



AFTER A SUICIDE:

A Toolkit for
Construction Workplaces



American
Foundation
for Suicide
Prevention

FORWARD

This toolkit represents a collaborative effort with national experts, including clinicians, researchers, and crisis response professionals. This toolkit offers valuable insights for supervisors and employees throughout the construction industry. The grief process following a death by suicide is unique and different for everyone. The toolkit is designed to assist project teams and management personnel in responding immediately in the wake of a suicide, and also in the community's long-term healing process.

Within this comprehensive toolkit, we have structured the content into several key sections to provide a cohesive and organized approach to addressing the aftermath of an employee's suicide. Each section offers specific guidance and resources to help project teams navigate this sensitive and critical issue with compassion, competence, and effectiveness.

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

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

To facilitate practical implementation, the toolkit includes a Tools and Templates section. Here, you will find sample guidelines, correspondence, and procedures that can be customized and used in the aftermath of a suicide. These resources aim to streamline the response process and ensure consistency in actions taken.

Lastly, the Additional Resources section serves as a valuable repository of information. It provides sources of further information, mental and behavioral health resources, crisis services, and comprehensive guidance on preparing for and responding to suicide in the construction industry. These resources are meant to empower employers and project teams to take proactive steps in promoting mental well-being and suicide prevention.

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

American Foundation for Suicide Prevention (afsp.org)

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

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CHECKLIST FOR AFTER A SUICIDE

Day 1

- ☐ Activate the Crisis Response Team; if not already in place, develop one using the provided tips and template
- ☐ Conduct immediate notifications
- ☐ Initiate contact with the deceased employee's emergency contact/family
- ☐ Make a plan for notifying construction workplace personnel who were close to the deceased employee
- ☐ Hold meetings with construction workplace personnel; check in daily with superintendents, forepersons, and others (as applicable) — they are on the front line and may know who needs support
- ☐ Consider cancelling nonessential work activities, or changing schedules as needed for a designated period of time (i.e., 1-2 days, 1 week)
- ☐ Ensure that mental health services are available 24/7 for at least the first two weeks for anyone impacted
- ☐ Debrief with Crisis Response Team (do so daily for at least the first week or longer, as needed)

Day 2

- ☐ Coordinate remaining announcements and notifications
- ☐ Identify and check in individually with anyone in the construction workplace that may need additional support (e.g., employees on the same team, supervisors)
- ☐ Hold multiple, open-hours sessions for mental health professionals to debrief with construction workplace personnel — this will also help identify individuals that need additional services
- ☐ Have mental health professionals available for construction workplace personnel to drop in and see them as needed throughout the day
- ☐ Attend to the wellbeing of construction workplace leaders (e.g., project manager, superintendent, forepersons) by promoting access to one-on-one counseling and coordinating larger group meetings facilitated by an expert to debrief on the loss and its impact
- ☐ Check in with the deceased employee's emergency contact/family regarding funeral arrangements and next steps
- ☐ Let construction workplace personnel know about funeral arrangements, an address for condolence cards, and any social media or online memorials, per the family's preferences
- ☐ Debrief with Crisis Response Team

Day 3-4

- ☐ Encourage informal gatherings of construction workplace personnel outside of work hours
- ☐ Assess employee wellbeing and provide assistance and support as able/needed (e.g., meals, transportation, lighter workloads, etc.); ask supervisors to check in with their crews
- ☐ Return to regularly scheduled activities
- ☐ Debrief with Crisis Response Team

Day 5-7

- ☐ Continue to check in with construction workplace personnel and those working closely with them (superintendent, forepersons)
- ☐ Debrief with Crisis Response Team, which should continue to meet on a routine basis to monitor the wellbeing of construction workplace personnel and to carry out the communication plan and other necessary actions

Week 2

- ☐ Draft and distribute a statement recognizing that it is still early in the grieving process and reminding construction workplace personnel to check in with each other, their supervisors, and project leadership, and to make use of available mental health services.
- ☐ Check in with deceased employee's family regarding any human resource issues (benefits, final paycheck, returning of electronic devices, etc.) and memorial service
- ☐ Provide suicide loss resources to construction workplace personnel (see [Appendix A: Additional Resources](#))
- ☐ Debrief with Crisis Response Team

Week 3-4

- ☐ Consider scheduling another session to debrief with construction workplace personnel
- ☐ Continue to check in with the superintendent, forepersons, and Human Resources about how to best provide continued support and identify who may need additional support
- ☐ Monitor employee coping and absences as well as impact on schedules and workflow
- ☐ Debrief with Crisis Response Team and shift focus toward next steps

Beyond the First Month

- ☐ Attend to employee wellbeing issues
- ☐ Develop an employee well-being plan (if not already in place) and engage workplace leadership to develop a long-term plan for monitoring and addressing employee wellbeing
- ☐ Develop workplace suicide prevention plan (if not already in place) that takes the long view on how the workplace plans to address factors that lead to stress, burnout, and suicide risk

KEY TERMS

Loss Survivor

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

Postvention

Activities that help people cope with the emotional distress resulting from a suicide. Postvention aims to prevent additional trauma and any potential for suicide contagion that could lead to further suicidal behavior and deaths, especially among people who may be at elevated risk for suicide.

Suicide Contagion

Contagion is when the exposure to the suicide or suicidal behavior of one or more persons influences others to attempt suicide.

INTRODUCTION

Suicide is a public health problem and a leading cause of death in the United States, including among people of working age (16 to 64 years).¹ Unfortunately, the construction industry experiences the second highest rate of suicide of any major employment sector due to factors such as physically demanding work conditions, transient construction workplaces, isolated environments, and cultural expectations of toughness.² The death of a construction professional by suicide not only has a profound impact on co-workers and supervisors, but also affects clients, vendors, industry partners, and the local community. This is true whether a suicide death occurs on-site or off-site—similar protocols and considerations should be followed and addressed no matter where the death occurs.

When a construction workplace experiences the loss of a worker by suicide, project managers, site safety professionals, union stewards, and other leaders are immediately faced with operational challenges, emotional trauma among themselves and team members, and possible media attention. This document aims to provide guidance, tools, and best practices for responding effectively and compassionately in the aftermath of a suicide on or connected to a construction workplace.

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

- **Provide Workplace Guidance:** Offer concise, actionable tools and protocols for responding at the project site level or other construction workplace level after a suicide.
- **Support Grieving Workers:** Address the unique needs of construction managers, construction professionals, union members, subcontractors, and vendors who may be deeply affected.
- **Communicate Externally:** Guide communication with regulatory agencies (e.g., OSHA and state/local agencies), owners/clients, and the public.
- **Promote Industry-Wide Prevention:** Encourage broader adoption of suicide prevention approaches in construction, forging a path toward safer, more supportive construction workplaces.

These recommendations were developed in consultation with national experts—clinicians, researchers, and crisis responders—and adapted for the specific realities of the construction sector. While this toolkit is especially useful for construction project site leadership, it can also benefit all levels of the construction industry to support those impacted by a colleague's death.

The following principles have guided the development of this toolkit:

- **Unified Framework for Worker Deaths:** Construction workplace policy should address all fatalities consistently, including those by suicide, heart attacks, or other causes.
- **Risk of Contagion:** Recognize that suicide contagion can occur if workers vulnerable to mental health struggles become further destabilized by the loss of a colleague. Contagion risk can be mitigated by following postvention strategies and employing safe messaging.
- **Opportunity for Healing:** With compassionate leadership from supervisors, safety managers, site superintendents, forepersons, and others, the workforce can navigate the aftermath of a suicide, grieve collectively, and work toward rebuilding a healthy, functioning workplace.

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

² Procore. Improving Mental Health in Construction: Resources & Tools (retrieved Dec. 2024).

- **Complex Causes:** A construction professional who dies by suicide has likely struggled with significant concerns, including biological, psychological, social and environmental factors that caused substantial psychological pain even if that pain was not apparent to others.
- **Access to Help:** Workers should be informed about mental health and crisis intervention resources available through Employee Assistance Programs (EAPs), union benefits, or community providers.
- **Cultural Competence:** Construction is a diverse industry. Language barriers, differing cultural views on mental health, and union vs. open shop contexts should be considered in postvention planning.

This toolkit was designed to help construction workplaces respond immediately in the minutes, hours, and days after a suicide as well as in the weeks and months it takes the community to heal and move forward. With the hope that it will never be needed, having a plan and resources in place before a crisis occurs will enable staff to respond in an organized, effective, and supportive manner.

GETTING STARTED: DEVELOPING POSTVENTION PROTOCOLS

Establishing a set of postvention protocols specifically tailored for construction workplaces can ensure a prompt, appropriate, organized, and effective response in case of a worker's death by suicide. These protocols should fit into existing emergency or crisis response guidelines. However, suicide deaths present additional complexities compared to other job-site incidents, such as the risk of contagion, the stigma of mental health struggles, and the need for specialized communication strategies.

CREATING A CRISIS RESPONSE TEAM

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

CRT members should be made up of a diverse group of individuals who have different roles at the workplace, chosen for their skills, credentials, and ability to work compassionately and effectively under pressure. Selecting the team leader and members can be accomplished in several ways. For example, at a construction jobsite, the team would include several key individuals, such as the project manager, safety manager, site superintendent, onsite or corporate human resources representatives, onsite or corporate mental health professionals, onsite or corporate communications/public relations personnel, onsite or corporate information technology (IT) representatives, and legal staff (if available). If mental health professionals are not part of the organizational structure, consider including an external mental health professional or an expert in suicide postvention as part of your CRT or as a consultant. They can provide essential guidance and resources (see [External Support](#) section). The team should have the ability to work with the diversity of personnel and families represented by the project workforce.

Crisis Response Team Roles

Clearly outline each CRT member's role and responsibilities.

Suggested CRT roles include:

Team Coordinator

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

Back-up Coordinator

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

Support Personnel

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

Communications Lead

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

External Support

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

Training and Support

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

ADDRESSING CULTURAL DIVERSITY

Construction workplaces often bring together workers of various nationalities, languages, cultural backgrounds, and union or non-union affiliations. Awareness of these differences is vital when responding to a suicide. Cultural norms can influence how individuals perceive suicide, mental health struggles, and workplace interventions. For instance, some cultures may prefer to keep discussions about mental illness private, while others may openly seek communal support.

Respect the family's wishes regarding disclosure and traditions for memorialization. If an employee's family is not comfortable discussing suicide openly, the CRT should honor their request. Meanwhile, employees from diverse backgrounds may have equally diverse reactions—ranging from open grief to silent avoidance. In all cases, the CRT should make appropriate resources available (e.g., on-staff translators, culturally attuned grief counselors) and be mindful of how these differing beliefs and customs can influence the grieving process at a construction workplace.

POSTVENTION PLAN

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

CRISIS RESPONSE

IN THIS SECTION

Get the Facts

Steps for Crisis Response

If the Suicide Death Occurs at Work

When construction workplace leadership learns of the suicide death of a worker the first steps are to confirm the facts, convene the CRT, and initiate the Postvention Plan. Rapid implementation of the Plan is crucial, given that rumors can spread swiftly among personnel and on social media.

The purpose of a coordinated crisis response is to effectively manage the situation, provide opportunities for grief support, maintain an environment focused on essential workday activities to the extent possible, help personnel cope with their feelings, and minimize the risk of suicide contagion. This section provides information on the immediate steps that should be taken when the workplace learns that an employee has died by suicide.

GET THE FACTS

When a worker death by suicide occurs, the first task is to gather accurate information. Construction crews often communicate quickly among themselves, and rumors can be damaging or misleading. Aim to confirm:

- The identity of the deceased worker
- Relevant circumstances of the death (if known)
- Whether official confirmation of the death by suicide is available or still pending
- The decedent's emergency contact information

Since social media or text message rumors might spread rapidly, it is critical to handle notifications quickly and with respect for the family's wishes.

STEPS FOR CRISIS RESPONSE

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

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

The goal of contacting the decedent's family is to offer condolences, inquire as to what the workplace can do to assist, ask if the family may know of any colleagues who were particularly close to the deceased and thus in need of additional support, discuss the family's preference for whether to disclose the death by suicide and/ or how to disclose, and inquire about funeral arrangements. Remember that depending on how recently the family received the news, they may not be able to articulate how the decedent's former workplace can be helpful. It is okay to simply offer support or condolences, let them know you are ready to help and that you will check in with them in a few days if that is okay. See [Appendix B: Tools and Templates](#) for topics to cover when talking with the emergency contact or family.

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

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

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

Step 2: Convening the Crisis Response Team

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

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

Step 3: Communicating the Loss

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

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

Step 4: Disseminate Resources and Information

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

Step 5: Consider Adding Additional Support

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

IF THE SUICIDE DEATH OCCURS AT WORK

Although construction professionals are five times more likely to die by suicide than by occupational injury, death by injury is far more likely in a construction workplace than suicide.³ Nevertheless, it is imperative that workplace leaders and the CRT be prepared to respond should a suicide or suicide attempt occur at a jobsite or in the workplace. In such cases, project leaders should follow the same protocols they would for any other on-site death or injury, per their company's policies and procedures. For example:

- **Secure the Area:** Immediately contact emergency services (911 and any onsite emergency or medical support personnel) and restrict access to the scene. Provide first aid if possible. Ensure law enforcement can conduct an investigation and that traumatized workers are given space or relocated temporarily.
- **Address Employee Needs:** Anyone who witnessed the event or arrived early at the scene may need targeted mental health or crisis support.
- **Site-Specific Adjustments:** Typically, construction sites will be shut down entirely upon the occurrence of an on-site death. However, when work ultimately resumes, it may be appropriate to redirect crews or reschedule tasks to help distance workers from the location of the incident until sufficient time has passed.
- **Coordinate with Insurers:** Construction often involves multiple insurance carriers; they may need to be notified promptly according to contractual obligations.
- **Report to Authorities:** OSHA must be notified within eight hours of the death. State and local authorities may also need to be notified.

Though rare, having a clear plan in place for an on-site suicide death ensures that project leaders can act swiftly, uphold the safety and emotional well-being of all workers, and fulfill their legal obligations. With a combination of compassionate response, practical measures (like securing the scene and providing immediate support), and structured follow-up, construction teams can navigate an immensely difficult situation while preserving the sense of security essential to moving forward in a united and supportive way.

³ CPWR: Data Bulletin. Leading Causes of All Deaths, Among Current, Retired, and Former Construction Workers (retrieved Jan. 2023).

CRISIS RESPONSE COMMUNICATION

IN THIS SECTION

Communication Plan

Consistent Messaging on Suicide

Employee Communications

External Communications

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

COMMUNICATION PLAN

The CRT is responsible for coordinating communication across the organization, and effectively communicating the news of a colleague's suicide is one of their most critical duties. In a fast-paced, highly collaborative environment, clear, concise, and empathetic messaging helps prevent rumors, acknowledges the loss with respect, and ensures that all workers have equal access to the support and resources they may need.

- **In-Person or Stand-Down:** Notifying workers is best done face-to-face in groups whenever possible. On large projects, consider an early morning "safety stand-down" where the site superintendent conveys factual information compassionately.
- **Respect Privacy:** Share only confirmed details and consider the family's wishes about stating the death was by suicide. If unconfirmed, say so. Emphasize that rumors can exacerbate distress.
- **Use Safe Messaging:** Encourage workers not to focus on method or graphic details. Highlight that mental health conditions and stressors can accumulate, leading to suicidal thoughts if unaddressed. Reiterate that help is available—provide numbers for crisis hotlines, union mental health benefits, or local clinics.
- **Remote Crews or Shifts:** Some construction workplaces run multiple shifts; ensure evening or overnight crews receive the same direct communication. Remote workers in specialized trades or traveling teams may need phone or video calls, not just emails or text messages.
- **Acknowledging Cultural Diversity:** A workforce might include non-English speakers, different trades or ethnic backgrounds, or crews with strong religious beliefs. To ensure clear and respectful communication, tailor messages appropriately. Consider utilizing bilingual staff, union interpreters, or other resources to ensure everyone fully understands the situation and available support options.

By treating communication as both an immediate priority and an ongoing process, leaders can maintain transparency, minimize confusion, and provide much-needed reassurance to those grappling with the emotional impact. Ultimately, thoughtful communication is a key step toward fostering a construction workplace culture where workers feel safe, supported, and encouraged to seek help whenever they need it.

COMMUNICATION PLAN

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

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

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

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

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

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

All staff and others (as appropriate).

CONSISTENT MESSAGING ON SUICIDE

In any communication following a suicide, it is critically important for steps to be taken to ensure that suicide contagion risk is minimized to every extent possible. Contagion can occur when exposure to information about a death by suicide influences others who are at risk for suicide. The risk of suicide contagion is mitigated by providing support and mental health resources and including a clear message that mental health conditions are treatable and that suicide can often be prevented.

Construction is a high-risk industry for suicide, and the way you talk about it can either reinforce stigma or encourage help-seeking. To prevent contagion and foster a supportive environment:

- Emphasize that mental health conditions (often treatable) are common and can contribute to suicidal ideation
- Avoid oversimplifications like attributing the suicide to a single cause (e.g., relationship problems, financial stress) and descriptions of method and details
- Provide crisis hotline numbers or other resources in any written or spoken statement

See [Appendix B: Tools and Templates](#) for Tips for Talking About Suicide, and also [Appendix A: Additional Resources](#) for a list of Crisis Services to include in communication.

EMPLOYEE COMMUNICATION

Whenever feasible, share news face-to-face, especially with crews or teams that worked closely with the deceased (see [Appendix B: Tools and Templates](#)). Small group meetings led by supervisors or someone from the CRT tend to be most effective. Outline the known facts, express condolences, and acknowledge the difficulty of discussing suicide if that is the confirmed cause. Close by encouraging employees to seek support (EAP, mental health professionals, union resources) and watch out for each other.

It is critically important that the information shared about the death is accurate, factual, and honors the family's

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

In Any Suicide-Related Communication

It is important to follow safe messaging guidelines to avoid simplifying, glamorizing, or romanticizing the person or their death. In public and group communications, refrain from sharing the method of suicide, if known. Remind staff of any workplace policies or response guidelines following an employee death, including any considerations specifically for a suicide death. Provide plans for the remainder of the workday, and additional resources and support that will be offered. Prepare staff on how to handle community reactions and questions, share communication plans, including who community members should contact for further information and resources. Lastly, if available, it may be helpful to have back-up staff fill in for any staff who may need time off.

Recognize Varied Emotional Responses

Some construction workers might show visible distress, while others may appear stoic. Culture, gender norms, and personal history all affect grief. While most individuals acclimate to a suicide loss over time and resume day-to-day activities, a small number of individuals may experience grief that extends beyond the typical emotional responses associated with bereavement that can significantly impair a person's ability to function in daily life. Project leaders should respect these different reactions and reassure crews that resources are available for anyone needing extra support. It is important that managers and supervisors are aware of anyone who does not seem to be coping well in the months following the loss and refer to mental health and grief-related resources as needed.

NOTIFYING REMOTE EMPLOYEES

Large construction firms often have employees or subcontractors assigned to different sites. For remote or traveling employees, personal outreach via phone or video is best—avoid email as the first announcement. Recognize that remote employees may experience a sense of isolation; encourage them to take advantage of virtual counseling options if onsite services are not accessible.

EXTERNAL COMMUNICATIONS

Clients, Owners, and Vendors

Use a brief, respectful written notification to inform key project stakeholders. Express sorrow, maintain confidentiality around private details, and provide a contact for further questions. If the deceased was a liaison to clients, quickly designate a replacement to maintain professional continuity.

Media and Press

If the suicide becomes public or if it occurred at a construction workplace, the CRT should determine if/when a media statement is prepared/shared. Designate a media spokesperson—preferably the Communications Lead on the CRT—who is informed about guidelines for safe reporting on suicide. Provide only factual information, avoid speculation, and always include resources (like the 988 Suicide & Crisis Lifeline) in statements. Direct reporters to www.ReportingOnSuicide.org or similar sites for guidelines on reporting.

Typically, only authorized staff or communication personnel should speak with the media, but employees should also be made aware to whom those inquiries should be directed if they are approached by the media or press. See [Appendix B: Tools and Templates](#) for important information about working with the media, including the resource, [Recommendations for Reporting on Suicide](#).

HELPING EMPLOYEES COPE

Even after the initial announcements, distress among coworkers can persist. Construction workers are often trained to be tough and self-reliant, which sometimes deters them from openly discussing emotional pain. Leaders and safety managers play a critical role in normalizing help-seeking. For tools and resources, please see [Appendix B](#).

SUPPORTING STAFF

Offer multiple layers of support: group debriefings led by mental health professionals, private one-on-one sessions, or simply open-door policies with HR or project leads. Make sure employees know that:

- **Confidential Help is Available:** Provide resources for EAP, union mental health benefits, or external therapists.
- **Their Emotional Response is Valid:** Encourage open discussion of grief but do not force it.
- **Schedule Adjustments:** Time-limited schedule adjustments might be possible if someone is severely affected.

Loss and Healing Support

Some companies bring in onsite counselors for a few days following the death. Others partner with community-based crisis teams. Either way, it's important to offer a variety of options because not everyone will process the tragedy the same way.

Mental and Behavioral Health Services

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

Crisis Resources

Publicize 24/7 resources like the 988 Suicide & Crisis Lifeline. Post phone numbers in break areas, site offices, or on digital communication channels. Remind employees that they do not need to wait for a crisis to seek help—early intervention can be lifesaving. Promote 988 by visiting <https://orders.gpo.gov/SAMHSA988/Pubs.aspx> to order materials.

Self-Care Strategies

Distribute practical self-care tips to employees (e.g., brief mindfulness exercises, taking breaks, hydrating, seeking peer support). Supervisors, forepersons, and union representatives should remain vigilant for signs of distress in individuals—such as changes in mood, absenteeism, or decreased job performance. See [Appendix B: Tools and Templates](#) for a Self-Care Strategies Worksheet for staff.

Support for Managers

Managers and site leadership may feel they must “hold it together” for the team. In reality, they also need mental health support, especially if they worked closely with the deceased. Encourage leaders to model help-seeking behaviors, which can reduce stigma across the site. *A Manager's Guide to Suicide Postvention in the Workplace* offers guidance for managers on how to reduce suicide risk among employees after a suicide death, promote healthy grieving, link those in need to resources, and help transition from suicide postvention to suicide prevention.

MOVING FORWARD

IN THIS SECTION

Memorialization

Suicide
Prevention
and Awareness

Taking
Collective
Action

As the days and weeks progress, the focus shifts from immediate crisis management to ongoing support, memorialization (if appropriate), and addressing systemic factors that influence mental health in the construction environment.

MEMORIALIZATION

Workers may wish to honor a deceased colleague. Memorials should be approached with sensitivity to avoid glorifying or romanticizing the death. Best practices include:

- **Consistency:** Have a uniform approach to memorializing any employee death, whether it's caused by a workplace accident, an off-site medical condition, or suicide.
- **Safe Memorial Activities:** Sponsor a mental health awareness training session, organize a construction safety or wellness stand-down day, or encourage volunteer service in the deceased's name.
- **Family Coordination:** The family's wishes are paramount; they may request private observances, prefer financial donations to mental health charities, or accept certain forms of onsite tributes.

If social media tributes arise, ensure moderators follow safe messaging guidelines, including listing crisis resources. Limit the duration of official memorial pages to prevent them from becoming open forums for potentially harmful comments.

Online Memorial Pages and Social Media

Online memorial pages and social media posts have become common practice in the aftermath of a death. If, with permission from the family, a decision is made to post a memorial online or via social media, it is recommended that they remain active for between 30 and 60 days after the death, at which time they should be taken down and replaced with a statement acknowledging the caring and supportive messages posted and encouraging employees who wish to honor their colleague to consider other approaches moving forward.

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

Members of the CRT should also join any employee-initiated memorial pages so that they can monitor and respond as appropriate.

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

some people to re-experience their grief and trauma related to the death.

SUICIDE PREVENTION AND AWARENESS

Once immediate needs have been addressed, project leadership should use the experience to bolster suicide prevention strategies. This can include:

- **Regular Toolbox Talks** on mental health, highlighting how stress, exhaustion, and chronic pain can contribute to suicidal ideation and what resources are available. Consider using the American Foundation for Suicide Prevention (AFSP) series of more than 50 Toolbox Talks developed for this purpose.
- **Arranging for Talk Saves Lives: An Introduction to Suicide Prevention in the Construction Industry** to be presented to all employees by contacting your local AFSP chapter. This 30-minute presentation provides a framework for understanding the risks of suicide in the construction industry and educates attendees on the signs and symptoms of suicidal ideation and what they can do to help colleagues, family, and friends.
- Build a supportive workplace for loss survivors with guidance from AFSP's **Caring Communities program**. This hour-long training provides participants with information, resources, and practical guidance on how to support someone who has experienced a recent loss to suicide.
- **Training supervisors** to recognize warning signs, such as sudden changes in behavior, increased substance use, or expressions of hopelessness.
- **Promoting a culture of help-seeking** that emphasizes and encourages the use of mental health or EAP services, and that both resources are completely confidential.

When to Implement

Wait until the team has had time to process their grief before introducing new training or prevention programs. This period might range from several weeks to a few months. However, if there is strong interest from workers in learning how to prevent further tragedies, earlier training can be offered—provided it does not supersede basic grief support.

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

TAKING COLLECTIVE ACTION

The suicide of a colleague can galvanize a stronger commitment to mental health care. Consider:

- **Joining industry-wide alliances** focused on mental health in construction
- **Participating in public awareness events** like a Hike for Hope or an Out of the Darkness Community Walk hosted by AFSP
- **Partnering with union-led initiatives** to expand mental health coverage or peer-support programs

Such actions can transform a moment of tragedy into a catalyst for broader improvements, reinforcing that the construction industry is united in promoting both physical and mental safety on the job. See [Appendix A: Additional Resources](#) for information about suicide prevention programming, awareness initiatives, and other ways to take action.

APPENDIX A: ADDITIONAL RESOURCES

LOSS AND HEALING RESOURCES

Postvention Response

A Manager's Guide to Suicide Postvention in the Workplace. Developed by the Workplace Postvention Task Force of the American Association of Suicidology and the Workplace Task Force of the National Action Alliance for Suicide Prevention, the guide provides action steps for employers dealing with the aftermath of a suicide. Download a copy of [A Manager's Guide](#).

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

Leading a Company in the Aftermath of a Suicide Loss. This article provides strategies, resources, and tools to help companies in the aftermath of an employee suicide. [Access the article](#) and additional information on the [Workplace Suicide Prevention](#) website.

Healing Conversations: Personal Support for Survivors of Suicide Loss

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

International Survivors of Suicide Loss Day

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

Find a Support Group

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

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

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

Additional loss and healing resources are available [here](#).

CRISIS SERVICES

988 Suicide & Crisis Lifeline

The 988 Suicide & Crisis Lifeline provides 24/7, free, and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. For the Spanish Language Line,

call 988 and press 2. For TTY Users: Use your preferred relay service or dial 711 then 988. Find more information about the Lifeline at 988lifeline.org. Call or text 988 or chat 988lifeline.org.

Veterans Crisis Line

Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs. Many of them are Veterans themselves. Call 988 and press 1 or text 838255. For the Spanish Language Line, call 988 and press 2 first. For TTY Users: Use your preferred relay service or dial 711 then 988. Find more information about the [Veterans Crisis Line](#).

Crisis Text Line

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

The Trevor Project

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

Sage LGBTQ+ Elder Hotline

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

Trans Lifeline

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

SUICIDE PREVENTION RESOURCES

The American Foundation for Suicide Prevention offers suicide prevention resources, and links to emergency resources, crisis services, and how to find mental health care. [Visit AFSP.org](https://afsp.org) to search the full list of suicide prevention resources.

WORKPLACE SUICIDE PREVENTION PROGRAMS

Workplace Resources

Comprehensive Approach to Workplace Suicide Prevention:

National Guidelines for Suicide Prevention

Employee Assistance Programs:

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

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

Center for Workplace Mental Health:

Tools and resources for employers for developing suicide prevention and workplace wellness programs. [Learn more](#).

Education and Training

American Foundation for Suicide Prevention educational programs:

- *Caring Communities: Guidance for Supporting Survivors of Suicide Loss*. Developed by AFSP's National Loss and Healing Council, comprised of both experts in the field and people with lived experience of suicide loss, *Caring Communities* is a one-hour presentation designed to provide participants with information, resources, and practical guidance on how to support someone who has experienced a recent loss to suicide. [Learn more](#).
- *Talk Saves Lives: An Introduction to Suicide Prevention in the Construction Industry*. Developed by AFSP in partnership with construction industry professionals, *Talk Saves Lives: Construction* is a 30-minute presentation designed to be delivered in construction workplace settings and to organizational leadership, managers/supervisors, and employees. This presentation, available in English and Spanish, can be delivered virtually or in person and provides a framework for understanding the risks of suicide in the construction industry and educates attendees on the signs and symptoms of suicidal ideation and what they can do to help colleagues, family, and friends. [Learn more](#).

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

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

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

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

Screening Programs

Interactive Screening Program. Developed by the American Foundation for Suicide Prevention, the Interactive Screening Program offers an online platform to provide employees access to anonymous screening, connection to support resources, and engagement with mental health services available to employees. [Learn more](#).

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

RESOURCES FOR THE MEDIA

The Framework for Successful Messaging

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

Recommendations for Reporting on Suicide

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

APPENDIX B:

TOOLS AND TEMPLATES

TIPS FOR TALKING ABOUT SUICIDE

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

1. Give Accurate Information About Suicide

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

Say — “The cause of [NAME]’s death was suicide. Suicide most often occurs when several life and health factors converge leading to overwhelming mental and/or physical pain, anguish, and hopelessness which can affect feelings, thoughts, the ability to think clearly and solve problems in a better way. There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts. Mental health concerns are not something to be ashamed of — they are a type of health issue just like any other kind, and there are effective treatments to help manage them and alleviate distress. Along with risk factors, there are known protective factors — or things we can do to protect or safeguard our health — that mitigate risk for suicide.”

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

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

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

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

3. Don't Glorify the Act of Suicide

Talk about the person in a balanced manner. Avoid idealizing the person or describing the deceased person only in terms of their strengths. This paints a picture of suicide being an option/solution or presents a confusing picture when the person's apparent struggles aren't mentioned or alluded to. Do not be afraid to include the struggles that were known, especially during conversations. Don't portray suicide as a reasonable solution to the person's problems or as the result of one problem, event, or issue.

Say — *"There were likely many factors at play leading up to [NAME]'s death. The joys and challenges of life are all part of the human condition. Mental health challenges are a real part of life, dynamic and changing like other aspects of health. We all face challenges and can support one another through them."*

4. Do Promote Help-Seeking

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

Say — *"We are in this together, and you don't have to go through this alone. Who are the people you would go to if you were feeling worried or depressed or had thoughts of suicide, or if someone you know was experiencing those risk factors and warning signs? There are effective treatments to help people who have mental health struggles or substance use problems. Suicide is never the solution to problems or challenges. There are many available resources and interventions to support health outcomes to personal crises. Help-seeking is a sign of strength. Seeking support or health care is essential to personal health and well-being, and can enhance all aspects of our lives, including our self-perceptions, our relationships, and our professional work. This is an important time for all in our community to support and look out for one another. If you are concerned about a friend or colleague, please have an honest conversation with them and encourage them to seek help. Whether you get help from recommended resources or others, the important thing is to get help when you need it."*

5. Do Address Blaming and Scapegoating

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

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

6. Address Anger

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

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

7. Address Feelings of Responsibility

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

Say — *“This death is not your fault. This is an outcome we all would have wanted to prevent, and no one action, conversation, or interaction caused this. We can’t always predict someone else’s behavior. Especially when many of us are able to hide our distress.” We do know that talk saves lives. If your gut instinct tells you something is different about a colleague’s behavior, engage in a conversation with them, and if you are concerned then encourage them to seek help and consider letting [NAME OF APPROPRIATE LOCAL PERSON] know.”*

CRISIS RESPONSE TEAM PLANNING TEMPLATE

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

[illegible]

TOPICS TO COVER WHEN TALKING WITH THE EMERGENCY CONTACT/FAMILY

First Call | As Soon as Possible

- Introduce yourself and explain your role in the organization
- Explain the reason for your call and offer condolences
- Ask what they have been informed of thus far and gather any other knowledge or thoughts they may have
- Ask permission to speak with other employees/team members about cause of death
- Offer to meet
- Explain assistance the organization can provide (keep it general and hold details for next call)
- Explain the potential for media attention. Make sure the contact knows that they are not obligated to take interviews and can refer media to the organization's communications team if they prefer; if this is their preference, provide a name and number to which the emergency contact or family member can direct all media inquiries
- Provide your contact information
- Ask how best to make contact going forward (phone number, email, if evening or weekends are okay)
- Make a commitment to calling again in the next day or two

Second Call | 24 to 48 Hours After the First Call

- Ask about willingness to share funeral or memorial plans, if flowers may be sent, and if employees may attend
- If appropriate, ask about desire for onsite memorial service and acceptable venue
- Offer more detailed assistance the organization can provide:
 1. Collect the deceased employee's belongings
 2. Collect condolence notes and send them to the family in one package
 3. Assist with administrative or human resource issues (insurance, final paycheck)
- Discuss how the organization will communicate with staff about the employee's contributions to the workplace
- Provide resources for suicide loss survivors (afsp.org/loss)

Subsequent Call(s) | Up to Several Weeks Later

- Follow up on any of the above items as needed
- Discuss the need to return any property of the organization (e.g., electronics)

SAMPLE SCRIPT FOR FACE-TO-FACE COMMUNICATION

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

*If family approves disclosing

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

If cause of death cannot be disclosed, say:

[NAME]'s family has requested that information about the cause of death not be shared at this time.

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

Since the subject has been raised, we do want to take this opportunity to remind you that suicide — when it does occur — is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including but not limited to mental health conditions such as depression, which can lead to overwhelming mental and/or physical pain, anguish, and hopelessness.

Sometimes these risk factors are not identified or noticed. In other cases, a person with a disorder will show obvious changes or warning signs. One thing is certain: there are treatments that can help. Human Resources (HR) is available with information on EAP services for colleagues who may be feeling overwhelmed.

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

If death by suicide is confirmed and can be disclosed, say:

A suicide death presents us with many questions that we may not be able to answer right away.

If cause of death is unconfirmed, say:

The cause of death has not yet been determined. We are aware that there has been some speculation about the possibility that this was a death by suicide.

If support resources and services are available, say:

We have mental health professionals available to help us with this loss. If you'd like to talk to a counselor, these are the contacts [PROVIDE LIST OF CONTACTS].

This is a time to take a moment to be together, to remember [NAME] in our grief, and to support one another, grief counselors will be available onsite on [DATE] between the hours of [START AND END TIMES]. Please remember that we are all here for you.

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

SAMPLE INTERNAL COMMUNICATIONS TO STAFF

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

Sample Memo to Staff

Date: *[INSERT DATE]*

To: All Staff

From: CEO/Human Resources

Subject Line: Sad News *[EMPLOYEE NAME]*

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

If death by suicide is confirmed and can be disclosed, say:

The cause of death has been reported as a suicide. I/We want to take this opportunity to acknowledge that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which can lead to overwhelming mental and/or physical pain, anguish, and hopelessness. Sometimes these risk factors and warning signs are not identified or noticed; Other times, a person who is struggling will show more obvious symptoms or signs. We also know that individual responses to learning of a death by suicide vary, and you may notice that you are experiencing different emotions in response to this news.

If cause of death is unconfirmed, say:

The cause of death has not yet been determined.

If the cause of death cannot be disclosed, say:

The family has requested that information about the cause of death not be shared at this time.
[INCLUDE INFORMATION ABOUT THE EMPLOYEE TITLE, DEPARTMENT OR TEAM, AND LENGTH OF EMPLOYMENT WITH THE COMPANY].

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

If support resources and services are available, say:

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

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

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

Sincerely,

[NAME]

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

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

Date: [INSERT DATE]

To: All Staff

From: CEO/Human Resources

Subject Line: Memorial/Funeral Service for [EMPLOYEE NAME]

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

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

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

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

Sincerely,

[NAME]

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

SAMPLE EXTERNAL COMMUNICATIONS

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

Sample Communication to Clients, Vendors, and Partners

Date: [INSERT DATE]

To: Clients, Vendors, and Partners From: CEO/Human Resources

Subject Line: Sad News [EMPLOYEE NAME]

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

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

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

PERSON].

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

Sincerely,

[NAME]

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

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

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

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

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

KEY MESSAGES FOR MEDIA

The following messages should be used when fielding media inquiries. Information about safe messaging and recommendations for reporting on suicide should be shared with the media (see **Appendix A: Additional Resources**).

Suicide/Mental Health Conditions

- We are saddened by the death of one of our colleagues; our hearts (and/or thoughts, and/or prayers) go out to their family and friends, and the entire community
- Suicide is a leading cause of death in the United States, yet is often preventable
- The risk of suicide increases when several health factors and life stressors converge at the same time in a person's life; Multiple risk factors and protective factors interact in a dynamic way over time, affecting a person's risk for suicide; This means there are ways to decrease a person's risk, once you learn which modifiable risk factors are pertinent in a particular person's life, e.g., getting treatment for depression, limiting use of alcohol particularly during times of crisis, developing healthy boundaries in relationships, developing healthy self-expectations, and accepting imperfection as a part of life, etc.
- Depression and other mental health problems are the leading risk factors for suicide; Depression is among the most treatable of all mood disorders; More than three-fourths of people with depression respond positively to treatment
- The best way to prevent suicide is through early detection, diagnosis, and vigorous treatment of depression and other mental health conditions, including substance use problems

Response to Media

- Media is strongly encouraged to refer to the document, "Reporting on Suicide: Recommendations for the Media," which is available at www.afsp.org/media

- Research has shown that graphic, sensationalized, or romanticized descriptions of suicide death in news media can contribute to suicide contagion, also known as “copycat” suicides
- Media coverage that details the location and manner of suicide with photos or video increases risk of contagion
- Media should avoid oversimplifying the cause of suicide (e.g., don’t say, “the individual took their own life after a breakup with their significant other”); This gives people a simplistic understanding of a very complicated issue, and doesn’t allow for learning about the many risk factors that can be points for intervention; Instead, remind the public that more than 90 percent of people who die by suicide have an underlying mental health condition such as depression, and that mental health can be managed and optimized like any other aspect of health
- Media should include links to or information about helpful resources such as local mental health resources, the 988 Suicide & Crisis Lifeline (Call or text 988) and the Crisis Text Line (Text HOME to 741741)

SUICIDE WARNING SIGNS POSTER

Download the OSHA Suicide Prevention in Construction poster in [English](#) and [Spanish](#).

Suicide Prevention in Construction

5 Things You Should Know



The construction industry has one of the highest suicide rates of any occupation. Suicide deeply impacts workers, families, and communities. Fortunately, like other workplace fatalities, suicides can be prevented. Everyone in the construction industry has a role to play in suicide prevention. Below are 5 things to know about preventing suicide.

1

BE AWARE

Everyone can help prevent loss by suicide.
Mental health and suicide can be difficult to talk about—especially with work colleagues—but your actions can make a difference. When you work closely with others, you may sense when something is wrong.



2

PAY ATTENTION

Know the warning signs of suicide.
There is no single cause for suicide but there are warning signs. Changes in behavior, mood, social media posts, or even what they say may signal someone is at risk. Take these signs seriously. It could save a life.



3

REACH OUT

Ask “Are you okay?”
If you are concerned about a coworker, talk with them privately, be compassionate, and listen without judgment. Encourage them to reach out to your Employee Assistance Program (EAP), Member Assistance Program (MAP), the human resources (HR) department, or a mental health professional.



4

TAKE ACTION

If someone is in crisis, stay with them and get help.
If you believe a coworker is at immediate risk of suicide, stay with them until you can get further help. Contact emergency services or the 988 Suicide & Crisis Lifeline.



5

LEARN MORE

Suicide prevention resources are available.

- Call or text the Suicide & Crisis Lifeline at 988.
- Visit the American Foundation for Suicide Prevention website (www.afsp.org) and the Construction Industry Alliance for Suicide Prevention website (www.preventconstruction suicide.com) to learn more about suicide risk factors, warning signs, and what you can do to help prevent suicide.
- Visit OSHA’s website (www.osha.gov/preventionsuicides).




**OSHA**
Occupational
Safety and Health
Administration

1-800-321-OSHA (6742)
TTY 1-877-889-5627
osha.gov/preventionsuicides



OSHA 3094-01-2018



Role of Employers in Preventing Suicides

Suicide is a critical public health issue in the United States and a leading cause of death among working age adults. Creating a workplace culture of health and safety includes mental health.

There is no single cause for suicide. Often, stressors and health issues come together to create feelings of hopelessness and despair. Most people who take their lives exhibit one or more warning signs either through what they say or what they do. It is important that managers and coworkers are prepared to notice and act on changes in a colleague's behavior.


Set the Tone

Employers should lead with compassion and foster a supportive environment:


- Speak out about workplace stress and mental health challenges and express your commitment to prioritizing employee mental health and well-being.
- Ask about workplace stressors and discuss what support or services may help. Implement changes that are feasible based on feedback.
- Institute an “open door” policy that encourages employees to share concerns and ideas with management without fear of retaliation.
- Encourage employees to connect and support one another by providing opportunities to interact.

Implement Policies and Programs

- Review policies and procedures for how work is managed to determine if additional flexibilities are needed.
- Evaluate your overall work environment, such as customer interactions, productivity schedule, pace of work, etc., to determine if there are workplace stress factors you could address.
- Share educational resources that address workplace stress, mental health, and substance use.
- If your organization has an employee assistance program (EAP), remind employees about the benefits and that it is confidential, and encourage them to use it.
- Help employees understand their health benefit plans, including coverages for mental health and substance use.
- Offer support for employees who have been affected by suicide loss, providing resources and services to support their healing journey.
- Provide information about mental health resources and services available in your community.

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(over)

SELF-CARE STRATEGIES

Download AFSP's [Self-Care Strategies for Resilience](#) worksheet.

Self-Care Strategies for Resilience

While not a substitute for professional care, there are plenty of simple activities anyone can do to reduce stress, encourage wellness, and restore a sense of well-being during difficult times. You know yourself best. Do what works for you and don't be afraid to try something new. Try one of these self-care activities the next time you need to take a step back, breathe, and focus on you.

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



Continued >

afsp.org





American
Foundation
for Suicide
Prevention