



Air Force 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.

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, or ARC equivalent, to prepare activation of the Disaster Mental Health (DMH) 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, Casualty Services 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 DMH Team Chief or on-call Mental Health provider to prepare announcement to unit and co-workers.
7	Make initial announcement to work site with a balance of “need to know” and rumor control. Consider having DMH 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.



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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 glorifying/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 being considered for memorial response.
11	When engaging in public discussions of the suicide: <ol style="list-style-type: none">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; and6. 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 manner of death. If not conducted properly, a memorial service may lead to adulation of the suicide event and thus potentially trigger "copy cat" events. Therefore, memorial services should avoid idealizing the deceased or the current state of peace found through death. Avoid normalizing suicide by inferring it is an acceptable reaction/response to distressful situations. Make clear distinctions between positive accomplishments/qualities and the act of suicide. Focus 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: <ol style="list-style-type: none">1. Comfort the grieving;2. Help survivors deal with guilt;3. Help survivors with anger;4. Encourage Airmen/family members to seek help;5. Prevent "imitation" suicides.



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- 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.
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- 16** Utilize or refer grieving co-workers to Integrated Delivery System (IDS) community-based resources. For Military beneficiaries, consider Mental Health, Chaplain, Airman & Family Readiness, and Military OneSource (1-800-342-9647). For civilians, consider Employee Assistance Program and follow-up services through DMH (consult with DMH team chief on details, if needed). If non-beneficiaries (i.e., extended family members, fiancé or boyfriend/girlfriends) 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.
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- 17** Ensure Department of Defense Suicide Event Report (DoDSER) completion for military personnel and participate, as requested, with any appointed independent reviewer process (suicide review for installation/MAJCOM, or Medical Incident Investigation (MII)). Avoid defensiveness. Acknowledge the processes are intended to determine if there are any 'lessons learned' in regards to suicide prevention, not to affix blame.
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- 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.