Manager's Guide to Suicide Intervention, Postvention and Prevention

National Wildland Fire
Critical Incident Stress Management
Program

June 2017

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Prevention, Intervention, and Postvention

Death By Suicide

Suicide is a tragic and shattering reality which not only brings a life to an untimely end but also has far reaching effects on family, friends, colleagues and communities. The workplace is one such community where people can spend up to half their waking hours, with many forming important relationships, bonds, and camaraderie with their colleagues.

The causes of suicide are complex. Employees who wouldn't think of holding themselves accountable for a co-workers' accidental automobile death, may torture themselves with guilt over not having done enough to prevent a suicidal death.

Managers may feel that they should have been in better touch with their subordinates, that there was something suspect in their management style (particularly if there has been a difficult relationship or recent disciplinary issues), or feel overly responsible for creating job stressors.

In this guide, we use manager as a general term for anyone in the workplace who is responsible for planning and directing the work of a group of employees, whether as a direct supervisor, administrator, etc.

Considerations for Managers

- The immediate steps taken by managers, leaders and human resources departments can determine whether employees quickly recover from the tragedy and resume productivity or whether they become caught up in grief and disengaged at work. Effective grief leadership guides members of the work organization as they mourn and memorialize the deceased, help their families, and return to effective performance of their duties.
- Managers should listen carefully to the needs of various employees, as these may differ from employee to employee. Some employees who did not know the decedent might be able to return to work very quickly, while others may need more time to adjust to the loss. Workers might need to vent anger, guilt, sadness, and/or other emotions.
- Some employees may express their psychological reactions to the death verbally, while others might express their reactions behaviorally, as in showing excessive absenteeism, decreased performance, withdrawal etc. Some accommodations may be warranted given the undue stress to members of the workplace, but usually standards of workplace behavior and accountability can be maintained while providing this level of support
- Managers should recognize their unique role. On one hand, they may be impacted by the tragic loss and in need of support themselves. On the other hand they may be the targets of anger and blame by other employees who believe they pushed the employee over the edge or feel that they are the subject of malicious gossip.

#StayAlive

SHARE THE LOAD
A SUPPORT PROGRAM FOR FIREFIGHTERS AND EMTs

1-888-731-FIRE (3473)

Immediate: Contain the Crisis and Make Notifications

Notification: Protect the Privacy of the Deceased

Most federal agencies maintain employee emergency notification information which includes emergency contact information as well as who the employee has designated to make serious accident or death notification to the family. When notifying the next of kin, dignity and professionalism are essential, but this does not mean you need to restrain yourself from expressing appropriate emotions. Use the person's name and answer questions for the family while avoiding unnecessary traumatizing details if possible.

When the deceased employee's loved ones ask that the death not be disclosed as a suicide, leadership may not be able to assure complete secrecy for a couple of reasons. If information has already spread though informal communications, leadership runs the risk of appearing disingenuous, out-of-touch, and untrustworthy if there is no acknowledgement of the manner of death. Also, in many states the manner of death, even when it is worded as "cause of death is being withheld by family" is public information, as it may appear on the death certificate as such. Therefore, leaders can promise they will do what they can to maintain confidentially, understanding that some elements are not in their control. Regardless, it is important to respect the wishes of the family to the extent possible.

On Duty or Work Place Setting: One of the highest priorities for managers in a suicide postvention response, like any critical incident, is to contain the crisis. The initial response of any organization often sets the tone for what is to follow. Upon discovery of the body of a suspected suicide *on worksite property*, **law enforcement should be contacted immediately**. As happens in all cases of non-natural deaths, the scene is first treated by police as a crime scene, thus all unauthorized people should be kept away from the body and site.

Do not disturb the scene until you have received permission from the appropriate law enforcement authorities. Comply with all requests from law enforcement as they conduct their investigation. In many cases, law enforcement personnel work with supervisors or family liaisons to notify next of kin in the event of a suicide.

Off Duty or Outside the Work Place Setting: If the death by suicide of an employee occurs outside of the workplace setting, management may be notified by a relative, friend, or law enforcement officer. The relative or friend may not have all the facts about the death, may not know for sure the cause of death, or may ask that it not be revealed that it was a death by suicide. Leadership is advised to carefully coordinate employee communication in consultation with their Human Resources policies and procedures, and not make any official statements until the death has been confirmed by law enforcement, medical examiner, or immediate family member.

Contact Employees Who Are Temporarily Away From the Office and Former Work Place

The manager and group members may need to reach out to those temporarily away from the office to make notification and be sure they don't get left out of the grieving process.

This is especially important for career seasonals or seasonal employees common to wildland fire and aviation programs who have been placed in non-pay status during the winter.

If the deceased had recently changed jobs it is important to reach out to the former place of employment.

A Word on Language:
Like most sensitive issues, language matters when discussing issues of suicide. The term "successful (or unsuccessful) suicide" is considered a poor choice because they connote something positive with a tragic outcome. The phrase "committed suicide" is frowned upon because it referred back to an era when suicide was considered a sin or a crime. The following phases are recommended alternatives:

- Died by suicide
- Took his/her own life
- Completed suicide
- Died by his/her own hand

Suicide Postvention: The Goals

Postvention means not only assistance to the bereaved but also assistance to anyone whose risk of suicide might be increased in the aftermath of someone else's suicide.

Postvention and **prevention** represent a cycle where each informs the other. How we handle the crisis of a suicide death impacts how people respond to future suicides. When postvention is not addressed or approached incorrectly, the risk for future suicides increases. Those who are bereaved by suicide are at increased risk for becoming suicidal themselves, thus, an appropriate response can make the difference between life and death. Finally, prevention efforts are bolstered by what is learned in the postvention process when we ask, what are the policies, services, messages, and supports needed to save lives?

1. To stabilize the workplace community and to help individuals at all levels of the organization (and related family/community) to cope with the trauma and grief. Survivorship of suicide loss, if not supported well, may lead to other psychological conditions such as depression, post-traumatic stress disorder, anxiety, and substance abuse. The initial hours and days following a suicide can make a big difference for survivors and their subsequent emotional healing; however, longer-term support may also be needed.

2. To prevent further suicides. Suicide contagion, or the copycat effects of suicide, are often seen in younger high-risk adolescents, but can also happen among vulnerable adults. Postvention practices work toward minimizing the factors that might make copycat suicide more likely.

3. To help the workplace return to normalcy and the pursuit of its mission. Rumors, second guessing, and blame can create critical rifts in the workplace family; thus, containment is needed to help reassure people and give them appropriate means to express their feelings. A balance is often needed between providing support for those who need it and letting people get back to their regular lives. For most, after an initial expression of grief, a workplace may be able to return to a normal routine more quickly than for workplaces that are denied an opportunity to express openly.

After suicide, it is important to identify members of the community who may have felt responsible for the well-being of the deceased, and by extension, for preventing the suicide. For example, in a workplace setting, supervisors and colleagues of a person who takes his or her life may feel particularly guilty and/or ashamed for not preventing the death.

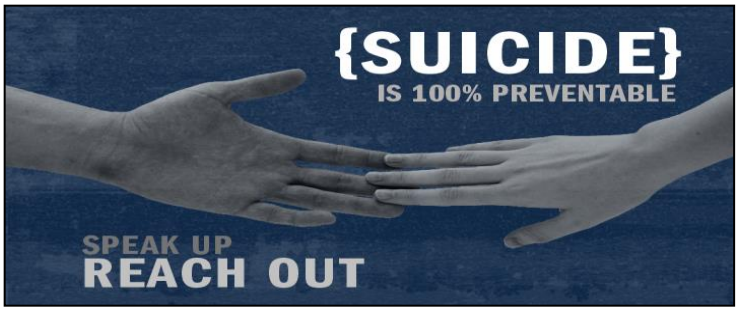
Contagion: In the aftermath of a suicide, some vulnerable individuals in the workplace may be at risk for responding to the suicide by attempting their own suicide. This is also known as a ***contagion effect***. In other words, the death by suicide of a co-worker may trigger suicidal thoughts and feelings in some already vulnerable individuals, and may increase their risk for copy-cat behavior.

The reasons for contagion are many. For example, the death, particularly of a senior executive or perceived leader, may instill a loss of hope (e.g. "If he could not deal with his problems, given all he had going for him, what chance do I have?"); or, agency and media attention to the death may offer just what the vulnerable person lacks and desires (e.g. a sense of importance and value, even though that attention could not be appreciated by a deceased person).

Employees often spend more time with co-workers than with their family or friends. To many, the workplace provides a place of belonging. For these reasons, an employee may display suicidal symptoms at the workplace and nowhere else.

They may communicate their thoughts to a coworker, make comments that are overheard, or display changes in behavior that can be concerning to their coworkers.

Many managers are uncomfortable approaching the topic of suicide with employees. It is a highly personal matter that is difficult for many to understand, let alone talk about. However, talking directly and openly when there is a threat of suicide is the best course of action.



Requesting services from EAP or ordering a Critical Incident Stress Management (CISM) Peer Support Group or other professional crisis intervention support resources that are trained and qualified is recommended. They are trained and qualified to conduct a variety of structured group sessions that may be helpful in increasing coping and support. If future referrals are required the Critical Incident Peer Support Groups are able to recommend sources for professional mental health services that specialize in trauma and suicide. http://gacc.nifc.gov/cism/

Communicate: Share Information and Dispel Rumors

One of the most challenging elements in an effective suicide postvention response in the workplace is for leadership to accurately, respectfully, and carefully communicate the information regarding the death of an employee.

- Occasionally, the death by suicide in the workplace setting involves other employees as witnesses. In these cases, information about the suicide death may spread quickly, especially in an era of rapid information exchange that occurs via texting, social media, and the like.
- Leaders should be aware that even before any official agency announcement, there may already be a great deal of inaccurate information circulating within the workplace.
- In an age of cell phones, social networking sites, and Twitter, responsible leaders should assume much of the information will be inaccurate and rumors will prevail.
- Avoid romanticizing or glamorizing someone who has died by suicide. That is, do not portray the deceased as a hero or having died a noble or romantic death. Conversely, do not portray the deceased as selfish or wrong.
- Discourage a focus on the method of the suicide, which is often the subject of gossip and sensationalism. Report the method factually (e.g., he hung himself), but emphasize the important information is that the person mistakenly felt unable to get help for his or her problems, when in fact help was possible.

Check List:

✓ Identify main Point of Contact (POC) to coordinate all postvention efforts and related communication.

✓ Contract for professional clean up (after the investigation is completed) if required by a suicide in the workplace.

✓ Contact Critical Incident Stress Management Coordinator and/or EAP and discuss options for crisis intervention services.

✓ Disseminate Death Notification if appropriate (See Appendix 1)

✓ Coordinate with agency Public Affairs staff and determine safe messaging guidelines for external and internal agency communication strategies and media.

✓ Develop an internal communication plan to document what is and is not known and what to say if the family does not want the cause of death revealed (see template at end of these guidelines on pg. 14).

FIREFIGHTER BEHAVIORAL HEALTH ALLIANCE

http://www.ffbha.org/

AMERICAN FOUNDATION FOR Suicide Prevention

Short Term: Recovery Phase and the Grieving Process

Coping With Crisis: Most people (over 80%) have the resources and skills to be able to cope with traumatic events over a period of time (3 to 12 months). One of the challenges for leaders is that it is difficult to know who the 20% are that could benefit from additional resources. The number of traumatic exposures and the strain of pre-event life stressors all contribute to the range of individual reactions.

There are, however, some individuals who may be especially vulnerable to complications in their healing and recovery process. This could be because they are already going through major stressors in their lives, their support system is dysfunctional, they have ongoing emotional or behavioral health vulnerabilities, or they have some suicide history. These issues may be largely unknown or invisible to those in the workplace, or may have been only rumored, but these individuals especially could benefit from connecting with a behavioral health professional to help guide their recovery.

Another important consideration in a death by suicide is the ever-present but unanswerable “Why (did this happen)?” question that may linger on in some minds. Managers and even crisis support counselors are not likely to be able to answer this question satisfactorily, nor should they try. Acknowledge that this is a normal question and encourage the person to talk it through with their religious mentor, supportive family/friends or a mental health professional.

Suicide and the Grieving Process

Grief

Losing someone to suicide is one is one of life's most painful experiences. The feelings of loss, sadness, and loneliness experienced after any death of a loved one are often magnified in suicide survivors by feelings of guilt, confusion, rejection, shame, anger, and the effects of stigma and trauma.

Furthermore, survivors of suicide loss are at higher risk of developing major depression, post-traumatic stress disorder, and suicidal behaviors, as well as a prolonged form of grief called complicated grief. Added to the burden is the substantial stigma, which can keep survivors away from much needed support and healing resources. Thus, survivors may require unique supportive measures and targeted treatment to cope with their loss

Managers do not need to be experts on grief, but it is helpful to know that grieving is a process that varies from individual to individual.

Whenever people face bereavement, injury, or other kinds of trauma, they need to talk about it in order to heal. In order to talk they need someone who is willing to listen. Unfortunately, many of us shrink from listening to people in pain. We may feel like we have enough troubles of our own, or be afraid of making matters worse by saying the wrong thing.

It is natural to feel reluctant or even afraid of facing another person's painful feelings. But it is important not to let this fear prevent us from doing what we can to help someone who is suffering.

Be aware of the healing value of work. Getting back to the daily routine can be a comforting experience, and most people can work productively while still dealing with grief and trauma. However, the process of getting a staff back to work is one which must be approached with great care and sensitivity.

As managers and leaders, it's important never to lose sight of the fact that it is part of a manager's responsibility to stabilize the workplace and restore functioning. Ultimately, things need to get back to normal, even if that means a new normal.

Suicide Support Information

American Association of Suicidology

National Suicide Prevention Hotline

Alliance of Hope

Stories From the Front Lines: Finding Hope

Dealing With a Suicidal Employee: A Guide for Managers

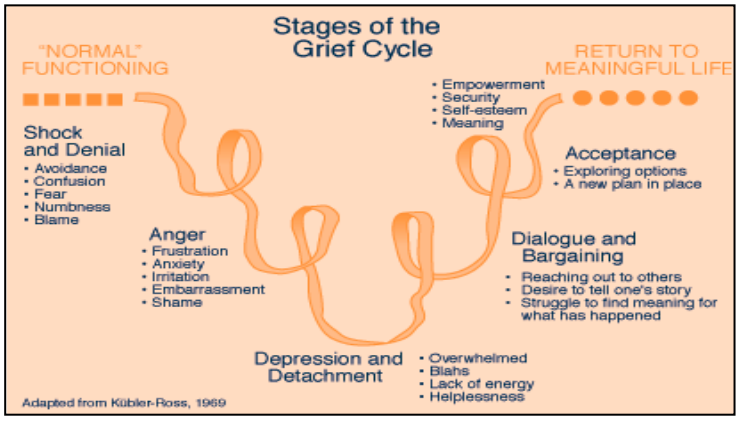
Suicide.Org

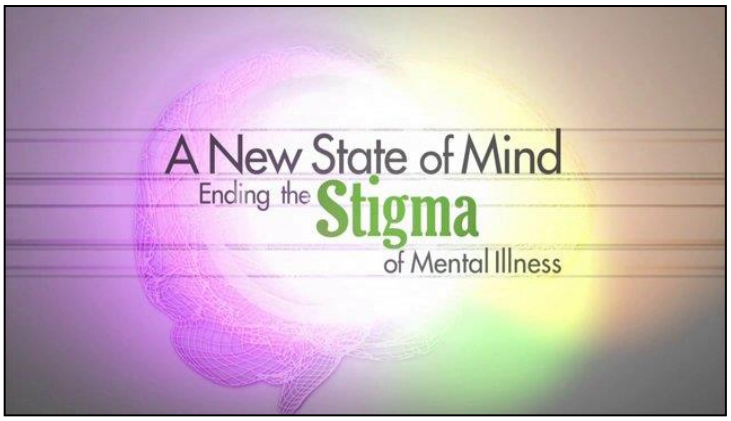
Manager's Guide to Suicide

Samhsa

Carson J Spencer Foundation

Share the Load – National Volunteer Firefighters Organization





Short Term: Specific Areas That May Need Special Attention

Desk and Personal Belongings:
Family members or a close work friend may want to handle the task of boxing up the individual's personal belongings.

Changing the voice mail message, retrieving messages (voice mail and email), and handling inquires intended for the deceased employee:
These tasks could be shared or rotated among staff to ease the emotional burden of having to tell callers that the employee has died. Prepare a brief statement to assist those who reply to calls.

Staff coverage for unfinished or future work assignments:
A temporary, short-term plan can be put into place until a more permanent decision can be made. It is best to put a temporary plan into action as soon as possible to lessen the level of anxiety that is already present among the staff. Make it clear what is needed and who is responsible.

Office Space:
It is best not to make any abrupt moves in regard to space changes; people need time to grieve the loss of their co- worker before seeing his or her workstation dismantled. In a month or so, there will be more acceptances of the changes which come from the loss of the co-worker.

The Replacement Employee:
Under the best of circumstances, a new employee needs to be prepared for possible negative comparisons with the deceased employee. If the deceased was particularly well-liked, the transition will be even more difficult. It is advisable to give staff notice of the new employee's start date, relevant work background and to prepare them for the change. It is a normal part of accepting a loss to welcome someone new.

Removal from Directories, Data Bases and Other Agency Systems
Data administrators or computer system profile managers including fire and law enforcement dispatchers may have a difficult time “deleting” the deceased from their various data bases and computer programs. They may feel that by “deleting” the person they are being disrespectful or “erasing” the person like they had never lived. This tends to have an impact on those responsible for the removal and some may feel uncomfortable carrying out the task.

Create a list of all systems including time, travel, dispatch, email, etc. that the deceased will need to be removed from and make contact with the data system administrator responsible for each system. Ask them if they are comfortable with the task or if they would prefer someone else facilitate the system deletion especially if the person responsible was close to the deceased.

Loss of Work Productivity and Motivation:

As the manager, expect the death of an employee to result in lower productivity and motivation for a brief time. Providing crisis intervention services soon after the announcement will ease the impact of loss, but it cannot be avoided entirely. Eventually, the work unit will return to its normal level of functioning.

Referral to EAP or Other Long Term or Follow Up Care Resources:

If one to two months pass and you notice that one of your employees has not returned to his or her normal level of functioning and appears to still be grieving, talk to that employee, give them feedback on what you have observed and share your concerns about them.

You may suggest that they seek counseling from your EAP. Often, a loss in one area of someone's life, as in the loss of a co-worker, triggers unresolved feelings about previous losses or anticipated losses. This person may need extra assistance in coping with these feelings.

Reinforce Leadership to Promote Organizational Recovery

Leadership in times of crisis is always an opportunity to reinforce and build trust, confidence, and workplace cohesiveness. When done well, employees will feel cared about, supported, and secure in the knowledge that leadership is both compassionate and competent. Feeling cared about and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more cohesive, engaged and productive workplace culture

As we know, the converse is also true. If leadership fails to respond wisely and sensitively to a suicide death impacting the workplace, there will inevitably be at least some loss of trust and confidence. Ensuring fear from employees might result – either management did not care or did not know what to do, so they did nothing – and the overall impact of the traumatic event is magnified. One way to establish trust is for leaders to acknowledge how they have been personally affected by the loss.

The Act Model

Effective leadership will both compassionately address the personal impact of the suicide while skillfully moving people along in the healing process. **The ACT Model** (developed by Bob Vandepol), is a structured process for leaders to help facilitate individual and organizational recovery:

1. Acknowledge the trauma
- Understand the facts and avoid speculation.
- Use real language (specific and jargon-free) that appropriately captures the experience.
- Personally acknowledge the trauma, positioning leaders as equally affected by the tragedy.

2. Communicate compassion and competence
- Seek consultation from a knowledgeable colleague, EAP consultant or Critical Incident Stress Management Coordinator to help develop your statements and provide coaching on subsequent steps.
- Develop a full-scale crisis plan that includes use of critical incident response professionals and referral networks.

3. Transition
- Communicate an expectation of recovery and resiliency, helping to paint a picture of “survivors” rather than “victims”.
- Remain flexible and reasonable accommodations as people progress back to normalcy.
- Assign concrete tasks with structure and focus. Remember that extended time away can actually inhibit recovery.
- Lead visibly for several days and be accessible.
- Encourage the use of support services.

Leadership is at the core of all successful outcomes because leadership sets the tone for what is valued in an organization. Leaders are often challenged to identify priorities within their organization, and most realize that their human resources are their most valuable assets. The best practice, Air Force Model for Suicide Prevention was successful because the vision came from the top down.

Caring during crisis response is not a feeling. Caring is a set of corporate and personal behaviors that elicit the perception that you and your organization truly care.

“The demonstration of caring is more important than all other leadership traits combined…..”
Bruce T. Blythe

Long Term: Reconstruction Phase

Honor: Prepare for Reactions to Funerals, Memorials, Anniversaries, Events, Holidays, and Milestones

The most common mistake in planning memorials is to plan them at too high a level. Senior officials may want to take charge, to show that they care, and to assure a polished product. This approach may create issues; "for example, *"The managers don't care about Sam; they just want to put on a show for the executives."* Exercise judgment and evaluate the situation when determine the best course of action.

Memorial services are most effective when the closest associates of the deceased are given key roles in planning and carrying them out. Including the "right" people, i.e., the best friends of the deceased, makes the service more comforting for everyone. If the best friends are too upset to speak, they can take non-verbal roles such as handing out programs.

For those most deeply affected by the suicide, anniversary or milestone reactions might emerge. Because of the complicated nature of suicide, a small subset of the office or organization may still struggling with the experience months after most others have moved on.

For example, for many people, the anniversary might bring up sad or traumatic memories. For some people it may be a reminder of the “empty chair”. In preparation for this, managers might consider pulling together those who are directly impacted to decide if there is a way to honor the loss and celebrate the life that was lived while following memorialization practices (e.g., not glamourizing or romanticizing but giving people safe space to remember but not re-live).

This may be done privately for those who wish to participate and should only be considered for the full workforce if this would be a common practice for other forms of loss. Important dates can trigger feelings of loss and trauma, and sometimes new traditions and rituals can communicate healing values and beliefs while providing containment for strong emotions. The power of rituals comes from the fact that they often provoke deep emotional experiences that hold a level of meaning that words cannot capture. Some of these practices may be done alone or with others:

- Have co-workers write letters to or share pictures with the deceased’s family to share positive memories; assemble these into a memory scrapbook
- Create a memory quilt – each quilt square represents a relationship or a time period in the life of the deceased
- Dove release or balloon release
- Candle lighting ceremony

NOTE: Because of the copycat risk for suicide, memorialization practices should not be permanent and public.

The Healing Power of Ceremonies and Rituals

Symbolic and ceremonial functions are important features of resolution in many kinds of loss. These are moments where pride, presence, and traditionalism can be brought together to provide potentially powerful messages regarding continuity and resilience.

The ceremonies and rituals we observe when a loved one dies serve many purposes and accomplish various emotional and psychological needs, not just for the immediate family but also for the deceased’s community.

Transition from Postvention to Prevention

After a workplace has been affected by a suicide, one of the most important things managers can do is transition their organization from suicide **postvention** to suicide **prevention** strategies.

In the United States a suicide occurs at a disturbing rate yet almost every level of our society, people are reluctant to deal with suicide directly. Some avoidance has to do with stigma; stigma that is rooted in fear of the unknown. Mental health is still largely a mystery to many, and because many don't know better, they place all the blame on the sufferer, and unknowingly become a big part of the problem.

Suicide prevention is a personal issue and a family concern, but it is also a public health issue. As a public health and social justice issue, suicide prevention should be treated just as any other problem facing our workplace and community. Because people do not understand suicide, they do not know how to handle it. Our workplaces are ideal venues to disseminate knowledge and skills and to change culture.

Become trained as a suicide prevention gatekeeper and train your workforce.

Suicide prevention is like the CPR for mental health crises. People who are trained are not expected to be experts or to have the professional skills needed to help a person to recovery; they are just trained in simple behaviors to keep another alive and link them to help. There are several national programs that offer such training for those people who are likely to come into contact with someone who is suicidal.

When you interrupt a suicide journey early, you often prevent the person from going on further. For most people the suicidal crisis is temporary, and if we can keep them alive to the other side of the hopelessness, very often we can save a life. At any point along the way, an appropriate **intervention** can make all the difference.

Suicides within the Wildland Fire Organization

Suicide is an unfortunate reality in our organizations today, including the wildland fire service. The fire service as well as all employees needs to overcome the misconceptions surrounding suicide and mental health conditions and be there to support those who need help. Suicide victims are not weak and did not take the easy way out. They suffered immensely and were unable or unwilling to ask for or accept for help. The fire service has a duty to protect its brothers and sisters both on and off the fireline.

Although there is plenty of discussion about what the fire service can do to prevent firefighter suicide, the individual is ultimately responsible for taking action. Firefighters need to ask for help if they need it or be there to support those who do. As a community, the fire service needs to fill in gaps in suicide prevention measures by focusing on training, reporting, counseling, developing department policies and procedures, and retirement planning.

The impact to firefighters reaching retirement is often overlooked. Retirement can be very difficult on someone who has dedicated their life to their fire career. This life change can have negative effects on some fire personnel. Sadly, FBHA statistics indicate that indicate that a high number of fire service suicides are committed by retired firefighters.

Career firefighters typically will retire at a younger age than other employees or are forced to retire at age 57 whether they want to retire or not. They can suffer from separation anxiety when it finally becomes time to leave. Even though they had lives and family outside of fire it is important to recognize the role that their fire careers in forming their identity.

Luckily, fire personnel are adaptable and can meet these challenges head-on. Fire personnel dedicate their lives to the job no matter the personal cost. That same dedication needs to be focused inward. Now is the time to learn about behavioral health, get educated on the signs and symptoms of suicide, learn how to communicate with those who are suffering, and challenge our agencies to be proactive. Firefighters do not need to face this alone. Inaction could literally mean the difference between life and death.

Intervention Strategies that May Save a Life

If you suspect that someone is considering suicide, it is critical you take the following actions. You may save a life.

1. **Ask the person, "Are you thinking about killing yourself?"**
   It is a myth that you will plant the idea in someone's head. If a person has been thinking of suicide, he/she will be relieved and grateful that you were willing to be so open and nonjudgmental. It shows the person you truly care and take him/her seriously. Stay calm, but always take thoughts of or plans for suicide seriously.

2. **If you get a "yes" to your question ask, "Do you have a plan?"**
   If "yes", you will want to know the plan and if the equipment or drugs are available and accessible.
   Ask "Do you have access to your method?" (For example, is there access to a gun, rope, medication, sharp knives, etc.)

3. **Next you should ask "When will you do it?" (Today, Next Week?)**
   Asking this question will give you an idea if the person is in immediate danger. If you feel that the threat is imminent, *do not leave the person alone*! A suicidal person must see a doctor or psychiatrist immediately. You may have to take him/her to the nearest hospital emergency room or call 911.

4. **Never keep a plan for a suicide a secret**
   Don't worry about breaking a bond of friendship at this point. Friendships can be fixed. And never call a person's bluff, or try to minimize the problems by telling the person he or she has everything to live for or how hurt the family would be. This will only increase feelings of guilt and hopelessness. The person needs to be reassured that help is available and that suicidal feelings are temporary. There is medical help to treat depression and other illnesses that cause suicidal feelings.

5. **Show you care**
   If you feel the person isn't in immediate danger, you can say things like, "I understand that you are in pain, and that you want the pain to stop", and "I care about you and will do my best to help you." Then follow through. Help find a doctor or a mental health professional. Be by the person's side when that first phone call is made, or go along on the first appointment. It's not a good idea to leave it up to a person to get help on his own. A supportive person can mean so much to someone who's in pain.

   If you suspect that someone you care about is considering suicide, help is available to support *you* in helping to intervene. Call 911 and ask to be connected to your local crisis help line or call the National Suicide Prevention Lifeline at 1-800-273-TALK**. Take action if you encounter someone who is at immediate risk.**

DISCLAIMER: The information is intended to help users learn about suicide and suicide prevention. It is provided for informational and referral purposes only. The web site should NOT be used as a substitute for medical advice, counseling, or other health-related services or as a replacement for the services of a trained medical or mental health professional. For medical or mental health advice, services, and treatment, consult your primary care physician or a qualified mental health care professional.

Dealing With a Suicidal Employee

THE Carson J Spencer FOUNDATION

SAMPLE INTERNAL NOTIFICATION MEMO

[WHEN CAUSE OF DEATH REVEALED]

Date:

To:

From:

Subject: Death of (Name)

[Employee] worked for [workplace] for the last [number] years. On [Saturday night] [s/he] died around [11:00PM] [DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE]. We may never know all the factors leading to this tragedy; however, experts agree that in nearly all suicides there is no single cause or simple explanation.

[Employee's] memorial service information is pending but details will be shared once the arrangements have been made.

Some of you may be having difficulty coping with the sudden loss of one of our employees. We have arranged for a [Critical Incident Peer Support Group that includes a licensed mental health care professional] [or EAP which ever service is selected] to be on site [January 8th at 1:00PM] to provide our office with some information and provide any individual support that may be needed. EAP is available to you at any time by calling [1-800]

The family has requested that instead of flowers, those who wish to do so may donate to [a local suicide prevention center or other charity as shared by the family] in [employee's] memory.

SAMPLE INTERNAL NOTIFICATION MEMO

[WHEN CAUSE OF DEATH WITHHELD BY FAMILY]

Date:

To:

From:

Subject: Death of (Name)

[Our workplace] is saddened to learn of the death of [employee]; the family has requested that the cause of death be withheld. The tragic and sudden circumstances of [employee's] death may cause a range of reactions among our colleagues, so with the family's permission we are sharing the following information and are offering support for those who might need it.

Employee] worked for [workplace] for the last [number] years. On [Saturday night] [s/he] died around [11:00PM] [DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE].

[Employee's] memorial service will be held on [January 7 at 11:00AM], and all employees who wish to attend may be excused. The family would like to welcome all of [his/her] friends and colleague who wish to share in the celebration of [his/her] life.

Some of you may be having difficulty coping with the sudden loss of one of our workplace family. We have arranged for the Employee Assistance Program (EAP) professionals to facilitate a crisis counseling session on [January 8 at 5:00PM]. During this group meeting, counselors will be on hand to support us and answer any questions we may have. Others may prefer individual support at this time. If so, please contact our EAP program by calling
[1-800-123-4567].

The family has requested that instead of flowers, those who wish to do so may donate to [a local suicide prevention center or other charity as shared by the family] in the [employee's] memory.

NOTE: Critical Incident Stress Management intervention through the BLM's wildland fire program does not respond to requests when the cause of death, such as suicide is withheld.