourself and your people: Marines pride themselves on being inherently self-sufficient. You must know your own limits and your people's limits while recognizing changes in behavior that may require additional engagement or resources.

LOOK FOR BEHAVIORAL CHANGES, SUCH AS:

- ✓ Concerning statements
- ✓ Harmful behaviors
- ✓ Declining performance at work

- ✓ Overall demeanor shift
- ✓ Interpersonal conflicts
- ✓ Social withdrawal



Patterns of Behavior: We should not overreact to stress, however when it impairs a person's functioning, we have crossed the line into distress. Recognize a departure from a Marine's usual attitude, behavior, and performance. Be especially mindful of alcohol misuse, suicidal statements, increased anger, poor impulse control, or interpersonal conflicts.

Safety Concerns: Suicidal statements, self-harming behaviors or attempts, or related behaviors are all a basis for immediate referral and assessment. Remember that self-harming behaviors can look like explosive anger, punching bulkheads when upset or even punching oneself and not just self-mutilation. In those cases, it is critical to talk with the Marine to understand the situation, and if needed, involve a professional counselor.

Common misconceptions persist regarding the impacts of seeking help: Very few Marines will ever lose their career or security clearance solely for seeking help. The Marine Corps and the DoD encourage you to take steps to protect your psychological readiness and stay in the fight. Seek help early and often to prevent negative impacts to your career and spread the truth about help-seeking to your Marines.



SPREAD **THE** TRUTH

PSYCHOLOGICAL HEALTH TREATMENT AND SF86 QUESTION 21

Standard Form 86 [SF86] “Questionnaire for National Security Positions” is used to evaluate individuals under consideration for Confidential, Secret, and Top Secret security clearances. One of the many reasons Service Members choose not to seek help for psychological health concerns is fear that doing so will jeopardize their clearance eligibility and careers. Here are the facts about answering SF86 Question 21:

IT'S OK TO SPEAK UP WHEN YOU'RE DOWN

TRUTH

Less than 1 percent of security clearance denials and revocations involve psychological health concerns.

TRUTH

Seeking help to promote personal wellness and recovery may favorably impact a person's security clearance eligibility.

TRUTH

Not all psychological health treatment is required to be reported when answering Question 21.

TRUTH

Any psychological health care you report when answering Question 21 is protected by privacy rights.

WHAT DOES **NOT** NEED TO BE REPORTED WHEN ANSWERING QUESTION 21

- Counseling related to adjustments from service in a military combat environment
- Marital or family concerns (not related to violence by the Service Member)
- Grief Counseling
- Counseling related to being a victim of sexual assault

Did you Know? Any psychological health care a Service Member reports when answering SF86 Question 21 is protected by privacy rights. A personnel security investigator can only initially ask a health care provider if the Service Member is coping with a concern that could impair his or her judgement or reliability to safeguard classified information. If the answer is “no”, additional questions are not authorized.

SEEKING HELP IS A SIGN OF STRENGTH, AND HELP IS ALWAYS AVAILABLE.

For confidential, 24/7 support, contact the Military Crisis Line by dialing 988 and pressing 1, or visiting www.veteranscrisisline.net.

STRESS DECISION FLOWCHART

GREEN ZONE (READY) Continue to monitor for signs of distress or loss of function



MARINE UNDER STRESS



STRESS ZONE

IDENTIFY

TAKE ACTION

DOES THE DISTRESS SEEM MILD OR TEMPORARY?

YES →

NO ↓

YELLOW (REACTING)

- Difficulty relaxing and sleeping
- Loss of interest in social or recreational activities
- Any change from normal personality
- Difficulty performing normal duties
- Hyperactive startle responses to noises
- Unusual and excessive fear, worry, or anger
- Recurrent nightmares or troubling memories

- Ensure adequate sleep and rest.
- Manage home-front stressors.
- Hold discussions in small units.
- Mentor back to full duty and function.
- If problem worsens, discuss with OSCAR Team members.

DOES THE DISTRESS SEEM SEVERE OR PERSISTENT?

YES →

NO ↓

ORANGE (INJURED)

- Inability to fall or stay asleep
- Withdrawal from social or recreational activities
- Uncharacteristic outbursts of rage or panic
- Nightmares/memories that increase heart rate
- Inability to control emotions
- loss of usual concern for moral values
- Suicidal or homicidal thoughts

- Keep safe and calm
- Rest and recuperation 24-72 hours
- Mentor back to full duty and function
- Refer to medical or chaplain

DOES THE DISTRESS APPEAR TO BE SIGNIFICANTLY IMPACTING CAREER OR RELATIONSHIPS?

YES →

RED (ILL)

- Stress problems that degrade performance
- Stress problems that last for more than several weeks post-deployment
- Stress problems that don't get better over time
- Stress problems that worsen over time

- Refer to medical
- Ensure treatment compliance
- Mentor back to duty if possible
- Reintegrate with unit



RESPONDING WITH COMPASSION

Connecting with the Marine in need, providing encouragement, asking for ways that the command can support the Marine, and encouraging a process of continuing dialogue are critical to ensure that the Marine stays engaged with the command as the matter evolves. All members of the command are positioned to encounter a fellow Marine who is struggling. Balancing administrative and operational responsibilities of leadership will set the stage to successfully reintegrate them back into the command later. If your Marines are admitted to any medical facility, visit them and show command support..

HOW TO PROVIDE AN EMPATHETIC RESPONSE TO A DISTRESSED MARINE:

- ✓ Engage in active listening.
- ✓ Ask, "How can I help?"
- ✓ Encourage Marine to talk to leadership.
- ✓ Engage leadership to ensure safety of the impacted Marine.

FOLLOW THROUGH

It is not enough to simply hand a Marine a pamphlet expecting them to seek help at a resourced location. Leaders must follow up with their Marines and ensure they actually received help from a resource. If they did not, leaders can help those who are distressed in finding another resource or outlet. The "No Wrong Door" policy is imperative to keep in mind, and we all must reinforce the concept.



WARFIGHTER MENTAL READINESS

Stress is inevitable. Suffering is optional. Stress is a necessary building block to strength. Sometimes these tools include external resources and support. Our goal is not to eliminate stress but to help Marines gain the tools to adapt and overcome. When you create and demand an environment of mutual respect, trust, mentorship, and leadership, you enable your Marines to seek YOU and Marine Corps resources when they have exhausted their own internal resources to handle challenges. Marines leading, teaching, training, and mentoring is the foundation of unit cohesion and connectedness, a leading protective factor against all harmful behaviors. The tools below are necessary to set your Marines up for success in all aspects of life.



THE UPWARD SPIRAL



- **Radical Acceptance:** A conscious effort to acknowledge and honor difficult situations and emotions. Feelings are just that, feelings and not facts. Roll with them instead of fighting them. You'll feel better.
- **Practicing Healthy Habits:** Those who have healthy outlets, ie., a gym routine, volunteering, journaling, the arts, yoga, etc., all have lower rates of self-destructive behavior. They enjoy life more too!
- **Self-Improvement:** We are creatures of habit. As such, we must stay on the road of healthy habits, mindsets, and influences. Do not get complacent. Continuously seek self-awareness and self-improvement.
- **Self-Actualization:** It takes training, maturity, and skills practice to be aware of, control, and express one's emotions in a healthy manner. This is also known as emotional regulation. This skill protects against harmful behaviors.
- **Social Fitness:** Feeling connected protects our immune system, lowers stress, depression, anxiety, and protects against harmful behaviors. Who is in your circle? Are they helping with your growth?
- **Mental Fitness:** Remaining engaged in healthy thinking and behaviors and building strong intellectual and emotional habits. Includes one's mindset, attitudes, and practices to help manage various stressors to optimize performance.
- **Physical Fitness:** Proper nutrition, adequate sleep, and exercise are the key building blocks of health. Self-care techniques are more effective than medications for mild mental health symptoms.
- **Spiritual Fitness:** Having a sense of purpose, meaning, and connection to something bigger than yourself is exercise for your soul. It makes you stronger and more resilient.

SUICIDE PREVENTION QUICK TIPS FOR LEADERS

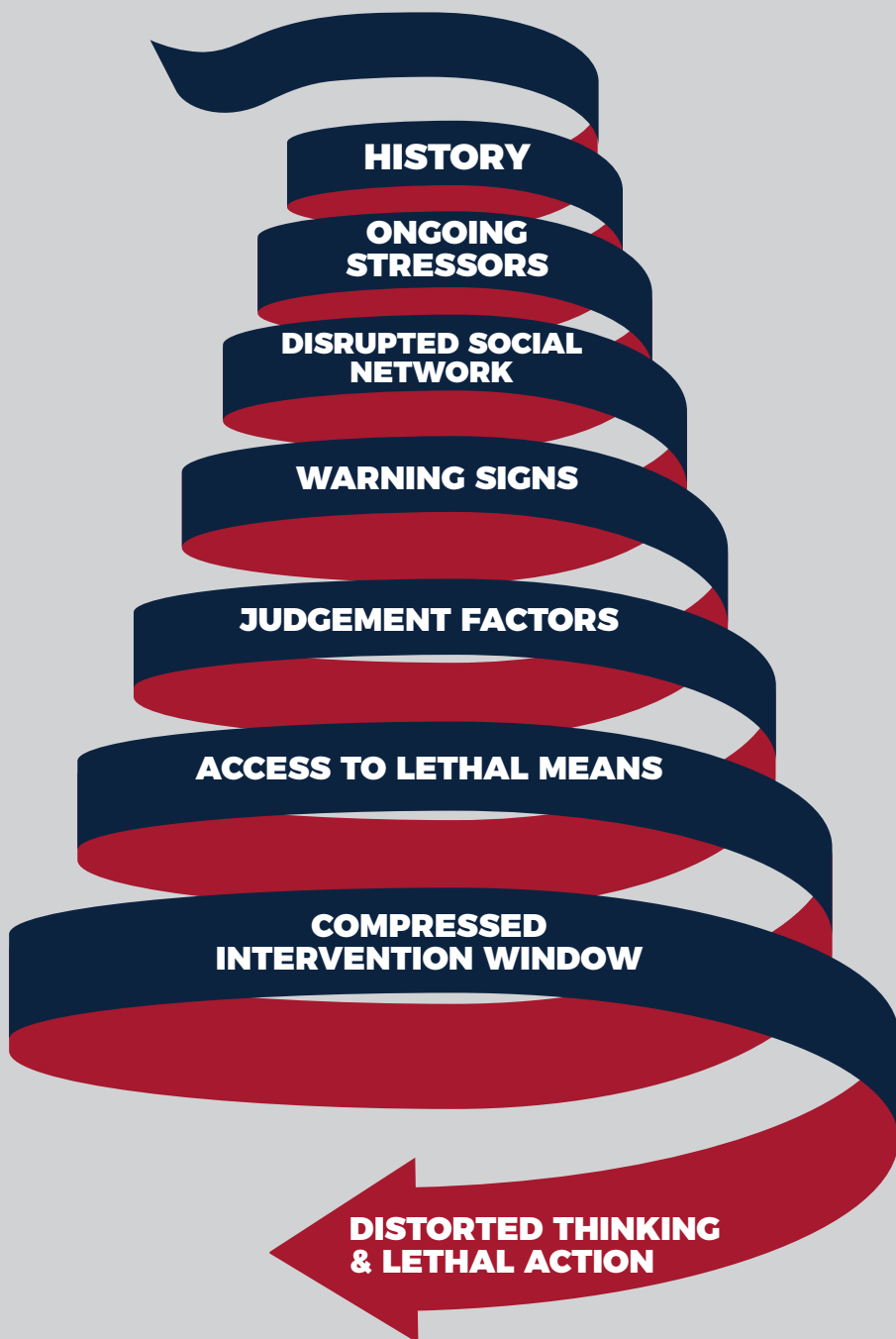
The following tips can assist you in having these discussions safely and constructively.

- **Pay attention when Marines and Sailors are facing stressful times.** There is no single cause of suicide. Even in casual conversation, pay attention to mention of relationship problems, career setbacks, substance misuse, academic failures, or health concerns as these are risk factors for suicide. Warriors facing transitions (e.g., permanent change of station (PCS), separation, retirement) or legal challenges (e.g., non-judicial punishment (NJP)) are also at increased risk. Look out for increased alcohol use, social isolation, or withdrawal from usual activities as these are indications of a potential problem. Pay attention to Marines who seem to be extremely overwhelmed, unable to problem-solve, or cope with their stress. Remember, you don't have to see every sign to ACT (Ask, Care, Treat). Remind them that they are never alone and that their lives count.
- **Warriors may not seek help because they fear negative career consequences.** Remind Marines and Sailors that less than 1 percent of security clearance denials and revocations involve psychological health concerns. Proactively seeking help to promote personal wellness and recovery may favorably impact security clearance eligibility and most return to duty after seeking help. However, remind warriors that even a career setback is not worth one's life. Getting help is most important. Some won't seek help for fear of looking "weak," loss of privacy, or they simply want to solve the problems themselves. Reinforce that seeking help is a sign of maturity and strength.
- **Sometimes, changes to a Warrior's job responsibilities may be in their best interest to enable proper treatment and recovery.** However, these changes are not retaliation for seeking help. The Marine's or Sailor's health is the priority. Share positive stories of recovery and career mobility to encourage treatment, such as, this podcast with Suicide Prevention Program Coordinator, GySgt Davis, about "Normalizing the Conversation About Mental Health and Seeking Resources" <https://www.youtube.com/watch?v=NSOb817kcZ8>. Recognize that some Marines face pushback, isolation, and mocking from some peers and leaders when seeking help. It is your responsibility as a leader to ensure your Marines support the recovery of the Marines who seek help. It is your responsibility as a leader to ensure the unit wraps their arms around that Marine and support their recovery.
- **Get comfortable asking about access to lethal means. Firearms are the most used means for suicides in the Marine Corps.** When a warrior is showing signs of crisis, ask about access to firearms and encourage lethal means safety through voluntary storage of privately owned firearms. Familiarize yourself with Counseling on Access to Lethal Means (CALM) for additional guidance and understand local procedures for storage. CALM: <https://sprc.org/online-library/calm-counseling-on-access-to-lethal-means-2/>. This is not a Second Amendment debate or "taking" someone's firearm, rather putting time and space between the crisis (temporary) and the lethal means (permanent). It saves lives.
- **Outreach from leaders, fellow Warriors, and family can make a difference.** Research indicates that Marines and Sailors may not be willing to proactively discuss their concerns with military providers because they believe that others will find out, they fear judgment, or worry about career impact. Staying engaged, knowing your people, and knowing the warning signs can enable early intervention. Familiarize yourself with the guidance for communication between leaders and mental health providers available on www.suicide.navy.mil to address concerns about privacy rights. And always encourage use of confidential resources, such as Military Family Life Counselors, Military OneSource, the Military Crisis Line (who maintain confidentiality except for potential harm to self or others), or Navy chaplains (who maintain 100 percent confidentiality). The Marine's family often is more aware of troubling warning signs than the unit. Finding any way to engage families, make them knowledgeable about resources and telling THEM the truth about help-seeking arms them to partner with the Marine

There is no single cause, or solution, for suicide. While most Marines will not die by suicide, one loss is one too many and impacts the entire unit. Understanding how some spiral towards suicide can inform your recognition of warning signs and enhance your engaged conversations.



THE DOWNWARD SPIRAL



- **History:** Most were having relationship problems, legal problems, legal and financial troubles, or were facing academic or career setbacks.
- **Ongoing Stressors/ Warning Signs:** Relationship problems, prior suicide attempt, alcohol misuse, chronic pain, criminal, legal or financial problems, impulsivity or aggressive tendencies, hopelessness, poor coping skills, history of physical or sexual abuse, social isolation
- **Disrupted Social Network:** On top of multiple stressors, failing a school or physical fitness test/Combat fitness test (PFT/CFT), facing NJP, divorce, or administrative separation (ADSEP) can be the tipping point for many.
- **Judgement Factors:** Lack of sleep and increased alcohol use impairs rational decision making in warriors who might not otherwise ever consider suicide.
- **Access to Lethal Means:** The decision to die is often made in the final hour before the act. Access to lethal means makes that impulsive decision deadly and irreversible. Reducing access to lethal means during times of distress DOES save lives
- **Compressed Intervention Window:** Anger, rage, and shame can be intense feelings that the warrior may not be able to tolerate.
- **Distorted Thinking and Legal Action:** Most do not want to die but feel trapped and out of options in the final hours.

CRITERIA FOR NOTIFICATION TO COMMAND

DODI 6490.08 DIRECTS THAT PROVIDERS SHALL NOTIFY THE LINE COMMANDER WHEN ONE OF THE FOLLOWING CIRCUMSTANCES IS MET

Harm to Self: Serious risk of self-harm by the Service Member either as a result of the condition itself or medical treatment of the condition.

Harm to Others: Serious risk of harm to others either as a result of the condition itself or medical treatment of the condition.

Harm to Mission: Serious risk of harm to a specific military operational mission. Such serious risk may include disorders that significantly impact impulsivity, insight, reliability, and judgement.

Special Personnel: Service Member is in the PRP, or a position that has been pre-identified as having mission responsibilities of such sensitivity or urgency that normal notification standards would significantly risk accomplishment.

Inpatient Care: Service Member is admitted or discharged from any inpatient health or substance abuse treatment facility.

Acute Medical Conditions Interfering with Duty: Service Member is experiencing an acute mental health condition or is engaged in an acute medical treatment regimen that impairs ability to perform assigned duties.

Substance Abuse Treatment Program: Service Member has entered into or is discharged from outpatient or inpatient treatment program for substance misuse.

Command-Directed Mental Health Evaluation: Mental health services are obtained as a result of command-directed mental health evaluation.

Other Special Circumstances: As determined on a case-by-case basis by a health care provider or CO at the 0-6 or equivalent level or above.

If the Service Member meets at least one of the criteria above, the provider should reach out to the embedded provider within the command. If there is no embedded provider within command contact the commander directly.

COMMANDERS' COMMUNICATION WITH MEDICAL

The Health Insurance Portability and Accountability Act (HIPAA) and DoDI 6490.08 follow a presumption that they are not to notify a Service Member's commander when the Service Member obtains mental health care or substance abuse education services. However, there are several conditions where a mental health provider is required to share this information (see above box). When conditions or treatment impact mission readiness the commander has a need to know. Commanders are not limited by HIPAA when communicating to medical and are ENCOURAGED to provide medical providers with contextual information that may aid assessment and treatment.



DoDI 6490.08 also specifies that commanders can share information within the chain of command if sharing that information is “necessary for the conduct of official duties.” For example, if a medical professional communicates to a CO that the Marine has duty limitations, the CO may share that information down the chain of command as needed to execute the required duty limitations. However, only the minimal amount of information should be shared and only to individuals with a “need to know.”

THE WARM HAND-OFF

The good rapport established with a Marine prior to engagement with the mental health team can be undone by the perception of indifference during the hand-off process. Having a caring conversation with the Marine prior to the hand-off facilitates a better outcome. Timely drop-off and pick-up from appointments, coordinated contact with medical, and check-ins with the Marine to inquire about how the process went can prevent the perception of being disregarded by the command. A warm hand-off in health care is used to describe the transfer of care from one support resource to another. In general, a warm hand-off will provide collateral information to augment and/or de-conflict the narrative leading to the Service Member’s encounter with medical. When necessary, an escort may be employed to coordinate safe transfer and facilitate communication.

ESCORT BEST PRACTICES:

- ✓ Provide empathy, a supportive presence, and continuity throughout the process.
- ✓ Communicate command observations and contextual information.
- ✓ Affirmatively ensure that the Service Member was delivered to the right place, at the right time.
- ✓ Provide a command contact with name and telephone number.
- ✓ Obtain medical POC with name and contact information.
- ✓ Remain on site until released by medical personnel.

MARINE-REQUESTED EVALUATION

“Let me be clear up front, there is zero shame in admitting one’s struggles with life-trauma, shame, guilt, or uncertainty about the future- and asking for help.” – Gen. Neller 37th CMC

There are multiple ways for a Marine to seek mental health care when their problems exceed their own limits, leadership involvement and nonmedical counseling. Marines have always had the right to voluntarily seek a mental health appointment. Marines may call the nearest MTF behavioral health clinic, they may engage their Primary Care Manager, and they may talk to their embedded mental health provider. Marines do not have to disclose that they’re seeking help to their chain of command but their leadership does have the right to know about appointment times. Only a Marine’s commanding officer is entitled to details of a Marine’s mental health care and only if it meets the disclosure criteria.

The Brandon Act is another way for Marines to seek mental health care and involves engaging their leadership to make the appointment. It was signed into Federal law in 2021, as part of the National Defense Authorization Act for Fiscal Year 2022. The Act changes nothing about a Service Member’s access to mental health care. There has always been a “No Wrong Door” policy, and Marines may request help from Mental Health at any point and time without command involvement. The third method is a command-directed mental health evaluation (CDE) discussed below. The first two are self-referral and command-directed.

The Brandon Act aims to reduce stigma by allowing Marines and/or attached Service Members to seek mental health services and fosters a culture of support and environment that promotes help-seeking behaviors. The Marine Corps announced its implementation plan for active duty Marines and active duty reservists in [MARADMIN 463/23](#), which was published September 23, 2023. Marines may initiate a referral process for an MHE through their CO or supervisor in the grade of E-6 or above.

Marines may request a referral for an MHE as soon as practicable on any basis, including: personal distress, personal concerns, trouble functioning in activities valued by the Service Member, and performing duties that may be attributable to possible changes in mental health. Marines are not required to provide a reason or basis for the request or referral.

Engaged and invested leadership is critical to the success of Marines in supporting their mental fitness. This hands-on approach results in well-established lines of communication between Marines, small unit leaders, and medical staff throughout the process of referral and treatment. COs are not expected to have all the answers, but they are expected to maintain relationships with subject matter experts to assist them in their decision-making. Where barriers cannot be fixed at the CO's level, commanders are expected to elevate the concern to their immediate chain of command to request assistance in navigating to a solution.

Commanding officers are allowed to ask the Marine for contact information for his or her provider and then reach out directly. Be transparent with the Marine regarding communicating with the provider, and emphasize that the purpose of the communication is to facilitate the Marine's care and re-integration.



COMMAND-REQUESTED EVALUATION

Sometimes it is necessary to direct Service Members to mental health when there is concern for their well-being, safety, or impact to the mission and they have not sought care themselves voluntarily. Command-directed evaluations (CDEs), when needed, are straightforward. CDEs are tools for the commander and a resource for the Service Member not used as retaliation against members. Commanders should consult with a mental health provider prior to a CDE to ensure it is the best route for the Service Member's health. The process is clearly articulated in DoDI 6490.04, which covers both emergent and non-emergent CDEs.

THE MENTAL HEALTH ROADMAP

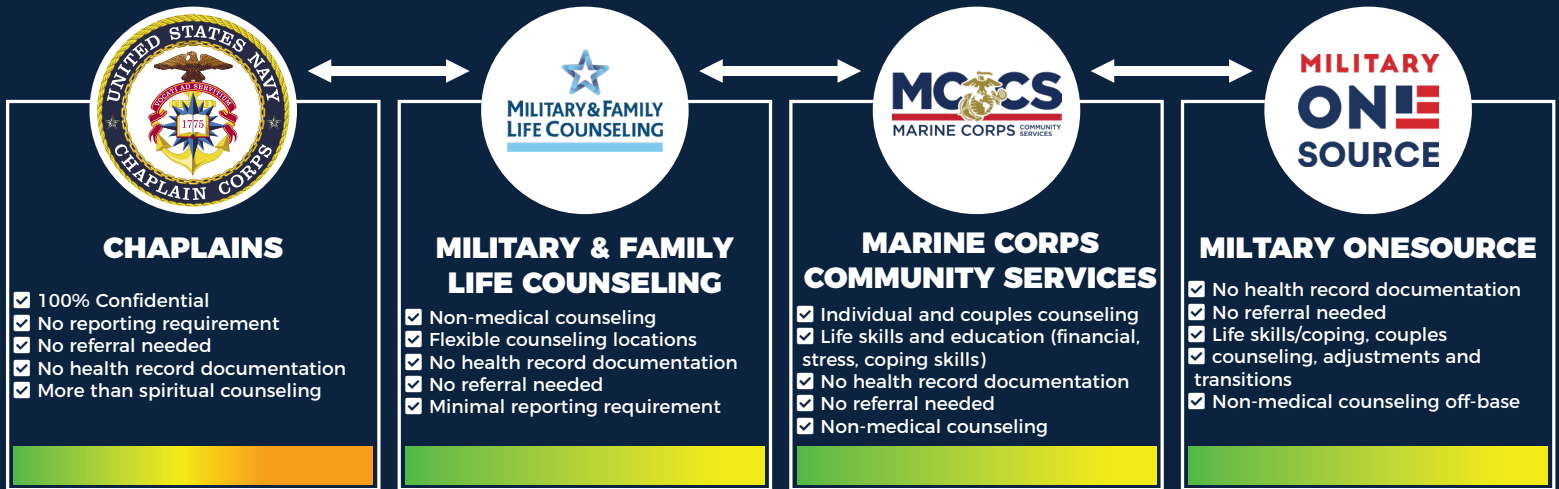
The Mental Health Roadmap is designed to help people understand how to access the right care, for the right person, at the right time. Using this stepwise approach also preserves function and confidentiality which allows the system to be more agile in responding to unexpected needs as they arise. The Mental Health Roadmap below can be used to navigate the system and may be adapted or modified by commands to meet their local needs.



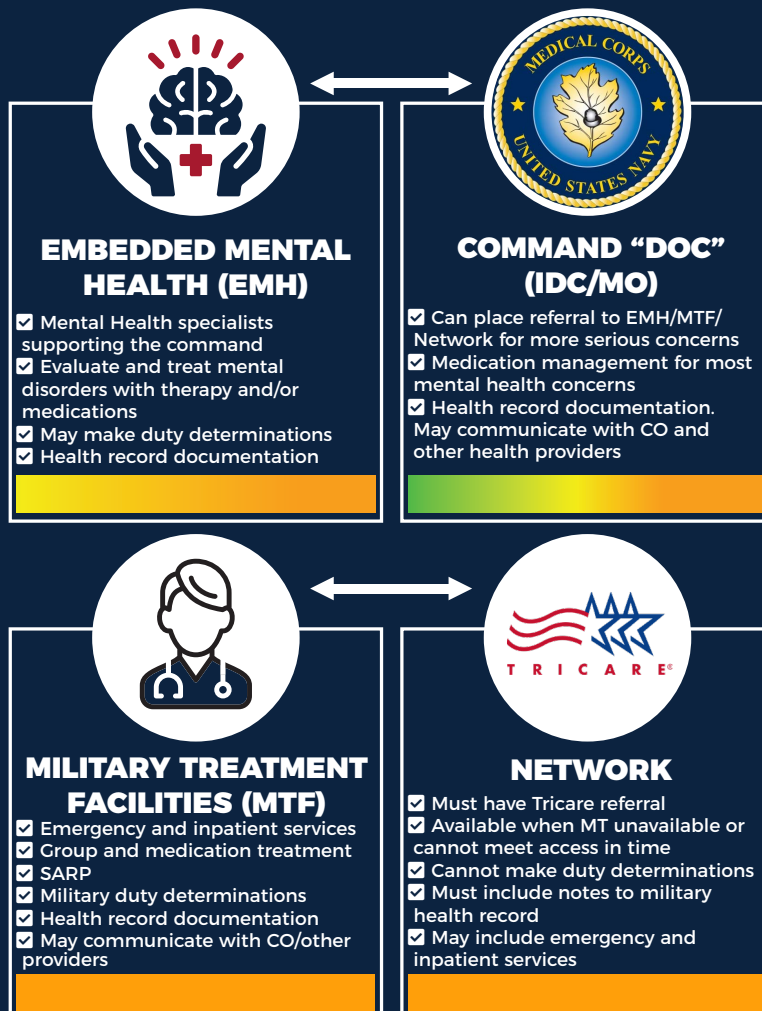
THE MENTAL HEALTH ROADMAP

FEELING STRESSED, DEBATING SEEKING HELP BUT DON'T KNOW WHERE TO START?

Seeking help early often prevents needing a higher level of care and impact to career. No Marine is ever alone and seeking help, whether from the unit or from available mental health resources, is a sign of strength.




SPECTRUM KEY



SECTION 4 - ARSENAL OF RESOURCES

Navigating mental fitness support systems can be confusing, which may result in Marines not receiving the right care, for the right reason, at the right time. Strong relationships with key contacts in the local medical and mental fitness care system will equip COs to best advocate for their Marines in need.



COMMANDS AND MENTAL HEALTH RESOURCES / PROVIDERS MUST BUILD EACH OTHER UP, RECOGNIZING THEY ARE IN THIS TOGETHER.

As much as a commander may want to communicate to their Marines that they are not in it alone, COs are not alone in it, either. If you encounter barriers that you are unable to solve at your level, ask for help from the cadre of subject matter experts available to you.

Networking and Discovering Resources

Relationship building and networking are foundational to this process. Successful commands will build relationships with local mental health resources well in advance of a difficult situation. For commands with embedded mental health providers (EMHP), the EMHP providers should provide this networking function. For commands without embedded mental health resources, the Medical Officer, Independent Duty Corpsman (IDC), or another member of the Resiliency Teams can take on the function of building these connections.

Similarly, the local mental health community should build a relationship with any commands that will refer Marines to them. As part of the triangular relationship described in Section 1 – Marines shall take care of their own, they need to know who to call to get the correct information, such as overcoming administrative roadblocks, and the impact of operational schedules. There is no way for mental health providers to keep up with changes in local leadership. As a result, it is up to the command to take the first steps in initiating contact and building the relationship, whether that relationship is with military healthcare, Veterans Affairs (VA), or community resources.

How to Find Support

There are many people whose job it is to advocate for the needs of the Marine and the Command:

- Military Treatment Facility's (MTF) Fleet Liaison.
- A military hospital's Director of Mental Health oversees clinics or the inpatient ward.
- Command's Senior Medical Officer, Senior Nurse, or Senior Mental Health Officer identify what is available.
- Each installation has a Marine and Family Programs Center to facilitate referrals to non-clinical resources.
- Additional assets listed ahead in **Commander Assets**.

When care is not available through uniformed or on-base providers, Marines may be "referred to the network" by their Primary Care Manager (PCM). In this case, Marines are referred by their PCM to civilian providers in the community. All active-duty members require TRICARE authorization to receive routine medical care from the civilian network. If fitness for duty is a concern, the Marine must be seen by a DoD mental health provider. For more help getting access to community mental health care, please see your PCM, visit [MHSNurseAdviceLine.com](https://www.mhsnurseadvice.com), or dial 1-800-TRICARE (874-2273), option 1.

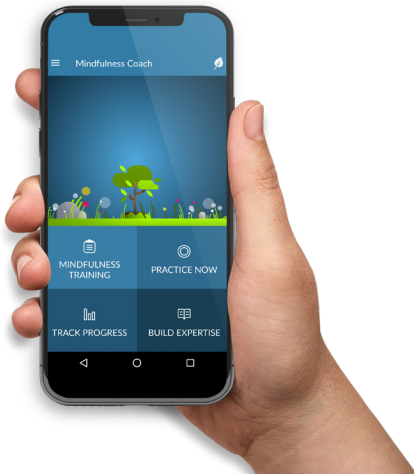
has context menu







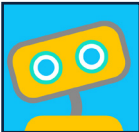


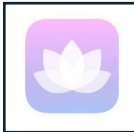









WELLNESS AT YOUR FINGERTIPS



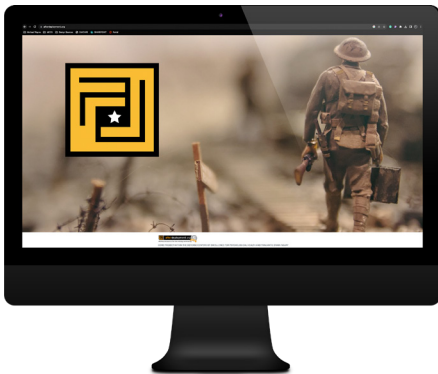
MOBILE RESOURCES



 LUMOSITY	 ELEVATE	 PEAK	 10% HAPPIER	 TACTICAL BREATHING
 CALM	 WOEBOT	 FIT BRAIN TRAINER	 iBREATHE	 DEEP CALM
 COGNIFIT	 INSIGHT TIMER	 TALK LIFE	 BREATHE 2 RELAX	 HEADSPACE
 GET IT ON App Store		 DOWNLOAD ON THE Google Play		Download free apps from the National Center for Telehealth & Technology: t2health.dcoe.mil/products/mobile-apps

These apps are provided for informational purposes only. No Defense Department or U.S. Marine Corps endorsement implied for apps not created for a government entity. Always use caution with any application, read carefully, and know if a fee is associated.

WEB RESOURCES



✓ afterdeployment.dcoe.mil

Wellness resources for the military community addressing 20 behavioral health topics with anonymous self-assessments, tips and facts, videos, and more.

✓ militarykidsconnect.dcoe.mil

An online community where military youth can de-stress and connect with their peers.

✓ sesamestreetformilitaryfamilies.org

Support for military families from Sesame Workshop on deployments, moving, and more.



COMMANDER ASSETS

Combat and Operational Stress Control (COSC) and Readiness:

The command-appointed COSC representative cultivates and manages your Operational Stress Control and Readiness (OSCAR) Team. OSCAR Team members assist commanders in maintaining warfighting capabilities by preventing, identifying, and managing the impact of combat and operational stress. They lead by example and intervene to prevent stress concerns from becoming more serious illnesses requiring medical intervention.

Embedded Preventive Behavioral Health Capability (EPBHC):

Civilian behavioral and public health professionals serve in the active-duty Fleet Marine Forces, Marine Forces Reserve, and Marine Corps Recruiting Command. EPBHCs provide commanders with analytics and coordination support to advise and inform behavioral health prevention strategies and resources at the unit and prevention system levels. EPBHC functions within the unit include: providing information and feedback on behavioral health programs and policies; integrating behavioral health system stakeholders; helping plan, develop, implement, and monitor policies, programs, and strategic communications; and identifying unit-wide behavioral health patterns.

Military And Family Life Counseling (MFLC):

MFLCs embedded within the units inform the command of trends in the behavioral health of the unit. MFLCs do not provide medical care; if a Marine requires medical support from a psychologist or psychiatrist, the MFLC will assist in connecting the Marine to the appropriate resource. MFLCs offer non-medical counseling services to help Marines and their families address stress and offer referrals to create an environment that encourages the proper management of stress.

Religious Ministry Teams:

Chaplains and Religious Specialists are uniquely qualified to provide specific care such as counseling and are distinguished by their confidentiality. As OSCAR Extenders they are part of the frontline professional response for mental health concerns.

Unit Medical Personnel:

Medical Officers and Corpsmen are responsible for medical readiness and provide primary care for Marines. They are often the first to evaluate and treat Marines for mental health concerns. They are part of the OSCAR team as OSCAR Extenders supporting OSCAR Team members and coordinating with OSCAR mental health professionals.

Embedded Mental Health (EMH) Team:

Mental health providers and behavioral health technicians are assigned within the Marine Expeditionary Forces as OSCAR mental health professionals. Their primary purpose is to provide clinical care in both garrison and deployed settings. They support the psychological readiness of their constituent commands and Service Members. The EMH serves as a trusted agent with the flexibility and accessibility to align their services directly with command priorities.

Personal Financial Management Program:

The Command Financial Specialist (CFS) is the command's primary source for unbiased, product-neutral, and conflict-free financial literacy education and information. The Personal Financial Manager (PFM) provides support and guidance for the units' CFS.

PFMs leverage Financial Education Action Points to identify relevant financial literacy training required at personal and professional life events.

Sexual Assault Prevention Response:

The Sexual Assault Prevention and Response (SAPR) Victim Advocates (VA) provide victim advocacy and non-clinical support 24/7. They provide monthly case status updates at the Case Management Group (CMG) and facilitate annual training, command team trainings, pre-deployment briefs, new-join briefs, and check-ins. Sexual Assault Response Coordinators (SARCs) ensure the SAPR program is implemented throughout the commander's Area of Responsibility (AOR). SARCs monitor trends, identify systemic issues,

and ensure compliance with applicable directives, assisting the command with meeting annual training requirements.

Individuals may also contact the Safe Helpline, which provides live, confidential help via phone by calling 877-995-5247. DSN users can call Safe Helpline by dialing 877-995-5247. OCONUS Service members can call the Telephone Helpline for free from anywhere in the world by using Voice over IP (VoIP) technology from the Safe Helpline App. Additional information is available at <https://www.safehelpline.org/>. The website offers live, confidential, one-on-one help through a secure instant-messaging platform.

Single Marine Program (SMP):

The SMP Unit Representative is a Marine who participates in installation SMP council meetings, and ensures communication is fluid between the command, single Marines in the unit, and SMP Council members.

Substance Abuse Program:

Substance Abuse Control Officers (SACO) ensure that annual unit substance misuse prevention education is coordinated and recorded in Marine Corps Total Force System (MCTFS); ensure Urinalysis Program Coordinators (UPC), observers, and Alcohol Screening Program Coordinators (ASPC) are trained prior to conducting urinalysis testing; oversee the unit urinalysis testing program and submit the results of all urinalysis and alcohol screening tests to the unit commander; oversee the unit Alcohol Screening Program; and conduct monthly random breathalyzer testing in conjunction with monthly random urinalysis testing.

Suicide Prevention Program:

Suicide prevention tools and resources are available throughout the Marine Corps. If someone is suicidal, call 911. If the situation is concerning but not an emergency, give the person options to talk to someone on the phone, online, or using the following resources:

- Military Crisis Line: Dial 988 (and press 1) or Text: 988
- Chat online at militarycrisisline.net
- Chaplain
- Community Counseling Program (CCP)
- Combat Operational Stress Control (COSC) Representative
- Operational Stress Control and Readiness (OSCAR) Team members

Transition Readiness Program (TRP):

The TRP implements a comprehensive transition and employment assistance program for Marines and their families.

Unit, Personal, and Family Readiness Program (UPFRP):

The UPFRP is a unit-centric program guided by the Family Readiness Command Team that reinforces the relationship between the unit and the services relevant to the unit, the unit members, and their families.

Deployment Readiness Coordinators (DRCs):

Deployment Readiness Coordinators are civilian employees that ensure the execution of the UPFRP within the unit. DRCs serve as the personal and family readiness communication link between the commander(s), Marines, and family members. DRCs coordinate with Marine Corps Community Services (MCCS), sister service support agencies, and other community resources. Uniformed Readiness Coordinators (URCs) carry out similar functions as a DRC.

FORCE MULTIPLYING RESOURCES

Family Member Employment Assistance Program (FMEAP):

The FFMEAP provides employment-related referral services, career and skill assessments, career coaching, job search guidance, portable career opportunities, and education center referrals/guidance.

Information, Referral and Relocation Program:

The Information, Referral and Relocation Program provides information and referral functions designed



to meet the challenges of the mobile military lifestyle. Individuals with unresolved information needs are referred to the source or resource that can best address those needs. This program is the central connector between military and community resources. Information, Referral and Relocation Specialists maintain a database of installation, Department of Defense, community, and national resources. The program oversees all relocation service functions to assist Marines and families with Permanent Change of Station, both stateside and overseas, and provides Settling-In Services when they arrive on a new installation.

General Library Program:

Libraries are located on 24 installations and provide a wide variety of materials (print, audio-visual, and virtual), services, and programs to meet the educational, informational, and recreational needs of Marines and families.

Marine For Life Network (M4L):

An extension of a tenet of the Marine ethos – “Once a Marine, always a Marine.” M4L is a continuation of our strategic engagement with Marines and their families across the continuum of the M4L cycle—commencing with their transformational entry into our Corps, symbolized in their earning the Eagle, Globe, and Anchor, through their transition to Veteran Marine status and the return of these quality citizens back to their communities.

Voluntary Education Program:

The Voluntary Education Program provides personal and professional learning opportunities to the Marine Corps community. The program positively impacts recruitment, retention, and readiness of all Marines. Services and resources are provided by qualified counselors and advisors in cooperation with education service providers through individual and group counseling, workshops, and training opportunities to include testing for college credit and pre-admission. Marines will be informed of the full breadth of tuition funding sources and how they can advance their degree plans and academic achievement with appropriate courses and institution selections.

Leadership Scholar Program (LSP):

LSP is a partnership between nonprofit, four-year state and private universities and colleges, and the Marine Corps. Its purpose is to help honorably discharging Marines pursue their educational goals by identifying Marines whose academic and professional experiences make them competitive candidates for admission to LSP Partner Schools. There are more than 230 universities and colleges working with LSP, with at least one school in every state and the District of Columbia.

Marine Corps Credentialing Opportunities Online (COOL):

COOL is a credentialing awareness, information, and resources capability for all Marines. In addition to general information on credentialing and licenses, Marine Corps COOL also provides extensive associated linkages covering the gamut of education, transition, recruiting, career, and veteran’s resources.

United States Military Apprenticeship Program (USMAP):

The USMAP is a formal military training program that provides active duty Navy, Marine Corps, and Coast Guard Service Members the opportunity to improve their job skills and to complete their civilian apprenticeship requirements while on active duty. The U.S. Department of Labor (DOL) provides the nationally recognized Certificate of Completion of Apprenticeship upon the completion of the program. Apprenticeship is a combination of on-the-job training and related classroom instruction in which workers learn the practical and theoretical aspects of a highly skilled occupation.

This is an “earn as you learn” program for Marines to get paid to learn a trade. Colleges and vocational schools require that you pay for your training.

Department of Defense (DoD) SkillBridge Program:

DoD SkillBridge allows participating businesses and other training providers to gain early access to these highly skilled Service Members as prospective employees before those Service Members become Veterans. Since Service Members continue to receive their military pay and benefits while participating, the training provider does not pay the Service Member to participate.

Child And Youth Programs (CYP):

Child and Youth Programs (CYP) provide high-quality childcare programs and services that support eligible families. All programs are designed to enrich your child's social, emotional, cognitive, and physical growth and development. CYP professionals work in partnership with parents to meet each individual child's needs in a safe, healthy, and nurturing environment. A Parent Board is established within the Child and Youth Program to allow families to meet and discuss the program and coordinate parent participation.

Child Development Centers (CDC):

Child care services that support the needs of eligible children ages 6 weeks through 5 years old.. Program components include full-day, part-day, and hourly care services. CDCs are designed to meet the individual developmental needs of eligible children by offering quality childcare.

Family Child Care (FCC):

FCC providers offer high quality developmentally appropriate care to children ages 6 weeks to 12 years old in a small group setting. FCC providers are trained and certified by the installation command to meet policy, health, and safety standards. As independent business owners, FCC providers have flexibility to determine their own business hours, as well as the type of care they provide, such as infant only. FCC programs are DoD certified and meet the highest quality of early childhood program standards and criteria.

Off-Base Child Care Fee Assistance:

This program provides support to eligible Marines in paying for community-based childcare services. The program is designed to assist eligible Marine families who live outside of a 15-mile radius from a Marine Corps installation with a Child Development Program.

School Age Care (SAC):

School Age Care offers organized and supervised recreational, educational, and social activities for children ages 6 to 12 or those attending kindergarten through sixth grade.

Youth Programs (YP):

YP supports the development of lifelong skills for youth and offer recreational activities, computer labs, social and life skills development opportunities. Families residing off base may be eligible to receive paid memberships to local Boys and Girls Clubs of America by contacting their local community clubs. YP are DoD certified and meet the highest quality of standards and criteria.

Militarychildcare.com:

Sponsored by the Department of Defense, this website is for eligible families seeking childcare. This portal provides access to military-operated and approved childcare options across all services. It enables families to search for and request childcare making it easier for them to find the childcare they need.

Exceptional Family Member Program (EFMP):

The EFMP supports the continuum of care for all eligible sponsors and their family member(s) to improve the quality of life for families that support a member with special medical and/or educational needs. The EFMP staff and families work together to inform, educate, and empower individuals to be the best advocate for themselves and/or their family member(s). The EFMP is a DoD-mandated enrollment program designed to support individual, family, and unit readiness.

Defense Enrollment Eligibility Reporting Systems (DEERS):

The DEERS implements DEERS and Real-Time Automated Personnel Identification System (RAPIDS) policies for benefits and entitlements eligibility and issuance of identification cards within the Marine Corps. RAPIDS links the Uniformed Services Personnel Offices to the DEERS database to update dependent information in DEERS.

Marine Corps Family Team Building (MCFTB):

MCFTB reinforces and sustains a state of personal and family readiness to provide Marines and families with tools and resources needed to successfully meet the challenges of the military lifestyle and enhance mission readiness by providing preventative education that is offered across the life cycle of a Marine.



MCFTB – Family Readiness Program Training:

Family Readiness Program Training is dedicated to supporting the Unit, Personal and Family Readiness Program (UPFRP) by providing program-related training, education, and support.

MCFTB – LifeSkills Training and Education:

LifeSkills Training and Education is a comprehensive collection of personal skill-building classes that promote skill development and increases readiness to navigate life's obstacles. It provides Marines and family members practical skills for successful interactions and positive outcomes at work, home, and in life. Participants who complete LifeSkills courses are better equipped to tackle challenges with increased self-awareness and confidence. Through increased insight, participants are more likely to lend a hand to others in need, creating a mentorship atmosphere and stronger relationships. When participants gain life skills, it creates a positive and productive environment that promotes community.

MCFTB – L.I.N.K.S. :

L.I.N.K.S. stands for Lifestyle Insights, Networking, Knowledge, and Skills. It is an interactive orientation program to Marine Corps life and the local installation. Participants learn about Corps history and rank, local installation resources, services, benefits, military pay, separation and deployment, crossroad options, communication styles, investing in the community, and Marine Corps traditions. Partnerships are made with several services and personnel to include chaplains and L.I.N.K.S. mentors.

USMC Volunteers:

The Marine Corps has a long legacy of service to our Nation and our community. Volunteers demonstrate Marine Corps values each time they contribute their time and energy to their local community. Across the globe, Marines, Sailors, and their families are volunteering within the Marine Corps community. These selfless acts of volunteering positively impact the Marine Corps and its surrounding communities and help create strong, resilient families that are a positive factor in overall mission readiness.

Community Counseling Program (CCP):

CCP provides confidential, accessible, comprehensive, non-medical counseling services for Marines, other active duty personnel, and their family members.

Counseling uses action-oriented techniques targeting challenges in daily living and high-risk behaviors that have the potential to negatively impact a Marine's performance and relationships. Counseling at CCP aims to enhance skills and helps Marines and families accomplish personal goals through short-term, solution-focused counseling. Services are delivered in individual, family, and group settings and CCP offices are located on all Marine Corps installations.

Family Advocacy Program (FAP):

The FAP promotes healthy relationship development for Marines and families through prevention, counseling, and advocacy, as well as other supportive services. These efforts aim to decrease the risk and occurrence of child abuse, domestic abuse, and problematic sexual behaviors in children and youth (PSB-CY) in the Marine Corps.

New Parent Support Program (NPSP):

Parenting can be a challenge, especially for military families. The demands of transitioning to a new installation, parental absence due to deployments or other military requirements, and being separated from family members and social supports can make adjusting to parenting even more challenging.

The NPSP is a professional team of social workers, counselors, and registered nurses who provide education and support to Marine families who are expecting or have children from birth through age five.

Substance Abuse Program (SAP):

The SAP informs Marines about low-risk alcohol use and proper use of substances, deters Marines from use of illicit drugs, and provides non-medical counseling for Marines with mild-to-moderate substance use disorders to sustain and improve personal readiness. Substance Abuse Counseling Centers (SACCs) are located on Marine Corps Installations.



Alcohol Prevention Program:

Alcohol Prevention Program advocates for the proper use of alcohol, promotes abstinence and low-risk alcohol use, and provides training and education. Alcohol Prevention Specialists (APS) assist in the development and implementation of installation-level substance abuse prevention plans. These prevention plans address the specific substance misuse needs at each installation by using needs assessment, strategic planning, and evaluation. APS collaborates with stakeholders and use prevention-focused strategies and activities to address substance misuse risk factors.

Combat And Operational Stress Control (COSC):

COSC, grounded in Marine Corps doctrine, enables a cohesive ready force, and promotes long-term health and well-being among Marines, attached Sailors, and their families. COSC assists commanders, Marines, and attached Sailors in maintaining warfighting capabilities by preventing, identifying, and managing the impacts of stress.

Marine Awareness and Prevention Integrated Training (MAPIT):

MAPIT is a tiered initiative designed to improve the total fitness and mission readiness of Marines. MAPIT teaches prevention on behavioral health topics that include suicide, substance misuse, domestic abuse, and child abuse and neglect. MAPIT consists of Entry Level Training, MAPIT for Leaders, and unit-level sustainment.

Marine Intercept Program (MIP):

The MIP is a voluntary program that uses a targeted intervention to provide Service Members who have experienced suicidal ideations and suicide attempts care management to help reduce risk of further suicide-related events. MIP is part of a system of care that includes engagement with the Marine, the command, CCP, and Navy Medicine. MIP emphasizes quality connections between the MIP care coordinator, Service Member, and command by providing ongoing suicide risk assessments, a feedback loop, and care coordination.

MCCS Semper Fit Program:

Semper Fit and Recreation is prevention in real life for Marines (warrior athletes), their units and their families. Integrated primary prevention includes strength and conditioning (land and aquatic), injury prevention and management, compensatory optimization (performance nutrition, sleep), cognitive-vision performance training, spiritual skills (value clarification, connectedness with hope, meaning, and purpose), socialization skills, environmental fitness (stress inoculation, active rest, unloading, competitive intensity), and training/combat deployment support.

Aquatics:

Semper Fit's Aquatics programs support Marine operational readiness and the welfare of Marines and their families. Our aquatic fitness and military skills programs are developed by Semper Fit's expert swim instructors to help Marines develop their swimming skills and overall fitness. Additionally, our recreational aquatics services include guarded pools and beaches available to Marines and families across the Corps.

Beaches (Ocean Lifeguard Services):

The goal of Ocean Lifeguard Services from an operational perspective is to "be there before it happens" and send our patrons home the way they came to our beaches—safely. Ocean Lifeguard Service strives to provide highly effective lifesaving service that delivers proactive measures in the field of aquatic education, preventative action, and medical and aquatic rescue response.

Community Centers:

Semper Fit's Community Centers provide an inviting space for community members to use. Family programming and special community events are typically coordinated through these MCCS facilities.

Family Recreation:

Semper Fit provides a wide array of recreational programs and services that focus on the needs of Marines and their family members. While it is not a program in and of itself, it highlights the programs and resources available to Marine families that can help enhance their physical and mental fitness and social connectedness – all important components of family readiness.



Fitness Programs:

Semper Fit's Fitness Programs are designed specifically to support Marine and family readiness. Our facilities offer a full range of fitness equipment. Our world-class coaches, trainers, and fitness staff provide the highest quality services to Marines and their families.

Health Promotion:

The Marine Corps creates opportunities that promote and improve the health and wellness of the entire Marine Corps community. Semper Fit Health Promotion provides programs and services that encourage people to increase control over and to improve their full health potential. Health fairs, classes, workshops, one-on-one counseling, and awareness campaigns are some of the activities provided by the Semper Fit Health Promotion Program.

HITT / Warrior Athlete Readiness and Resilience:

Semper Fit's High Intensity Tactical Training Program (HITT) provides elite strength and conditioning programming and expertise to support total Marine physical fitness, and to complement commanders' organic assets. In short, HITT is all about helping Marines become Combat Ready and Resilient.

Military Recreation Centers:

Semper Fit Military Recreation Centers provide a comprehensive recreational experience through individual and group activities targeting active-duty Marines. These Centers may include Internet cafés and Wi-Fi services, game rooms with electronic gaming, billiards, table games, television and movie rooms, food operations, music rooms, and multi-purpose rooms that facilitate participation in a wide variety of social, competitive, and educational activities. The Centers may stand-alone or be collocated with other programs such as SMP providing a convenient location for information relevant to single Marines. Currently, there are 44 Military Recreation Centers on Marine Corps installations. All installations have one or more Military Recreation Centers. Professional Recreation Staff administer the programs at these locations.

MWR Deployment Support:

MWR Deployment Support is available to units that are deploying or already deployed. Semper Fit works with Marine Corps Community Services (MCCS) (Occupational Field 4130) Marines prior to, as well as during, deployments to determine MWR requirements, Executive Agent (EA) support, and resource allocation.

Outdoor Adventures Program:

Semper Fit's Outdoor Adventures program provides outdoor recreation opportunities, skills development, and instructional classes for units, families, and individuals. Activities may include, but are not limited to the following: archery, backpacking, boating, canoeing, cycling, camping, fishing, hiking, sailing, water and snow skiing, and other activities that promote readiness, fitness, and a healthy lifestyle.

Outdoor Recreation Equipment Checkout and Rental:

Semper Fit's Outdoor Recreation Equipment Checkout and Rental Program offer a wide range of recreational equipment for a variety of activities and needs at a nominal fee. Equipment includes, but is not limited to: camping equipment, canoes, kayaks, inflatables, climbing walls, picnic and party equipment, canopy tents, tables, chairs, grills, dunk tanks, lawn and garden equipment, and much more. Some Installations provide resale and equipment repair services.

Installation Sports:

Semper Fit's Installation Sports programs are designed to promote physical fitness, competitive spirit, and esprit de corps. Our installation sports (intramurals) offer opportunities for Marines and family members of all skill levels to take part in competitive sports.

All-Marine Sports:

Semper Fit's All-Marine Sports programs are designed to promote physical fitness, competitive spirit, and esprit de corps. All-Marine Sports allow exceptionally talented Marines to compete at high levels both nationally and internationally.

Single Marine Program:

Semper Fit's Single Marine Program (SMP) serves as the voice for single Marines in identifying concerns, developing initiatives, and providing recommendations through advocacy. The program also provides recreational activities and special events facilitating community involvement. SMP is comprised of single Marines who represent their unit and want to make a difference within their unit and in their military community. Single Marine Program Coordinators serve as the liaison between the SMP Council and its members, Command leadership, and installation quality of life programs and services.

Lead by young leaders, SMP supports single Marines' leisure interests and Quality of Life (QOL) concerns such as activities and issues that directly or indirectly influence personal readiness, morale, living environment, and personal growth and development. SMP is offered aboard 19 Marine Corps installations and throughout the Marine Forces Reserve. Facilities may include recreation centers, Internet cafes, game rooms, and multi-purpose rooms.

Unit Activities and Alternative Physical Training:

Semper Fit Unit Activities and Alternative Physical Training focuses on the needs of commanders and individual Marines. It is not a program but rather an approach to delivering programs and services that make them accessible to units, complement unit priorities, and can be utilized to augment physical training (alternative PT) and PME.

Consortium for Health and Military Performance (CHAMP):

CHAMP is offered by the Uniformed Services University of the Health Sciences (USUHS). CHAMP offers web-based evidence-based human performance resources designed to optimize growth and improve all domains of Marine Corps Total Force Fitness.

Chaplains Religious Enrichment Development Operation (CREDO):

CREDO offers transformational retreat-based programs and non-retreat events designed to assist Marines and their families in developing the spiritual resources and resiliency necessary to excel in the military environment. CREDO provides commanders with a key resource by which to care for and strengthen their Marines and families. You may request CREDO services via your local chaplain or installation Marine Corps Family Team Building.

LivingWorks Suicide Intervention:

Skills training is one of the most effective prevention approaches for the prevention of Suicide. Ensuring your team is trained to respond equips your Marines to recognize important signs and provide life-saving support. The following training is available by contacting your local chaplain and is available to anyone.

- LivingWorks Start Program is a 90-minute online training that teaches the learner to recognize when someone is thinking of suicide and connect them to help and support.
- LivingWorks safeTALK Program is a four-hour face-to-face workshop featuring presentations, audiovisuals, and skills practice. The program safeTALK provides learners with suicide prevention skills by recognizing signs of suicide, engaging someone with suicidal ideation, and connecting them to an intervention resource for further support.
- LivingWorks Applied Suicide Intervention Skills Training (ASIST) Program is a two-day face-to-face workshop. This workshop teaches learners how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. Interventions have been shown to increase hope and reduce suicidality.

American Red Cross:

Services range from responding to emergency needs for food, clothing, and shelter, referrals to counseling services (e.g., financial, legal, mental health), respite care for caregivers, and other resources that meet the unique needs of local military members and their families. Their Hero Care app can be downloaded from the app/play store, or by texting "GETHEROCARE" to 90999.

Military One Source:

Military One Source counselors are available for free, short-term, confidential non-medical counseling



services for a wide range of circumstances from marital conflicts and stress management, to coping with a loss and deployments. Sessions can take place in person, over the phone, or via secure video or online chat. Military One Source includes the following services:

Re the We:

Provides relationship development resources, including an online evidence-based program to strengthen your relationship, relationship coaching, relationship counseling, and coping with a break-up.

Military and Veterans Crisis Line (MCL and VCL):

Serves Service Members, Veterans, families, and friends. The MCL/VCL provides free, confidential support 24/7, 365 days a year. Connect with a real person qualified to support Veterans. Call 988, Option 1; Text 838255; or chat online. In Europe, call 00800 1273 8255 or DSN 118. In Korea, call 080-855-5118 or DSN 118. In the Philippines, call #MYVA or 02-8550-3888 and press 7. In Japan, dial the country code and then 1-800-273-8255. International calls may incur a charge, depending upon the location of the caller and the network provider. Service Members overseas may contact the crisis lifeline via the chat modality. If Service Members prefer to speak directly with a person, they can request a call within the chat. A crisis line responder will call them at the number they provide at no charge.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline). When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their condition is affecting them, provide support, and connect them to resources if necessary.

Navy Marine Corps Relief Society (NMCRS):

For people having trouble meeting urgent financial needs, NMCRS may be able to provide an interest-free loan or grant. They provide financial counseling to support better financial stability. They understand the unique challenges of military life, and they're ready to listen and suggest options to bring you needed relief. Services are completely confidential.

One Love Escalation Workshops:

Empowers young people with the tools and resources they need to see signs of healthy and unhealthy relationships and bring life-saving prevention education to their communities. Locate your local One Love representative at FLEET_ONELOVE@navy.mil.

CLINICAL TOOLS OUTSIDE OF THE COMMAND

MTF MENTAL HEALTH SERVICES:

Integrated Behavioral Health Consultant: Mental health provider stationed in a primary care clinic.

Outpatient Programs: Support and care for Marines and Sailors managing the symptoms of a mental illness who are stable enough to be treated outside of a hospital.

Inpatient Programs: Locked and secure facility to manage psychological symptoms which are imminently dangerous to the patient or those around them. Typically, a short-term stay option for crisis stabilization and then a return to outpatient treatment. Some facilities have the certification to hold patients on an "involuntary" status for a short period of time.

Residential Treatment Center: A place where individuals can experience 24-hour care, pursuing therapy in a more structured setting than their home environment.

Substance Abuse Rehabilitation Program: Provides screening, preventive, and dual diagnosis treatment for substance use disorders. Care levels offered at DoD-approved MTFs:

- Level 0.5: Early Intervention and Education Program | IMPACT
- Level 1: Outpatient Treatment Services
- Level 2: Intensive Outpatient or Partial Hospitalization
- Level 3: Dual Diagnosis Residential Treatment, Continuing Care
- Level 4: Medically managed Intensive Inpatient Treatment

TRICARE Network:

Any care that Navy Medicine cannot directly provide (other than emergency care) may be referred to the TRICARE network and requires a referral from the military PCM (emergency care does not require a referral). To schedule TRICARE appointments:

- Call assigned MTF appointment line or use the TRICARE Online (TOL) Patient Portal of the MHS GENESIS Patient Portal (TOL is only available to those enrolled to an MTF).
- If a Service Member is unable to go to their PCM or military hospital or clinic, they will need a referral or pre-authorization to seek outside care with a network provider (Pre-authorizations are not required for emergency care).
- If a Service Member is on leave away from their duty station and requires urgent or routine care:
 - They must still have a referral from their PCM.
 - If after hours, they can call the Nurse Advice Line at 1-800-TRICARE (874-2273).
 - The Service Member must call their PCM the next duty day to inform them of care received.

WHO MIGHT SEE A TRICARE NETWORK PROVIDER?

1. If enrolled in TRICARE Prime

- A Marine's PCM is a network provider if they're not enrolled at a military hospital or clinic.
- A Marine will be referred to network providers in their region for specialty care if they can't be seen at a military hospital or clinic.

2. If stationed in a remote location for duty and not close to a military hospital or clinic, a Marine may be enrolled in TRICARE Prime Remote and have slightly different rules for seeing a doctor.

3. If using TRICARE Select or Tricare Reserve Select, the Marine will pay less for care received from network providers, but he/she is not required to use network providers.

NON-NETWORK PROVIDER?

1. If enrolled in TRICARE Prime, a Marine may see a non-network provider only if approved by regional contractor because no other providers are available.

2. If enrolled in TRICARE Select or Reserve Select, or if enrolled in TRICARE Prime Remote and there are no network providers available in their remote location.

The TRICARE Network includes the following services:

Network Providers: Have a formal agreement with the regional network. These providers will only charge copays and accept a negotiated rate as payment in full. Members pay only network copays and cost shares.

Non-Network Providers:

Non-Network Providers Have no formal agreement with regional network and may require full payment up front. Non-network providers can choose to be either “participating providers” or “non-participating providers.” Participating providers accept TRICARE- allowable charges as payment in full, however non- participating providers may charge up to 15 percent more than the TRICARE-allowable charge.

Military Health System Nurse Advice Line:

This advice line is for web chat and video chat, use link, or dial 1-800-TRICARE (874-2273), option 1 for 24/7 access to a registered nurse.

Psychological Health Outreach Program (PHOP):

Psychological Health Outreach Program (PHOP). Provides Navy Reservists and their families full access to appropriate psychological health care services and support in other areas of transition from AC to RC (including the IRR). PHOP can assist in finding a wide range of local resources as you embark on the next phase of your life and find similar services that you would encounter from Fleet and Family Service Centers in your new role. Contact your local PHOP region for assistance at 1-866-578-PHOP (7467).

Veterans Affairs (VA): The VA provides counseling through Vet Centers to veterans and Service Members, including members of the Reserve component who served on active military duty in any combat theater or area of hostility. Members of the Reserve component may be eligible for VA Health Care benefits.

- VA Mental Health connects veterans and their families to mental health services. Programs aim to enable people with a mental health condition to live meaningful lives in their communities and achieve their full potential.
- Vet Centers: Community-based centers that provide a range of counseling, outreach, and referral services to eligible veterans to help them make a satisfying post-war readjustment to civilian life.

Special Psychiatric Rapid Intervention Team (SPRINT):

Provides on-site, short-term mental health support to requesting commands immediately after critical events when local resources are overwhelmed or do not exist.

Organization Incident Operational Nexus (ORION):

Provides long-term tracking of Sailors and Marines involved in unit-level traumas providing targeted outreach to those at elevated risk for psychological injury. Outreach coordinators call Marines and assist those requesting help receive the level of care desired.



OTHER NON-MILITARY SERVICES AVAILABLE TO YOU AND YOUR COMMAND

Give an Hour:

Nonprofit that offers barrier-free access to mental health care for active duty, National Guard, Reserve and Veterans. Provides no-cost counseling through a network of volunteer mental health professionals with a focus on people impacted by military service, mass violence, opioid epidemic, and interpersonal violence.

PsychArmor Institute:

Access more than 250 free military culture educational products for healthcare providers, Veterans, employers, military family members, and more. Topics include mental fitness, caregiving, wellness, Service Member transition, and more.

Vet4warriors:

Peer counselors to speak with 24/7 via call (1-855-838-8255), email, or chat. Operating completely independent of the VA and the U.S. military, callers can feel confident that everything they say will always remain 100 percent confidential. This program complements official government resources available to Service Members and their families, veterans, and caregivers.

*Private organizations mentioned are not affiliated with the Department of Defense (DoD) or any Military Service. Mention of any non-federal entities is provided only to inform personnel of other possible information resources and is not an official endorsement of the organization by the Department of the Navy (DoN). Personnel are free to utilize resources of their own choosing.



RESOURCE	NAME	CONTACT
Unit Medical Lead (IDC, OMO, GMO, SMO)		
ISIC Medical Lead		
Deployment Readiness Coordinator (DRC)		
Embedded Mental Health Provider (OSCAR Provider)		
MTF		
Emergency Room		
Mental Health Department		
Embedded Preventive Behavioral Health Capability (EPBHC) or Primary Prevention Integrator (PPI)		
Chaplain		
COSC Team Leader		
Suicide Prevention Program Coordinator (SPPC) or Suicide Prevention Program Officer (SPPO)		
Sexual Assault Prevention Response Coordinator or Victim Advocate		
Family Advocacy Program Coordinator		
Victim and Witness Assistance Program		
Staff Judge Advocate		
Substance Abuse Control Officer (SACO)		
Force Fitness Instructor (FFI)		
Marine Corps Family Team Building (MCFTB)		
Marine and Family Programs Office		
Military and Family Life Counselor		
Military OneSource		
Navy Marine Corps Relief Society		
VA Veteran Center		
Semper Fit Health Promotion Director		
Semper Fit Fitness Professional Director		
Single Marine Program (SMP) Representative		



If you have questions or comments about the Marine Corps Warfighter Mental Readiness Playbook, scan this QR code to provide feedback, or email: behavioralhealth@usmc.mil