

AAVMC SUICIDE PREVENTION AWARENESS ABBREVIATED TOOLKIT

Sept 2021

Mental health concerns are complex and multi-faceted, and although we may not fully understand what an individual is experiencing, the American Association of Veterinary Medical Colleges (AAVMC) knows that our profession can offer hope and save lives. There are supports and resources available for those personally struggling—and for those wanting to support a colleague or loved one. We are not alone in veterinary medicine, and we share our concerns with many of our fellow health professionals. There is hope and a path forward with compassion, connection, evidence-based practices, and working in collaboration with suicide prevention experts.

In honor of Suicide Prevention Awareness Month in September, below are resources and guidance to help communities strategically focus their efforts during this time and beyond. We encourage organizations to continue their efforts to help reduce mental health stigma and suicide, while increasing access to resources and encouraging help-seeking behaviors. Suicide prevention and response doesn't take a village – it takes a community.

COMMUNICATIONS

1. [Recommendations for Communicating on Suicide](#)
 - a. Because the risk of suicide contagion is related to the amount, duration, prominence, and content of media coverage, it is extremely important that we all encourage the media and our colleagues to adhere to [safe reporting guidelines](#), whether in print, online, or [social media](#).
 - b. When sharing news about an individual's death by suicide, it is critically important that the information shared is accurate, factual, and honors the family's requests, including any requests for privacy.
 - c. How we discuss suicide in the veterinary profession especially matters, as [written by Vetlife UK in March 2021](#).
 - d. [Recommendations for writers and media reporters](#) covering news related to suicide.
2. The [Framework for Successful Messaging](#) is a research-based resource that outlines four critical issues to consider when crafting health promotion messaging to the public about suicide:
 - a. [Strategy](#)
 - b. [Safety](#)
 - c. Conveying a “[Positive Narrative](#)”
 - d. Following applicable [Guidelines](#)
 - e. Example below:



3. Sharing older, less accurate, and/or alarmist information has not been shown to help reduce suicide in the profession. If sharing data and/or evidence-based information about suicide in the veterinary profession, please use [the most recent data and information](#):
 - a. Confirmed (using stronger statistical methods than previous studies of suicide among veterinarians) that suicide is more likely among veterinarians than among the general population – 1.6 times more likely for male veterinarians and 2.4 times more likely for female veterinarians.
 - b. Identified, for the first time, a higher likelihood of suicide among veterinary technicians and technologists than among the general population – 5.0 times more likely for males and 2.3 times more likely for females. The results for male veterinary technicians and technologists should be viewed with caution because fewer than 20 deaths were identified, which makes the estimates less reliable. Veterinary assistants and laboratory animal caretakers did not have higher likelihood of suicide.
 - c. Found that poisoning was the most common cause of death among veterinarians. Pentobarbital, a euthanasia solution, was the drug most commonly used. Most pentobarbital poisonings occurred at home.
 - d. Found that when veterinarians who died from pentobarbital poisoning were excluded from the analysis, the likelihood of male and female veterinarians dying from suicide was not different than that of the general population. This indicates that training on euthanasia procedures and access to pentobarbital are some of the key factors contributing to the problem of suicide among veterinarians. This finding was not true for veterinary technicians and technologists who more often died from opioid poisoning compared with veterinarians.
 - e. Found that veterinarians were significantly less likely than veterinary technicians to have a history of a suicide attempt before the fatal incident. Nearly 30% of all decedents had disclosed their suicidal intent before their deaths, 55% had a history of mental health treatment, and 42% were undergoing mental health or substance abuse treatment at their time of death.



COMMUNITY TRAINING & PROMOTION MATERIALS

1. Learn to identify at-risk colleagues and guide them to seek professional help by signing up for AVMA's [QPR suicide prevention training](#). It is freely available to AVMA members and non-members.
2. [Webinar created in partnership with the AVMA and AAVMC](#) in March 2021. It is freely available to AVMA members and non-members. This webinar covers the most recent research on suicide prevention, the evidence-based strategies for promoting mental health in the profession, individual and community risk and protective factors, and guidance on mental health crisis intervention.
3. [How to identify someone at risk for suicide online](#)
4. Learn about [Faculty and Their Role in Student Mental Health](#)
5. Learn about [Encouraging Help-Seeking Behaviors](#)
6. Start a conversation about [Work-Related Stress & Trauma: Supporting the Mental Health of Health Professionals](#)
7. [Suicide Prevention Lifeline Suicide Prevention Awareness Month materials](#). #BeThe1To is the National Suicide Prevention Lifeline's message for National Suicide Prevention Month, which helps focus on actions we can all take to prevent suicide. The public health promotion strategy focuses on changing the conversation from suicide to suicide prevention, to actions that can promote healing, help, and hope. You can find downloadable materials, brochures, and more.
8. [Shareable Resources on Suicide Prevention](#): These digital resources are from the National Institute of Mental Health, including graphics and messages, to support health promotion efforts related to suicide prevention.
9. It is important to share resources and messages that promote **prevention, hope, empowerment, and healing**:
 - a. [Resources to Support Mental Health and Coping with the Coronavirus \(COVID-19\)](#)
 - b. [Integrate multicultural competencies and minority mental health awareness](#) into your events and conversations about mental health. Culture can significantly affect the way people view and respond to suicide and death; therefore, it is important to be sensitive to beliefs and customs regarding suicide.
 - c. For those in recovery:
 - [A Journey Toward Health & Hope Handbook for Recovery after a Suicide Attempt](#)

- d. Resources related to survivors of suicide loss:
 - <http://www.sprc.org/populations/suicide-loss>
 - <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>
 - <https://afsp.org/find-support/ive-lost-someone>
 - e. For evidence-based peer and one-on-one support:
 - [Veterinary Mental Health Initiative](#)
10. Consider engaging with reputable organizations who also host events during Suicide Prevention Awareness Month:
 - a. [American Foundation for Suicide Prevention](#)
 - b. [International Association for Suicide Prevention](#)
 - c. [National American Indian/Alaska Native Hope for Life Day](#)
 - d. [National Alliance on Mental Illness \(NAMI\)](#)
 11. Consider purchasing [Suicide Prevention Awareness Month ribbons](#)

FOR WELLBEING PROFESSIONALS & ORGANIZATIONAL LEADERSHIP

1. The [Interactive Screening Program \(ISP\)](#)
 - a. The ISP is an online program utilized by mental health services at institutions of higher education, including medical and professional degree schools, hospitals and health systems, and organizations through their Employee Assistance Programs (EAPs). Even when people know about available mental health services, shame, fear, and embarrassment often prevent them from seeking help. Through a customized program website/platform, ISP provides a safe and confidential way for individuals to take a brief screening for stress, depression, and other mental health conditions, and receive a personal response from a counselor within the mental health service available to them. Individuals can anonymously communicate with the counselor to receive recommendations, feedback, and support for connecting to other available mental health services. For more information about program objectives and implementation, please click the link [here](#).
2. [Toolkit](#): How to safely and effectively engage individuals with lived experience in organizational suicide prevention efforts.
 3. [Preventing Suicide: A Technical Package of Policy, Programs, and Practices](#), a CDC resource for communities and states that outlines specific, evidence-based suicide prevention strategies for communities to consider as part of their comprehensive approach.
 4. [Transforming communities: Key elements for the implementation of comprehensive community-based suicide prevention](#), this resource presents seven key elements that should guide program planning and implementation.
 5. The modules in this [Virtual Learning Lab](#) are designed for college campuses and state agencies to address common questions and challenges leaders may face when planning and carrying out suicide prevention initiatives. Each self-paced module includes step-by-step guidance, online activities, examples, and handouts and worksheets that can help advance an institution's suicide prevention activities.
 6. [After a Suicide: A Toolkit for Colleges of Veterinary Medicine](#) provides guidance in the event of a death by suicide of a student within a school or college of veterinary medicine. This toolkit contains strategies for helping the veterinary medical community to grieve, to mitigate the risk of contagion, and to attend to the main details of crisis response, communication, and next steps for prevention. This toolkit was created by the American Foundation for Suicide Prevention (ASFP) in partnership with the American Veterinary Medical Association (AVMA) and the Association of American Veterinary Medical Colleges (AAVMC).
 7. [After a Suicide: A Guide for Veterinary Workplaces](#) was also created by the ASFP and the AVMA in partnership with the National Association of Veterinary Technicians in America (NAVTA), Veterinary Medical Association Executives (VMAE) and Veterinary Hospital Manager's Association (VHMA).

CITATION

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