



NATIONAL GUARD BUREAU
1636 DEFENSE PENTAGON
WASHINGTON DC 20301-1636

CNGB DTM 0300.00
NGB-J1-WRF
07 June 2024

MEMORANDUM FOR ALL NATIONAL GUARD PERSONNEL

Subject: National Guard Suicide Prevention Program

References: See Attachment F.

1. Purpose. This Chief of the National Guard Bureau (CNGB) Directive-Type Memorandum (DTM) establishes interim policy and procedures for the National Guard (NG) Suicide Prevention Program to align Army National Guard (ARNG) and Air National Guard (ANG) processes for the States, Territories, and the District of Columbia (hereinafter collectively referred to as "States") in accordance with reference a, reference b, reference c, and reference d.
2. Cancellation. None.
3. Applicability. This CNGB DTM applies to all elements of the NG.
4. Policy. It is National Guard Bureau (NGB) policy to report and track suicide events and suicide investigation procedures in accordance with the references. Leaders are encouraged to enhance unit cohesion and trust to foster supportive environments that better protect Service members from harm. The NGB will provide suicide prevention training, and Master Resilience Training programs are also available throughout the ARNG and ANG to help strengthen protective factors among Soldiers and Airmen.
5. Responsibilities. See Attachment A.
6. Procedures. See Attachments B, C, D, and E.
7. Information Collection Requirements. None.
8. Definitions. See Attachment G.
9. Releasability. This CNGB DTM is approved for public release; distribution is unlimited. It is available at <<https://www.ngbpmc.ng.mil/>>.
10. Records Management. This CNGB DTM and all records created as a result, regardless of media and format, must be managed in accordance with the NGB Records Management Program.

11. Compliance. Per the CNGB 5000.01 Issuance Series, the proponent will review this CNGB DTM annually on the anniversary of its effective date to either confirm the action has been completed, incorporate the directive into an CNGB Instruction, CNGB Manual or to update and extend the CNGB DTM's continued applicability, currency, and consistency with Federal, Department of Defense, and NGB policy.



DANIEL R. HOKANSON
General, USA
Chief, National Guard Bureau

Attachments:

- A -- Responsibilities
- B -- Suicide Prevention Training Procedures
- C -- Suicide Event Reporting and Tracking Procedures
- D -- Suicide Investigation Procedures
- E -- Legal Actions Checklist
- F -- References
- G -- Definitions

ATTACHMENT A
RESPONSIBILITIES

1. CNGB. The CNGB retains authority to coordinate with the Secretary of Defense, Chairman of the Joint Chiefs of Staff, Secretaries of the Army and the Air Force, other offices within the Department of Defense (DoD), the White House, and Congress on matters related to suicide and suicide prevention on behalf of NGB, The Adjutants General (TAGs), the Commanding General of the District of Columbia (CG), Investigating Officers, and NG Service members, in accordance with reference a.
2. Vice Chief of the National Guard Bureau (VCNGB). The VCNGB will serve as the NGB representative to the White House, Secretary of Defense, and other DoD agencies to address suicide and suicide prevention under the authority of, and at the discretion of, the CNGB in accordance with reference b and reference c.
3. Director of ARNG and Director of ANG. The Director of the ARNG and the Director of the ANG will implement the NG Suicide Prevention Program in accordance with reference a, reference b, and reference c.
4. NGB Director of Staff (NGB-DS). The NGB-DS will advise the CNGB and the VCNGB on all matters affecting the overall execution of the NG Suicide Prevention Program.
5. Director of Manpower and Personnel (NGB-J1). The Director of NGB-J1 will:
 - a. Serve as the NG principal authority on accountability, policy, and oversight for the NG Suicide Prevention Program on behalf of the CNGB, including Title 32 United States Code (see reference e) training development, strategic planning, and data management.
 - b. Disseminate Secretary of Defense mandates, DoD Suicide Prevention Office policies, and CNGB Instructions and procedures for the NG Suicide Prevention Program to the Director of the ARNG, the Director of the ANG, TAGs, and the CG.
 - c. Provide oversight for the implementation of, and monitor compliance with, NG suicide prevention policies, instructions, and procedures.
 - d. Provide guidance to State leaders on NG Suicide Prevention Program management functions in accordance with DoD goals and objectives.
6. TAGs and CG. TAGs and the CG, under the authority, direction, and control of their Governors or chain of command, should:
 - a. Establish policy and procedures consistent with this CNGB DTM and in accordance with references a through d and reference f.

b. Appoint an Investigating Officer at the time of death for all suspected and confirmed suicides.

c. Ensure Commanders use the Legal Actions Checklist (see Attachment E) when a Service member is notified of a pending investigation. The stress of an impending disciplinary action under the applicable code of military justice can pose a risk of suicide. If the Service member is referred to Behavioral Health and is determined to pose a risk of suicide, the Service member will be referred to a treatment provider for stabilization. To foster open disclosure of Service members' circumstances, information shared by the Service member with the assessing provider should not be used as evidence in the pending investigation.

d. Ensure annual Suicide Prevention and Awareness Training is completed by all Service members and civilians.

e. Ensure training is accessible throughout the year and is extended to families, as applicable.

f. Document completion of annual Suicide Prevention Training for all Service members and civilians at the unit-level.

g. Direct ARNG Commanders to appoint a designated Suicide Intervention Officer, in the rank of E6 and above, through an appointment memorandum. The requirement is to have one Suicide Intervention Officer for every unit with a Commander, First Sergeant, or Readiness Noncommissioned Officer. Company level and above is required to appoint Suicide Intervention Officers trained in Ask, Care, and Escort -- Suicide Intervention (ACE-SI). ACE-SI certificates will be tracked and maintained at NG Joint Force Headquarters-State.

h. Improve culture of help-seeking behaviors:

(1) Build a command climate that increases unit cohesion, connectiveness, and encourages help-seeking behaviors.

(2) Refer individuals who are identified as having personal or emotional difficulties to an appropriate source for help.

i. Ensure the Suicide Prevention Program Manager (SPPM):

(1) Coordinates with State Suicide Prevention leaders across the States to report emerging concerns and trends.

(2) Provides annual budgetary guidance and assess mid-year budget performance reviews.

(3) Promotes and provides annual suicide prevention, non-clinical intervention, and postvention training guidance and materials.

(4) Represents the NG Suicide Prevention Program at internal DoD and external meetings.

(5) Verifies the accuracy of all NG suicide data (confirmed and pending suicides) for the Quarterly Suicide Report and Annual Report on Suicide in the Military.

(6) Collects, captures, and consolidates data submitted by SPPMs or Suicide Prevention Program Coordinator (SPPC).

(a) ARNG will complete record entry for all suspected and confirmed suicides in both Army Leader Unit Risk Reduction Tool (ALURRT) and DoD Suicide Event Report (DoDSER) systems.

(b) ANG will complete record entry for all suspected and confirmed suicides in the DoDSER system.

(7) Actively serve as a member of the Suicide Prevention and Risk Reduction Committee and its working groups as a non-voting member.

(8) SPPCs should partner with the Integrated Primary Prevention Workforce to develop direction on promoting help-seeking behavior, identifying relevant data, and best practices for State-level procedures.

(9) Develop Suicide Prevention Training resources and disseminate to the NG service providers and NG leadership. Training resources may be modified to reflect State, Brigade, and Wing protocols.

(10) Disseminate suicide prevention awareness guidance and materials throughout the year.

j. Ensure the Resilience, Risk, and Suicide Prevention Coordinators:

(1) Provide oversight for ARNG Suicide Prevention Program.

(2) Support the NG Joint Force Headquarters-State and ensure compliance of AR 15-6 investigation and DoDSER submissions.

(3) Assist in establishment and charter of Commander's Ready and Resilient Council.

k. Ensure ARNG SPPCs:

(1) Manage annual NG Suicide Prevention Program for both Soldiers and civilian members.

(2) Oversee all ACE, ACE-SI, and gatekeeper training, and advise the Commander if training is not conducted, in accordance with reference c.

(3) Verify and record training completions to maintain an active roster of trainings conducted for ACE and ACE-SI.

(4) Coordinate and execute ACE-SI, train the trainer workshops, and gatekeeper training. ARNG SPPCs must be ACE-SI Tier 3 certified.

(5) Serve as the point of contact for program information and advise Commanders.

(6) Ensure suicide awareness materials are readily available to Commanders for use in their programs.

(7) Provide direct support to Commanders for planning Suicide Prevention Training events.

(8) Manage DoDSER completion for every suicide and suicide attempt, in accordance with reference d.

(9) Ensure input of all Service member information for suicides, suicide attempts, and ideations into ALURRT within 24 to 48 hours after receiving a Serious Incident Report (SIR).

I. Ensure ANG SPPMs:

(1) Provide oversight of the NG Suicide Prevention Program and serve as the point of contact for Suicide Prevention Training and postvention activities.

(2) Verify and record training completion and maintain an active roster of annual tiered trainings conducted.

(3) Ensure suicide awareness materials are readily available to Commanders for use in their programs.

(4) Provide direct support to Commanders for postvention activities and planning Suicide Prevention Training.

m. Ensure ARNG and ANG Directors of Psychological Health:

(1) Serve as the point of contact for Service members who may have experienced a suicide death or attempt.

(2) Monitor and report on the availability, accessibility, quality, and effectiveness of the continuum of mental health services provided to Service members and their families.

(3) Assist with completing medical portion of the DoDSER for every suicide and suicide attempt.

(4) Provide follow up after any suicide event to Commanders and SPPCs as needed.

n. Ensure State Chaplains:

(1) Serve as gatekeepers and trainers supporting the NG Suicide Prevention Program.

(2) Provide, as a secondary role, operational, logistic, and administrative support for suicide prevention.

o. Ensure the Suicide Intervention Officers:

(1) Coordinate with SPPCs to prepare a monthly report presenting the total count of trained Service members, including transfers between units and discharges from the ARNG.

(2) Coordinate and assist with SPPCs on unit-level Suicide Prevention Training and awareness activities throughout the year.

(3) Intervene and monitor Soldiers with suicidal ideations or who are in crisis and connect them with helping resources and agencies.

(4) Provide liaison services with the Soldier Family Readiness Specialist to develop and maintain a list of Federal, State, and local community service agencies, clinics, and hotlines for Soldier referral.

(5) Are appointed and trained, with one Suicide Intervention Officer present for every 50 Soldiers in a unit. The Suicide Intervention Officer should receive an additional ACE-SI training to obtain at least one advanced suicide intervention skill (intervening, warning signs, risk factors, or behavior and suicidal ideation patterns).

ATTACHMENT B

SUICIDE PREVENTION TRAINING PROCEDURES

1. Suicide Prevention Training. Suicide Prevention Training is conducted annually, in accordance with reference c and reference d. The training should include resources to identify suicidal behavior and upstream risks for NG Service members and their families. States should also consider including modules to describe referral techniques and protocols for early intervention. Training should include leaders in roles across the NG Suicide Prevention Program, including the ARNG Command Ready and Resilient Council or the ANG Community Action Team, that can help elevate emerging problems or challenges to NGB leadership. Commanders at all levels will ensure all personnel are trained appropriately.

2. Training Requirements.

a. ARNG.

(1) ACE for the Force (annual requirement for all Service members and Department of the Army civilians).

(2) ACE-SI (only for E-6 and above, one-time requirement).

b. ANG.

(1) "Go SLO," (Safes, Locks, or Outside of the home storage of lethal means) an annual requirement for all Department of Army civilians and Airmen.

(2) Suicide Prevention Tier 1-2-3 training, required annually for all Department of Army civilians and Airmen by their designated rank.

ATTACHMENT C

SUICIDE EVENT REPORTING AND TRACKING PROCEDURES

1. Incident Report.

a. ARNG SIR.

(1) States will submit an SIR to the ARNG Watch within 48 hours of a Soldier's death notification, regardless of his or her duty status at the time of death. This includes Soldiers on Title 10 or Title 32 status on assignment outside of the State. The ARNG Watch e-mail address is <ng.ncr.ngb-arng.mbx.arngwatch@army.mil>.

(2) States will not submit an SIR to ARNG Watch for suicidal ideations or attempts. States will input attempts and ideations into the ALURRT system on the ARNG G1 Human Resource Portal.

(3) An updated SIR is submitted when an equivocal death occurs. The SIR should be sent to the ARNG Watch once the death certificate determines the cause of death.

b. ANG Critical Incident Report (CIR).

(1) States will submit a CIR to the ANG Command Post within 24 hours of discovery or notification of an Airman's death, regardless of duty status at the time of death. This includes Airmen on Title 10 or Title 32 status on assignment outside of the State. The ANG Command Post e-mail address is: <NGB.A2.3.6.ANG.Command.Center.Org@us.af.mil>.

(2) An updated CIR is submitted when an equivocal death occurs. The CIR should be sent to the ANG Command Post once the death certificate determines the cause of death.

(3) States will not submit an CIR to the ANG Command Post for suicidal ideations but will notify the ANG Suicide Prevention Program Manager of attempts within 24 hours of discovery or notification.

2. ARNG ALURRT. ALURRT is an automated system for tracking and reporting suicide data. All ALURRT records are protected under Health Insurance Portability and Accountability Act regulations. ALURRT improves suicide event tracking by standardizing data, reducing redundant input and report creation, minimizing potential for data errors, integrating existing data sources, and automating reports.

a. For eligibility requirements, ALURRT will be used by States to track ARNG suicides, suicide attempts, and suicidal ideations, regardless of duty status.

b. All States will be assigned a primary State user with writing permissions who will create and edit SIRs as needed. Other personnel within the State with a need to know

and who have completed Health Insurance Portability and Accountability Act training will be assigned a user role with read-only permissions.

c. The ALURRT primary State user will create the initial record from an SIR using the SIR+ module for suicides, suicide attempts, and suicidal ideations. All known information required on the SIR Input tab will be completed.

d. All ALURRT SIRs must be closed out by NGB Suicide Prevention (NGB-J1-W-R) after verification that all reporting requirements are complete and required documentation has been uploaded to ALURRT.

3. Suicide Event Report.

a. ARNG submits DA Form 7747, "Commander's Suspected Suicide Event Report". Commanders are required to complete and submit a Department of Army Form 7747 on every suicide, or suspected suicide, to the Commander's Suspected Suicide Event Report Mailbox (at <usarmy.pentagon.hqda-dcs-g-1.mbx.csser@army.mil>) and include NG Joint Force Headquarters-State SPPC. The form is used in the determination and in future statistical analysis of ARNG suicides.

(1) Section I SIR. SIRs are to be completed by the Commander within 24 hours of the incident.

(2) Section II CIR. The CIR is completed by the Commander within five days of the incident.

(3) Section III Commander's Final Report. The Commander's Final Report entails the baseline questions for the Investigating Officer to include in the investigation and should be submitted through the command within the allotted timeframe. Section III should be completed by the Investigating Officer and submitted by the Commander within 60 days of the incident.

b. ANG submits Suicide Event Report (SER).

(1) A SER is completed for all suicides and suicide attempts.

(2) The SER is sent to NGB within three working days of the incident.

4. DoDSER. All Service members regardless of duty status will have a DoDSER completed after a suicide or suicide attempt. A DoDSER entry is required to report a suicide death no later than 60 days after the confirmation of a suicide and 30 days after a report of a suicide attempt. The SPPC and SPPM will ensure the completion of the DoDSER form (DD Form 2996) for submission to NGB SPPM.

5. Suicide Event Tracking. See Figure 1 for ARNG and ANG Suicide Event Tracking Requirements.

	Army National Guard (ARNG)	Air National Guard (ANG)
Ideations	Commander's Critical Information Requirements is completed and sent to the SPPC to submit to ALURRT.	SPPM report all suicidal ideations on the Suicide Ideations Monthly Log. Regional Directors of Psychological Health verify accuracy and submit to the NGB SPPM monthly.
Suicides and Suicide Attempts	<p>Commanders complete the Commander's Suspected Suicide Event Report (CSSER) (DA Form 7747) and submit to CSSER email and the NGB Suicide Prevention section.</p> <ul style="list-style-type: none"> • Section 1 within 24 hours. • Section 2 within 5 days. • Section 3 within 60 days. 	SPPM ensures the completion of the ANG Suicide Event Report within three working days to submit to the NGB Suicide Prevention section.
	SPPC will submit DoDSER to be uploaded into ALURRT system and to be sent to the NGB Suicide Prevention section within 30 to 60 days.	SPPM will ensure DoDSER submission into the DoDSER database and to the NGB Suicide Prevention section within 30 to 60 days.

Figure 1. ARNG and ANG Suicide Event Tracking Requirements

ATTACHMENT D

SUICIDE INVESTIGATION PROCEDURES

1. ARNG Suicide Investigation Procedures. Prior to completing DA Form 7747, an Investigating Officer must be appointed, and an AR 15-6 investigation must be completed. Always conduct AR 15-6 investigations for suspected or confirmed suicides. An Investigating Officer, in the rank of O-4 or above, is appointed by TAG within 15 days of notification of a suicide to conduct an AR 15-6 investigation.

a. The Investigating Officer is responsible for collaborating with Integrated Primary Prevention Workforce, Commanders, and State-level SPPCs to identify contributing factors (for example, relationships, sleep, stimulant usage) that may have contributed to Soldiers' suicides, identify lessons learned, and provide recommendations for Soldier care solutions and best practices.

b. The Investigating Officer will use sworn statements to document all interviews with Army and other military service personnel. Interviews with non-military personnel, including family members, should be documented in writing (for example, a written statement or Investigating Officer summary of interview). The Investigating Officer should use Appendix C-3 in reference h to conduct the investigation, in accordance with reference d. The investigation is not used to determine death but to support data gathering and analysis.

c. The Investigating Officer must complete the investigation within 60 days from the date of the Commander's Critical Information Requirements reporting of the suspected suicide. The Investigating Officer will submit the completed report to the State Staff Judge Advocate general officer for legal review. Once reviewed, the Investigating Officer will submit the packet to TAG for final approval.

d. Submit final packet to SPPC for input into ALURRT. The packet should include AR 15-6 findings and recommendations section, TAG approval, and death certificate.

2. ANG Suicide Investigation Procedures. Prior to completing the DoDSER, an Investigating Officer must be appointed, and a Command Directed Investigation (CDI) must be completed. In accordance with reference b, the CDI is the investigative mechanism for death, including suicide inquiries, within the ANG. The CDI will be conducted for all suspected or confirmed suicides, regardless of duty status. This investigation is used to identify factors that contribute to Airmen suicides, identify lessons learned, and provide recommendations for Airmen care solutions and best practices. The purpose is not to make a determination of death. TAGs will implement CDIs for the ANG Suicide Inquiry. Upon completion, TAGs will release findings to the NGB-J1 for review and data gathering.

a. TAGs will appoint an Investigating Officer to complete the CDI in the rank O4 and above within 15 days of notification of a suicide.

b. The Investigating Officer is responsible for collaborating with Integrated Primary Prevention Workforce, Wing Commanders, State-level SPPMs, and Directors of Psychological Health to identify contributing factors (for example, relationships, sleep, stimulant usage) that may have contributed to the Airmen suicides, identify lessons learned, and provide recommendations for Airman care solutions and best practices. The Investigating Officer will write a Report of Investigation and will use sworn statements to document all interviews with Airmen and other Service member personnel. Interviews with non-military personnel, including family members, will be documented in writing. A sample report can be found in reference i.

c. The Investigating Officer must complete investigation within 60 days of the date the CIR reporting the suspected suicide was submitted. A 30-day extension may be requested to the NGB SPPM as needed to complete the investigation. The Investigating Officer will submit the completed report to the State Staff Judge Advocate general officer for approval. Once approved, the Investigating Officer will submit the packet to TAG for final approval.

d. Submit final packet to SPPM. The packet should include the CDI, TAG approval, and death certificate.

ATTACHMENT E

LEGAL ACTIONS CHECKLIST

Legal Actions (Within 48 Hours of Notifications)	
1	Ensure the Commanding Officer (CO), First Sergeant (1SG), Officer in Charge, Supervisor, and the Judge Advocate General are all informed of the investigation or pending or ongoing legal action.
2	Ensure the correct transfer of care after investigative interviews; CO, 1SG, Supervisor, or Full Time Unit Support Service member if CO, 1SG, or Supervisor is not available.
3	Reinforce to the Service member that he or she remains a valued member of the unit.
4	For military actions, provide assurances that due process will be followed and advise the Service member of his or her right to consult with Trial Defense Services. For civilian legal actions, refer the Service member to the Staff Judge Advocate's Office for consultation and possible referral to Legal Assistance.
5	Ask key personnel and the Service member about current coping mechanisms and encourage help-seeking using local resources or Military OneSource. Ask directly about suicidal thoughts and contact the Director of Psychological Health or the Chaplain to seek consultation on assisting and supporting the Service member as necessary.
6	CO or 1SG and supervisor will check in with Service member to determine coping mechanisms, social support, thoughts of self-harm and access to lethal means.
Follow Actions (72 Hours and Beyond)	
7	If personal safety is a concern and the Service member has access to lethal means: <ul style="list-style-type: none"> • Encourage the Service member to voluntarily secure personal firearms with a friend or family member. • Consult with medical or behavioral health regarding management of medications. • Restrict access to duty weapons using Do Not Arm roster if necessary. If the Service member is a safety concern: <ul style="list-style-type: none"> • CO may order the Service member to drill on alternate dates other than with the company. (CO must engage the servicing Staff Judge Advocate prior to taking this action.)
8	Ensure supervisor or designee has frequent check-ins with the Service member and that unit leaders meet regularly with the Service member until legal action is resolved.

9	Have the Service member and supervisor or designee develop activity plan for off duty time, for example, weekends, leave, and holidays. (Annual Training, Inactive Duty Training, and Active Guard Reserve Full Time National Guard Duty specific)
10	Commander review should be conducted in conjunction with a behavioral health professional, Chaplain, Staff Judge Advocate, and supervisor input, as appropriate on all leave requests. (Active Guard Reserve Full Time National Guard Duty specific)
11	If the Director of Psychological Health or the Chaplain were contacted (see row 5, above), they will continue to check in with the Service member on a regular basis.
12	Encourage continued engagement in unit and community activities if appropriate.
13	Encourage hope and acknowledge positive changes, behaviors, or contributions made by the Service member regardless of current allegations or pending legal actions.
14	If the Service member separates from the Army or Air Force during the legal proceedings, ensure the Service member is provided a list of local resources that are available for follow-up care.

Table 1. Legal Actions Checklist

ATTACHMENT F

REFERENCES

- a. Department of Defense Instruction 6490.16, 06 November 2017, "Defense Suicide Prevention Program," Incorporating Change 3, 02 February 2023
- b. Department of the Air Force, DAFI90-5001_DAFGM2023-01, 02 August 2023, "Department of the Air Force Guidance Memorandum to Department of the Air Force Instruction DAFI 90-5001, Integrated Resilience"
- c. Army Regulation (AR) 600-63, 14 April 2015, "Army Health Promotion"
- d. AR 600-92, 08 September 2023, "Army Suicide Prevention Program"
- e. Title 32 United States Code, "National Guard"
- f. Air Force Instruction 51-509, 28 December 2023, "Appointment to and Assumption of Command"
- g. Air Force Instruction 71-101, Volume 1, 01 July 2019, "Special Investigations: Criminal Investigations Program"
- h. AR 15-6, 01 April 2016, "Procedures for Administrative Investigations and Boards of Officers"
- i. Department of the Air Force Manual, DAFMAN 1-101, Attachment 17, 09 April 2021, "Commander Directed Investigations"

GLOSSARY

PART I. ACRONYMS

1SG	First Sergeant
ACE	Ask, Care, and Escort
ACE-SI	Ask, Care, and Escort -- Suicide Intervention
AFI	Air Force Instruction
ALURRT	Army Leader Unit Risk Reduction Tool
ANG	Air National Guard
AR	Army Regulation
ARNG	Army National Guard
CDI	Command Directed Investigation
CG	Commanding General of the District of Columbia
CIR	Critical Incident Report
CNGB	Chief of the National Guard Bureau
CO	Commanding Officer
CSSER	Commander's Suspected Suicide Event Report
DA	Department of the Army
DAFI	Department of the Air Force Instruction
DoD	Department of Defense
DoDSER	Department of Defense Suicide Event Report
DTM	Directive-Type Memorandum
NG	National Guard
NGB	National Guard Bureau
NGB-DS	National Guard Bureau Director of Staff
NGB-J1-WRF	National Guard Bureau Manpower and Personnel
Directorate Warrior Resilience & Fitness	
SER	Suicide Event Report
SIR	Serious Incident Report
SLO	Safes, Locks, or Outside of the Home Storage of Lethal Means
SPPC	Suicide Prevention Program Coordinator
SPPM	Suicide Prevention Program Manager
TAG	The Adjutants General
USA	United States of America
VCNGB	Vice Chief of the National Guard Bureau

PART II. DEFINITIONS

Equivocal -- Cases where the available facts and circumstances do not immediately distinguish the causes of death. Ambiguity or uncertainty existing among any of the five causes of death: natural, accidental, suicide, homicide, and undetermined.

Postvention -- Response activities that should be undertaken in the immediate aftermath of a suicide that has impacted the unit. Postvention has two purposes: to help suicide attempt survivors cope with their grief and to prevent additional suicides. It

also may provide an opportunity to disseminate accurate information about suicide, encourage help-seeking behavior, and provide messages of resilience, hope, and healing. This is also known as “tertiary prevention.”

Suicide -- Death caused by self-directed injurious behavior with an intent to die as a result of the behavior (definition from reference a).

Suicide Attempt -- A non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior.

Suicidal Ideation -- Thinking about, considering, or planning suicide.