Indiana Suicide Prevention Resources Toolkit

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.

Coroners

Introduction

Coroners frequently respond to cases where an individual has died by suicide. Though these are often some of the most difficult cases, the Coroner is a vital and valued part of the investigation process. Once a Coroner arrives on the scene, they are the highest authority and are in control of the scene. The only situation where this is not the case is in the event of a fire where Firefighters control the scene.

Coroners are an integral partner in the gathering and development of accurate data. Indeed, Coroners' efforts in suicide death investigations inform suicide prevention strategies throughout the state, ultimately driving prevention initiatives. Given the importance of Coroners in responding to a suicide death, this section of the toolkit includes practical tools that can be utilized during the death investigation process.

Coroner Resources:

- National Criteria for Determining Suicide
- Best Practices for Talking with Families
- Suicide Investigation Form
- Suicide Investigation Sample Forms
- Coroners Death Investigations: A Guide for Families

NATIONAL CRITERIA FOR DETERMINING SUICIDE

According to the Centers for Disease Control and Prevention, suicides are defined as the following:

1 **Self-Inflicted:** There is evidence that death was self-inflicted. This may be determined by pathologic (autopsy), toxicologic, investigatory, and psychologic evidence and by statements of the decedent or witnesses.

2 **Intent:** There is evidence (explicit and/or implicit) that, at the time of injury, the decedent intended to kill himself/herself or wished to die and that the decedent understood the probable consequences of his/her actions. This evidence may include:
- Explicit verbal or nonverbal expression of intent to kill self.
- Implicit or indirect evidence of intent to die, such as:
  - preparations for death inappropriate to or unexpected in the context of the decedent's life,
  - expression of farewell or the desire to die or an acknowledgment of impending death,
  - expression of hopelessness,
  - expression of great emotional or physical pain or distress,
  - effort to procure or learn about means of death or to rehearse fatal behavior, precautions to avoid rescue,
  - evidence that decedent recognized high potential lethality of means of death, previous suicide attempt, previous suicide threat,
  - stressful events or significant losses (actual or threatened), or serious depression or mental disorder.

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BEST PRACTICES FOR TALKING WITH FAMILIES

When a Coroner arrives at the scene after a suicide death, they often talk with the family. It can be helpful to keep the following in mind when talking with families:

WHERE: When possible, it is best to have the conversation with survivors in a place that is familiar to them (e.g. home), where they feel safe. Try to do this in a room where families can be sitting down, and you should be sitting as well looking at them, rather than standing over them and looking down on them. If home is not an option, find a quiet room away from police, EMTs, media, and other disruptions.

HOW: It is important you share this information directly and compassionately. Begin by saying, "I am very sorry, but your _____ has died," Be brief and only share what is most important and known at the that time with the family. Avoid sharing details of suicide method with youth, or unnecessary details.

Do not speculate or try to explain why the suicide happened, rather be patient with them as the shock sets in. Be prepared for them to have a range of emotions and be in denial and be angry with you, someone else, God, etc. They might demand to see their loved one. Help families with their grief by assuring them that "what you are thinking, and feeling is normal when someone dies by suicide." We may never know the exact reason(s) why it happened. Let the family know it is normal to ask "why" for as long as they need to. Ensure that they know that there is no right or wrong way to grieve when someone has died, that everyone does it differently.

Avoid using medical or legal terms. Be aware that you may have to repeat things several times. Let survivors know that it is not uncommon for family members left behind to think about suicide. Tell them that if suicidal ideation happens to them or another family member, help is available, they should talk about it with trusted loved ones, and contact a crisis service immediately.

Address Expressed Feelings of Guilt: Survivors of suicide loss almost always experience a deep sense of guilt. Let families know that this is very common. Help them by explaining that there are many factors that contribute to a person taking their life, and that no one person or event causes suicide. Remind the family that sometimes people die of an illness regardless of the treatment they seek or how much they are loved and cared for.

Handle Suicide Notes Carefully: Be aware of how suicide notes are handled in your jurisdiction. Sometimes a note will need to be held as evidence by police.
- Try to obtain a copy of the note for the family.
- Prepare the family that the contents of the note may not answer their questions.
- Remind the spouse or parent next-of-kin to keep the note in a safe place.
- When no note is left, inform the family this is common and that only 20-25% of those who die by suicide leave a note.

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When talking with children, keep the following in mind:

- Always have permission from parents or guardians before talking about a suicide death. When possible, have a guardian present.
- Ensure a child knows that the suicide death was not their fault. Children often feel it happened because of something they did.
- Be direct and speak in short, simple sentences appropriate for the age of the child.
- Use words that the children know and can understand. Do not speak in medical or legal terms. Ask the child if they understood what you told them before you leave.
- Ensure you are comfortable talking with various age groups of youth.
- Reassure children that suicide is not common, not contagious, and will not happen to them.
- Reassure children that they are not alone and will be taken care of. When a parent or guardian dies, children often are afraid their other parent or guardian will leave.
- Let children know that they might have more questions later and that it's ok to keep talking about the suicide death and to continue to ask questions as long as they need. Reassure a child that there are people there to help them at any time.
- Refer families to additional resources for talking to children about suicide and grief.

Respond Ethically to Requests to Change Manner of Death: Sometimes family members will place pressure on a Coroner to change the manner of death so that it is not suicide. Let them know that you cannot submit to such a request. For example, if they say that insurance will not cover a death by suicide, explain that it would be unethical and illegal to change the manner in order to help them collect on a policy, and recommend they call their insurance agent or an attorney. Others may ask you to change the manner to protect children or the family's reputation. Let them know that you cannot do this, and that they will find caring and supportive people in their community to help them in their grief, no matter the manner of their loved one's death. Finally, let them know that if more information becomes available in the future, the manner of death can be changed.

Proactively Inform Families that the Manner of Death is Public Record:

In some cases, families may wish to keep the manner of death secret due to the stigma, shame, and guilt that persists surrounding a death by suicide. It is important, therefore, that you inform the family up front that the death of their loved one is public record, and that the true manner of death may not remain secret. Be familiar with the public records laws to help the family make an informed decision.

Resources for Families

- Suicide Awareness Voices of Education (www.save.org)
- www.befrienders.org/bereaved-by-suicide
- www.nami.org/personal-stories
- SAMHSA Therapist Finder (https://findtreatment.samhsa.gov/)
- www.mentalhealthamerica.net/finding-therapy
- http://www.who.int/mental_health/en/
- American Foundation for Suicide Prevention (https://afsp.org/ive-lost-someone)

SUICIDE DEATH INVESTIGATION FORM

This Suicide Death Investigation Form was originally developed by the state of Colorado but has been adapted for the purposes of this toolkit. The purpose of the form is to capture risk factor and circumstance data in suspected or known cases of suicide, as well as general mortality information to be used in prevention efforts, not to determine possible negligence or accountability.

Suicide Death Investigation: Full Form

1. Administrative information:

a. Date report completed (MM/DD/YYYY): | **b. Date of incident** (MM/DD/YYYY):

c. Reporting agency name:

d. Please indicate which types of sources were available (check all that apply):

- ☐ Employment/Personnel record
- ☐ Medical record
- ☐ Autopsy report
- ☐ Ballistics report
- ☐ Financial (debt) report

- ☐ Suicide note
- ☐ Investigative report
- ☐ Interviews
- ☐ School records
- ☐ Other, specify:

2. Decedent information:

a. Decedent name:
First:
Middle:
Last:

b. Date of birth (MM/DD/YYYY):
_____
☐ Unknown

c. Date of death (MM/DD/YYYY):
_____
☐ Unknown

3. Education:

Highest education level completed:

- ☐ High school
- ☐ GED
- ☐ Some college

- ☐ Associate degree
- ☐ Bachelor-level degree
- ☐ Masters-level degree

- ☐ Doctorate-level degree
- ☐ Unknown
- ☐ Less than high school, specify highest grade completed:

4. Race (check all that apply):

- ☐ White
- ☐ African-American
- ☐ American-Indian/Alaska Native

- ☐ Asian/Pacific Islander
- ☐ Unknown
- ☐ Other, specify:

5. Hispanic origin:

- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

6. Relationship and family status:

a. Current relationship status:
- ☐ In a relationship
- ☐ Not in a relationship
- ☐ Unknown

b. Marital status
- ☐ Never married
- ☐ Married
- ☐ Divorced/Legally separated
- ☐ Widowed

- ☐ Remarried
- ☐ Separated
- ☐ Living together
- ☐ Unknown

c. If separated/divorced/widowed, date (MM/DD/YYYY):

7. Residence information:

a. Type of residence:
- ☐ House/Townhome
- ☐ Apartment
- ☐ Homeless
- ☐ Treatment facility
- ☐ Correctional facility
- ☐ Unknown
- ☐ Other, specify:

b. Residing with (check all that apply):
- ☐ Spouse/Significant other
- ☐ Roommate(s)
- ☐ Parent(s)
- ☐ Child(ren)
- ☐ No one, resided alone
- ☐ Unknown
- ☐ Other, specify:

c. Recent residence problems?
- ☐ Recent eviction/threat of eviction
- ☐ Recent foreclosure/threat of foreclosure

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8. Armed services history:

a. Military service:

- ☐ Yes, specify years of service:
- ☐ No military service
- ☐ Unknown

b. Eligible for services from the VA?

- ☐ Yes, and receiving services
- ☐ Yes, but not receiving services
- ☐ No

- ☐ Unknown
- ☐ Other, specify:

9. Employment information:

Industry and Occupation are terms used by National Institute for Occupational Safety and Health and represent the usual or lifetime career of an individual. The occupation is the actual job or position of the individual. For more information visit: https://www.cdc.gov/niosh/docs/2012-149/pdfs/2012-149.pdf

a. Decedent's employment status prior to death:

- ☐ Employed
- ☐ Student
- ☐ Unemployed
- ☐ Homemaker
- ☐ Retired
- ☐ Unknown
- ☐ On disability
- ☐ Other, specify:

b. If decedent was employed, specify the occupation:

10. Incident information:

a. By whom was the body first encountered/discovered?

- ☐ Family member, specify relationship to decedent:

- ☐ Coworker
- ☐ Friend
- ☐ Emergency responder
- ☐ Police Officer
- ☐ Firefighter
- ☐ Stranger
- ☐ Other, specify:

b. Were grief/survivor resources offered to the person(s) in range to intervene or to those who found the body?

- ☐ Yes
- ☐ No
- ☐ Unknown

c. Injury location:

- ☐ Own residence
- ☐ Hospital/Medical facility
- ☐ Natural area (e.g. state park)
- ☐ Park, playground, public area
- ☐ Hotel/Motel
- ☐ Street/Road, sidewalk, alleyway
- ☐ Highway/Freeway
- ☐ School
- ☐ Motor vehicle
- ☐ Industrial/Construction area
- ☐ Parking lot/Public garage
- ☐ Supervised residential facility
- ☐ Other commercial establishment
- ☐ Jail/Correctional facility
- ☐ Other, specify:

d. Was planning or preparation involved in this death?

- ☐ Yes (apparent ritual, preparation, etc.)
- ☐ No (no apparent ritual, preparation, etc.)
- ☐ Unknown

e. Any evidence the incident involved the following (check all that apply):

- ☐ A suicide cluster (multiple suicides that fall within an accelerated time frame and within a defined geographical area)
- ☐ Death-risk game (e.g. Russian Roulette, playing chicken, or choking game)?
- ☐ Suicide pact with another individual?

f. Did the decedent communicate suicidal ideation or threats (e.g. days, weeks, months) **prior to death?**

- ☐ Yes   If yes, describe how was it expressed and to whom was it expressed:
- ☐ No
- ☐ Unknown

g. EMS on scene:

- ☐ Yes
- ☐ No
- ☐ Unknown

h. Was a suicide note found on scene?

- ☐ Yes
- ☐ No
- ☐ Unknown

i. Suicide note format, if applicable:

- ☐ Paper/physical copy
- ☐ On cell phone
- ☐ On personal computer
- ☐ On social media
- ☐ Other, specify:

j. List of prescriptions or substances found on scene:

k. Was there evidence of substance involvement? (check all that apply)

- ☐ No
- ☐ Alcohol
- ☐ Stimulants
- ☐ Depressants
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Over the counter products
- ☐ Prescription drugs (only if prescribed to decedent)
- ☐ Prescription drugs (not prescribed to decedent)
- ☐ Other

11. Cause of injury leading to death:

a. Method used to inflict fatal injury:

- ☐ Firearm/Gunshot
- ☐ Jumping/fall from height
- ☐ Poisoning/overdose
- ☐ Sharp Instrument
- ☐ Carbon monoxide/Helium/ Inhalant
- ☐ Hanging, strangulation, suffocation
- ☐ Motor vehicle collision
- ☐ Other, specify:

12. If firearm caused injury:

a. Type of firearm used:

- ☐ Handgun
- ☐ Revolver
- ☐ Shotgun
- ☐ Rifle
- ☐ Other, specify:

b. Who owned firearm?

- ☐ Decedent
- ☐ Parent
- ☐ Other family member
- ☐ Friend
- ☐ Unknown
- ☐ FirearmStolen
- ☐ Other, specify:

c. How was the firearm usually stored?

- • Locked cabinet/safe
- • Unlocked cabinet
- • Unsecured (e.g., closet, bedside table), specify:
- • Unknown
- • Other, specify:

d. Firearm stored:

- ☐ Loaded
- ☐ Unloaded
- ☐ Unloaded with ammunition
- ☐ Unknown

e. What were the safety features on the firearm?

13. Life stressors:

a. Relationship stressors (check all that apply):

- ☐ Intimate partner problem
- ☐ Family relationship problem
- ☐ Other relationship problem, specify:

- ☐ Recent argument
- ☐ Timing of argument:

b. Additional life stressors (check all that apply):

- ☐ Civil legal problems (e.g., divorce, bankruptcy, eviction)
- ☐ Criminal legal problems (e.g. parole, probation, arrest)
- ☐ Domestic violence
- ☐ Physical health problem
- ☐ Job problem/dissatisfaction
- ☐ Financial problem
- ☐ School problem
- ☐ Lack of housing/homelessness
- ☐ Suicide of friend or family member
- ☐ Non-suicide death of friend or family member
- ☐ Disaster exposure (flood, fire, etc.)
- ☐ Assault/Trauma

Describe:

c. Other important information:

14. Youth suicide information (only complete for decedents under 18 at the time of death):

a. School history (check all that apply):

- ☐ School failure
- ☐ Move/new school
- ☐ Problems with grades
- ☐ Individualized education plan
- ☐ Suspension
- ☐ Expulsion
- ☐ Loss of extracurricular activities

Other serious school problems, specify:

b. Relationship stressors (check all that apply):

- ☐ Argument with significant other
- ☐ Argument with family/relatives
- ☐ Breakup
- ☐ Conflict with peers
- ☐ Argument with friends
- ☐ Rumor mongering (i.e. gossip)
- ☐ Physical abuse/assault
- ☐ Rape/sexual abuse
- ☐ Online community/social media conflict

Other, specify:

c. Family circumstances (check all that apply):

- ☐ Intact family
- ☐ Parents separated
- ☐ Parents divorced
- ☐ Ongoing custody issues
- ☐ Single parent home
- ☐ Foster care or other out of home placement
- ☐ Ongoing family discord
- ☐ Incarcerated parent
- ☐ Parent in the military

Other, specify:

d. Type of bullying (check all that apply):

- ☐ Experienced bullying as victim
- ☐ Participated in bullying as the perpetrator
- ☐ Unknown

15. Medical history:

a. Did the individual have any of the following medical problems?

- ☐ Recent life-changing diagnosis (e.g. cancer, HIV+)
- ☐ Chronic Illness/condition (e.g. back pain, migraines, diabetes)
- ☐ Recent serious injury (i.e. car accident, fall)
- ☐ History of brain trauma/concussion

If yes, please specify and describe how recently it took place:

b. Any currently prescribed medications?

- ☐ Unknown
- ☐ No
- ☐ Yes, specify the medications and who supervised the prescribed medications (e.g. psychiatrist):

c. Did decedent have health insurance?

- ☐ Yes
- ☐ No
- ☐ Unknown

16. Substance Use Disorder history:

a. Did the decedent have any alcohol-related problems?

- ☐ Binge drinking
- ☐ Alcohol use disorder or dependence
- ☐ Driving under the influence
- ☐ Other alcohol-related arrests
- ☐ Unknown

If yes, how recent:

b. Did the decedent use tobacco?

- ☐ Yes
- ☐ No
- ☐ Unknown

c. Did the decedent have a history of drug overdose?

- ☐ Yes
- ☐ No
- ☐ Unknown

d. Any change in alcohol or drug use behavior within 2 weeks of death?

- ☐ Increase
- ☐ Decrease
- ☐ No change
- ☐ Unknown

e. Substance use disorder history (check all that apply):

Non-prescription, illicit, or diverted substances:

- ☐ Cocaine
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Heroin
- ☐ Prescription opiates (not prescribed to decedent)
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Unknown

Other, specify:

Prescription drugs:

- ☐ Prescription opiates (only if prescribed to decedent)
- ☐ Benzodiazepines
- ☐ Barbiturates
- ☐ Muscle relaxants
- ☐ Over the counter
- ☐ Steroids
- ☐ Unknown
- ☐ Other, specify:

If yes, how recent:

17. Mental health history:

a. Did the decedent recently express/demonstrate any of the following? (Check all that apply)**:**

- ☐ A desire to die
- ☐ Lack of interest in usual activities
- ☐ Feelings of hopelessness/uselessness
- ☐ Feelings of powerlessness
- ☐ Feelings of failure
- ☐ Feelings of shame, guilt or remorse
- ☐ Changes in eating patterns
- ☐ Change in usual mood
- ☐ Feeling of being a burden to others
- ☐ Feelings of anxiety
- ☐ Running away/disappearing
- ☐ Impulsivity
- ☐ A desire to be free of all problems
- ☐ Feelings of depression
- ☐ Changes in usual sleep patterns
- ☐ Weight gain/loss
- ☐ Rejection by a loved one
- ☐ Loneliness
- ☐ Isolation
- ☐ Self-deprecation
- ☐ Agitation
- ☐ Self-mutilation/cutting

b. Did decedent have a known crisis in the two weeks preceding death?

- ☐ Yes
- ☐ No
- ☐ Unknown

If yes, please describe:

c. Excluding the decedent, any family history of? (Check all that apply)**:**

- ☐ Substance use disorder
- ☐ Depression
- ☐ Suicide gestures/attempts
- ☐ Homicide
- ☐ Suicide
- ☐ Child abuse/neglect
- ☐ Domestic violence
- ☐ Sexual assault
- ☐ Other mental health conditions, specify:

18. Incident/Investigation Narrative:

For a quicker version of the form, we have developed a supplementary two-page form for both adult (p. 142-143) and youth deaths (p.144-145). The two versions are included in the four subsequent pages. These forms eliminate much of the demographic information that may be captured in other forms and can be used as supplementary suicide investigation tools with a regular death investigation form.

Suicide Death Investigation: Adult Form

Incident information:

a. By whom was the body first encountered/discovered?
- ☐ Family member, specify relationship to decedent:

- ☐ Coworker
- ☐ Friend
- ☐ Emergency responder
- ☐ Police Officer
- ☐ Firefighter
- ☐ Stranger
- ☐ Other, specify:

b. Were grief/survivor resources offered to the person(s) in range to intervene or to those who found the body?
- ☐ Yes
- ☐ No
- ☐ Unknown

c. Injury location:
- ☐ Own residence
- ☐ Hospital/Medical facility
- ☐ Natural area (e.g. state park)
- ☐ Park, playground, public area
- ☐ Hotel/Motel
- ☐ Street/Road, sidewalk, alleyway
- ☐ Highway/Freeway
- ☐ School
- ☐ Motor vehicle
- ☐ Industrial/Construction area
- ☐ Parking lot/Public garage
- ☐ Supervised residential facility
- ☐ Other commercial establishment
- ☐ Jail/Correctional facility
- ☐ Other, specify:

d. Was planning or preparation involved in this death?
- ☐ Yes (apparent ritual, preparation, etc.)
- ☐ No (no apparent ritual, preparation, etc.)
- ☐ Unknown

e. Any evidence the incident involved the following (check all that apply):
- ☐ A suicide cluster (multiple suicides that fall within an accelerated time frame and within a defined geographical area)
- ☐ Death-risk game (e.g. Russian Roulette, playing chicken, or choking game)?
- ☐ Suicide pact with another individual?

f. Did the decedent communicate suicidal ideation or threats (e.g. days, weeks, months) **prior to death?**
- ☐ Yes   If yes, describe how was it expressed and to whom was it expressed:
- ☐ No
- ☐ Unknown

g. EMS on scene:
- ☐ Yes
- ☐ No
- ☐ Unknown

h. Was a suicide note found on scene?
- ☐ Yes
- ☐ No
- ☐ Unknown

i. Suicide note format, if applicable:
- ☐ Paper/physical copy
- ☐ On cell phone
- ☐ On personal computer
- ☐ On social media
- ☐ Other, specify:

j. List of prescriptions or substances found on scene:

k. Was there evidence of substance involvement? (check all that apply)
- ☐ No
- ☐ Alcohol
- ☐ Stimulants
- ☐ Depressants
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Over the counter products
- ☐ Prescription drugs (only if prescribed to decedent)
- ☐ Prescription drugs (not prescribed to decedent)
- ☐ Other

Life stressors:

a. Relationship stressors (check all that apply)**:**
- ☐ Intimate partner problem
- ☐ Family relationship problem
- ☐ Other relationship problem, specify:

- ☐ Recent argument
- ☐ Timing of argument:

b. Additional life stressors (check all that apply)**:**
- ☐ Civil legal problems (e.g., divorce, bankruptcy, eviction)
- ☐ Criminal legal problems (e.g. parole, probation, arrest)
- ☐ Domestic violence
- ☐ Physical health problem
- ☐ Job problem/dissatisfaction

Describe:

- ☐ Financial problem
- ☐ School problem
- ☐ Lack of housing/homelessness
- ☐ Suicide of friend or family member
- ☐ Non-suicide death of friend or family member
- ☐ Disaster exposure (flood, fire, etc.)
- ☐ Assault/Trauma

c. Other important information:

Medical history:

a. Did the individual have any of the following medical problems?
- ☐ Recent life-changing diagnosis (e.g. cancer, HIV+)
- ☐ Chronic Illness/condition (e.g. back pain, migraines, diabetes)
- ☐ Recent serious injury (i.e. car accident, fall)
- ☐ History of brain trauma/concussion

If yes, please specify and describe how recently it took place:

b. Any currently prescribed medications?
- ☐ Unknown
- ☐ No
- ☐ Yes, specify the medications and who supervised the prescribed medications (e.g. psychiatrist):

c. Did decedent have health insurance?
- ☐ Yes
- ☐ No
- ☐ Unknown

Substance Use Disorder history:

a. Did the decedent have any alcohol-related problems?
- ☐ Binge drinking
- ☐ Alcohol use disorder
- ☐ Driving under the influence
- ☐ Other alcohol-related arrests
- ☐ Unknown

If yes, how recent:

b. Did the decedent use tobacco?
- ☐ Yes
- ☐ No
- ☐ Unknown

c. Did the decedent have a history of drug overdose?
- ☐ Yes
- ☐ No
- ☐ Unknown

d. Any change in alcohol or drug use behavior within 2 weeks of death?
- ☐ Increase
- ☐ Decrease
- ☐ No change
- ☐ Unknown

e. Substance use disorder history (check all that apply):

Non-prescription, illicit, or diverted substances:
- ☐ Cocaine
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Heroin
- ☐ Prescription opiates (not prescribed to decedent)
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Unknown

Other, specify:

Prescription drugs:
- ☐ Prescription opiates (only if prescribed to decedent)
- ☐ Benzodiazepines
- ☐ Barbiturates
- ☐ Muscle relaxants
- ☐ Over the counter
- ☐ Steroids
- ☐ Unknown
- ☐ Other, specify:

If yes, how recent:

Mental health history:

a. Did the decedent recently express/demonstrate any of the following? (Check all that apply)**:**

- ☐ A desire to die
- ☐ Lack of interest in usual activities
- ☐ Feelings of hopelessness/uselessness
- ☐ Feelings of powerlessness
- ☐ Feelings of failure
- ☐ Feelings of shame, guilt or remorse
- ☐ Changes in eating patterns
- ☐ Change in usual mood
- ☐ Feeling of being a burden to others
- ☐ Feelings of anxiety
- ☐ Running away/disappearing
- ☐ Impulsivity
- ☐ A desire to be free of all problems
- ☐ Feelings of depression
- ☐ Changes in usual sleep patterns
- ☐ Weight gain/loss
- ☐ Rejection by a loved one
- ☐ Loneliness
- ☐ Isolation
- ☐ Self-deprecation
- ☐ Agitation
- ☐ Self-mutilation/cutting

b. Had the decedent been receiving mental health services?

c. Did decedent have a known crisis in the two weeks preceding death?
- ☐ Yes   If yes, please describe:
- ☐ No
- ☐ Unknown

d. Excluding the decedent, any family history of? (Check all that apply)**:**
- ☐ Substance use disorder
- ☐ Depression
- ☐ Suicide gestures /attempts
- ☐ Homicide
- ☐ Suicide
- ☐ Child abuse/neglect
- ☐ Domestic violence
- ☐ Sexual assault
- ☐ Other mental health conditions, specify:

Suicide Death Investigation: Youth Form

Incident information:

a. By whom was the body first encountered/discovered?
- ☐ Family member, specify relationship to decedent:

- ☐ Coworker
- ☐ Friend
- ☐ Emergency responder
- ☐ Police Officer
- ☐ Firefighter
- ☐ Stranger
- ☐ Other, specify:

b. Were grief/survivor resources offered to the person(s) in range to intervene or to those who found the body?
- ☐ Yes
- ☐ No
- ☐ Unknown

c. Injury location:
- ☐ Own residence
- ☐ Hospital/Medical facility
- ☐ Natural area (e.g. state park)
- ☐ Park, playground, public area
- ☐ Hotel/Motel
- ☐ Street/Road, sidewalk, alleyway
- ☐ Highway/Freeway
- ☐ School
- ☐ Motor vehicle
- ☐ Industrial/Construction area
- ☐ Parking lot/Public garage
- ☐ Supervised residential facility
- ☐ Other commercial establishment
- ☐ Jail/Correctional facility
- ☐ Other, specify:

d. Was planning or preparation involved in this death?
- ☐ Yes (apparent ritual, preparation, etc.)
- ☐ No (no apparent ritual, preparation, etc.)
- ☐ Unknown

e. Any evidence the incident involved the following (check all that apply):
- ☐ A suicide cluster (multiple suicides that fall within an accelerated time frame and within a defined geographical area)
- ☐ Death-risk game (e.g. Russian Roulette, playing chicken, or choking game)?
- ☐ Suicide pact with another individual?

f. Did the decedent communicate suicidal ideation or threats (e.g. days, weeks, months) **prior to death?**
- ☐ Yes   If yes, describe how was it expressed and to whom was it expressed:
- ☐ No
- ☐ Unknown

g. EMS on scene:
- ☐ Yes
- ☐ No
- ☐ Unknown

h. Was a suicide note found on scene?
- ☐ Yes
- ☐ No
- ☐ Unknown

i. Suicide note format, if applicable:
- ☐ Paper/physical copy
- ☐ On cell phone
- ☐ On personal computer
- ☐ On social media
- ☐ Other, specify:

j. List of prescriptions or substances found on scene:

k. Was there evidence of substance involvement? (check all that apply)
- ☐ No
- ☐ Alcohol
- ☐ Stimulants
- ☐ Depressants
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Over the counter products
- ☐ Prescription drugs (if prescribed to decedent)
- ☐ Prescription drugs (not prescribed to decedent)
- ☐ Other

Life stressors:

a. School history (check all that apply)**:**
- ☐ School failure
- ☐ Move/new school
- ☐ Problems with grades
- ☐ Individualized education plan
- ☐ Suspension
- ☐ Expulsion
- ☐ Loss of extracurricular activities

Other serious school problems, specify:

b. Relationship stressors (check all that apply)**:**
- ☐ Argument with significant other
- ☐ Argument with family/relatives
- ☐ Breakup
- ☐ Conflict with peers
- ☐ Argument with friends
- ☐ Rumor mongering (i. e. gossip)
- ☐ Physical abuse/assault
- ☐ Rape/sexual abuse
- ☐ Online community/social media conflict

Other, specify:

c. Family circumstances (check all that apply)**:**
- ☐ Intact family
- ☐ Parents separated
- ☐ Parents divorced
- ☐ Ongoing custody issues
- ☐ Single parent home
- ☐ Foster care or other out of home placement
- ☐ Ongoing family discord
- ☐ Incarcerated parent
- ☐ Parent in the military

Other, specify:

d. Type of bullying (check all that apply)**:**
- ☐ Experienced bullying as victim
- ☐ Participated in bullying as the perpetrator
- ☐ Unknown

e. Type of bullying (check all that apply)**:**
- ☐ Intimate partner problem
- ☐ Family relationship problem
- ☐ Other relationship problem, specify:

- ☐ Recent argument, timing of argument:

f. Additional life stressors (check all that apply)**:**

- ☐ Civil legal problems (e.g., divorce,)
- ☐ Criminal legal problems (e.g. arrest)
- ☐ Domestic violence
- ☐ Physical health problem
- ☐ Job problem/dissatisfaction
- ☐ Financial problem
- ☐ School problem
- ☐ Lack of housing/homelessness
- ☐ Suicide of friend or family member
- ☐ Non-suicide death of friend or family member
- ☐ Disaster exposure (flood, fire, etc.)
- ☐ Assault/Trauma

Describe:

g. Other important information:

Medical history:

a. Did the individual have any of the following medical problems?

- ☐ Recent life-changing diagnosis (e.g. cancer, HIV+)
- ☐ Chronic Illness/condition (e.g. back pain, migraines, diabetes)
- ☐ Recent serious injury (i.e. car accident, fall)
- ☐ History of brain trauma/concussion

If yes, please specify and describe how recently it took place:

b. Any currently prescribed medications?

- ☐ Yes. If so, specify the medications and who supervised the prescribed medications (e.g. psychiatrist):
- ☐ No
- ☐ Unknown

c. Did decedent have health insurance?

- ☐ Yes
- ☐ No
- ☐ Unknown

Substance Use Disorder history:

a. Did the decedent have any alcohol-related problems?

- ☐ Binge drinking
- ☐ Alcohol use disorder
- ☐ Driving under the influence
- ☐ Other alcohol-related arrests
- ☐ Unknown

If yes, how recent:

b. Did the decedent use tobacco?

- ☐ Yes
- ☐ No
- ☐ Unknown

c. Did the decedent have a history of drug overdose?

- ☐ Yes
- ☐ No
- ☐ Unknown

d. Any change in alcohol or drug use behavior within two weeks of death?

- ☐ Increase
- ☐ Decrease
- ☐ No change
- ☐ Unknown

e. Substance use disorder history (check all that apply):

Non-prescription, illicit, or diverted substances:

- ☐ Cocaine
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Heroin
- ☐ Prescription opiates (not prescribed to decedent)
- ☐ Hallucinogens
- ☐ Inhalants
- ☐ Unknown
- ☐ Other, specify:

Prescription drugs:

- ☐ Prescription opiates (only if prescribed to decedent)
- ☐ Benzodiazepines
- ☐ Barbiturates
- ☐ Muscle relaxants
- ☐ Over the counter
- ☐ Steroids
- ☐ Unknown
- ☐ Other, specify:

If yes to any on the left, how recent:

Mental health history:

a. Did the decedent recently express/demonstrate any of the following? (Check all that apply)**:**

- ☐ A desire to die
- ☐ Lack of interest in usual activities
- ☐ Feelings of hopelessness/uselessness
- ☐ Feelings of powerlessness
- ☐ Feelings of failure
- ☐ Feelings of shame, guilt or remorse
- ☐ Changes in eating patterns
- ☐ Change in usual mood
- ☐ Feeling of being a burden to others
- ☐ Feelings of anxiety
- ☐ Running away/disappearing
- ☐ Impulsivity
- ☐ A desire to be free of all problems
- ☐ Feelings of depression
- ☐ Changes in usual sleep patterns
- ☐ Weight gain/loss
- ☐ Rejection by a loved one
- ☐ Loneliness
- ☐ Isolation
- ☐ Self-deprecation
- ☐ Agitation
- ☐ Self-mutilation/cutting

b. Had the decedent been receiving mental health services?

c. Excluding the decedent, any family history of? (Check all that apply)**:**

- ☐ Substance use disorder
- ☐ Depression
- ☐ Suicide gestures /attempts
- ☐ Homicide
- ☐ Suicide
- ☐ Child abuse/neglect
- ☐ Domestic violence
- ☐ Sexual assault
- ☐ Other mental health conditions, specify:

SUICIDE INVESTIGATION SAMPLE FORMS

The next four pages are death investigation-related forms shared with permission from the Marion County Coroner's Office. These serve as examples of current forms being utilized in Indiana.

DEATH INVESTIGATIVE WORKSHEET FOR EXAMINATION	
Date: Investigator Name/Agency:	Request Type: ☐Full Autopsy ☐External Exam Investigation Agency Case #:

DECEDENT INFORMATION

Decedent's Full Name:	Sex: ☐ Male ☐ Female
Date of Death (mm-dd-yyyy):	Time Pronounced:
Date of Birth: Age:	SSN:
Residential Address:	City/State/Zip:

Decedent's Race: ☐White ☐Black ☐Hispanic ☐Asian ☐Other (Specify):

How was identification made?:	Decedent on Active Military Duty? ☐Yes ☐No
Decedent's Usual Occupation:	Last Seen Alive:

Decedent's Education: ☐Elementary/Secondary ☐College ☐Graduate School ☐N/A

Place of Death:

☐Inpatient ☐ER/Outpatient ☐Nursing Home ☐Residence ☐Other (Specify):

Location Name/Address:

Degree of Rigor: ☐None ☐Full body ☐Undeterminable	Position Body Found:

Livor Location: ☐None ☐Anterior ☐Posterior ☐Lower Extremities ☐Undeterminable

CASE DESCRIPTION

Criteria for Case: ☐ Unknown ☐ Apparent Natural ☐ Accident ☐ Suicide ☐ Homicide

Is Motor Vehicle Collision Involved? ☐Yes ☐ No. If Yes, Decedent's Position: ☐ Driver ☐Passenger

Another Vehicle Involved? ☐ Yes ☐ No   Was Decedent Restrained? ☐Yes ☐ No

Are Criminal Charges Anticipated? ☐Yes ☐ No. If Yes, Why?

Weapon Involved? ☐Yes ☐No If Yes, Weapon Types:

Injury Information:

Indiana Department of Health

Circumstances of Death/Terminal Episode:

Scene Examination/Physical Examination (including body temperature):

Personal Property/Clothing:

Past Medical History [Including Social/Psychiatric/Surgical/Family/Drug-Rx/Illegal/ETOH History]:

Name of Medication	Prescribing Doctor	Dosage	Date Filled/Amount	Amount Remaining

NEXT OF KIN

NOK Name:	NOK Relationship:
NOK Address/Phone:	NOK Notified of Death? ☐ Yes ☐ No

Informant's Name and Relationship:

MISCELLANOUS

Will agency have someone present during Autopsy ☐Yes ☐No and for taking photos? ☐Yes ☐No

If Yes, Enter Name(s)/Agency/Phone Number:

☐ By checking this box, I certify that the above information has been completed to the best of my knowledge and ability

SUMMARY OF CASE / ADDITONAL COMMENTS

Marion County Coroner's Office

521 W McCarty St, Indianapolis, IN 46225
Tel: (317) 327-4744; Fax: (317) 327-4563
After Hours Tel: 317-202-7373

FORM FOR REPORTING DEATHS TO THE CORONER'S OFFICE
PLEASE SPEAK TO A DEPUTY CORONER AND FAX THIS FORM TO THE OFFICE
[Please Print]

TODAY'S DATE:	**TIME:**	**DEPUTY CORONER:**
FACILITY REQUESTING ASSISTANCE:		**PHONE #:**
PERSON REQUESTING ASSISTANCE:		**PHONE #:**

DECEDENT INFORMATION

SUBJECT'S NAME:	**DOB:**	**SEX:**
STREET ADDRESS:	**AGE:**	**RACE:**
CITY:	**STATE:**	**ZIP CODE:**
MARITAL STATUS:		**SSN:**
NEAREST RELATIVE:	**RELATIONSHIP:**	**PHONE #:**
NOTIFIED?: YES / NO	**IF YES, BY WHOM:**	**TIME:**

COMMENTS OR CIRCUMSTANCES THAT RESULTED IN DEATH (E.G. MEDICAL HISTORY)

_____
_____
_____
_____

THE INFORMATION BELOW IS VITAL AND MUST BE COMPLETED

DATE OF DEATH:	**TIME OF DEATH:**	**PRONOUNCED BY:**
LOCATION OF DEATH:		
PRESUMPTIVE CAUSE OF DEATH:		
PHYSICIAN SIGNING DEATH CERTIFICATE:		
PHYSICIAN OFFICE PHONE NUMBER:		

What do I do next when a loved one dies?

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.

As a part of this process, you will be working with the Coroner's Office. This brochure is meant to be used as a guide to learn more about this process. Again, you are not alone.

Indiana Department of Health

Further Information

This guide was developed as a part of the Suicide Learning Collaborative Toolkit. 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

Coroner Death Investigations
A Guide for Families

Coroner Information

Cases investigated

The Coroner's office is contacted in the following situations. The Coroner will then determine whether to investigate.

- Sudden death of a healthy child
- Death occurring within 24 hours of admission at a hospital or health care facility
- Physician unable to state cause of death, after careful review of medical chart, or deceased had no physician
- Known or suspected homicide
- Known or suspected suicide
- Related to or following known suspected self-induced or criminal abortion
- Following an accident or injury primary or contributory, either old or recent
- Drowning, fire, exposure, acute alcoholism, drug addiction, strangulation, aspiration, or malnutrition
- Accidental poisoning (food, chemical, drug, therapeutic agents)
- Occupational disease or occupational hazards
- Known or suspected contagious disease constituting a public hazard, excluding AIDS
- All deaths where patient is under anesthetic
- Incarceration
- All deaths of unidentified persons

Investigation types

Investigation types fall into the following categories below.

- Autopsy: Autopsy performed by a forensic pathologist
- External: Body taken into custody; only external examination performed
- SOS: Body released at scene to next of kin
- Consults: The office is notified of death, but case is declined due to not fitting Coroner's investigation criteria

Death investigation process

Death scene investigation by the Deputy Coroner
During the death scene investigation, the Coroner gathers scene information, takes photographs, and arranges for the removal of the body. The family should contact the funeral home at their earliest convenience. The funeral home begins the death certificate process.

Post-mortem examination
A certified forensic pathologist does the post-mortem physical exam. The forensic pathologist also does an autopsy, if needed. Body fluids/tissues may be sent for lab analysis such as toxicology and histology. The body is made available for pickup by the funeral home after the exam. Then the forensic pathologist will complete a comprehensive pathology report identifying the cause and manner of death.

Death certification
The Coroner's Office reviews the results of the exam. The Coroner's Office certifies the cause and manner of death in the death certificate. Contact the Coroner's Office with any questions.

Autopsies

Autopsies are performed mainly to determine the medical cause of death and to gather evidence for court. The Coroner typically will not perform an autopsy if the manner of death is "natural" and the cause of death can be determined by past medical history or an external exam.

Funeral arrangements

Contact a funeral director to arrange a funeral for your loved one. A funeral director will coordinate further arrangements with the Forensic Pathology Department and help you prepare for the funeral. You may visit a loved one only at the funeral home, not at the Forensic Pathology Department because of legal and health reasons.

Contact us:

_____ County Coroner's Office

_____
_____
_____

Hours: _____

Address: _____