

Indiana Suicide Prevention Resources Toolkit

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Introduction

Death rates for suicide have continued to rise both nationally and in Indiana, despite efforts to curtail these trends. Based on recent data (2018), suicide is a top 10 leading cause of death in Indiana for people aged 10-64 years, and is the 11th overall leading cause of death for all ages.¹ While each suicide death or attempt is different, there are ways to address the multiple factors involved. Suicide prevention efforts must utilize different strategies, require a wide range of partners, coordinate community response language, and draw on a diverse set of resources and tools.

This toolkit is aimed to help address the need for practical, and when possible, Indiana-specific tools for various sectors/professionals. Within this document, the first portion details new suicide trends based on 2018 data and the second portion includes best practice tools for the following professional groups: healthcare, first responders, government, stakeholder groups, justice, employers, faith-based, media, coroners, family, education, and populations of special consideration.

This toolkit was developed in partnership between the Suicide Learning Collaborative, a multi-disciplinary working group addressing suicide in Indiana, and the Indiana Department of Health's Fatality Review and Prevention Division. Throughout the development process, members of the Collaborative were asked to supply relevant tools to their topical area as well as provide feedback on proposed tools.

The hope for this document is that professionals from these various subgroups can utilize these tools in their work. While none of these sections are fully comprehensive for suicide prevention, there are many toolkits that specialize in just one of these topics. This toolkit serves as a simplified, action-oriented version of the other toolkits. The tools highlighted in this toolkit are primarily based off of existing national toolkits and best practice guides. We do recommend professionals read through other profession-specific toolkits referenced for further context and detail.

Government

Introduction

Government agencies and elected leaders have a vital role in addressing the behavioral health needs of their communities. Important programs such as social services, homelessness programs, and criminal justice system services, if operated well, can serve to address various behavioral health issues.

Based on 2018 data outlined in the data section of this toolkit, it was calculated that one person dies by suicide every eight hours in the state of Indiana. Overtime, this has totaled 23,559 years of potential life lost (YPLL) in Indiana.⁹ This is all to say that there is clear space for societal, community, and governmental engagement in suicide prevention work.



Government Resources:

- Suicide Prevention Quick Start Guide
- After Suicide: Community Response Plan
- It's Okay Not to Be Okay Poster
- You are Not Alone Poster
- Warning Signs of Suicide
- 5 Action Steps for Helping Someone in Emotional Pain Brochure
- Suicide Training: Government

SUICIDE PREVENTION QUICK START GUIDE

In order to start suicide prevention initiatives in a community, it is vital to assess the community's current landscape. For example, asking questions such as "what is the treatment infrastructure?" and "what is the city's history with suicides?" can be key to identifying potential prevention initiatives.

Context Questions

- Is there an existing suicide prevention coalition in the area? If so, is it better to join forces?
- Have there been suicide and suicide attempts in the community? If yes, how many? Which ages, which sex? What are the risk factors, and what are the protective factors relevant to your community? Which methods of suicide are most used in your community?
- Is there good access to quality health and mental health services in your community? Have health workers been trained in suicide prevention? Has there been gatekeeper training for first responders?
- What is the quality of services for persons who made a suicide attempt or who are bereaved by suicide (e.g. in-patient care), and to what extent can persons access these services (e.g. 24/7)? Are there any existing programs in place? If there are, have the service providers received training (e.g. type of training, number of hours)? Are there any efforts to coordinate services in order to make a continuity of care?
- Describe the communication infrastructure and the resources of your community. What are the most prominent channels of communication? Which are the most prominent media outlets? Are there guidelines for responsible reporting of suicide by the media and have media professionals been trained?
- Describe your community's resources for suicide prevention. What could be barriers and facilitating factors for your activities? Are there policies and procedures that are inhibiting people from getting care? How can we mitigate those challenges?

Future-focused Questions

- What do you think are the most urgent needs for suicide prevention in your community?
- Describe the population you wish to serve in suicide prevention (i.e. location, population, ethnicity, age groups)
- Write down activities that could be undertaken in your community to foster a supportive environment (i.e. have champions speak out about suicide, build partnerships, explore social/cultural/political/ethnic/economic tensions in the community).

Community Readiness Assessment – Once groups have gone through the task of answering all of these questions, it is vital to assess community readiness. While a score will be assigned, there is no rigid rubric. Instead, communities should assess based on their conversations. The assessment serves to jumpstart conversations.

Dimension	Score (5 – excellent, 4 – good, 3 – average, 2- below average, 1-poor)
Degree of community readiness and community knowledge <i>How much does the community know about the current suicide prevention programs and activities?</i>	
Leadership <i>What is the leadership’s attitude towards addressing suicide prevention?</i>	
Community climate <i>What is the community’s attitude towards addressing suicide prevention?</i>	
Community knowledge of the issue <i>How much does the community know about suicide prevention?</i>	
Resources <i>What resources (i.e. human, financial, infrastructure) are being used or could be used to address suicide prevention?</i>	

Form a Steering Committee – At this point, organizers may want to be thinking about key stakeholders to engage. This chart below can serve as an information gathering tool.

Name	Organization	Nature of the Collaboration (How do your organizations work together?)	Resources Shared (Knowledge, skills, access to priority populations)	Level of Involvement (networking, cooperating, coordinating, leading)

Next Steps – Develop a strategic plan moving forward for the group. Groups can utilize the strategic planning tool highlighted in this toolkit, “Strategic Planning with Suicide Prevention Initiatives Guide,” found on page 65.

AFTER SUICIDE: COMMUNITY RESPONSE PLAN

As the community, it important to have a coordinated plan in place before a suicide death occurs. This will help to mobilize support in a timely manner and ensure that the situation is appropriately addressed. Having a steering committee that is prepared to respond is key to engagement. This committee needs to determine how frequently they want to review the plan and where the plan is housed as it needs to be accessible. After a suicide, this committee can do the following:

Task	Actions	Who	Notes
1	Establish, confirm and document facts and circumstances. Ideally determine name, age, gender, method, location of death, contact information for loss survivors/witnesses. Also useful are race/ethnicity, marital status, family information, employment, veteran/military status, and health history.		
2	Designated team member contacts other team members to share information and coordinate responses.		
	Team holds daily briefings , should the situation warrant it, to outline next steps, assign tasks, and support one another.		
3	Mobilize support to those directly affected.		
	Verify that loss survivors are followed up with.		
	Talk to first responders to determine if loss survivors and witnesses agreed to being contacted and to learn any other information about survivor needs.		
	Identify agencies or organizations that should be prepared to support those directly impacted.		
	Two weeks or more after the death ensure that survivors have been reached out to by bereavement teams (if those are in place).		
	If a broader community response is planned within a year of the death, reach out to immediate survivors to inform them of the plan.		
	Offer support to affected entities (businesses, schools, workplaces, etc.) about planning for anniversaries or other events.		
4	Identify if there are agencies or organizations that should be prepared to provide support.		
5	Monitor news and social media and respond as needed via public communications.		
6	Reach out to first responders to receive any updated information, discuss level of response, and to offer support.		
7	Assess and monitor contagion risk.		
8	Identify and implement broader community response options, as needed.		
	Convene the suicide prevention coalition.		
	Advise and/or issue a public statement .		
	Host and participate in a community forum or meeting.		
	Meet with groups of potentially affected individuals to provide education, healing, and support.		
	Identify training needs or requests.		
	Provide support for obituaries, services, or memorials.		

GUIDANCE: CONSIDERATIONS FOR COMMUNITY MEETINGS

After a suicide in a community, there may be movement to hold some kind of community meeting. Given the sensitivity of the situation, it is important to keep the following in mind:

Be clear about the goal. The goal of a community meeting is to promote healing. To many survivors who have recently lost a loved one, discussion of prevention can feel like an accusation, when they may already be feeling like they should have seen the signs. Whenever the meeting is held, it is important to acknowledge the loss(es) that have occurred and to reassure the community that no one is to blame for a suicide death.

Set the agenda with the purpose in mind. The purpose of a community meeting is to facilitate a community conversation about suicide or suicide prevention (e.g., promote healing, alleviate anxiety, gather input on what is needed). If a meeting is convened, it is vital to invite a skilled facilitator to lead the meeting. Develop a set of specific questions that will shape the conversation. In either case, make sure notes are taken during the meeting so follow-up can be provided, and information is gathered that can feed back into prevention planning with the suicide prevention coalition.

Any community meeting should include information about the help that is available, including the Suicide Prevention Lifeline (1-800-273-8255) or local accredited crisis center. It should also avoid discussing details of any particular incident. Consider inviting a loss or attempt survivor whose loss or suicidality is several years behind them to share a story of hope.

Reach out to recent loss survivors. When first planning the meeting, contact recent survivors to let them know about the plans and help them prepare for any issues may arise as a result. Talk with them about how they are coping with the death and remind them of available services and supports. Ensure they understand the goal of the meeting is to promote healing. It is not recommended that these individuals play an active role in the meeting as their loss is recent.

Identify meeting personnel. Assign a skilled facilitator and one or two greeters. Determine who will take notes on the issues raised or questions that arise during the meeting to facilitate follow-through, and to compile information for prevention planning. Include a trained counselor or other mental health professional that will be on hand to offer support to anyone showing distress and/or offer professional input to the meeting. If the meeting is smaller and part of a targeted response to those directly impacted, this person may take a lead role in discussing complicated grief, how to know when professional help is needed, and what services are available locally.

Identify an appropriate location and meeting space. Offer a “neutral” meeting space, such as in community centers, park buildings, libraries, or senior center. In most cases, neutral spaces do not include places such as churches, mental health or crisis centers, or hospitals, where some individuals may have negative/painful memories or associations. Within the meeting space, have an ancillary quiet space available for anyone who needs it. Identify this space with a welcoming indication of some kind, such as flowers, rather than a sign.

During the meeting. Open the meeting with a clear statement of the purpose and what will be achieved, as well as what will not be addressed. Assure participants that they can leave the meeting at any time if their feelings overwhelm them and can rejoin when they are able. Make clear how people can find the ancillary quiet space set aside for this purpose. Ask the counselor to be sure and check in on anyone who spends a lot of time there to see if they would like to talk. The facilitator may choose to offer an acknowledgment of the person(s) who have died and/or to hold a moment of silence.

Be sure to include resources on how help is available, such as the resources listed below. This box below can be included as a slide in a rotating screen or a presentation. Resources are vital to highlight as these gatherings can be difficult for attendees. Also, as mentioned above, it is vital to have counselors present during the event for individuals immediately seeking or needing help.

Help is available.

National Suicide Prevention Hotline

- Call 1-800-273-8255
- Text “IN” to 741741

Be Well Indiana Crisis Line

- Call 211 and Press 4

Trevor Project (LGBTQIA+ youth line)

- Call 1-866-488-7386
- Text “TREVOR” to 202-304-1200

Trans Lifeline

- Call 877-565-8860

Warning Signs of Suicide



Changing behavior, such as:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items, or making a will
- Taking dangerous risks such as driving very fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often



Feeling

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable emotional or physical pain



Talking about

- Wanting to die
- Great guilt or shame
- Being a burden to others



Adapted from nimh.nih.gov/health/publications/warning-signs-of-suicide/index.shtml, Graphics from Noun Project (talking by Aneeqe Ahmed, Broken Heart by ending firmansyah, Change by Allice Design)

Help is available if you're concerned that someone you care about is at risk of suicide.

National Suicide Prevention Hotline:
1-800-273-8255
In case of Emergency:
Call 911 or visit your local emergency room.

It's okay
not to be
okay.

There is help.

Bewellindiana.com

Indiana 211



You are not alone.

There is help.

Bewellindiana.com

Indiana 211





5 Action Steps for Helping Someone in Emotional Pain

Further Information

To find out more about suicide prevention in Indiana and nationally, please visit:

In.gov/issp

In.gov/isdh/21838.htm

Indiansuicideprevention.org

afsp.org

sprc.org

This information was adapted from the National Institute of Mental Health's "5 Action Steps for Helping Someone in Emotional Pain." The original content can be found here: nimh.nih.gov/health/publications/5-action-steps-for-helping-someone-in-emotional-pain/index.shtml.



In 2018, suicide claimed the lives of more than 48,000 people in the United States, according to the Centers for Disease Control and Prevention. Suicide affects people of all ages, genders, races, and ethnicities.

For every person who dies by suicide annually, there are another 280 people who have thought seriously about suicide who don't kill themselves, and nearly 60 who have survived a suicide attempt. The overwhelming majority of these individuals will go on to live out their lives.

Suicide is complicated and tragic, but it can be preventable. Knowing the warning signs for suicide and how to help can help to save lives. For helping someone in emotional pain, consider the following:

1

ASK:

“Are you thinking about killing yourself?” It’s not an easy question but studies show that asking at-risk individuals if they are experiencing suicidal ideation does not increase suicide attempts or suicidal thoughts.

2

KEEP THEM SAFE:

Reducing a person experiencing suicidal ideation’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3

Be There:

Listen carefully and learn what the individual is thinking and feeling. Research suggests acknowledging and talking about suicide may in fact reduce rather than increase suicidal ideation.

4

Help Them Connect:

Save the National Suicide Prevention Lifeline’s number in your phone so it’s there when you need it: 1-800-273-TALK (8255). You can also use the Crisis Text Line by texting “HELLO” to 741741. Additionally, it always helps to make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5

Stay Connected:

Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

Help is available if you’re concerned that someone you care about is at risk of suicide.

National Suicide Prevention Hotline:

1-800-273-8255

In case of Emergency:

Call 911 or visit your local emergency room.

TRAININGS FOR GOVERNMENT

Resource	Description	Format	Target Audience
<p>National Strategy for Suicide Prevention U.S. Surgeon General and the National Action Alliance for Suicide Prevention https://www.ncbi.nlm.nih.gov/books/NBK109917/</p>	<ul style="list-style-type: none"> The National Strategy is a call to action that is intended to guide suicide prevention actions in the United States It outlines four strategic directions with 13 goals and 60 objectives that are meant to work together in a synergistic way to prevent suicide in the nation 	Strategic Plan	<ul style="list-style-type: none"> Anyone
<p>Suicide Prevention Strategic Plan Centers for Disease Control and Prevention https://www.cdc.gov/violenceprevention/suicide/strategic-plan/index.html</p>	<ul style="list-style-type: none"> The CDC's strategic plan outlines four key strategies and goals: data, science, action, collaboration. 	Strategic Plan	<ul style="list-style-type: none"> Government officials (state and local), stakeholder groups
<p>Preventing Suicide: A Technical Package of Policy, Programs, and Practices Centers for Disease Control and Prevention https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf</p>	<ul style="list-style-type: none"> This technical package represents a select group of strategies based on the best available evidence. Strategies include strengthening economic supports; strengthening access and delivery of suicide care; creating protective environments; promoting connectedness; teaching coping and problem-solving skills; identifying and supporting people at risk; and lessening harms and preventing future risk. 	Technical Package	<ul style="list-style-type: none"> Government officials (state and local), stakeholder groups

<p>Suicide Prevention Resources National Action Alliance for Suicide Prevention https://theactionalliance.org/</p>	<ul style="list-style-type: none"> The National Action Alliance boasts a variety of suicide prevention content with resources addressing suicide prevention in faith communities, juvenile justice, and workplace suicide prevention. 	<p>Organization</p>	<ul style="list-style-type: none"> Anyone
<p>Locating and Understanding Data for Suicide Prevention Training SPRC https://training.sprc.org/enrol/index.php?id=35</p>	<ul style="list-style-type: none"> Presents a variety of data sources that are useful for finding information about suicide Explains key concepts that will help one better understand data 	<p>2 hours Online, self-paced</p>	<ul style="list-style-type: none"> Anyone
<p>A Strategic Planning Approach to Suicide Prevention Training SPRC https://training.sprc.org/enrol/index.php?id=31</p>	<ul style="list-style-type: none"> Identifies activities that will be effective in addressing the problem of suicide Helps prioritize efforts 	<p>2-3 hours Online, self-paced</p>	<ul style="list-style-type: none"> Anyone
<p>Crisis Worker Certification Training American Association of Suicidology https://www.suicidology.community/store/ViewProduct.aspx?ID=14160414</p>	<ul style="list-style-type: none"> This webinar helps prepare individuals for the AAS Crisis Worker Certification Exam Completing the webinar does not lead to certification, but helps 	<p>Online, self-paced \$25</p>	<ul style="list-style-type: none"> Anyone interested in becoming a crisis worker
<p>LivingWorks Start Training LivingWorks https://www.livingworks.net/start</p>	<ul style="list-style-type: none"> Teaches trainees to recognize when someone is thinking about suicide and connect them to help 	<p>Online, self-paced, \$30</p>	<ul style="list-style-type: none"> Anyone interested in becoming a crisis worker
<p>S.A.V.E. Department of Veterans Affairs https://psycharmor.org/courses/s-a-v-e/</p>	<ul style="list-style-type: none"> Understand how to identify a veteran who may be at risk for suicide Know what to do if a veteran is at risk 	<p>25 min Online, self-paced</p>	<ul style="list-style-type: none"> Anyone who interacts with Veterans
<p>Lifeguard Workshop Trevor Project https://www.thetrevorproject.org/education/lifeguard-workshop/</p>	<ul style="list-style-type: none"> Identify the challenges faced by LGBTQ people Recognize the warning signs of suicide Respond to someone in crisis 	<p>15 min Online, self-paced</p>	<ul style="list-style-type: none"> Anyone who interacts with Veterans