Indiana Suicide Prevention Resources Toolkit

Suicide Learning Collaborative
2 North Meridian Street
Indianapolis, IN 46204
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.

Healthcare

Introduction

Healthcare professionals work every day to improve the health and wellness of their patients. As such, healthcare professionals should be prepared to treat a patient experiencing suicidal ideation or following a suicide attempt. Being prepared can simply mean screening every patient and having the policies and protocols in place to address patients presenting with suicide risk. On an individual level, this can be having a protocol in place after a patient discloses they are experiencing suicidal ideation. On a population-level, this can be evaluating the current hospital screening and discharge protocol.

As far as data, there is a clear trend showing need for greater healthcare engagement. For example, after patients leave inpatient psychiatric care, their suicide death rate is 300 times higher in the first week and 200 times higher in the first month when compared with the general population's.[2] The individual's suicide risk remains high for up to three months after discharge and for some, their elevated risk persists longer.[3-5] Additionally, a recent study found that individuals who presented in emergency departments (EDs) with deliberative self-harm had a suicide rate of 56.8 times higher than demographically similar individuals the year after their visit.[19] Those with suicidal ideation had a 31.4 times higher rate.[19] In fact, one out of seven people in the United States who died by suicide had contact with inpatient mental health services in the year before their death.[6] Of individuals who later died by suicide, 46% had a mental health diagnosis and 90% had shown symptoms of a known mental health condition.[7]

Healthcare Resources:

- Warning Signs of Suicide
- Screening Tools Guide
- Safety Planning Guide
- Suicide Safety Planning Template
- Discharge Protocol
- After a Suicide Attempt: What Family Members Need to Know
- After a Suicide Attempt: What Family Members Need to Know
    - *Also included in the Family and First Responder sections of the toolkit
- Provider Self-Care Checklist
- Suicide Training: Healthcare

Warning Signs of Suicide

Talking about wanting to die or to kill oneself

Looking for a way to kill oneself

Talking about feeling hopeless or having no purpose

Talking about feeling trapped or being in unbearable pain

Talking about being a burden to others

Increasing the use of alcohol or drugs

Acting anxious, agitated, or reckless

Sleeping too little or too much

Withdrawing or feeling isolated

Showing rage or talking about seeking revenge

Displaying extreme mood swings

If a patient is showing some or all of these signs, the provider should connect the patient with further care.

This was adapted from SAVES's "Warning Signs," which can be found here: https://www.sprc.org/edguide and Zero Suicide's "Identify" page, found here: https://save.org/about-suicide/warning-signs-risk-factors-protective-factors/

Indiana Department of Health

SCREENING TOOLS GUIDE

There are several different screening tools that healthcare facilities can utilize to decide what course of action needs to be taken with a patient presenting with suicidal ideation or following a suicide attempt. Below is a guide of the tools that will be mentioned in the subsequent pages. Of course, this screening process may look different depending on the healthcare facility's admission process and none of these tools should ever replace a provider's best judgment or experience.

Type of Tool	Used With	Tells You
Primary Screening Tool	Every ED patient or patients with known risk factors	Whether suicide risk is present or absent
Secondary Screening Tool (Decision Support Tool)	Patient with some suicide risk as identified through primary screening, patient disclosure, or other indicators	Whether discharge following ED-based interventions may be appropriate or further assessment by a mental health specialist is needed to make a disposition determination
Comprehensive Suicide Risk Assessment	Patients with suicide risk who score positive (greater than or equal to 1) on the Decision Support Tool Note: If resources permit, a suicide risk assessment may be used with any patient with suicide risk.	Information about a patient's risk and protective factors, immediate danger, and treatment needs

If providers are implementing a screening protocol in a clinical practice, it can be helpful to refer to tools such as the Suicide Prevention Resource Center's Suicide Prevention Toolkit for Primary Care Practices. http://www.sprc.org/sites/default/files/Final%20National%20Suicide%20Prevention%20Toolkit%202.15.18%20FINAL.pdf.

This was adapted from SPRC's "Caring for adult patients with suicide risk: A consensus guide for ED's," which can be found here: https://www.sprc.org/edguide and Zero Suicide's "Identify" page, found here: http://zerosuicide.edc.org/toolkit/identify.

Indiana Department of Health

Primary Screening Tool

Different healthcare entities use different types of primary screening tools. Sometimes, this can be explained by examining whether the organization itself will provide the comprehensive care after a patient is found to be at risk. Some initial primary screening tools organizations can include:

- Patient Health Questionnaire (PHQ)
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Ask Suicide-Screening Questions (ASQ)
- Patient Safety Screener (PSS-3)

If organizations hare having difficulty choosing a primary screening tool, they can refer to: http://zerosuicide.edc.org/webinar/screening-and-assessment-suicide-health-care-settings.

Secondary Screening Tool (Decision Support Tool)

The Decision Support Tool is a secondary screening instrument developed to help ED providers make decisions about the care of adult patients with suicide risk. It indicates whether a patient's health and safety needs may be met in the outpatient environment following a brief ED-based intervention or whether evaluation from a mental health specialist may be needed first. The tool is designed for use with adult patients who have been identified as having suicide risk and who have the capacity to make health care decisions. In the Decision Support Tool, the following questions are asked:

- *Transition Question: Confirm Suicidal Ideation (not a part of scoring)*
  - *Have you had recent thoughts of killing yourself?*
  - **Is there other evidence of suicidal ideation, such as reports from family or friends?*
- *Thoughts of carrying out a plan*
  - *Recently have you been thinking how you might kill yourself?*
  - **If yes, consider the immediate safety needs of the patient.*
- *Suicide intent*
  - *Do you have any intention of killing yourself?*
- *Past suicide attempt*
  - *Have you ever tried to kill yourself?*
- *Significant mental health condition*
  - *Have you had treatment for mental health problems?*
  - *Do you have a mental health issue that affects your ability to do things in life?*
- *Substance use disorder*
  - *Have you had four or more (female) or five or more (male) drinks on one occasion in the past month or have you used drugs or medication for non-medical reasons in the past month?*
  - *Has drinking or drug use been a problem for you?*
- *Irritability/Agitation/Aggression*
  - *Recently, have you been feeling very anxious or agitated?*
  - *Have you been having conflicts or getting into fights?*
  - *Is there direct evidence of irritability, agitation, or aggression?*

A quick guide of the Decision Support Tool can be found here: https://www.sprc.org/sites/default/files/EDGuide_quickversion.pdf.

Comprehensive Suicide Risk Assessment

Mental health evaluations conducted during the ED visit should include a comprehensive suicide risk assessment that goes beyond the secondary screening. The purpose of the risk assessment is to determine whether the patient is in immediate danger and to make decisions about treatment. Three direct warning signs, listed below, predict the highest likelihood of suicide-related behaviors occurring in the near future. Observing these warning signs warrants immediate attention, mental health evaluation, referral, or consideration of hospitalization to ensure the safety, stability and security of the individual.

Communication with Signs of Suicidal Ideation - writing or talking about suicide, wish to die, or death (threatening to hurt or kill self) or intention to act on those ideas Patients should be directly asked if they have thoughts of suicide and to describe them. The evaluation of suicidal ideation should include the following:

- *Onset (When did it begin)*
- *Duration (Acute, Chronic, Recurrent) Intensity (Fleeting, Nagging, Intense)*
- *Frequency (Rare, Intermittent, Daily, Unabating)*
- *Active or passive nature of the ideation ('Wish I was dead' vs. 'Thinking of killing myself')*
- *Whether the individual wishes to kill themselves, or is thinking about or engaging in potentially dangerous behavior for some other reason (e.g., cutting oneself as a means of relieving emotional distress)*
- *Lethality of the plan (No plan, Overdose, Hanging, Firearm)*
- *Triggering events or stressors (Relationship, Illness, Loss)*
- *What intensifies the thoughts and what distracts the thoughts?*
- *Association with states of intoxication (Are episodes of ideation present or exacerbated only when individual is intoxicated? This does not make them less serious; however, may provide a specific target for treatment)*
- *Understanding regarding the consequences of future potential actions*

Preparations for Suicide - evidence or expression of suicide intent, and/or taking steps towards implementation of a plan, making arrangements to divest responsibility for dependent others (children, pets, elders), or making other preparations such as updating wills, making financial arrangements for paying bills, saying goodbye to loved ones, etc. Patients should be asked about the following:

- *The evaluation of intent to die should be characterized by:*
  - *Intensity of the desire to die*
  - *Intensity of determination to act*
  - *Intensity of impulse to act or ability to resist the impulse to act*
- *The evaluation of intent should be based on indication that the individual:*
  - *Wishes to die*
  - *Means to kill him/herself*
  - *Understands the probable consequences of the actions or potential actions*
  - *Has thought about a lethal plan, has the ability to engage that plan, and is likely to carry out the plan*

Seeking Access or Recent Use of Lethal Means - such as weapons, medications, toxins or other lethal means. Clinicians should evaluate preparatory behaviors by inquiring about:

- *Preparatory behavior like practicing a suicide plan. For example:*
  - *Mentally walking through the attempt*
  - *Walking to the bridge*
  - *Handling the weapon*
  - *Researching for methods on the internet*
- *Thoughts about where they would do it and the likelihood of being found/ interrupted?*
- *Action to seek access to lethal means or explored the lethality of means. For example:*
  - *Acquiring a firearm or ammunition*
  - *Hoarding medication*
  - *Purchasing a rope, blade, etc.*
  - *Researching ways to kill oneself on the internet*
- *Action taken or other steps in preparing to end one's life:*
  - *Writing a will, suicide note*
  - *Giving away possessing*
  - *Reviewing life insurance policy*
- *Obtain information from sources such as family members and medical records.*

Throughout all these steps, keep in mind the following:

- Treat patients with suicide risk in the same manner you would treat those with other medical emergencies.
- Express care for his or her comfort and dignity, such as allowing a person to wear "street clothes" unless it is necessary to disrobe.
- Build rapport. This increases trust and may help patients share information more readily and honestly.
- Collaborate with the patient. Ask for his or her opinion. Attempt to engage patients in decision making even if they don't initially agree, and only make promises you can keep.
- Check in with the patient regularly to see how the ED visit is going. Provide information about what to expect during the visit and patient rights.
- When possible maintain provider continuity for patients experiencing suicidal ideation or notify the patient in advance when provider assignments change.
- With the patient's permission, involve trusted informal caregivers (e.g., family, friends) and outpatient providers in treatment decisions and discharge planning.
- Offer the support of a certified peer specialist for the patient during his or her visit.
- Keep in mind that in mind that some individuals may not be as forthcoming with suicidal ideation, depending on their background and situation. This could be due to religious reasons (e.g. believing those who die by suicide go to hell) or fears of confidentiality (e.g. living in a small inter-connected community). Reassure the individual that help is available, and they are not alone.
- Throughout all healthcare settings, it is vital to reinforce resources like the National Suicide Prevention Lifeline (Call 1-800-273-8255 [TALK] or text "IN" to 741-741).

What are the steps after the plan is developed?

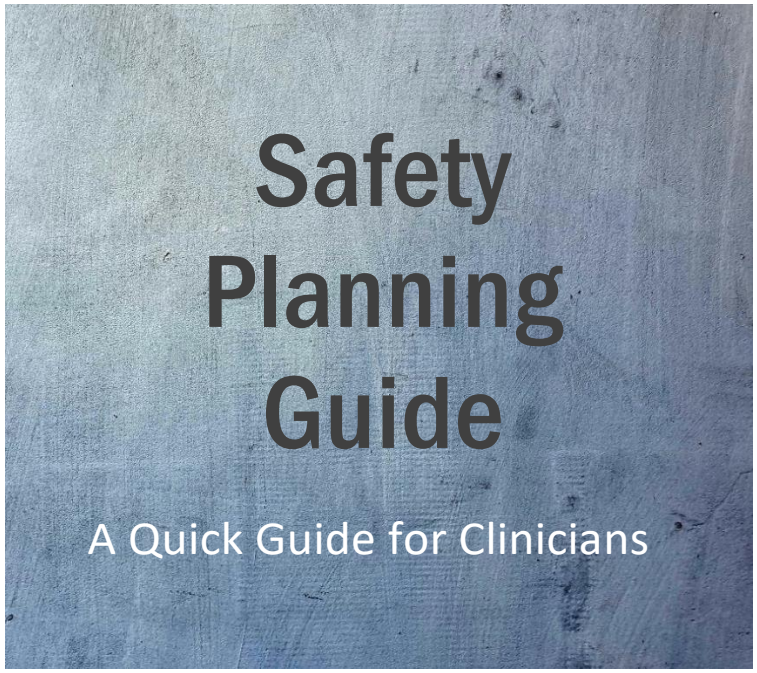
ASSESS the likelihood that the overall safety plan will be used, and problem solve with the patient to identify barriers or obstacles to using the plan.

DISCUSS where the patient will keep the safety plan and how it will be located during a crisis.

EVALUATE if the format is appropriate for patient's capacity and circumstances. Consider if there should be any social media element protection included, if this is a sensitive point for the patient.

REVIEW the plan periodically when patient's circumstances or needs change.

This tool was originally developed by the WICHE Center for Rural Mental Health Research and the Suicide Prevention Research Center. The original document can be found here:
http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf



WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicide crisis. The plan is brief, is in the patient's own words, and is easy to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicide crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use. While this is a clinical process, anyone can create safety plan as this is a vital step in suicide prevention. Individuals do not need to be mental health professionals.

DEVELOPING AND IMPLEMENTING THE SAFETY PLAN

The following section outlines the six steps in building and putting into action a safety plan.

Indiana Department of Health

Developing and Implementing the Safety Plan: A Six Step Process

Warning Signs

*Ask: **"How will you know when the safety plan should be used?"**
*Ask: **"What do you experience when you start to think about suicide or feel extremely depressed?"**
*List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patient's own words.

Internal Coping Strategies

*Ask: **"What can you do, on your own, if you experience suicidal ideation again, to help yourself not to act on your thoughts?"**
*Assess likelihood of use: Ask: **"How likely do you think you would be able to do this step during a time of crisis?"**
*If doubt about use is expressed, ask: **"What might stand in the way of you thinking of these activities or doing them?"**
*Use a collaborative, problem solving approach to address potential roadblocks and identify alternative coping strategies.

Social Contacts Who May Distract from the Crisis

*Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
*Ask: **"Who or what social settings help you take your mind off your problems at least for a little while?" "Who helps you feel better when you socialize with them?"**
*Ask for safe places they can go to be around people (i.e. coffee shop).
*Ask patient to list several people and social settings in case the first option is unavailable. Keep in mind the potential for online supports.
*Remember, in this step, the goal is distraction from suicidal ideation.
*Assess likelihood that patient will engage in this step; identify potential obstacles, and problem solve, as appropriate.

Family Members or Friends Who May Offer Help

*Instruct patients to use Step 4 if Step 3 does not resolve crisis
*Ask: **"Among your family or friends, who do you think you could contact for help during a crisis?"** or **"Who is supportive of you and who do you feel that you can talk with when you're under stress?"**
*Ask patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
*Assess likelihood patient will engage in this step; identify potential obstacles, and problem solve.
Role play and rehearsal can be very useful in this step.

Professionals and Agencies to Contact for Help

*Instruct the patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
*Ask: **"Who are the mental health professionals that we should identify to be on your safety plan?"** and **"Are there other health care providers?"**
*List names, numbers of clinicians and urgent care services.
*Assess likelihood patient will engage in this step; identify potential obstacles, and problem solve.
*Role play and rehearsal can be very useful in this step.

Making the Environment Safe

*Ask patients which means they would consider using during a suicidal crisis.
*Ask: **"Do you own a firearm, such as a gun or rifle?"** and **"What other means do you have access to and may use to attempt to kill yourself?"**
*Collaboratively identify ways to secure or limit access to lethal means: Ask: "How can we go about developing a plan to limit your access to these means?"
*For low lethality methods, clinicians may ask patients to remove or limit their access to these methods.
*Restricting the patient's access to a **highly lethal method**.

SUICIDE SAFETY PLANNING TEMPLATE

Step 1: Recognizing warning signs that signal that you need to find help: Identify specific thoughts, feelings, situations and behaviours that may predict a crisis. Examples include feeling that emotional pain will never end, having persistent thoughts that others would be better off without you.

Step 2: What can you do by yourself to take your mind off the problem? What obstacles might there be to using these coping skills? List activities that may take your mind off thoughts related to suicidal ideation. This allows time to pass and for the impulses to subside. Simple, engrossing activities can be surprisingly helpful. Examples include listening to calming music, exercising, going for a walk or playing a musical instrument.

Step 3: If you are unable to deal with your distressed mood alone, contact trusted family or friends, and think of social settings that offer support as well as distraction from the crisis.

Name:_____ Phone number:_____
Name:_____ Phone number:_____
Name:_____ Phone number:_____
Name:_____ Phone number:_____

Place that provides distraction: _____
Place that provides distraction: _____

Step 4: Contact local health professionals or emergency services if you continue to have thoughts of suicide. Create a list of names, phone numbers and locations that can be contacted during a suicide emergency. A crisis is no time to begin searching for this type of information.

Clinician Name: Phone number:
Clinician Name: Phone number:
Local Urgent Care Services:_____ Phone number:_____
Suicide Prevention Lifeline Phone: 1-800-273-8255 or text “HELLO” to 741741

This plan has been developed using information from Reach Out and ‘Safety Planning Intervention’ by Barbara Stanley and Gregory Brown from National Suicide Prevention Lifeline. A copy of this plan can be found here: https://www.template.net/business/plan-templates/plan-sample/

Indiana Department of Health

Step 5: Make sure that access to any deadly means of self-harm are minimized. For example, limiting the number of pills available at any one time and removing any potentially harmful implements considered in plans. It is a myth that if someone wants to die by suicide, they will, no matter what. In fact, limiting access to deadly means makes a real difference. The strongest of feelings tied to suicidal ideation typically last only a brief period. If it is more difficult to act during these periods, there is a good chance that the feelings will subside.

Step 6: What is most important to me and worth living for:

DISCHARGE PROTOCOL

The emerging standard in suicide care requires innovative approaches to creating smooth and uninterrupted care transitions from one setting to another with support and contact provided throughout by the behavioral health provider, physician, or other designated staff from the organization. Keep in mind that if the patent has Medicaid, they can be connected to their managed care company in this process. Specifically, the referring staff member should do the following:

Talk with the patient about the risk of suicide during the post-discharge timeframe, including warning signs of a worsening condition, what to do, and when to return to the hospital.

Encourage family participation and engage all community supports such as schools to ensure a smooth transition for the patient. Possible partners could include schools, workplaces, etc.

Provide every patient with crisis center information upon discharge from treatment with their safety plan, explaining the purpose, utility, and services offered by the crisis center.

Ensure the patient has spoken over the phone with the new provider. Consider innovative approaches for connecting the two such as meeting in person or bridging the therapy through a case manager.

Schedule the first outpatient session before the patient is discharged, optimally scheduling 24-72 hours after discharge. Call the new provider and share patient records before the first appointment.

Contact the patient within 24–48 hours after they have transitioned to the next care provider. Provide ongoing caring contacts within seven days of discharge and for at least 12 months or more.

One of the most important things healthcare professionals can do for a patient or family member after having been in a healthcare facility is to **offer hope.** Patients and families will look to healthcare professionals to determine the prognosis and for some assurance that this will not happen again.

If a patient does have a reoccurrence of suicidal ideation, as it can when people recover, it is not a sign that the treatment is not working. This is a sign that the brain is still healing and that the individual needs to use the plan that was built and reach out. Assure the patient that they are not alone, and that help is available.

This was adapted from the Action Alliance's "Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care," which can be found here: https://theactionalliance.org/sites/default/files/report_-_best_practices_in_care_transitions_final.pdf. It was also adapted from SAMHSA's "After an Attempt: A Guide for Medical Providers in the Emergency Department Taking Care of Suicide Attempt Survivors," which can be found here: https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4359.pdf

Indiana Department of Health

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 experiencing suicidal ideation —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.

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.

This was adapted from "After an Attempt: A Guide for Taking Care of Your Family Member After Treatment in the Emergency Department." This can be found here: https://store.samhsa.gov/sites/default/files/d7/priv/sma18-4357eng.pdf. The graphics are from Noun Project (Check Mark by P.J. Onori, US)

Indiana Department of Health

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 if 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 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.

This was adapted from "Health & Hope: For Survivors of Suicide Loss." This can be found here: http://www.sprc.org/sites/default/files/resource-program/Help-and-Hope-For-Survivors-of-Suicide-Loss.pdf. This was also adapted from Ever Loved's "What to Do When Someone Dies: A Checklist," which can be found here: https://everloved.com/articles/end-of-life-affairs/what-to-do-when-someone-dies-checklist/

Indiana Department of Health

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 to 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.*

PROVIDER SELF-CARE CHECKLIST

Each provider may have a different way of coping with work-related stress. Below is a checklist of some warning signs of immediate stress responses and long-term effects. If you or someone you know is displaying some of these symptoms, seek professional help or follow the listed self-care strategies.

Warning Signs Checklist

Physical reactions

- ☐ Fatigue
- ☐ Sleep disturbances
- ☐ Changes in appetite
- ☐ Headaches
- ☐ Upset stomach
- ☐ Chronic muscle tension
- ☐ Sexual dysfunction

Emotional Reactions

- ☐ Feeling overwhelmed/ emotionally spent
- ☐ Feeling helpless
- ☐ Feeling inadequate
- ☐ Sense of vulnerability
- ☐ Increased mood swings
- ☐ Irritability
- ☐ Crying more easily or frequently
- ☐ Suicidal ideation or violent thoughts/urges

Behavioral Reactions

- ☐ Isolation, withdrawal
- ☐ Restlessness
- ☐ Changes in alcohol or drug consumption
- ☐ Changes in relationships with others, personally & professionally

Cognitive Reactions

- ☐ Disbelief, sense of numbing
- ☐ Replaying events in one's mind over & over
- ☐ Decreased concentration
- ☐ Confusion or Impaired memory
- ☐ Difficulty making decisions or problem-solving
- ☐ Distressing dreams or fantasies

This was adapted the Healthcare Toolbox's page "Self-Care for Providers," which can be found here: https://healthcaretoolbox.org/self-care-for-providers.html.

Indiana Department of Health

Self-Care Strategies Checklist

Preventing Secondary Traumatic Stress: In one's daily routine

- ☐ Eat sensibly and regularly every day
- ☐ Get adequate sleep each night
- ☐ Exercise regularly
- ☐ Be aware of stress levels; take precautions against exceeding personal limits
- ☐ Acknowledge reactions to stressful circumstances; allow oneself time to cope with these emotions

Preventing Secondary Traumatic Stress: At work

- ☐ Try to diversify tasks at work, or vary caseloads
- ☐ Take breaks during your workday
- ☐ Take vacation days
- ☐ Use relaxation techniques (e.g., deep breathing) as needed
- ☐ Talk with colleagues about how your work affects you
- ☐ Seek out, or establish, a professional support group
- ☐ Recognize one's personal limitations; set limits with patients and colleagues

Preventing Secondary Traumatic Stress: Outside of work

- ☐ Spend time with family and friends
- ☐ Stay connected with others through community events, religious groups, etc.
- ☐ Engage in pleasurable activities unrelated to work, especially those that allow for creative expression (writing, art, music, sports, etc.)
- ☐ Be mindful of one's own thoughts (especially cynicism) and feelings; seek out the positives in difficult situations
- ☐ Engage in rejuvenating activities such as meditation, prayer, or relaxation to renew energy
- ☐ Seek therapy if work is negatively impacting self-esteem, quality of life

SUICIDE CARE TRAINING OPTIONS

TRAININGS FOR ALL CLINICAL STAFF

Training	Program Description	Format	Target Audience
Assessment of Suicidal Risk Using the Columbia Suicide Severity Rating Scale (C-SSRS) The Columbia Lighthouse Project https://cssrs.columbia.edu/training/training-options/	• Teaches how the C-SSRS is structured and how to administer the brief screening and full versions • Videos show how to use the scale's Suicidal Ideation and Suicidal Behavior sections in client interviews	30 min Online, self-paced	• Health and mental health professionals, paraprofessionals who screen individuals for suicidality
Veteran Barriers to Treatment PsychArmor Institute https://psycharmor.org/courses/bariers-to-treatment/	• Overview of military suicide, symptoms and treatment modalities related to suicide-related behavior • Explains how to help military or veteran patients overcome barriers to seeking treatment	14 min Online, self-paced	• Health, mental health, and public health professionals
Preventing Suicide in Emergency Department Patients Suicide Prevention Resource Center https://training.sprc.org/enrol/index.php?id=8	• Teaches how to conduct screening, assessment, and brief interventions, such as safety planning and lethal means counseling for patients in an Emergency Department • Addresses patient-centered care for persons with suicide risk, patient safety during the ED visit, and incorporating suicide prevention into discharge planning	2 hours Online, self-paced	• Open to anyone, especially designed for health care professionals (e.g., medical providers, nurses, behavioral health providers) who work in emergency departments

Question, Persuade, Refer (QPR): For Doctors and Physicians QPR Institute https://qprinstitute.com/professional-training	• Course teaches routine screening for suicide risk and how to conduct a brief best practice assessment	6 hours Online ($139), self- paced	• Health and mental health professionals • Customized versions available for nurses ($89), occupational/ physical therapists ($79), and pharmacists ($79)
Structured Follow-Up and Monitoring for Suicidal Individuals Maine Center for Disease Control and Prevention and Sweetser https://sweetser.academy.reliaslearning.com/Structured-Follow-Up-Monitoring-Online-Course--RFMH001.aspx	• Describes what structured follow-up and monitoring is and how it can help persons at risk for suicide • Teaches how to provide structured follow-up and monitoring for individuals after a crisis, during the time of transition from an emergency visit, when there is increased suicidal ideation, or after a suicide attempt	45 minutes Online, self-paced	• Health and mental health professionals and paraprofessionals who follow up with clients after a crisis
Safety Planning Intervention for Suicide Prevention Maine Center for Disease Control and Prevention https://sweetser.academy.reliaslearning.com/Safety-Planning-Intervention-for-Suicide-Prevention-Online-Course--SP-SP001.aspx	• Guides participants in developing a safety plan in collaboration with persons who are at high risk for suicide • Video examples show developing a safety plan with a client	45 min Online self-paced	• Health and mental health professionals and paraprofessionals • This version is a module that is often used as a part of a more comprehensive training; for in-depth training on implementing the intervention, contact the authors
Counseling on Access to Lethal Means (CALM) Suicide Prevention Resource Center https://training.sprc.org/enrol/index.php?id=20	• Covers the importance of reducing access to lethal means • Teaches practical skills on when and how to ask clients experiencing suicidal ideation about their access to lethal means and how to work with them to reduce that access	2 hours Online, self-paced	• Health and mental health professionals and paraprofessionals

TRAININGS FOR CLINICAL ASSESSMENT AND MANAGEMENT OF SUICIDE RISK

Training	Program Description	Format	Target Audience
Assessing and Managing Suicide Risk (AMSR) Suicide Prevention Resource Center http://zerosuicideinstitute.com/amsr/trainings	• Expands the clinical skills of providers and offers a clear and descriptive suicide risk formulation model to inform long-term treatment planning • Teaching and skills-building methods include video demonstrations, group discussion, written practice, case review	6.5 hours In-person or online ($135)	• Mental health professionals
Cognitive Behavioral Therapy (CBT) Aaron Beck Psychopathology Research Center https://beckinstitute.org/get-training/online-training/	• Training in Cognitive Therapy – Suicide Prevention (CT-SP), an evidence-based, time-limited therapeutic framework specifically for suicidal thoughts and behaviors	Varies In-person or online ($350)	• Mental health professionals • Additional training options include suicide risk assessment, safety planning intervention, and intensive training in CT-SP
Collaborative Assessment and Management of Suicidality (CAMS) CAMS-care, LLC https://cams-care.com/products/cams-foundational-online-training/	• Teaches the Collaborative Assessment and Management of Suicidality (CAMS), an evidence-based, therapeutic framework emphasizing collaborative assessment and treatment planning	Varies In-person, online ($99), or consultation	• Mental health professionals • There are various CAMS training options to meet the needs and expectations of a wide range of clinicians and systems of care
Dialectical Behavior Therapy (DBT) Behavioral Tech https://behavioraltech.org/store/online-training-courses/dbt-skills-training-powered-by-psychwire/	• Training in foundations and application of Dialectical Behavior Therapy, an evidence-based therapeutic framework	Varies In-person, online ($590), or consultation	• Mental health professionals • Various training options including suicide intervention and DBT certification
Addressing Suicidal Thoughts and Behaviors in SUD Treatment SAMHSA https://www.youtube.com/watch?v=1n2QZlheuzc&feature=youtu.be	• Provides necessary information on how to treat clients with SUD issues and suicidal thoughts/behaviors • Gives information on suicide, SUD (risk factors and warning signs), and follow up care	1 hour, 15 min Online, self-paced	• Anyone working in a Substance Use Disorder (SUD) treatment setting

TRAININGS FOR EMERGENCY DEPARTMENT AND PRIMARY CARE SETTINGS

Training	Program Description	Format	Target Audience
At-Risk in the ED Kognito https://kognito.com/products/at-risk-emergency-department	• Build skills in screening patients for substance use, mental health disorders, and suicide risk, collaboratively engaging in treatment planning, and referring patients for further support as part of routine care • Focused on integrating behavioral health in acute care	1 hour Online, self-paced	• Emergency department professionals (nurses & medical providers), and medical students
At-Risk in Primary Care Kognito https://kognito.com/products/at-risk-in- primary-care	• Prepares primary care personnel to screen patients for mental health and substance abuse disorders including suicide risk, perform brief interventions, and refer patients to treatment	1 hour Online, self-paced	• Primary care professionals who screen patients for mental health and substance abuse disorders
Recognizing & Responding to Suicide Risk in Primary Care American Association of Suicidology http://www.suicidology.org/training-accreditation/rrsr-pc	• Teaches how to integrate suicide risk assessments into routine office visits, to formulate relative risk, and to work collaboratively with patients to create treatment plans • Includes a pocket assessment tool and reproducible patient handouts	1 hour Online, self-paced	• Medical providers such as nurses, physicians, physician assistants, and nurse practitioners working in primary care
SafeSide Primary Care SafeSide Prevention https://www.safesideprevention.com/zs- programs	• Brief teaching, demonstrations, and group discussion that provide a framework and practical steps for primary care • Three 50-min group video sessions	Blended video and group- based learning	• Primary care providers and staff
Preventing Suicide in ED Patients SPRC https://training.sprc.org/enrol/index.php?id=30	• Teaches healthcare professionals how to conduct screening, assessment, and brief interventions • Addresses patient-centered care, patient safety, and discharge planning	2 hours Online, self-paced	• Healthcare professionals who work in EDs with patients at risk of suicide