



## Air Force Leader’s Post Suicide **Attempt** Checklist

### 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.

### GUIDANCE FOR ACTIONS FOLLOWING A SUICIDE ATTEMPT

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| <b>1</b> | <p>As noted in the Air Force Leader’s Guide for Post-Suicide Response PowerPoint (available at: <a href="http://airforcemedicine.afms.mil/idc/groups/public/documents/afms/ctb_151390.pdf">http://airforcemedicine.afms.mil/idc/groups/public/documents/afms/ctb_151390.pdf</a>) suicide is an act made by a person seeking relief from real or perceived pain.</p> <p>A person who makes a suicide <u>attempt</u> 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.</p> |
| <b>2</b> | <p>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.</p>   |
| <b>3</b> | <p>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.</p>  |
| <b>4</b> | <p>If attempt was by an Airman in Title 10 status: 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> <p>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.</p>  |
| <b>5</b> | <p>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 nearest active duty Mental Health Clinic or Mental Health on-call provider or ARC equivalent for consultation and potential TSR activation.</p>  |
| <b>6</b> | <p>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.</p>   |



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- 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 or ARC:** Ensure the Airman is cleared for return to duty by Mental Health and their Primary Care Manager (PCM). PCM Consultation between Mental Health/PCM 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
  - 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.
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- 8** A returning member must 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.’
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- 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. ARC leaders are encouraged to collaborate with civilian employers after obtaining permission from the member to do so.
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- 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.
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- 11** Never underestimate the power of the simple statement: “What can I do to be helpful to your recovery process?”
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- 12** Consult with Mental Health providers to develop a supportive plan to re-integrate the Airman into the workplace.
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- 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.
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- 14** Ensure a DoDSER entry is completed for all suicide attempts which result in hospitalization or evacuation from the AOR.
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