



After a Suicide: A Guide for Veterinary Workplaces

This document was developed by the following workgroup:

Jen Brandt, LISW-S, Ph.D.

Director of Wellbeing and Diversity Initiatives
American Veterinary Medical Association

Laura Hoffman

Senior Manager, Interactive Screening Program
American Foundation for Suicide Prevention

Maggie G. Mortali, MPH

Senior Director, Interactive Screening Program
American Foundation for Suicide Prevention

Christine Moutier, M.D.

Chief Medical Officer
American Foundation for Suicide Prevention

Rebecca Rose, CVT

Certified Career Coach
NAVTA Wellbeing Task Force

American Foundation for Suicide Prevention (AFSP)

Is dedicated to saving lives and bringing hope to those affected by suicide. AFSP creates a culture that's smart about mental health through education and community programs, develops suicide prevention through research and advocacy, and provides support for those affected by suicide. Led by CEO Robert Gebbia and headquartered in New York, and with a public policy office in Washington, D.C., AFSP has local chapters in all 50 states with programs and events nationwide. Learn more about AFSP at afsp.org.

American Veterinary Medical Association (AVMA)

Since 1863, the American Veterinary Medical Association has served as the nation's leading advocate for the veterinary profession. We are a diverse and passionate group of professionals, representing more than 95,000 members, all striving to improve the health and wellbeing of animals, humans, and the environment we share. Learn more about AVMA at avma.org.

National Association of Veterinary Technicians in America (NAVTA)

For nearly 40 years, NAVTA has served as the advocate for veterinary technicians, advancing veterinary nursing and veterinary technology in the United States. NAVTA is a dynamic community of more than 7,000 credentialed veterinary technicians dedicated to advancing the profession of veterinary nursing through advocacy, awareness, and professional development. NAVTA is a mission – and member-driven association encouraging diversity in ideas, perspectives, and people, committed to leading and elevating the profession. Learn more about NAVTA at navta.net.

Veterinary Hospital Managers Association (VHMA)

Is a nationally recognized thought-leader and innovator in providing training, education, and resources to more than 4,000 members and a trusted resource that the veterinary sector relies on for industry insights, research, and advocacy to assure performance at the highest levels. VHMA's core purpose is to advance and support veterinary practice management professionals by developing professional competence, supporting and encouraging standards through the industry's highest-level certification program, the Certified Veterinary Practice Manager (CVPM), and providing individuals with a network for professional connection and support. Learn more at vhma.org.

Veterinary Medical Association Executives (VMAE)

Exists to help veterinary medical association executives create thriving organizations and provide effective leadership within the veterinary profession. VMAE supports its members in lifelong learning, connects them as a community, and fosters the sharing of best practices and great ideas. VMAE supports the wellbeing of veterinary professionals through active and meaningful collaboration with veterinary medical associations and strategic partners. Learn more about VMAE at vmae.org.

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Suggested Citation

Moutier C, Mortali M, Brandt J, Rose R, Hoffman L. After a Suicide: A Guide for Veterinary Workplaces. American Foundation for Suicide Prevention/American Veterinary Medical Association/ National Association of Veterinary Technicians in America/ Veterinary Hospital Managers Association/ Veterinary Medical Association Executives. 2020

Introduction

The suicide death of an employee can leave a veterinary workplace¹ faced with grieving employees, clients and industry partners, media attention, and a community struggling to understand what happened and why. In this situation, a veterinary workplace needs reliable information, practical tools and guidance to help respond immediately, help the community heal, and return to their primary mission of caring for their patients and community.

After a Suicide: A Guide for Veterinary Workplaces provides guidance and tools for postvention, a term used to describe activities that help people cope with the emotional distress resulting from a suicide and prevent additional trauma and any potential for suicide contagion that could lead to further suicidal behavior and deaths, especially among people who may be at elevated risk for suicide. The following principles have directed the development of the guide and should be considered by those using this resource:

- Veterinary workplaces should treat all employee deaths within the same framework (i.e., take the same approach and response for an employee who dies by suicide as for an employee who dies of a heart attack).
- Attention should be given to reducing the risk of suicide contagion that may occur when a vulnerable person experiences the loss of another person to suicide and becomes at greater risk.
- With the proper information, guidance, and support from staff and leadership, staff can learn to cope with the suicide of a fellow colleague, process their grief, and return to healthy functioning.
- Suicide is multi-factorial. It is important to consider that a person who dies by suicide was likely struggling with significant concerns, including health factors (such as a mental health condition), historical factors (such as previous trauma), and environmental factors (such as access to lethal means and stressful life events) that caused substantial psychological pain even if that pain was not apparent to others.
- Help should be available for any person who may be struggling with mental health issues or feelings of suicide.
- Postvention efforts need to consider culturally competent approaches for supporting those affected by a suicide.

Significant numbers of veterinary professionals die by suicide across the United States every year and it is important that every veterinary workplace be prepared to respond appropriately to such an event. We advise having a plan and resources in place before a crisis occurs, with the hope that they will never be needed, that will enable staff to respond in an organized, effective and supportive manner. Whether or not your practice has such a plan, this guide contains information that can be used to initiate a coordinated response.

¹ NOTE: In this document, the terms “veterinary workplace” or “workplace” are used to refer to the veterinary practice, veterinary hospital, or veterinary organization where the deceased individual worked. The terms “community member”, “member” and “team member” are used in the most inclusive sense to encompass all members of the veterinary practice, hospital, or organization, including staff, colleagues, clients, industry partners and representatives.

Immediate Steps (Day 1-4)

In this section

- Get the Facts
- Communicating with Staff
- Communicating with the Community
- Addressing Cultural Diversity

This section provides information on the steps that should be taken immediately when the veterinary workplace learns that a team member has died by suicide.

Get the Facts

When a veterinary workplace receives the news that one of its team members has died by suicide, the first step is to confirm the news is true. Although not always possible to immediately determine the full details about a death, confirming as much factual information as possible before communicating with staff is important. Speculation and rumors can exacerbate the emotional upheaval within the workplace. Time is also of the essence in confirming factual information since social media and other forms of communication may be occurring simultaneously, and it is possible that others, including staff, may already have some information about the death. Upon confirmation, the veterinary workplace should immediately implement a coordinated crisis response.

Crisis Response

The purpose of a coordinated crisis response is to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on essential workday activities to the extent possible, help team members cope with their feelings, and minimize the risk of suicide contagion.

Steps for Crisis Response

Step 1: [Contact the decedent's family.](#)

The goal of contacting the decedent's family is to offer condolences, inquire as to what the workplace can do to assist, ask if the family may know of any staff who were particularly close to the deceased and thus in need of additional support, discuss the family's preference for disclosing the death was by suicide, and inquire about funeral arrangements.

Step 2: [Convene a Team Meeting.](#)

Depending on the size of the workplace, and whether there is a current crisis response plan in place, the group convened may be made up of the crisis response team, workplace leadership, or the entire staff. When possible it is recommended that the crisis response team and/or leadership meet in advance of an all-staff meeting. The purpose and goals of the meeting are to establish a plan for immediately notifying staff of the death and notifying colleagues, clients, and/or industry partners of the death. If all staff are not included in the meeting, the next step will be to schedule an all staff meeting, ideally before the start of the workday.

Step 3: Disseminate Resources and Information.

Disseminate fact sheets and information about suicide and support services available to staff (see **Tools and Templates**).

Step 4: Consider Adding Additional Support.

As you talk with staff and monitor activities throughout the workplace, make sure staff have adequate support and resources. This will help to determine whether additional support resources, such as the Employee Assistance Program (EAP), grief counselors, crisis responders, or other local resources, may be needed.

Communicating with Staff

Communicating with staff is ideally done in-person to allow staff an opportunity to express their own reactions and grief, and to identify anyone who may need additional support. For larger workplaces, staff may be notified in smaller groups, when possible.

When sharing the news with staff, it is critically important that the information shared about the death is accurate, factual, and honors the family's requests, including any request for privacy. In any communication about suicide, it is important to follow safe messaging guidelines to avoid simplifying, glamorizing, or romanticizing the person or their death. Remind staff of any workplace policies or response following an employee death and any considerations specifically for a suicide death. Explain plans for the day, and highlight additional resources and support, if available. Prepare staff on how to handle community reactions and questions, share communication plans, including who community members should contact for further information and resources. Lastly, if available, it may be helpful to have back-up staff fill in for any staff who are too upset to work or who need to take time off.

Communicating with the Community

Communication with the community, including clients and industry partners, can be disseminated through a written death notification statement. This death notification statement should be sent by the most efficient and effective method(s) for the workplace and the community, including e-mail, text, printed copy at the workplace, or regular mail. It can also be posted on the practice's website and social media accounts.

Addressing Cultural Diversity

Postvention efforts should take into consideration the cultural diversity of everyone affected by a suicide, including the family, workplace, and community. This diversity may include, but is not limited to, differences in race, ethnicity, language, sexual orientation or gender identity, religion, and disability. Culture may significantly affect the way people view and respond to suicide and death. It's important to be mindful that the extent to which people are able to talk about suicide varies, and, in some cultures, suicide is still viewed as a moral failing. Therefore, it is important to be sensitive to the beliefs and customs regarding the decedent's family and community and how the family and community respond to the death, and to understand potential perceptions regarding individuals outside of the family or community intervening to provide support.

Short Term Steps (Week 1-4)

In this section

- Supporting Staff
- Working with the Media

In the aftermath of a suicide, staff and others in the community may feel emotionally overwhelmed. This section provides short term steps, including key considerations for supporting staff in the aftermath of a colleague suicide death, and recommendations for working with the community and the media.

Supporting Staff

A veterinary workplace's approach to supporting staff after a suicide loss is most effective when it provides different levels of support depending on team members' needs. It is recommended that staff have access to mental and behavioral health services, grief counseling and peer support, information about crisis resources and services, as well as self-care strategies.

Mental and Behavioral Health Services

It is important to connect staff in need of additional support with available mental health professionals and services. This may include the Employee Assistance Program (EAP), or other employee mental health resource. In some cases, it may be helpful for veterinary workplaces to consider establishing an ongoing relationship with local mental health services that can see staff, when needed.

Loss and Healing Support

Working with staff in the aftermath of a suicide death can easily exhaust a workplace, particularly a small practice, which can interfere with their ability to affectively support staff and the community. Veterinary workplaces may want to consider bringing in postvention specialists, trauma responders or local mental health or crisis centers to work with staff. Providing staff with information on local bereavement support groups is also recommended. See [Additional Resources](#) to access a national listing of suicide bereavement support groups.

Crisis Resources

It is recommended that veterinary workplaces publicize crisis hotline numbers and resources. See [Additional Resources](#) for a list of recommended crisis services.

Self-Care Strategies

Providing staff with practical coping strategies to take care of themselves physically, emotionally and spiritually can be particularly helpful. Examples include: providing staff with relaxation and mindfulness tools; encouraging staff to engage in favorite activities or hobbies; reminding staff of the importance of exercise, good nutrition and sleep. Providing a list of support resources and encouraging staff to create their own resource list, including people they can turn to for support, is also recommended.

Working with the Media

A death by suicide in any community can attract media attention. Because the risk of suicide contagion is related to the amount, duration, prominence, and content of media coverage, it is extremely important that veterinary workplaces encourage the media to adhere to safe reporting guidelines. See [Tools and Templates](#) for important information about working with the media, including the resource, *Recommendations for Reporting on Suicide*.

Long Term Steps (Beyond the First Month)

In this section

- Memorialization
- Suicide Prevention and Awareness
- Taking Collective Action

This section provides information for long term steps, including how to appropriately memorialize a suicide death, key considerations for implementing suicide prevention programming and awareness initiatives, including recommendations for collective action.

Memorialization

Staff may wish to memorialize a colleague who has died by suicide. Because it can be challenging to strike a balance between compassionately meeting the needs of grieving staff and appropriately memorializing the person who died, without risking suicide contagion among other staff who may themselves be at risk, careful attention should be made to how the suicide death is memorialized.

In the event that some type of memorialization takes place, veterinary workplaces should strive to treat all deaths in the same way. Therefore, the same general approach for memorializing a staff member who died of cancer or in a car accident should be taken when memorializing a staff member who dies by suicide. In the aftermath of a suicide death in particular, it is important to memorialize the person in a way that does not inadvertently glamorize or romanticize either the person or the death. Focus on how the person lived, rather than how the person died. Wherever possible, veterinary workplaces should coordinate memorialization with the family in the interest of identifying a meaningful, safe approach to acknowledging the loss.

Recommendations for safe memorialization can include: holding a day of community service or creating a work-based community service program in honor of the deceased; putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations or hold a fundraising event to support a local crisis hotline or other suicide prevention program (in the same way that in the case of a death by cancer or heart disease, staff might participate in a fundraising event sponsored by one of the associated organizations for that particular illness); sponsoring a mental health awareness day; raising funds to help the family defray their funeral expenses; making a book or notecards

available for several weeks, in which staff and clients can write messages to the family, share memories of the deceased, or offer condolences, that can then be presented to the family on behalf of the workplace community.

Posting on online memorial pages and messaging sites has become common practice in the aftermath of a death. Some workplaces (with permission from the family) may choose to establish a memorial page online. It is vital that memorial pages use safe messaging, include resources to obtain information and support, and be time-limited (30-60 days after the death of the employee). See [Tools and Templates](#) for more information about safe messaging for online memorials.

Lastly, the anniversary of the death (and other significant dates, such as the decedent's birthday) may stir up emotions and can be a difficult time for staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those staff and/or clients who were especially close to the person who died. These individuals may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death.

Suicide Prevention and Awareness

After a veterinary workplace has addressed the needs arising directly from a suicide death, it should consider implementing a comprehensive suicide prevention program, if it does not already have one. This is also a good time to develop or review policies and procedures for dealing with all deaths, including deaths by suicide. While there are no specific guidelines regarding how long a work setting should wait after a death to implement such a program, it should not use a prevention program as a substitute for responding to how staff and others in the community have been impacted by the death. Staff will be more ready to receive prevention information after grief needs have been appropriately addressed. Some experts suggest waiting several months before providing prevention education to staff. For some staff, however, more immediate access to training resources can be helpful in their healing journey. One possibility is to have an identified training resource that staff members can access if they choose, in the time frame that is most appropriate for them. Most importantly if implementing programming within the first few months, staff should be made aware that participation is optional and be encouraged to be mindful of their own emotional needs when learning about or participating in suicide prevention programming.

Taking Collective Action

Some practices may also wish to take collective action to address the problem of suicide, such as participating in an awareness or fundraising event to support a national suicide prevention organization. See [Tools and Templates](#) for information about suicide prevention programming, awareness initiatives and other ways to take action.

Tools and Templates

Tips for Talking about Suicide

Suicide is a difficult topic for most people to talk about. The following provides ways to talk about key issues that may come up when someone dies by suicide.

Give Accurate Information about Suicide	Say
<p>Suicide is a complex outcome of several health and life stressors that converge at one moment in a person's life to increase risk. It is not caused by a single event.</p> <p>Research is very clear that in most cases, underlying mental health conditions like depression, substance abuse, bipolar disorder, PTSD, or psychosis (and often comorbid occurrence of more than one) were present and active leading up to a suicide. Mental health conditions affect brain functioning, impacting cognition, problem solving, and the way people feel. Having a mental health disorder is actually very common and is nothing to be ashamed of, and help is available.</p> <p>Talking about suicide in a calm, straightforward manner does not increase risk.</p>	<p>"The cause of [NAME]'s death was suicide. Suicide most often occurs when several life and health factors converge leading to overwhelming mental and/or physical pain, anguish, and hopelessness."</p> <p>"There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts."</p> <p>"Since 90 percent of people who die by suicide have a mental health condition at the time of their death, it is likely that [NAME] suffered from a mental health problem that affected their feelings, thoughts, and ability to think clearly and solve problems in a better way."</p> <p>"Mental health concerns are not something to be ashamed of – they are a type of health issue like any other kind, and there are effective treatments to help manage them and alleviate the distress. Along with risk factors, there are known protective factors that mitigate risk for suicide."</p>

Do Not Focus on the Method or Graphic Details	Say
<p>Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>Don't include graphic or detailed descriptions of the suicide method, location, circumstances surrounding the death.</p> <p>Don't highlight pictures of the location or sensationalized media accounts.</p> <p>If asked in person, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. Even during in-person meetings, avoid providing more detail than the general method (e.g., "died by overdose, hanging, took his life using a firearm"). Going beyond this into more detail is not advisable especially in writing or group settings.</p> <p>The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.</p>	<p>"[NAME] died by suicide." or "[NAME] took their own life."</p> <p>For in-person small groups only: "It is tragic that they died by hanging. Let's talk about how [NAME]'s death has affected you and ways for you to handle it."</p> <p>"How can we figure out the best ways to deal with our loss and grief?"</p>
Don't Glorify the Act of Suicide	Say
<p>Talk about the person in a balanced manner. Avoid idealizing the person or describing the deceased person only in terms of their strengths. This paints a picture of suicide being an option/solution or presents a confusing picture when the person's apparent struggles aren't mentioned or alluded to. Do not be afraid to include the struggles that were known, especially during conversations.</p> <p>Don't portray suicide as a reasonable solution to the person's problems or as the result of one problem, event or issue.</p>	<p>"There were likely many factors at play leading up to [NAME]'s death. The joys and challenges of life are all part of the human condition. Mental health challenges are a real part of life, dynamic and changing like other aspects of health. We all face challenges and can support one another."</p>

Promote Help-Seeking	Say
<p>Advise people to seek help from a trusted person or mental health professional if they or someone they know are feeling depressed. Communicate that we don't need to wait for a crisis – early help seeking is a sign of strength.</p> <p>If people express thoughts of self-harm, encourage them to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), text TALK to the Crisis Text Line at 741-741, go to the emergency room, or call 911.</p>	<p>We are in this together, and you don't have to go through this alone. Who are the people you would go to if you or someone you know were feeling worried or depressed or had thoughts of suicide?"</p> <p>"There are effective treatments to help people who have mental health struggles or substance use problems. Suicide is never the right answer."</p> <p>"Help-seeking is as a sign of strength, a way to show the most proactive, mature level of professionalism. Seeking support or healthcare is essential to personal health/well-being, as well as for the betterment of professional work."</p> <p>"This is an important time for all in our community to support and look out for one another. If you are concerned about a friend or colleague, please have an honest conversation with them and encourage them to seek help."</p> <p>"Whether you get help from recommended resources or others, the important thing is to get help when you need it."</p>
Address Blaming and Scapegoating	Say
<p>It is common to try to answer the question "why?" after a suicide death. Sometimes this can turn into blaming others for the death.</p>	<p>"The reasons that someone dies by suicide are not simple and are related to mental anguish that gets in the way of the person thinking clearly. Blaming others – or blaming the person who died – does not acknowledge the reality that the person was battling a kind of intense suffering that is difficult for many of us to relate to during normal health."</p>
Address Anger	Say
<p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>"It is not uncommon to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behavior and still care deeply about that person."</p>

Address Feelings of Responsibility	Say
<p>Reassure those who feel responsible or think they (or others) could have done something to save the deceased. Many in the health/medical profession have exceedingly high expectations of themselves, and along with medical training, they may feel that they should have detected signs of suicide risk.</p> <p>The reality is that many cloak their internal distress (to their detriment) so that it can be challenging for even the closest people in their lives to observe the change in their mental state.</p> <p>This highlights the importance of asking and caring when you notice even subtle changes in others' usual way of behaving and approaching problems.</p>	<p>"[NAME] was a colleague and a friend. No one has the ability to predict imminent suicide. We do know that talk saves lives. If your gut instinct tells you something is different about a colleague's behavior, engage in a conversation with them, and if you are concerned encourage them to seek help and consider letting [NAME OF APPROPRIATE LOCAL PERSON] know."</p> <p>"This death is not your fault. This is an outcome we all would have wanted to prevent, and no one action, conversation or interaction caused this."</p> <p>"We can't always predict someone else's behavior. Especially when many of us are able to hide our distress."</p>

Sample Script for Face-to-Face Communication

It is with great sadness that I have to tell you that one of our colleagues, [NAME], has died [by suicide]². All of us want you to know that we are here to help you in any way we can.

(Provide a few moments for acute reactions, as some staff may react strongly to the news.)

[If death by suicide is confirmed and can be disclosed say, "A suicide death presents us with many questions that we may not be able to answer right away."]

[If cause of death is unconfirmed, say, "The cause of death has not yet been determined. We are aware that there has been some talk about the possibility that this was a suicide death."]

[If family does not want cause of death disclosed, say "The family of [NAME] has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk about the possibility that this was a suicide death."]

Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We request that if/when you do share information, that it be factual, since inaccurate information can be hurtful to those coping with this loss. Please also be mindful of the risks in using social media to discuss this event. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide – when it does occur – is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors are not identified or noticed; in other cases a person with a disorder will show obvious changes or warning signs. One thing is certain: there are treatments that can help.

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Feeling sad is a normal response to any loss. Some of you may not have known [NAME] very well and may not be as affected, while others may experience a great deal of sadness whether you knew [NAME] well or not. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

[If support resources and services are available say, "We have mental health professionals available to help us with this loss. If you'd like to talk to a counselor, these are the contacts (provide list of contacts)."]

This is a time to take a moment to be together, to remember [NAME] in our grief, and to support one another. Please remember that we are all here for you.

²If death was ruled a suicide, say, "died by suicide." If cause of death is unconfirmed, or if cause of death is not to be disclosed, say, "died."

Sample Electronic Communication to Staff

An email announcement should be sent to staff. A follow-up email can be sent later with details regarding the obituary, and if applicable, funeral/memorial service information. Remember that the same approach should be used in other types of death.

Subject Line: Sad News

I am writing with great sadness to inform you that one of our staff members, [NAME], has died. Our thoughts are with their family and friends, and our community.

[If death by suicide is confirmed and can be disclosed: The cause of death was suicide.]

[If cause of death is unconfirmed: The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask you to respond to any speculations as to the cause of death with the reminder that this is not yet clear. We'll do our best to give you accurate information as it becomes known to us.]

[If cause of death may not be disclosed: The family has requested that information about the cause of death not be shared at this time. We are aware that there has been speculation that this may have been a suicide.]

Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors and warning signs are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs. Resources for support and mental health care are listed below. We encourage all staff to seek the help they need and support others in doing the same. It is a time to come together, to grieve, and to support each other.

Information about a remembrance service will be shared as it becomes available.

Please do not hesitate to contact me with any questions or concerns.

Sincerely,

[NAME]

Key Messages for Media

The following messages should be used when fielding media inquiries. Information about safe messaging and recommendations for reporting on suicide should be shared with the media.

Suicide/Mental Health Conditions

- We are saddened by the death of one of our staff members; our hearts [and/or thoughts, and/or prayers] go out to their family and friends, and the entire community
- Suicide is one of our nation’s leading, yet preventable, causes of death
- Among the top ten leading causes of death in our nation, suicide continues to be on the rise; we must invest in research and prevention at a level commensurate with suicide’s toll on our nation
- The risk of suicide increases when several health factors and life stressors converge at the same time in a person’s life; multiple risk factors and protective factors interact in a dynamic way over time, affecting a person’s risk for suicide; this means there are ways to decrease a person’s risk, once you learn which modifiable risk factors are pertinent in a particular person’s life, e.g., getting depression treated and well managed, limiting use of alcohol particularly during times of crisis, developing healthy boundaries in relationships, limiting exposure to toxic people, developing healthy self-expectations and accepting imperfection as a part of life, etc.
- Depression and other mental health problems are the leading risk factors for suicide; depression is among the most treatable of all mood disorders; more than three-fourths of people with depression respond positively to treatment
- The best way to prevent suicide is through early detection, diagnosis, and vigorous treatment of depression and other mental health conditions, including substance use problems

Response to Media

- Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at www.afsp.org/media
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (“copycat” suicides)
- Media coverage that details the location and manner of suicide with photos or video increases risk of contagion
- Media should avoid oversimplifying the cause of suicide (e.g., don’t say “student took their own life after breakup with significant other”); this gives people a simplistic understanding of a very complicated issue, and doesn’t allow for learning about the many risk factors that can be points for intervention; instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental health condition such as depression, and that mental health can be managed and optimized like any other aspect of health
- Media should include links to or information about helpful resources such as local mental health resources, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), and the Crisis Text Line at 741-741

Additional Resources

Mental and Behavioral Health Resources

- National behavioral health treatment services locator: [findtreatment.samhsa.gov](https://www.findtreatment.samhsa.gov)
- Call the 24/7 National Helpline at 1-800-662-HELP (4357) for treatment referral and information
- Visit mhanational.org/finding-help to find mental health resources and support services
- Contact your Employee Assistance Program (EAP) or other employee mental health to learn more about assistance they can provide for crisis response.
- Identify local grief and trauma-informed counselors in your area.
- Visit afsp.org/resources

Crisis Resources

- **National Suicide Prevention Lifeline**
suicidepreventionlifeline.org
1-800-273-TALK (8255) for free and confidential support 24/7
- **Crisis Text Line**
crisistextline.org
Text "TALK" to 741-741 for free and confidential support 24/7.
- Find out if your community has a mobile crisis unit. Know the contact information for your local hospital emergency department, psychiatric hospital, or walk-in clinic.

Suicide Prevention Information

- Suicide Risk Factors and Warning Signs: afsp.org/signs
- Fact Sheet, *Facts about Mental Health and Suicide Among Veterinarians*: afsp.org/veterinarianfacts

Loss and Healing Resources

- After a Suicide Loss: afsp.org/afteraloss
- Find a support group: afsp.org/findasupportgroup

Resources to Support Veterinary Wellbeing

- avma.org/wellbeing: Includes access to QPR suicide prevention training—free to AVMA members
- myvetlife.avma.org
- navta.net/wellbeing
- **ASKAssessSupportKnow.com**: Developed by Banfield Pet Hospital® "ASK" (Assess, Support, Know) is the first of its kind training designed specifically to help veterinary professionals recognize and address emotional distress and suicidal thoughts in themselves and others. The ASK training is available as a free resource for the entire veterinary profession.

Resources for the Media

- Safe Messaging: suicidepreventionmessaging.org
- Reporting Guidelines, *Recommendations for Reporting on Suicide*: afsp.org/reportingonsuicide



**American
Foundation
for Suicide
Prevention**
afsp.org



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