



## Department of the Air Force

# 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](http://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"><li>For a military suicide, proceed to Step 6, step 5a only applies to civilian employees.</li></ul>	
5a.	<p>For the suicide of a <b>civilian employee</b>, contact the Civilian Personnel Flight (CPF) for assistance with NOK notifications. Provide the following:</p> <ul style="list-style-type: none"><li>Name of Unit Leader and phone number</li><li>Name of First level supervisor and phone number</li><li>Organization</li><li>Deceased employee's name</li><li>Date, time, and place of death</li><li>Cause of death (if known)</li><li>Name and relationship of person providing the notification</li><li>Name, phone number, and address for NOK on file</li></ul> <p>Installation CPF will contact AFPC's Benefits and Entitlements Servicing Team (BEST). A BEST representative will:</p> <ul style="list-style-type: none"><li>Contact NOK (AFTER Initial NOK notifications have been made)</li><li>Provide Survivor Benefits letter and claim forms</li><li>Provide advisory services and survivor annuity computations</li><li>Process death claim forms</li><li>Input personnel actions into the Defense Civilian Personnel Data System (DCPDS)</li></ul>	
<b>Personal Belongings</b>		
6.	<p>Discuss with NOK the process for claiming deceased employee's personal items.</p> <ul style="list-style-type: none"><li>Arrange for delivery or pick-up of items at an appropriate time within a reasonable time period.</li></ul>	
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"><li>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.</li></ul>	
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"><li>Complete the Record of Personal Effects of Believed to be Deceased Form (DD-1076).</li><li>Obtain signature and provide a copy to the NOK.</li></ul>	
<b>Unit Notifications</b>		
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 <a href="#">Leaders Suicide Prevention Safe Messaging Guide</a>.</p>	



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	<ul style="list-style-type: none"><li>• Prior to notifying the unit of the death recommend:<ul style="list-style-type: none"><li>○ 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).</li><li>○ Determining who will speak and the order of speakers, if applicable.</li><li>○ 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.</li><li>○ Rehearsing the message with Public Affairs, DMH, and/or IPPW personnel to help with the delivery of the message and your emotional reactions.</li></ul></li></ul>	
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>. <b>*Avoid notifying work center until NOK notifications are complete.</b></p> <ul style="list-style-type: none"><li>• Consider having DMH team members and other helping agencies present to offer support to potentially distraught personnel.</li><li>• 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.</li><li>• Discuss the importance of discretion, respect, and sensitivity for all (family members, friends, colleagues) in sharing/posting information.</li><li>• 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.</li></ul>	
11.	<p>When engaging in discussions about the suicide:</p> <ul style="list-style-type: none"><li>• Express sadness at the DAF's loss, and acknowledge and normalize the grief of the survivors.<ul style="list-style-type: none"><li>• Recognized individuals may not experience distress immediately, but it may emerge days or weeks later.</li><li>• Normalize individuals' reactions and recognize they may experience multiple and varied reactions (e.g., sadness, anger, guilt, numbness, indifference).</li></ul></li><li>• Emphasize the unnecessary nature of suicide as alternative helping resources are readily available to address life's challenges.</li><li>• 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.</li><li>• Discuss available helping resources and provide support in receiving services.</li><li>• 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.</li><li>• Provide brief reminder of warning signs for suicide. A list of warning signs can be found at: <a href="https://www.resilience.af.mil/Suicide-Prevention-Program/">https://www.resilience.af.mil/Suicide-Prevention-Program/</a></li></ul>	



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> .	
<b>Unit Support</b>		
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 &amp; 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"><li>□ 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.</li></ul>	
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"><li>□ 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.</li><li>□ 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.</li><li>□ 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.</li><li>□ 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).</li></ul>	
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"><li>• 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.</li><li>• 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</li></ul>	
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"><li>• Review the <a href="#">Leaders Suicide Prevention Safe Messaging Guide</a> when creating messages.</li><li>• Tailor the message to be individualized to the decedent.</li><li>• Discuss how the loss of the individual has impacted not only you but the unit.</li><li>• Demonstrate vulnerability when creating anniversary messages as it may promote healing and help seeking where needed.</li></ul>	
<b>Unit Sponsored Memorial Services</b>		
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"><li>• 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.</li><li>• It is important to balance and distinguish between honoring the member's life without glorifying or conveying judgment regarding their manner of death.</li><li>• Please see the DAF Guidance on Memorials for Suicide Deaths under the Leadership Link on <a href="http://www.resilience.af.mil">www.resilience.af.mil</a></li></ul>	
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>	
<b>DoD Suicide Event Report (DoDSER) Entry</b>		
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>	



	The processes are intended to determine if there are any 'lessons learned' regarding suicide prevention, not to assign blame.	
<b>Post-Event Response Review</b>		
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"><li>- Attempt Survivors</li><li>- People with lived experience</li></ul>	<ul style="list-style-type: none"><li>- They were unsuccessful at suicide</li><li>- They had a failed or incomplete suicide attempt</li><li>- Anything that indicates weakness or cowardice</li><li>- They failed to successfully commit suicide</li></ul>
When referring to the act of suicide during which a person survives the attempt	<ul style="list-style-type: none"><li>- Attempted suicide</li><li>- Non-fatal suicide attempt</li><li>- Attempted to enact their death</li></ul>	<ul style="list-style-type: none"><li>- Failed suicide attempt</li><li>- Incomplete suicide</li><li>- Unsuccessful suicide</li></ul>
The individual who died by suicide and/or the suicide event	<ul style="list-style-type: none"><li>- Use the person's name</li><li>- Died by/from suicide</li><li>- Death by suicide</li><li>- Suicide death</li><li>- Killed him/herself</li><li>- Took his/her life</li><li>- Enacted his/her death</li></ul>	<p>Do not:</p> <ul style="list-style-type: none"><li>- Sensationalize or glorify suicide</li><li>- Discuss the suicide event in detail</li><li>- Discuss the content of a suicide note</li><li>- Say the act was inevitable, cowardly or selfish</li></ul> <p>Do not use the terms:</p> <ul style="list-style-type: none"><li>- Completed suicide</li><li>- Successful suicide</li><li>- Commit or committed suicide</li></ul>
Individuals who lost a friend or loved one to suicide	<ul style="list-style-type: none"><li>- Survivor of suicide</li><li>- Suicide survivor</li><li>- Suicide loss survivor</li></ul>	<ul style="list-style-type: none"><li>- Anything to indicate guilt or culpability</li></ul>





## 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 <a href="http://www.resilience.af.mil">www.resilience.af.mil</a>							
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 <a href="http://MilitaryOneSource">Military One Source</a>	Add local contact info	1-866-580-9078 (TTY 711) <a href="http://www.AFPC.AF.MIL/EAP">www.AFPC.AF.MIL/EAP</a>	Add local contact info	<b>CONUS:</b> 988 or text 838255 <b>OCNUS:</b> <b>Europe:</b> 844-702-5495/DSN 988 <b>Pacific:</b> 844-702-5493/DSN 988 <b>SW Asia:</b> 855-422-7719/DSN 988	
CAN ASSIST	All	Military & Family members	All	Civilian/NAF employees	Military	All	Military, Veterans, & social supports