The Role of Leadership and Communication in Mental Health and Postvention Intelligence

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US Air Force and mental healthcare community leaders, as members of a "team of teams," should address the military mental health challenge from the leadership and communication perspective that every person has the capacity to make a positive impact. Using a qualitative approach combining content, thematic, and historical analysis, this article demonstrates how the Air Force can help leaders have meaningful conversations about suicide postvention and offer effective ways to support Airmen and Guardians following a suicide attempt or death by suicide. By addressing the challenge and the role of leadership, this article demonstrates the importance of using supportive communication and advocates for a postvention intelligence framework and assessment to foster mental well-being and readiness within the Air Force.

Mental health continues to be a growing challenge across American society. Yet nowhere is this issue more acute than it is for service members, veterans, and their families, especially with the increasing demand for services and decreasing availability of providers. Often, those in and out of uniform who feel isolated and lonely fear shame for struggling with mental health. Without the proper social support from those they trust, feelings of isolation and stigma can be exacerbated.

Since 2019 the leading cause of death among Airmen and Guardians has been suicide, which exceeds deaths by accidents, natural causes, and combat combined.[1] Despite past efforts to combat death by suicide, many military members continue to take their lives, and others attempt to navigate a way to process their experiences and emotions.

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1. Defense Suicide Prevention Office (DSPO), *Annual Report on Suicide in the Military, Calendar Year 2023* (Department of Defense [DOD], Under Secretary for Defense and Personnel Readiness, 2024), https://www.dspo.mil/; and Marjan Ghahramanlou-Holloway et al., *2023 Total Force Department of the Air Force Standardized Suicide Fatality Analysis: Calendar Year 2020 Leadership Report* (Uniformed Services University of the Health Sciences, Suicide Care, Prevention, and Research Initiative, 2023), https://www.af.mil/.

This article serves as a method for military members and their families to process and support each other as they work through the complexity of mental health related to suicide. Military members and leadership should address the mental health challenge from a leadership and communication perspective, acknowledging that every person has the capacity to make a positive impact. For leaders of all titles and ranks across the military and other organizations, this article provides effective ways to understand and provide social support following a suicide attempt or death and to make a difference in the lives of others as a preventive measure.

A historical analysis of suicide, prevention, and postvention in the US military provides the context for understanding the evolution of perceptions concerning these issues and the move toward an emphasis on postvention—the response to a suicide attempt or death by suicide that promotes healing and seeks to alleviate negative impacts—as prevention. Furthermore, in addressing the challenge and the role of leadership, this article indicates the importance of using supportive communication and advocates for the implementation of the recently developed postvention intelligence framework and assessment (PIFA).

Although the Department of the Air Force (DAF) has made considerable progress in expanding its postvention efforts, until the development of the PIFA, there have been few guides for leaders to utilize as they provide support after a suicide attempt or death. This guide represents a step in the right direction, offering a mechanism to promote discussions to reduce the stigma of mental health and decrease the risk of contagion. Using the postvention intelligence framework assessment, individuals will learn how to be more aware of connections with individuals who are struggling with mental health and how to create these connections. Further, it can help individuals and leaders reflect on how their self, unit, and organization can support each other as they experience hardship. The authors believe that the PIFA method can reduce the stigma of mental health struggles within the military and encourage supportive communication within the unit and organization. In concert with supportive communication from leadership, such resources have profound implications for not only suicide prevention within the DAF but also overall well-being for all Airmen and Guardians.

Societal and Military Struggles

The US surgeon general has announced that the country has an epidemic of loneliness.[2] Given that loneliness—along with disconnection, a sense of burdensomeness and of not feeling valued, a lack of purpose, and feelings of hopelessness—is a core component leading a person to die by suicide, there has been a concentrated effort among national organizations including the military to address these risk factors.[3] Society as a whole continues to wrestle with the issue of understanding what makes people die by suicide

2. Vivek H. Murthy, *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community* (US Public Health Service, 2023), https://www.hhs.gov/.

3. Thomas Joiner, *Myths About Suicide* (Harvard University Press, 2011).

and confronts the collective challenge on how to best educate and train others to appropriately respond to the actualities of suicide before, during, and after such events occur. The US military is also confronting this challenge as it faces a troubling increase in suicide losses among its members.

In 2023, the Department of Defense lost 523 service members and 146 family members to suicide and had 1,370 reported suicide attempts.[4] In the US military, many believe leaders are not adequately responding to the concerns, trends, and root causes of suicide. Military members serving on the frontlines of supervision continue to voice concern that leadership is not doing enough to combat suicide within its ranks. With mental health challenges and suicide rates continuing to rise, military leaders need ways to improve their knowledge and skills on both suicide prevention and postvention.[5]

Unlike within the community at large, leaders and decisionmakers within the Department of Defense have the unique authority and responsibility to be involved in and often engage in the lives of their subordinates where appropriate to improve quality of life and promote unit morale.[6] This includes offering support through challenging times and celebrating key events. Early intervention has long been the focus of suicide prevention efforts. The recent addition of postvention learning and activities has been found essential to mitigating the potential negative impacts following suicide loss or attempt—including subsequent suicide risk and other mental health issues.[7] Postvention focuses on a response to a suicide or suicide attempt through promoting healing, minimizing negative effects, and encouraging safe messaging.[8]

Furthermore, postvention also recognizes the complexity of suicide, particularly in a military setting. One report on Army suicide rates among armor brigade combat teams or tank brigades—the highest in the service—advocated for the identification of suicide as a highly complex problem with multiple risk factors rather than its classification as a mental health issue.[9] The report determined that high operational tempo—or the rate of military operations—coupled with a loss of cohesion among group members resulted in higher suicide rates in Army tank brigades. Given such considerations, the report emphasized that

4. DSPO, *Annual Report*.

5. David Nelson, "Air Force Policies Are Driving Airmen to Take Their Own Lives," *Task and Purpose*, 8 February 2022, https://taskandpurpose.com/; and James Schogol, "The Pentagon Is Changing How It Talks About Suicide," *Task and Purpose*, 20 October 2022, https://taskandpurpose.com/.

6. Air Force Instruction (AFI) 1-2, *Air Force Culture: Commander's Responsibilities* (Department of the Air Force, 8 May 2014).

7. See, for example, John R. Jordan, "Postvention Is Prevention—The Case for Suicide Postvention," *Death Studies* 41, no. 10 (2017), https://doi.org/; and DSPO, *Postvention Toolkit for a Military Suicide Loss* (DOD, 2020).

8. Suicide Prevention & Response Independent Review Committee (SPRIRC), *Preventing Suicide in the U.S. Military: Recommendations from the Suicide Prevention & Response Independent Review Committee* (DOD, 4 January 2023), https://media.defense.gov/.

9. Nick Shifrin and Dan Sagalyn, "Study Finds Military Suicide Rates Highest Among Tank Brigades," 21 March 2024, *PBS News Hour*, transcript and audio, 8:34, https://www.pbs.org/.

there should be less focus on health-related solutions—such as access to treatment or crisis services—and more on understanding the complexity of risk factors, such as personal decision-making styles, the availability of lethal means, and financial uncertainty, among others.[10] Postvention aligns with this thinking, with an emphasis on the importance of establishing and fostering connections among others.

To mitigate the elevated risk to individuals, families, units, and communities that follow suicide deaths and suicidal behaviors, the Defense Department is proposing an investment in the development of postvention education and response to ensure the services are equipped and supported as they implement universal and targeted postvention education, as well as to ensure that suicide postvention response teams are trained, equipped, and activated throughout installations. These DOD postvention efforts are being collaboratively developed with the services as well as with expertise that exists in other large systems such as the healthcare field and academia, particularly around someone's lived experiences.[11] The Department of Defense is also standing up a lived experience working group to infuse the voices of those who have lost loved ones to suicide or have experienced suicidal behaviors into suicide prevention efforts, to include postvention. To augment these efforts already underway, improved assessment and intervention methods using empirically validated practices and improved curriculum for professional military education is being advanced.[12]

History of Suicide, Prevention, and Postvention in the Military

An analysis of the history of perceptions toward suicide provides the context necessary to understand how changes in attitudes have shaped responses to suicide prevention and how and why postvention has emerged as a priority in suicide prevention. This in turn outlines the need for a clear way forward. The complexity of the perceptions toward suicide is situated in Western intellectual thought, beginning with ancient Greece and carried through the rise of Christianity in the medieval era through the expansion of insane asylums in the early modern era and up to the end of World War II. While suicide has been a recorded phenomenon as far back as written history and oral traditions extend, suicide as preventable without incarceration or institutionalization is a concept largely restricted to the twentieth century in Western civilization.[13]

For much of the Middle Ages in Christian Europe, suicide was seen as the work of the devil and regarded as a sin that was both immoral and illegal. As the feudal system declined and Christianity's authority eroded during the Enlightenment into the modern era, suicide began to be seen as a sign of insanity. Those with mental illness were hospitalized and/or

10. Shifrin and Sagalyn.

11. Christopher Button et al., "Development and Application of a Suicide Postvention Command Support Team to Assess Social-Ecological Factors Affecting Suicide Risk on Military Installations: Findings, Recommendations, and Lessons," presentation, American Association of Suicidology, Las Vegas, NV, 8 May 2024.

12. Alicia Matteson, personal communication with Mary Bartlett.

13. John R. Watt, *From Sin to Insanity: Suicide in Early Modern Europe* (Cornell University Press, 2004).

institutionalized in an attempt to prevent them from hurting themselves, but mental illness leading to suicide was not widely considered as treatable.[14] It was not until nineteenth-century positivism gave rise to psychology and psychiatry and the growth of these fields into the mid-twentieth century that suicide began to be seen as a symptom of mental illness that could be prevented through intervention, psychotherapy, and medication.

Yet while the stigma of threats to and thoughts surrounding suicide were beginning to dissipate in the United States, the military was often behind in its recognition and response to the issue. It was not until the 1950s that initiatives to prevent suicide in the US military began, and they have continued up to the present day. Major pivotal points in this trajectory include the shift in the 1990s from merely tracking suicides to an active agenda focused on prevention, the rise of centrally organized prevention measures in each branch of the armed forces in the 2000s, the shift toward suicide and mental health as a leadership imperative and responsibility rather than as purely the realm of specialists in the 2010s, and the rise of postvention in the last decade.

The first suicide prevention center in the United States was opened in Los Angeles in 1958 with funding from the US public health service. In 1966, the Center for Studies of Suicide Prevention—later the Suicide Research Unit—was established at the National Institute of Mental Health (NIMH) of the National Institutes of Health. In 1970, the NIMH expanded discussion about the status of suicide prevention, presented relevant findings about suicide rates, and identified future directions and priorities of the topic.

Yet it was not until the mid-1990s when suicide took off as a political and social agenda within the United States.[15] Those who lost someone to suicide, known as survivors of suicide, began to mobilize the development of a national strategy for suicide prevention. As of 1995, suicide prevention had been recognized as a public health responsibility rather than one confined within clinical settings due to the trend in increasing suicide rates. Between 2000 and 2010, the responsibility of suicide prevention shifted to mental health professionals within clinical settings. Such collective efforts generated national awareness, and suicide prevention is now recognized as a public health responsibility rather than an exclusively clinical matter.[16]

At the same time that survivors of suicide were gaining momentum, the organization of large-scale suicide prevention efforts began in the armed forces. In the 1990s the US military first introduced large-scale suicide prevention efforts. The DAF had been tracking suicide rates since the 1980s but still considered suicide treatment and prevention as residing only within the domain of mental health experts; it was not associated with the responsibilities

14. Michel Foucault, *History of Madness* (Routledge, 2006).

15. Rajeev Ramchand et al., *The War Within: Preventing Suicide in the U.S. Military* (RAND, 2011).

16. Jerome M. Adams, *The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention* (US Department of Health and Human Services [HHS], Office of the Surgeon General [OSG], 2021), https://www.hhs.gov/; and OSG and National Action Alliance for Suicide Prevention (Action Alliance), *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action* (HHS, 2012).

of leaders and therefore not tied to leadership education.[17] In response to increasing numbers in the mid-1990s, an integrated project team was convened in 1996 to address Air Force suicides, which led to the creation of the Air Force suicide prevention program.[18] That program shifted suicide prevention from a medical issue to a commander's issue, relevant to all areas of the Airman's life, and the Air Force developed a comprehensive approach to suicide prevention. This marked a shift from suicide prevention falling under the primary management and responsibility of mental health professionals to include all leaders regardless of training or profession.

Drawing from the public health tracking system, the suicide prevention program developed a separate secure, web-based suicide event surveillance system, which also increased patient confidentiality. The Air Force health force protection office used data from this system to produce monthly and annual reports as well as address queries from leadership. The newly established office had the ability to track suicides of Airmen assigned to National Guard and Reserve components who were not on active-duty status.

Air Force suicides decreased following implementation of its program. The impact and implications were documented in scholarly research literature, and the Air Force was recognized as having one of the top-10 suicide prevention programs in the United States.[19] The success of the program led to other military and civilian suicide prevention programs adopting some of the same core elements.[20] In 2015, the DAF was the first branch to formally develop a postvention curriculum and infuse tiered postvention training across its professional military education, setting another gold standard for all branches.

Still, in 2019, the Air Force experienced its highest number of losses to suicide, causing alarm among its most senior leaders. The challenge then became how to best educate, train, and develop its people to counter this trend. The Department of Defense as a whole sought how to train leaders to rebuild communities impacted by losses to suicide, which negatively impacted morale and mission.

With the publication of the 2023 *White House Strategy for Reducing Military and Veteran Suicide*, and the 2024 publication of the *National Strategy for Suicide Prevention and Federal Action Plan*, the Defense Suicide Prevention Office has been charged with revising suicide prevention training and developing the first-ever postvention strategic plan.[21]

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17. Mark Olfson et al., "National Trends in Suicide Attempts Among Adults in the United States," *JAMA Psychiatry* 74, no. 11 (2017); and Mary Bartlett et al., "The History, Current State, and Future of Suicide Postvention in the Armed Services," panel presentation, Society for Military History Annual Meeting, San Diego, CA, 25 March 2023.

18. Susan L. Clark-Sestak et al., *Strengthening the Contributions of the Defense Suicide Prevention Office to DOD's Suicide Prevention Efforts,* IDA Paper P-8248 (Institute for Defense Analyses, 2016).

19. DSPO, *Annual Report*; and SPRIRC, *Preventing Suicide*.

20. Ramchand et al., *Preventing Suicide*.

21. *Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Public Health Strategy* (The White House, February 2023), https://bidenwhitehouse.archives.gov/; OSG and Action Alliance, *2012 National Strategy*; and *2024 National Strategy for Suicide Prevention* (HHS, 2024).

With mental health challenges and suicide rates continuing to rise in both the public health and military sectors, the need for increased focus on developing knowledge and skills has also risen. Rather than concentrating on the causes or risk factors of suicide, efforts are now being made to understand the aftermath of a suicide attempt or loss to prevent future trauma.

The Importance of Postvention as Prevention

Whereas early suicide prevention efforts focused on intervention, psychotherapy, or medication, it is now believed that effective postvention learning and activities are key to mitigating suicidal contagion—or "copycat" suicides—and subsequent suicide risk. Postvention focuses on responding to a suicide attempt or suicide death by helping people grieve, minimizing blame, and ensuring safe messaging.[22] Its goals are to promote healthy healing, reduce the risk of contagion, and link others at risk to resources.[23]

Leadership serves as a role model and guides the response and healing process.[24] Based on the argument that postvention is the best prevention, it is imperative that leaders are trained and equipped to address postvention issues to lead their people and organizations through a suicide loss and beyond.[25] While efforts to train leaders in postvention actions are being made, there is still no mechanism to evaluate if these efforts are efficacious. This gap led to the development of the postvention intelligence framework and assessment (fig. 1).[26] As research suggests, helping people understand their level of intelligence regarding postvention may help with mitigating suicidal risk and contagion.[27]

Historically in the Air Force, suicide postvention support to commanders was informally supplemented through professional consultation with external subject matter experts. These requests for consultation often emerged when multiple suicides occurred at a single location and when military commanders recognized the value of obtaining the opinions of experts. This informal precedent resulted in the establishment of a grassroots protocol relying on best practices to deliver support, consultation, and evidence-based recommendations to commanders.

Recently, the Air Force implemented a command-requested postvention site visit relying on this historic model to deliberately assess suicide risk and protective factors present on military bases and to deliver actionable recommendations to reduce future

22. SPRIRC, *Preventing Suicide*.

23. *From Grief to Growth: Healing After a Suicide Loss*, 2nd ed. (Tragedy Assistance Program for Survivors, 2024), https://www.taps.org/; and SPRIRC, *Preventing Suicide*.

24. DSPO, *Postvention Toolkit*.

25. Rafael Aguirre and Heather Slater, "Suicide Postvention as Suicide Prevention: Improvement and Expansion in the United States," *Death Studies* 34, no. 6 (2010), https://doi.org/; and Jordan, "Postvention."

26. Survivors of Suicide Loss Task Force, *Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines* (Action Alliance, 2015), https://sprc.org/; and Adams, *Surgeon General's Call to Action*.

27. Jordan, "Postvention."

suicide risk.[28] Each visit was strategically developed to elucidate socioecological variables present on the installation that bear upon the problem. The model, currently under consideration for development by both the the Defense Suicide Prevention Office and the DAF, provides for a collaborative approach to the issue.[29]

The protocol has initially identified the extent of the problems suicide decedents face, including the effects of suicide exposure, the different applications of postvention efforts for suicide attempts versus deaths, the unique grief process, the varied ways in which leadership responds to a death by suicide, and the means by which the climate is evaluated and outcomes alleviated.[30] Yet, more needs to be done from the perspective that regardless of rank, position, title, and time in service, every person, Airman, and Guardian can step into the role of leadership and influence the rising rates of suicide. While educators must impress upon the supervisory force that they are a formidable part of leading Airmen and Guardians through this crisis, these service members must also recognize that leadership extends beyond the unit or institution's senior ranking cohort and includes them as well. Understanding the role of leadership may be the next step in the evolution of suicide prevention in determining how to make a more positive difference.

Role of Leadership

Enlisted noncommissioned officers are heavily involved in the lives of those they lead, but Air Force policy clearly mandates that commanders have the ultimate accountability for their authority and responsibility to engage in the lives of their subordinates, where appropriate, to improve quality of life and promote unit morale.[31] Unfortunately, news and commentary publications tend to feature negative sentiments and portrayals of Air Force leadership's role in responding to suicide.[32] Consequently, junior enlisted members may view leadership's suicide prevention efforts negatively and harbor the feeling that the Air Force is more concerned with its image than with actually addressing the suicide crisis.[33]

Perhaps echoing the sentiments of such Airmen and Guardians, over 60 percent of respondents in a 2020 study in the United States believed that something needed to be done about suicide, but they were unsure how this would be done, or they felt isolated and that others were not ready to assist those with suicide ideations. Two out of every three in the survey believed they did not have enough knowledge, yet eight out of ten were open

28. Air Force Director, Integrated Resilience, "Postvention User Guidebook," working paper (DAF, December 2024).

29. Peter Lubens and Thomas A. Bruckner, "A Review of Military Health Research Using a Social–Ecological Framework," *American Journal of Health Promotion* 32, no. 4 (2018).

30. Karl Andriessen et al., "Current Postvention Research and Priorities for the Future," *The Journal of Crisis Intervention and Suicide Prevention* 38, no. 3 (2017); and Neil J. Gutin, "Understanding What Makes Suicide Grief Unique Is Essential for Treating Surviving Loved Ones," *Current Psychiatry* 17, no. 8 (2018).

31. AFI 1-2.

32. See, for example, Nelson, "Policies."

33. Schogol, "Pentagon."

to learning more. Nearly 78 percent felt that more training, education, and access to care would help reduce suicide.[34]

This article was an initial response to the concerns from US military leaders of such reports that Airmen and Guardians feel isolated, ill-prepared, and ready to learn more, to address the challenges of suicide, particularly in postvention, through their leadership education and development programs.[35] Further, this research has received attention from mental health practitioners across disciplines, scholars, and others who want a way to understand and influence rising suicide rates in their communities and personal lives as well as how to help those grieving loss in the postvention stage.[36] A challenge in leader development for all branches of the military and in institutions of higher education and other organizations is how to accomplish those goals.

Too many organizations continue to wrestle with suicide, which repeatedly and seriously impacts mission readiness, school life, and the overall sanctity of life. The collective role of leadership—whether military or civilian—is to individually understand and combat the challenges of suicide ideations and deaths by suicide, connect with people, and influence positive outcomes. These steps begin with how to establish a supportive and healthy communication climate.

Supportive Communication and Social Support from Leaders

Significant research suggests that social support can have a positive impact on mental health and can reduce suicidal attempts. Talking about suicide loss and sharing post suicide experiences with others in one's community can reduce individual risk, a sense of loneliness, and contagion as well as increase awareness and connection.[37] Yet few service members reach out to anyone for social support, refusing to disclose how suicide impacts their own mental health, psychological distress, and thoughts of suicide. This is partly out of the fear of stigmatization surrounding discussions of mental health and fitness.[38] That is, many are

34. Suicide Prevention Resource Center, American Foundation for Suicide Prevention, and Action Alliance, *Public Perception of Mental Health and Suicide Prevention Survey Results* (The Harris Poll, 2022); and Survivors Task Force, *Responding to Grief*.

35. Suicide Prevention Resource Center, American Foundation for Suicide Prevention, and Action Alliance; and Survivors Task Force.

36. Mary Bartlett et al., "Freedom from Stigma: Using the Postvention Intelligence Framework to Help People Talk About Awareness, Connection, and Action," workshop, National Communication Association's 109th Annual Convention, 16–20 November 2023, National Harbor, MD.

37. Michaela Gehrmann et al., "Evaluating the Outcomes for Bereaved People Supported by a Community-Based Suicide Bereavement Service," *Crisis* (2020), https://doi.org/; and Jordan, "Postvention."

38. Shane K. Jamieson, John Cerel, and Megan Maple, "Impacts of Exposure to Suicide of a Military Colleague from the Lived Experience of Veterans: Informing Postvention Responses from a Military Cultural Perspective," *Death Studies* 48, no. 7 (2024), https://doi.org/.

reluctant to share their struggles with mental health due to the negative perceptions associated with psychological problems within a military setting.[39]

Additionally, the aftermath of a service member's suicide loss may be accompanied with all of the complex trappings of blame, guilt, and trauma often experienced by suicide survivors, compounding the stigma.[40] Survivors grieving a suicide loss may struggle with "the societal perception that the act of suicide is a failure by the victim and the family to deal with some emotional issue," leading to an increased risk of mental health concerns and thoughts of suicide for themselves.[41] Furthermore, when individuals do communicate their psychological distress and seek support from someone, confidants often lack knowledge and comfort discussing the topic: "Friends, neighbors, and coworkers may naively struggle with how to be supportive, feel uncomfortable with what to say, or have a limited capacity to offer comfort." This becomes an additional barrier to providing effective support.[42] Therefore, the military is stuck in a complex cycle of grief, mental health struggles, stigma, and death by suicide.

Social support from leaders within military structures is a key factor for breaking down stigmatic barriers and increasing mental health within the military. By providing social support to Airmen and Guardians, leaders can address such stigma and also illustrate the importance of supportive communication in which ideas, feelings, and information are shared in a positive, respectful, and empathetic manner. Reducing such stigmatization can also be accomplished through the development and application of intentional communicative and supportive practices among leaders as well as peers and practitioners, which can help them become more comfortable with having a dialogue on mental health and suicide.

Safe messaging following a suicide attempt or death by suicide needs to come from the leaders within the organization in recovery.[43] As previously mentioned, this includes all Airmen and Guardians who may step into the roles of leaders and who have the capacity for ensuring widespread messages of hope occur. The most meaningful impact is accomplished when leaders convey their understanding of the death and its impact on the surviving unit

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39. Teresa M. Greene-Shortridge, Timothy W. Britt, and Craig A. Castro, "The Stigma of Mental Health Problems in the Military," *Military Medicine* 172, no. 2 (2007), https://doi.org/.

40. Jennifer Harrington-LaMorie et al., "Surviving Families of Military Suicide Loss: Exploring Postvention Peer Support," *Death Studies* 42, no. 3 (2018), https://doi.org/.

41. Christopher J. Bryan and Emily A. Heron, "Belonging Protects Against Post-Deployment Depression in Military Personnel," *Depression and Anxiety* 32, no. 5 (2015), https://doi.org/; John Cerel et al., "Suicide Exposure in the Population: Perceptions of Impact and Closeness," *Suicide and Life-Threatening Behavior* 47, no. 6 (2017), https://doi.org/; and John G. Cvinar, "Do Suicide Survivors Suffer Social Stigma: A Review of the Literature," *Perspectives in Psychiatric Care* 41, no. 1 (2005), https://doi.org/.

42. Harrington-LaMorie et al., "Surviving Families."

43. Jack Jordan and John McIntosh, eds., *Grief After Suicide: Understanding the Consequences and Caring for the Survivors* (Routledge, 2011).

members, not just for combat-related deaths, but all deaths.[44] There is a long-standing tendency for leaders not recognizing or understanding their own biases about suicide to negatively influence the environment and morale of those they are required to guide back to the expected and much needed pre-suicide operational status. It is this lack of understanding that even without ill intent can slow down this goal and lead others who may be vulnerable to a similar outcome. Messaging, in short, is impactful.

To that end, for both pre- and postvention, the Defense Suicide Prevention Office created a messaging guide to assist Air Force leaders in using nomenclature that is based on best practices and in accordance with national standards to protect survivors.[45] The *Leader's Suicide Prevention Safe Messaging Guide* offers the language needed to open communication channels among Airmen and Guardians and their leaders by not only destigmatizing but also demystifying suicide loss. While it is widely understood that many factors play into any one death by suicide, it is also understood that educating members of all ranks and services can positively impact leaders to help the healing process and ensure safe messaging for the prevention of suicide.[46]

Surviving family members of military suicide believe that reducing mental health stigma and obtaining military leadership support are two important steps to reducing suicidal actions.[47] Bereavement scholars have found that supportive communication strategies such as self-disclosure can significantly help US veterans to process grief and reduce feelings of perceived burdensomeness.[48] Outside of the US military, creating bereavement support groups have helped adults overcome feelings of guilt and process their grief more quickly. A recent study shows that support groups often validate emotions and increase a sense of belonging within the group.[49] What this means is that without feeling supported, individuals are less likely to feel like they belong and more likely to feel detached from key supportive fellows and have a stronger likelihood of suicidal ideation.[50] Therefore, supportive communication from peers and leaders may act as a protective factor against suicide ideation.

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44. Craig J. Bryan, *Rethinking Suicide: Why Prevention Fails, and How We Can Do Better* (Oxford University Press, 2022).

45. *Leader's Suicide Prevention Safe Messaging Guide* (DSPO, 2020), https://www.dspo.mil/.

46. Jordan, "Postvention"; and Jordan and McIntosh, eds., *Grief After Suicide*.

47. Jessica M. LaCroix et al., "Missed Opportunities for Military Suicide Prevention: Perspectives of Suicide Loss Survivors," *Military Behavioral Health* 6, no. 3 (2018), https://doi.org/.

48. Brook A. Ammerman et al., "The Role of Suicide Stigma in Self-Disclosure Among Civilian and Veteran Populations," *Psychiatry Research* 309 (2022), https://doi.org/.

49. Selena O'Connell et al., " 'That Feeling of Solidarity and Not Being Alone Is Incredibly, Incredibly Healing': A Qualitative Study of Participating in Suicide Bereavement Peer Support Groups," *Death Studies* 48, no. 2 (2024), https://doi.org/.

50. Yossi Levi-Belz and Daniela Aisenberg, "Interpersonal Predictors of Suicide Ideation and Complicated-Grief Trajectories Among Suicide Bereaved Individuals: A Four-Year Longitudinal Study," *Journal of Affective Disorders* 282 (2021), https://doi.org/.

Supportive communication can be reinforced by a tool such as the postvention intelligence framework and assessment, which can be useful to measure postvention growth and recovery. The PIFA is one promising way to better understand oneself and others' levels of awareness, connections, and influence around knowing, feeling, and what to do regarding suicide. The framework invites meaningful discussions for leaders to make an impactful difference.

Postvention Intelligence Framework and Assessment

The PIFA offers one solution to discerning if the current postvention education efforts are useful and efficacious. The tool was developed following studies to determine how the Department of the Air Force could provide a way for leaders to be better educated in having meaningful conversations about suicide postvention. Data was collected from four different studies involving participants who ranged in age, experience, gender, and race, including training at the 2022 Air Force Chaplain's Career College, the 2022 Global Strike Command Leader's Course, and the Leader Development Course for academic years 2021 and 2022 at the Air War College.

The resulting multilevel analysis revealed six categories organized along three themes: 1) the need for a new, valuable framework; 2) the levels of informing (self, team, organization); and 3) the periods of time (awareness/past, connecting/present, influencing/future). Together, these three levels of informing and three periods of time constitute the parameters of the PIFA, which provides a way to better understand, assess, and take action to improve postvention intelligence (PI) for individuals, teams, and organizations. Postvention intelligence, similar to emotional intelligence, can be defined as the awareness and understanding of measures following a suicide loss or attempt.

The PIFA (fig. 1) is used as a framework to increase awareness of the resources, history, and challenges surrounding suicide loss (awareness circle), to foster stronger connections with others (connection circle), and to open pathways that influence positive outcomes of informed, connected care (action circle) at the self, team, and organizational levels. Postvention is addressed as a means for prevention, and the PIFA is designed to foster valuable conversation that bridges personal experiences, suicide and mental health literature, and cultural elements of someone's situation. The assessment is comprised of 20 questions that are answered on a scale of 1 to 5 that yields an overall PI score out of 100; six smaller scores out of 30 for awareness, connection, action, self, team, and organization; and some guiding questions to discuss results.

This research and resulting instrument provide a holistic framework for a person, team, and organization to understand their PI score in relation to levels of operation (self, team, organization) and circles of influence (awareness, connection, action) and to thus improve one's PI score. It provides a relevant, easy-to-use, empirically developed assessment that measures PI, offering an empirical understanding of where to focus efforts on prevention and from where the challenges have occurred in someone's life (past, present, future). The tool also provides recommendations on how to improve one's PI score as they relate to

each of the nine areas in the assessment. Furthermore, it supports and connects learning to the efforts on suicide prevention and postvention initiatives, on ethics, and empathy, all of which are advocated by the Air Force.

	Awareness of resources, history, and challenges	**Connection** in the present	**Influence** for informed connected care
	Past-focused	*Present-focused*	*Future-focused*
Self Level	Q3. I am aware of the mental health (MH)/ postvention resources available for me.	Q5. I find it a challenge to connect with myself & know that I am worthy of life.	Q7. I have no specific future plans to strengthen my usefulness/wellness.
	Q4. I know my own drawbacks and shortcomings regarding MH and postvention.	Q6. I have strong connections with others who are a part of my "social fabric" or social circle.	Q8. I know exactly what to do and where to go for situations involving a suicide or MH crisis.
Team Level	Q9. I am aware of my family/friends' challenges with MH.	Q11. I feel I can reach out or have reached out to others for help with my MH or own wellness.	Q13. I feel I can be counted on to help others dealing with MH challenges.
	Q10. I know the right language to talk about suicide/postvention with others.	Q12. Others have not reached out to me for help with their MH/wellness.	Q14. I have never been counted on by others regarding their MH.
Organization Level	Q15. I am aware of the MH/suicide history of my current unit/organization.	Q17. My unit positively supports and provides resources to strengthen my MH and wellness.	Q19. My organization can count on me to provide advice and assistance in the event of a MH issue or crisis.
	Q16. My organization has conducted meaningful training and education regarding mental health (e.g., suicide awareness, postvention, etc.)	Q18. I feel connected in meaningful ways to the people in my organization *and* they feel connected to me.	Q20. There is no one in my unit I could name for whom I could make a difference with or in their MH or wellness.

Figure 1. Postvention intelligence and assessment framework

Building a healthy communication inquiry can be useful, and the PIFA addresses two challenges in many communities. First, the PIFA advances health communication research that focuses on designing and implementing strategic evidence-based communication programs, policies, practices, and tools that use multiple media and adaptive messages, to disseminate meaningful, motivating, and actionable health information to healthcare consumers, providers, and policymakers.[51] Second, the PIFA supports health information

51. Bartlett et al., "Freedom."

practices within and between nations to build both local and global collaborations that address serious health risks, including problems with misinformation and resistance to adopt important health promotion practices demonstrated to be effective.[52]

Of the participants who volunteered to take the assessment and who employed the communication practices, 96 percent reported that the PIFA was an extremely useful tool to have meaningful discussions about suicide, believed they could use it at their own workplace and personal lives, and felt that it improved their understanding of suicide and postvention.[53] The PIFA has currently gone through nine revisions based on feedback from content experts, survey methodologists, and volunteer participants.

The next steps for this research are to determine the level of fit for the questions under each of the six categories and to validate and revise the assessment. Adding ways to increase the scores in each of the six categories will help participants understand how to improve their overall PI score. Hence, this underlies and supports the need for stronger leadership and better supportive communication around suicide and mental health, particularly during postvention.

Conclusion

Historically, leadership and mental health were not synonymously integrated; however, culture, military actions, and the psychological well-being of humans have had to evolve. The postvention and intelligence framework and assessment represents the results of extensive discussions about suicide, its implications for military members and their families, and the changing nature of prevention education.

In an effort to educate leaders in understanding postvention and postvention intelligence, a focus on effective postvention learning and activities is key to mitigating suicidal contagion and subsequent suicide risk as well as emphasizing the preservation of human life. The PIFA aims to increase leaders' understanding of how to best educate, train, and develop one's self and others to appropriately respond to the actualities of suicide before, during, and after such events occur.

Along with supportive communication methods and other postvention resources available to the US Air Force and mental healthcare community team of teams, the PIFA can be used to help create a more open atmosphere surrounding discussions of suicide loss that can dispel feelings of blame and stigmatization and encourage healing and understanding. By acknowledging postvention as prevention and the importance of supportive communication,

52. Gary L. Kreps, "Health What? My Long, Strange Trip Building Health Communication Inquiry," *Spectra*, 2 March 2023, https://www.natcom.org/.

53. Mary Bartlett, John Hinck, and Steven Davis, "Postvention Intelligence Framework Assessment: Evaluating Post-Suicide Mental Health for Self, Others, and Organizations," paper presented at the American Association of Suicidology Conference, Las Vegas, NV, 7–10 May 2024; Mary Bartlett et al., "Freedom"; and Kreps.

the team of teams can work together in developing stronger and better prepared leaders to guide those they supervise through precarious and sometimes painful experiences. ✈