After a Traumatic Death:

A Toolkit for the UF Health Community

Adapted from: **After a Suicide: A Toolkit**, with permission from the American Foundation for Suicide Prevention (afsp.org).

UFHealth

UNIVERSITY OF FLORIDA HEALTH

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At a Glance

This document serves as a practical handbook to consult when a suicide or other traumatic death occurs at UF Health. It contains specific guidance and step-by-step lists on how to:

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The Appendix (pg. 20) contains specific advice and checklists, including:

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- Sample Scripts to be Used in Face-to-Face Communication (pg. 26) and Sample Email Death Notifications (pg. 29)
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It is designed as a guide with checklists and flow diagrams that can be easily modified and personalized to fit a specific situation.

Introduction

The unexpected or traumatic death of a faculty member, trainee, or employee in the UF Health community can be devastating, shocking and stressful for any member of the community, and it is not always easy to predict who may be most affected. Such loss can feel different than the death of a patient and may seem more like that of a family member or close friend. There are also aspects of such a loss, particularly in the case of a death by suicide, that can be traumatizing for many. This document is focused on death by suicide, as it can be one of the most difficult for a community to navigate, but can be modified for other unexpected deaths (e.g., unintended overdose, car accident, domestic violence, etc.).

Being aware of the experiences and needs that are common to suicide loss can help:

- Allow the community to grieve and feel supported
- Prevent contagion
- Raise awareness of the mental health needs of the community
- Engage in ongoing suicide prevention efforts

It is important to remember the deceased as a colleague. While physicians, nurses and others in the health care setting may have experience dealing with patient deaths, managing the death of a fellow health care worker carries with it a different set of challenges. Thankfully, this is typically a rare occurrence — but that means health care systems are often uncertain about how to respond and should have access to reliable information, practical tips, tools and guidance readily available when needed.

This toolkit contains consensus recommendations endorsed by the American Foundation for Suicide Prevention, or AFSP, modified to be specific to the University of Florida for use as a practical, step-by-step guide for responding to a death by suicide or other unexpected death. Key considerations, general guidelines for action, do's and don'ts, templates and sample materials are provided regarding strategies for notifying others of the death and supporting the community.

It is important that our procedures approach all unexpected deaths in a similar fashion. Processes for notifications, bringing colleagues together as a community and creating memorials should be the same when responding to the death of a anyone working at UF Health who dies, whether by suicide, car accident, cancer or other cause. This approach minimizes stigma and reduces the risk of suicide contagion.

What happens if an employee finds a deceased faculty member, employee or student, or is informed of their unexpected death?

First Steps

The first step an employee should take depends on whether they are the first person to find the deceased, or whether they are a supervisor or department chair who is informed by the police or other individual of a death by suicide or other unexpected death.

- **If the employee is the first to find the deceased**, **they should immediately notify the police (e.g., call 911 or 352-382-1111 if on UF campus)**
  - **They should next call the Chief Quality Officer (CQO),** for UF Health to activate the Crisis Response Team (CRT); see the Bridge for contact information, or if you do not have access to the Bridge contact UF operator at 352-392-3261 and ask for the to contact the CQO urgently. If the CQO cannot be reached within 15 minutes, the UF employee should call the alternate CRT lead, the Chief Medical Officer (CMO).
- **If the employee is informed about the death from an outside source, they should immediately contact the Chief Quality Officer or CQO**.
  - The Contact roster is on the Bridge, if you do not have access to the Bridge contact UF operator at 352-392-3261 and ask for the to contact the CQO urgently.
  - If the CQO cannot be reached within 15 minutes, the UF employee should contact the alternate CRT lead, the Chief Medical Officer (CMO). See the Bridge for contact information or contact the UF operator.
  - The CRT lead or their designated alternate will work with Crisis Response Team to complete the steps outlined in this guide.

Crisis Response Team

The Crisis Response Team serves an important role following the loss of an employee to suicide or other unexpected causes. The team carries out the critical aspects of crisis management in the aftermath of suicide loss: communication, support of the community, and prevention of contagion.

The following table outlines the membership and roles of the UF Health Crisis Response Team. **Contact information for each team member can be found on the Bridge or contact UF operator at 352-392-3261.**

Role	Tasks
CQO CMO or designee	Activate CRT; notify Dean/CEO, other HSC leadership (see flowsheets on p. 24 in Appendix); communicate with police if needed
UF COM HR	Work with the department/unit and the family to address practical matters related to the role of the UF employee and to address questions regarding benefits, etc.
UF Health Shands HR	Work with the unit and the family to address practical matters related to the role of the UF Health Shands employee and to address questions regarding benefits, etc.
Care for Colleagues/ UF Health Shands EAP	Activate Care for Colleagues (CFC), UF Health Shands EAP and UF EAP to provide support to the department/division, or unit
UF EAP	Work with CFC to provide support to the department/division, and other affected colleagues
UF COM Director of Wellness	Work with chair/supervisor to identify someone from the department, division, etc. to act as a member of the CRT, and provide ongoing support for this person as needed
UF Health Communications	Craft a first message to communicate to the larger UF community (templates provided on pgs. 30-32 in this document)
Relevant Senior Associate Dean or UF Health Shands Leadership	Work with chair/supervisor to address immediate needs of department/division/unit
Relevant Department Chair/Unit Lead and/or Program Director	Work with CRT and department to identify additional teams/groups to be notified; address immediate clinical or other needs; assist with coordinating support efforts for department or program

Tasks to Be Completed by Crisis Response Team (CRT)

First steps (Day 1)

- Notify institutional leadership
- Notify Care for Colleagues and EAP services
- Meet with directly affected colleagues and trainees to convey the news — (**Appendix D, pg. 26**)
- Determine immediate coverage needs (including pulling particularly affected individuals from clinical or other duties as needed)
- Designate individual who will communicate with deceased's emergency contact
- First contact with deceased individual's emergency contact person (see pg. 7-8 guidance)

Next steps (Days 1 & 2)

- Additional notifications as soon as possible on Day 1: remainder of department, division or unit (see pg. 13 for guidance)
- Identify and check in individually with any at-risk individuals
- Hold meetings for affected employees with Care for Colleagues and/or EAP services
- If chair, program director or unit leader was not at first meetings with employees, if possible, they should attend one or more of the CFC meetings or find another opportunity to check in with employees both as a group and individually
- Check in with deceased employee's emergency contact/family regarding funeral arrangements, needs and next steps, plans to meet (see page 8 and **Appendix F, 32-33** for guidance)
- Notify the remainder of the UF community by email (See pg. 16 for guidance and template)

Day 2-4

- Continue to hold meetings for affected employees with Care for Colleagues and/or EAP services
- Consider canceling scheduled meetings and convening employees, faculty and/or other trainees to gather and process their responses to the event
- If appropriate/possible, provide meals over the weekend to staff or trainees who are working. Ask attending(s) or supervisors covering the weekend to check in with at-risk individuals who are scheduled to work
- For employees not on call for the weekend, encourage informal gatherings
- Let department or division know about funeral arrangements and address for condolence cards/social media site
- Debrief of the Crisis Response Team, with additional leadership attending the debrief if needed

Week 1

- Continue to hold meetings as needed for affected employees with Care for Colleagues and/or EAP services
- Check in frequently (e.g., daily) with the deceased's closest contacts in the department or unit, and if needed elsewhere in the community — they will be on the frontline and will know who is struggling; this is also a very difficult time for them
- Provide suicide loss and other mental health resources to community/appropriate individuals (**Appendix J, pg. 39**)
- Crisis Response Team continues to meet for debrief, monitoring of community and carry out of communication next steps
- Notification to other external entities (e.g., community partners, professional organizations) and cancel any scheduled upcoming presentations/engagements
- If the deceased is a clinician, notify their patients

Week 2

- Return to regularly scheduled meetings
- Additional meetings with Care for Colleagues and/or EAP as needed with groups or individual employees/trainees
- Make statement that this is still early in grieving process, reinforce continued availability of mental health services, caring for each other, faculty who are available to speak, etc.
- Check in with family regarding any HR issues (benefits, final paycheck, hospital apartment, returning of electronic devices, etc.) and Memorial Service
- Plan Memorial Service
- Ask faculty advisors to check in with advisees, plan group dinners, etc.
- Debrief the Crisis Response Team
- Provide suicide loss and other mental health resources to additional community/appropriate individuals as needed (**Appendix J**)
- Consider another noon conference to debrief with CFC and/or EAP services
- Continue checking in with close contacts and think about best ways to support them
- Continue to monitor schedules and work flow of most affected employees/faculty/trainees
- Monitor employees' coping as described above
- Debrief with the Crisis Response Team — refine plan as needed

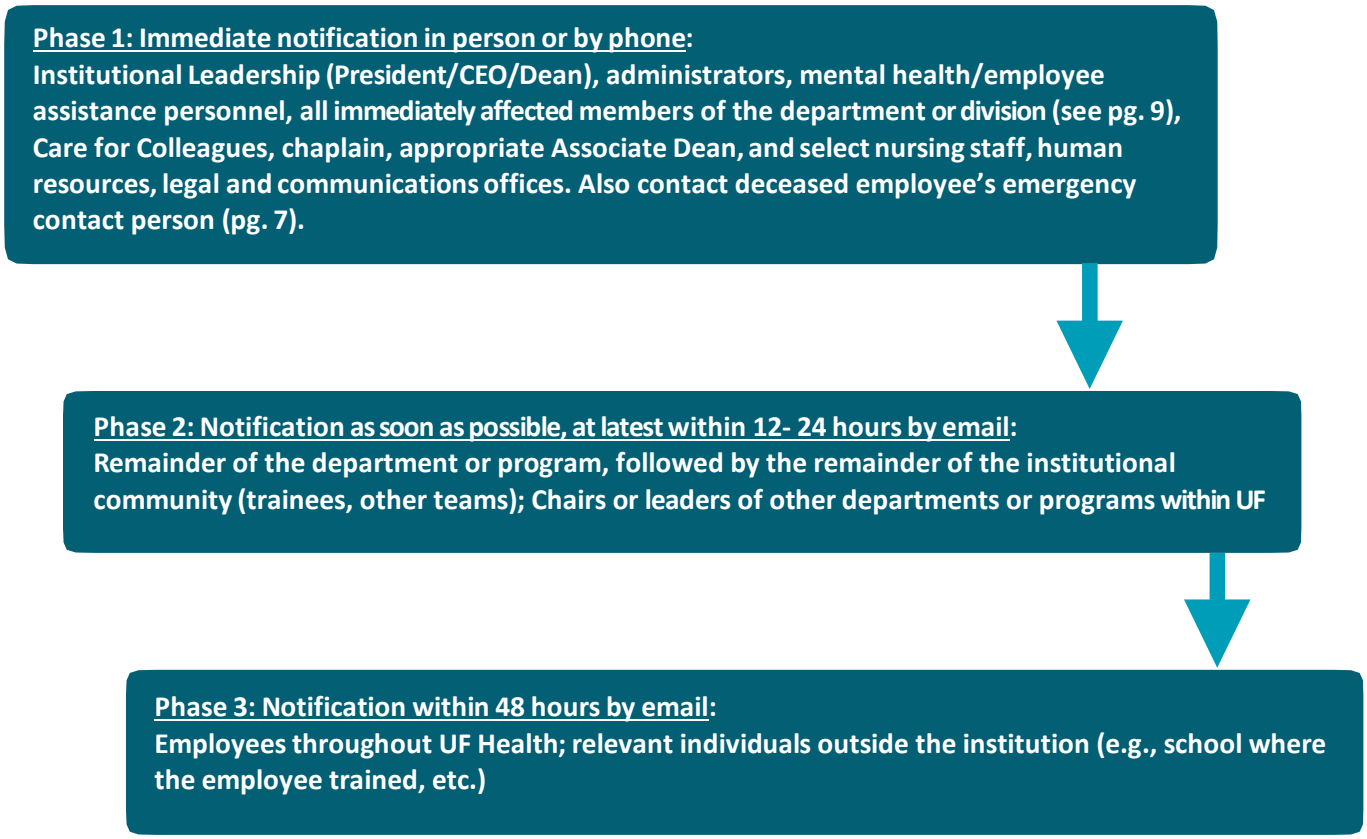
Week 2

- Hold memorial service if not done already
- Consider monthly process groups with mental health professional
- Attend to employee well-being issues
- Develop a departmental employee well-being plan, if not already done

Crisis Response Communication Plan

Once the death has been confirmed by the institution, a coordinated crisis response will be implemented to manage the situation, provide opportunities for grief support, help faculty, trainees and staff cope with their feelings, and minimize the risk of suicide contagion. The first people to notify are those who need to know immediately (i.e., before formal announcements are prepared and close colleagues, such as trainees and/or employees in the same department or division as the deceased individual, are notified (see Sharing the News, pg. 9). An overview of the suggested communication plan is provided in the flowchart below, and a communication checklist that can be modified to fit the specific situation is in **Appendix A, pgs. 21-22**. Communication of the death to the appropriate individuals and to the larger UF community is the responsibility of the Crisis Response Team.

Figure 1: Communication Plan (see Appendix B)



Get the Facts First

In the event of a possible death of a colleague, it is imperative to obtain accurate facts. Obtaining as much information as possible helps alleviate speculation and rumors that can fuel emotional turmoil. Sometimes the family learns of the death first and informs someone at the institution; in other cases, the death of a health care worker or other employee comes to light after the person does not report for duty or after a phone call from local authorities, Emergency Department personnel or others. Depending on the situation, facts may be obtained or clarified by contacting the coroner, medical examiner's office or local law enforcement.

The cause of death should not be disseminated without first speaking with the family about their preferences. Full discussion of this can be found in Sharing the News (pgs. 9-13) and ***Appendix C*** *(pgs. 24-25).*

Missing Employee

A faculty member/trainee/employee not showing up for work may be a serious problem or a simple mistake. Now that many people do not have a land line, or in some situations a pager, we are dependent on a charged cell phone for contact.

Departments and units should have a process in place for how to contact an individual who does not arrive when expected (see the box below for a suggested strategy).

Stepwise Approach to Finding a Missing Employee

1. **Text, page and email the individual**
2. **Call the individual's home or cell phone**
3. **If there is no response, next options include:**
   a. **Calling individual's emergency contact/family**
   b. **Contacting local police or hospital security to request a welfare check**

Informing the Emergency Contact Person

Individuals within the department may be the first to know that an employee has been declared deceased. In such a situation, the chair, team leader, program director or a delegate (e.g., vice chair, assistant director or associate team leader) should contact the CRT, who will delegate an appropriate team member to contact the deceased's emergency contact person. Every employee should have emergency contact information on file (phone numbers, email address and names of parents, spouse/partner or other emergency contact person). Such information should be updated yearly.

In many situations, the police may know first, and they will have their own protocol for managing this and notifying the next of kin. If the individual was brought to the Emergency Department, it will be the physician who declares the individual deceased who would likely make the call. In situations where another individual has disclosed the death of an employee, it is still important that a designated individual from the Crisis Response Team call the emergency contact person.

Prior to contacting the emergency contact person, it is helpful to obtain as much information as is currently available (see Get the Facts First, pg. 6) as well as information about what, if anything, has already been conveyed to the emergency contact person by others (e.g., police, emergency department physician). This initial call should focus on condolences and extending support. Ask what the department can do to assist, and discuss the family's preference regarding what information is provided to the UF/UF Health community. The family may ask what happened. Sometimes it is not clear early on if the death was by suicide or if the death was accidental. Starting by asking what they have heard or what they understand about what happened may be helpful. Be careful to stick to the known facts and avoid any conjecture.

First and foremost, convey condolences to the emergency contact and to the family. It is important to tell the emergency contact person that UF and the CRT will respect the family's wishes regarding disclosure of the cause of death. However, it is also important to convey that faculty and fellow employees are deeply affected by the passing of their loved one and would benefit from honest disclosure of cause of death. Although difficult, it is vital to discuss what information can be relayed to faculty and staff. If the death is determined to be a suicide and the family does not want it disclosed, the emergency contact person should be informed that it would be helpful for fellow employees to know the cause of death. Doing so enables peers, faculty and support staff to fully process and grieve the death of the employee, to learn more about suicide and its causes, and, importantly, is an important step to keeping the employees safe and avoiding more tragedy. That said, it should be kept in mind that the family may be in a state of shock immediately following the death, and may not be ready to accept suicide [or accidental overdose, etc] as the cause of death; it is advisable not to push too hard, with the understanding that acceptance may arise later, often, but not always, within 24-48 hours. Therefore, the initial conversation can be framed as "what information are you comfortable with us sharing at this time?" Know that you will have additional conversations with the emergency contact person and/or the family and this question can be revisited at a later discussion if needed and/or appropriate.

End the conversation by providing information about how the emergency contact person can reach one particular contact person (typically the caller) if questions arise following the initial call. If that person is not the individual making the initial call, then be sure that is clearly conveyed to the emergency contact person. Also, let them know to expect a follow up phone call within a few days. Suggested topics to cover with the emergency contact person can be found in the chart on pg. 8. It may be relevant to inform the family of anticipated media attention surrounding the death of their loved one. Although suicides happen all over the world every day, the death of a health care worker may draw unwanted media attention and the caller can help prepare the emergency contact person.

Topics to cover with the emergency contact person/family

First call or meeting

- Introduce who you are and your role at the institution
- Express condolences
- Ask what they have been informed of thus far, and gather any other knowledge or thoughts they may have (but be careful not to confuse this person's conjecture with fact)
- Offer to meet
- Offer any assistance the institution can provide to the emergency contact person or family
- Provide contact information for investigating officer if relevant
- Ask permission to speak with fellow employees about cause of death
- Discuss the potential for media attention (they are not obligated to take interviews, and can refer media to the institution's communications team if they prefer)
- Determine how best to contact the emergency contact person going forward and how that individual can best contact the caller (phone number, email, evening/weekend)
- Commit to calling again the next day

Second call or meeting at 24-48 hours

- Assess willingness to share funeral plans, may flowers be sent, and may faculty and staff attend
- Determine desire for on-campus memorial service and acceptable venue, if appropriate
- Offer help from the institution with the following:
  - Collecting deceased employee's belongings before their arrival
  - Finding local hotel if needed
  - Help with packing up belongings if appropriate (if the death occurred inside the employee's housing it will likely be sealed by police during their investigation and unavailable)
- Ask permission to release family members' home address for condolence notes
  - Note: It may be preferable for the department, program or unit to collect condolence notes and send them to the family in one package
- Discuss option for the institution to place an obituary
- Provide assistance with administrative or human resource issues (insurance, final paycheck)
- Provide resources for suicide loss survivors and other relevant mental health support (**Appendix J, pgs. 39-41**)

Subsequent call, up to several weeks later

- Coordinate with family and HR regarding found items (e.g., pagers, electronics)

Sharing the News

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

Notification should occur as soon as possible, ideally the same day of the death or, if that is not possible, before work starts the next morning. If there are individuals who were very close to the deceased who are known to the institution (e.g., significant others, close friends, very close colleagues), they should be notified first and separately from the others. Members of the Crisis Response Team should connect regularly with these individuals over the next few weeks.

Although it is permissible to disclose that a faculty member/trainee/employee has died, the cause of death should not be disclosed unless approved by the emergency contact person. In situations where the family does not want the cause of death shared with other members of the UF Health community, it is still important to acknowledge the death and follow up immediately by saying or writing about the supportive mental health resources that are available. If the cause of death has not been confirmed and/or there is an ongoing investigation, individuals on the Crisis Response Team should state that the cause of death is still to be determined and additional information will be forthcoming. Suggested processes and oral as well as written scripts to help convey this information are provided on the next page and in **Appendices D and E**.

Notifying individuals in the same division, unit, or program as the deceased

- This should be done by the department chair, unit supervisor, or program director. Members of the CRT can be present to assist as needed.
- For the most directly affected, e.g., close colleagues, this should occur **in-person the same day of the death** or before work starts the next morning.
- For others, if possible, **divide the colleagues/trainees/employees into small groups to deliver the news** in order to encourage honest dialogue and to avoid group escalation in anxiety, which is more likely in a large group setting; if not possible, the office staff should secure a room large enough to hold all trainees/employees in the same section/unit/division as the deceased individual.
- The office staff should **page/call every faculty member/trainee/employee in the deceased individual's division or unit, telling them of an emergency mandatory meeting**; individuals who cannot be reached by phone can be emailed with instruction to call in as soon as possible regarding "sad news"; individuals who are off from work should be called and asked to come in to attend the meeting.
- Department or program leadership should attend these meetings if possible. If the department or program is too large or dispersed to allow for the chair or other leader to attend all meetings in person, another person in a leadership role (e.g., division chief, vice chair, etc) should be delegated to attend these meetings.

It can be helpful to have mental health counselors/psychologists, chaplain services and/or employee assistance counselors available at the meeting when possible (Care for Colleagues can help coordinate these services).

In the case of a death by suicide or suspected suicide, it is critically important for steps to be taken to ensure that suicide contagion risk is minimized to every extent possible. Contagion risk is heightened when a vulnerable individual is exposed to sensationalized communication about the suicide or when the deceased's manner of death or life is portrayed in an idealized manner (Gould et al., 2003). The risk of suicide contagion is mitigated by including support and mental health resources in several communications. The UF Health Communications team, in collaboration with the CRT, will ensure that every communication following the death is vetted with the following do's and don'ts in mind:

DO'S	DON'TS
Avoid contagion	
In written communications, acknowledge the tragic loss to suicide of a member of our program (and call it a suicide if emergency contact person has given permission). But do not include the suicide method in written communications. During in-person meetings, it's OK to mention the method of suicide, but avoid dwelling on the manner of death during in-person conversations (e.g., "took his/her life by hanging. We probably won't ever fully know all of the factors that led to his/her suicide, but we recognize that there must have been overwhelming pain/struggle and we grieve his/her loss").	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 Even during in-person meetings, avoid providing more detail than the general method (e.g., "died by overdose, hanging, took his life using a firearm"). Going beyond this into more detail is not advisable, especially in written or group settings.
Don't glorify the act of suicide	
Talk about the person in a balanced manner. Avoid idealizing the person and only extolling virtues. Do not be afraid to include the struggles that were known, especially during conversations.	Try to avoid describing the deceased employee only in terms of his/her 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.
Encourage help-seeking	
Always include the list of resources and the after-hours numbers that anyone can call 24/7. Include the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), and the Crisis Text Line at 741-741 as well as the local resources available in **Appendix J**.	Don't portray suicide as a reasonable solution to the person's problems.
Give accurate information about suicide	
Explain that suicide is a complicated outcome of several health and life stressors that converge at one moment in a person's life to increase risk. Mention the fact that mental health is a real part of life, dynamic and changing like other aspects of health, that we all have common life struggles, and can support one another. Explain that along with risk factors, there are known protective factors that mitigate risk for suicide. Emphasize the institution's stance on Help-seeking as a sign of strength, a way to show the most proactive mature level of professionalism. Mention the fact that there have been times when all good leaders have sought support or health care to the good of their personal health/well-being, as well as for the betterment of their professional work.	Don't portray suicide as the result of one problem, event or issue.

During the meeting, the **Crisis Response Team members should introduce themselves** (if not known to the group) and other guests. Tips are provided on pg. 10 for how to talk about suicide and avoid contagion if death by suicide is known or suspected. Sample scripts to relay information in person about the death can be found in **Appendix C, pg. 24**. Share accurate information about the death of the individual, as permitted by the emergency contact person.

If the emergency contact person refuses to allow disclosure, or the family's wishes regarding disclosure are unknown, members of the Crisis Response Team can state: "The family/emergency contact person has requested that information about the cause of death not be shared at this time." Members of the Crisis Response Team can take the opportunity to talk with employees about suicide in general terms, and state:

"We know there has been a lot of talk about whether this was a suicide death. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed, struggling, or may be suicidal." (See **Appendix C, pg. 24-25** for guidance)

Allow the group members to express their grief and identify those who may need additional support and resources. Explain that everyone's grief response is different — some employees will need time off and others may find solace in working. Commit to providing coverage or changing schedules as needed. Remind all individuals of the importance of seeking help if they are experiencing difficulty, and how to do so.

- **Remind the group of the processes in place for accessing care:**
  - Provide a list of individuals (e.g., colleagues, Care for Colleagues members or others) who are available for the group members to talk with about the loss and to debrief; Explain that this is not mental health treatment, but rather supportive debriefing
  - Provide contact information for institutional and community-based mental health providers (**Appendix J, pg. 39**)
  - Explain that clinical treatment may be indicated for sleep, anxiety, mood disturbance, excessive guilt, grief, suicidality and/or prevention of a depressive episode (e.g., in an individual with a history of recurrent depressive episodes); Explain how individuals can access such treatment, and provide contact information (**Appendix J**)
- **Address barriers to engaging in self-care:**
  - Explain the process for taking time off and how coverage will be arranged; emphasize that over the course of one's training/career, the need for coverage evens out and colleagues are willing to cover for them
  - Remind individuals that the leadership will not know who is receiving mental health care; Consider having people in the audience speak about their own experiences seeking mental health care, or stating that many people who have never sought mental health services find speaking with a trained mental health professional at times like these very helpful
  - Some individuals may have heard that seeking mental health services may have negative ramifications on licensure, promotion or employment. Reassure them that unaddressed mental health problems are much more likely to negatively impact safe practice or employment than appropriate help-seeking behaviors
- Remind individuals that if they have struggled with depression themselves or are actively receiving mental health care, they may want to check-in with their therapist
- Inform the group of a clear mechanism to help identify anyone they are concerned about (e.g., who should contact if they are concerned about a colleague)
- Share information about suicide bereavement groups in the community (see **Appendix J; afsp.org/SupportGroups** also has a list of over 800 nationwide support groups)
- Ask if employees know if there are others (outside of the institution) who may need to be notified or sent resources; for example, the deceased may have a significant other in the local area who is not known to the family but whom friends of the deceased know

Members of the group may also experience guilt about not recognizing the signs of distress and suicide risk in a colleague. Health care workers tend to be people who are sensitive to others, and not having "noticed" the signs of distress can induce guilt. It is important to remind everyone that health care workers often feel the need to appear strong as part of their identity, and may likely cloak their feelings of anxiety, worry and/or other psychiatric symptoms in order to carry out their job. This makes it difficult to identify those in distress who may benefit from assistance. It also ends up making individuals feel more isolated, as no one knows how they really feel. Remind the group that hindsight is 20/20; as with all health outcomes, while many suicides can be prevented, not all can.

This discussion offers the opportunity to highlight the importance of reaching out and the complexity of suicide — that it has multiple "contributors" and that often, we do not know all of the things that the person was contending with, physically, emotionally or in terms of their life stressors/past experiences (for tips on how to talk about suicide, see the textbox on pg. 10, and **Appendix C**).

There are likely to be individuals in the group who are more deeply affected by the death. It may be difficult to fully meet their needs during the initial meeting. It might be helpful to allow for a separate time for those who wish to discuss in more detail, particularly if the reporting is to a larger group. For example, members of the Crisis Response Team or Care for Colleagues could offer to spend an additional 30 minutes with anyone who wants to talk further about the death. It's best to provide options of several potential support providers for individuals to speak with, including one to two individuals outside the program or even home institution, since privacy is very important to some trainees and employees.

- A second meeting with the team may also be wise to encourage them to think about how they would like to remember their colleague. Ideas include writing a personal note to the family, participating in or attending the memorial service, and/or doing something kind for another person. Other reflective activities such as writing, poetry reading or an art project can also be very helpful. These can be done individually or as a group. It is important to acknowledge the need to express their feelings while helping them identify appropriate ways to do so. At this time, inform the group about any details known about a funeral and/or memorial service, as well as process for requesting time-off to attend the funeral
- Discuss plans for a memorial service (see **Appendix F**)

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

Immediately after this meeting, it is critical to inform attendings and staff assigned to the services with affected staff/faculty/trainees (e.g., Emergency Department staff, Hospitalist Services, etc.) and nursing leadership (so that they can let the nurses on the floor know) about the death and the fact that the employees have just been informed. These individuals may have known the deceased individual and may also be affected by this news. It is also important for these individuals to understand that some individuals may be distraught when they return to the floor.

Fellow trainees/employees in the same section/department as the deceased individual who did not attend the in-person meeting should be informed as soon as possible, preferably by telephone and not email.

Written communication with others

Next, an email announcement should be sent to other relevant members of the UF Health community (e.g., the College or hospital division, graduate training program, etc.), as well as employees and trainees in other programs at UF or in the community that interact with the department or division where the individual worked. Such communication should be sent within 24-48 hours. A follow-up email can be sent later with details regarding the obituary, address of emergency contact person and if applicable, funeral/memorial service information. Sample email scripts can be found in **Appendix D, pgs. 29-31**. A similar approach should be used for cases of death by any cause.

A thoughtful approach should be utilized to consider whether an announcement should be made to leaders at other institutions/hospitals in the surrounding geographical area (e.g., UF Health Jacksonville, Malcom Randall Veterans Affairs Medical Center, North Florida Regional Medical Center), particularly when individuals from different programs may work together or may have trained together. On the one hand, if employees at other programs have learned about the death, it can be helpful for leaders to gather them together to provide factual information and similar messages about the importance of well-being, support being available and help seeking being a sign of strength. However, if most individuals have not become aware, this type of messaging can create unnecessary anxiety. It is recommended to start by meeting with the leadership of the outside institution to determine the level of knowledge among their community, as well as to gauge the tone and level of concern in their community.

Helping Employees Cope

In the aftermath of a suicide or other traumatic death, health care workers may feel emotionally overwhelmed, and this can disrupt patient care as well as overall performance. Most health care workers have mastered basic skills to control their emotions, but these skills can be challenged by such an event. For some individuals, it will be their first experience with death of an individual they personally know, let alone in an unexpected/traumatic way. Health care workers may experience complex feelings and physical indicators of distress, such as stomach upset, restlessness and insomnia. Some may experience the death as a psychological trauma, and will have symptoms related to that (hypervigilance, avoidant responses, intrusive memories, numbness, sleep disruption or negative changes in mood). These symptoms should lessen in intensity over time; if they do not lessen or if they are at a level of severity that interrupts the individual's functioning, he or she should be encouraged to seek out mental health care.

It may be helpful to reach out to individuals directly to help them deliberately process their emotions, and to better identify those who may need additional support. Care for Colleagues can meet with small groups of employees to help express feelings and discuss safe coping strategies. Employees can be encouraged to use relaxation or mindfulness skills as a way to cope with intense emotions related to the event. Participating in rituals, such as attending a funeral or memorial service, may also help the colleague resume their daily lives and responsibilities.

Team members may need to hear permission from their leadership that they should engage in activities that will help them to feel better and to take their mind off the stressful situation. They may also benefit from hearing explicit permission/encouragement to seek help.

Pay attention to individuals who are having particular difficulty, including those who may have struggled previously, or who begin to show signs of deteriorating health/well-being (e.g., tardiness, sick days, short temper, trouble managing workload or any persistent changes from baseline behavior patterns). Encourage them to talk with counselors, a chaplain and/or other appropriate personnel.

The loss of a colleague also has practical consequences on schedules and work flow, particularly for the team that has lost their colleague. Consider solutions such as providing increased alternative forms of coverage for a specific time period. The one-year anniversary of the death, or other significant dates such as the deceased's birthday, may stir up emotions and can be an upsetting time for individuals who were close to the deceased or who worked within the same team or unit. Health care workers may be desensitized to patient death; however, the death of a peer, particularly by suicide, can evoke strong emotions. It is helpful to anticipate this, particularly for those individuals who were close to the deceased or who are exposed to other deaths or challenges soon after the loss.

Supporting the Leadership

Although the leadership of the department, division or program where the individual worked/studied will have known the individual to varying degrees, the experience may still have a powerful personal impact. Taking the time to offer support in the aftermath of a traumatic event is important. Some leaders deeply touched by the experience may need to discuss with their own supervisor whether they can take the rest of the day off and how to handle the immediate workload. These individuals may also be directed to Employee Assistance Program personnel or other in-house experts for additional support.

Leadership should be reminded that:

- Caring for oneself is an important part of professionalism and is critical in caring for others; employees and trainees learn from watching others model solid self-care practices
- Modeling appropriate help-seeking and self-care sets and important example for the rest of the community
- Unattended feelings can lead to poor communication skills
- If you see something, it is important to say something (e.g., if you notice changes in an individual's behavior, irritability, etc., speak with the individual and/or call their supervisor/advisor)
- Build relationships with employees deliberately
- Team members are working extremely hard — remember to acknowledge that and thank them

Ideally, steps should be taken so that one individual, such as a department chair or unit leader, does not have to tell the story of the employee's death repeatedly. Using the Crisis Response Team, as previously described, helps to ease this burden.

Faculty, staff and trainees who are deeply affected and members of the Crisis Response Team should have debriefing meetings with in-house experts. Reaching out to these individuals two to eight weeks after the event is also a useful way to support their well-being and ongoing bereavement.

Working with the Community

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

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

Institutions have a responsibility to balance the need to be truthful with the community and the need to remain sensitive to the family. As mentioned above, this is an opportunity to educate the community (including potentially vulnerable trainees/employees) about the causes and complexity of suicide, and to identify available mental health resources. Communication scripts can be found in **Appendices D and E (pgs. 26-31)**.

The police will likely be an important source of information about the death, particularly if there is an ongoing investigation (for example, if it has not yet been determined whether the death was suicide or homicide). The Crisis Response Team will need to be in close communication with the police to determine (a) what they can and cannot say to the community so as not to interfere with the investigation, and (b) whether there are certain individuals who must be interviewed by the police before the Crisis Response Team can debrief or counsel them in any way. In situations where law enforcement needs to speak with individuals to help determine the cause of death, a Crisis Response Team member may offer to accompany the individuals for this discussion and notify institutional General Counsel at 352-392-1358.

Memorialization

Communities often want to memorialize a colleague who has died. It can be a challenge to balance meeting the needs of distraught staff and faculty while preserving the day-to-day activities of taking care of patients and learning. It is very important to treat all deaths in the same way to the extent possible. The approach for responding to the death of a trainee/employee from a car accident or cancer should be the same as for a trainee/employee who dies by suicide. This approach minimizes stigma and reduces the risk of suicide contagion. In the case of suicide, it is very important not to inadvertently glamorize or romanticize the deceased individual or the death. It is best to emphasize the link between suicide and underlying mental health problems (such as depression, anxiety, substance use disorders and burnout). These conditions can cause substantial psychological pain while not being apparent to others.

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

A memorial service planning checklist can be found in **Appendix F (pg. 32-33)**.

- In choosing a location, it is best that the memorial service not be held in regular meeting rooms; doing so could inextricably connect the space to the death, making it difficult for trainees, staff and faculty to return there for regular work
- The location should not be the place of death
- It is also best if services are held outside of regular hours; involving family and the individual's close friends in planning the memorial can be helpful
- It is important to provide an opportunity for trainees/employees to be heard; however, it will be valuable to remind all who will be talking at the funeral of the importance of emphasizing the connection between suicide and underlying mental health issues, and not romanticizing the death in any way
- When announcing the memorial, be sure to include details regarding what to expect and policies for attending funerals, arranging coverage for clinical assignments, and other relevant details
- Counselors and mental health professionals should attend the memorial and be available to provide support
- Attendees should be requested, if at all possible, to turn off their phones and pagers as a sign of respect to their deceased colleague; being able to truly focus for this brief span of time means a great deal to those most intimately affected by the loss

Sometimes there is a desire to establish a permanent memorial (e.g., planting a tree, installing a bench or plaque, establishing a scholarship). Although such memorials may not increase risk of contagion they can be upsetting reminders to bereaved staff and faculty. Careful consideration should be given to whether a permanent memorial is warranted, and this should only be done if this is protocol for other employee deaths. If possible, permanent memorials should be located away from common areas of work and learning. It is also important to remember that once a permanent memorial is set up, it establishes a precedent that can be difficult to sustain over time.

Other approaches for memorialization include:

- Holding a day of community service or creating an institutional-based community service program in honor of the deceased
- Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations (e.g., **outofthedarkness.org**), or holding a local fundraising event to support a local crisis hotline or other suicide prevention program

- Sponsoring a mental health awareness day
- Purchasing books on mental health for the local library
- Working with the administration to develop and implement a curriculum focused on effective problem-solving or other pro-mental health activities such as mindfulness
- Volunteering at a community crisis hotline
- Raising funds to help the family defray their funeral expenses
- Making a book available in a common space for several weeks in which staff and faculty can write messages to the family, share memories of the deceased or offer condolences; the book can then be presented to the family on behalf of the community

Online Memorial Pages and Social Media

Online memorial pages and message boards have become common practice in the aftermath of a death. At times, training programs/institutions may choose (with the permission and support of the deceased individual's family) to establish a memorial page on the program's website or on a social networking site. As with all memorialization following a suicide death, such pages should take care not to glamorize the death in ways that may lead other at-risk individuals to identify with the person who died. It is therefore vital that memorial pages reflect safe messaging, include resources, be monitored and be time-limited.

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

If the deceased individual's friends create a memorial page of their own, it is important that the Crisis Response Team communicate with the friends to ensure that the page includes safe messaging and accurate information. An example of recommended language for a friends and family memorial page could include: "The best way to honor your loved one is to seek help if you or someone you know is struggling." When possible, memorial pages should also contain information about where a person in a suicidal crisis can get help (e.g., National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or the Crisis Text Line at 741-741). Crisis Response Team members should also join any colleague-initiated memorial pages so that they can monitor and respond as appropriate.

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

Media and the Press

A member of the Crisis Response Team from UF Health Communications will be assigned to media relations. A media statement will be prepared (see **Appendix G, pg. 34** for example) and a designated media spokesperson identified. Typically, only authorized staff or institutional communication personnel should speak with the media. Employees will be advised to avoid interviews with the media. The media can find guidance on how best to report on suicide to minimize risk of suicide contagion on the AFSP website (**afsp.org/SafeReporting**).

Moving Forward

Promoting the well-being of trainees/employees and, in fact, all members of the institution, requires a long-term, sustained effort. Continuing to improve the work environment and support for trainee/employee wellness must occur beyond the acute phase after a suicide. A few months following the suicide, UF should consider implementing or re-introducing:

- Suicide awareness programs to educate staff, faculty and trainees about the symptoms of depression and the causes of suicidal behavior
- Programs to educate faculty, staff and trainees about health care workers' mental health and the risk of suicide among health care workers
- Members of the UF community may also wish to take collective action to address the problem of suicide, such as participating as a team in an awareness or fundraising event to support a national suicide prevention organization or local community mental health center

General Resources (See Appendix J, pgs. 39-41 for Local Resources)

- The AMA has developed a set of resources to address health care workers' mental health that is available at stepsforward.org/modules/physician-wellness
- A database of suicide prevention programs that have been determined by expert peer review to reflect best practices is available at the Best Practices Registry for Suicide Prevention, or BPR, available at **sprc.org**
- Another source is the National Registry of Evidence-Based Programs and Practices, maintained by the Substance Abuse and Mental Health Services Administration, or SAMHSA, of the U.S. Department of Health and Human Services; while few of the programs are specific to suicide prevention, this database includes mental health interventions that have been scientifically tested (available at **nrepp.samhsa.gov**)

Appendix: Crisis Response Tools

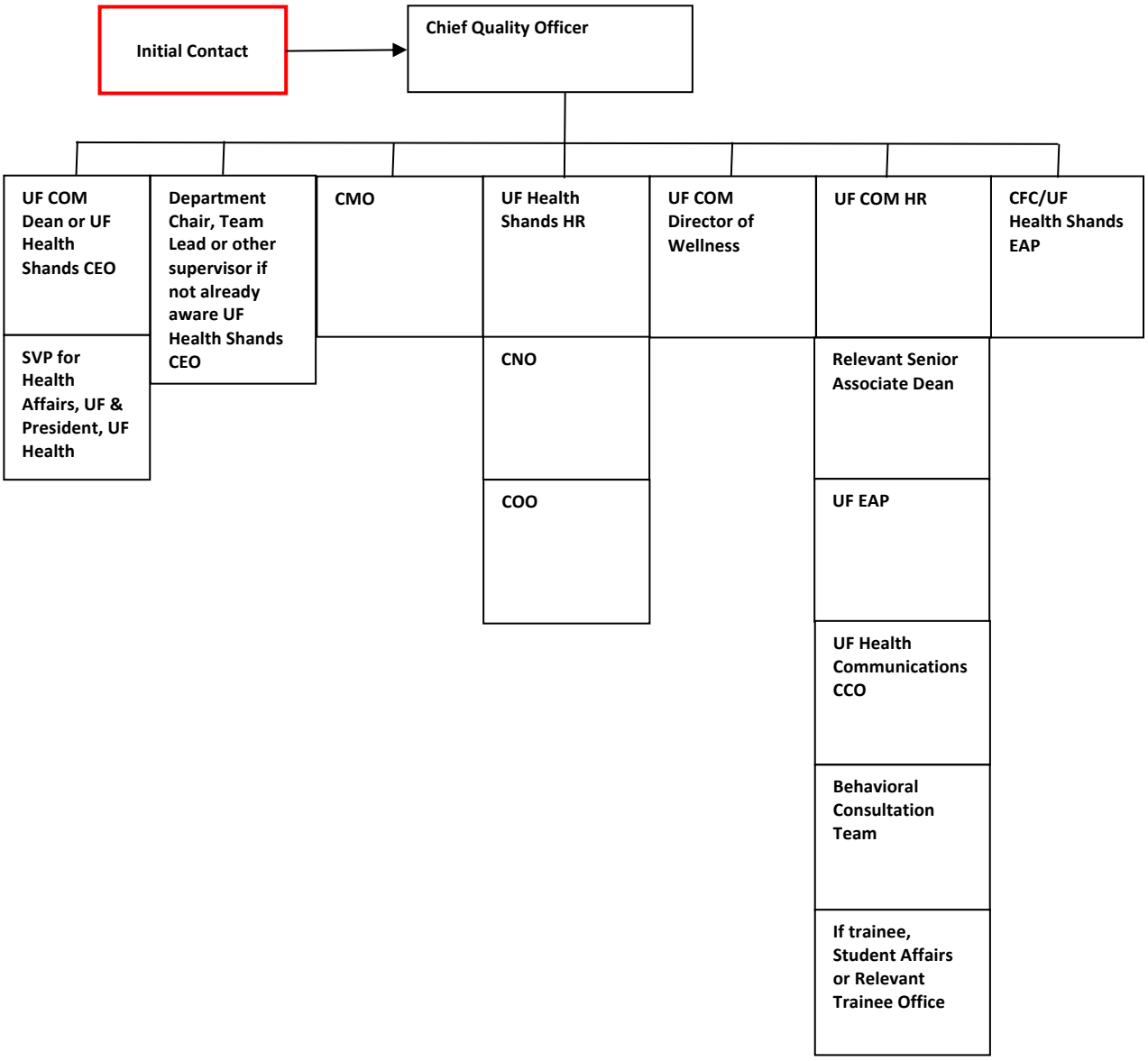
A. Crisis Response Team Communication and Action Steps Checklist

	Who	When	Notes/Completed
Phase 1: IMMEDIATE notification by phone or in person			
Law enforcement/ Emergency personnel			
Institutional leadership (President/CEO)			
Immediate supervisor of deceased			
Care For Colleagues			
EAP (UF or Shands as appropriate)			
Deceased employees' emergency contact person/family (in person or by phone)			
Close colleagues of deceased employee			
Phase 1: Additional IMMEDIATE action steps			
Address need for immediate clinical coverage			
Address need for immediate teaching coverage			
Schedule on site group debriefings with CFC			
Phase 2: DAY 1 notification			
Additional members of the department/division/unit (in person or by email, see template in **Appendices D & E**)			
Human resources			
Legal (General Counsel 352-392-1358)			
UF Health Communications			
Additional members of the UF Community by email (e.g., College, hospital unit, training program)			
Other relevant immediately affected community members (collaborating hospitals, etc.)			
Provide community/online resources to all relevant groups			

<u>Phase 2</u>: Additional DAY 1-2 action steps			
Identify and check in with at-risk individuals			
Schedule on-site availability for individual sessions with CFC and/or EAP, as needed			
Schedule group sessions with CFC and/or EAP counselors			
Manage media inquiries if needed			
Phase 3: DAYS 2-4 action steps			
Check in with family to reassess their needs and wishes			
Check in with at-risk individuals again			
Continue to schedule meetings with Care for Colleagues for individuals and groups as needed over next days and weeks			
Phase 4: Additional WEEK 1-2 action steps			
Disseminate information about the funeral			
Check in with at-risk individuals again			
Continue to schedule meetings with Care for Colleagues for individuals and groups as needed			
Notify other community members as needed			
Determine long-term clinical coverage needs			
Determine long-term teaching needs			
Notify patients of the deceased (if deceased is a clinician)			
Address upcoming speaking/travel obligations			
Plan memorial service, obituary etc.			
Debrief CRT as needed			
Provide community/online resources			

B. Leadership Notification Contact List Flowcharts

(note that the CQO may choose to contact all or some of the individuals on this list, and delegate the notification of others to another member of the CRT or communication tree)



C. Tips for Talking about Suicide

Give accurate information about suicide.	By saying….
Suicide is a complicated behavior. It is not caused by a single event. Research is very clear that in most cases, underlying mental health conditions like depression, substance use disorders, bipolar disorder, PTSD or psychosis (and often comorbid occurrence of more than one) were present and active leading up to a suicide. Mental health conditions affect brain functioning, impacting cognition, problem solving and the way people feel. Having a mental health problem is actually very common and is nothing to be ashamed of. Help is readily available. Talking about suicide in a calm, straightforward manner does not put ideas into employees' minds.	"The cause of____'s death was suicide. Suicide most often occurs when several life and health factors converge leading to overwhelming mental and/or physical pain, anguish and hopelessness." "There are treatments to help people with mental health struggles who are at risk for suicide or having suicidal thoughts." "Since 90 percent of people who die by suicide have a mental health condition at the time of their death, it is likely that_____suffered from a mental health problem that affected (his/her) feelings, thoughts and ability to think clearly and solve problems in a better way." "Mental health problems are not something to be ashamed of — they are a type of health issue like any other kind, and there are very good treatments to help manage them and alleviate the distress."
Address blaming and scapegoating.	**By saying….**
It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.	"The reasons that someone dies by suicide are not simple, and are related to mental anguish that gets in the way of the person thinking clearly. Blaming others — or blaming the person who died — does not acknowledge the reality that the person was battling a kind of intense suffering that is difficult for many of us to relate to during normal health."
Do not focus on the method or graphic details.	**By saying….**
Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals. If asked, it is OK to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should not be on *how* someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc.	"It is tragic that he died by hanging. Let's talk about how _____'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?"
Address anger.	**By saying….**
Accept expressions of anger at the deceased and explain that these feelings are normal.	"It is not uncommon to feel angry. These feelings are normal and it doesn't mean that you didn't care about _____. You can be angry at someone's behavior and still care deeply about that person."

Address feelings of responsibility.	By saying….
Reassure those who feel responsible or think they could have done something to save the deceased. Many health care workers have exceedingly high expectations of themselves, and along with medical training, they may feel that they should have detected signs of suicide risk. The reality is that many cloak their internal distress (to their detriment), so it can be challenging for even the closest people in their lives to observe the change in their mental state. This highlights the importance of asking about and expressing concern when you notice even subtle changes in others' usual way of behaving and approaching problems.	"_____was a colleague, a friend, and not your patient. No one has the ability to predict imminent suicide. We do know that talking can save lives. If your gut instinct tells you something is different about a colleague's behavior, just engage in a conversation with them. If you are concerned, encourage them to seek help and consider letting <insert name of appropriate local person> know." "This death is not your fault. This is an outcome we all would have wanted to prevent, but no one action, conversation or interaction is what caused this." "We can't always predict someone else's behavior, especially when many of us have practice hiding our distress."
Promote help-seeking.	**By saying….**
Advise employees to seek help from a trusted mentor or mental health professional if they or a friend are feeling depressed. Communicate that we don't need to wait for a crisis — early help seeking is a sign of strength. If employees have thoughts of self-harm, encourage them to call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), text HELLO to the Crisis Text Line at 741-741, go to the emergency department, to the mental health intake office at UF Health Shands Psychiatric Hospital at Vista, or call 911.	"We are always here to help you through any problem, no matter what. It can be helpful to think in advance about who you would feel most comfortable reaching out to if you or a friend were feeling worried or depressed or had thoughts of suicide?" "There are effective treatments to help people who have mental health struggles and substance use problems. Suicide is never the answer." "This is an important time for all in our community to support and look out for one another. If you are concerned about a friend or colleague, you need to be sure to tell someone." "Whether you get help from recommended resources or others, the important thing is to get help when you need it."

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

Death ruled a suicide

It is with great sadness that I have to tell you that one of our colleagues,_____, has died by suicide. All of us want you to know that we are here to help you in any way we can.

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

Suicide is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish and hopelessness. Sometimes these risk factors are not identified or noticed; in other cases, a person with a disorder will show obvious changes or warning signs. One thing is certain: There are treatments that can help. Suicide should never be an option.

Each of us will react to_____'s death in our own way, and we need to be respectful of each other. Feeling sad, angry, shocked or even guilty are normal responses to any loss. Some of you may not have known_____very well and may not be as affected, while others may experience strong emotions whether you knew him/her well or not. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

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

Sometimes health care workers, when confronted by the death of a colleague, feel responsible. They wonder if there was "something that they missed." First, remember, that ____ was a colleague, a friend and that _____ was not your patient. No one has the ability to predict imminent suicide. We do know that talking can save lives. If your gut instinct tells you something is different about a colleague's behavior, just engage in a caring conversation and listen to their thoughts; if you are concerned, encourage them to seek help and consider letting <insert name of appropriate local person> know.

This is a time to take a moment to be together, to remember_____in our grief, and to support one another. Please remember that we are all here for you.

Traumatic Death (e.g., accident, domestic violence, accidental overdose, sudden medical event)

It is with great sadness that I have to tell you that one of our colleagues,_____, has died. All of us want you to know that we are here to help you in any way we can.

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

Each of us will react to_____'s death in our own way, and we need to be respectful of each other. Feeling sad, angry, shocked or even guilty are normal responses to any loss. Some of you may not have known_____very well and may not be as affected, while others may experience strong emotions whether you knew him/her well or not. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

We have counselors available to help our community deal with this sad loss. If you'd like to talk to a counselor, these are the contacts: [insert local resources here—see **Appendix J**]

This is a time to take a moment to be together, to remember_____in our grief, and to support one another. Please remember that we are all here for you.

Cause of death is unconfirmed

It is with great sadness that I have to tell you that one of our colleagues,_____, has died. All of us want you to know that we are here to help you in any way we can.

The cause of death has not yet been determined by the authorities. We are aware that there has been some talk about the possibility that this was a suicide death [or death by overdose]. Rumors may begin to circulate, and we ask you only share information known to be factual since inaccurate information can be hurtful to those coping with this loss. Please also be mindful of the use of social media in discussing this event. We'll do our best to give you accurate information as it becomes known to us.

Each of us will react to_____'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_____very well and may not be as affected, while others may experience a great deal of sadness whether you knew him/her or not. All types of emotions are common following the loss of someone you know — sadness, confusion, guilt, anger, numbness. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction.

We have counselors available to help our community deal with this sad loss and to enable us to understand more about suicide. If you'd like to talk to a counselor, just let us know.

Sometimes health care workers, when confronted by the death of a colleague, feel responsible, especially if there is talk that the death was a suicide [or accidental overdose]. They wonder if there was "something that they missed." First, remember, that_____was a colleague, a friend, and that _____ was not your patient. No one has the ability to predict death. We do know that talking can save lives. If your gut instinct tells you something is different about a colleague's behavior, have a conversation with them. If you are concerned, encourage them to seek help and consider letting <insert name of appropriate local person> know.

This is a time to take a moment to be together, to remember_____in our grief, and to support one another. Please remember that we are all here for you.

Cause of death may not be disclosed

It is with great sadness that I have to tell you that one of our colleagues,_____, has died. All of us want you to know that we are here to help you in any way we can.

The family has requested that information about the cause of death not be shared at this time.

We are aware that there has been some talk about the possibility that this was a suicide death or [death by overdose]. Rumors may begin to circulate, and we ask you only share information known to be factual since inaccurate information can be hurtful to those coping with this loss. We'll do our best to give you accurate information as it becomes known to us.

Since the subject has been raised, we do want to take this opportunity to remind you that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish, and hopelessness. Sometimes these risk factors are not identified or noticed; in other cases, a person with a disorder will show obvious changes or warning signs. One thing is certain: there are treatments that can help. Suicide should never be an option.

Each of us will react to_____'s death in our own way, and we need to be respectful of each other. Feeling sad, upset, confused, angry, or numb are normal responses to loss. Some of you may not have known___ very well and may not be as affected, while others may experience strong emotions whether you knew him/her or not. Some of you may find you're having difficulty concentrating, and others may find that diving into your work is a good distraction. We have counselors available to help us deal with this sad loss. If you'd like to talk to a counselor, just let us know.

Sometimes health care workers, when confronted by the death of a colleague, feel responsible, especially if there is talk that the death was a suicide [or accidental overdose]. They wonder if there was "something that they missed." First, remember, that_____was a colleague, a friend, and that _ was not your patient. No one has the ability to predict death. We do know that talking can save lives. If your gut instinct tells you something is different about a colleague's behavior, have a conversation and listen to them. If you are concerned, encourage them to seek help and consider letting <insert name of appropriate local person> know.

This is a time to take a moment to be together, to remember_____in our grief, and to support one another. Please remember that we are all here for you.

E. Sample Initial Email Death Notifications

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

An immediate email announcement should be sent to relevant members of the UF community (e.g., College, hospital division, graduate training program). A follow-up email can be sent later with details regarding the obituary, address of emergency contact person (if released, see above) and if applicable, funeral/memorial service information. Remember that the same approach should be used in other types of death.

From the UF Health Leadership (e.g., Dean) to the college, hospital, etc., including forwarded email from the Chair or other supervisor

Please see the statement below that [Department Chair or other supervisor/leader] shared with the faculty and staff of the Department of _____ about the very sad news of the passing of one of our own. UF Health [job position, e.g., nurse or psychiatrist or resident] [name] died unexpectedly today, leaving a significant void in our College of Medicine [UF Shands or other college] family. S/he had a remarkable impact in the department [hospital], [personalize here].

We are living and working during difficult times, and I am sure this sad and sudden loss is adding to the emotions of many. It is important to recognize that during these already challenging times, we must continue to care for each other and know that we have many support systems and resources available at the university and UF Health, including the Employee Assistance Program and Care for Colleagues, which are listed in the message below, or services offered through a collaborative group at UF Health, found here on the Bridge.

Expressing our sincere condolences to her family and loved ones and all those who were her close colleagues and friends in her professional practice here at UF Health.

[Dean UF College of Medicine/ CEO UF Health Shands]

From the Chair or supervisor to the Department or unit

Our Dear Colleagues,

In this unwelcome season of troubled times, we regret to share the sad news that we have lost a member of our [College of Medicine] family. Today, [name, title] unexpectedly passed away. S/he was ___years old.

[first name] joined UF Health in [year] as a/n [role] after completing his/her [medical school education or other training] in [location]. Most recently, [name] was an outstanding [job title, nurse, anesthesiologist, respiratory therapist, resident, etc.], in [division, department, center, etc.], where s/he cared for [special expertise, role]. In this venue, s/he was remarkably skilled and thoughtful in [provide details]. [Name] was also a wonderful [provide some personal info, e.g., baker, a husband, and, perhaps most importantly, a father and a grandfather of x]. We have so little to offer to assuage the grief of his/her family, colleagues and friends other than our heartfelt good wishes and remembrance of the [patients, or students, etc.] whose lives will [provide personalized details here].

Unexpected death often promotes uneasy emotions in friends and colleagues beyond mourning. If you would like to talk about feelings or emotions that are a common part of mourning, please be sure to contact skilled providers at our Mental Health Services Access Line at 352-627-0032. The UF Employee Assistance Program is available to provide counseling services, including access to a licensed counselor at 352-559-2900, or the UF Health Care for Colleagues program 352-494-5795 to help you through this difficult time.

We offer our sincere condolences to [name] family and loved ones during this very difficult time.

Yours in sorrow,

[Chair or other supervisor or leader]

See another sample email below

Death ruled a suicide

I am writing with great sadness to inform you that one of our colleagues,_____, has died. Our thoughts and sympathies are with [his/her] family and friends and the Department of_____.

All close colleagues who were available were given the news of the death today. The cause of death was suicide. We want to take this opportunity to remind our community that suicide is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish and hopelessness. Sometimes these risk factors and warning signs are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

I understand that _____'s passing will impact us each in a different way. Please do not hesitate to take advantage of the available resources offered through UF/UF Health. Employees can reach out to the Employee Assistance Program (352) 559-2900 or the Care For Colleagues program 352-494-5795 to help you through this difficult time. Students can reach out to the UF Counseling & Wellness Center or the UFCOM Office of Student Counseling & Professional Development [We are reaching out to the EAP to alert them of a potential increase in need for services to our department.] [We are working to schedule a time to have a counselor on hand, should anyone want to take some time to process this sad event with a counselor.] We encourage any community members to seek the help they need. It is a time to come together, to grieve and to support each other.

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

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

Sincerely,

[Crisis Response Team Leader or Relevant Dean or Other Member of UF Health Leadership]

Cause of death is unconfirmed

I am writing with great sadness to inform you that one of our colleagues,_____ has [suddenly/expectantly passed away; passed away]. Our thoughts and sympathies are with [his/her] family and friends and the Department of_____ _____.

The cause of death has not yet been determined by the authorities. I do not have many details to share at this time, but I wanted everyone to know of _____'s passing. We are aware that there has been some talk about the possibility that this was a suicide death. Rumors may begin to circulate, and we ask you to respond to any speculations as to the cause of death with a reminder that this is not yet clear. We'll do our best to give you accurate information as it becomes known to us.

I understand that _____ passing will impact us each in a different way. Please do not hesitate to take advantage of the UF Employee Assistance Program (352) 559-2900 or the Care For Colleagues program 352-494-5795 to help you through this difficult time. [We are reaching out to EAP to alert them of a potential increase in need for services to our department.] [We are working to schedule a time to have a counselor on hand, should anyone want to take some time to process this sad event with a counselor.]

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

times, a person who is struggling will show more obvious symptoms or signs.

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

Sincerely,

[Crisis Response Team Leader or Relevant Dean or Other Member of UF Health Leadership]

When Death Is Not Due To Suicide or Other Traumatic Event or When Details Are Not Available:

Dear <Recipients>;

I regret to inform you that our co-worker, _____, has [suddenly/unexpectedly passed away; passed away].[The cause of death was _____]**OR** [I do not have many details to share at this time, but I wanted everyone to know of _____ passing.] I will share details regarding services or memorials, as I learn of them.

I understand that _____ passing will impact us each in a different way. Please do not hesitate to take advantage of the UF Employee Assistance Program (352) 559-2900 or the Care For Colleagues program 352-494-5795 to help you through this difficult time. [We are reaching out to EAP to alert them of a potential increase in need for services to our department.] [We are working to schedule a time to have a counselor on hand, should anyone want to take some time to process this sad event with a counselor.]

Additional information on work assignments will follow at an appropriate time. If you have time-sensitive concerns or needs, please contact me directly.

Sincerely,

<Department Head or other UF Leader>

Cause of death may not be disclosed

I am writing with great sadness to inform you that one of our colleagues,_____, has died. Our thoughts and sympathies are with [his/her] family and friends and the Department of_____. Our thoughts and sympathies are with [his/her] family and friends.

All close colleagues who were available were given the news of the death today. The family has requested that information about the cause of death not be shared at this time. ***If relevant, include the following:*** We are aware that there have been rumors that this was a death by suicide. Since the subject has been raised, we want to take this opportunity to remind our community that suicide, when it does occur, is a very complicated act. It is usually the culmination of several health and life factors that converge in a person's life during the same period of time, including mental health conditions such as depression, which lead to overwhelming mental and/or physical pain, anguish and hopelessness. Sometimes these risk factors are not identified or noticed; other times, a person who is struggling will show more obvious symptoms or signs.

I understand that _____ passing will impact us each in a different way. Please do not hesitate to take advantage of the UF Employee Assistance Program (352) 559-2900 or the Care For Colleagues program to help you through this difficult time [We are reaching out to EAP to alert them of a potential increase in need for services to our department.] [We are working to schedule a time to have a counselor on hand, should anyone want to take some time to process this sad event with a counselor.] (As applicable depending on emergency contact person preference) Information about a remembrance service will be shared as it becomes available

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

Sincerely,

[Crisis Response Team Leader or Relevant Dean or Other Member of UF Health Leadership]

F. Memorial Service Planning Checklist

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

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

Checklist continued on next page >

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

G. Media Statement

If it is be necessary to proactively or upon request provide a statement to local media outlets, such statements will need to be reviewed and/or issued by UF's communication and legal teams. A sample script is below:

We were informed by the coroner's office that [name], a UF [faculty member/student/employee] has died. The cause of death was suicide.

OR

We were informed by the coroner's office that [name], a UF [faculty member/student/employee] has died unexpectedly.

Our thoughts and support go out to [his/her] family and friends at this difficult time.

Trained crisis counselors will be available to meet with residents, faculty and staff starting tomorrow and continuing over the next few weeks, as needed.

Research has shown that graphic, sensationalized or romanticized descriptions of suicide deaths in the news media can increase the risk of "copycat" suicides, particularly among youth. Media are strongly encouraged to refer to the document "Reporting on Suicide: Recommendations for the Media," which is available at **afsp.org/media**.

Media Contact

NAME:

TITLE:

PHONE:

EMAIL:

H. Key Messages for Media Spokesperson (all communications with media will be handled by UF Health Communications)

For use when fielding media inquiries.

Suicide/Mental Illness

- Suicide is one of our nation's leading, yet preventable, causes of death
- Among the top 10 leading causes of death in our nation, suicide continues to be on the rise; we must invest in research and prevention at a level commensurate with suicide's toll on our nation
- The risk of suicide increases when several health factors and life stressors converge at the same time in a person's life
- Multiple risk factors and protective factors interact in a dynamic way over time, affecting a person's risk for suicide; this means there are ways to decrease a person's risk, once you learn which modifiable risk factors are pertinent in a particular person's life (getting depression treated and well managed, limiting use of alcohol particularly during times of crisis, developing healthy boundaries in relationships, limiting exposure to toxic people, developing healthy self-expectations and accepting imperfection as a part of life, etc.)
- We are learning how to connect the dots and notice warning signs, to detect when people are at increased risk — suicide is preventable
- Depression and other mental health problems are the leading risk factors for suicide
- Depression is among the most treatable of all mood disorders; more than three-fourths of people with depression respond positively to treatment
- The best way to prevent suicide is through early detection, diagnosis and vigorous treatment of depression and other mental health conditions, including substance use problems
- Health care workers, especially physicians and residents, are more likely to die from suicide than many other occupations

Medical School/Hospital Response Messages (to be communicated by UF Health Communications on behalf of the medical school or hospital)

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

Medical School/Hospital Response to Media (to be communicated by UF Health Communications on behalf of the medical school or hospital)

- Media are strongly encouraged to refer to the document "Reporting on Suicide: Recommendations for the Media," which is available at **afsp.org/media**
- Research has shown that graphic, sensationalized or romanticized descriptions of suicide deaths in the news media can contribute to "copycat" suicides
- Media coverage that details the location and manner of suicide with photos or video increases risk of "copycat" suicides
- Media should avoid oversimplifying the cause of suicide (e.g., don't say "resident took his/her own life after 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% of people who die by suicide have an underlying mental health condition such as depression and

that mental health can be treated and optimized like any other aspect of health

- Media should include links to or information about helpful resources such as local mental health resources, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) and the Crisis Text Line at 741-741

I. Facts about Physician Suicide and Mental Health

Suicide is more common in physicians than in the general population. Accessing appropriate mental health treatment at key times is a critically important part of reducing suicide risk.

General

- Suicide is generally caused by the convergence of multiple risk factors, the most common being untreated or inadequately managed mental health conditions
- An estimated 400 physicians die by suicide in the U.S. per year (Center et al., 2003). Nurses and other health care workers are also at increased risk for death by suicide.
- In cases where physicians and other health care workers died by suicide, depression is found to be a significant risk factor leading to their death at approximately the same rate as among non-physician suicide deaths, but physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives (Gold et al., 2013), (Davidson et al., 2020)
- The suicide rate among male physicians is approximately 1.41x higher than the general male population; and among female physicians the relative risk is even more pronounced — 2.27x greater than the general female population (Schernhammer & Colditz, 2004)
- Suicide is the second leading cause of death in the 24-34 age range (accidents are the first) (2015)
- Although suicide is the second leading cause of death among young Americans age 15-34, suicide has a low base-rate (about 13/100,000 in the U.S.) so the numbers are still low
- The prevalence of depression among housestaff is higher than in similarly aged individuals in the general U.S. population — 28% of housestaff experience a major depressive episode during training, versus the general population rate of 7%-8% (Mata et al., 2015)
- Culture and beliefs play a role in suicide risk; regional variations in culture are linked with suicide risk: The populations that have lower stigma related to mental health problems and help-seeking behaviors, have lower rates of suicide than those populations with higher stigma (Reynders et al., 2013)
- Among physicians, risk for suicide may be particularly elevated when mental health conditions go unaddressed and when self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms; although self-medicating may reduce some symptoms, the underlying health problem is not effectively treated and this can lead to a tragic outcome (Gold et al., 2013)
- Access to (and knowledge regarding) lethal means elevates risk of suicide
- A higher proportion of physician suicide deaths are by overdose compared with the general population suicide methods (Gold et al., 2013)
- Fears about the potential for seeking mental health care to negatively impact one's professional reputation or one's ability to get or maintain licensure or malpractice insurance are largely unfounded; what is more likely to harm a physician's reputation, licensure and insurance, are unaddressed and worsening mental health conditions
- Successful suicide prevention programs use stigma reduction, education and policy to increase healthy behaviors and access to mental health services (Moutier et al., 2012)

Suicidal Ideation

- In surveys of students, house staff and faculty, 10%-12% report suicidal ideation (Dyrbye et al., 2008), (Downs et al., 2014)
- In one prospective study, 23 percent of interns had suicidal thoughts, but among those interns who completed four sessions of web-based Cognitive Behavior Therapy, nearly 50% fewer had suicidal ideation (Guille et al., 2015)
- Burnout has been found to be an independent risk factor for suicidal ideation (Dyrbye et al., 2008)

Alcohol Use

- Alcohol misuse is a common response to unmanageable stress
- Alcohol increases impulsivity and the risk of a suicide attempt

Stressors

- The experience of becoming depressed is in itself tremendously stressful; while fewer than 25% will suffer from depression or significant depressive symptoms during their intern year, interns are under tremendous stress and have little time to rest (Sen et al., 2010), (Dyrbye et al., 2014)
- Drivers of burnout include work load, work inefficiency, lack of autonomy and meaning in work, and work-home conflict
- Feeling like a failure or making a medical mistake often leads to severe distress (West et al., 2006)
- Impostor syndrome: despite countless successes, when confronted with their internship, residents may start feeling like they don't really belong here; the worry about being "exposed" or "failing" may be intolerable

Stigma

- Perfectionism, self-perceived identity as a caregiver to others and lack of practice seeking help for oneself are all common among physicians, making it hard for residents to recognize and accept their need for mental health care; there is also concern about being "found out" by their peers or supervisors
- Healthcare workers often mask symptoms of depression or other mental health problems, leading at least some suicides to appear shocking or seem to come out of the blue

J. Local and Online Resources

FACULTY & STAFF

Mental Health Services Access Line devoted exclusively to university faculty, staff, and their dependents. Please call 352-627-0032 between 8 a.m. and 5 p.m., Monday through Friday, to receive assistance identifying and securing access to the mental health services best suited to their needs.

Employee Assistance Program (EAP) Services: UF and UF Health Shands employees (including residents) are eligible for a limited number of free counseling sessions each academic year. Family members may also be eligible. To access mental health services, please call UF Health Staff Telepsych Services center between 8:30 a.m. and 7 p.m. (7 days per week) at 352-265-5459 or email c19peersupport@shands.ufl.edu (please provide your name, contact number and best time(s) to receive a call back).

TalkSpace Free Confidential Online Therapy and Psychiatric Management: UF COM employees who have GatorCare benefits (including residents) are eligible to use TalkSpace for free. Learn more and register at https://talkspace.com/gatorcare or email gatorcare-support@talkspace.com for help.

Care for Colleagues Services: UF and UF Health Shands employees who are involved in events that are emotionally challenging can meet with a trained peer who will provide needed support and guidance. This service is completely confidential and free of charge. Request peer support by calling 352-494-5795 to be matched with a trained colleague.

Psychiatry and Psychotherapy Services through the UF Department of Psychiatry or Department of Clinical & Health Psychology clinics (Requires insurance/co-pay or self-pay)

- UF Psychiatry Clinic (psychiatry and psychological services) — For an appointment call (352) 265-HELP (4357)
- UF Clinical & Health Psychology Clinic (http://chp.phhp.ufl.edu/services/psychology-clinic/) — For an appointment call (352) 265-0294

Crisis Services:

- UF Health Shands Psychiatric Hospital at Vista (Emergency Walk-in Hours: 24 hours/day, 7 days/week): (352) 265-5481 [Toll Free: 888-391-7181]
- National Suicide Prevention Hotline: Call 1-800-273-TALK (1-800-273-8255) or chat online at https://suicidepreventionlifeline.org/chat/
- National Suicide Hotline: Call 1-800-SUICIDE (1-800-784-2433) or chat online at https://www.imalive.org/
- Crisis Text line: Text HOME to 741-741
- **Alachua County Crisis Center: (352) 264-6789**
- Nacional de Prevencion del Suicidio (en espanol): 1-888-628-9454 (toll-free)

STUDENTS

UF Counseling & Wellness Center: (352) 392-1575 https://counseling.ufl.edu/

UF COM Office of Student Counseling & Professional Development: Email beverly@ufl.edu or call (352) 273-7925 https://counseling.med.ufl.edu/counseling/

Crisis Services:

- UF Crisis & Emergency phone counseling: (352) 392-1575
- UF Counseling & Wellness Center Crisis & Emergency Resource Center (CERC) (Emergency Walk-in Hours: Monday through Friday, 9 a.m.-4 p.m.) Call (352) 392-1575 and ask for CERC support staff
- UF Health Shands Psychiatric Hospital at Vista (Emergency Walk-in Hours: 24 hours/day, 7 days/week): (352) 265-5481 [toll-free: (888) 391-7181]
- National Suicide Prevention Hotline: Call 1-800-273-TALK (1-800-273-8255) or chat online at https://suicidepreventionlifeline.org/chat/

- National Suicide Hotline: Call 1-800-SUICIDE (1-800-784-2433) or chat online at https://www.imalive.org/
- Crisis Text line: Text HOME to 741-741
- Alachua County Crisis Center: (352) 264-6789
- Nacional de Prevencion del Suicidio (en espanol): 1-888-628-9454 (toll-free)

FAMILY & OTHER LOVED ONES

UF Counseling options

1. UF Health Psychology Clinic
   Adult, child, and family services-- Accepts GatorCare insurance
   https://ufhealth.org/uf-health-psychology-springhill
   For an appointment call (352) 265-HELP (4357)
2. UF Clinical & Health Psychology Clinic
   Adult, child and family services — accepts GatorCare insurance
   http://chp.phhp.ufl.edu/services/psychology-clinic/
   For an appointment call (352) 265-0294
3. Employee Assistance Program (for UF/UF Health Employees)
   Call UF Health Staff Telepsych Services center between 8:30 a.m. and 7 p.m. (7 days per week) at (352) 265-5459 or email c19peersupport@shands.ufl.edu (please provide your name, contact number and best time(s) to receive a call back).
4. TalkSpace Confidential Online Therapy and Psychiatric Management (for UFCOM employees who have GatorCare benefits)
   GatorCare subscribers in UF COM are eligible to use TalkSpace for free. Learn more/register at https://talkspace.com/gatorcare or email gatorcare-support@talkspace.com for help.

Alachua County Crisis Center

1. Counseling is available — at no cost — for all survivors of suicide. Survivors can be seen individually, as couples, or as entire families. Counseling is available for children.
   For further information or to schedule an appointment, call (352) 264-6792
2. Alachua County Crisis Center Survivors of Suicide Support Group:
   https://www.alachuacounty.us/depts/css/crisiscenter/pages/survivorsofsuicide.aspx
3. The crisis center also offers helpful literature: To receive a copy of these resources, please contact the Crisis Center at (352) 264-6789.

Other Crisis Services:

- UF Health Shands Psychiatric Hospital at Vista (Emergency Walk-in Hours: 24 hours/day, 7 days/week): (352) 265-5481 [toll-free: (888) 391-7181]
- National Suicide Prevention Hotline: Call 1-800-273-TALK (1-800-273-8255) or chat online at https://suicidepreventionlifeline.org/chat/
- National Suicide Hotline: Call 1-800-SUICIDE (1-800-784-2433) or chat online at https://www.imalive.org/
- Crisis Text line: Text HOME to 741-741
- Nacional de Prevencion del Suicidio (en espanol): 1-888-628-9454 (toll-free)

UF Police Department Office of Victim Services

- Multiple support services available to victims of crime, even if they decide not to officially report the crime to a law enforcement agency. Call (352) 392-5648 (business hours) / (352) 392-1111 (after hours)
  https://police.ufl.edu/about/divisions/office-of-victim-services/

UF Human Resources

- Information regarding termination of employment due to death: https://benefits.hr.ufl.edu/time-away/other-types-of-leave/termination-procedures/

ONLINE RESOURCES:

What's Your Grief Resource Page
A variety of resources for individuals experiencing grief and/or supporting others who are grieving: https://whatsyourgrief.com/resources/

American Foundation for Suicide Prevention
1. American Foundation for Suicide Prevention Peer Support Line for individuals who have lost a loved one to suicide: https://afsp.org/healing-conversations
2. **Online suicide loss survivor support groups: https://afsp.org/SupportGroups**
3. **Practical advice about how to handle immediate concerns (e.g., communicating to others about the loss): https://afsp.org/practical-information-for-immediately-after-a-loss**
4. Suggestions for self-care for those affected: https://afsp.org/taking-care-of-yourself

Alliance of Hope
Suggestions for those who've recently lost a loved one to suicide: https://allianceofhope.org/find-support/for-new-survivors/

National Alliance on Mental Illness (Gainesville)
Local resources to support individuals struggling with mental illness and their families: https://www.namigainesville.org/

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