UNDER SECRETARY OF DEFENSE
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PERSONNEL AND
READINESS

July 24, 2025

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Directive-Type Memorandum 25-004 – "DoD Suicide Postvention Response System"

References: See Attachment 1.

Purpose. In accordance with the authority in DoD Directive 5124.02 and pursuant to Section 740 of Public Law 117-263 (also known as the "James M. Inhofe National Defense Authorization Act for Fiscal Year 2023") and DoD Instruction (DoDI) 6490.16, this directive-type memorandum (DTM):

- Implements a coordinated, comprehensive, and tiered DoD Suicide Postvention Response System for a suicide death of a Service member, suicide clusters, and suicide contagions.
- Establishes a review of suicide prevention and response at Military Service commands, including implementation of postvention activities.
- Establishes a standardized DoD definition of the term "suicide cluster" and directs use of the term in all DoD issuances and other policy documents, as well as all applicable Military Department (MILDEP), Military Service, and National Guard Bureau (NGB) regulations, policies, guidance, trainings, resources, and manuals.
- Establishes congressional notification procedures for suicide clusters.
- Is effective July 24, 2025; it must be incorporated into DoDI 6490.16. This DTM will expire effective July 24, 2026

Applicability. This DTM applies to OSD, the MILDEPs, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD.

Definitions. See Glossary.

Policy.

- When a suicide cluster among Service members is identified in the DoD, the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), will, through the Assistant Secretary of Defense for Legislative Affairs (ASD(LA)), submit a notification to the Committees on Armed Services of the House of Representatives and the Senate informing the committees of the suicide cluster.

- The DoD Suicide Postvention Response System is designed to promote an immediate and sustained military community-level and organizational based recovery response focused on the deceased Service member's teammates, leaders, family, and friends, as well as to inform DoD suicide prevention efforts.

- A coordinated, comprehensive, three-tiered DoD Suicide Postvention Response System will be implemented in response to a Service member's death by suicide.

    - Tier 1: As directed by MILDEP policy, activates a suicide response team (SRT) and supporting activities.

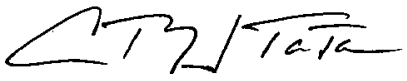
    - Tier 2: Activates an epidemiological aid (EpiAid) team response.

    - Tier 3: Activates an epidemiological consultation (EpiCon) team response.

Responsibilities. See Attachment 2.

Procedures. See Attachment 3.

Releasability. Cleared for public release. Available on the Directives Division Website at https://www.esd.whs.mil/DD/.



Anthony J. Tata
Under Secretary of Defense for Personnel and Readiness

Attachments:
As stated

ATTACHMENT 1

REFERENCES

DoD Directive 5111.10, "Assistant Secretary of Defense for Special Operations and Low-Intensity Conflict (ASD(SO/LIC))," May 5, 2021, as amended

DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008, as amended

DoD Instruction 5400.11, "Defense Privacy and Civil Liberties Program," January 29, 2019, as amended

DoD Instruction 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," September 11, 2020

DoD Instruction 6490.16, "Defense Suicide Prevention Program," November 6, 2017, as amended

DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019

Office of the Chairman of the Joint Chiefs of Staff, "DoD Dictionary of Military and Associated Terms," current edition

Public Law 117-263, Section 740, "National Defense Authorization Act for Fiscal Year 2023," December 23, 2022

United States Code, Title 5, Section 552

ATTACHMENT 2

RESPONSIBILITIES

1. USD(P&R). The USD(P&R):

a. Oversees implementation of this DTM.

b. Provides notification, through the ASD(LA), to the Committees on Armed Services of the Senate and House of Representatives of a suicide cluster among service members.

2. EXECUTIVE DIRECTOR, FORCE RESILIENCY (EDFR). Under the authority, direction, and control of the USD(P&R), the EDFR monitors compliance with this DTM.

3. DIRECTOR, DEPARTMENT OF DEFENSE HUMAN RESOURCES ACTIVITY. Under the authority, direction, and control of the USD(P&R), the Director, Department of Defense Human Resources Activity, provides direction to the Director, Defense Suicide Prevention Office (DSPO), for coordination with the EDFR to implement the DoD Suicide Postvention Response System and provides oversight associated with the identification and notification of suicide clusters across the Military Services.

4. DIRECTOR, DEFENSE HEALTH AGENCY. Under the authority, direction, and control of the USD(P&R), the Director, Defense Health Agency provides direction to the Director, Behavioral and Social Health Outcomes Practice for coordination with the Director, DSPO and mental health clinicians associated with the identification of suicide contagions across the Military Services.

5. ASD(LA). The ASD(LA), in coordination with the USD(P&R), transmits the notification of a suicide cluster among service members to the Committees on Armed Services of the House of Representatives and the Senate.

6. ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS. The Assistant to the Secretary of Defense for Public Affairs coordinates with the USD(P&R) on the notification of a suicide cluster among Service members to the Committees on Armed Services of the House of Representatives and the Senate.

7. ASSISTANT SECRETARY OF DEFENSE FOR SPECIAL OPERATIONS AND LOW INTENSITY CONFLICT. As a Principal Staff Assistant, as designated in DoD Directive 5111.10, the Assistant Secretary of Defense for Special Operations and Low Intensity Conflict directs the Commander, United States Special Operations Command:

a. To develop implementing guidance, as needed, pursuant to the policies and procedures in this DTM.

b. To support and, where practical, implement command policies, programs, and practices necessary to implement this DTM.

8. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPs:

a. Ensure prompt implementation of this DTM through designation and appointment of key and essential subject matter experts.

b. Develop implementing MILDEP guidance, as needed, pursuant to the policies and procedures in this DTM.

c. Direct their respective Military Service Chiefs to:

(1) Designate strategic, operational, and tactical personnel, resourcing, authorities, and planning mechanisms, as needed, pursuant to the policies and procedures in this DTM.

(2) Use the standardized definition of the term "suicide cluster" and operationalize military community, organizational, and operational responses.

(3) In coordination with the Director, DSPO, implement a DoD tiered suicide postvention response system that:

(a) Complies with the requirements of this DTM.

(b) Monitors the occurrence of suicide deaths weekly.

d. Ensure all commanders:

(1) Establish an SRT process and develop a suicide postvention response plan in accordance with this DTM and applicable MILDEP and Service policies.

(2) Designate SRT key and essential subject matter experts or other support personnel through appointment letters for the record.

(3) Implement, as necessary, actions informed by the activation of an SRT, EpiCon, and EpiAid.

e. Provide military or civilian personnel and other resources to support EPIAid and EPICon activities, when requested, subject to the availability of personnel and funds.

9. CHIEF, NGB. The Chief, NGB, in coordination with the Secretaries of the Army and Air Force, and with the State Adjutants General:

a. Develops implementing guidance, as appropriate, pursuant to the policies and procedures in this DTM.

b. Supports and, where practical, implements MILDEP policies, programs, and practices necessary to implement this DTM.

ATTACHMENT 3

TIERS OF THE DOD SUICIDE POSTVENTION RESPONSE SYSTEM

1. TIER 1: SRT AND MULTIDISCIPLINARY REVIEW BOARD.

a. Boards will consist of SRT members, advised by a Service-level suicide prevention program manager (SPPM), and appointed by the local command team, and will include, at a minimum, a military chaplain, a mental health professional, a suicide prevention coordinator, or equivalent designee, and other applicable medical and non-medical professionals, as appropriate.

(1) The local command team will designate an SRT lead in accordance with MILDEP policy.

(2) SRT members are required to maintain a core set of competencies relating to suicide prevention and postvention knowledge, experience, skills, abilities, and self-efficacy; an understanding of stigma, stigmatizing language, and associated impacts; and the critical role of lived experience in suicide prevention efforts.

b. SRTs:

(1) Develop suicide postvention response plans that will, at a minimum:

(a) Include names and contact information of team members, as well as emergency phone numbers.

(b) Contain a list of actions or tasks to actively address individual and military community postvention needs.

(c) Include a safe messaging guide and immediate and long-term support services for suicide loss survivors.

(d) Include plans and procedures for SRT reporting and briefings.

(2) Validate their suicide postvention response plan at least annually.

c. Within 72 hours of notification (when practicable) of a Service member's suspected suicide, the Military Service concerned will initiate SRT mobilization strategically, operationally, and tactically to provide a postvention response in accordance with Service protocols and policies and the affected command's suicide postvention response plan. The SRT will, at a minimum:

(1) Provide the affected command personnel with consultation, support, and documentation detailing roles and responsibilities, best practices, and appropriate and safe

messaging using relevant safe messaging guidance and toolkits, such as those located at https://www.DSPO.mil.

(2) If requested by the command team, determine how to deliver postvention information and resources aimed at reducing the risk of suicide among survivors and supporting their healthy grieving process and provide recommended courses of action to achieve postvention care services utilizing a blended approach with casualty assistance resources.

(3) After immediate postvention support is provided to suicide loss survivors, provide information and resources to help mitigate the impact to first responders, support personnel, and others exposed to the death scene to facilitate health recovery.

(4) Meet with key support personnel to assess and identify any additional suicide loss survivors who may benefit from SRT postvention information and support.

d. The SRT will provide a report within 45 business days from when the SRT is mobilized.

(1) The report will be provided to:

(a) The Secretary of the MILDEP concerned.

(b) The SPPM of the Military Service concerned.

(c) The Director, DSPO.

(2) The report must include:

(a) SRT actions taken upon activation.

(b) Initial support and resources provided, as well as planned follow-up postvention support to be provided by the SRT.

(c) Lessons learned and identification of additional resources and support that may be needed.

(d) Recommendations, if any, to further mitigate suicide risk.

(e) Information related to areas of concern or possible risk factors that could be detrimental to a healthy climate and the well-being of the military community.

(3) Requests for release of the report outside the DoD will be processed pursuant to Section 552 of Title 5, United States Code, as amended, (also known and referred to in this issuance as the "Freedom of Information Act") in accordance with Section 552(a) of Title 5, United States Code, and applicable DoD regulations.

e. In accordance with applicable policies, the Military Services will annually review every suicide death of a Service member to identify systemic improvements that can prevent other suicide deaths.

f. DoD Suicide Postvention Response System information will be managed and protected, as appropriate, in accordance with law and policy to include Section 552(a) of Title 5, United States Code; DoDI 5400.11; and DoD Manual 6025.18.

2. TIER 2: CONGRESSIONAL NOTIFICATION AND EPIAID ACTIVATION.

a. In coordination with the Secretaries of the MILDEPs, the Director, DSPO will identify the occurrence of a suicide cluster based on review of weekly surveillance data and the definition of a suicide cluster in this issuance.

b. When the Director, DSPO identifies a suicide cluster among Service members, the Director, DSPO will notify the USD(P&R), who, through the ASD(LA), will notify the Committees on Armed Services of the House of Representatives and the Senate of such a determination.

c. When the Director, DSPO identifies that a suicide cluster has occurred, the Director, DSPO, in coordination with the Secretary of the Military Department concerned, will activate and fund an EpiAid team.

(1) The Director, DSPO, will fund the costs of its personnel's execution of EpiAid activities and each Military Department will fund the costs of its personnel's execution of EpiAid activities.

(2) At a minimum, EpiAid teams will include an SRT lead, a Service headquarters SPPM or a designee assigned by a Service headquarters SPPM, a DSPO epidemiologist and, if necessary, a DSPO postvention subject matter expert.

(3) Once activated, the Director, DSPO will provide the Secretary of the Military Department concerned the anticipated timeline of the EpiAid and any potential site visits. When site visits are required, the Secretary of the Military Department, in coordination with the Director, DSPO, will deconflict the visits with the site's mission readiness requirements.

(4) Identification of a suicide cluster does not indicate the presence of a suicide contagion effect, but only that a certain number of deaths occurred in the same military population in a designated time period.

d. Once activated, an EpiAid team will collaborate with the Military Service concerned to:

(1) Identify needs and gaps in resources necessary to provide ongoing and robust postvention support.

(2) Conduct a mixed methods assessment to determine whether any suicide contagion effect was present.

(a) If at any time during this assessment, an EpiAid team identifies critical social, environmental, or military community factors that require immediate attention to maintain safety, the EpiAid team will notify the Military Service concerned.

(b) The assessment will include, but is not limited to, interviews and reviews of administrative data, serious incident reports, organizational elements, and policies to support the determination of contagion effect.

(3) Describe any connection(s) beyond common command and timing identified between decedents in the suicide cluster and determine whether a suicide contagion effect was present based on the findings of the assessment.

(4) Provide the Secretary of the Military Department concerned, if a suicide contagion effect is identified, recommendations to reduce suicide risk among those impacted.

e. The EpiAid team will provide a report within 3 months of being activated to (at a minimum) the Secretary of the Military Department concerned, the Service-level SPPM of the Military Service concerned, and the Director, DSPO. The report must include:

(1) A summary of evidence that supports the determination of a suicide contagion effect.

(2) The sources, methods, and procedures used to determine if a suicide contagion effect was present or not present.

(3) Recommendations to further mitigate suicide risk within their military community and, if a suicide contagion effect was identified, notification that an EpiCon team will be activated.

(4) Additional information related to areas of concern or possible risk factors that could be detrimental to a healthy climate and the well-being of the military community.

f. The Secretary of the Military Department concerned will provide a response to each of the EpiAid's recommendations to DSPO within 6 months of the EpiAid team report.

g. Requests for release of the report outside the DoD will be processed pursuant to the Freedom of Information Act in accordance with Section 552(a) of Title 5, United States Code, and applicable DoD regulations.

3. TIER 3: ACTIVATION OF AN EPICON.

a. When the Director, DSPO is notified of the presence of a suicide contagion effect, the Director, DSPO, in coordination with the Secretary of the Military Department concerned, will activate and fund an EpiCon team.

(1) The Director, DSPO will fund the costs of its personnel's execution of EpiCon activities and each Military Department will fund the costs of its personnel's execution of EpiCon activities.

(2) At minimum, an EpiCon team will include representatives from the Military Department concerned, including a Service headquarters SPPM or a designee assigned by a Service headquarters SPPM, a Division of Behavioral and Social Health Outcomes Practice epidemiologist, a DSPO epidemiologist and, if necessary, a DSPO postvention subject matter expert.

(3) Once activated, the Director, DSPO will provide the Secretary of the Military Department concerned the anticipated timeline of the EpiCon and any potential site visits. When site visits are required, the Secretary of the Military Department, in coordination with the Director, DSPO, will deconflict visits with the site's mission readiness requirements.

b. EpiCons:

(1) Are holistic and systematic assessments of an identified suicide cluster that explore a wide range of mental and social health conditions affecting the readiness and resiliency of Service members, units, families, and military communities. Mixed methods assessments will include, but are not limited to, interviews and reviews of administrative data, serious incident reports, policies, and other information.

(2) Provide evidenced-based mental and social health information to inform prevention and risk mitigation strategies, public health interventions, and policies that enhance the mental and social health and well-being of Service members.

(3) Assist military leaders and support services to identify factors influencing mental and social health outcomes and strategies to enhance health and readiness.

(4) Range in scope from discussions, requests for information, formal taskings for on-site field studies based on the topics of concern, populations affected, time and resource requirements, and the overall impact on mission readiness.

c. The EpiCon team will provide a report within 8 months of being activated to (at a minimum) the Secretary of the Military Department, the local command team, the Service-level SPPM of the Military Service concerned, and the Director, DSPO. The report must include:

(1) A summary of evidence that details the contributing factors of the suicide contagion effect.

(2) The sources, methods, and procedures used to determine the contributing factors of the suicide contagion effect. If multiple methods are employed, data is triangulated to address concerns and develop approaches for risk mitigation and promotion of readiness and resilience.

(3) Factors that influenced mental and social health outcomes resulting in a suicide contagion effect.

(4) Recommendations to further mitigate suicide risk among those impacted.

(5) Prevention strategies and recommendations to enhance the holistic health, well-being, and readiness of the military community.

(6) Additional information related to areas of concerns or possible risk factors that could be detrimental to a healthy climate and the well-being of the military community.

d. The Secretary of the Military Department concerned will provide a response to each of the EpiCon's recommendations to DSPO within 1 year of the EpiCon team report.

e. Requests for release of the report outside the DoD will be processed pursuant to the Freedom of Information Act in accordance with Section 552(a) of Title 5, United States Code and applicable DoD regulations.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

ACRONYM	MEANING
ASD(LA)	Assistant Secretary of Defense for Legislative Affairs
DoDI	DoD instruction
DSPO	Defense Suicide Prevention Office
DTM	directive-type memorandum
EDFR	Executive Director, Force Resiliency
EpiAid	epidemiological aid
EpiCon	epidemiological consultation
MILDEP	Military Department
NGB	National Guard Bureau
SPPM	suicide prevention program manager
SRT	suicide response team
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purpose of this DTM.

TERM	DEFINITION
EpiAid	Collaborative, rapid, short-term assessment of a suicide cluster to generate recommendations intended to help a military community mitigate risks and enhance supportive environments.
EpiCon	A process designed to assess adverse behavioral health and social health outcomes within a population using a variety of scientific methods (e.g., surveys, focus groups, clinical index case analysis).
military community	Defined in DoDI 6400.09.
military leader	Defined in DoDI 6400.09.

TERM	DEFINITION
Military Services	Includes the Army, Navy, Air Force, Marine Corps, Coast Guard (when it is operating as a Military Service in the Navy), and Space Force, including their Reserve Components and respective Service academies.
mixed methods assessment	Assessment strategies that employ both qualitative and quantitative methods.
organizational elements	Relationships between organizations, human roles, and organization types.
postvention	Defined in DoDI 6490.16.
postvention response plan	Procedures that mitigate the impact a suicide can have on the impacted military community.
postvention response system	A system designed to assist suicide loss survivors begin to process the loss, normalize grief reactions, encourage self-care, and connect with resources, as well as foster supportive environments.
safe messaging	Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, and that may increase help-seeking behavior and support for suicide prevention efforts.
Service member	A Regular or Reserve Component officer (commissioned or warrant) or enlisted member of the Army, Navy, Air Force, Marine Corps, Coast Guard (when it is operating as a Service in the Navy), and Space Force. Includes cadets and midshipmen at the Service academies.
SRT	A group of professionals who are trained and prepared to act immediately after a suicide death.
stigma	A set of negative and often untrue beliefs that a society or group of people have about something.
suicide	Defined in DoDI 6490.16.

TERM	DEFINITION
suicide cluster	A group of suicide deaths that occur closer together in time, space, or both than would historically be expected in a military population. This term and its definition will be included in the next edition of the DoD Dictionary of Military and Associated Terms.
suicide contagion effect	The phenomenon in which exposure to a suicide or suicidal behavior of one or more persons influences others to attempt suicide.
suicide loss survivor	Anyone who knows or identifies with someone who dies by suicide.