DEPARTMENT OF THE AIR FORCE
OFFICE OF THE CHIEF OF STAFF
UNITED STATES AIR FORCE
WASHINGTON DC 20330

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MEMORANDUM FOR ALMAJCOM-FOA-DRU/CC

FROM: HQ USAF/CV
1670 Air Force Pentagon
Washington, DC 20330-1670

SUBJECT: Air Force Leader's Post-Suicide Checklist and Response Guide

Last year's increased suicide rate demands our leaders adopt a sense of urgency in implementing strategic actions to reverse this trend. Leaders at all levels should continuously reinforce that it is every Airman's responsibility to seek help when necessary and to reach out to fellow Airmen in distress using the ACE—Ask, Care and Escort—model.

One of the most difficult situations a commander will ever face is the tragic death of an Airman. When an Airman commits suicide, family, Wingmen, and the mission suffer. Following a suicide, there is a statistically higher risk of additional suicides in the community. Research indicates that providing a timely and appropriate post-suicide response not only helps restore the unit/family and community, it can reduce the risk of further suicide events.

The guide posted at https://kx.afms.mil/kxweb/dotmil/file/web/ctb_150694.pdf and the attached checklist provide guidance for commanders and first sergeants to assist in their response to suicides and suicide attempts. The checklist and guide are intended to augment local policies. They incorporate "lessons learned" from leaders who have experienced suicides in their unit, and they are intended to support a leader's judgment and experience. I expect widest dissemination and encouraged use of this helpful tool.

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Attachment:
Air Force Leader's Post-Suicide Checklist

AF Leader's Post-Suicide Checklist

Purpose: This checklist is designed to assist leaders in guiding their response to suicides and suicide attempts. Research suggests the response by a unit's leadership can play a role in the prevention of additional suicides/suicide events or, in worst cases, inadvertently contribute to increased suicides/suicide attempts (suicide contagion).

This checklist is intended to augment any local policies. It incorporates "lessons learned" from leaders who have experienced suicide deaths in their unit. It is a guide intended to support a leader's judgment and experience. The checklist does not outline every potential contingency which may come from a suicide or suicide attempt.

A second checklist, Guidance for Actions Following a Suicide Attempt, is attached at the end of this section.

Guidance for Actions Following a Death by Suicide	
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.
2	Notify First Sergeant, Command Post and Chain of Command. Command Post will initiate Operational Reporting (OPREP) messages. (Command Post will notify FSS/CL and Mortuary Affairs.)
3	Notify Mental Health Clinic or Mental Health on-call provider to prepare activation of the Traumatic Stress Response (TSR) Team. Command Post can assist with contacting Mental Health after duty hours.
4	Validate with JA and AFOSI who has jurisdiction of the scene and medical investigation. **Normally**, local medical examiners/coroners have medical incident authority in these cases but some locations may vary.
5	Contact Casualty Assistance Representative (CAR) to notify Next of Kin (NOK) IAW AFI 36-3002 and receive briefing on managing casualty affairs. Wing Commander or office designee makes notification if NOK is in local area. CAR can assist.
6	Consult with TSR Team Chief or on-call Mental Health provider to prepare announcement to unit and co-workers. ***Review Air Force Leaders's Guide for Post-Suicide Response PowerPoint for just-in-time considerations offered by other leaders and key components of post-suicide programming.***
7	Make initial announcement to work site with a balance of "need to know" and rumor control. Consider having TSR team members present for support to potentially distraught personnel, but avoid using a "psychological debriefing" model. Make initial announcement to work site/unit.
8	Consult with Public Affairs regarding public statements about the suicide and refer to the Public Affairs Guidance (PAG) for Suicide Prevention.
9	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 or not a note was left, or why the member may have killed himself
10	Avoid memorializing/idealizing deceased or conveying the suicide is different from any other death. Consult with Mental Health, the Chaplain, and your mentors/Chain of Command for any actions

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	being considered for memorial response.
11	When engaging in public discussions of the suicide: 1) Express sadness at the Air Force's loss and acknowledge the grief of the survivors; 2) Emphasize the unnecessary nature of suicide as alternatives are readily available; 3) Express disappointment that the Airman did not recognize that help was available; 4) Ensure the audience knows you and the Air Force want personnel to seek assistance when distressed, including those who are presently affected; 5) Encourage Wingmen to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased; and 6) Provide brief reminder of warning signs for suicide.
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.
13	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 death. Engage informally with personnel and communicate message of support and information. Presence initially should be fairly intensive and then decrease over the next 30 days to a tempo you find appropriate.
14	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. However, any public communication after a suicide, including a memorial service, has the potential to either increase or decrease the suicide risk of those receiving the communication. It is important to have an appropriate balance between recognizing the member's military service and expressing disappointment about the way they died. If not conducted properly, a memoral service may lead to adulation of the suicide event and thus potentially trigger "copy cat" events among unidentified/unstable personnel. Therefore, memorial services should avoid idealizing/eulogizing deceased. Commanders should avoid commenting on personal characteristics of the deceased. Focus instead on personal feelings and feelings of survivors. Express disappointment in deceased's decision and concern for survivors. Promote help-seeking and the Wingman concept. The goals are to: 1) Comfort the grieving; 2) Help survivors deal with guilt; 3) Help survivors with anger; 4) Encourage Airmen/family members to seek help; and 5) 5) Prevent "imitation" suicides.
15	Public memorials such as plaques, trees, or flags at half-mast may, in rare situations, encourage other at-risk people to attempt suicide in a desperate bid to obtain respect or adulation for themselves. Therefore, these types of memorials are not recommended.
16	Utilize or refer grieving co-workers to Integrated Delivery System (IDS) resources. For Military beneficiaries, consider Mental Health, Chaplain, Airman & Family Readiness, and Military One Source (1-800-342-9647). For civilians, consider Employee Assistance Program (EAP available 24/7 at 1-800-222-0364) and follow-up services through TSR (consult with TSR team chief on details, if needed). Discuss with Mental Health consultant regarding service options if non-beneficiaries (i.e., extended family members, fiancé or boy/girlfriends) are struggling and asking for help.
17	Participate, as requested, with any appointed independent reviewer process (suicide review for installation/MAJCOM, or Medical Incident Investigation). Avoid defensiveness. Acknowledge the processes are intended to determine if there are any 'lessons learned' in regards to suicide prevention, not to affix blame.

18	Anniversaries of suicide (1 month, 6 month, 1 year, etc.) are periods of increased risk. Promote healthy behaviors and the Wingman concept during these periods.

Guidance for Actions Following a Suicide Attempt	
Purpose: This checklist is designed to assist leaders in regards to addressing suicide attempts by those in their unit. There can be many factors considered in a person's decision to attempt suicide, and the proper response to the attempt can diminish the risk factors for another attempt, and greatly aid in restoring the individual to the work center with minimal disruption.	
1	As noted in the ***Air Force Leaders's Guide for Post-Suicide Response PowerPoint***, suicide is an act made by a person seeking relief from real or perceived pain. A person who makes a suicide attempt may have either (1) been prevented from making an action they intended to result in death; (2) not intended to die, but felt the need to demonstrate an attempt for others to know they are in pain; (3) been under the influence of drugs (including alcohol) which caused an impaired decision (often referred to as 'impulsive'); (4) been suffering from mental illness and extremely impaired but did not die as a consequence of the suicide plan.
2	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.
3	Notify First Sergeant, Command Post and Chain of Command. Command Post will initiate Operational Reporting (OPREP) messages. (Command Post will notify FSS/CL). Ensure notifications are kept to short list of "need to know" and contain minimum amount of information to convey nature of critical event. Being appropriate with "need to know" helps avoid stigmatizing the member's return to a work center where many people are aware of what happened.
4	If attempt was by an Active Duty Member: Notify Mental Health Clinic or Mental Health on-call provider to consult on safety planning and coordination of a Commander Directed Evaluation (CDE). If an attempt was by a civilian the Mental Health Clinic or on-call provider can provide guidance on options. Generally, civilian authorities and hospitals will be the lead agents for response to the attempt.
5	If the attempt has occurred in the workplace: Notify local law enforcement/Security Forces, AFOSI and Chain of Command. Ensure the area of the attempt has been secured and contact the Mental Health Clinic or Mental Health on-call provider for consultation and potential TSR activation.
6	A suicide attempt requires formal Mental Health assessment and often will result in hospitalization to stabilize the individual and 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 in the hospital.
7	Returning to work: A person who has experienced a crisis may find returning to work to be comforting (a sense of normalcy) or distressing. Work may need to be tailored to accommodate for medical/Mental Health follow-up appointments and assessed abilities of the person upon their return. The goal is to gradually return to full duties as appropriate. If Active Duty: Ensure Active Duty Member is cleared for return to duty by Mental Health and their Primary Care Manager. Consultation between Mental Health/Primary Care Manager and Command can ensure a work schedule that accommodates the active duty member provides additional supervision and support without risk of showing secondary gain for having attempted suicide. Recommendations: - "No Drink" order - Non-weapons bearing duties

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	- Secure personal weapons, providing a safe alternative (i.e., base armory) If civilian: Recommend discussing alcohol and weapons. Engage with employee to ensure they provide documentation indicating they are medically cleared by their treating medical/Mental Health provider to return to the work environment. Coordinate with Civilian Personnel Office on accommodations (if required) to work schedule and work environment.
8	A returning member should not be treated as fragile or 'damaged.' If they sense they are being 'singled out' or treated differently in the presence of peers, it can damage the recovery process. Freely speak with the employee about being receptive to their thoughts on returning to work and how to avoid either their, or your, perception of 'walking on egg shells.'
9	Consider leave requests carefully. Support the employee by ensuring leave requests involve structured time or planned events that will enhance them as they take time away from work.
10	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 instead of having personal suffering.
11	Never underestimate the power of the simple statement: "What can I do to be helpful to your recovery process?"
12	Consult with Mental Mealth providers to develop a supportive plan to re-integrate the Airman into the workplace.
13	Engage family and support networks to increase support and surveillance of the Airman. Encourage family and friends to reach out to the unit if they become concerned about the Airman's emotional state.

NOTES:

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Acknowledgment: Adapted from Lt Col D. Franklin Swayne's (AFMC) checklist dtd 3 Jan 11

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