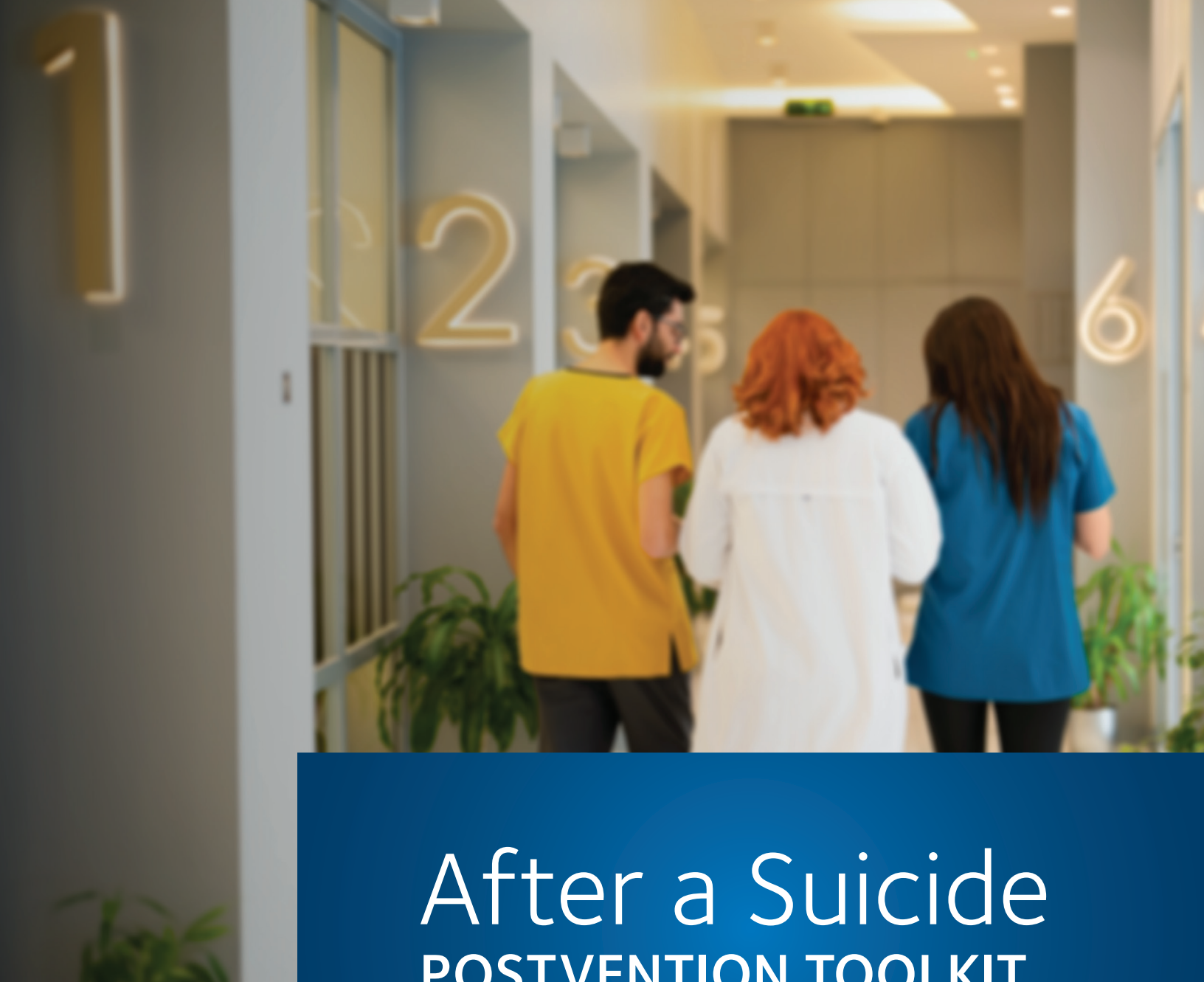




After a Suicide

POSTVENTION TOOLKIT

Crisis Services

IF YOU KNOW THAT A COLLEAGUE OR TEAM MEMBER MAY BE IN CRISIS,
YOU CAN CONTACT THE 988 SUICIDE & CRISIS LIFELINE ON THEIR BEHALF.

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.

After a Suicide: A Guide for Dental Workplaces was developed in 2023 by the American Foundation for Suicide Prevention (AFSP) and the American Dental Association (ADA).

Workgroup Members

A special thank you to Doctor Karen Foster, ADA Wellness Ambassador and the Dental Team Wellness Advisory Committee (DWAC) of the ADA Council on Dental Practice (CDP).

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The American Foundation for Suicide Prevention (AFSP): 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.

The American Dental Association: The not-for-profit ADA is the nation's largest dental association, representing 159,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. For more information about the ADA, visit [ADA.org](https://ada.org).

Foreword

This toolkit has been a labor of love. I lost my associate to suicide in 2017. Through this experience I learned there were not a lot of resources for what to do when a colleague passes away from suicide. Unfortunately, there have been more dentists and dental team members lost to suicide. From that, Resolution 95H-2021 happened. Within that resolution the American Dental Association (ADA) House of Delegates asked for a toolkit for responding to suicide. The ADA has made strides in prioritizing mental health for dentists and the Council of Dental Practice (CDP), and the Dental Team Wellness Advisory Committee (DWAC) created the Wellness Ambassador program. As one of my projects as an ADA Wellness Ambassador I wanted to get this toolkit to “print.” I was able to find the correct contacts at the American Foundation for Suicide Prevention and with their help we present this postvention toolkit.

The toolkit is helpful for a suicide loss and is also a resource for any unexpected loss. If you turn to this toolkit, first, we offer our deepest condolences. This toolkit should be used as a resource to support yourself and others who are grieving the loss of a loved one after suicide. The grief process following a suicide death is unique for survivors and is different for everyone. The toolkit is not limited as a resource to the loss of the dentist it can be helpful for any dental team member. The appendices have more resources for survivors regardless of their role as a member of the dental team.

Personally, I hope this toolkit is never needed and appreciate the efforts of the American Dental Association in prioritizing mental health as well as suicide prevention. However, if you are a survivor of suicide loss this toolkit is available as a resource.

Karen D. Foster, D.D.S.

ADA Wellness Ambassador 2022-2023

Executive Summary

Suicide is a global health problem and a leading cause of death in the United States. 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 suicide death of a dentist or a dental team member can leave a workplace¹ faced with grieving dentist or dental team members, patients 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.

This toolkit 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 guided the development of the toolkit:

- Workplaces should treat all dentist or dental team member deaths within the same framework (i.e., take the same approach and response for a dentist or dental team member who dies by suicide as for an dentist or dental team member 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 the team and leadership, the dental team 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 biological, psychological, and social and environmental factors that caused substantial psychological pain even if that pain was not apparent to others. More information about suicide can be found in [Appendix A: Tools and Templates](#).
- 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.
- This toolkit was designed to help workplaces respond immediately in the minutes, hours, and days after a suicide as well as in the weeks and months it takes the community to heal and move forward. With the hope that it will never be needed, having a plan and resources in place before a crisis occurs will enable the dental team to respond in an organized, effective, and supportive manner.

¹NOTE: In this document, the term “workplace” is used to refer to the dental practice, hospital, or other professional settings 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 dental practice, hospital, or professional setting, including dentist or dental team member, colleagues, patients, industry partners and representatives.

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Getting Started: Forming a Crisis Response Team

Although it should be recognized that a crisis response team is not realistic within some dental clinic practices, there may be opportunity to proactively create such a team at a larger organization or state or local dental associations. A crisis response team serves as an important role following any critical incident, including losing a dentist or dental team member to suicide. It is most effective for workplaces to have an identified Crisis Response Team set up and ready to respond to a crisis before one occurs. This team is responsible for carrying out the critical aspects of crisis management in the aftermath of a suicide loss.

Crisis Response Team Roles

The team is responsible for carrying out the items detailed in this toolkit. Depending on the size of the organization, Crisis Response Teams could include:

- Team Coordinator/Lead
- Dentist or dental team member from specific departments if in a larger practice or state or local association (e.g., Human Resources, Public Affairs, Employee Assistance Program [EAP])
- Mental health and/or spiritual care professionals
- 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 Crisis Response Team, 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 the dental team, share updates with Crisis Response Team members, and work with the human resources and/or people and culture teams, the Employee Assistance Program to support team members in need of assistance. A back-up coordinator should be assigned by the team coordinator for times when the coordinator is not available.

CONNECTING TO OUTSIDE SUPPORT

Crisis Response Team members should remain mindful of their own limitations and consider bringing in crisis team members from other parts of the community, such as the Employee Assistance Program (if applicable), and/or staff from local mental health centers to help them as needed. Often, crisis team members are also impacted by a suicide death, and it is important that they respond in a way that protects the workplace while not diminishing or ignoring their own reactions to the death. In especially complicated situations, workplaces may even consider bringing in local or national experts in suicide postvention for consultation and assistance (provided that sufficient funding is available). To find trained clinicians and mental health professionals, see [Appendix B: Additional Resources](#).

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.

Crisis Response

When a workplace receives the news that a dentist or a dental team member has died by suicide, the first step is to confirm the news is true. Initial notification about the death can come from a wide variety of potential sources depending on the individual that died, the area where they worked, or where the death occurred. For example, a family member of the deceased may notify someone at the workplace, or a colleague may learn about the death from social media. Although not always possible to immediately determine the full details about a death, confirming as much factual information before communicating about the death is important. Speculation and rumors can exacerbate the emotional upheaval within the workplace. Upon confirmation, the workplace should immediately implement a coordinated crisis response. This section provides information on the steps that should be taken immediately when the workplace learns that a dentist or dental team member has died by suicide.

STEP 1. ACTIVATE THE CRISIS RESPONSE TEAM

Upon activation, the Crisis Response Team (CRT) notifies organizational leadership and human resources. The CRT serves an important role following any critical incident, including losing someone to suicide. The purpose of a coordinated crisis response is to effectively manage all aspects of crisis response in the aftermath of a suicide loss, including communication, opportunities for grief support, help team members cope with their feelings, and minimize the risk of suicide contagion.

STEP 2. REACH OUT TO DECEDENT'S FAMILY

In the event of a suicide, leadership or a team member should reach out to the decedent's emergency contact person or close family member. The goal is to offer condolences, inquire as to what the workplace can do to assist, learn about what and how the organization can share information with the person's colleagues and the workplace community. If leadership personnel are not comfortable making the initial call, a member of the CRT should assist. Regardless of who makes the initial call, members of the CRT should connect with organizational leadership to support them as needed.

During the call, learn about what and how to share information with the decedent's colleagues and the broader community. Provide them with the option to take time to let the information settle in. Family members are often in shock in the first several days following the death. Sometimes, when family members are newly processing their loved one's death, they are not ready to share the information with others. If they are unwilling to share that the death was a suicide, accept this and give them time. You may reassure the family that while research has found that it is helpful for the grieving community to know that the death is being acknowledged as a suicide, no further details about the method or circumstance need to be shared publicly. Share with them that there is no stigma or shame to be associated with this tragic loss. Let them know that you will follow-up with them in one to two days to discuss any other things that come up and let them know that further information regarding support and benefits will be coming as soon as the family is ready to engage in those conversations.

STEP 3. NOTIFY CLOSE COLLEAGUES/CONVENE A TEAM MEETING

Following discussions with the decedent's emergency contact person or family member(s), and provided permission is obtained or the information is widely available to the public, the crisis response team should then determine the next steps for notifying the dental team for that particular workplace. In the event of the death of a dentist, it might be necessary to reach out to the local dental society for recommendations and advice regarding patient coverage in the short and long-term.

The purpose and goals of the team meeting are to establish a plan for immediately notifying dental team of the death and notifying colleagues, patients, and/or industry partners of the death, and review available resources for the impacted colleagues. The crisis response team can help by describing how to conduct meetings, how to adjust team member roles as needed, and where to access available resources. Additionally, the crisis response team can provide guidance to leadership on who should be at the initial notification meeting. Typically, peers need each other when in a state of normal shock, and peers can be the first point of contact to provide support during distressing times. Attention should be given to any individuals with identifiable vulnerabilities such as recent struggles, mental health history, family history of suicide, etc.

In cases where specific vulnerabilities are identified, provide support and mental health resources through 1:1 outreach. During this process, goals for leaders are to:

- Be visible and proactive about communication
- Provide credible information and dispel rumors
- Acknowledge the grief of the community
- Communicate about resources for support
- Provide realistic hope while managing expectations
- Promote cohesion and teamwork

Depending on the size of the workplace, the CRT and leadership should arrange an initial notification meeting with close colleagues of the decedent. Share the news in person or virtually – within hours of finding out about the death when feasible – with colleagues who worked directly with the decedent. Vetted scripts will help share information during the notification meeting (see [Appendix A: Tools and Templates](#) for sample scripts and talking points).

STEP 4. COMMUNICATING WITH THE DENTAL TEAM

Communicating with the entire dental team is ideally done in-person to allow the team an opportunity to express their own reactions and grief, and to identify anyone who may need additional support. For larger workplaces, team members may be notified in smaller groups, when possible. When sharing the news with the dental team, 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 the dental team of any workplace policies or response following a dentist or dental team member death and any considerations specifically for a suicide death. Explain plans for the day, and highlight additional resources and support, if available. Prepare the team 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 team members fill in for any dentist or dental team member who need to take time off.

STEP 5. COMMUNICATING WITH THE COMMUNITY

Communication with the community, including patients and 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. Disseminate fact sheets and information about suicide and support services available to all dental team members (see [Appendix A: Tools and Templates](#)).

STEP 6. CONSIDER ADDING ADDITIONAL SUPPORT

As you talk with your team and monitor activities throughout the workplace, make sure team members 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.

Short Term Steps (Week 1–4)

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

SUPPORTING THE DENTAL TEAM

A workplace's approach to supporting the dental team after a suicide loss is most effective when it provides different levels of support depending on team members' needs. It is recommended that team members and the dentist 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 the dental team in need of additional support with available mental health professionals and services. This may include the Employee Assistance Program (EAP), or other mental health resources. In some cases, it may be helpful for dental workplaces to consider establishing an ongoing relationship with local mental health services that can see dental team members, when needed. See [Appendix B: Additional Resources](#) for mental and behavioral health services information.

Loss and Healing Support

Working with the dental team 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 the dentist or dental team member and the community. Workplaces may want to consider bringing in postvention specialists, trauma responders or local mental health or crisis centers to work with the dental team. Providing the dental team with information on local bereavement support groups is also recommended. See [Appendix B: Additional Resources](#) to access a national listing of suicide bereavement support groups.

Crisis Resources

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

Self-Care Strategies

Providing the dental team with practical coping strategies to take care of themselves physically, emotionally, and spiritually can be particularly helpful. Examples include providing the team with relaxation and mindfulness tools; encouraging the dental team to engage in favorite activities or hobbies; reminding the team of the importance of exercise, good nutrition and sleep. Providing a list of support resources and encouraging the dental team to create their own resource list, including people they can turn to for support, is also recommended. See [Appendix B: Additional Resources](#) for self-care resources and information.

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 workplaces encourage the media to adhere to safe reporting guidelines. See [Appendix A: Tools and Templates](#) for important information about working with the media.

Long Term Steps (Beyond the First Month)

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

The dental team 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 colleagues and appropriately memorializing the person who died, without risking suicide contagion among other dental team members 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, workplaces should strive to treat all deaths in the same way. Therefore, the same general approach for memorializing a dentist or dental team member who died of cancer or in a car accident should be taken when memorializing a colleague 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. 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 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, members of the dental team 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 with their funeral expenses.
- Making a book or notecards available for the dental team and patients to 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 dentist or dental team member). [See Appendix A: 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 the dental team. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those team members and/or patients 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 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 the dental team and others in the community have been impacted by the death. The dental team 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 the team. For some dental teams, however, more immediate access to training resources can be helpful in their healing journey. One possibility is to have an identified training resource that the team 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, the team 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.

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 [Appendix B: Additional Resources](#) for a list of recommended suicide prevention programs and initiatives.

Appendix A: 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

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.

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.

Talking about suicide in a calm, straightforward manner does not increase risk.

"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."

"There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts."

"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."

"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."

Do Not Focus on the Method or Graphic Details

Say

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, circumstances surrounding the death. Don't highlight pictures of the location or sensationalized media accounts.

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.

The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.

"**[NAME]** died by suicide." or "**[NAME]** took their own life."

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."

"How can we figure out the best ways to deal with our loss and grief?"

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."

Promote Help-Seeking

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.

If people express thoughts of self-harm, encourage them to call the National Suicide & Crisis Lifeline by calling or texting 988 or chat 988lifeline.org, or texting 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 or someone you know were feeling worried or depressed or had thoughts of suicide?"

"There are effective treatments to help people who have mental health struggles or substance use problems. Suicide is never the right answer."

"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."

"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."

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 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."

Address Anger

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

Say

“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.”

Address Feelings of Responsibility

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.

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.

This highlights the importance of asking and caring when you notice even subtle changes in others’ usual way of behaving and approaching problems.

Say

“**[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.”

“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.”

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 members of the dental team 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 speculation about the possibility that this was a suicide death.]

[If cause of death cannot be disclosed, say: The family of 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 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, but not limited to, 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. Human Resources (HR) is available with information on employee assistance program (EAP) services for colleagues who may be feeling overwhelmed, and grief counselors will be available onsite on [date] between the hours of [begin and end times].

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.

² If 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 INTERNAL COMMUNICATIONS TO THE DENTAL TEAM

An email announcement should be sent to the dental team. 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 the Dental Team

Date:

To: All Practice team members

From: Dental Team Leader

Subject Line: Death of [the dentist or dental team member name]

It is with great sadness that I/we inform you of the passing of [the dentist or dental team member first and last name]. [The Dentist or dental team member 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 dentist or dental team member title, department or team and length of employment with the company]

Please keep [the dentist or dental team member's first name] family in your thoughts as they go through this difficult time.

(If cause of death can be disclosed) 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 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 a of a death by suicide vary, and you may notice that you are experiencing different emotions in response to this news.

Human Resources (HR) is available with information on employee assistance program (EAP) services for those of us that may wish to engage them for support, and grief counselors will be available onsite on [date] between the hours of [begin and end times]. We encourage all team members to seek the help they need and support others in doing the same. For team members that 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]

Sample Follow-up Memo to the Dental Team Regarding a Dentist or Dental Team Member Memorial/Funeral Service

Date:

To: All Practice team members

From: Dental Team Leader

Subject Line: Memorial/Funeral Service for [the dentist or dental team member name]

[The Dentist or dental team member's first and last name]'s memorial service will be held on [date] at [time] at [name of funeral home], located at [address].

The Dentist or dental team members 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 the employee assistance program (EAP) services for those of us that may wish to engage them for support, and grief counselors will be available onsite on [date] between the hours of [begin and end times]. We encourage all team members to seek the help they need and support others in doing the same. For team 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 can be made to [link to donation information] in [the dentist or dental team member's] memory.

Sincerely,

[NAME]

SAMPLE EXTERNAL COMMUNICATIONS

External communication to patients, partners, and vendors, when appropriate, 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 Patients, Vendors, and Partners

Date:

To: Patients, Vendors, and Partners

From: Dental Team Leader

Subject Line: Death of [the dentist or dental team member name]

We are writing with some sad news. [NAME,] one of [Practice's NAME's] the dentist or dental team members 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 will know all of 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 practice and dental team.

Sincerely,

[NAME]

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

[Practice NAME] mourns the loss of [the DENTIST OR DENTAL TEAM MEMBER NAME AND TITLE].

[Include information about the dentist or dental team member 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 B: Additional Resources](#)).

Suicide/Mental Health Conditions

- We are saddened by the death of one of our dental team 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 often preventable, causes of death
- Suicide is a leading cause of death in the United States; 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 "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 by calling or texting 988 and the Crisis Text Line at 741-741

Appendix B: 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 the *Guide* at <https://www.datocms-assets.com/12810/1583523000-a-managers-guide-to-suicide-postvention-in-the-workplace.pdf>.

Workplace Suicide Response. From Workplace Strategies for Mental Health of Canada, Workplace Suicide Response is a free resource for supporting leaders when a dental team member has died by or attempted suicide. For more information, visit: <https://www.workplacestrategiesformentalhealth.com/resources/suicide-response>.

Leading a Company in the Aftermath of a Suicide Loss. This article provides strategies, resources, and tools to help companies in the aftermath of a dentist or dental team member suicide. Access the article at: www.workplacesuicideprevention.com

Healing Conversations: Personal Support for Survivors of Suicide Loss. Healing Conversations is a program of the American Foundation for Suicide Prevention that gives support to individuals that have lost someone to suicide and the opportunity to speak with volunteers, who are themselves loss survivors. This free service is available to individuals that have lost someone to suicide which includes the loss of a family member, partner, or colleague. Learn more at <https://afsp.org/healing-conversations>.

International Survivors of Suicide Loss Day. International Survivors of Suicide Loss Day is an event in which survivors of suicide loss come together to find connection, understanding, and hope through their shared experience. Each year, the American Foundation for Suicide Prevention supports hundreds of large and small events around the world. Learn more at <https://afsp.org/international-survivors-of-suicide-loss-day>.

Find a Support Group. 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 at <https://afsp.org/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: <https://afsp.org/survivingasuicideloss> and in Spanish: <https://afsp.org/SurvivingASuicideLossSpanish>.

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: <https://afsp.org/childrenteensandsuicideloss> and in Spanish: <https://afsp.org/ninosadolescentesyperdidasporsuicidio>.

For additional loss and healing resources, visit <https://afsp.org/live-lost-someone>.

SUICIDE PREVENTION RESOURCES

The American Foundation for Suicide Prevention offers suicide prevention resources, including emergency resources, crisis services, and ways to find mental health care. Visit www.afsp.org/suicide-prevention-resources to search the full list of suicide prevention resources.

Workplace Resources

Center for Workplace Mental Health. Tools and resources for employers for developing suicide prevention and workplace wellness programs. Find more information at www.workplacementalhealth.org

EMPLOYEE ASSISTANCE PROGRAMS

Employee Assistance Professionals Association (EAPA): Provides information on selecting and evaluating EAP services for the workplace. Online directory of EAPs; www.eapassn.org

Employee Assistance Society of North America (EASNA): Information on selecting and evaluating EAP services for the workplace. Online publication guide for choosing an EAP; www.easna.org

WORKPLACE SUICIDE PREVENTION PROGRAMS

Education and Training

LivingWorks Applied Suicide Intervention Skill Training (ASIST). Developed by LivingWorks, ASIST is an in-person/2-day workshop to train gatekeepers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Learn more at www.livingworks.net/asist.

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 at www.livingworks.net/safeTALK

LivingWorks Start. Developed by 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 at www.livingworks.net/start.

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, to organizational leadership, managers/supervisors, and members of a dental team. This presentation can be delivered virtually or in-person and provides participants with the scope of the problem of suicide, key research findings, including risk factors and warning signs for suicide, along with recommendations for the role we can all play in suicide prevention. Learn more at www.afsp.org/talksaveslives.

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 at <https://www.coloradodepressioncenter.org/workingminds>.

Screening Programs

Interactive Screening Program. Developed by the American Foundation for Suicide Prevention, the Interactive Screening Program provides a safe and confidential way for individuals to take a brief screening for stress, depression, and other mental health conditions, and receive a personal response from a program counselor within the mental health services available to them. For more information, visit www.afsp.org/isp

MindWise Mental Health Screening. Developed by MindWise Innovations, MindWise Mental Health Screening provides dentist or dental team members with access to anonymous screenings for a variety of behavioral health concerns and mental health resources. Learn more at www.mindwise.org.

COMPREHENSIVE APPROACH TO WORKPLACE SUICIDE PREVENTION

National Guidelines for Suicide Prevention: www.workplacesuicideprevention.com

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 at www.veteranscrisisline.net. 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 TALK to 741741 to text with a trained 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; start an online chat at www.thetrevorproject.org/get-help.

SAGE LGBT Elder Hotline. Talk and be heard at the SAGE LGBT Elder Hotline. Connects LGBT older people with friendly responders. For LGBT elders and caretakers. Find more information at <https://www.sageusa.org/what-we-do/sage-national-lgbt-elder-hotline>. 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 staff by transgender people for transgender people. Find more information about the Trans Lifeline at <https://translifeline.org/>. Call 1.877.565.8860 (United States) or 1.877.330.6366 (Canada) for confidential, 24/7 crisis support.

RESOURCES FOR THE MEDIA

The Framework for Successful Messaging

Developed by the National Action Alliance for Suicide Prevention, the *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 at <https://suicidepreventionmessaging.org>.

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 and key journalists as well as Internet safety experts.

The recommendations are based on more than 50 international studies on suicide contagion and can be downloaded at <https://reportingonsuicide.org>.

