Air Force Suicide Prevention Program: 11 Initiatives

#1 Leadership Involvement: AF leaders actively support the entire spectrum of suicide prevention initiatives in our community. Regular messages from the CSAF, other senior leaders, and base commanders motivate our community to fully engage in suicide prevention efforts.

#2 Addressing Suicide Prevention Through Professional Military Education: Suicide prevention education is included in all formal military training.

#3 Guidelines for Commanders: Use of Mental Health Services: Commanders receive training on how and when to use mental health services, and their role in encouraging early help seeking behavior.

#4 Community Preventive Services: Community prevention efforts carry more impact than treating individual patients one at a time. The Medical Expense and Performance Reporting System (MEPRS) was updated to effectively track both direct patient care activities and prevention services.

#5 Community Education and Training: Annual suicide prevention training is provided for all military and civilian employees in the USAF.

#6 Investigative Interview Policy: The period following an arrest or investigative interview is a high-risk time for suicide. Following any investigative interview, the investigator is required to 'hand-off' the individual directly to the commander, first sergeant, or supervisor. The unit representative is then responsible for assessing the individual's emotional state and contacting a mental health provider if any question about the possibility of suicide exists.

#7 Trauma Stress Response (formerly Critical Incident Stress Management): Trauma Stress Response teams were established worldwide to respond to traumatic incidents such as terrorist attacks, serious accidents, or suicide. These teams help personnel deal with their reactions to traumatic incidents.

#8 Integrated Delivery System (IDS) and Community Action Information Board (CAIB): At the Air Force, MAJCOM, and base levels, the CAIB and IDS provide a forum for the cross-organizational review and resolution of individual, family, installation, and community issues that impact the readiness of the force and the quality of life for Air Force members and their families. The IDS and CAIB help coordinate the activities of the various base helping agencies to achieve a synergistic impact of community problems.

#9 Limited Privilege Suicide Prevention Program: Patients at risk for suicide are afforded increased confidentiality when seen by mental health providers (Limited Privilege Suicide Prevention Program). Additionally, Limited Patient-Psychotherapist Privilege was established in 1999, limiting the release of patient information to legal authorities during UCMJ proceedings (see AFI 44-109 for additional details).

#10 IDS Consultation Assessment Tool (formerly Behavioral Health Survey): The IDS Consultation Assessment Tool was released in December 2005. This tool, administered upon the request of the commander, allows commanders to assess unit strengths and identify areas of vulnerability. Commanders can use this tool in collaboration with IDS consultants to design interventions to support the health and welfare of their personnel.

#11 Suicide Event Surveillance System: Information on all Air Force active duty suicides and suicide attempts are entered into a central database that tracks suicide events and facilitates the analysis of potential risk factors for suicide in Air Force personnel.

The 11 initiatives of the Air Force Suicide Prevention Program are described in detail in AFPAM 44-160.