

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.

First Responders

Introduction

First responders are first on scene and address various types of situations, including suicide. Depending on one's definition, this group can involve Firefighters, Law Enforcement, EMS professionals, Paramedics, Dispatch and Emergency Department personnel. It is vital that first responders know the best practices when it comes to suicide intervention and postvention as they are often the first to interact with the individual or the family. Each responder needs to understand how suicide prevention fits into their role and learn how to best address it.



Beyond their role in responding, it is also critical for first responders to embrace suicide prevention within their units. In a recent study examining Law Enforcement and Firefighters specifically, it was found that Law Enforcement officers and Firefighters are more likely to die by suicide than in the line of duty.⁸ When looking at Law Enforcement agencies, it was estimated that only 3-5% had established suicide prevention training programs.⁸ Given the trauma that first responders are exposed to on a regular basis, it is vital that they (1) know how to respond to a suicide event and (2) are supported in their own mental health.

First Responder Resources:

- First Responders Scene Protocol
- Involuntary Detention Policies
- Resource “Tuck” Cards Template
- After a Suicide Attempt and Loss: What Family Members Need to Know
 - *Also included in the Family and Healthcare sections of the toolkit
- Suicide-Proofing your Home
- Resources for First Responders Poster
- First Responder Care Checklist
- Suicide Training: First Responders

FIRST RESPONDER SCENE PROTOCOL

Before responding to a suicide-related incident, the first responders should:

- 1.** Review the protocols and standard operating procedures required by the first responder's agency and in the state and local area for responding to a person with suicide-related situation.
- 2.** Meet with the local first responder partners to discuss how to work together to help persons who have attempted or are having thoughts of suicide, including those who refuse to be transported.
- 3.** If the community has a crisis intervention team (CIT) or if the agency works closely with mental health providers, meet with them regularly to discuss strategies.

When responding to any type of suicide-related incident, the first responder should:

Suicidal Ideation

Establish rapport with the person

- Follow local established protocols. Some examples include clearing the scene and eliminating access to lethal means (i.e. firearms, toxic substances)

Assess the person for need of medical treatment

- Address any serious medical needs
- Ask direct questions such as, "Are you thinking about killing yourself?" and "Do you have a plan?"
- Contact Law Enforcement trained in suicide prevention or call the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK)

Determine next steps

- Connect the individual with the appropriate level of care
- Engage family members and friends at the scene. Talk openly about this distress and suicide attempt and ensure they have resources and understand the need for means safety after discharge

Suicide Attempt

Check the individual's vital signs

- Contact emergency healthcare
- Apply resuscitation, if needed

Establish communication with the individual

- Ask open ended questions such as, "where does it hurt?" or "how can I help?"
- Avoid guilt-invoking or criticizing statements

Determine next steps

- If transfer to a medical facility is needed, identify drugs or toxic substances used and bring empty bottles to the hospital
- If transfer to a medical facility is not needed, remove lethal means and ensure that the individual has a family or close friend to help with next steps.

Establish communication with close contacts

- Talk with the individual present at the scene to determine what happened
- Be sure to exercise tact, compassion, sensitivity and support.

Suicide Death

Establish contact with the family and friends

- Express empathy by saying, "I'm sorry for your loss," and explain first responders are here to help
- Allow the loss survivors to express their thoughts and feelings

Discuss the investigation process

- Explain the investigation process that occurs with any unnatural death
- Discuss what will happen with the body and why personal items may need to be held until the investigation is complete

Determine next steps

- Provide written information about community resources they can contact for mental health support or survivors groups. The "Help & Hope for Survivors of a Suicide Loss" guide is designed for survivors of suicide loss and can be found here: <https://www.sprc.org/sites/default/files/resource-program/Help-and-Hope-For-Survivors-of-Suicide-Loss.pdf>
- Refer the family to a bereavement team, if the community has one

Follow up

- Take care of first responders leaving the scene
- Offer additional support to debrief, if needed

In situations where children are present at the scene of a suicide attempt or completion, it is vital for first responders to engage with the children. Below are a few steps that first responders can go through when interacting with children on the scene.

1.

When first responders arrive on the scene, first responders should:

- account for and locate all children, anticipating that some children may hide;
- avoid exposing the children to traumatic situations; and
- ask whether other children may return later to the home and arrange for their care in the absence of the parent.

2.

When children are present and there are multiple first responders, one responder should:

- talk with children present in a separate area;
- speak to any children present using developmentally informed and age-appropriate language and conversation styles;
- reduce children's anxiety by discussing what will happen next; and
- help children calm themselves by providing distractions and, when appropriate, an item to hold (e.g., a teddy bear).

3.

When an alternate caregiver is available, first responders should:

- inform the remaining caregiver that children are often traumatized by observing or hearing about the parent's suicide-related incident;
- where possible, provide referrals to child, family and youth services to address the trauma of the experience and help mitigate its effects; and
- help physically transfer the child to another location, if necessary, while giving the child the opportunity to bring comforting objects from home.

4.

When the parent is a sole caregiver, responders should:

- follow local protocol for transferring custody of children to a state agency and
- ensure the transfer of custody occurred as required.

5.

After a situation is resolved, departments should:

- where possible and appropriate, enable an responder to return to the home and visit children affected to demonstrate concern for their safety and well-being;
- follow up with service providers; and
- confer with the interagency team about outcomes.

If first responders are interested in expanding communication between agencies in events when a child is present, those agencies may want to research the **Handle with Care** program. This program is designed to increase communication between responding agencies and the child's school, in the case of a traumatic event. More information can be found here: <http://handlewithcarewv.org/handle-with-care.php>.

Police officer intervention policies can be modeled after this document:

https://www.michigan.gov/documents/mcoles/Model_Policy_MH_344418_7.pdf

Firefighter intervention policies can be modeled after this document:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4784501>.

INVOLUNTARY DETENTION POLICIES

After a suicide attempt or ideation, individuals in Law Enforcement will often have to decide whether or not to transport someone to receive a higher level of care. There are two primary ways that people become admitted to a mental health facility: voluntary and involuntary commitment. There are four types of involuntary admissions:

1. Immediate detention,
2. Emergency detention,
3. Temporary commitment, and
4. Regular commitment.

It is important to know that an immediate or emergency detention can become a temporary or regular commitment after the person has seen a judge. Based on the information given at a hearing, the judge may decide that it would be best to issue the individual a temporary or regular commitment. With that in mind, more detailed explanations of each involuntary admission type of commitment are below.

Immediate Detention (Indiana Code sec. 12-26-4) This type of involuntary admission happens if a person with a mental illness is believed by Law Enforcement to be in need of hospitalization. A person can be held for 24 hours if a Law Enforcement officer has reasonable grounds to believe that the person is:

- Mentally ill
- Dangerous to self or others or gravely disabled, and
- In immediate need of hospitalization and treatment.

The officer may take the person into custody and transport him or her to the nearest appropriate facility that is not a state institution.

The officer must submit a written statement to the facility containing the reasons for immediate detention. This statement will be filed in the individual's records at the facility.

Either the superintendent of the facility or a physician may provide emergency treatment necessary to preserve the health and safety of the person.

A person cannot be held under immediate detention for more than 24 hours from the time of admission without further action. However, if the superintendent or attending physician believes the person should be held longer, an application for emergency detention can be sought. The application must be filed immediately upon the availability of a judge, or within 72 hours of admission to the facility, whichever is earlier.

Emergency Detention (Indiana Code sec. 12-26-5-1) A person can be kept in a facility for up to 72 hours (excluding weekends and legal holidays) if a written application is made to the facility stating the belief that the person is:

- Mentally ill
- Either dangerous or gravely disabled, and
- In need of immediate restraint.

The application must include a written statement by at least one physician that, based on either an examination or information given by that physician, the person meets the above criteria.

Temporary Commitment (Indiana Code sec. 12-26-6) A person can be temporarily committed to an appropriate facility or outpatient treatment program for up to 90 days if he/she is found by a court to be:

- Mentally ill, and
- Either dangerous or gravely disabled.

Prior to the end of the temporary commitment, proceedings for an extension can be filed with the court. The extension, if granted, cannot exceed 90 days. (Indiana Code sec. 12-26-6-10).

Regular Commitment (Indiana Code sec. 12-26-7) Regular commitment may apply to a person:

- Alleged to be mentally ill,
- Either dangerous or gravely disabled, and
- Whose commitment is reasonably expected to require custody, care or treatment in a facility for more than 90 days.

These conditions must be included in the written statement of a physician who has examined the individual within the past 30 days. This statement must explain why the physician believes the individual meets the above criteria.

If the person is committed to a state institution, a community mental health center must have first evaluated the individual and reported that the commitment is appropriate. The court may order the individual's custody, care, or treatment in an appropriate mental health facility until that person has been discharged or the court terminates the commitment.

Mental illness (Indiana Code 12-7-2-130 (1)) - A psychiatric disorder that substantially disturbs an individual's thinking, feeling, or behavior and impairs the person's ability to function. In this case, the term mental illness includes intellectual disability, alcoholism, and addiction to narcotics or other drugs.

Dangerous (Indiana Code 12-7-2-53) - A condition in which an individual, as a result of mental illness, presents a substantial risk that the individual will harm him/herself or others.

Gravely disabled (Indiana Code 12-7-2-96) - A condition in which an individual, as a result of mental illness, is in danger of coming to harm because he/she: Is unable to provide for his/her food, clothing, shelter, or other essential human needs; or has a substantial impairment or an obvious decline of his/her judgment, reasoning or behavior that results in an inability to function independently.

RESOURCE “TUCK” CARDS TEMPLATE

If first responders are responding to a scene, but are not providing any additional transportation, it can be helpful to provide a resource list to affected individuals. Not a multi-page resource list that is difficult to read, instead a “tuck” card where the handout is small enough to fit inside the individual’s pocket. Below is a sample template that communities can use to create their own “tuck” cards (the grey portions indicate customizable sections).

(Front of card)

<p>Help is available if you or someone that someone you care about it at risk of suicide.</p> <p>[Lead organization name]</p>	<p>State and Local Resources</p> <p>In case of Emergency:</p> <ul style="list-style-type: none">- Call 911 or visit the emergency room <p><u>Local Resource</u></p> <ul style="list-style-type: none">- <u>Phone number</u> <p><u>Local Resource</u></p> <ul style="list-style-type: none">- <u>Phone number</u> <p>Remedy Live Text Line (mental health line):</p> <ul style="list-style-type: none">- Text “REMEDY” to 494949 <p>Indiana 211/Be Well Crisis Line (Indiana-specific resources and mental health line):</p> <ul style="list-style-type: none">- Call 211- Press 3 for the Be Well Crisis Line
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(Back of card)

<h3>You are not alone.</h3>	
<p>National Resources</p> <p>National Suicide Prevention Hotline:</p> <ul style="list-style-type: none">- Call 1-800-273-8255- Text “IN” to 741741 <p>Veterans Crisis Line</p> <ul style="list-style-type: none">- Call (800)273-TALK (8255)- Text anything to 838255 <p>Trevor Project (LGBTQ+ youth line)</p> <ul style="list-style-type: none">- Call (866)488-7386- Text “TREVOR” to (202)304-1200 <p>Trans Lifeline</p> <ul style="list-style-type: none">- Call (877)565-8860	<p>Crisis Line for Individuals Deaf and Hard of Hearing</p> <ul style="list-style-type: none">- Call (800) 273-8255, video relay service or voice/caption phone- Call (800)799-4889, TTY <p>Ayuda En Español</p> <ul style="list-style-type: none">- Llama al número (888)628-9454 <p>National Teen Dating Abuse Helpline</p> <ul style="list-style-type: none">- Call (866)331-9474 <p>RAINN National Sexual Assault Hotline</p> <ul style="list-style-type: none">- Call (800)656-HOPE (4673)

AFTER AN ATTEMPT: What Family Members Need to Know

Suicide is a traumatic experience for both the individual who attempted and the family. As the family member, you may feel numb and lost, not knowing where to turn. Experiencing a range of emotions is completely normal. When it comes time for that individual to come home, it can be good to start thinking about safety. Research shows that when an individual has a previous attempted, they do have higher risk of later dying by suicide. As a family member, you can help your loved by reducing risk.



Reduce the Risk at Home—To help reduce the risk of self-harm or suicide at home, here are some things to consider:

- Guns are high risk and the leading means of death for individuals who die by suicide—they should be taken out of the home and secured.
- Overdoses are common and can be lethal—if it is necessary to keep pain relievers such as aspirin, Advil, and Tylenol in the home, only keep small quantities or consider keeping medications in a locked container. Remove unused or expired medicine from the home.
- Alcohol use or abuse can decrease inhibitions and cause people to act more freely on their feelings. As with pain relievers, keep only small quantities of alcohol in the home, or none at all.



Create a Safety Plan—Following a suicide attempt, a safety plan should be created to help prevent another attempt. The plan should be a joint effort between your relative and his or her doctor, therapist, or the emergency department staff, and you. As a family member, you should know your relative's safety plan and understand your role in it, including:

- Knowing your family member's "triggers," such as an anniversary of a loss, alcohol, or stress from relationships.
- Building supports for your family member with mental health professionals, family, friends, and community resources.
- Working with your family member's strengths to promote his or her safety.
- Promoting communication and honesty in your relationship with your family member.

Remember that safety cannot be guaranteed by anyone—the goal is to reduce the risks and build supports for everyone in the family. However, it is important for you to believe that the safety plan can help keep your relative safe. If you do not feel that it can, let the emergency department staff know before you leave.



Maintain Hope and Self-Care—Families commonly provide a safety net and a vision of hope for their relative experiencing suicidal ideation, and that can be emotionally exhausting. Never try to handle this situation alone—get support from friends, relatives, and organizations such as the National Alliance on Mental Illness (NAMI), and get professional input whenever possible. Use the resources on the back pages of this brochure, the Internet, family, and friends to help you create a support network. You do not have to travel this road alone.

AFTER A SUICIDE LOSS: What Family Members Need to Know

Life as you know it has changed forever. You may feel numb and lost, not knowing where to turn. Experiencing a range of emotions is common: fear, anger, relief, abandonment, guilt, shame, and perhaps even responsibility for your loved one's death. These can change rapidly, and family members may have different reactions at different times which sometimes can lead to conflict.

Know that others have walked this difficult path before you. Reach out to those who have survived a suicide loss. Move forward step by step at your own pace and do not allow anyone to rush or criticize your grieving process. **YOU ARE NOT ALONE.** There are many ways to connect to others—staying in contact with others can help you through your grief.

Reach out for support:

- Attend a support group for suicide loss survivors (in person or online)
- Talk to a professional grief counselor
- Seek a licensed mental health provider, if needed
- Talk with those you trust (family, friends, faith leader, neighbors) to share your loss and pain
- Continue to ask the “why?” questions as long as you need to

Grieving can take over your life, so taking care of yourself is important:

- Try to get plenty of sleep, rest, and be gentle with yourself
- Eat healthy food and drink water
- Keep yourself busy by doing something you enjoy
- Continue your exercise routine

When a loved one passes away, it can be a very difficult time. Trying to remember all of the details that must be taken care of related to a person's death is hard. In the next few pages, there are a list of items marked as things to do immediately, within a few days, and within a few weeks.



What to do immediately

1. **Get a death certificate.** If your loved one died in a hospital, a doctor can take care of this for you. However, if your loved one passed at home or in another location, you'll need to know who to call. If your family member wasn't at a hospital, call 911.
2. **Arrange for organ donation, if applicable.** Check your loved one's driver's license and/or advance directive (living will or health care proxy) to see if he or she was an organ donor. If so, let hospital staff know immediately (or call a nearby hospital if your loved one died at home).
3. **Contact immediate family.** Every family is different, and there's no one right way to do this. For some families, sharing the news in-person or over the phone is critical. For others an email or text message may be alright.
4. **Enlist help from family and friends.** There are a number of ways family and friends can help you, such as: answering the phone; collecting mail; caring for pets; finding important items (such as keys, insurance policies, claims forms, addresses for magazine subscriptions, etc.); staying at the home during the wake, funeral, and/or memorial services to guard against break-ins; organizing food for family and friends after the services.
5. **Notify the individual's religious leader, if applicable.** Contact the deceased's Pastor, Rabbi, Priest or other religious leader if there is one. He or she can help with counseling for surviving family and friends. They can also help you make funeral arrangements or services.
6. **Decide what you'd like to do with your loved one's body and arrange transportation.** First, check to see if your loved one expressed any wishes about final disposition or had made prepayments to a funeral home or cemetery. Ideally, there will be documentation with other medical documents. If no wishes or plans have been stated, you have three main options:
 - *Call a funeral home.* A funeral home can help you arrange either a burial or cremation. Check reviews and prices for a few different funeral homes before making a decision.
 - *Call a crematory.* While you can arrange a cremation through a funeral home, there are also crematories that will work with you directly if you aren't interested in the added services of a funeral director.
 - *Call a full-body donation organization.* Your loved one may have already registered to be a body donor, so check for paperwork. If he or she hasn't, there are still many programs that accept donations from next of kin.
7. **Arrange care for any pets or dependents.** If your loved one was responsible for caring for one or more people or pets, quickly find someone who can care for them temporarily.
8. **Secure major property.** If your loved one lived on their own, make sure his or her home and any vehicles are locked up. If it will sit vacant for some time, consider notifying the landlord and/or the police, so they can help to keep an eye on it.
9. **Notify the person's employer.** If the deceased was employed (or actively volunteering), call to let them know that your loved one has passed away. This is also a good time to ask about pay owed, benefits and life insurance.



What to do within a few days

1. **Decide on funeral plans.** If you decided to work with a funeral home, meet with the funeral director to go through your options. If you opted for an immediate burial (burial without any ceremonies), cremation or donation to science, you may also choose to hold a memorial service or celebration of life at a later date.
2. **Order a casket or urn.** You may choose to purchase a casket or urn directly through the funeral home. However, you can often find caskets online for hundreds (even thousands) of dollars less, and some websites even offer free overnight delivery.
3. **For a veteran, ask about special arrangements.** A range of benefits can help tailor a veteran's service. You may be able to get assistance with the funeral, burial plot or other benefits. You can find many details about options as well as potential survivor benefits at the U.S. Department of Veterans Affairs website.
4. **Consider whether you need or want other financial assistance for the funeral and burial.** Help might be available from a number of sources, including a church, a union or a fraternal organization that the deceased belonged to.
5. **Ask the post office to forward mail.** If the person lived alone, this will prevent mail from piling up and showing that no one is living in the home. The mail may also help you identify bills that need to be paid and accounts that should be closed. You'll need to file a request at the post office, show proof that you are an appointed executor, and authorized to manage his/her mail.
6. **Perform a check of the person's home.** Throw out any food that will expire, water plants, and look for anything else that may need regular care.
7. **Update the utilities.** Tell local utilities (telephone, gas, electricity, cable) about the death, only if someone else wants to be put on the accounts. Otherwise wait until you decide whether or not and when the utilities are to be turned off.
8. **Prepare an obituary.** The funeral home might offer the service, or you might want write an obituary yourself. If you want to publish it in a newspaper, check on rates, deadlines and submission guidelines.



What to do within a few weeks

1. **Order a headstone.** Since headstones are rarely ready in time for a burial, you can save this until after the funeral when you have some more time. You can order a headstone through the cemetery, but you'll have more options (and often lower prices) if you look online.
2. **Order several copies of the death certificate.** You will likely need anywhere between 5 and 10 copies (but possibly more), depending on the accounts that your loved one had open. Your funeral director may be able to help you order them, or you can order them yourself from city hall or another local records office. Your certified copies should say display an official seal and say, *"This is an exact copy of the death certificate received for filing in _____ County."*
3. **Start the probate process with the will.** If the estate is relatively small, doesn't contain unusual assets and isn't likely to be disputed by family members you may be able to handle it yourself.
4. **Contact the Social Security office.** Your funeral director may have already done this, so find out if this is the case. If you need to contact social security yourself, you can reach them by phone at 1-800-772-1213. Through Social Security you may be able to apply for survivor benefits.
5. **Handle Medicare.** If your loved one received Medicare, Social Security will inform the program of the death. If the deceased had been enrolled in Medicare Prescription Drug Coverage (Part D), Medicare Advantage plan or had a Medigap policy, contact these plans at the phone numbers provided on each plan membership card to cancel the insurance.
6. **Notify any banks or mortgage companies.** If you're unsure of what accounts your loved one held, use their mail and any online accounts you have access to in order to identify what accounts may be open. Then, take copies of the death certificate to each bank and change ownership of the accounts.
7. **Reach out to any financial advisors or brokers.** Try to identify any additional financial and investment accounts that your loved one held. Work with each one to transfer ownership. You'll likely need a death certificate for each account.
8. **Contact a tax accountant.** You'll need to file a return for both the individual and the estate.
9. **Notify life insurance companies.** Fill out the claim form for any life insurance policies that the deceased had. Also, suggest that friends and family who may have listed your loved one on their own life insurance policies update theirs.
10. **Cancel insurance policies.** This could include health insurance, car insurance, homeowner's insurance or anything else. Depending on the policy, reach out to either the insurance company or your loved one's employer to stop coverage.
11. **Determine any employment benefits.** If your loved one was working at the time of their death, contact their employer to find out about union death benefits, pension plans and credit unions.

12. **Identify and pay important bills.** Make a list of bills that are likely to be due (e.g. mortgage, car payments, electricity), tracking them down via the person's mail and online accounts.
13. **Close credit card accounts.** Leverage your loved one's mail, wallet and any online accounts you have access to in order to identify open credit card accounts. For each one, you'll likely need to call customer service and then email or mail a copy of the death certificate.
14. **Notify credit reporting agencies.** Provide copies of the death certificate to Experian, Equifax and TransUnion in order to reduce the chances of identity theft. It's also a good idea to check your loved one's credit history in another month to confirm that no new accounts have been opened.
15. **Creditors.** Letters should be sent to all creditors informing them of the person's death. If any life insurance coverage can pay off the balances, a copy of the death certificate will be needed. Do not tell any of them you will be paying the balances with your own money. The estate needs to pay these, not family members, no matter what the creditors tell you. If nothing is left in the estate to pay off debts, then tell the creditors this.
16. **Contact a tax preparer.** A return will need to be filed for the individual, as well as for an estate return. Keep monthly bank statements on all individual and joint accounts that show the account balance on the day of death.
17. **Cancel the person's driver's license.** Go online or call your state's DMV for instructions, having a copy of the death certificate ready. Additionally, notify the local election board. This will help to prevent identity theft and voter fraud.
18. **Memorialize your loved one's Facebook account.** If your loved one was on Facebook, you can memorialize their account. This will let current friends continue to post and share memories but will keep anyone from logging into it in the future.
19. **Close email accounts.** Once you feel confident that you have necessary information on other accounts, it's a good idea to permanently close your loved one's email accounts as an additional step to prevent fraud and identity theft.
20. **Dispose of Personal Items and Clothing.** It is hard, but as soon as possible, you should try to dispose items which will no longer be used by the survivors. Everyone does this at a different time. Ask for help with this, if you need it. No items should be moved, sold, or given away if they have been identified in the person's Will to be given out to survivors.
21. **Find Important Documents.** There are some documents that may be needed or at least helpful in settling the estate of the deceased. Documents might include: *safe deposit rental agreement and keys; trust agreements; nuptial agreements/marriage licenses/prenuptial agreements/divorce papers; life insurance policies or statements; pension, IRA, retirement statements; income tax returns for the past three years/W-2 form; loan and installment payment books and contracts; gift tax returns; birth and death certificates; social security card; military records and discharge papers; budgets; bank statements, checkbooks, check registers, certificates of deposits; deeds, deeds of trust, mortgages and mortgage releases, title policies, leases; motor vehicle titles and registration papers; stock and bond certificates and account statements; unpaid bills; health/accident and sickness policies; bankruptcy papers.*

Suicide in Indiana

Death rates for suicide have continued to rise both nationally and in Indiana, despite efforts to curtail these trends. Suicide is the 10th leading cause of death in Indiana for people ages 10-64 and was the 11th overall leading cause of death for all ages.

Suicide prevention efforts must be diverse and draw on a varied set of resources and tools. While each suicide attempt is different, there are multiple ways to address the factors involved. One evidence-based suicide prevention strategy that an individual can use to prevent suicide is safety-proofing their own home.



Further Information

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

In.gov/issp
In.gov/isdh/21838.htm
Indianasuicideprevention.org
afsp.org
sprc.org

Safety- Proofing Your Home

A guide to keeping families safe



IS YOUR HOME SUICIDE PROOF?

Even if you think your loved is not at risk for suicide, why take chances?

These simples steps can help you suicide-proof your home and possibly save a life.



SUPPORT

Listen and ask.

FACT: Millions of kids and teens seriously consider attempting suicide every year.

- The warning signs of suicide are not always obvious.
- Pay attention to your teen's moods and behavior.
- If you notice significant changes, ask them if they're thinking about suicide.



FIREARMS

Remove. Lock.

FACT: Firearms are used in two thirds of teen suicide deaths.

- Ask a trusted friend or family member to keep it temporarily.
- Your local police precinct or shooting club might offer temporary storage.
- At the very least, lock them securely away from ammunition.



MEDICATIONS

Lock and limit.

FACT: Teens who attempt suicide use medication more than any other method.

- Don't keep lethal doses on hand and dispose of any unneeded medications.
- Consider locking up medications.
- Call the National Poison Control Hotline which runs 24/7 and is free/confidential: 1-800-222-1222.

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

National Suicide Prevention Hotline:
1-800-273-8255 (TALK)

In case of Emergency:

Call 911 or visit your local emergency room.

First Responder Mental Health Resources

Safe Call Now – 1(206)459-3020

A 24/7 help line staffed by first responders for first responders and their family members. They can assist with treatment options for responders who are suffering from mental health, substance use disorder, and other personal issues.

Fire/EMS Helpline – 1(888)731-3473

A 24/7 confidential hotline specifically for Firefighters, EMS professionals, and their families. This helpline is designed to address behavioral health issues, including stress, depression, PTSD, addiction, and more.

Copline (Law Enforcement Only) – 1(800)267-5463

A 24/7 confidential helpline staffed by retired trained officers. This Law Enforcement-specific helpline can assist with various stressors Law Enforcement careers encounter both on and off the job.

Frontline Helpline – 1(866)676-7500

A 24/7 confidential helpline is staffed by first responders. This helpline can help with the following issues: addiction, anger management, depression, anxiety, sleep deprivation, PTSD, psychological stress, divorce & family issues.

You are not alone.

FIRST RESPONDER CARE CHECKLIST

First responders are exposed to hazards inherent in the nature of their jobs. Examples include exposure (direct or indirect) to death, grief, injury, pain, or loss as well as direct exposure to threats to personal safety, long hours of work, frequent shifts and longer shift hours, poor sleep, physical hardships, and other negative experiences. In fact, PTSD and depression rates among Firefighters and Law Enforcement officers are nearly five times higher than the civilian population. Here are a few suggestions first responder leaders and personnel could follow before, during, and after an incident:

Leaders can take these steps to support their teams before an incident:

- Plan in advance of incidents and develop clear written protocols and strategic plans.** This is important for the behavioral health of first responders because the feeling of being well-prepared and the sense of doing a job well serve as protective factors against behavioral health issues and conditions.
- Include all the team members in the development of the protocol,** and ensure they are all adequately trained. Teamwork and sense of community serve as major protective factors. High sense of team accomplishment and assurance of personal and team capabilities were associated with reduced stress levels.
- Develop a clearly defined leadership cadre,** establish sub-teams, and determine factors that could prevent some of the team members from participating. Organizations should put the welfare of their team at the forefront and move toward a more supportive attitude.
- Ask potential responders before the incident** to be aware of the stress they are dealing with and to assess whether they have the capacity to deal with the additional stress the situation will involve. Recognize good work during incidents, empower staff, and assign responsibility to staff to have a protective effect.

First responders can take these steps to support themselves before an incident:

- Be aware of personal vulnerability** and signs of burnout and compassion fatigue, or profound psychological pain observed in therapists working for long periods with people who have been directly traumatized.
- Make plans for self-care** and plan on taking breaks, sleeping adequately, and eating nutritious meals and exercising during relief work.

Leaders can take these steps to support their teams during and after an incident:

- **Assess the welfare of the team**, resolve any conflicts between team members, and rotate assignments. The role of leadership is crucial in maintaining the mental health of their team.
- **Encourage workers to pair up in a “buddy system”** to support each other and monitor each other’s stress reactions and provide support to them if needed in doing so.
 - There are new models of this type of system happening across the country. Chicago implemented a peer support program in April 2020. More information about Chicago’s program can be found here: <https://home.chicagopolice.org/information/employee-assistance-program-eap/peer-support/>.
- **Provide mental health and resilience training**, and promote counseling and debriefing following stressful situations.
- **Provide team group sessions** upon return to home base, as well as staff support services. No further assignments should be given before workers have had sufficient time to recover; relief workers need some time to adjust, ease back into personal life, and take some time before returning to work.

Additional resources addressing suicide prevention in Law Enforcement can be found on Suicide Awareness Voices of Education’s (SAVE) Law Enforcement safety guide education page on Facebook, found here: <https://www.facebook.com/securityguides/lesafety>.



TRAININGS FOR FIRST RESPONDERS

Training	Program Description	Format	Target Audience
<p>Safeguarding Children of Arrested Parents Office of Justice Programs https://www.youtube.com/watch?v=ir2xA6XniSA</p>	<ul style="list-style-type: none"> • Introduces many core principles of the <i>Safeguarding Children of Arrested Parents Model Policy</i>, which serves as a template for law-enforcement agencies as they develop and/or revise policies and procedures addressing arrest processes. • Teaches how to mitigate the potential traumatic impact of a parent’s arrest on children 	<p>16 minutes Online, self-paced</p>	<ul style="list-style-type: none"> • All first responders who may interact with children
<p>Mental Health First Aid for Public Safety Mental Health First Aid https://www.mentalhealthfirstaid.org/2020/04/coming-soon-virtual-option-for-mental-health-first-aid/</p>	<ul style="list-style-type: none"> • An online version of the Mental Health First Aid training will soon become available. • Teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. 	<p>6 hours Blended videos and group-based learning</p>	<ul style="list-style-type: none"> • All first responders who may interact with children
<p>Psychological First Aid American Red Cross https://www.redcross.org/take-a-class/classes/psychological-first-aid%3A-supporting-yourself-and-others-during-covid-19/a6R3o0000014Zlg.html</p>	<ul style="list-style-type: none"> • Reviews basic principles of providing psychological first aid, including how to recognize and manage stress in yourself and in others and how to lend support to family members, friends and coworkers 	<p>Online, self-paced</p>	<ul style="list-style-type: none"> • All first responders
<p>Question, Persuade, Refer (QPR): For Law Enforcement QPR Institute https://qprinstitute.com/professional-training</p>	<ul style="list-style-type: none"> • Course teaches what one needs to know to protect co-workers, friends, family, and community 	<p>6 hours Online (\$59), self-paced</p>	<ul style="list-style-type: none"> • Law Enforcement professionals • Customized versions available for Firefighters and EMS (\$59)

<p>Victim Assistance Training Online Office for Victims of Crime Training & Technical Assistance Center https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_VATOnline.cfm</p>	<ul style="list-style-type: none"> • Offers victim service providers and allied professionals the opportunity to acquire the essential skills and knowledge they need to more effectively assist victims of crime. • Includes various relevant topics such as: Crisis Intervention, Self-Care, Trauma-Informed Care, LGBTQ Populations, Victims with Mental Health Issues, Victims with Substance Abuse Issues reviewing basic principles of providing psychological first aid, including how to recognize and manage stress in yourself and in others and how to lend support to family members, friends and coworkers 	<p>30 min – 1 hour, varies</p> <p>Online, self-paced</p>	<ul style="list-style-type: none"> • All first responders
<p>CIT Training CIT Indiana https://www.cit-indiana.org/</p>	<ul style="list-style-type: none"> • Focuses on collaborative relationships between Law Enforcement, mental health providers, and individuals impacted by mental illness. • The goal of this program is to increase safety, decrease the number of individuals with mental illness entering the criminal justice system and increasing referrals to mental health services. 	<p>40 hours</p> <p>In person (free)</p>	<ul style="list-style-type: none"> • Law Enforcement agencies • 10-20% of the seats for non-Law Enforcement (Dispatch, Fire, EMS, or individuals working with other CIT-involved agencies)
<p>Applied Suicide Intervention Skills Training Living Works https://legacy.livingworks.net/training-and-trainers/find-a-training-workshop/?sort=date&type=20</p>	<ul style="list-style-type: none"> • Applied Suicide Intervention Skills Training (ASIST) teaches trainees how to prevent suicide by recognizing signs, providing a skilled intervention, and developing a safety plan to keep someone alive. 	<p>15 hours</p> <p>In person</p> <p>Depends</p>	<ul style="list-style-type: none"> • Anyone expected to intervene with high risk groups (i.e. Law enforcement, CIT officers, SWAT teams, Peer Support Teams)