Indiana Suicide Prevention Resources Toolkit

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Published December 2020

Indiana Department of Health

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.

Faith-based

Introduction

While faith-based entities have not historically been involved with suicide prevention work, they offer a unique opportunity for prevention. Faith-based entities often provide individuals with counseling and serve as central community-building entities. In fact, the research has shown that religion plays a protective factor in suicide prevention.[13]

As a faith-based entity, these organizations already have a lot on their plates so suicide prevention can seem like a lot on top of typical goals. However, the good news is that suicide prevention can be easily integrated into existing organizational efforts. Of course, the interventions may vary depending on the traditions of the particular faith.

Faith-based Resources:

- Quick Reference on Mental Illness for Faith Leaders
- Talking about Suicide Guide
- Model Faith-based Organization Prevention Policy
- Organization Mental Health Strategy: Crawl, Walk, Run
- Faith Leader Checklist to Prevention, Intervention, and Postvention
- Language for Public Messaging
- Writing an Obituary
- Self-Care Checklist for Faith Leaders

QUICK REFERENCE ON MENTAL ILLNESS FOR FAITH LEADERS

Given the vast amount of information around mental illness, it can be difficult know what is useful for faith leaders. Below is a quick reference guide on mental illness for faith leaders.

Mental Illness is Common

In the United States,

- 1 in 5 people have a mental illness
- 1 in 25 people have a serious mental illness
- 1 in 12 people have a substance use disorder

Suicide is the 10th leading cause of death in the U.S.

OBSERVABLE SIGNS: Some Signs that May Raise a Concern about Mental Illness

*These observations **may** help identify an individual with mental illness; they are not definitive signs of mental illness. Further mental health clinical assessment may be needed.*

Categories of Observation	Examples of Observation *Does something not make sense in context?*
Cognition: Understanding of Situation, memory, concentration	• Seems confused or disoriented to person, time, and place • Has gaps in memory, answers questions inappropriately
Affect/Mood: Eye contact, outbursts of emotion/indifference	• Appears sad/depressed or overly high-spirited • Overwhelmed by circumstances, switches emotions abruptly
Speech: Pace, continuity, vocabulary *(Is there difficulty with English language?)*	• Speaks too quickly or too slowly, misses words • Stutters or has long pauses in speech
Thought Patterns and Logic: Rationality, tempo, grasp of reality	• Expresses racing, disconnected thoughts • Expresses bizarre ideas, responds to unusual voices/visions
Appearance: Hygiene, attire, behavioral mannerisms	• Appears disheveled, poor hygiene, inappropriate attire • Trembles or shakes, is unable to sit or stand still (unexplained)

COMMUNICATION: When a Mental Health Condition is Affecting an Individual

- Speak slowly and clearly, express empathy and compassion
- Treat the individual with the respect you would give any other person
- Listen; remember that feelings and thoughts are real even if not based in reality
- Give praise to acknowledge/encourage progress, no matter how small; ignore flaws
- If you don't know the person, don't initiate any physical contact or touching

Examples of Common Observations	Recommendations for Responses
Loss of hope: Appears sad, desperate	• As appropriate, instill hope and establish personal connection
Loss of control: Appears angry, irritable	• Listen, defuse, deflect; ask why s/he is upset; avoid threats
Appears anxious, fearful, panicky	• Stay calm; reassure and calm the individual; try to understand
Has trouble concentrating	• Be brief; repeat if necessary; clarify what you are hearing
Is overstimulated	• Limit input and don't force discussion
Appears confused/disoriented; believes delusions (false beliefs, e.g., paranoia)	• Use simple language; empathize; don't argue • Ground individual in the here and now

This was adapted from the National Suicide Prevention Lifeline which can be found here: nmi.us/wp-content/uploads/2017/04/FaithToolKit-QuickRefGuide_rev2.pdf

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IMMEDIATE CONCERN: **Approaching a Person with an Urgent Mental Health Concern**

- Before interacting, consider **safety** for yourself, the individual, and others
- Is there a family member or friend who can help?
- Find a good, safe place (for both) to talk
- Express willingness to be there for the person
- **Seek immediate assistance if a person poses a danger to self or others; call 911**

SUICIDE: **Thoughts of suicide should always be taken seriously. A person who is experiencing suicidal ideation is a psychiatric emergency. Call 911.**

Warning Signs of Suicide	Risk Factors for Suicide
• Often talking or writing about death or suicide • Comments about being hopeless, helpless, or worthless, no reason for living • Withdrawal from friends, family, and community • Reckless behavior or engaging in risky activities • Dramatic mood changes	• Loss and other risk events (e.g., death, financial or legal difficulties, relationship breakup, bullying) • Previous suicide attempts • History of trauma or abuse • Having firearms in the home • Chronic physical illness, chronic pain • Exposure to the suicide-related behavior of others • History of suicide in family

REFERRAL: **Making a Referral to a Mental Health/Medical Professional**

When to Make a Referral	Dealing with Resistance to Help
Assessing the Person • **Level of distress** – How much distress, discomfort, or anguish is he/she feeling? How well is he/she able to tolerate, manage or cope? • **Level of functioning** – Is he/she capable of caring for self? Able to problem solve and make decisions? • **Possibility for danger** – danger to self or others, including thoughts of suicide or hurting others **Tips on making a mental health referral** • Identify a mental health professional, have a list • Communicate clearly about the need for referral • Make the referral a collaborative process between you and the person and/or family • Reassure person/family you will journey with them • Be clear about the difference between spiritual support and professional clinical care • Follow-up; remain connected; support reintegration • Offer community resources, support groups	Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts. • **Learn about mental health** and treatments to help dispel misunderstandings • **Continue to journey** with the person/family; seek to understand barriers • **Use stories** of those who have come through similar situations; help the person realize he/she is not alone, and people can recover • **Reassure** that there are ways to feel better, to be connected, and to be functioning well • If a person of faith, **ask how faith** can give him or her strength to take steps toward healing

If you believe danger to self or others is imminent, call 911.

TALKING ABOUT SUICIDE GUIDE

When talking about suicide, there is a commonly held fear that talking about suicide might make matters worse by further upsetting the person or even putting the idea in their head. Research has consistently proven this theory wrong and has proven instead that talking about suicidal ideation can be a relief to a person experiencing suicidal ideation With that said, it can be helpful to keep the following in mind when talking to someone experiencing suicidal ideation.

1. **Ask the person directly about suicidal ideation,** such as, "Are you having thoughts of suicide" or "Are you thinking about killing yourself?" Asking the person about suicide-related thoughts will allow them the chance to talk about their problems and show them that someone cares. Avoid asking in leading or judgmental ways such as, "You're not thinking of doing anything stupid, are you?"

2. **Listen to the person's responses without judgement.** Let them talk about why they want to die. This can be a relief to the person. Don't try to convince the person that suicide is wrong or tell them how much they would hurt their family if they died. Such judgmental approaches will shut down communication and the opportunity for the person to get support.

3. **Tell the person at risk that you care and want to help.** Ask them how they would like to be supported and if there is anything you can do to help.

For further training in this area, please look into getting trained in QPR or SAFE TALK.

This was adapted from an article on the Conversation called "How to ask someone you're worried about if they're thinking of suicide," found here: https://theconversation.com/how-to-ask-someone-youre-worried-about-if-theyre-thinking-of-suicide-100237

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MODEL FAITH-BASED ORGANIZATION PREVENTION POLICY

If an individual presents with suicidal ideation at a faith-based institution, it is vital that the institution have some sort of suicide prevention policy in place. A sample policy is listed below.

Model Suicide Prevention Policy

If a leader learns of an individual considering suicide or talking about self-harm, they are to contact _____(individual)_____ for instructions on how to proceed. If cannot be reached immediately or the concern appears to be an emergency, immediately contact 911.

Here are five things you must do before the individual leaves. If they do leave before you are able to have a full conversation with them, you must contact 911 immediately:

- **Ask them the tough questions.** Research shows you asking them if they are experiencing suicidal ideation will not "give them the idea" or "make them shy away from talking to you." Here are some ways you can ask it:
  - Do you ever wish you could go to sleep and never wake up?
  - Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
  - Are you thinking about killing yourself?

- **Recognize the limits of confidentiality.** There may be something you keep confidential, self-harm and suicide is not them. If they ask you to keep it secret, your response needs to be "I understand this is difficult for you to talk about, but I want to make sure you are safe. I can't make any promises about what we are about to talk about."

- **Start a support network with others**. Connect them with someone in their life at home who they feel safe to talk with about their suicidal ideation. If they are under the age of 18, you must inform their legal guardian(s). Use good judgment because not everyone is a good fit to be a support. Also, when you find someone, make sure they understand what you are asking of them and get their confirmation they are willing to do it.

- **Seek if they have professional counseling.** Ask if the individual is already in counseling and if they are, get the name and phone number of who they are seeing. If a person is talking about self-harm and/or suicidal ideation, there is a need for therapy. We encourage church leadership and congregation members to take the role of support and refer this person to licensed professional counseling to do mental health treatment. Counselors are bound to HIPPA, so make sure as the lead support from the church for this individual, you ask the parent or individual (if they are over the age of 18) to sign a release so you can check in how you can support the person. Offer transportation, mentorship, and any other resources that are available and communicate this to the counselor.

This was adapted from Church and Mental Health's "Church Suicide Prevention Policy," which can be found here: https://churchandmentalhealth.com/product/church-suicide-prevention-policy-free-digital-download/

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- **Do not leave a person at imminent risk of suicide alone.** If you have any suspicions that a person is seriously considering harming himself or herself, let the person know that you care, that he or she is not alone, and that you are there to help. You may have to work with the person's family to ensure that he or she will be adequately supported until a mental health professional can provide an assessment. In some cases, you may have to accompany the person to the emergency room at an area hospital or crisis center. If the person is uncooperative, combative, or otherwise unwilling to seek help, and if you sense that the person is in acute danger, call 911 or (800) 273-TALK. Tell the dispatcher that you are concerned that the person with you "is a danger to [himself or herself]," or "cannot take care of [himself or herself]." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make such a call if you suspect that someone may be a danger to himself or herself. It could save that person's life.

There are specific things you can do to help in the moment when someone talks about self-harm or suicide. Take these tips that come from the Suicide Prevention Lifeline:

- Take your loved one seriously: Some people feel that kids who say they are going to hurt or kill themselves are "just doing it for attention." But if your child, friend, or family member confides thoughts of suicide, believe them and get help.

- Listen with empathy and provide support: A fight or breakup might not seem like a big deal, but for a young person it can feel immense. Sympathize and listen. Minimizing what your child or friend is going through can increase his or her sense of hopelessness.

- Learn the warning signs: Friends sometimes let friends know if they are thinking about suicide or dying. Other times, changes in behavior may show that someone is struggling.

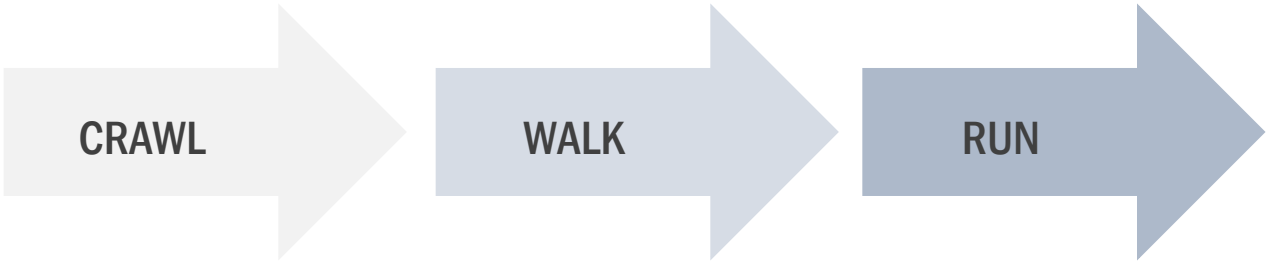
- Don't keep suicide a secret: If your friend is considering suicide, don't promise to keep it a secret. Tell him or her you can help, but you need to involve other people, like a trusted adult. Neither of you have to face this alone.

Make sure you have the following resources always available to give out to people who make inquire or you feel need to have them:

National Suicide Prevention Lifeline (available 24/7)
- Phone: 1-800-273-8255
- Text: The Lifeline (@800273TALK)
- Website: https://suicidepreventionlifeline.org
- Twitter: https://twitter.com/800273TALK

ORGANIZATION MENTAL HEALTH STRATEGY: Crawl, walk, run

A faith-based organization's mental health strategy can be built over time, adapting to address existing needs in the organization and community. It is recommended that entities start small and gradually expand, following these three stages: crawl, walk, and run.



Crawl

Crawl steps do not require money, training, resources, or paid staff. They are beginner steps for easing into creating your mental health ministry. All faith-based entities can implement crawl steps.

- Educate yourself on suicide prevention strategies for faith-based communities with resources such as "Mental Health: A Guide for Faith Leaders" from the American Psychiatric Association Foundation, found here: https://www.psychiatry.org/newsroom/news-releases/apa-releases-new-resources-on-mental-health-for-faith-leaders.
- Refer to mental illness within sermons or messages
- Within weekend services pray for people who are living with mental illness and their families
- Invite people who are living with mental illness to share their testimony in a service
- Give the members of the faith-based organization a survey that asks them questions related to mental health
- Provide a referral list of mental health resources available in your community and the National Suicide Prevention Lifeline (1-800-273-TALK)
- Educate and raise awareness in your organization by inviting mental health professionals to speak about mental illness
- Provide space for free NAMI (National Alliance on Mental Illness) support groups and substance use-related groups like Narcotics Anonymous (NA) or Alcoholics Anonymous (AA)
- Take a meal to someone newly diagnosed with mental illness
- Befriend someone living with mental illness - go to a movie together or get a cup of coffee
- Give hope to people who are mentally ill be providing encouraging connections: call, text, e-mails, letters, etc.

This was adapted from Kay Warren's site. The specific document was called "A Church-Initiated Mental Health Strategy," which can be found here: http://kaywarren.com/mentalhealthandthechurch/

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Walk

Walk steps require some training and minimal financial support. There is a greater level of commitment, but most faith-based entities can take these steps.

- Preach sermons or messages specifically about mental illness
- Start mental health-specific ministries such as support groups for adults and youth
- Start a Celebrate Recovery or other support group as a ministry
- Create care teams of three or four individuals who will commit to an on-going relationship with an individual or family to help with basic needs (helping with household tasks, transportation to doctor visits, basic home repairs, etc.)
- Train volunteers to be "companions" during a service to anyone appearing distressed, depressed, or lonely
- Regularly connect members of your faith-based organization with opportunities to serve
- Help connect people in your faith-based entity with individuals who have similar mental health challenges (with their permission)
- Build a mental health library with books and resources available
- Use local mental health professionals to offer frequent educational meetings for your staff, volunteers, and parents

Run

Run steps require a higher level of commitment, more extensive training, financial support, and trained staff. Some faith-based organizations can take these steps.

- Integrate mental health into existing ministries within the organization
- Develop a lay counseling ministry
- Hold mental health support groups for children
- Create a mental health safe place where people who are living with mental illness can come and find comfort and support
- Provide staff with more advanced mental health care training
- Create care teams of three or four individuals who will commit to an on-going relationship with an individual or family to help with mental health needs (assist in making connections to resources, programs and professionals who might be helpful to their specific needs - advocate for them in a holistic way)
- Establish serving opportunities for people living with severe mental illness
- Partner together with a mental health organization in your community to provide services such as a PEACE Center, mental health clinic, and therapeutic support groups
- Hold a mental health event; host a one-day mental health conference
- Build a team of volunteers who can help others in your community to become involved in caring for people living with mental illness and their families
- Become a model of what every faith-based entity can do about mental illness by being a reliable source of information about mental illness

FAITH LEADER CHECKLIST
TO PREVENTION, INTERVENTION, AND POSTVENTION

It can be difficult for faith leaders to truly gauge whether they feel prepared to handle suicide prevention, intervention, and postvention. Below is a checklist for faith leaders to work through to determine whether they feel equipped.

Prevention

Attitudes

- ☐ I preach/teach my congregation about suicide with an awareness that some members may have suicide-related thoughts or experiences.
- ☐ When with someone who has been affected by suicide, I am aware of my attitudes about suicide that may help or hinder help-giving or help-seeking.

Theological reflection

- ☐ I have reflected on my theology as it relates to suicide and how it affects my attitudes when helping those with thoughts of suicide and those affected by suicide.
- ☐ I have reflected on my theology of life, death, and suffering and how it relates to suicide.

Establishing rapport to facilitate help-seeking and suicide prevention efforts

- ☐ I demonstrate genuine interest in others' well-being and trustworthiness in all my dealings with people.
- ☐ I participate in congregational events in order to build authentic community.

Reducing negative stereotypes and discrimination associated with help-seeking

- ☐ I actively promote the benefits of help-seeking and seek to reduce negative stereotypes.
- ☐ I network with other professionals to understand how their services can help reduce negative stereotypes and encourage help-seeking.

Community building

- ☐ I am intentional about connecting congregants with each other.
- ☐ I support efforts to build awareness about suicide prevention by supporting events such as the National Weekend of Prayer for Faith, Hope, & Life.

Prevention leadership

- ☐ I share a vision with other congregational leaders for the role of prevention activities in my congregation.

This was adapted from the National Action Alliance for Suicide Prevention's "Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis," which can be found here: https://theactionalliance.org/sites/default/files/fhl_competencies_v8_interactive.pdf.

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Intervention

Knowing my role

- When with a person experiencing suicidal ideation, I am clear about my role.
- When with a person experiencing suicidal ideation, I provide for spiritual needs while being informed of mental health and suicide prevention basics.

Culture

- When with a person experiencing suicidal ideation, I take the individual's culture into account and provide culturally relevant counsel, support, and referral.
- When with a person experiencing suicidal ideation, I am intentional about inviting the individual to talk about her/his/their culture.

Listening

- When with a person experiencing suicidal ideation, my goals are to first provide a safe place, listen, and fully understand the reasons the person is experiencing suicidal ideation before giving advice or safety planning.
- When with a person experiencing suicidal ideation, I know I don't have the answers.

Risk assessment and safety planning

- I have learned a best practice model for how to intervene with a person experiencing suicidal ideation, that includes recognizing warning signs, conducting a risk assessment, developing a safety plan and making referrals (e.g., ASIST, QPR, CSSRS).

Applying appropriate pastoral counseling skills to strengthen life-supporting resources

- I help the individual identify her/his/ their own unique resources and reasons for living (which may include purpose and meaning of life).
- I refer to teachings from relevant religious traditions or to the individual's worldview to emphasize the value of life itself.
- I continue to help the individual realize that she/he/they is/are not alone.

Collaborating with other caregivers

- When with a person experiencing suicidal ideation, I take an active role in connecting the individual with professional and/or lay help, as appropriate, and within the limits of confidentiality/privacy.
- When with a person experiencing suicidal ideation, I know when a referral is needed.
- When I refer a person experiencing suicidal ideation, to other caregivers, I collaboratively coordinate with these caregivers and continue to provide spiritual care.

Pastoral visitation and follow-up

- After meeting with a person experiencing suicidal ideation, I create a specific plan for follow-up with the individual.
- After meeting with a person experiencing suicidal ideation, I check in with the individual's family members and friends, as appropriate.
- In meetings with a person experiencing suicidal ideation, I help the individual consider and follow up on ways to form or strengthen connections within the community.

Postvention

Pastoral care skills

- ☐ After a suicide attempt happens, I know how to advise and support friends and family members.
- ☐ After a suicide attempt happens, I know how to advise leaders and key members within the congregation.
- ☐ When a suicide death happens, I know how to care for the friend(s)/family member(s).
- ☐ When a suicide death happens, I know how to care for the congregation.
- ☐ I ensure that the faith community reaches out to survivors the same way it would support family and loved ones after any death (e.g., casserole suppers, spiritual needs).
- ☐ When I talk to survivors, I watch for complicated grief, including guilt, anger, blame, and other mental health issues.
- ☐ When I talk to survivors, I allow them to ask difficult theological questions and avoid providing answers to unanswerable ones.
- ☐ I watch for people vulnerable to contagion—those closest to the decedent and youth who looked up to the individual.
- ☐ I reach out to survivors on anniversaries of events.

Skills to provide pastoral care with awareness of cultural differences

- ☐ When a suicide death happens, I take the culture of survivors into account— how they experience, display, and process emotions; beliefs about death and the after-life; rituals to address the death; and comfort level in speaking about the deceased.

Knowing and applying faith traditions to memorial ceremonies/services

- ☐ When a suicide death happens, I know how to conduct a memorial service or ceremony that is helpful to survivors and congregants, while seeking to prevent contagion and increased risk among those attending.
- ☐ I write a eulogy so that it follows guidelines on how to talk about suicide.

Pastoral communication with congregational leadership and members

- ☐ When a suicide death happens, if the family/loved ones are open, I communicate to my faith members that the death was a suicide.
- ☐ I serve as a liaison between survivors and the media, police, funeral directors, work supervisors, and others, as applicable.
- ☐ I balance sharing information and keeping confidentiality when I believe that an individual is a danger to herself/ himself/themselves or others.

Self-care

- ☐ I take care of myself to make sure that I'll be emotionally available when needed.
- ☐ When a suicide death happens, I am alert and sensitive to the risk of taking on guilt and take steps to avoid doing so.
- ☐ I reach out for support when needed.

*For additional information on steps after a suicide loss, click here.

LANGUAGE FOR PUBLIC MESSAGING

When crafting public announcements regarding suicide (sermons, bulletin announcements, emails, etc.), it is important to create effective and safe messaging. Utilizing safe messaging helps to mitigate the risk of suicide contagion. The following are some practical Do's and Don'ts when crafting public messaging.

DO'S – Helpful Practices for Public Messaging	DON'TS –Problematic Practices in Public Messaging
• DO use proper language. Use the phrase "died by suicide" rather than words like "committed" or "completed" suicide. • DO encourage help-seeking behavior. Make concrete recommendations to referral sources and offer steps that can be taken to seek out crisis service providers. One way to offer a concrete resource is to suggest the National Suicide Prevention Lifeline. • DO emphasis prevention. Emphasize that suicide is a preventable tragedy and steps can be taken to reduce the likelihood of suicide-related crisis in the community. • DO educate the community about warning signs, risk factors and protective factors about suicide. Share how people might be able to identify people experiencing a suicide-related crisis. • DO highlight effective treatments for mental health and mental illness. 90% of suicides can partially be linked to mental health conditions. Encourage stories of people who have sought out help. Discuss openly how the community can help to strengthen supports and help those in crisis.	• DON'T glorify or romanticize the stories and experiences of those who have died by suicide. People in vulnerable states (such as youth) may identify with the attention and sympathy attributed to the person who died by suicide. Caution needs to be exercised in minimizing the contagion effect of suicide, especially when describing an after-life destination or the current state of "peace" the deceased may have found through death. • DON'T normalize suicide by presenting it as common. It is important not to present suicide as a common or normal event that is depicted as acceptable. Instead, emphasize that an acceptable and normal action is to find constructive ways of dealing with suicidal ideation. • DON'T overly simplify the complex nature of suicide by concluding that one or two things caused the death or by saying that it is completely unexplainable. • DON'T discuss overly descriptive details of the method of suicide. Vulnerable individuals may be more likely to imitate the act if they are able to envision the methods previously used.

This was adapted from the Carson J Spencer Foundation's "The Role of Faith Communities in Suicide Prevention: A Guidebook for Faith Leaders." This document can be found here: http://15e50d5042f8867cff88-3b1d37bbed62ab73fc28b350df0f1686.r26.cf2.rackcdn.com/uploaded/s/0e8256734_1547665499_suicidefaithleadersguidebook.pdf

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You've lost a loved one to suicide. You want people to know your loved one has died but you don't know how to tell them. The decision to include this information in an obituary is a personal one that only you and your family can make.

This pamphlet provides some basic guidelines and suggestions that can help you write an obituary that will honor your loved one, while protecting your family's privacy at this very difficult time.

WRITING AN OBITUARY

for a loved one who has died by suicide

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

The information in this pamphlet was adapted from a brochure by the Ontario Funeral Service Association and the Waterloo Region Suicide Prevention Council. The original brochure can be found here: https://edmonton.cmha.ca/wp-content/uploads/2015/11/CMHAER_WAO_Trifold_PRESS.pdf.

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Where to Start

You first need to decide whether or not you want to use the word suicide. It is no longer "taboo" to mention suicide in an obituary. Some people choose to name suicide as the cause of death, others may not. There is no right or wrong way.

As an alternative to naming suicide as the cause of death, you might choose to suggest a donation to a suicide prevention program or support group. This can be a positive legacy to your loved one, as it can help increase public understanding and support others who have lost someone to suicide. We can help you identify an appropriate recipient.

Why you Might Choose to Acknowledge the Suicide

- Openly acknowledging the suicide in an obituary can help you and your family in the grieving process.
- Friends and family who have also lost someone to suicide may be better able to support you and your family during this difficult time.
- Using the word suicide in an obituary might be easier than telling others directly and can help end any rumors that might surround an unexpected death.
- When people openly acknowledge suicide in an obituary, it helps to reduce the stigma associated with suicide.

How to Include Suicide in an Obituary

Here are some examples of words you might use:

"John will always be remembered for his courage during difficult times. Unfortunately, this time the pain was too difficult, and John died by suicide on Saturday evening."

"After a courageous and long battle with depression, the pain became unbearable and Sarah took her life."

"Mary Lee, her life taken too soon by her own hand."

"John Horn, who we lost due to suicide on Wednesday, April 30."

"Jeff died by suicide on Thursday, November 10. He was no longer just sad; he was imprisoned in a powerful darkness."

"On August 22, Trevor was only 17 years old when he died by suicide. Trevor will be forever in our hearts."

Words or Information to Avoid

Mental health professionals encourage you to use non-judgmental words and phrases when writing an obituary. This can help reduce the stigma and discourage others from considering suicide.

Here are some suggestions:

- Use the phrase "died by suicide," rather than words like "committed" or "completed" suicide.
- Do not share specific details of the means and how to obtain them, as it may contribute to teenagers already at risk for acting on suicidal ideation.
- Do not try to offer simplistic reasons or explanations for the suicide.
- Avoid describing the suicide as unexplainable.
- Avoid words and phrases that "romanticize" suicide.

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

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

SELF-CARE CHECKLIST FOR FAITH LEADERS

It is vital that faith leaders stay on top of their own care; the list below is a usable self-care checklist.

Self-Care Checklist for Faith Leaders

- ☐ **Make Adequate Time for Yourself.** It's easy to be consumed by all the various demands in our lives. Regularly scheduling time for yourself can make a big difference.
- ☐ **Do Something you Enjoy.** Do something just for you. This can range from pleasure reading, to taking a class unrelated to our profession just because you have an interest in that area.
- ☐ **Take Care of Yourself Physically and Spiritually.** Take the time to undergo regular physical exams and dental care, exercise regularly, get adequate rest, maintain a healthy diet, get a massage, take a yoga class, or meditate, attend to your spiritual needs in some other more personal way. Keep in mind that self-care is a good thing. Self-care is not selfishness. The better job we do in taking care of ourselves, the better job we can do to take care of our communities.
- ☐ **Say NO!** Setting reasonable limits and having realistic expectations for yourself is of great importance. Have firm boundaries and limit the number of difficult individuals you counsel.
- ☐ **Don't Isolate.** Stay involved in outside organizations (e.g. local ministerial association) and community projects. Schedule regular lunch meetings with other faith community leaders in your area. Attend national conferences. Build a network of support outside the walls of your individual faith community. Consider peer supervision among pastoral care providers.
- ☐ **Watch Out for Warning Signs of Burnout.** These include violating boundaries, self-medicating, wishing those who are in need would not show up, finding it difficult to focus on the needs of your faith community, and being preoccupied with our own needs and issues.
- ☐ **Be your Brothers' and Sisters' Keeper.** Watch out for warning signs of distress, burnout, and impairment in colleagues. Don't overlook the signs or think they will work it out on their own.
- ☐ **Conduct Periodic Distress and Impairment Self-Assessments and Seek Help When Needed.** Be aware of your caregiver blind spot. We can see others' needs but often overlook our own. If assistance is needed consult with a trusted colleague.
- ☐ **Focus on Prevention.** Stress is a part of our lives. Accept it, respond to it, and avoid the costly consequences of practicing while impaired.

This was adapted from the Carson J Spencer Foundation's "The Role of Faith Communities in Suicide Prevention: A Guidebook for Faith Leaders." This document can be found here: http://15e50d5042f8867cff88-3b1d37bbed62ab73fc28b350df0f1686.r26.cf2.rackcdn.com/uploaded/s/0e8256734_1547665499_suicidefaithleadersguidebook.pdf

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