After a Suicide:

Postvention Toolkit for Workplaces

American Foundation *for* Suicide Prevention

Forward

This toolkit represents a collaborative effort with national experts, including clinicians, researchers, and crisis response professionals. While primarily intended for organizational leaders and human resource professionals, this toolkit offers valuable insights for supervisors and employees at all levels. The grief process following a death by suicide is unique and different for everyone. The toolkit is designed to assist workplaces in responding immediately in the wake of a suicide, and also in the long-term healing process of the community.

While we hope you will never need to use it, within this comprehensive toolkit, we have structured the content into several key sections to provide a cohesive and organized approach to addressing the aftermath of an employee's suicide. Each section offers specific guidance and resources to help workplaces navigate this sensitive and critical issue with compassion, competence, and effectiveness.

The first section, **Developing Postvention Protocols**, focuses on the critical task of establishing a Crisis Response Team and creating a connection with mental health resources. It emphasizes the importance of having a well-prepared and responsive team to manage the immediate aftermath of an employee's death by suicide. Next, the **Crisis Response** section outlines the immediate steps to be taken when the suicide occurs. This includes contacting the family of the deceased employee, gathering essential facts, and ensuring a sensitive and compassionate response during this highly emotional time. The **Crisis Response Communications** section provides guidance on how to coordinate communication plans effectively. It encompasses both internal and external communications strategies, with a specific focus on managing interactions with the media. Ensuring clear, empathetic, and well-managed communication is crucial in times of crisis.

As time progresses, the **Helping Employees Cope** section offers insights into actions to be taken in the weeks following an employee's death by suicide. This section emphasizes the importance of supporting staff members who are experiencing grief and trauma and provides guidance on managing external communications to maintain transparency and trust. The **Moving Forward** section offers a longer-term view, outlining steps to be taken beyond the immediate aftermath. It includes guidance on memorialization, allowing organizations to pay tribute to the deceased employee while also continuing efforts to prevent future suicides and promote mental health awareness.

To facilitate practical implementation, the toolkit includes a **Tools and Templates** section. Here, you will find sample guidelines, correspondence, and procedures that can be customized and used in the aftermath of a suicide. These resources aim to streamline the response process and ensure consistency in actions taken. Lastly, the **Additional Resources** section serves as a valuable repository of information. It provides sources of further information, mental and behavioral health resources, crisis services, and comprehensive guidance on preparing for and responding to suicide in the workplace. These resources are meant to empower organizations to take proactive steps in promoting mental well-being and suicide prevention.

We urge you to explore this toolkit thoroughly and use it as a resource to create a supportive, compassionate, and resilient workplace community. Together, we can make a difference in the lives of our employees and contribute to the mission to save lives and bring hope to those affected by suicide.

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

This document reflects learnings in responding to a suicide death in the workplace. It has been adapted from **After A Suicide: A Toolkit for Schools (2018)**, published by the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. This document is meant to be used as part of a comprehensive workplace suicide prevention plan. You can learn more about developing a comprehensive workplace suicide prevention plan at **www.workplacesuicideprevention.com**.

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Additional copies of this publication can be downloaded from: **afsp.org/WorkplacePostventionToolkit**

The 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 and Puerto Rico, with programs and events nationwide. Learn more about AFSP at **www.afsp.org**.

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Checklist for After a Suicide

The following timeline and checklist may be customized for each workplace. Guidance on these tasks can be found within the document below.

Day 1

☐ Activate the Crisis Response Team; if not already in place, develop one using the provided tips and template

☐ Conduct immediate notifications

☐ Initiate contact with the deceased employee's emergency contact/family

☐ Make a plan for notifying employees and staff who were close to the deceased employee

☐ Hold meeting(s) with employees; check in daily with supervisors and leaders of employee resource groups (as applicable) – they are on the frontline and may know who is in need of support

☐ Consider cancelling nonessential meetings or activities, or changing schedules as needed for a designated period of time (i.e., 1-2 days, 1 week)

☐ Ensure that mental health services are available 24/7 for at least the first two weeks for anyone impacted

☐ Debrief with Crisis Response Team (do so on a daily basis for at least the first week or longer, as needed)

Day 2

☐ Coordinate remaining announcements and notifications

☐ Identify and check in individually with any employee that may need additional support (e.g., employees on the same team, supervisors)

☐ Hold multiple, open-hours sessions for mental health professionals to debrief with employees – this will also help identify employees that need additional services

☐ Have mental health professionals available for employees to drop in and see them as needed throughout the day

☐ Attend to supervisors' well-being by promoting access to one-on-one counseling and coordinating larger group meetings facilitated by an expert to debrief on the loss and its impact

☐ Check in with the deceased employee's emergency contact/family regarding funeral arrangements, next steps

☐ Let employees and staff know about funeral arrangements, an address for condolence cards, and any social media or online memorials, per the family's preferences

☐ Debrief with Crisis Response Team

Day 3-4

☐ Encourage informal gatherings of employees outside of work hours

☐ Assess employee well-being and provide assistance and support as able/needed (e.g., meals, transportation, lighter workloads, etc.); ask supervisors to check in with their teams

☐ Return to regularly scheduled activities

☐ Debrief with Crisis Response Team

Day 5-7

☐ Continue to check in with employees and those working closely with them (supervisors/team leads)

☐ Debrief with Crisis Response Team; team should continue to meet on a routine basis to monitor staff well-being and to carry out the communication plan and other necessary actions

Week 2

☐ Draft and distribute a statement recognizing that it is still early in the grieving process, and reminding employees to check in with each other, their supervisors, and leadership, and to make use of available mental health services.

☐ Check in with deceased employee's family regarding any human resource issues (benefits, final paycheck, returning of electronic devices, etc.) and memorial service

☐ Provide suicide loss resources to the staff and community (see **Appendix A: Additional Resources**)

☐ Debrief with Crisis Response Team

Week 3-4

☐ Consider scheduling another session to debrief with employees

☐ Continue to check in with supervisors and Human Resources about how to best continue providing support and identifying who may need additional support

☐ Monitor employee coping and absences as well as impact on schedules and workflow

☐ Debrief with Crisis Response Team and shift focus toward next steps

Beyond the First Month

☐ Attend to employee well-being issues

☐ Develop an employee well-being plan (if not already in place) and engage workplace leadership to develop a longitudinal plan for monitoring and addressing employee well-being

☐ Develop workplace suicide prevention plan (if not already in place) that takes the long view on how the workplace plans to address factors that lead to stress, burnout, and suicide risk

Introduction

Key Terms

Loss Survivor

A person who has experienced the suicide of a family member, friend, or colleague.

Postvention

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.

Suicide Contagion

A process by which suicide or suicidal behavior of one or more persons consider suicide.

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[1] Centers for Disease Control and Prevention (CDC). WISQARS 2020 Data (retrieved May 2023).

Suicide is a public health problem and a leading cause of death in the United States, including among people of working age (16 to 64 years).[1] It is estimated that most Americans will experience a suicide loss over the course of their lifetime and just as any death has an impact on a workplace, suicide is no different. The death of an employee by suicide can leave a workplace faced with grieving employees, clients and vendors, media attention, and a community struggling to understand what happened and why. In this situation, organizations need reliable information, practical tools, guidance to help them protect their workforce, to communicate with the public, and facilitate the process of healing from a suicide loss.

With that in mind, the goals of this toolkit are:

- To provide workplaces with guidance and tools for postvention
- To provide information on how to respond in the immediate aftermath of an employee suicide
- To assist workplaces in helping employees cope with the suicide of a colleague
- To provide guidance on external communications and working with the media
- To provide workplaces with information on how to move forward and key considerations for implementing a comprehensive suicide prevention strategy

This toolkit reflects consensus recommendations developed in consultation with national experts, including clinicians, researchers, and crisis response professionals. It was developed primarily for organizational leaders and human resource professionals at workplace settings, but it can also be useful for supervisors and employees at all levels.

The following principles have guided the development of the toolkit:

- 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; Suicide contagion is a known phenomenon that can occur when individuals who are at heightened risk for suicide are exposed to the suicide of another person; Contagion risk can be mitigated by following postvention strategies and employing safe messaging
- 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 multifactorial; It is important to consider that a person who dies by suicide was likely struggling with significant concerns, including biological, psychological, social and environmental factors 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 suicide

Getting Started: Developing Postvention Protocols

Establishing a set of protocols and having a plan in place before a suicide occurs will help to ensure a prompt, appropriate, and effective response. Because workplaces should treat all employee deaths within the same framework, any new plans that result from this toolkit could be integrated into existing crisis response protocols to ensure a safe and cohesive response.

Creating a Crisis Response Team

Creating a Crisis Response Team (CRT) in the workplace can be a vital part of suicide postvention strategies. A CRT is a group of trained individuals who provide support and resources to employees after a suicide has occurred. This team is responsible for implementing elements of the organization's crisis response plan and carries out the key components of suicide postvention. It is most effective for workplaces to have an identified CRT and ready to respond to a crisis before one occurs. Depending on the size of the workplace, the CRT should have 5 or 6 people, but no more than 15.

Team members should be made up of a diverse group of individuals who have different roles within the organization, chosen for their skills, credentials, and ability to work compassionately and effectively under pressure with all members of the organization's community. Selecting the team leader and members can be accomplished in several ways, but ideally, the team would include several key individuals, such as executive leadership, senior management, representatives from human resources (HR), legal, communications/public relations, information technology (IT), and mental health professionals. If mental health professionals are not part of the organizational structure, consider including an external mental health professional or an expert in suicide postvention as part of your CRT or as a consultant. They can provide essential guidance and resources (see **External Support** section). The team should have the ability to work with the diversity of staff and families represented by the organization.

Crisis Response Team Roles

Clearly outline each CRT member's role and responsibilities.

Suggested CRT roles include:

Team Coordinator
The team coordinator is a critical role that has overall responsibility throughout the crisis and serves as the central point of contact. The team coordinator monitors overall postvention activities throughout the workplace and handles internal and external communications. Depending on the needs of the workplace and its CRT, the team coordinator may find it helpful to designate a mental health professional to serve as an assistant coordinator for the team. This role can assist with coordinating communication among staff, sharing updates with CRT members, and working with the human resources and/or people and culture teams, employee resource groups, and the Employee Assistance Program to support staff in need of assistance.

Back-up Coordinator
A back-up coordinator can be assigned by the team coordinator for times when the coordinator is not available.

Support Personnel

Support personnel are responsible for providing resources and support to employees, such as counseling or connecting with employee assistance programs. These personnel can also be responsible for identifying individual employees who may need additional support and providing them with the necessary resources.

Communications Lead

The communications lead is responsible for communicating with staff, including coordinating what will be communicated and how the messages will be communicated (e.g., email, team meeting). This person is responsible for coordinating with legal and for ensuring all communications are sensitive, respectful, and safe. Additionally, the communications lead should appoint someone to monitor social media and coordinate with the IT team, as needed.

External Support

CRT members should remain mindful of their own limitations and consider bringing in crisis team members from the community, such as the employee assistance program (EAP) (if applicable), and/or staff from local mental health centers to help them as needed. Crisis team members may also be impacted by the death, therefore, it is important that they feel prepared to serve in this capacity. In especially complicated situations, workplaces may even consider bringing in local or national experts in suicide postvention for consultation and assistance. To find trained clinicians and mental health professionals, see **Appendix A: Additional Resources**.

Training and Support

Ideally, all CRT members should receive basic information about grief support, trauma response, and suicide postvention as well as how to address cultural diversity. This training can help the team respond effectively and compassionately to a crisis. They are also responsible for updating the team on best practices for suicide postvention and crisis response and ensuring that the training is updated. It is also recommended that members of the CRT have access to counseling and/or EAP services, both in the immediate aftermath of the suicide and several months later. There are many ripple effects of suicide deaths. As such, additional support should be directed toward those serving on the CRT.

Addressing Cultural Diversity

It is important for all postvention efforts to include the cultural diversity of those affected by the death. This may include, but is not limited to, differences in race, ethnicity, language, sexual orientation or gender identity, religion, and disability. Culure may significantly affect the way people view and respond to suicide and death, as well as grieve. It's important to be mindful that the extent to which people are comfortable talking about suicide varies. Therefore, it is important to be sensitive to the beliefs and customs regarding the decedent's family and community and how they respond to the death, and to understand potential perceptions regarding individuals outside the family or community intervening to provide support. Cultural beliefs may also inform employee responses to suicide in the workplace.

It is also important to acknowledge that one's own views about suicide and death are informed by cultural experiences. Cultural norms may exist regarding how comfortable one is sharing their own lived experience of suicide or suicide grief. Some may not wish to share their reactions. This is also true regarding the family of the deceased, who may have requests for privacy or not wish to communicate with the workplace regarding the suicide death. In these instances, it is appropriate for resources to be made available while also recognizing that some employees may seek alternate forms of support or choose not to share with the workplace about how

they are impacted. It is helpful to establish relationships with health care providers and other support services that represent diverse cultural backgrounds and can employ culturally informed approaches to suicide loss.

Postvention Plan

The goal of a CRT is to provide support to employees after a suicide, helping them to navigate their grief while also maintaining the functioning of the workplace. The team can create a postvention plan (see **Appendix B: Tools and Templates**). The following pages of the toolkit provide expert recommendations on how to develop and implement a postvention plan.

Crisis Response

In this Section	Get the Facts	Steps for Crisis Response	If the Suicide Death Occurs at Work

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 employees cope with their feelings, and minimize the risk of suicide contagion. This section provides information on the immediate steps that should be taken when the workplace learns that an employee has died by suicide.

Get the Facts

It is imperative to obtain accurate facts. Obtaining as much information as possible helps to alleviate speculation and rumors that can fuel emotional turmoil within a workplace. Sometimes the family learns of the suicide first and informs someone within the workplace, such as the supervisor, or someone in HR; in other cases, the death of an employee comes to light after the employee does not show up for work, or after a phone call from local authorities, emergency department personnel, or others. Although it is not always possible to immediately determine the full details about a death, confirming as much information as possible before communicating with staff is important.

Time is also of the essence in confirming 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. Therefore, it can be helpful for company social media platforms to be monitored to ensure any rumors and/or harmful communications are not occurring and to mitigate any potential issues.

Steps for Crisis Response

Once the death has been confirmed, a coordinated crisis response should be implemented.

Step 1: Contact the Decedent's Emergency Contact Person or Family Member

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 whether to disclose the death by suicide and/or how to disclose, and inquire about funeral arrangements. Remember that depending on how recently the

family received the news, they may not be able to articulate how the workplace can be helpful. It is okay to simply offer support or condolences, let them know you are ready to help and that you will check in with them in a few days if that is okay. See **Appendix B: Tools and Templates** for topics to cover when talking with the emergency contact or family.

The cause of death (i.e., suicide) should not be disclosed without first speaking with the family about their preferences.

During this call, offer the family a point of contact at the workplace for any ongoing communication. The CRT coordinator could serve in this role.

The employee's supervisor may be the natural point of contact for the deceased employee's family/emergency contact even if, following this initial contact, further contact comes from human resources or other departments. If the supervisor is uncomfortable making the initial call, a member of the CRT can assist. Regardless of who makes the initial call, members of the CRT should connect with the supervisor to support them as needed.

Step 2: Convening the Crisis Response Team

The purpose and goals of the meeting are for the CRT to establish a plan for coordinated communication across the organization, starting with immediately notifying staff of the death and finalizing the communication plan for notifying others, including colleagues, clients, and/or industry partners of the death.

Ideally, employees should hear about the incident from the CRT or workplace leadership, not social media or the press, although this is not always possible. Because what is said publicly could be limited by the family's wishes, it is important to distinguish what should and should not be shared outside of the CRT or workplace leadership. It may also be necessary to maintain confidentiality of the information until others have been notified.

Step 3: Communicating the Loss

Following notification of the CRT and key personnel, as well as communication with the emergency contact, the next step is to begin notifying employees and staff of the deceased employee. Notification should occur as soon as possible, ideally the same day as the death or at the start of the workday. If there are employees who were very close to the deceased who are known to the CRT (supervisors, team members, close friends), they should be notified first and separately from the others. Members from the CRT should connect regularly with these individuals over the next few weeks.

Although it is permissible to disclose that an employee has died, the cause of death should not be disclosed unless approved by the emergency contact/family. In situations where the family does not want the cause of death shared with other employees, it is still important to acknowledge the death and immediately follow up with a statement (verbally and/or in writing) about the supportive mental health resources that are available. If the cause of death has not been confirmed and there is an ongoing investigation, members of the CRT should state that the cause of death is still to be determined and additional information will be forthcoming. Suggested processes and plans for communicating the loss are outlined in the **Crisis Response Communication** section.

Step 4: Disseminate Resources and Information

Disseminate fact sheets and information about suicide and support services available to staff (see **Appendix A: Additional Resources** and **Appendix B: Tools and Templates**).

Step 5: 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 EAP, grief counselors, crisis responders, or other local resources, may be needed.

If the Suicide Death Occurs at Work

Rarely, a suicide death may occur at a workplace site. If this happens, law enforcement, emergency services, as well as the coroner/medical examiner may be involved immediately, along with the workplace legal team and insurers. Law enforcement may need to conduct an investigation to affirm manner of death. During the investigation, it is advisable to have the area sectioned off without employee access or visibility, and also to have a single person dedicated to assisting law enforcement with worksite access, family notification, etc. The CRT will need to be in close communication with the police to determine (a) what they can and cannot say to the community to ensure there is no interference with the investigation and (b) whether there are certain employees who must be interviewed by the police before the CRT can debrief or support them in any way. In situations where law enforcement must speak with employees to help determine the cause of death, a member of the CRT may offer to accompany the employee for this discussion and notify legal counsel.

Employees may also have been exposed to the death, and special care should be taken to address the immediate needs of those employees, including connecting them to mental health support. Employees who work in the location where the death occurred will likely need temporary relocation, but care should be taken to address any concerns that employees have related to the death occurring in the workplace, in accordance with other policies related to death onsite. Relocating offices temporarily or permitting some remote work may be necessary, and employee concerns about returning to the location will need to be addressed.

Crisis Response Communication

In this Section

- Communication Plan
- Consistent Messaging on Suicide
- Employee Communications
- External Communications

Once the key personnel are informed, the next step is to share the news more broadly. Consider providing this information to those closest to the employee that died before a more public announcement is made. It is important to respect how much information the family wishes to share when relaying the news. This section provides communication plans, information on safe messaging when sharing the news, and internal and external communications, including working with the press and media.

Communication Plan

The CRT is responsible for coordinating communication across the organization. It is useful to keep a list of individuals who need to be informed, including a plan for who will speak to each individual and notes on when these activities are completed, as the manner and time of these notifications will vary (see **Appendix B: Tools and Templates**). **In-person notifications should be done whenever possible** by well-informed trusted messengers who can best answer questions and convey workplace concern, involvement, and assurance.

Immediately in Person or Virtually (by Phone or Video Conferencing)

Workplace leadership, president/CEO, board president, CRT members, mental health/employee assistance personnel, emergency contact/family.

Same Day in Person or Virtually (by Phone in Select Instances)

Supervisors and others who were close to the deceased employee – including team members, close colleagues, or others working with the deceased employee at the time of death. This group may also include legal, human resources, communications/public relations, workplace leadership at other locations (as applicable), employee mental health/employee assistance program, leaders of employee resource groups (as applicable).

Within 24 Hours by Email (Video Conferencing May be Used if Preferred)

All staff and others (as appropriate).

Consistent Messaging on Suicide

In any communication following a suicide, it is critically important for steps to be taken to ensure that suicide contagion risk is minimized to every extent possible. Contagion can occur when exposure to information about a death by suicide influences others who are at risk for suicide. The risk of suicide contagion is mitigated by providing support and mental health resources and including a clear message that mental health conditions are treatable, and that suicide can be prevented. See **Appendix B: Tools and Templates** for Tips for Talking About Suicide, and also **Appendix A: Additional Resources** for a list of Crisis Services to include in communication.

Employee Communication

Communicating with staff is ideally done in-person or face-to-face virtually, when possible, to allow staff an opportunity to express their own reactions and grief, and to identify anyone who may need additional support. For larger workplaces, employees may be notified in smaller groups when possible (see **Appendix B: Tools and Templates**).

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. Staff that worked directly with the individual should be notified in person, via video communication, or by phone whenever possible and preceding any communication to the larger staff group. If the manner of death is not immediately known or confirmed, communicating about the loss without mentioning a cause of death is preferred. For example, you may share that the person died suddenly but that the manner of death is not yet confirmed. If supervisors are sharing the information with their team members, it is important to make sure that they are given information to share, as well as a point of contact for any follow-up concerns. It is helpful to communicate the death not through a preexisting meeting, but by specifically contacting and informing employees who worked directly with the individual, either by calling a brief meeting or contacting each of them individually. It is also helpful to share any available employee support resources, such as the EAP, and to provide information about who will be contacting the family on behalf of the workplace.

In any Communication about Suicide

It is important to follow safe messaging guidelines to avoid simplifying, glamorizing, or romanticizing the person or their death. In public and group communications, one should refrain from sharing the method of suicide, if known. Remind staff of any workplace policies or response guidelines following an employee death, including any considerations specifically for a suicide death. Provide plans for the remainder of the workday, and additional resources and support will be offered. 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 may be need to take time off.

Recognize that a Loss by Suicide can Stir up Emotions

It is important to recognize that a loss by suicide can stir up emotions related to an employee's own mental health, their family history of suicide, or their own lived experience of suicide. This may happen regardless of whether the person had a close relationship to the deceased. Therefore, it is important that employers allow for any employee who is having a strong reaction to the news be allowed to access the necessary resources and support. While most individuals acclimate to a suicide loss over time and resume day-to-day activities, a small number of individuals may experience grief that extends beyond the typical emotional responses associated with bereavement that can significantly impair a person's ability to function in daily life. It is important that managers and supervisors are aware of anyone who does not seem to be coping well in the months following the loss, and refer to mental health and grief-related resources as needed.

Notifying Remote Employees

For workplaces that have employees in remote locations, it may be helpful to designate a point person (if not the direct manager/supervisor) to communicate information about the death to employees that are not in a central office. Care should be taken to have those communications be personal (phone call, video meeting) versus via email or announcement to a group, and special note should be taken to make sure that remote employees are notified in the immediate period as well. It is also important to acknowledge that it may be difficult to assess how remote employees are coping in the days that follow, so resources should be shared, and remote employees encouraged to access them, if needed.

External Communications

Communication to clients and vendors, or partner organizations, when appropriate, 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 email, text, printed copy at the workplace, or regular mail. It can also be posted on the workplace's website and social media accounts.

Media and Press

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 workplaces encourage the media to adhere to **safe reporting guidelines**.

A member of the CRT should be assigned to media relations. The organization should determine if/when a media statement is prepared/shared. Identifying key messages for the media spokesperson can be helpful. Typically, only authorized staff or communication personnel should speak with the media, but employees

should also be made aware to whom those inquiries should be directed if they are approached by the media or press. See **Appendix B: Tools and Templates** for important information about working with the media, including the resource, **Recommendations for Reporting on Suicide**.

Helping Employees Cope

In the aftermath of a suicide, staff and others in the community may feel emotionally overwhelmed. This section provides short-term steps in the weeks that follow initial notification, including key considerations for supporting staff in the aftermath of a colleague's suicide death. For tools and resources, please see **Appendix B**.

Supporting Staff

A workplace's approach to supporting staff after a suicide loss is most effective when it provides varying degrees of support depending on team members' needs, including offering staff access to mental and behavioral health services, connecting staff with supportive resources such as grief counseling and peer support, sharing information about crisis resources and services, promoting self-care strategies, and preparing managers to support their teams.

Loss and Healing Support

Working with staff in the aftermath of a suicide death can sometimes exceed the capacity of a workplace to support staff and the community. Workplaces may want to consider bringing in postvention specialists, trauma responders, or local mental health or crisis centers to support their staff. Providing staff with information on local bereavement support groups is also recommended.

Mental and Behavioral Health Services

It is important to connect staff in need of additional support with available mental health professionals and services through the EAP, or other employee mental health resources. In some cases, it may be helpful for workplaces to consider establishing an ongoing relationship with local mental health services that can meet with staff when needed.

Crisis Resources

It is recommended that workplaces publicize crisis hotline numbers and resources. Text or call 988, or promote 988 by visiting **https://orders.gpo.gov/SAMHSA988/Pubs.aspx** to order materials.

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; and reminding staff of the importance of exercise, good nutrition and sleep. It is also helpful to provide staff with a list of support resources and encouraging them to create their own resource list, including people they can turn to for support. See **Appendix B: Tools and Templates** for a Self-Care Strategies Worksheet for staff.

Support for Managers

Managers will likely play a large role in supporting the workplace in the aftermath of a suicide. *A Manager's Guide to Suicide Postvention in the Workplace* offers guidance for managers on how to reduce suicide risk

among employees after a suicide death, promote healthy grieving, link those in need to resources, and help transition from suicide postvention to suicide prevention.

Moving Forward

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

Memorialization

Employees may wish to memorialize a colleague who has died by suicide. 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, so careful attention should be paid to how the death is memorialized.

In the event that some type of memorialization takes place, 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 their death. Wherever possible, 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 holding 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 cover their funeral expenses

• Making a book or notecards available for several weeks, in which employees 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

Online Memorial Pages and Social Media

Online memorial pages and social media posts have become common practice in the aftermath of a death. Some workplaces (with permission from the family) may choose to establish a memorial page on its website or social media sites. As with all memorialization following a death, such pages should take care not to glamorize the death in ways that may lead other at-risk individuals to identify with the person who died. It is therefore vital that memorial pages use safe messaging, include resources to obtain information and support, and be time limited.

It is recommended that online memorial pages remain active for between 30 and 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the caring and supportive messages posted and encouraging employees who wish to honor their colleague to consider other approaches moving forward.

If the deceased employee's co-workers or friends create a memorial page of their own, it is important that the CRT communicate with the page administrators to ensure that the page includes safe messaging and accurate information. An example of recommended language for a memorial page could include: "The best way to honor [Name] is to seek help if you or someone you know is struggling." When possible, memorial pages should also contain information about where a person in a suicidal crisis can get help (e.g., call or text 988 to access the 988 Suicide & Crisis Lifeline or text TALK to 741-741 to access the Crisis Text Line). Members of the Crisis Response Team should also join any employee-initiated memorial pages so that they can monitor and respond as appropriate.

Lastly, the anniversary of the death (and other significant dates, such as the decedent's birthday) 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 may cause some people to re-experience their grief and trauma related to the death.

Suicide Prevention and Awareness

After a workplace has addressed the needs arising directly from a death by suicide, workplaces should work to implement a comprehensive suicide prevention program, if it does not already have one. Prevention efforts, however, should not be in place of postvention support following a death by suicide. After the immediate needs of the workplace have been met, it is also a good time to develop or review policies and procedures for dealing with all deaths, including deaths by suicide, with an eye toward any challenges that were encountered that the existing policy did not address.

While there are no specific guidelines regarding how long a work setting should wait after a death to implement prevention programming, it is generally advised that workplaces should not use prevention programming as a substitute for responding to and addressing how staff and others in the community have been impacted by the death. Staff will be more ready to receive prevention information after their needs around grief 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. Another option is to anchor suicide prevention programming to other relevant initiatives, such as those that occur during Mental Health Awareness Month or other employee wellness initiatives.

Most importantly, if implementing programming within the first few months, staff should be made aware that participation is optional, and should also be encouraged to practice mindfulness of their own emotional needs when learning about or participating in suicide prevention programming.

Taking Collective Action

Some workplaces 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 **Appendix A: Additional Resources** for information about suicide prevention programming, awareness initiatives, and other ways to take action.

Appendix A: Additional Resources

Loss and Healing Resources

Postvention Response

A Manager's Guide to Suicide Postvention in the Workplace. Developed by the Workplace Postvention Task Force of the American Association of Suicidology and the Workplace Task Force of the National Action Alliance for Suicide Prevention. Provides action steps for employers dealing with the aftermath of a suicide. Download a copy of **A Manager's Guide**.

Suicide Response for Leaders. From Workplace Strategies for Mental Health of Canada, "Suicide response for leaders" is a free, online resource that outlines strategies leaders can use to support employees when a co-worker has died by or attempted suicide. For more information, **here**.

Leading a Company in the Aftermath of a Suicide Loss. This article provides strategies, resources, and tools to help companies in the aftermath of an employee suicide. **Access the article**. **Work Place Suicide Prevention**.

Healing Conversations: Personal Support For Survivors of Suicide Loss

The American Foundation for Suicide Prevention's Healing Conversations program offers support to those who have lost someone to suicide, and includes the opportunity to speak with volunteers who are themselves loss survivors. This free service is available to individuals who have lost someone to suicide. **Learn more**.

International Survivors of Suicide Loss Day

International Survivors of Suicide Loss Day, also known as Survivor Day, is an annual occasion for which survivors of suicide loss come together to find connection, understanding, and hope through shared experience. Each year, the American Foundation for Suicide Prevention supports hundreds of Survivor Day events around the world. **Learn more**.

Find a Support Group

On its website, the American Foundation for Suicide Prevention lists U.S. and international suicide bereavement support groups, as a public service to loss survivors. **Find a support group**.

Surviving a Suicide Loss: Resource and Healing Guide provides support, resources, and tools to foster hope and healing for suicide loss survivors. It contains practical information as well as stories from experts and fellow loss survivors. Access and download the guide in **English**, and in **Spanish**.

Children, Teens and Suicide Loss. Written by the American Foundation for Suicide Prevention, in partnership with The Dougy Center and the National Center for Grieving Children & Families, this booklet provides indispensable information about how young loss survivors understand and grieve a suicide death, and how best to provide support for them. Access and download the guide in **English**, and in **Spanish**.

Additional loss and healing resources, **here**.

Crisis Services

988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline provides 24/7, free, and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. For the Spanish Language Line, call 988. For TTY Users: Use your preferred relay service or dial 711 then 988. Find more information about the Lifeline at **988lifeline.org**. Call or text 988 or chat **988lifeline.org**.

Veterans Crisis Line

Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs. Many of them are Veterans themselves. For the Spanish Language Line, call 988. For TTY Users: Use your preferred relay service or dial 711 then 988. Find more information about the **Veterans Crisis Line**. Call 988 and press 1 or text 838255.

Crisis Text Line

Text from anywhere in the USA to text with a trained Crisis Counselor. Every texter is connected with a Crisis Counselor, a real-life human being trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem solving. Find more information about the Crisis Text Line at **crisistextline.org**. Text HOME to 741741 to text with a volunteer Crisis Counselor for free, 24/7. To be connected to a Spanish-speaking volunteer, text AYUDA to 741741.

The Trevor Project

Provides 24/7 confidential crisis support for LGBTQ (lesbian, gay, bisexual, transgender, queer, and questioning) young people via phone, text, and chat. Find more information about The Trevor Project at **www.thetrevorproject.org**. Call 1-866-488-7386, text START to 678678, or start an online chat at **www.thetrevorproject.org/get-help/**.

Sage LGBTQ+ Elder Hotline

Talk and be heard at the SAGE LGBTQ+ Elder Hotline. Sage connects LGBTQ+ older people who are in crisis with friendly responders. **Find more information**. Call 1-877-360-5428 for confidential support and crisis response, available 24/7.

Trans Lifeline

A 24/7 hotline available in the U.S. and Canada staffed by transgender people, for transgender people. Find more information about the **Trans Lifeline**. Call 1-877-565-8860 (United States) or 1-877-330-6366 (Canada) for confidential, 24/7 crisis support.

Suicide Prevention Resources

The American Foundation for Suicide Prevention offers suicide prevention resources, and links to emergency resources, crisis services, and how to find mental health care. **Visit** to search the full list of suicide prevention resources.

Workplace Resources

Comprehensive Approach to Workplace Suicide Prevention:

National Guidelines for Suicide Prevention

Employee Assistance Professionals Association (EAPA): Provides information on selecting and evaluating EAP services for the workplace. For an online directory of EAPs, **visit**.

Employee Assistance Society of North America (EASNA): Information on selecting and evaluating EAP services for the workplace. For an online publication guide to choosing an EAP, **visit**.

Center for Workplace Mental Health:

Tools and resources for employers for developing suicide prevention and workplace wellness programs. **Find more information**.

Workplace Suicide Prevention Programs

Education and Training

LivingWorks Applied Suicide Intervention Skill Training (ASIST). Developed by LivingWorks, ASIST is an in-person/two-day workshop to train participants who want to feel more comfortable, confident, and competent in helping to prevent the immediate risk of suicide. **Learn more**.

LivingWorks safeTALK. Developed by LivingWorks, safeTALK is an in-person, three-hour training that prepares individuals to identify persons with thoughts of suicide and connect them to suicide first aid resources. **Learn more**.

LivingWorks Start. Developed by LivingWorks, LivingWorks Start is a 90-minute online program that teaches individuals to recognize when someone is thinking about suicide and connect them to help and support. **Learn more**.

Talk Saves Lives: Suicide Prevention Education for Workplace Settings. Developed by the American Foundation for Suicide Prevention, Talk Saves Lives is a 60-minute education presentation designed to be delivered in workplace settings and to organizational leadership, managers/supervisors, and employees. This presentation can be delivered virtually or in person and informs participants about the scope of the problem concerning suicide, key research findings including risk factors and warning signs for suicide, and recommendations for the role we can all play in suicide prevention. **Learn more**.

Working Minds: Suicide Prevention in the Workplace. Working Minds trains organizations to proactively address the early warning signs of suicide in the workplace. Just as organizations have realized they can help reduce heart disease by encouraging exercise, they can also reduce suicide by promoting mental health and encouraging early identification and intervention. This training will educate and equip businesses with tools to address mental health and suicide concerns within the workplace. **Learn more**.

Screening Programs

Interactive Screening Program. Developed by the American Foundation for Suicide Prevention, the Interactive Screening Program offers an online platform to provide employees access to anonymous screening, connection to support resources, and engagement with mental health services available to employees. For more information, **visit**.

MindWise Mental Health Screening. Developed by MindWise Innovations, MindWise Mental Health Screening provides employees with access to anonymous screenings for a variety of behavioral health concerns and mental health resources. **Learn more**.

Resources for the Media

The Framework for Successful Messaging

Developed by the National Action Alliance for Suicide Prevention, *Framework for Successful Messaging* is a research-based resource that outlines four critical issues to consider when messaging to the public about suicide. **Learn more**.

Recommendations for Reporting on Suicide

The Recommendations for Reporting on Suicide were developed by leading experts in suicide prevention and in collaboration with several international suicide prevention and public health organizations, schools of journalism, media organizations, key journalists, and Internet safety experts. The recommendations are based on more than 50 international studies on suicide contagion and can be **downloaded**.

Appendix B: Tools and Templates

Tips for Talking About Suicide

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

1. **Give Accurate Information About Suicide**

   Suicide is not caused by a single event. It is a complex outcome of multiple health and life stressors that converge at one moment in a person's life to increase risk. Research is very clear that in most cases, underlying mental health conditions like depression, substance abuse, bipolar disorder, post-traumatic stress disorder, 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, which impacts cognition, problem solving, and the way people feel. The vast majority of people who struggle with mental health conditions do not go on to die by suicide, so the presence of a mental health condition alone does not explain suicide. We may never know all of the contributing factors as to why someone dies by suicide, but we do know that talking about suicide in a calm, straightforward manner does not increase risk. Having a mental health condition is common and is nothing to be ashamed of, and help is available.

   Say – *"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 which can affect feelings, thoughts, the ability to think clearly and solve problems in a better way. There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts. Mental health concerns are not something to be ashamed of – they are a type of health issue just like any other kind, and there are effective treatments to help manage them and alleviate distress. Along with risk factors, there are known protective factors – or things we can do to protect or safeguard our health – that mitigate risk for suicide."*

2. **Don't Discuss the Method or Graphic Details About the Death**

   Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals. Don't include graphic or detailed descriptions of the suicide method, location, or circumstances surrounding the death. Don't highlight pictures of the location or sensationalized media accounts. The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

   Note that some employees, especially those in close relationship to the deceased, may speculate and/or talk about the method of death. In some instances, this can be an important part of their healing journey, in which case it is helpful to encourage them to talk with a mental health professional.

   Say – *"[NAME] died by suicide"* or *"[NAME] took their own life. Let's talk about how (NAME)'s death has affected you and ways for you to handle it. How can we figure out the best ways to deal with our loss and grief?"*

3. Don't Glorify the Act of Suicide

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. Don't portray suicide as a reasonable solution to the person's problems or as the result of one problem, event, or issue.

Say – *"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 through them."*

4. Do Promote Help-Seeking

Advise people to seek help from a trusted person or mental health professional if they are feeling depressed or know someone who is. Promote employer-provided mental and behavioral health resources, such as an employee assistance program (EAP). Communicate that they don't need to wait for a crisis – early help-seeking is a sign of strength. If people express thoughts of self-harm, encourage them to call the 988 Suicide & Crisis Lifeline by calling or texting 988, text TALK to the Crisis Text Line at 741-741, go to the emergency room, or call 911.

Say – *"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 were feeling worried or depressed or had thoughts of suicide, or if someone you know was experiencing those risk factors and warning signs? There are effective treatments to help people who have mental health struggles or substance use problems. Suicide is never the solution to problems or challenges. There are many available resources and interventions to support healthy outcomes to personal crises. Help-seeking is a sign of strength. Seeking support or health care is essential to personal health and well-being, and can enhance all aspects of our lives, including our self-perceptions, our relationships, and our professional work. 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. Whether you get help from recommended resources or others, the important thing is to get help when you need it."*

5. Do Address Blaming and Scapegoating

It is common to try to answer the question "why?" after a suicide death. Sometimes this can turn into blaming others for the death.

Say – *"The reasons that someone dies by suicide are not simple, and are often related to mental anguish that can have a negative impact on a person's decision-making abilities, resulting in the inability to access problem-solving alternatives. Blaming others – or blaming the person who died – does not acknowledge the reality that the person was battling a kind of intense suffering that can be difficult for those not struggling with mental health to relate to."*

6. **Address Anger**

   Accept expressions of anger toward the deceased and explain that these feelings are normal.

   Say – *"It is not uncommon to feel angry. These feelings are normal, and they don't mean that you didn't care about* **[NAME]**. *You can be angry at someone's behavior and still care deeply about that person."*

7. **Address Feelings of Responsibility**

   Reassure those who feel responsible or think they (or others) could have done something to save the deceased. The reality is that many hide their internal distress so that it can be challenging for even the closest people in their lives to observe changes in their mental state. This highlights the importance of checking in when you notice even subtle changes in someone's usual way of behaving and approaching problems.

   Say – *"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. We can't always predict someone else's behavior. Especially when many of us are able to hide our distress." 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 then encourage them to seek help and consider letting* **[NAME OF APPROPRIATE LOCAL PERSON]** *know."*

Crisis Response Team Planning Template

Use the following template as you develop your action plan for your Crisis Response Team.

Team Leader:

Team Member	Tasks from Checklist	Date Completed

Topics to Cover when Talking With the Emergency Contact/Family

First Call | As Soon as Possible

• Introduce yourself and explain your role in the organization

• Explain the reason for your call and offer condolences

• Ask what they have been informed of thus far and gather any other knowledge or thoughts they may have

• Ask permission to speak with other employees/team members about cause of death

• Offer to meet

• Explain assistance the organization can provide (keep it general and hold details for next call)

• Explain the potential for media attention. Make sure the contact knows that they are not obligated to take interviews and can refer media to the organization's communications team if they prefer. If this is their preference, provide a name and number to which the emergency contact or family member can direct all media inquiries

• Provide your contact information

• Ask how best to make contact going forward (phone number, email, if evening or weekends are okay)

• Make commitment to calling again in the next day or two

Second Call | 24 to 48 Hours After the First Call

• Ask about willingness to share funeral or memorial plans, if flowers may be sent, and if employees may attend

• If appropriate, ask about desire for onsite memorial service and acceptable venue

• Offer more detailed assistance the organization can provide:

  1. Collect the deceased employee's belongings

  2. Collect condolence notes and send them to the family in one package

  3. Assist with administrative or human resource issues (insurance, final paycheck)

• Discuss how the organization will communicate about the employee's contributions

• Provide resources for suicide loss survivors (**afsp.org/loss**)

Subsequent Call(s) | Up to Several Weeks Later

• Follow up on any of the above items as needed

• Discuss the need to return any property of the organization (e.g., electronics)

Sample Script for Face-to-Face Communication

It is with great sadness that I have to tell you one of our colleagues, **[NAME]**, has died **[BY SUICIDE*]**. All of us want you to know that we are here to help you in any way we can." *If family approves disclosing.

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

If cause of death cannot be disclosed, say:
"*[NAME]'s family has requested that information about the cause of death not be shared at this time.*"

Rumors may begin to circulate, and we ask that you not spread any rumors you may hear. If or when you do share information, we request 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 but not limited to mental health conditions such as depression, which can 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. Human Resources (HR) is available with information on employee assistance program (EAP) services for colleagues who may be feeling overwhelmed.

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 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 speculation about the possibility that this was a death by suicide."

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, grief counselors will be available onsite on **[DATE]** between the hours of **[START AND END TIMES]**. Please remember that we are all here for you.

For those who may be struggling with thoughts of suicide, please know that help is available 24/7 through the 988 Suicide & Crisis Lifeline by calling or texting 988, or through the Crisis Text Line (Text the word TALK to 741741 to text with a trained professional).

Sample Internal Communications 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.

Sample Memo to Staff

Date: **[INSERT DATE]**

To: All Staff
From: CEO/Human Resources
Subject Line: Sad News **[EMPLOYEE NAME]**

It is with great sadness that I/we inform you of the passing of **[EMPLOYEE FIRST AND LAST NAME]**. **[EMPLOYEE FIRST NAME] PASSED AWAY ON [DAY OF THE WEEK]**.

If death by suicide is confirmed and can be disclosed, say:
"The cause of death has been reported as a suicide."

If cause of death is unconfirmed, say:
"The cause of death has not yet been determined."

If the cause of death cannot be disclosed, say:
"The family has requested that information about the cause of death not be shared at this time."

[INCLUDE INFORMATION ABOUT THE EMPLOYEE TITLE, DEPARTMENT OR TEAM, AND LENGTH OF EMPLOYMENT WITH THE COMPANY.]

Please keep **[EMPLOYEE FIRST NAME]**'s family in your thoughts as they go through this difficult time.

If cause of death can be disclosed, say:
"I/We want to take this opportunity to acknowledge 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 can 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. We also know that individual responses to learning of a death by suicide vary, and you may notice that you are experiencing different emotions in response to this news."

If supoprt resources & services are available, say:
Human Resources (HR) is available with information on employee assistance program (EAP) services for those of us who may wish to engage them for support, and grief counselors will be available onsite on **[DATE]** between the hours of **[START AND END TIMES]**. We encourage all staff to seek the help they need and support others in doing the same. For staff members who may prefer individual support at this time, please contact our EAP by calling **[EAP PHONE NUMBER]**.

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

The HR team is available to you, so please do not hesitate to contact me/us with any questions or concerns.

Sincerely,

[NAME]

For those who may be struggling with thoughts of suicide, please know that help is available 24/7 through the 988 Suicide & Crisis Lifeline by calling or texting 988, or through the Crisis Text Line (Text the word TALK to 741741 to text with a trained professional).

Sample Follow-Up Memo to Staff Regarding Employee Memorial/Funeral Service

Date: **[INSERT DATE]**

To: All Staff
From: CEO/Human Resources
Subject Line: Memorial/Funeral Service for **[EMPLOYEE NAME]**

[EMPLOYEE FIRST AND LAST NAME'S] memorial service will be held on **[DATE]** at **[TIME]** at **[NAME OF FUNERAL HOME]**, located at **[ADDRESS]**.

Employees who would like to attend the services will be excused from work and should speak with their supervisor regarding time off.

Human Resources (HR) is available with information on employee assistance program (EAP) services for those of us who may wish to engage them for support, and grief counselors will be available onsite on **[DATE]** between the hours of **[START AND END TIMES]**. We encourage all staff to seek the help they need and support others in doing the same. For staff members who may prefer individual support at this time, please contact our EAP by calling **[EAP PHONE NUMBER]**.

The family has requested that in lieu of flowers, donations be made to **[LINK TO DONATION INFORMATION]** in **[EMPLOYEE NAME]**'s memory.

Sincerely,

[NAME]

For those who may be struggling with thoughts of suicide, please know that help is available 24/7 through the 988 Suicide & Crisis Lifeline by calling or texting 988, or through the Crisis Text Line (Text the word TALK to 741741 to text with a trained professional).

Sample External Communications

When appropriate, external communication to clients, vendors, or partner organizations can be disseminated through a written death notification statement. This statement can be sent via email and/or posted on the workplace's website and social media accounts.

Sample Communication to Clients, Vendors, and Partners

Date: **[INSERT DATE]**

To: Clients, Vendors, and Partners

From: CEO/Human Resources

Subject Line: Sad News **[EMPLOYEE NAME]**

We are writing with some sad news. **[NAME]**, one of **[COMPANY'S NAME'S]** employees died this week. We have learned that their death was by suicide. We know that you worked closely with **[NAME]**, and wanted to reach out to you.

Suicide is complicated, and while none of us know all the factors that may contribute to someone's death by suicide, it has been helpful for us to consult information about suicide as we share this news. You can learn more about suicide and find resources to support suicide loss at the American Foundation for Suicide Prevention's website **afsp.org**.

Please send any questions you have about your **[ACCOUNT, PARTNER RELATIONSHIP, ETC.]** to **[CONTACT PERSON]**.

We appreciate your understanding as we cope with this news and address its impact on our company and employees.

Sincerely,

[NAME]

For those who may be struggling with thoughts of suicide, please know that help is available 24/7 through the 988 Suicide & Crisis Lifeline by calling or texting 988, or through the Crisis Text Line (Text the word TALK to 741741 to text with a trained professional).

Sample Announcement for Website and Social Media (Assuming Acknowledgement of Suicide)

[COMPANY NAME] mourns the loss of **[EMPLOYEE NAME AND TITLE]**.

[INCLUDE INFORMATION ABOUT THE EMPLOYEE TITLE, DEPARTMENT OR TEAM, AND LENGTH OF EMPLOYMENT WITH THE COMPANY]

For those who may be struggling with thoughts of suicide, please know that help is available 24/7 through the 988 Suicide & Crisis Lifeline by calling or texting 988, or through the Crisis Text Line (Text the word TALK to 741741 to text with a trained professional).

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 (see **Appendix A: Additional Resources**).

Suicide/Mental Health Conditions

- We are saddened by the death of one of our colleagues; our hearts (and/or thoughts, and/or prayers) go out to their family and friends, and the entire community

- Suicide is a leading cause of death in the United States, yet is often preventable

- 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 treatment for depression, limiting use of alcohol particularly during times of crisis, developing healthy boundaries in relationships, 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 is 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 death in news media can contribute to suicide contagion, also known as "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, "the individual took their own life after a breakup with their 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 988 Suicide & Crisis Lifeline (Call or text 988) and the Crisis Text Line (Text HOME to 741741)

Suicide Warning Signs Poster

Self-Care Strategies

Self-Care Strategies During Uncertain Times

When things feel uncertain or when we don't feel safe, it's normal to feel stressed and overwhelmed. For those who already struggle with their mental wellness, we might feel more anxious, depressed or less motivated to carry out our daily activities. While not a substitute for professional care, there are things you can do to reduce stress, encourage wellness, and restore a sense of well-being in the face of uncertainty. You know yourself best. Do what works for you.

Here are a few self-care activities to help you take a step back, breathe, and focus on your well-being.

Mind
- Have a daily routine • Set goals each day
- Make a gratitude list • Take breaks
- Practice mindfulness • Read a book
- Develop a project, activity or new skill (e.g., painting, knitting, woodworking)
- Acknowledge something you did
- Schedule worry time • Journal
- Express your feelings

Body
- Walk, exercise, go outside if you can
- Set a sleep routine, giving yourself time to rest and restore • Practice meditation and yoga
- Take deep, slow breaths • Take a bath or shower
- Eat something healthy • Drink a cup of tea
- Limit your caffeine and alcohol intake
- Put on your favorite song and dance

Soul
- Ask for help • Donate to a cause
- Tell someone you love them
- Reach out to someone who may need you
- Follow "feel good" social media
- Set boundaries for yourself • Write a poem or short story • Share something special
- Connect with whatever inspires you

Surroundings
- Create a "retreat" space
- Make your space comfortable and safe
- Display something you like to look at
- Watch your favorite movie or show – or something you've been meaning to see
- Join a virtual gatherings

afsp.org

American Foundation for Suicide Prevention

Add your Own

Mind

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Body

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Soul

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Surroundings

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