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Medical

SUICIDE PREVENTION



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Instruction (AFI) 44-154, *Suicide Prevention Education and Community Training*. It establishes guidance for suicide prevention at AFSPC installations. The instruction specifies MAJCOM and installation responsibilities for suicide prevention, outlines procedures for reporting suicides to AFSPC/CC and formalizes responsibilities for suicide and suicide attempt investigation and reporting. Although prevention efforts extend as much as possible to Air Force Reserve Command (AFRC) and Air National Guard (ANG) personnel, AFRC and ANG are not tasked with any of the requirements as specified for the active duty force. This replaces policy information in AFSPC/CV memorandum, 12 Dec 94, AFSPC Suicide Prevention Plan.

1. General .

1.1. The purpose is to reduce the number of suicides among AFSPC personnel. Suicide is a leading cause of death among USAF active duty members. Risk factors for suicide are well documented and include relationship problems, especially with a spouse or significant other; legal problems; financial difficulties; substance abuse, particularly alcohol; and/or problems at work. A heightened awareness to suicide risk and appropriate referral to helping agencies is the first line of defense against suicide.

1.2. This plan applies primarily to all DoD active duty military personnel, but is also intended to include dependents of active duty military personnel, retirees and their family members and DoD civilian personnel to the fullest extent possible.

2. References:

2.1. McDowell, CP. AFOSI Investigative Operations Center Report on Active Duty Suicides, 1982-1993, Jul 93.

2.2. Centers for Disease Control and Prevention. Report on Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop. *Morbidity/Mortality Weekly Report* 1994; 43:9-17.

- 2.3. AFI 44-109, *Mental Health and Military Law*.
- 2.4. AFI 44-153, *Critical Incident Stress Management*.
- 2.5. AFI 44-154, *Suicide Prevention Education and Community Training*.
- 2.6. AFSPCVA44-1, *Things You Should Know About Suicide*.
- 2.7. AFSPC Leaders' Suicide Prevention Pamphlet.
- 2.8. AFSPC/CV Memorandum, 23 Sep 97, Help For Effective Living Program (HELP).
- 2.9. HQ AFSPC/SG Memorandum, 2 Apr 97, Reporting Requirements for USAF Suicide Events.

3. Responsibilities:

3.1. MAJCOM:

3.1.1. The Command Surgeon (HQ AFSPC/SG):

- 3.1.1.1. Serve as OPR for publishing this plan.
- 3.1.1.2. Provide guidance to AFSPC Medical Treatment Facility (MTF) commanders on effective suicide prevention principles.
- 3.1.1.3. Participate with Public Affairs in developing appropriate media presentations on suicide prevention, including publication of articles in base newspapers, development of suicide awareness/prevention training videos for use at all levels and other formats.
- 3.1.1.4. Monitor non-fatal self-injurious events (suicide attempts). Maintain and report AFSPC and Air Force suicide data.
- 3.1.1.5. Publish case studies detailing suicides in AFSPC to render "at-risk" profiles and anonymous "lessons learned" for distribution to senior leaders and support agencies.
- 3.1.1.6. Develop or provide standardized information packages on suicide prevention/awareness for use by all AFSPC installations, MTFs, Family Services, commanders of AFSPC tenant units and remote site commanders.
- 3.1.1.7. Coordinate suicide fatality briefings for AFSPC/CC/CV.

3.1.2. The Director of Personnel (HQ AFSPC/DP) will ensure suicide awareness/prevention training is presented in AFSPC Squadron Commanders' Course.

3.1.3. The Command Chaplain (HQ AFSPC/HC):

- 3.1.3.1. Provide guidance to installation Chaplains on effective suicide prevention principles, focusing on the importance of the Chaplaincy as an alternative and less threatening route of access to counseling and other potential interventions.
- 3.1.3.2. Encourage chaplains at AFSPC bases to participate in base suicide awareness training and assist in establishing and maintaining effective suicide interventions.
- 3.1.3.3. Ensure continuing professional training is provided to assigned chaplains.

3.1.4. The Command OSI Representative (HQ AFSPC/CVI):

- 3.1.4.1. Distribute any AFOSI published suicide summaries and other relevant materials to the Command Surgeon, Command Chaplain, Field Support, AFSPC installation OSI detach-

ments, and other appropriate agencies.

3.1.4.2. Forward findings of suicide investigations, preliminary and final, to the Command Surgeon.

3.1.4.3. Encourage AFOSI commanders at AFSPC bases to support the wing level efforts.

3.1.5. The Director of Public Affairs (HQ AFSPC/PA):

3.1.5.1. Develop command news service articles and commander's call topics for use at Commanders' Calls and in base newspapers.

3.1.5.2. Coordinate all public release of the AFSPC suicide prevention publications.

3.1.5.3. Provide guidance to all AFSPC installation PAs on the topic of suicide contagion or clustering, aspects of news coverage, which can promote suicide contagion, and the appropriate reporting of suicides to the public through various news media.

3.1.6. Command Judge Advocate (HQ AFSPC/JA):

3.1.6.1. Provide expert legal guidance to AFSPC directorates and commanders concerning suicide prevention issues.

3.1.6.2. Provide expert opinion, review and coordination on all written correspondence regarding suicide prevention activities.

3.1.7. The Inspector General will be prepared to evaluate the effectiveness of installation suicide prevention programs as an HQ AFSPC/IG special interest item during AFSPC installation inspections, should such a measure be deemed necessary by the AFSPC/CC.

3.2. Installation Commanders:

3.2.1. Appoint HELP leader and HELP members as a sub-function of the installation Community Action Information Board (CAIB), representing an appropriate cross-section of installation personnel to oversee, among other programs, suicide prevention activities.

3.2.2. Appoint members and team leader for the Critical Incident Stress Team (CIST) IAW AFI 44-153.

3.2.3. Ensure accomplishment of all policy and objectives of this plan throughout the installations, including all supported sites.

3.2.4. Ensure widest dissemination of all appropriate print and broadcast information pertaining to suicide prevention/awareness.

3.2.5. Provide guidance and support to appropriate support agencies, including supported sites, in full implementation of this plan.

3.2.6. Develop CIST response plan to minimize the phenomenon of suicide contagion and coordinate plan with base PA.

3.2.7. Ensure appropriate suicide awareness/prevention briefings are included in formal and informal interactions with installation and supported site personnel, such as commander's calls, staff meetings, wing safety meetings, site visits, etc. Inclusion of suicide awareness/prevention training in newcomer's orientation is mandatory.

3.3. Installation CAIB/HELP:

3.3.1. Develop and implement a standardized, comprehensive suicide prevention-training program IAW in AFI 44-154. Mental health personnel will serve as the OPR for training development and execution with input and participation by the chaplains, family support and other HELP team members.

3.3.2. Monitor and report suicide awareness/prevention training for the required training levels.

3.4. Medical Treatment Facility (MTF/CC):

3.4.1. Ensure medical professional participation in base suicide prevention training programs.

3.4.2. Ensure suicide attempts are investigated and reported through the Air Force Reportable Event Surveillance System (AFRESS).

3.5. Installation Office of Special Investigations (OSI):

3.5.1. Investigate suicides occurring on AF installations and report findings. For those occurring off base or where civilian law enforcement officials maintain jurisdiction, coordinate data collection and reporting.

3.5.2. Provide affected wing and unit commander with findings for preliminary, on going, and completed suicide investigations.

3.5.3. Forward AFOSI published suicide summaries and other relevant materials to installation medical commanders and senior chaplain.

3.6. Unit Commanders:

3.6.1. Ensure personnel are briefed to the appropriate level on suicide awareness and prevention.

3.6.2. May refer to Mental Health active duty members who, under the stress of impending Uniform Code of Military Justice disciplinary action, demonstrate indications of suicide risk. These members may be enrolled in the Limited Privilege Suicide Prevention (LPSP) program IAW AFI 44-109, evaluated and treated, as appropriate, to minimize suicide potential.

3.6.3. Refer members with known or suspected risk factors such as financial, legal, relationship, work-related, etc., problems to appropriate helping agencies.

3.7. Unit Leadership. Commanders, first sergeants, and first line supervisors will emphasize suicide prevention at all levels, and foster an atmosphere of open communication.

4. Reporting Requirements:

4.1. Training. Suicide Prevention Education and Community Training Metrics (RCS HAF-SG(A)9612). Each installation will track training metrics through the HELP, although the Health Promotion Working Group or similar forum may also be used. Training data for the **calendar** year is due to the HQ AFSPC Chief, Medical Operations Division (HQ AFSPC/SGP) not later than 15 Jan of the New Year. The host installation MTF is responsible for reporting training provided to AFSPC tenant units.

4.2. Suicide Fatality:

4.2.1. The unit commander of an active duty suicide fatality will forward preliminary data to HQ AFSPC/SGP, through the applicable numbered Air Force Safety Office, in the format outlined in

Attachment 1. Available data should be forwarded as soon as possible, but not later than 5 calendar days after the suicide.

4.2.2. The installation and unit commanders will present a suicide fatality briefing to AFSPC/CV via video teleconference/teleconference regarding the circumstances of the suicide and lessons learned. HQ AFSPC/SG will coordinate the briefing for AFSPC/CV.

4.2.3. The involved commanders and HQ AFSPC/SG will inform the applicable numbered Air Force Safety Office of dates and details regarding fatality briefing.

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Command Surgeon

Attachment 1**UNIT COMMANDER'S SUICIDE FATALITY REPORT**

SUBJECT: Active duty suicide, Amn X, Base X, date of suicide

BACKGROUND:

Details of Suicide

Personal Background

Military Training

Military Background

Personal Accomplishments

SEQUENCE OF EVENTS:

FACTORS:

Non-Contributing

Contributing

ACTIONS TAKEN:

Any intervention prior to suicide for known risk factors

Actions taken after suicide to prevent suicide contagion

Support provided to family survivors (other than the standard entitlements)

LESSONS LEARNED: Any potential to prevent this suicide?