



After a Suicide: A Toolkit for Colleges of Veterinary Medicine

afsp.org/veterinarians



This document was developed by the following workgroup:

Jen Brandt, LISW-S, Ph.D.

Director of Wellbeing and Diversity Initiatives
American Veterinary Medical Association

Laura Hoffman

Manager, Interactive Screening Program
American Foundation for Suicide Prevention

Marci Kirk, DVM

Assistant Director for Recent Graduate Initiatives
American Veterinary Medical Association

Christine Moutier, M.D.

Chief Medical Officer
American Foundation for Suicide Prevention

Maggie G. Mortali, MPH

Senior Director, Interactive Screening Program
American Foundation for Suicide Prevention

Much appreciation for the following individuals who reviewed the document and provided feedback:

Karen Cornell, DVM, Ph.D., DACVS

Associate Dean for Professional Programs
Earline & A.P. Wiley Endowed Chair
College of Veterinary Medicine & Biomedical Sciences
Texas A&M University
Co-chair, Leadership Committee
Association of American Veterinary Medical Colleges

Kristen Bartholomew, DVM

President, Class of 2018
College of Veterinary Medicine
The Ohio State University

Timothy Burdsall, DVM

Health and Wellness Chair, Class of 2018
College of Veterinary Medicine
The Ohio State University

Caroline El-Khoury, M.A.

Assistant Dean of Student Success
College of Veterinary Medicine
The Ohio State University

Chandra Grabill, Ph.D.

Licensed Psychologist
Comprehensive Psychological Services
Chair, Veterinary Mental Health Professionals
Association of American Veterinary Medical Colleges

Kenita S. Rogers, DVM, MS, DACVIM

Executive Associate Dean
Charles H. and Mildred Kruse Bridges Chair in
Veterinary Medical Education
Director for Diversity & Inclusion
College of Veterinary Medicine &
Biomedical Sciences
Texas A&M University
Past Chair, Diversity Committee
Past Chair, Veterinary Wellness Advancement Group
Past Chair, Academic Affairs Committee
Association of American Veterinary Medical Colleges

This document was developed based on *After A Suicide: A Toolkit for Schools*, created by the American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup: Joanne L. Harpel, J.D., M.Phil., Peggy West, Ph.D., MSW, Gayle Jaffe, MSW, MPH, Donna Amundson, LCSW

American Foundation for Suicide Prevention (AFSP)

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

American Veterinary Medical Association (AVMA)

Founded in 1863, is one of the oldest and largest veterinary medical organizations in the world, with more than 93,000 member veterinarians worldwide engaged in a wide variety of professional activities and dedicated to the art and science of veterinary medicine. Learn more about AVMA at avma.org.

Association of American Veterinary Medical Colleges (AAVMC)

Is a nonprofit membership organization working to protect and improve the health and welfare of animals, people and the environment around the world by advancing academic veterinary medicine. Members include 50 accredited veterinary medical colleges in the United States, Canada, Mexico, the Caribbean, Europe, Australia, Asia and New Zealand. Learn more about AAVMC at aavmc.org.

Table of Contents

At a Glance	1
Introduction	2
Crisis Response	3
Get the Facts First	4
In the Event of a Missing Student	4
Mobilize Crisis Response Team	4
Crisis Response Communication Plan	9
Informing the Emergency Contact Person/Family	10
Sharing the News	12
Working with the Community Partners	16
Media and the Press	17
Supporting the CVM Community	17
Helping Students Cope	17
Supporting Faculty and Staff	18
Memorialization	19
Online Memorial Pages and Social Media	20
Moving Forward	21
Appendix: Crisis Response Tools	22
Appendix A: Suggested Internal Communication List	23
Appendix B: Tips for Talking about Suicide	25
Appendix C: Sample Scripts to be Used in Face-to-Face Communication	29
Appendix D: Sample Email Death Notifications	32
Appendix E: Memorial Service Planning Checklist	36
Appendix F: Sample Media Statement	38
Appendix G: Key Messages for Media Spokesperson	39
Appendix H: Facts about Suicide and Mental Health in Veterinarians	41
Additional Resources	42
References	42

Suggested Citation

Moutier C, Mortali M, Brandt J, Kirk M, Hoffman L. After a Suicide: A Toolkit for Colleges of Veterinary Medicine. American Foundation for Suicide Prevention/American Veterinary Medical Association. <http://www.afsp.org/veterinarians>. 2019.

At a Glance

In the event of a suicide within a school or college of veterinary medicine, it is critical to have a plan of action already in place. This toolkit gives you a foundation for doing so. First and foremost, we encourage you to assemble a **Crisis Response Team** and have provided a suggested **Crisis Response Communication Plan**.

This toolkit also serves as a practical handbook to consult at the time a suicide death does occur. You will find guidance and step-by-step lists on how best to go about:

- **Get the Facts First**
- **Informing the Emergency Contact Person/Family**
- **Sharing the News**
- **Helping Students Cope**
- **Memorialization**

You will also find within the **Appendix** immediately usable advice and checklists including **Tips for Talking about Suicide**; **Sample Scripts to be Used in Face-to-Face Communication**, and **Sample Email Death Notifications**; a **Memorial Service Planning Checklist**; a **Sample Media Statement**; and **Key Messages for the Media Spokesperson**.

It is our hope that you will read through this toolkit before an event takes place. It is strongly encouraged to develop a CVM suicide prevention plan that encompasses a long-term view of how the institution plans to address the factors that lead to stress, burnout, and suicide risk well before a suicide occurs. Whether or not you do so, this handbook can serve as a useful guide in the immediate aftermath of a suicide.

NOTE: In this document, the terms 'College of Veterinary Medicine' or 'CVM' are used to refer to the school, institution, college or university of the deceased individual. The terms "community member" and "member" are used in the most inclusive sense to encompass all members of the college, including students, staff, and faculty.

Introduction

The death of a veterinary student by suicide is devastating, shocking, and stressful for all involved. There are aspects of suicide loss in general that can be traumatizing for many.

Being aware of the experiences common to suicide loss can help:

- Allow the school community to grieve and feel supported
- Raise awareness of the mental health needs of the school community
- Engage in suicide prevention efforts at a later stage
- Prevent contagion*

Although individuals within the school community may have experienced loss, managing the death of a student carries with it a different set of responsibilities. Thankfully, this is not an everyday experience - but this means that schools are often uncertain about how to respond and need reliable information, practical tips and tools, and guidance readily available.

Experts in veterinary medicine, veterinary student distress and well-being, suicide prevention, and survivors of suicide loss in the veterinary medical community have collaborated to make this toolkit for use by Colleges of Veterinary Medicine (CVM) in the aftermath of a veterinary student death by suicide. The toolkit contains consensus recommendations endorsed by the American Foundation for Suicide Prevention (AFSP). It is designed to offer practical tips, modeled after the gold standard resource, *After a Suicide: A Toolkit for Schools*, co-developed by AFSP and the Suicide Prevention Resource Center, and *After a Suicide: A Toolkit for Medical Schools*, co-developed by AFSP and the Mayo Clinic. Additional resources are provided in the **Appendix**. Key considerations, general guidelines for action, do's and don'ts, templates, and sample materials are provided on strategies for notifying and supporting the community. This toolkit may serve as a guide for the development of a local action plan.

It is important to have procedures in place that approach all student deaths in a similar fashion. Processes for notifications, bringing students together as a community, and creating memorials should be the same when responding to the death of a student who dies by suicide, by car accident or from any other cause. This approach minimizes stigma and reduces the risk of suicide contagion.

*Helping vulnerable individuals who may be in emotional or suicidal crisis as a result of the death of another student, member of the school community, or a celebrity with whom they identify, in order to avoid additional suicidal behavior and deaths.

Crisis Response

Proactively Developing a Suicide Response Plan

Ideally, schools and colleges of veterinary medicine (CVMs) will develop a suicide response plan prior to a suicide occurring. If the institution already has a protocol for death of a student, steps should be taken to ensure it specifically addresses suicide. Suicide death should be addressed in a similar manner as other types of death. However, there are some unique aspects of suicide loss that require consideration. Having a plan in place will facilitate a coordinated response by a team of individuals who can support each other. Development and endorsement of such a plan should involve key stakeholders, such as the dean of the college of veterinary medicine; student affairs leaders and personnel; student advocacy, including student leaders; student mental health service and/or employee assistance program personnel; faculty from the department of psychiatry; and communications, human resources, law enforcement, housing, security, and legal personnel.

The plan should include details about:

- Ensuring the emergency contact list is updated yearly and accessible after-hours
- Reinforcing the importance of timely arrival and notification of absences during orientation
- Addressing a missing student
- Confirming the death of a student and how to do so
- Developing a Crisis Response Team
- Communicating with emergency contact/family
- Notifying CVM students and faculty
- Determining who needs to know what (CVM community of deceased student vs. larger college/university community)
- Creating templates for face-to-face, phone, and written notifications
- Planning a memorial service
- Managing media inquiries
- Managing social media
- Supporting the well-being of students, faculty, other staff, Crisis Response Team members, and members of the student's family and significant other (if applicable)
- Conducting post-mortem reviews, psychological autopsies, and root cause analysis

Once developed, the plan should be widely disseminated to the deans, associate deans, student affairs team and other key office personnel; awareness of the plan should be part of all Veterinary Medical Education (VME) administrative staff orientations; and the plan should be easily locatable after-hours and on weekends by key personnel, such as the CVM dean and associate dean for student affairs.

Getting the Facts First

In the event of a possible death of a student, it is imperative to obtain accurate facts. Obtaining as much information as possible helps alleviate speculation and rumors that can fuel emotional turmoil.

In some cases, the family learns of the suicide first and informs someone at the institution, such as the associate dean for student affairs; in other cases, the death of a student comes to light after the student does not attend class or after receiving a phone call from local authorities, Emergency personnel, or others. Depending on the situation, facts may be obtained or clarified by contacting the coroner, medical examiner's office, or local law enforcement.*

The cause of death should not be disseminated without first speaking with the family about their preferences. Full discussion of this can be found in [Sharing the News](#) and [Appendix D](#).

In the Event of a Missing Student

A student not attending class may or may not be a serious problem. Now that many students do not have a land line, we are dependent on a charged cell phone for contact.

CVMs should have a process in place for how to deal with a student who does not arrive when expected (see below for a suggested strategy).

Step-Wise Approach to Finding a Missing Student**

- Text and email the student
- Call the student's cell or home phone
- If there is no response, next options include:
 - Calling student's emergency contact/family
 - Contacting local police to request a welfare check

Mobilize Crisis Response Team

Once the death has been confirmed by the institution, a coordinated crisis response should be implemented to manage the situation, provide opportunities for grief support, help students, staff and faculty cope with their feelings, and minimize the risk of suicide contagion. (see [Crisis Response Team](#))

First, a Crisis Response Team should be identified. A Crisis Response Team[†] serves an important role following any critical incident, including the loss of a student to suicide. The team carries out the critical aspects of crisis management in the aftermath of suicide loss: communication, support of the community, and prevention of contagion.

Selecting the team leader and members can be accomplished in a number of ways, but the team should include several key individuals such as: deans, other key faculty, and mental health professionals. The team leader needs to ensure the checklist is carried out.

In some instances, the associate dean for student affairs may be best suited to lead the team, and in other instances, it may make more sense for a licensed mental health professional or other key personnel to take the lead, or for associate deans and a licensed mental health professional to co-lead the team. Ideally, the team should also consist of individuals that students have an established rapport with.

It is strongly recommended that staff/administrators/faculty closest to the event seek counseling, both early on and then again in follow up several months later. There are many ripple effects of student tragedies, and many of those ripples come back to affect such staff/faculty/administrators/student leaders. They too need support yet may be reticent to seek it.

Crisis response team members will likely need to meet twice a day, every day for the first week, morning and evening, report in and use the end of day meeting to determine detailed plans for the following day. On the following page is a checklist for tasks/activities to be carried out by the Crisis response team members. More details regarding these steps are provided in the subsequent sections.

*Obtaining facts or clarification most likely would be in concert with the family. In the event there is no family, the school may be viewed as a close enough proxy that information may be released.

**Attempts to email, text, or call the student may occur more than once.

†A crisis response team could include three to four individuals, such as a dean for student affairs, a member of the psych/counseling staff and another relevant staff member. It is also recommended to assign a back-up staff member in the event that a primary team member is unavailable.

Checklist for After a Suicide

Day 1*

- If not already in place, develop a **Crisis Response Team** using the template provided
- Make immediate notifications (see **Crisis Response Communication Plan**)
- Meet with students
- Strongly consider cancelling classes for College of Veterinary Medicine (CVM) students (for students in the same Veterinary Medical Education [VME] track as the deceased)
- Ensure that mental health services** are available 24/7 for at least the first two weeks

Day 2

- Make remaining announcements (see **Crisis Response Communication Plan**)
- Identify and check in individually with any at-risk students (see **Helping Students Cope**)
- Hold multiple open-hours sessions for mental health professionals to debrief with students – this will help identify at-risk students
- Have mental health professionals available for students to drop in and see as needed for the day
- Check in with the deceased student's emergency contact/family regarding funeral arrangements and next steps, plans to meet
- Attend to faculty and staff well-being by promoting access to one-on-one counseling, and coordinating a larger group meeting(s) facilitated by an expert, to debrief on the loss and its impact
- Debrief with Crisis Response Team, and plan to do so on a daily basis for the first week
- Let students, staff and faculty know about funeral arrangements and address for condolence cards/social media site according to family's preference

Day 3-4

- Encourage informal gatherings
- Return to regularly scheduled activities
- Debrief with Crisis Response Team

Week 1

- Check in daily with class representatives and other student leaders regarding the well-being of their peers as well as their own well-being
- Crisis Response Team continues to meet for debrief, monitoring of community, and carry out of communication next steps

Checklist continued on next page >

Week 2

- Create a statement that this is still early in grieving process, reinforce continued availability of mental health services, caring for each other, school leadership and faculty members who are available to speak with students, etc.
- Check in with family regarding any school-related issues (returning of electronic devices, etc.) and Memorial Service
- Plan Memorial Service
- Ask faculty advisors or mentors to check in with advisees or mentees, plan group dinners, etc.
- Debrief with the **Crisis Response Team**
- Provide suicide loss resources to the community/appropriate individuals (afsp.org/loss)

Week 3-4

- Consider another session to debrief with students
- Continue checking with the class representatives about how to support students and those who may need additional help, including the student leaders themselves
- Monitor student coping and absences
- Debrief with the Crisis Response Team – focus on next steps

Beyond the First Month

- Hold memorial service if not done already
- Consider monthly process groups with mental health professional
- Attend to student well-being issues
- Develop a student well-being plan if none in place and/or engage your director of student well-being to develop a longitudinal plan to monitor and address students' well-being
- If not already done, develop a CVM suicide prevention plan that takes the long view on how the institution plans to address the factors that lead to stress, burnout, and suicide risk

*Suggested timeline should be modified to best meet the needs of the group. They are provided as a suggestion to illustrate suggested components and timeline to help a grieving community heal.

**Mental health services may include the college or university main campus counseling center or counseling services specifically designated to students in the veterinary medical education program.

Crisis Response Communication Plan

The Crisis Response Team should coordinate communication across the CVM, associated institutions (if needed), and others. Keeping a list of individuals who need to be informed and a plan for who will speak to each individual along with notes of when completed is useful (see [Appendix A](#) for example), as the manner and time of notification will vary. In-person notifications should be done whenever possible by respected authorities who know as much as is known about what has happened, so that they can answer questions and best convey institutional concern, involvement, gravitas and assurances. One approach and list of potential individuals to communicate with is shown below.

Timing is key. Students should not hear about the student death in the press or from social media before having heard about it from the school leadership.

Communication Plan

Immediately in Person or by Phone

- Institutional leadership (dean, president), veterinary medical education (VME) leadership team and office support staff at the campus of the deceased student, student health service/mental health professionals, and chaplain office; program director, dean of the graduate school, school of veterinary medicine, graduate school's student affairs officers, mentors, etc.

Same Day in Person or by Phone in Select Instances

- Emergency contact person of deceased student; known close affiliates, such as friends, roommates, romantic partners, etc. (in consultation with family, who may want to communicate the news to those close to the deceased directly); students at the same school as the deceased student; school leadership team at other campuses (as applicable); faculty working directly with the deceased student at the time of death;; legal, communications/public relations, leaders of VME student well-being programming (as applicable)*

Within 24-48 Hours by Email

- Faculty who teach and supervise students at the college of veterinary medicine, VME student mentors/advisors, leaders within the local VME community (if applicable)

The first people to notify are those who need to know while formal announcements are prepared, and students are notified (see [Sharing the News](#). A suggested communication checklist can be found in [Appendix A](#).

*If appropriate, the news may be shared with other College of Veterinary Medicine colleagues, such as the dean or other leader, via a phone call or email.

Informing the Emergency Contact Person/Family

Individuals within the CVM may be the first to know a student has been declared deceased. In such a situation the Crisis Response Team leader or a delegate (e.g., associate dean of student affairs) should contact the emergency contact person immediately. Every student should have emergency contact information on file (phone numbers, email address, and names of parents, spouse/partner, or other emergency contact person, living arrangements). Such information should be updated yearly.

In other situations, the police may know first, and will have their own protocol for notifying the next of kin. If the student was brought to the Emergency Room, the physician who declares the individual deceased would likely make the call. In situations where another individual has disclosed the death of a student, it is still important that the Crisis Response Team Leader or a designated individual from the school call the emergency contact person.

Prior to calling the emergency contact person it is helpful to obtain as much information as is currently available (see **Getting the Facts First**) as well as information about what, if anything, has already been conveyed to the emergency contact person (e.g., by police, emergency dept. physician). Reaching out to the Chaplain office may also be helpful.

This initial call should focus on condolences and extending support. Opening dialogue could go along these lines: “We have learned of some serious news about **[NAME OF STUDENT]**. Here at **[NAME OF COLLEGE OF VETERINARY MEDICINE]** we may not have complete information, but I want to talk with you about what we do know so far and learn what you may know as well.”

First, find out with whom you are speaking and if not the student’s family member, then ask if there is a family member with whom you should speak. Then, ask how members of the CVM can assist, and discuss the family’s preference regarding what information is provided to the CVM community. The emergency contact person/family member may ask what happened. Sometimes it is not clear early on if the death was by suicide or if the death was accidental. Starting by asking what they have heard or what they understand about what happened may be helpful. Be careful about sticking to the known facts and avoiding any conjecture.

Although difficult, it is vital to discuss what information can be relayed to faculty, staff and students. If the death is determined to be a suicide and the family does not want it disclosed, the emergency contact person should be informed that it would be helpful for fellow students to know the cause of death. It is important to tell the emergency contact person that members of the CVM community are deeply affected by the passing of their loved one and would benefit from honest disclosure of cause of death. Doing so enables peers, students, faculty and support staff to fully process and grieve the death of the student, to learn more about suicide and its causes, and, importantly, is an important step to keeping community members safe and avoiding more tragedy. Given the stigma of suicide being even higher in various underrepresented minority groups, a chaplain might be able to help family give permission to disclose the cause of death. That said, it should be kept in mind that the family may be in a state of shock immediately following the death and may not be ready to accept suicide as the cause of death; it is advisable not to push too hard, with the understanding that acceptance may arise within 24-48 hours.

Ask if they have thought about funeral arrangements and if members of the CVM community can attend, as some families wish for the funeral to be private. When discussing funeral arrangements, it is crucial to remain sensitive of the family’s grief during this time – it is possible they are hearing the news for the first time, and discussing funeral arrangements may be unintentionally hurtful or harmful. While information about funeral arrangements is important to gather at some point, use proper judgement to assess whether there has been enough time to consider arrangements and where the family may be in the immediate aftermath of processing their loss.

End the conversation by providing information about how the emergency contact person can reach one particular contact person at the school/institution (typically the caller) if questions arise following the initial call. If that person is not the individual making the initial call be sure that is clearly conveyed to the emergency contact person. Also, let them know to expect a follow up phone call within a few days. At that time, ask about travel plans so that Crisis Response Team members can meet with the family in person after they arrive. Suggested topics to cover with the emergency contact person can be found below. It may be relevant to inform the family of anticipated media attention surrounding the death of their loved one. Although suicides happen all over the world every day, the death of a student may draw unwanted media attention and the caller can help prepare the emergency contact person.

Topics to Cover with the Emergency Contact Person/Family

First Call

- Introduction (identify who you are and your role at the school), and verify with whom you are speaking
- "I'm calling to speak with you about a serious matter concerning your son, John"
- Ask what they have been informed of thus far, and gather any other knowledge or thoughts they may have (but be careful not to confuse this person's conjecture with fact)
- Relay only what you know to be the facts concerning the student's death
- Provide condolences and offer to meet; Ask if there is any assistance the school can provide to the family/emergency contact
- Ask permission to speak with fellow students about the cause of death
- Share that students may plan a vigil; in some cases, there is a strong wish on the part of students to do this, and the family can be included
- Consider mentioning the potential for media attention (they are not obligated to take interviews, and can refer media to the school's communications team if they prefer)
- Contact information for the investigating officer
- Inquire about funeral arrangements and whether school staff can help, and if they are welcome to attend
- How best to contact the emergency contact person going forward and how that individual can best contact the caller (phone number, email, evening/weekend)
- Identify/confirm who the family spokesperson is for ongoing communication
- Commitment to calling again the next day

Second Call at 24-48 Hours

- Willingness to share funeral plans, may flowers be sent, and may members of the CVM community attend
- If appropriate, desire for on-campus memorial service and acceptable venue

Topics continued on next page >

- Assistance the school can provide:
 - Collecting deceased student's belongings before their arrival
 - Finding local accommodations
 - Packing up belongings (if the death occurred inside the student's housing it will likely be sealed by police during their investigation and unavailable)
 - Handling media requests and responses
- Release of home address for condolence notes
 - Alternatively, the school may offer to collect condolence notes and send to the family in one package, if this is acceptable to the family
- Discussion with family about the school placing an obituary
 - Assistance with administrative issues
 - Provide resources for suicide loss survivors (afsp.org/loss)
 - Ask about travel plans so Crisis Response Team members can meet with the family in person

Subsequent Call, Up to Several Weeks Later

- Coordinate with family regarding school items (e.g., electronics)

Sharing the News

Following notification of key personnel and the emergency contact person, a plan must be developed and implemented for how to notify fellow students of the deceased student and relevant faculty, students and staff. What to say and how to say it varies by the group being informed along with the family's wishes.

When communicating about suicide do not use the outdated phrase (an offensive term to some) "committed suicide." Rather, use terms such as "died by suicide" "took their life" or "killed their self."

It is critically important for steps to be taken to ensure that suicide contagion risk is minimized to every extent possible. Contagion risk is heightened when a vulnerable individual is exposed to sensationalized communication about the suicide or when the deceased's manner of death or life is portrayed in an idealized manner¹. The risk of suicide contagion is mitigated by including support and mental health resources in several communications, and ensuring that every communication following the death is vetted using the talking points in **Appendix B**.

Notification should occur as soon as possible, ideally the same day of the death or before classes start in the morning. If there are students who were very close to the deceased who are known to the institution (e.g., significant others, close friends), they should be notified first and separate from the others. Members from the Crisis Response Team should connect regularly with these individuals over the next few weeks.

Although it is permissible to disclose a student has died, the cause of death should not be disclosed unless approved by the emergency contact person. In situations where the family does not want the cause of death shared with other students, it is still important to acknowledge the death and follow that immediately by saying or 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, individuals on the Crisis Response Team should state that the cause of death is still to be determined and additional information will be forthcoming. Suggested processes, and oral and written scripts to help convey this information are provided on the following pages, and in **Appendix C** and **D**.

Notifying Students in the Same School/Program as the Deceased Student

- Ideally, this should occur in-person the same day of the death or before classes start in the morning; practically, this can be difficult, especially if the school has multiple campuses and locations; attempts should be made, however, to communicate the news in person simultaneously to all students who may have known the deceased student; ideally, in person communication to the remainder of the student body should occur the same day
- If possible to divide the students into small groups (20 or less) to deliver the news, this is recommended in order to encourage honest dialogue and to avoid group escalation in anxiety, which is more likely in a large group setting; if not possible, the office staff should secure a room large enough to hold all students in the same program as the deceased student
- The office staff should contact every student telling them of an emergency mandatory meeting; students should be reached by phone, email, or text with instructions to attend the meeting regarding “sad news”; students who are off should be called and asked to come in to attend the meeting; clinical rotation students who are off-campus should receive a personal phone call from the dean
- College of veterinary medicine leadership, including the dean, and the Crisis Response Team should attend this meeting, as well as all support staff
- It can be helpful to have mental health professionals (i.e., point of contact for mental health needs in the student body or school), chaplain services, and employee assistance counselors available at the meeting when possible
- In situations of multiple campuses, efforts should be undertaken to identify which students are at external sites, or other campuses and bring students together to be informed at the same time as students on the main campus; during these site-based discussions, local site directors including student affairs officers and mental health personnel should facilitate the discussion; in these cases, the Crisis Response Team should identify a faculty or staff point of contact at each site to coordinate this initial meeting and to identify any students who seem vulnerable to keep a close eye, offer additional support, and ensure that the office of student affairs is aware of those students
- During the meeting, the Crisis Response Team members should introduce themselves (if not known to the students) and other guests; tips for how to talk about suicide and avoid contagion are provided in [Sharing the News](#); sample scripts to relay information in person about the death can be found in [Appendix C](#); share accurate information about the death of the student, as permitted by the emergency contact person
- If the emergency contact person declines to allow disclosure, members of the Crisis Response Team can state: “The family/emergency contact person has requested that information about the cause of death not be shared at this time”; members of the Crisis Response Team can take the opportunity to talk with students about suicide in general terms, and state:

“While the cause of death is not yet known, the topic of suicide has been raised by some. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed, struggling, or may be suicidal.”
- Allow students to express their grief, and identify those who may need additional support and resources; it is often expected that students and others would/should “process” feelings after being notified; it is important to stress that it is normal to have feelings, memories, and thoughts that may catch them off

guard and are intense and these should lessen over time, and if anyone is feeling distressed and feels like talking would be helpful, let them know how to access resources; explain that everyone's grief response is different – some students will need time off and others may find solace in working; commit to providing flexibility in scheduling, including modified exam dates or modified clinic duties without penalty when feasible; remind all students of the importance of seeking help if they are experiencing difficulty, and share specifics on how/where to do so

- Remind students of the processes in place for accessing care:
 - Encourage students to debrief/process their experience of losing a peer; provide a list of individuals, such as advisors who are available to students, and who the students can connect with to talk about the loss and debrief; this is not mental health treatment, but rather supportive debriefing with an advisor/mentor; consider providing cell phone numbers of Crisis Response Team leaders and/or other staff, and encourage the students to feel free to call 24/7 for support as needed (this should be done in person during meetings as well as via emails reminding the students of the support available to them)
 - Clinical treatment may be indicated for sleep, anxiety, mood and prevention of a depressive episode (e.g., in a student with a history of recurrent depressive episodes); explain how students can access treatment, if indicated
 - For debriefing and for clinical treatment options, include school and community-based mental health providers
 - Address the academic progress of students, including the consideration of academic action plans and encouraging students to seek academic assistance.
- Address barriers to engaging in self-care:
 - Explain the process for taking time off – and ensure students are aware that they will not be penalized or punished for doing so
 - Remind the college community that some flexibility in granting time off for student's in distress may be needed and is appropriate in these circumstances
 - Remind students that CVM leadership, including faculty and staff will not know who is receiving mental health care; consider having people in the audience speak about their own experience with seeking mental health care, or stating that many people who have never sought mental health services find speaking with a trained mental health professional at times like these very helpful
 - Some students may have heard that seeking mental health services may have negative ramifications on their academic/professional standing; it is important to remind them that, in fact, medical diagnoses and care are protected under HIPAA, and unaddressed mental health problems are much more likely to negatively impact safe practice or licensure than appropriate help-seeking behaviors
- Remind students if they have struggled with depression themselves or are actively getting mental health care, they may want to check-in with their therapist and/or psychiatrist
- Inform students of a clear mechanism to help identify anyone they are concerned about (e.g., whom to bring that information to if concerned)
- Share information about suicide bereavement groups in the community (afsp.org/SupportGroups has a list of over 800 nation-wide suicide loss support groups)

- Ask if students know if there are others (outside of the school) who may need to be notified or sent resources; for example, the student may have a significant other in the local area who is not known to the family but whom friends of the deceased know
- Talk about the importance of coming together as a community and supporting each other in times like these
- As applicable, inform students about the funeral and process for requesting time-off to attend the funeral
- Students may also experience guilt about not recognizing the signs of distress and suicide risk in another student; Some individuals may see themselves as sensitive to others, and not having “noticed” the signs of distress can induce guilt; it is important to remind everyone that some individuals may cloak their feelings of anxiety, worry, feeling overwhelmed or trapped, and/or other psychiatric symptoms; this both makes it difficult to identify those in distress so they can receive assistance and ends up making the individual feel more isolated as no one knows how they really feel; remind students that hindsight is 20/20, and as with all health outcomes, while many suicides can be prevented, not all can
- This presents an opportunity to highlight the importance of reaching out and the complexity of suicide – that it has multiple “causes” in every instance, and that we often do not know all of the physical, emotional or life stressors/past experiences with which the person was contending (for tips on how to talk about suicide, see [Appendix B](#)); and while it’s important to learn the warning signs, people saw the student in different contexts at different times; therefore each person likely had minimal data points to fill in the fuller picture of the multiple converging risk factors before death

There are likely to be individuals in the group who are more deeply affected by the death. It may be difficult to meet their needs during the initial meeting. It might be helpful to allow for a separate time for those who wish to discuss in more detail, particularly if the reporting is to a larger group. For example, Crisis Response Team members could offer to spend an additional 30 minutes with anyone who wants to talk further about the death. It’s best to provide several options for individuals to speak with, including one to two individuals outside the school or even home institution, since the option of privacy may be very important to some who may not otherwise seek support.

A second meeting with the students may also be wise to encourage them to think about how they would like to remember their peer. Ideas include writing a personal note or cards to the family, participating in or attending the memorial service, and/or doing something kind for another person. Other reflective activities such as writing, poetry reading, or an art project can also be very helpful. These can be done individually or as a group. It is important to acknowledge the need to express their feelings while helping them identify appropriate ways to do so.

At the end of the meeting, the Crisis Response Team should gather to review the day’s challenges, debrief and share experiences and concerns, consider strategies for individuals who may need additional support, remind each other of the importance of self-care, and plan for next steps and follow up. This might also be a good time to write an email to the students and key faculty about resources that were verbally shared during the meeting and any next steps.

Immediately after this meeting it is critical to inform faculty currently teaching this class of students, and staff about the death and the fact that the students have just been informed. These individuals may have known the student and may also be affected by this news. It is also important that these individuals understand that some students may be distraught when they return to clinics or to class. Fellow students from the same class who did not attend the in-person meeting should be informed as soon as possible, preferably by telephone and not email.

Written Communication with Others

Next, an email announcement should be sent to faculty who teach and supervise students at the college of veterinary medicine, student mentors/advisors, leaders within local VME community, staff working directly with the deceased student at time of death. Such communication should be sent within 24-48 hours. A follow-up email can be sent later with details regarding the obituary, address of emergency contact person and if applicable, funeral/memorial service information. Sample email scripts can be found in [Appendix D](#). A similar approach should be used for cases of death by any cause.

For leaders at other colleges of veterinary medicine in the surrounding geographical area, particularly where students from different schools have classes or work together, a thoughtful approach to whether an announcement should be made must be considered. On the one hand, if students at other schools have learned about the death, it can be helpful for leaders to gather them together to provide factual information and similar messages about the importance of well-being, support being available, and help seeking being a sign of strength. However, if most students have not become aware, this type of messaging can create unnecessary anxiety. It is recommended for the associate dean for student affairs and/or Crisis Response Team members to start by meeting with class representatives to determine the level of knowledge among the nearby VME student community, as well as to gauge the tone and level of concern the community is experiencing.

Working with the Community Partners

It may become necessary in the aftermath of a suicide to communicate with community partners such as the coroner/medical examiner and police.

If warranted, the coroner or medical examiner is the best starting point for confirming that the death has in fact been declared a suicide - in some cases, it may also be necessary to contact the police department to verify the information. However, given how quickly news and rumors spread (including through media coverage, email, texting, and social media), schools may not be able to wait for a final determination before they need to begin communicating with the students and faculty. There may also be cases in which there is disagreement between the authorities and the family regarding the cause of death. For example, the death may have been declared a probable suicide, but the family believes it to have been an accident or possible homicide. Or the death may have been declared a suicide, but the family does not want this communicated, perhaps due to stigma, respect for their loved one's privacy, fear of risking contagion, or because they simply do not yet believe or accept that it was suicide.

Colleges of Veterinary Medicine have a responsibility to balance the need to be truthful with the community while remaining sensitive to the family. As mentioned above, this is an opportunity to educate the community - including potentially vulnerable students - about the causes and complexity of suicide and to identify available mental health resources, without divulging the cause of death if the family does not offer their permission. Communication scripts can be found in [Appendix C](#) and [D](#).

The police will likely be an important source of information about the death, particularly if there is an ongoing investigation (for example, if it has not yet been determined whether the death was suicide or homicide). The Crisis Response Team will need to be in close communication with the police to determine (a) what they can and cannot say to the community so as not to interfere with the investigation, and (b) whether there are certain students who must be interviewed by the police before the Crisis Response Team can debrief or counsel them in any way. In situations where law enforcement must speak with students to help determine the cause of death, a Crisis Response Team member may offer to accompany the student for this discussion and notify institutional or school legal counsel.

Media and the Press

A member of the Crisis Response Team should be assigned to media relations. A media statement should be prepared (see [Appendix F](#) for example) and a designated media spokesperson identified. Identifying key messages for the media spokesperson can be helpful (see [Appendix G](#) for example). Typically, only authorized staff or institutional communication personnel should speak with the media. It may be best to advise students to avoid interviews with the media.

The risk of contagion is related to the amount, duration, prominence, and content of media coverage. Therefore, it is extremely important that schools strongly encourage the media to adhere to the recommendations for safe reporting, which were developed by the nation's leading suicide prevention organizations. These recommendations include the following:

- Do not glamorize or romanticize the victim or the suicide
- Do not oversimplify the causes of suicide
- Do not describe the details of the method
- Use preferred language, such as “died by suicide” or “killed himself or herself” rather than a “successful” suicide
- Include messages of hope and recovery
- Consult suicide prevention experts
- Include a list of warning signs, since most (but not all) people who die by suicide show warning signs (More information can be found at afsp.org/signs)
- List the National Suicide Prevention Lifeline number (800-273-TALK [8255]) and include information on local mental health resources in each article
- Include up-to-date local and national resources

The media can also be provided guidance on how best to report on suicide to minimize risk of suicide contagion which is available at afsp.org/SafeReporting.

Supporting the CVM Community

Helping Students Cope

The death of a classmate, under any circumstances, triggers an acute grief response, which may be intensely painful but is generally a self-limiting process. There are no prescribed ways of going through grief and each individual goes through it on their own terms, with uniquely individualized experiences, symptoms, trajectories and time courses. For some, grief is hardly noticeable; while for others, it can be a devastating experience, an emotional tsunami ripping apart a person's sense of meaning and belonging. The emotional expressions of grief, often occurring in waves, tend to peak within days to weeks to months. Ultimately the waves become less intense and less frequent. For most bereaved individuals, grief provides an opportunity to say goodbye, pay respects, feel the pain, and, hopefully mourn in the comfort and support of friends, relatives and neighbors. There is no situation where the old adage, “a trouble shared is a trouble halved” is more true.

Overall, the mourning process is the way bereaved individuals come to grips with their loss and ultimately transition to a life in which the deceased classmate is not forgotten, but rather resides in a comfortable place

in the bereaved individuals' hearts and memories. Grief following especially sudden and unanticipated losses, such as after a death by suicide, often has the added dimension of psychological trauma, and will have symptoms related to that, e.g., hypervigilance, avoidant behaviors, intrusive memories, numbness, sleep disruption, or changes in mood. These symptoms should lessen in intensity over time (days to weeks usually); if they do not lessen or if they are at a level of severity that interrupts the student's functioning, the student should be encouraged to seek out mental health care.

It may be helpful to reach out to students to help them process their emotions, and to better identify those who may need additional support. Mental health professionals can meet with small groups of students to help express feelings and discuss safe coping strategies. Students can be encouraged to use relaxation or mindfulness skills as a way to cope with intense emotions related to the event. Students may need to hear permission from leadership, faculty and staff to engage in healthy activities that will help them feel better and to take their mind off the stressful situation, as well as permission to seek help. Be specific about how to connect with available resources, including names, phone numbers, emails, etc. Participating in rituals, such as attending a funeral or memorial service, may help students resume their daily lives and responsibilities. It may additionally be important to encourage students to seek academic assistance, e.g., tutors, peer mentoring, one-on-one sessions with professors and so on, as it can be difficult to focus entirely on academic material during the grieving process.

Pay attention to students who are having particular difficulty, including those who may have struggled previously, or who begin to show signs of deteriorating health/well-being, e.g., tardiness, sick days, short temper, trouble managing workload, or any persistent changes from baseline behavior patterns. Encourage them to talk with counselors, chaplains, and other appropriate personnel. Ensure that student leaders are provided with support for their own well-being - help them become conscious of their own healing process and aware that not all of the responsibility in caring for fellow students falls on them.

The one-year anniversary of the death, or other significant dates such as the deceased's birthday, may stir up emotions and can be an upsetting time for students. The death of a peer, particularly by suicide, can evoke strong emotions. It is helpful to anticipate this, particularly for those students who were close to the deceased student or who are exposed to other deaths or challenges soon after the loss. Be guided by your community and student leaders to gauge the value of messaging from the dean's office or more individual outreach to particular students/faculty/community members to provide proactive and continued support.

Supporting Faculty and Staff

Although the faculty and staff will have known the student to varying degrees, the experience may still have a powerful personal impact. Taking the time to offer support in the aftermath of a traumatic event is important. Some faculty and staff will have had very close ties with the deceased. For those who struggle with their own baseline mental health issues, the death of a student with whom they had a close relationship can be triggering. Some faculty and staff may experience their own guilt about not recognizing the signs of distress and suicide risk in a student. It is important to remind those deeply touched by the experience they may need to discuss with their immediate supervisor whether they can take the rest of the day off and how to handle the immediate workload. These individuals may also be directed to Employee Assistance Program personnel or other in-house experts.

In many instances, other clinical staff may also be impacted. In an effort to communicate support to this broader network, make sure key leaders are aware. (See [Appendix D](#) for template emails.)

Faculty and staff should be reminded that:

- Caring for oneself is an important part of professionalism and is critical in caring for others; students learn from watching others model solid self-care practices
- Unattended feelings and mental health needs can lead to poor communication skills
- If you see something, say something (i.e. contact the associate dean of student affairs or program director if you notice changes in a student's behavior, irritability, etc.) Build relationships with students
- Students are working extremely hard – remember to acknowledge that and thank them
- Mindfully share your own experiences – it is important for students to know that many of the difficulties are a part of training

Ideally, steps should be taken so that one individual, such as an associate dean of student affairs, does not repeatedly have to tell the story of the student's death. Using a Crisis Response Team, as previously described, helps ease the burden.

Faculty, staff, and members of the Crisis Response Team should have debriefing meetings with in-house experts. Reaching out to these individuals two to eight weeks after the event is also a useful way to support their well-being and ongoing bereavement. Many find speaking with a therapist or counselor tremendously helpful.

Memorialization

Communities often want to memorialize an individual who has died. It can be a challenge to balance meeting the needs of distraught students while preserving the day-to-day activities. It is very important to treat all student deaths with the same basic approach, while giving some special consideration to contagion risk and the unique aspects of suicide loss. The approach for responding to the death of a student from a car accident or cancer should be the same as for a student who dies by suicide. This approach minimizes stigma and reduces the risk of suicide contagion. In the case of suicide, it is very important not to inadvertently glamorize or romanticize the deceased student or the death. It is best to emphasize the link between suicide and underlying mental health problems (such as depression and anxiety). These conditions can cause substantial psychological pain while not being apparent to others.

The first step is to discuss with the emergency contact person if they approve of a memorial service or remembrance event, and if so what an acceptable venue would be. Particular religious beliefs may make a chaplain service inappropriate, for example.

A memorial service planning checklist can be found in [Appendix E](#).

- In choosing a location, it is best that the memorial service not be held in regular meeting rooms; doing so could inextricably connect the space to the death, making it difficult for students, staff, and faculty to return there for regular learning
- The location should not be the place of death
- It is also best if services are held outside of regular hours; involving family and the student's close friends in planning the memorial can be helpful
- It is important to provide an opportunity for students to be heard; it will be valuable to remind all who will be talking at the funeral the importance of emphasizing the connection between suicide and underlying mental health issues, and not romanticizing the death in any way

- When announcing the memorial, include details regarding what to expect and policies for attending funerals
- Consider the timing of the service for particular faith traditions
- Mental health professionals should attend the memorial and be available to provide support
- Attendees should be requested, if at all possible, to turn off their phones as a sign of respect to their deceased colleague; being able to truly focus for this brief span of time means a great deal to those most intimately affected by the loss; for those on call, they should try to have a colleague cover them for two to three hours, if at all possible

Sometimes there is a desire to establish a permanent memorial (e.g., planting a tree, installing a bench or plaque, establishing a scholarship). Although such memorials may not increase risk of contagion they can be upsetting reminders to bereaved students and faculty. Careful consideration should be given to whether a permanent memorial is warranted, and this should only be done if this is protocol for other student deaths. If possible, permanent memorials should be located away from common areas of work and learning. It is also important to remember that once a permanent memorial is set up, it establishes a precedent that can be difficult to sustain over time. Sometimes families choose to set up a memorial scholarship fund in honor of their loved one, and these can be handled case by case; memorial funds are almost always positive since they take some time to set up, therefore are not likely to lead to contagion.

Other approaches for memorialization include:

- Holding a day of community service or creating a school-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 (e.g., outofthedarkness.org), or holding a local fundraising event to support a local crisis hotline or other suicide prevention program
- Sponsoring a mental health awareness day
- Purchasing books on mental health for the local library
- Working with the administration to develop and implement a curriculum focused on effective problem-solving or other pro-mental health activities such as mindfulness
- Volunteering at a community crisis hotline
- Raising funds to help the family defray their funeral expenses
- Making a book available in a common space for several weeks in which students and faculty can write messages to the family, share memories of the deceased, or offer condolences; the book can then be presented to the family on behalf of the community

Online Memorial Pages and Social Media

Online memorial pages and message boards have become common practice in the aftermath of a death. At times schools may choose (with the permission and support of the deceased student’s family) to establish a memorial page on the program’s website or on a social networking site. As with all memorialization following a suicide 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 utilize safe messaging, include resources, be monitored, and be time-limited.

It is recommended that online memorial pages remain active for up to 30 to 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the caring and supportive messages that had been posted and encouraging those who wish to further honor their friend and/or colleague to consider other approaches.

If the deceased's friends create a memorial page of their own, it is important that the Crisis Response Team communicate with the friends to ensure that the page includes safe messaging and accurate information². An example of recommended language for a friends and family memorial page could include: "The best way to honor your loved one 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., National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or the Crisis Text Line at 741-741). Crisis Response Team members should also join any student-initiated memorial pages so that they can monitor and respond as appropriate.

Social media should be monitored for several weeks following the death. A member of the Crisis Response Team who is adept at social media can watch for distressed posts by others, and also for posts that get into graphic details about suicide, pictures of location of death, or memes that make suicide seem like a positive outcome, e.g., meme of picture from movie Aladdin: "Genie, you're free" that unfortunately went viral after Robin Williams' death. Posts that increase risk of contagion should be taken down.

Moving Forward

Promoting the well-being of students and all members of the CVM community requires a long-term, sustained effort. Continuing to improve the learning environment and support for student well-being must occur beyond the acute phase after a suicide. A few months following the suicide, schools should consider implementing:

- Mental health and suicide awareness programs to educate students, faculty and staff about the symptoms of depression and the causes of suicidal behavior
- Programs to educate students, faculty, and staff about mental health and suicide risk among veterinary professionals
- The AVMA has developed a set of resources to support veterinary well-being that is available at avma.org/wellbeing and myvetlife.avma.org
- A suicide prevention program that utilizes an educational campaign directed at all levels of the college of veterinary medicine and specific mechanisms for help seeking to be safe and encouraged.
- Some schools may also wish to take collective action to address the problem of suicide, such as participating as a team in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center

The death of a student by suicide poses a significant emotional challenge. A comprehensive and step wise approach to help the community grieve should be developed and tailored to the school. Although one hopes to never face this difficult loss, preparation can ease the anguish and optimize the outcomes for the veterinary medicine community at-large.

Appendix: Crisis Response Tools

Appendix A:

Suggested Internal Communication List

	Who?	When?	Notes/Completed
Phase 1: Immediate Notification by Phone or In-Person			
Institutional leadership (President/Dean)			
Institutional veterinary medical education (VME) leadership			
Crisis response team members			
Student mental health professionals/ employee assistance personnel			
Phase 2: Same Day Notification by Phone or In-Person			
Deceased students' emergency contact person/family			
Chaplain			
Fellow students			
Human resources			
Legal/risk management			
Communication/public relations office			
School leadership teams at other campuses (as applicable)			
Faculty/staff working directly with the deceased student at the time of death			

Continued on next page >

	Who?	When?	Notes/Completed
Phase 3: Notification Within 24-48 Hours by Email			
Faculty/staff who teach/supervise students at the school			
School mentors/advisors			
Leadership within the local VME community			
Leadership at local veterinary medical schools			

Appendix B:

Tips for Talking about Suicide

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

For more information about suicide risk factors and warning signs, visit afsp.org/signs.

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

Continued on next page >

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

Continued on next page >

<p>Promote Help-Seeking</p>	<p>Say</p>
<p>Advise students to seek help from a trusted mentor or mental health professional if they or a friend are feeling depressed. Communicate that we don't need to wait for a crisis – early help seeking is a sign of strength. If students have thoughts of self-harm, encourage them to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), text TALK to the Crisis Text Line at 741-741, go to the emergency room, or call 911.</p>	<p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”</p> <p>“There are effective treatments to help people who have mental health struggles or substance use problems. Suicide is never the right answer.”</p> <p>“Help seeking is a sign of strength, a way to show the most proactive, mature level of professionalism. Seeking support or healthcare to is essential to personal health/well-being, as well as for the betterment of professional work.”</p> <p>“This is an important time for all in our community to support and look out for one another. If you are concerned about a friend or colleague, you need to tell someone.”</p> <p>“Whether you get help from recommended resources or others, the important thing is to get help when you need it.”</p>
<p>Address Blaming and Scapegoating</p>	<p>Say</p>
<p>It is common to try to answer the question “why?” after a suicide death. Sometimes this can turn into blaming others for the death.</p>	<p>“The reasons that someone dies by suicide are not simple and are related to mental anguish that gets in the way of the person thinking clearly. Blaming others – or blaming the person who died – does not acknowledge the reality that the person was battling a kind of intense suffering that is difficult for many of us to relate to during normal health.”</p>
<p>Address Anger</p>	<p>Say</p>
<p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>“It is not uncommon to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behavior and still care deeply about that person.”</p>

Continued on next page >

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

Appendix C:

Sample Scripts to be Used in Face-to-Face Communication

Death Ruled a Suicide

It is with great sadness that I have to tell you that one of our students, **[NAME]**, has died by suicide. 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 of students, which may include gasps, loud crying etc. as some students may react very strongly to the news.)

A suicide death presents us with many questions that we may not be able to answer right away. Rumors may begin to circulate, and we ask that you not spread rumors you may hear. We'll do our best to give you accurate information as it becomes known to us.

Suicide is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors are not identified or noticed; in other cases, a person will show obvious changes or warning signs. One thing is certain: there is support and treatment that can help. Even when crisis occurs, suicide isn't the solution. 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.

We have mental health professionals available to help us with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, these are the contacts. **[INSERT CONTACTS HERE]**

Sometimes when we are confronted by the death of a colleague or peer, we feel responsible. We wonder if there was "something that we missed." First, remember, that 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 fellow student's behavior, engage in a compassionate conversation and listen to their thoughts; if you are concerned encourage them to seek help and consider letting **[NAME OF APPROPRIATE LOCAL PERSON]** know.

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.

Cause of Death is Unconfirmed

It is with great sadness that I have to tell you that one of our students, [NAME], has died. 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 of students, which may include gasps, loud crying etc. as some students may react very strongly to the news.)

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask you only share information known to 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.

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] or not. All types of emotions are common following the loss of someone you know – sadness, confusion, guilt, anger, numbness. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

We have counselors available to help our community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, these are the contacts. **[INSERT CONTACTS HERE]**

Sometimes when we are confronted by the death of a colleague, we feel responsible. We wonder if there was "something that we missed." No one has the ability to predict death. We do know that talk saves lives. If your gut instinct tells you something is different about a fellow student's behavior, have a conversation with them. If you are concerned, encourage them to seek help and consider letting **[NAME OF APPROPRIATE LOCAL PERSON]** know.

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.

Cause of Death May Not be Disclosed

It is with great sadness that I have to tell you that one of our students, [NAME], has died. 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 of students, which may include gasps, loud crying etc. as some students may react very strongly to the news.)

The family of [NAME] has requested that information about the cause of death not be shared at this time. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask that you only share information known to be factual since inaccurate information can be hurtful to those coping with this loss. We'll do our best to give you accurate information as it becomes known to us.

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

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

Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Feeling sad, upset, confused, angry, or numb are normal responses to 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 them 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.

We have counselors available to help us deal with this sad loss. If you'd like to talk to a counselor, just let us know. Sometimes when we are confronted by the death of a colleague, we feel responsible. We wonder if there was "something that we missed." No one has the ability to predict death. We do know that talk saves lives. If your gut instinct tells you something is different about a fellow student's behavior, have a conversation and listen to them, and if you are concerned encourage them to seek help and consider letting [NAME OF APPROPRIATE LOCAL PERSON] know.

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.

Appendix D:

Sample Email Death Notifications

Sample Email Death Notifications for On-Site Students, Faculty and Staff

To be sent by email with subject "Sad News".

An email announcement should be sent to members of the CVM community (e.g., deans and associate deans, chairs, core faculty of the deceased student's program, student affairs personnel etc.) A follow-up email can be sent later with details regarding the obituary, address of emergency contact person (if released, see above) and if applicable, funeral/memorial service information. Remember that the same approach should be used in other types of death.

Death Ruled a Suicide

I am writing with great sadness to inform you that one of our students, [NAME] a [FIRST/SECOND/ THIRD/ FOURTH] year student, has died. Our thoughts are with their family and friends, and CVM community.

All available students were given the news of the death today. The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors and warning signs are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

Resources for support and mental health care are listed below. We encourage community members to seek the help they need and support others in doing the same. It is a time to come together, to grieve, and to support each other.

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.

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

Sincerely,

[CRISIS RESPONSE TEAM LEADER OR DEAN/ASSOCIATE DEAN]

Cause of Death is Unconfirmed

I am writing with great sadness to inform you that one of our students, **[NAME]** a **[FIRST/SECOND/THIRD/FOURTH]** year student, has died. Our thoughts are with their family and friends and the CVM community.

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

Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness. Sometimes these risk factors are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

Resources for support and mental health care are listed below. We encourage community members to seek the help they need and support others in doing the same. It is a time to come together, to grieve, and to support each other.

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.

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

Sincerely,

[CRISIS RESPONSE TEAM LEADER]

Cause of Death May Not be Disclosed

I am writing with great sadness to inform you that one of our students, [NAME] a [FIRST/SECOND/THIRD/FOURTH] year student, has died. Our thoughts and sympathies are with their family and friends and school community.

All available students were given the news of the death today. The family has requested that information about the cause of death not be shared at this time. We are aware that there has been speculation that this may have been a suicide. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

Resources for support and mental health care are listed below. We encourage community members to seek the help they need and support others in doing the same. It is a time to come together, to grieve, and to support each other.

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.

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

Sincerely,

[CRISIS RESPONSE TEAM LEADER]

Sample Email Death Notification for Instructors, Mentors, Supervisors

Refer to the emails above in addressing whether the cause of death is known and if the family wishes it to be shared. The email to the rest of the programs should come from the dean or associate dean.

I am writing with great sadness to inform you that one of our students, **[NAME]** a **[FIRST/SECOND/THIRD/FOURTH]**, has died. Our thoughts are with their family and friends and school community.

All available students were given the news of the death today. The cause of death was suicide. Suicide 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 obvious symptoms or signs.

Please speak with the students about this sad news and the supports which are available to them. Consider if you have any students rotating at your institution or others who may be at risk and reach out to them individually. Please notify me of any concerning behavior by a student.

Resources for support and mental health care are listed below. We encourage any community members to seek the help they need and to support others in doing the same. It is a time to come together, to grieve, and to support each other. **[INSERT CONTACTS HERE]**

(As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available.

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

Sincerely,

[CRISIS RESPONSE TEAM LEADER]

[CONTACT INFORMATION]

Appendix E:

Memorial Service Planning Checklist

In consultation with the family, the following details may be considered:

	Who?	When?	Notes/Completed
Name and date of remembrance			
Location			
Order flowers			
Obtain a sign-in book for family to keep			
Framed picture of medical student to place on easel			
Furniture needs			
How many chairs are needed			
Tables to display pictures and belongings			
Coat racks			
Tissues			
Basket to collect cards			
Catering and room reserved			
Organization: How will the program run?			
Will there be a master of ceremonies?			
Will any students, staff or faculty speak? Open microphone?			
Does the family want/feel comfortable speaking?			

Continued on next page >

	Who?	When?	Notes/Completed
Music and/or slideshow			
What music will be playing when guests arrive? Are students, faculty, or staff able to play piano at opening, during service, and/or after?			
Will a slide show be put together to run with pictures while people are arriving or as part of the memorial?			
Video – Does the family want it videotaped?			
What AV is needed?			
Program: Who will design program for memorial?			
Support: Will counselors be on hand to support guests?			

Appendix F:

Sample Media Statement

It may be necessary to proactively or upon request provide a statement to local media outlets. Such statements will likely need to be reviewed by the school's communication and legal team. In some states there may be a state law regarding discussing cause of death. A sample script is below:

We were informed by the coroner's office that a [AGE] year-old student at [LOCATION] has died. The cause of death was suicide.

OR

We were informed by the coroner's office that [NAME], a [AGE] year-old student at [LOCATION] has died unexpectedly. He was graduate of [COLLEGE].

Our thoughts and support go out to their family and friends at this difficult time.

Trained crisis counselors will be available to meet with students, faculty, and staff starting tomorrow and continuing over the next few weeks as needed. Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can increase the risk of suicide contagion ("copycat" suicides), particularly among youth. Media are strongly encouraged to refer to the document "Reporting on Suicide: Recommendations for the Media," which is available at afsp.org/media.

Media Contact

NAME:

TITLE:

SCHOOL:

PHONE:

EMAIL ADDRESS:

Appendix G:

Key Messages for Media Spokesperson

For use when fielding media inquiries.

Suicide/Mental Health Conditions

- Suicide is one of our nation’s leading, yet preventable, causes of death
- Among the top ten leading causes of death in our nation, suicide continues to be on the rise; we must invest in research and prevention at a level commensurate with suicide’s toll on our nation
- The risk of suicide increases when several health factors and life stressors converge at the same time in a person’s life
- Multiple risk factors and protective factors interact in a dynamic way over time, affecting a person’s risk for suicide; this means there are ways to decrease a person’s risk, once you learn which modifiable risk factors are pertinent in a particular person’s life, e.g., getting depression treated and well managed, limiting use of alcohol particularly during times of crisis, developing healthy boundaries in relationships, limiting exposure to toxic people, developing healthy self-expectations and accepting imperfection as a part of life, etc.
- We are learning how to connect the dots and notice warning signs, to detect when people are at increased risk – suicide is generally preventable
- 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

School Response Messages

- We are saddened by the death of one of our students; our hearts [and/or thoughts, and/or prayers] go out to their family and friends, and the entire community
- We will be offering grief counseling for students, faculty and staff starting on [DATE] through [DATE]

Response to Media

- Media are strongly encouraged to refer to the document “Reporting on Suicide: Recommendations for the Media,” which is available at afsp.org/media
- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide deaths in the news media can contribute to suicide contagion (“copycat” suicides)

- Media coverage that details the location and manner of suicide with photos or video increases risk of contagion
- Media should avoid oversimplifying the cause of suicide (e.g., don't say "student took their own life after breakup with significant other"); this gives people a simplistic understanding of a very complicated issue, and doesn't allow for learning about the many risk factors that can be points for intervention
- Instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental health condition such as depression, and that mental health can be managed and optimized like any other aspect of health
- Media should include links to or information about helpful resources such as local mental health resources, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), and the Crisis Text Line at 741-741

Appendix H:

Facts about Suicide and Mental Health in Veterinarians

Suicide is generally caused by the convergence of multiple risk factors, the most common being untreated or inadequately managed mental health conditions, and access to (and knowledge regarding) lethal means. Culture and beliefs also play a role in suicide risk; regional variations in culture are linked with suicide risk: the populations that have lower stigma related to mental health problems and help-seeking behaviors, have lower rates of suicide than those populations with higher stigma³. Suicide is more common in veterinarians than in the general population. This may be due to heightened barriers to care and greater access to lethal means among the veterinarian population.

Suicide Statistics

- Suicide is the 10th leading cause of death in the US
- In 2017, 47,173 Americans died by suicide
- In 2017, there were an estimated 1,400,000 suicide attempts
- Suicide is the second leading cause of death in the 24-34 age range (accidents are the first)
- Although suicide is the second leading cause of death among young Americans age 15-34, suicide has a low base-rate (about 13/100,000 in the U.S.) so the numbers are still low

Suicide statistics are released each year from the Centers for Disease Control & Prevention. More information about statistics can be found at afsp.org/statistics.

Veterinarian Suicide Statistics

- 39% of suicide deaths among veterinarians over a 36-year study period were the result of pharmaceutical poisoning, a rate nearly 2.5 times that for individuals in the general U.S. population who died by suicide in 2016⁴
- In 2014, a convenience sample survey of 11,627 US veterinarians found 9% had current serious psychological distress, 31% had experienced depressive episodes, and 17% had experienced suicidal ideation since leaving veterinary school; each of these is a risk factor for suicide and each was more prevalent than in the general population⁵
- Male veterinarians were 2.1 times and female veterinarians were 3.5 times as likely as the general US population to die by suicide⁶
- Additionally, veterinarians are trained to view euthanasia as an acceptable method to relieve suffering in animals, which can affect the way veterinarians view human life, including a reduced fear about death, especially among those experiencing suicidal ideation⁷

Accessing appropriate mental health treatment at key times is a critically important part of reducing suicide risk. Information and referrals regarding treatment for mental and substance use disorders are available at SAMHSA's National Helpline: 1-800-662-HELP (4357). This is a free, confidential service open 24/7.

Additional Resources

Resources for finding mental health care

- afsp.org/resources
- findtreatment.samhsa.gov or SAMHSA's National Helpline at 1-800-662-HELP (4357)

Resources to support veterinary well-being

- avma.org/wellbeing
- myvetlife.avma.org

Resources for suicide loss

- afsp.org/afteraloss

References

1. Gould, M., Jamieson, P., & Romer, D. (2003). Media Contagion and Suicide among the Young. *American Behavioral Scientist*, 46(9), 1269-1284. doi:10.1177/0002764202250670
2. Reeves, M.A., Nickerson, A.B., Conolly-Wilson, C.N., Susan, M.K., Lazarro, B.R., Jimerson, S.R., Pesce, R.C. (2011) PREPaRE Workshop 1: Crisis prevention and preparedness: Comprehensive school safety planning (2nd ed). Bethesda, MD: National Association of School Psychologists.
3. Reynders, A., Kerkhof, A. J., Molenberghs, G., & Audenhove, C. V. (2013). Attitudes and stigma in relation to help-seeking intentions for psychological problems in low and high suicide rate regions. *Social Psychiatry and Psychiatric Epidemiology*, 49(2), 231-239. doi:10.1007/s00127-013-0745-4
4. CDC National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS), 2015. Available at: webappa.cdc.gov/sasweb/ncipc/mortrate.html.
5. Nett R.J., Witte T.K., Holzbauer S.M., et al. (2015) Risk factors for suicide, attitudes toward mental illness, and practice-related stressors among US veterinarians. *J Am Vet Med Assoc*;247:945-955.
6. Tomasi S.E., Fechter-Leggett E.D., Edwards N.T., Reddish A.D., Crosby A.E., Nett R.J. (2019) Suicide among veterinarians in the United States from 1979 through 2015. *J Am Vet Med Assoc*;254(1):104-112.
7. Ibid.

