

20 JUNE 2005



Medical

**SUICIDE PREVENTION COMMUNITY
ACTION PLAN**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Pages: 2

Distribution: F

This instruction implements AFPD 44-1, **Medical Operations**, and AFI 44-154, **Suicide and Violence Prevention Education and Training**, concerning education and training to prevent acts of harm to self and others. This instruction describes responsibilities and procedures for effective Team Vandenberg suicide prevention efforts. Send comments and suggestions on AF Form 847, **Recommendation for Change of Publication**, to the installation Suicide Prevention Project Officer at 30 MDOS/SGOH, Vandenberg AFB, CA 93437.

1. General Information. Effectively meeting the challenging demands of our Air Force mission requires a healthy workforce in all functional domains—physically, emotionally, spiritually and socially. Significant lack of balance in these domains can elevate the risk for suicide. Losing even a single life to suicide is one too many, and effective suicide prevention requires a community effort. Suicide prevention is not a medical or mental health problem, but a leadership and community issue. Suicide is not prevented in an emergency room, but across the base every day as we apply the wingman concept in looking after each other.

2. Roles and Responsibilities:

2.1. Senior wing leadership will promote a culture that underscores the vital importance of suicide prevention and encourages appropriate help-seeking behavior.

2.2. The Community Action Information Board (CAIB) chairperson will submit suicide/violence prevention training metrics to the MAJCOM CAIB Surgeon General representative, who then forwards the metrics to the AFMOA/SGZF in accordance with AFI 44-154.

2.3. The Integrated Delivery System (IDS) chairperson will ensure properly trained suicide/violence prevention briefers are available to proportionately share the responsibility of providing the prevention briefs in accordance with AFI 44-154. He or she will ensure that all organizations that comprise the IDS contribute to the pool of trained briefers, and encourage base wide personnel (E-6 and up,

GS-6 and up, and officers) to volunteer to be trained and provide prevention briefs. In accordance with AFI 44-154, he or she submits suicide/violence prevention training metrics to the IDS and CAIB, and to the CAIB chairperson. The IDS chairperson will ensure that no single agency bears disproportionate responsibility for the community suicide prevention program, and elevate problems when indicated to appropriate leadership, the CAIB, or MAJCOM IDS for resolution.

2.4. The installation Suicide Prevention Project Officer is a Life Skills Support Center IDS representative who oversees the training of IDS suicide/violence prevention briefers, serves as a professional consultant to briefers, and takes reasonable measures to ensure adequate quality and appropriate content of suicide/violence briefs. In accordance with AFI 44-154, quarterly prevention training attainment metrics will be compiled by the project officer and submitted to the IDS chairperson.

2.5. Unit commanders will be familiar with the 11 initiatives of the Air Force Suicide Prevention Program as contained in AFPAM 44-160, *The Air Force Suicide Prevention Program* and the **Leader's Guide for Managing Personnel in Distress** (available at <https://www.afms.mil/afspp>). They will ensure unit members receive the prevention training at least once every 15-month Aerospace Expeditionary Force (AEF) cycle. Commanders will also regularly emphasize the importance of taking care of oneself and each other, and promote a help-seeking culture. Whenever a unit member is under investigation for a Uniformed Code of Military Justice violation and suicide risk concern exists, commanders will request the member be placed into the Limited Privilege Suicide Prevention program and follow the "hand off" policy to ensure the safety of their member in accordance with AFI 44-109, *Mental Health Confidentiality, and Military Law*. Commanders will consult with a mental health professional on issues involving suspected suicide risk, and request emergency Commander Directed Mental Health Evaluations in accordance with applicable Air Force and Department of Defense policy when indicated. They will also designate their Unit Training Manager or other individual to coordinate and schedule suicide/violence prevention training, and track unit member compliance with such.

2.6. Unit Training Managers or other individuals designated by the unit commander will coordinate and schedule suicide/violence prevention briefings, and track unit member compliance with this training according to a 15-month AEF cycle. They will report this quarterly training attainment metric to the installation Suicide Prevention Project Officer by close of business on the third Friday of March (for first quarter), June (for second quarter), September (for third quarter), and December (for fourth quarter).

2.7. Supervisors will support appropriate help-seeking behaviors and reasonably accommodate requests by those in their charge to attend indicated medical, mental health, or health promotion appointments unless compelling mission requirements would prohibit such.

2.8. Team Vandenberg active duty members and Department of Defense civilians will receive the suicide/violence prevention training in accordance with AFI 44-154, practice adequate self-care, and seek appropriate assistance when needed. Members of Team Vandenberg will take reasonable measures to look after each other's well being, and notify leadership or emergency services if they become aware of a person contemplating suicide.

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