



Department of the Air Force

Leader's Post-Suicide Attempt

Support and Reintegration Guide

PURPOSE

This support and reintegration guide is designed to assist leaders in addressing suicide attempts of those in their unit. A suicide attempt is a significant medical event, regardless of whether an injury was incurred or the degree of lethality of the means. A proper response to a suicide attempt can diminish the presence or intensity of risk factors for another attempt, enhance protective factors guarding against another attempt, improve psychological and social outcomes, and aid in fully restoring the individual to the work center with minimal disruption.

APPLICATION

This guide should be employed by leaders and used in consultation with local resources (e.g., Disaster Mental Health, Chaplains, Integrated Primary Prevention Workforce (IPPW) personnel, Public Affairs) to ensure the optimal response to the suicide event. This guide should not be rigidly applied as a checklist of mandated actions, but rather flexibly employed to deliver the optimal response to the idiosyncratic factors surrounding each unique suicide attempt event. There are often many factors considered in a person's decision to attempt suicide.

WHY PEOPLE ATTEMPT

A person who attempts suicide may have (1) been interrupted during, or prevented from taking, action they intended to enact their death; (2) sought to demonstrate an attempt so others may know they are in pain (i.e., "a cry for help"); (3) been under the influence of drugs (including alcohol) which lowered inhibitions normally present and impaired decision-making (often referred to as 'impulsive'); (4) been suffering from mental illness, marked emotional distress, and/or otherwise psychologically impaired but did not die as a consequence of the suicide event; and/or (5) sought to end suffering brought about by significant life stressors including relationship distress, medical/psychological conditions, occupational problems, perceived and overwhelming financial stress, a pending investigation/non-judicial punishment/or demotion, or other significant stressors. Sometimes, significant stressors are perceived by others as "positive" (e.g., a promotion and/or increased responsibility).

***Special note to the affected leader: Leading through a suicide attempt can be emotionally taxing; ensure you engage in self-care during the process, seek support, and seek mentorship with another leader who has been through the experience.

DEFINITIONS

Per DoDI 6490.16, "Defense Suicide Prevention Program" published February 2, 2023: Suicide Attempt: A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior.



| Guidance for Support and Reintegration Actions Following a Suicide Attempt | | |
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| | Additional resources (non-mandatory) are available at the Leadership Link on www.resilience.af.mil. | |
| Installation Notifications | | |
| 1 | <p>Contact emergency medical services, local law enforcement/Security Forces, AFOSI, and 911 (situation dependent).</p> <ul style="list-style-type: none">• AFOSI Duty Agent can be contacted after hours through the Law Enforcement Desk or Command Post.• If suicide attempt took place on duty, do not disturb the scene. | |
| 2 | <p>Notify First Sergeant, Command Post and Chain of Command.</p> <ul style="list-style-type: none">• Command Post will initiate Operational Reporting (OPREP) messages and notify FSS/CC or FSS/CL (as appropriate). Ensure notifications are kept to a short list of “need to know” personnel and contain only the minimum amount of information required to convey the nature of the critical event.• Limiting disclosures to only those with a “need to know” avoids stigmatizing the member’s return to work, where many people may be aware of what happened.• NOTE: Formal notification to the unit of the suicide attempt is discouraged. This is a medical emergency and the Airman/Guardian’s privacy should be respected. Instead consider notifying only those within the unit who have a “need to know” that the member experienced an emergency and will not return to work until the emergency subsides. | |
| 3 | <p>If an attempt was by a Title 10 Airman/Guardian or ARC: Notify the nearest active-duty Mental Health Clinic or Mental Health on-call provider to consult on safety planning, a fitness for duty determination and coordination of a possible Commander Directed Evaluation (CDE).</p> | |
| 3a. | <p>If an attempt was by a civilian employee the Mental Health Clinic or on-call provider can provide guidance on options for evaluation and care. Generally, civilian authorities and hospitals will be the lead agents for response to the attempt.</p> <ul style="list-style-type: none">• Consider resources such as, Employee Assistance Program (EAP) and consultation with their servicing Employee Management Relations (EMR) Specialists assigned to the Installation Civilian Personnel Flight (CPF). | |
| 4 | <p>A suicide attempt requires formal Mental Health assessment and often, although not always, will result in hospitalization to stabilize the individual medically and psychiatrically and to ensure safety. If the member is hospitalized, it is recommended you consult with Mental Health and your Chain of Command regarding visiting the person while they are hospitalized.</p> | |
| Returning to Work | | |
| 5 | <p>A person who has experienced a crisis may find returning to work comforting (a sense of normalcy) or distressing (if the work center was perceived as contributory to their distress leading up to, or</p> | |



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| | <p>following the attempt). Work may need to be tailored to accommodate for Medical and Mental Health follow-up appointments and assessed abilities of the person upon their return. The goal is to gradually return the member to full duties as appropriate and with support. Most individuals who attempt suicide can be successfully treated, returned to work, and retained in the military.</p> <ul style="list-style-type: none">• Consult with Mental Health providers to develop a supportive plan to re-integrate the Airman/Guardian into the workplace. | |
| 6 | <p>If Title 10 or ARC: Ensure the Airman/Guardian is cleared for return to duty by Mental Health and their Primary Care Manager (PCM). Consultation between Mental Health (or DPH for ARC), PCM, and Command can ensure a work schedule that accommodates the member, provides additional supervision and support, and mitigates the possibility of reinforcing the suicide attempt. A guide for reintegration following a crisis can be found under the “Leadership” link on www.resilience.af.mil</p> <p>Recommendations:</p> <ul style="list-style-type: none">• “No Drink” order – Alcohol is frequently a precursor among suicide deaths in the DAF.• Non-weapons bearing duty• Lethal Means Safety –<ul style="list-style-type: none">○ Ask member to voluntarily secure any lethal means (particularly personally owned firearms, even when personally owned firearms are not identified as their primary means, as the presence of unsecured/loaded firearms increases suicide risk 4-33 times).○ Provide safe alternatives for lethal means storage (e.g., in the base armory, with a cooperating local firearm retailer or range, with a trusted agent, or in a safe or with a lock – and give all keys/access to a trusted agent).○ If reluctant to secure lethal means, explore rationale for why and identify alternative options to mitigate access to lethal means during the recovery period (e.g., voluntarily removing a key component of a firearm to render it safe). | |
| 6a | <p>If civilian: Consult with the Civilian Personnel Office when having conversations with civilian employees. Recommend exploring options for reducing access to alcohol and lethal means (particularly firearms, as discussed above). Engage with the employee to ensure they provide documentation indicating they are medically cleared by their treating Medical/Mental Health provider to return to the work environment.</p> <ul style="list-style-type: none">• Coordinate with Civilian Personnel Office on accommodations (if required) to work schedule and work environment. | |
| 7 | <p>With input from the individual and chain of command, document the command team’s efforts to understand the individual’s problems, what assistance or accommodations were provided, and what assistance may still be required.</p> <ul style="list-style-type: none">• Consider developing a 30-/60-/90-day post-suicide attempt plan for, and with, the individual with the intent to collaboratively enhance recovery and reintegration. | |

Supporting the Member’s Return to Work



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| 8 | <p>A returning member must not be treated as fragile or damaged. Such behavior can hinder or damage the recovery process if they sense they are being singled-out or treated differently in the presence of peers. Freely speak with the employee and remain receptive to their thoughts on returning to work. Inquire about their beliefs of how best to support them and to avoid their, or your, perception of “walking on eggshells.” Work openly and collaboratively to incorporate their thoughts into the plan for returning to work.</p> <ul style="list-style-type: none">• An unsupportive or hostile work environment is sometimes found among DAF suicide decedents.• Actively assess and address any work center culture that is unreceptive to supporting the member in their return to full duty.• If present, work with the member and (with the member’s consent) any supportive members of the work center to develop a plan to mitigate any barriers to successful reintegration. | |
| 9 | <p>Consider leave requests carefully. Leave may mitigate and/or exacerbate risk. Support the employee by ensuring leave requests involve structured time or planned events that will enhance them as they take time away from work. Work closely with treating mental health and medical providers to ensure a robust plan for safety while on leave, which should include emergency contact information and a plan to mitigate any anticipated stressors/risk factors that may arise while on leave. ARC leaders are encouraged to collaborate with civilian employers after obtaining permission from the member to do so.</p> | |
| 10 | <p>Ensure all members of the unit are aware that seeking Mental Health is a sign of strength and helps protect mission and family by improving personal functioning and reducing personal suffering. The Mental Health Clinic’s goal is to work collaboratively with the member and Treatment Team (i.e., including Command) to support the member in their treatment and to restore them to full medical readiness.</p> | |
| 11 | <p>Consider asking the member, “How can I be helpful to your recovery process?” Being supporting does not mean having an answer for the reintegrating member’s problem. Instead, simply being present and listening is one of the sincerest forms of support available.</p> | |
| 12 | <p>Engage supportive (i.e., risk mitigating) family and extended social support networks to increase support and surveillance of the Airman/Guardian/DAF civilian. Include the member in the identification of supportive others and collaborate on how to include them in the support and reintegration plan. Encourage family and friends to reach out to the unit if they become concerned about the emotional state of the Airman/Guardian/DAF civilian. Close friends and family are often fully aware of the member’s potential suicide risk and frequently misinformed regarding the restorative goals of medical care.</p> | |
| DoD Suicide Event Report (DoDSER) Entry | | |
| 15 | <p>Ensure Department of Defense Suicide Event Report (DoDSER) completion for military personnel suicide attempts.</p> | |



APPENDIX A. National/Local Resources

| Air Force Resilience Website www.resilience.af.mil | | | | | | | |
|---|------------------------------------|---|------------------------|--|------------------------|---|---------------------------------------|
| HELPING RESOURCE | Military & Family Readiness Center | Military OneSource | Chaplain | Civilian Employee Assistance Program (EAP) | Mental Health Clinic | Suicide & Crisis Lifeline | Veteran Crisis Line |
| Contact | Add local contact info | 1-800-342-9647 Military One Source | Add local contact info | 1-866-580-9078 (TTY 711) www.AFPC.AF.MIL/EAP | Add local contact info | CONUS: 988 or text 838255 OCONUS: Europe: 844-702-5495/DSN 988 Pacific: 844-702-5493/DSN 988 SW Asia: 855-422-7719/DSN 988 | |
| CAN ASSIST | All | Military & Family members | All | Civilian/NAF employees | Military | All | Military, Veterans, & social supports |



APPENDIX B. Safe Messaging Guidelines

| When Describing: | Say This: | Do NOT Say This: |
|---|--|--|
| Individuals who have experienced suicidal thoughts, feelings and actions, to include suicide attempts | <ul style="list-style-type: none">- Attempt Survivors- People with lived experience | <ul style="list-style-type: none">- They were unsuccessful at suicide- They had a failed or incomplete suicide attempt- Anything that indicates weakness or cowardice- They failed to successfully commit suicide |
| When referring to the act of suicide during which a person survives the attempt | <ul style="list-style-type: none">- Attempted suicide- Non-fatal suicide attempt- Attempted to enact their death | <ul style="list-style-type: none">- Failed suicide attempt- Incomplete suicide- Unsuccessful suicide |
| The individual who died by suicide and/or the suicide event | <ul style="list-style-type: none">- Use the person's name- Died by/from suicide- Death by suicide- Suicide death- Killed him/herself- Took his/her life- Enacted his/her death | <p>Do not:</p> <ul style="list-style-type: none">- Sensationalize or glorify suicide- Discuss the suicide event in detail- Discuss the content of a suicide note- Say the act was inevitable, cowardly or selfish <p>Do not use the terms:</p> <ul style="list-style-type: none">- Completed suicide- Successful suicide- Commit or committed suicide |
| Individuals who lost a friend or loved one to suicide | <ul style="list-style-type: none">- Survivor of suicide- Suicide survivor- Suicide loss survivor | <ul style="list-style-type: none">- Anything to indicate guilt or culpability |



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Leader's Suicide Postvention Support Guide

PURPOSE

This guide is intended to assist leaders with navigating their response to a suicide death in their unit. Research suggests that leadership response facilitates the prevention of additional suicides and/or suicide attempts (i.e., "suicide contagion"). A suicide death is a significant event in any military unit. Leaders' proper postvention response (1) diminishes the presence or intensity of risk factors for suicide or other negative outcomes (e.g. blaming) present in the unit, (2) enhances protective factors within a unit that guard against additional suicide events, (3) improves support and promotes healthy grieving amongst exposed, affected, bereaved unit members, and (4) facilitates easy access to outside resources offered by response agencies.

APPLICATION

This support guide should be employed by leaders and used in consultation with local resources (e.g., Disaster Mental Health, Director of Psychological Health, Chaplains, Integrated Primary Prevention Workforce (IPPW) personnel, Public Affairs, and Mental Health Clinic providers) to ensure the optimal response to the suicide death. This support guide should not be rigidly applied as a checklist of mandated actions, but rather flexibly employed to deliver the most effective response to the idiosyncratic factors surrounding each unique suicide death. There are often many factors considered in a person's decision to die by suicide. This support guide is intended to augment any local policies, incorporating "lessons learned" from leaders who have experienced suicide deaths in their unit. It is a guide intended to facilitate a leader's judgment and experience. This support guide does not outline every potential contingency which may arise from a suicide.

***Special note to the affected leader: Losing a unit member to death by suicide will have a significant impact on the entire unit and it is important to pause and remember that you are not alone. Your leadership team, First Sergeant, and Installation Helping Agencies are available and willing to assist. Support services are available for you, your leadership team, and unit members. Be sure to care for your unit, and most certainly take time to care for yourself over the days, weeks, and months to come.

DEFINITIONS

Per DoDI 6490.16, "Defense Suicide Prevention Program" published 2 February 2023: Suicide: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior.

Per the "DoD Postvention Toolkit for a Military Suicide Loss": Postvention: Any activity following a suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent any negative effects of suicide exposure, such as complicated grief and suicide contagion.



Guidance for Support Actions Following a Death by Suicide

Responding to suicide is one of the most challenging scenarios a leader will face. Additional (non-mandatory) resources are available at the Leadership Link on www.resilience.af.mil.

Installation Notifications

1. Contact local law enforcement/Security Forces, AFOSI, and 911 (situation dependent).
 - AFOSI Duty Agent can be contacted after hours through the Law Enforcement Desk or Command Post.
 - If suicide took place on duty, do not disturb the scene.
 - Validate with JA and AFOSI who has jurisdiction of the scene and medical investigation. Normally, local medical examiners/coroners have medical incident authority, but some locations may vary.
2. Notify First Sergeant, Command Post and Chain of Command.
 - Command Post will initiate Operational Reporting (OPREP) messages and notify FSS Casualty Assistant Representative (CAR), Mortuary Affairs, and on-call Chaplain. Ensure notifications are kept to a short list of “need to know” personnel and contain the minimum amount of information required to convey the nature of critical event.
3. Notify Mental Health Clinic or Mental Health on-call provider, or ARC equivalent, to discuss possible activation of the Disaster Mental Health (DMH) Team. Command Post can assist with contacting Mental Health after duty hours.

The DMH Team Chief will:

 - Provide command consultation
 - Offer Disaster Mental Health Services to include psychological first aid
 - Conduct a needs assessment
 - Provide a review of available support services offered by various Installation Helping Agencies (i.e. Mental Health, Chaplain, Military and Family Readiness, Military Family Life Counselor, Employee Assistance Program, and the Integrated Primary Prevention Workforce personnel, IPPW)
 - Coordinate the necessary support services

Next of Kin Notifications

4. Carefully select Summary Court Officer (SCO) and Family Assistance Representative (FAR). Ensure those selected are the right individuals to manage personal effects of deceased member and represent DAF well through interactions with the family. Ensure SCO and FAR are effectively trained and understand their roles.
 - Leaders should check in on SCO's and FAR's mental health and well-being on a recurring basis throughout the process, as it can take a toll on individuals.



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| 5. | <p>Contact CAR to notify Next of Kin (NOK) IAW DAFI 36- 3002, <i>Casualty Services</i> and receive briefing on managing casualty affairs. Member's Commander or higher makes notification if NOK is in local area. CAR can assist.</p> <ul style="list-style-type: none">For a military suicide, proceed to Step 6, step 5a only applies to civilian employees. | |
| 5a. | <p>For the suicide of a civilian employee, contact the Civilian Personnel Flight (CPF) for assistance with NOK notifications. Provide the following:</p> <ul style="list-style-type: none">Name of Unit Leader and phone numberName of First level supervisor and phone numberOrganizationDeceased employee's nameDate, time, and place of deathCause of death (if known)Name and relationship of person providing the notificationName, phone number, and address for NOK on file <p>Installation CPF will contact AFPC's Benefits and Entitlements Servicing Team (BEST). A BEST representative will:</p> <ul style="list-style-type: none">Contact NOK (AFTER Initial NOK notifications have been made)Provide Survivor Benefits letter and claim formsProvide advisory services and survivor annuity computationsProcess death claim formsInput personnel actions into the Defense Civilian Personnel Data System (DCPDS) | |
| Personal Belongings | | |
| 6. | <p>Discuss with NOK the process for claiming deceased employee's personal items.</p> <ul style="list-style-type: none">Arrange for delivery or pick-up of items at an appropriate time within a reasonable time period. | |
| 7. | <p>If death occurs on base: Once the decedent has been removed from the scene and law enforcement has secured any items for evidence, have a professional team clean the scene to avoid further traumatizing unit or family members. Avoid using unit members and those who knew the decedent well, as cleaning may be traumatizing.</p> <ul style="list-style-type: none">Giving personal effects to unit leaders can also be traumatic. Consider having another trusted agent or leader who is unaffiliated with the decedent temporarily hold items. | |
| 8. | <p>Conduct a search of the employee's work area to secure all personal possessions (AFI 34-501, Mortuary Affairs Program).</p> <ul style="list-style-type: none">Complete the Record of Personal Effects of Believed to be Deceased Form (DD-1076).Obtain signature and provide a copy to the NOK. | |
| Unit Notifications | | |
| 9. | <p>Prior to notifying the unit of the death, meet with Public Affairs and IPPW personnel about the suicide and refer to the Public Affairs Guidance (PAG) for Suicide Prevention and the Leaders Suicide Prevention Safe Messaging Guide.</p> | |



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| | <ul style="list-style-type: none">• Prior to notifying the unit of the death recommend:<ul style="list-style-type: none">○ Discussing timing, location, and recommended message/approach with members of the Disaster Mental Health Team (e.g., DMH Team Chief, Chaplain, Director of Psychological Health, IPPW personnel).○ Determining who will speak and the order of speakers, if applicable.○ Adjusting message based on any request made by the decedent's family on what information can be shared with unit members pertaining to the cause of death.○ Rehearsing the message with Public Affairs, DMH, and/or IPPW personnel to help with the delivery of the message and your emotional reactions. | |
| 10. | <p>Make initial announcement to work site with a balance of "need to know," rumor control, and OPSEC (social media). Examples of how to talk about individuals who die by suicide is provided in Appendix A, <i>Safe Messaging Guidelines</i>. *Avoid notifying work center until NOK notifications are complete.</p> <ul style="list-style-type: none">• Consider having DMH team members and other helping agencies present to offer support to potentially distraught personnel.• Be mindful that social media or other technology may be the first source of notification for unit members and perhaps may contain untrue, cruel, or misleading information.• Discuss the importance of discretion, respect, and sensitivity for all (family members, friends, colleagues) in sharing/posting information.• When speaking to the work site/unit, avoid announcing specific details of the suicide, merely state it was a suicide or reported suicide. Do not mention the method used. Location is announced as either on-base or off-base. Do not announce specific location, who found the body, whether a note was left, or why the member may have died by suicide. | |
| 11. | <p>When engaging in discussions about the suicide:</p> <ul style="list-style-type: none">• Express sadness at the DAF's loss, and acknowledge and normalize the grief of the survivors.<ul style="list-style-type: none">• Recognized individuals may not experience distress immediately, but it may emerge days or weeks later.• Normalize individuals' reactions and recognize they may experience multiple and varied reactions (e.g., sadness, anger, guilt, numbness, indifference).• Emphasize the unnecessary nature of suicide as alternative helping resources are readily available to address life's challenges.• Ensure the audience knows you and the DAF want personnel to seek assistance whenever they need it, especially if/when distressed, including those who are presently affected.• Discuss available helping resources and provide support in receiving services.• Encourage Airmen/Guardians to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased.• Provide brief reminder of warning signs for suicide. A list of warning signs can be found at: https://www.resilience.af.mil/Suicide-Prevention-Program/ | |



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| 12. | After death announcement is made to the work center, follow-up your comments in an e-mail provided to the community affected. Restate the themes noted above. Example message is provided in Appendix B. <i>Example Letter to Team</i> . | |
| Unit Support | | |
| 13. | <p>Refer grieving co-workers to Community Action Team (CAT)-based resources—see local resources in Appendix C. For Military beneficiaries, consider Mental Health, Chaplain, Military & Family Readiness, Military and Family Life Counselors, and Military OneSource. For civilians, consider Employee Assistance Program. If non-beneficiaries (i.e., extended family members, significant others) are struggling and asking for help, refer them to community-based services and/or discuss options with a mental health consultant or competent medical authority.</p> <ul style="list-style-type: none">□ Leadership team, to include the Commander and First Sergeant, may also want to consider seeking Disaster Mental Health and/or mental health resources to assist with processing/adjusting to the event. | |
| 14. | <p>It is not uncommon for a suicide death to have a broader impact on the installation outside of the decedent's assigned unit, as our Airmen/Guardians live, work, and reside within a broader community. Consider whether additional personnel (e.g., roommates, neighbors) or units outside of the decedent's assigned unit may be affected. Unfortunately, rumors and speculation, blaming, and/or retaliation can emerge following some suicide deaths, whether in-person or through electronic means (e.g. social media). These additional factors may impact victims and subjects of alleged crimes, military members and units, friends, and family members, as well as relations and agreements between host and tenant installation units.</p> <ul style="list-style-type: none">□ Annually, up to 40% of suicide deaths involve members who are facing administrative and legal problems (e.g., under investigation) at the time of their death. If the nature of the alleged crimes produced victims, ensure response services consider the provision of support to these personnel, as they may be experiencing a myriad of distressing thoughts and feelings.□ Consider including consultation with response agencies regarding the provision of support services to victims who may be affected, including Sexual Assault Prevention and Response, the Family Advocacy Program, Chaplains, and Mental Health.□ Consult with unit/installation leadership on how to respond in a unified manner to negative behaviors that may emerge on the part of survivors who perceive the victims are to blame for the suicide death.□ Ensure response and postvention services are available to identified victims and any potential unidentified victims in the community (e.g., those who provided a restricted report or have yet to come forward). | |
| 15. | Unless you discern there is a risk of being perceived as disingenuous, consider increasing senior leadership presence in the work area immediately following announcement of the death over the ensuing hours, days, weeks, and months. Engage informally with personnel and | |



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| | <p>communicate messages of support. Initial presence should be intensive and then decrease over the next 30 days to a tempo you find appropriate. Consider requesting MFLC support and coordinate unit circulations (walk-about) with the DMH team as needed.</p> <ul style="list-style-type: none">• The death of a unit member by any means is a loss and impactful for the entire unit; even those not “close” to the deceased may struggle with the loss. Model healthy coping behaviors.• Consider individual follow-up to assess risk and any need for additional support for individuals in the unit who are already known to leadership to be at risk or experiencing heightened distress | |
| 16. | <p>Anniversaries of suicide (1-month, 6-month, 1-year, etc.) are periods of increased risk. Consider providing a message (e.g., Commander's call or email) acknowledging the loss and promoting healthy behaviors, help seeking, and the Wingman concept during these periods.</p> <ul style="list-style-type: none">• Review the Leaders Suicide Prevention Safe Messaging Guide when creating messages.• Tailor the message to be individualized to the decedent.• Discuss how the loss of the individual has impacted not only you but the unit.• Demonstrate vulnerability when creating anniversary messages as it may promote healing and help seeking where needed. | |
| Unit Sponsored Memorial Services | | |
| 17. | <p>Consult with Chaplain regarding Unit Sponsored Memorial Services. Memorial Services are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible. Consider opening Memorial Services to affected members outside the immediate unit (e.g., dorm members/neighbors, individuals who deployed or spent considerable time working with the member, or members of a shared group or team).</p> <ul style="list-style-type: none">• It is important to note that concerns about suicide contagion or “imitative suicidal behavior” is legitimate, especially concerning the influence of media and public messaging related to suicide.• It is important to balance and distinguish between honoring the member's life without glorifying or conveying judgment regarding their manner of death.• Please see the DAF Guidance on Memorials for Suicide Deaths under the Leadership Link on www.resilience.af.mil | |
| 18. | <p>Public memorials such as plaques, trees, or flags at half-mast may, in rare situations, encourage other at-risk people to attempt suicide so as to obtain some measure of respect or adulation for themselves. Therefore, these types of memorials are not recommended.</p> | |
| DoD Suicide Event Report (DoDSER) Entry | | |
| 19. | <p>Ensure Department of Defense Suicide Event Report (DoDSER) completion for military personnel and participate, as requested, with any appointed independent review process (suicide review for Installation/MAJCOM/FLDCOM, or Medical Incident Investigation (MII)).</p> | |



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| | The processes are intended to determine if there are any 'lessons learned' regarding suicide prevention, not to assign blame. | |
| Post-Event Response Review | | |
| 20. | Following a suicide event, unit leaders are encouraged to review and update the installation's postvention response with all involved personnel, helping agencies, units, and installation-level leadership at a time and in a forum that is most conducive to enhancing local installation response to any future suicide events. | |



Appendices

APPENDIX A. Safe Messaging Guidelines

| When Describing: | Say This: | Do NOT Say This: |
|---|--|--|
| Individuals who have experienced suicidal thoughts, feelings and actions, to include suicide attempts | <ul style="list-style-type: none">- Attempt Survivors- People with lived experience | <ul style="list-style-type: none">- They were unsuccessful at suicide- They had a failed or incomplete suicide attempt- Anything that indicates weakness or cowardice- They failed to successfully commit suicide |
| When referring to the act of suicide during which a person survives the attempt | <ul style="list-style-type: none">- Attempted suicide- Non-fatal suicide attempt- Attempted to enact their death | <ul style="list-style-type: none">- Failed suicide attempt- Incomplete suicide- Unsuccessful suicide |
| The individual who died by suicide and/or the suicide event | <ul style="list-style-type: none">- Use the person's name- Died by/from suicide- Death by suicide- Suicide death- Killed him/herself- Took his/her life- Enacted his/her death | <p>Do not:</p> <ul style="list-style-type: none">- Sensationalize or glorify suicide- Discuss the suicide event in detail- Discuss the content of a suicide note- Say the act was inevitable, cowardly or selfish <p>Do not use the terms:</p> <ul style="list-style-type: none">- Completed suicide- Successful suicide- Commit or committed suicide |
| Individuals who lost a friend or loved one to suicide | <ul style="list-style-type: none">- Survivor of suicide- Suicide survivor- Suicide loss survivor | <ul style="list-style-type: none">- Anything to indicate guilt or culpability |



APPENDIX B. Example Letter to Team

Team,

It is with deep regret that I must inform you of MEMBER's passing LAST EVENING, MORNING, AFTERNOON. MEMBER served as a JOB TITLE, FLIGHT. Please join me in conveying our deepest condolences to his/her family, friends, the UNIT and all who were close to him/her.

Each and every one of you is an integral member of our UNIT family and we understand some of you may be having difficulty coping with the sudden loss of one of our Airmen/Guardians. Our support agencies, chaplains, first sergeants and leadership teams are always available to anyone who wishes to talk about this event, or any other concerns.

As we begin the healing process, those closest to MEMBER may experience an array of emotions that follow any unexpected loss of a friend, coworker, or loved one. Please check on your fellow Airmen/Guardians. It is important that we stand together as a team and support each other as we heal.

*Please remember the following resources are always available to support you:
For military: The Military Crisis Line is available at all hours at 988 (CONUS), press 1, or access online chat by texting 838255.*

*OCONUS:
Europe: 844-702-5495/DSN 988
Pacific: 844-702-5493/DSN 988
Southwest Asia: 855-422-7719/DSN 988*

For civilians: The Employee Assistance Program is also available for civilian employees at 1-866- 580-9078

For military and civilians: National Suicide Prevention Lifeline: 988 or 1-800-273-8255 (TALK)

*Locally, we also have our team of professionals ready to assist you: For military - Mental Health: #
For military and civilian - Chaplain: #, IPPW: # Please continue to look after yourselves and your fellow Airmen and/or Guardians.*



APPENDIX C. National/Local Resources

| Air Force Resilience Website www.resilience.af.mil | | | | | | | |
|---|------------------------------------|---|------------------------|--|------------------------|---|---------------------------------------|
| HELPING RESOURCE | Military & Family Readiness Center | Military OneSource | Chaplain | Civilian Employee Assistance Program (EAP) | Mental Health Clinic | Suicide & Crisis Lifeline | Veteran Crisis Line |
| Contact | Add local contact info | 1-800-342-9647 Military One Source | Add local contact info | 1-866-580-9078 (TTY 711) www.AFPC.AF.MIL/EAP | Add local contact info | CONUS: 988 or text 838255 OCONUS: Europe: 844-702-5495/DSN 988 Pacific: 844-702-5493/DSN 988 SW Asia: 855-422-7719/DSN 988 | |
| CAN ASSIST | All | Military & Family members | All | Civilian/NAF employees | Military | All | Military, Veterans, & social supports |

Commander/First Sergeant Checklist for Airmen and Guardians Under Investigation or Involved in the Military/Civilian Criminal Justice/Legal Systems

In accordance with DAFI 90-5001, *Integrated Resilience*, use of this checklist is **mandatory** for Unit Commanders/First Sergeants upon notification that an Airman or Guardian, defined as those subject to the UCMJ, is under investigation under the UCMJ or a civilian jurisdiction for a criminal offense. For Commander Directed Investigations (CDIs), this checklist is mandatory for Unit Commanders/First Sergeants when the member is informed of the CDI. The use of this checklist is recommended for Unit Commanders/First Sergeants for all Airmen and Guardians (as defined above) who may benefit due to current, recent or anticipated investigation(s) or legal issues of any type to include non-judicial punishments or involuntary separations. If the Unit Commander is preferring charges, tasks can be delegated. **The checklist is initiated only after the member has been apprised by Office of Special Investigation (OSI) or other law enforcement agency conducting an investigation** (consult with Judge Advocate (JA) for guidance as needed).

AF Investigative Interview Policy. Per AFI 90-505, para. 3.1.6.2. “Following any subject interview, the AF investigators (e.g., AFOSI, IG, SF, and EEO) must hand-off the accused directly to the member’s Commander, or First Sergeant through documented person-to-person contact.” For ARC units, when the Commander or First Sergeant is a traditional guardsman/reservist and unable to be contacted, the senior ranking unit member (E-7 or higher) on active status will receive the hand-off and make notifications to the Commander or First Sergeant. The investigator will notify the unit representative that the individual was interviewed and is under investigation.

Know the signs and risk factors for suicidality. Risk factors may include, but are not limited to, current/pending disciplinary or legal action, relationship problems, substance use/abuse, financial problems, work-related problems, transitions (retirement, PCS, separation from service, etc.). Please see the Leaders Guide to Suicidal Behavior found at **www.resilience.af.mil**.

Airmen and Guardians under investigation represent an “at-risk” group for a number of negative outcomes to include suicide. This checklist is intended to help leaders mitigate this risk. Leaders must remember two overarching recommendations in all interactions with Airmen and Guardians under investigation:

- Ensure the member continues to feel connected to and valued by the unit.
- Ensure the member is aware of helping resources and has access to them.

These overarching recommendations and the signs/risk factors for suicidality should be considered in each item of the checklist.

Additional resources are available via the local Integrated Resilience Office and on the resilience website www.resilience.af.mil.

| Mandatory Initial Actions (Within 24 Hours of Notification to the Subject) *see notes below for additional guidance | | Date |
|--|--|------|
| 1 | <p><u>Investigative Authority:</u> Inform Unit Commander (CC), First Sergeant, Officer in Charge and Supervisor. Following any subject interview or notification, investigators must hand-off the member directly to their CC or First Sergeant through person-to-person documented contact.</p> <p><u>Unit Commander or Leader making notification:</u> Document no initial hand-off was required and proceed to the next step.</p> | |
| 2 | Ensure “Hand-Off” after investigative interviews in accordance with DAFI 90-5001, <i>Integrated Resilience</i> . Receive investigative interview and investigator’s perceptions of possible perceived risk of suicide. | |
| 3 | Assume the possibility of suicide, given the significant risk associated with being under investigation. | |
| 4 | Reassure the Airman/Guardian of leadership support and that due process will be followed. | |
| 5 | Reinforce to the member that they remain a valued member of the unit. | |
| 6 | Inquire about the Airman/Guardian’s reaction and emotional state. | |
| 7 | Inquire about thought, intent, and plans of harming or killing themselves. | |
| 8 | Inform the member of the Limited Privilege Suicide Prevention Program (LPSP) IAW DAFI 21-201, <i>Administration of Military Justice</i> , para 19.14; and refer them to the Mental Health (MH) clinic in accordance with AFI 44-172, <i>Mental Health</i> , 13 November 2015, certified 23 April 2020. | |
| 9 | Recommend/offer to walk the Service member to a voluntary same-day mental health appointment to provide support and education on options within the Mental Health clinic and other support services. | |
| 10 | If the Service member declines a voluntary mental health appointment, prior to releasing the member, consult with a mental health provider regarding whether a command directed evaluation is warranted for evaluation of suicide risk. If a command directed evaluation is not warranted leadership should discuss safety planning and supportive actions with the mental health provider and other helping agency options. | |
| 11 | If the hand-off occurs after-hours and/or when mental health services are unavailable, prior to releasing the member, consult with the on-call mental health provider/Director of Psychological Health/Wing Chaplain regarding potential risk indicators, support, and safety planning and connect the member with mental health or other helping services as early as feasible. | |
| 12 | If member is unwilling to receive mental health care and does not meet criteria for a command directed evaluation, encourage the member to engage with a Behavioral Health Provider in Primary Care, Chaplain, or Military OneSource and offer to walk them to the helping resource, minimally, provide applicable contact information. | |
| 13 | Provide Area Defense Counsel information to the member, if needed. Consult with JA. See notes below. | |
| 14 | Ensure key personnel and the member have coping strategies in place and encourage healthy/positive help-seeking strategies via local resources. | |
| 15 | Request permission to contact the member’s spouse, significant other, support system to engage their support and open dialogue with command, as well as for command to support the family. If permission is granted, advise the member’s support system of risk indicators, resources, safety planning, and the LPSP program. | |

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| 16 | Direct CC/First Sergeant and supervisor conduct regular reoccurring check-ins with member to determine coping strategies, social support, access/engagement with the Chaplain Corps and/or Mental Health, any thoughts of self-harm, and access to lethal means. | |
| 17 | <p>If personal safety is a concern and the member has access to lethal means:</p> <ul style="list-style-type: none"> • Encourage member to voluntarily store personal firearms with a friend/armory. • Restrict access to duty weapons via Do-Not-Arm roster if necessary. • For members residing on base or in off-base privatized housing: <ul style="list-style-type: none"> ○ CC may have authority to order member to temporarily turn over personal firearms to mitigate immediate threat(s). ○ CC must engage the installation SJA prior to taking action in this regard. ○ Consult with medical/mental health regarding management of medications and safe storage. ○ CCs may be required to notify individuals of legal restrictions from owning or possessing firearms and ammunition IAW federal law and AFMAN 71-102. <p>If safety of others is a concern assess the need for a Military Protective Order, DD Form 2873, and issue any such order deemed necessary.</p> <p>Consult with JA and Law Enforcement as appropriate.</p> | |
| Follow-up Actions (72-Hours and Beyond) * see notes below for additional guidance | | Date |
| 18 | <p>Ensure CC/First Sergeant and supervisor have frequent (weekly, at a minimum) check-ins with member and that unit leaders meet regularly with the member until legal action is resolved.</p> <ul style="list-style-type: none"> • Continue to ask the member directly about suicidal thoughts and any changes in access to lethal means regularly. • Inquire about any additional stressors the member may be experiencing as a result of the situation (e.g., relationship difficulties, financial difficulties, concerns about career implications, etc.). <ul style="list-style-type: none"> ○ These stressors should be addressed directly and/or communicated to helping resources to assist. ○ Contact the installation Director of Psychological Health/Mental Health Flight Commander/Chaplain Corps to seek consultation on assisting/supporting the member as necessary. | |
| 19 | Have the member and CC/First Sergeant and supervisor develop activity plan for off duty time, e.g., weekends, leave & holidays. CC or First Sergeant should coordinate with MH and/or JA. Consult with law enforcement if the member is under investigation. | |
| 20 | Have the member's leave (outside local area) requests reviewed/coordinated at the Sq/CC level. Prior to leave authorization consult with law enforcement if the member remains under investigation. CC or First Sergeant must coordinate with JA. | |
| 21 | First Sergeant should meet weekly, at a minimum, with the member to discuss any safety/coping concerns and provide support. First Sergeant should maintain regular contact with supervisor or CC updating status of weekly check-ins. Ensure that the First Sergeant reads the member his or her Article 31 rights if the member discusses any topics that may implicate criminal activity. | |

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| 22 | Encourage the member to remain engaged within their unit and community activities as appropriate. | |
| 23 | Encourage hope and acknowledge positive changes, behaviors, or contributions made by the member regardless of current allegations or pending legal actions. | |

Additional Instruction/Notes for Checklist items:

AF Investigative Interview Policy. Per AFI 90-5001, para. 5.3.2, following any subject interview, Air Force investigators must hand-off the member directly to their CC or First Sergeant through person-to-person documented contact and inform them of any perceived risk of suicide in accordance with investigative policies. **(T-1)** Note: For Air Reserve Component, when the Commander or First Sergeant is a traditional Guardsman or Reservist and unable to be contacted, the senior ranking unit member (E-7 or higher) on active status will receive person-to-person contact and in turn make notifications to the Commander and First Sergeant. **(T-1)** The investigator will notify the unit representative that the individual was interviewed and is under investigation. **(T-1)** Commanders and First Sergeants will use the checklist when notified that a Uniformed Member is under investigation under the Uniform Code of Military Justice or a civilian justice system. **(T-1)** This can assist with mitigating risk of suicide, suicide attempt or other forms of harm.

Following or preceding an OSI interview, the CC may have specific questions/issues they feel they need to address with the member in question (including providing information about legal defense services). Due to the nature of the commander's role, and in the instance that the member is suspected of criminal wrongdoing, any discussions may need to be preceded by an Article 31, UCMJ, or Miranda Rights advisement. CCs should immediately and frequently consult with their host installation SJA on whether or not they should advise a member of his or her rights prior to discussing things related to the suspected offense, such as consultation with an Area Defense Counsel or related matters, as it could prompt self-incriminating responses, questions, etc., from the member to the respective CC.

Limited Privilege Suicide Prevention Program (LPSP). LPSP provides limited confidentiality with regard to information revealed in or generated by a member's clinical relationship with their mental health provider. Information protected under LPSP may not be used in existing or any future UCMJ action or when weighing characterization of service in an administrative separation. This confidentiality is intended to help remove a potential barrier to help-seeking. Any Airmen or Guardian is eligible for entry in the LPSP after the member has been officially notified, verbally or in writing, that he or she is under investigation or is suspected of the commission of an offense under the UCMJ. An Airman or Guardian is eligible to enter the LPSP program when, subsequent to official notification, the Airman or Guardian receives treatment or care from a mental health provider. Consult with SJA and mental health for application of the LPSP program. Inform members of confidentiality when/if seeking counseling services.

Guidance for Check-ins. Key personnel may include those directly working with the uniformed member in supportive or treatment capacities. Be willing to ask about possible thoughts of wanting to die by suicide. It will help you know what type of help they may need. Use the ACE Model for discussing suicide. ACE stands for Ask, Care, and Escort. If you notice signs of distress or suicide risk factors, **Ask** your Airmen or Guardian what's going on and if they are having thoughts of self-harm; be an active listener and show that you **Care** about your wingman; and if necessary, **Escort** your wingman to the appropriate helping resource.

Additional questions to consider:

- Would you tell me if you were having thoughts of harm?

- Do you have a wingman or guardian for support?
- For more leadership tools visit www.resilience.af.mil.

Access to Lethal Means. Access to lethal means may put a member at increased risk for acting on thoughts of self-harm or suicide. Lethal Means Safety is a strategy to reduce potential risk. Given the elevated risk among Airmen and Guardians under investigation, it is recommended that unit leadership encourage the member to voluntarily relinquish firearms temporarily to be secured in the armory or to a trusted friend or unit member. Other potentially lethal means (e.g., medications and/or hazardous chemicals) should be considered if the member has expressed thoughts of self-harm with these means. Leaders at all levels will comply with DoD requirements (e.g. gun locks, safe storage, danger to self or others procedures) and consult with SJA prior to taking action that would restrict a member's access to weapons. Additional question CC may consider asking may include, but not limited to, do you plan to purchase a weapon?

Frequent Check-ins. Check-ins (daily to 2-3 times a week) may be accomplished in person, via telephone, or text at the discretion of the Commander. Weekly contacts with the First Sergeant should occur face to face. Ensure that these are "caring contacts".

Activity Plans. An activity plan is a set of instructions with activities to structure time while away from work, school or other regularly scheduled activities. The activities plan may include a daily schedule planning out each day from activities of daily living, events, and coping strategies. The plan should include daily check-ins with peers, family, friends or unit leadership. The plan must be re-evaluated on a regular basis and prior to any new leave requests/long weekends. The plan must also include regular check-ins. Seek consultation from the installation Director of Psychological Health/Mental Health Flight Commander on frequency of check-ins and assisting/supporting the member as necessary.

Leave Requests. Leave requests, especially outside the local area should be carefully considered in light of case status and the member's coping abilities. Commander review should be conducted in conjunction with MH, SJA, law enforcement, and supervisor input, as appropriate. CC or First Sergeant must coordinate with JA and law enforcement if the member is under investigation because there may be concerns with the member being a flight risk (deserter/fugitive) to avoid prosecution or other punitive action.

Ensure that the member does not feel "written off" by the Commander, chain of command, unit, or peers. Airmen and Guardians under investigation must continue to meet applicable standards and should be given opportunities to contribute to the mission and interact with unit and peers through formal/informal squadron functions unless there are specific reasons to exclude them from such activities. Feared loss of career is a significant stressor and risk factor for suicide related behaviors. Social exclusion and feeling like a burden to others are identified suicide risk factors. Keep the member integrated and productive to every extent possible.

Additional resources are available via local IPPW offices and on the resilience website www.resilience.af.mil.