



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		
	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 following the attempt). Work may need to be tailored to accommodate for Medical and Mental</p>	



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	<p>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 dutyLethal 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



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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	<i>Add local contact info</i>	1-800-342-9647 Military One Source	<i>Add local contact info</i>	1-866-580-9078 (TTY 711) www.AFPC.AF.MIL/EAP	<i>Add local contact info</i>	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



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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