

Indiana Suicide Prevention Resources Toolkit

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Introduction

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

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

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

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

Justice

Introduction

The justice system is a vital partner in bringing about change with suicide deaths in Indiana. In fact, suicide is a leading cause of death in state and federal prisons as well as local jails. Throughout all correctional facilities, the suicide rate is higher than that of the general population. In state and federal prisons across the US, the suicide rate is 17 and 13 per 100,000 for males and females, respectively.¹⁰ In comparison, jails are 45 and 29 per 100,000 for males and females, respectively.¹¹ This trend of suicide rates being higher for those in jail compared with those in prison is a consistent trend.



When looking at the correctional facilities, individuals with justice system involvement often have histories of mental health and substance use. While it is estimated that approximately 5 percent of people living in the community have a serious mental illness, comparable figures in state prisons and jails are 16 percent and 17 percent, respectively.¹² The prevalence of substance use disorders is notably more disparate, with estimates of 8.5 percent in the general public (aged 18 or older) but 53 percent in state prisons and 68 percent in jails.¹² All of that said, it is clear there is both need and ample opportunity for intervention within both jails and prisons.

Justice Resources:

- Suicide Prevention Frameworks for Correctional Facilities
- Strategies for Primary Prevention of Suicide
- Suicide Prevention is Everyone's Business
- Creating a Supportive Physical Environment for the Mental Wellness of Individuals who are Justice Involved
- High Risk Times for Suicide: Individuals who are Justice Involved
- Correctional Officer Care Checklist
- Suicide Training: Individuals Who Work in Correctional Facilities

SUICIDE PREVENTION FRAMEWORKS FOR CORRECTIONAL FACILITIES

There are numerous suicide prevention frameworks that have been developed for justice-related settings. In the next few pages, two are outlined. The first is the **National Commission on Correctional Health Care's** (NCCHC) standards for both jails and prisons. Listed below are the key components that every suicide prevention program should have, per the NCCHC.

Training. All staff members who work with individuals with justice involvement are trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. Initial and at least annual training is provided.

Identification. The receiving screening form contains observation and interview items related to potential suicide risk. If a staff member identifies someone who is experiencing suicidal ideation, the individual is placed on suicide precautions and is referred immediately to mental health staff.

Referral. There are procedures for referring individuals experiencing suicidal ideation and those who have experienced a suicide attempt to qualified mental health professionals or facilities. The procedures specify a time frame for response to the referral.

Evaluation. An evaluation, conducted by a qualified mental health professional, determines the level of suicide risk, level of supervision needed, and need for transfer to an inpatient mental health facility or program. Patients are reassessed regularly to identify any change in condition indicating a need for a change in supervision level or required transfer or commitment. The evaluation includes procedures for periodic follow-up assessment after the individual's discharge from suicide precautions.

Treatment. Strategies and services to address the underlying reasons (e.g., depression, auditory commands) for individual's suicidal ideation are to be considered. The strategies include treatment needs when the patient is at heightened risk for suicide as well as follow-up treatment interventions and monitoring strategies to reduce the likelihood of relapse.

Housing. Unless constant supervision is maintained, an individual experiencing suicidal ideation is not isolated but is housed in the general population, mental health unit, or medical infirmary and located in close proximity to staff. All cells or rooms housing individuals experiencing suicidal

ideation are as suicide resistant as possible (e.g., without protrusions that would enable hanging).

Monitoring. There are procedures for monitoring an individual identified as “non-acutely suicidal.” Unpredictable, documented supervision is maintained, with National Commission on Correctional Health Care 40 irregular intervals no more than 15 minutes apart. Although several protocols exist for monitoring individuals experiencing suicidal ideation, when an individual experiencing suicidal ideation is housed alone in a room, continuous monitoring by staff should be maintained. Other supervision aids (e.g., closed circuit television, companions or watchers) can supplement, but never substitute for, direct staff monitoring.

Communication. Procedures for communication between mental health, medical, and correctional personnel are in place to provide clear and current information. These procedures include communication between transferring authorities (e.g., county facility, medical/psychiatric facility) and facility correctional personnel.

Intervention. There are procedures addressing how to handle a suicide attempt in progress, including appropriate first-aid measures.

Notification. Procedures state when correctional administrators, outside authorities, and family members are notified when an individual has attempted suicide or has died by suicide.

Reporting. Procedures for documenting the identification and monitoring of situations involving suicide attempts are detailed, as are procedures for reporting a death by suicide.

Review. There are procedures for mental health, medical, and administrative review, including a psychological autopsy, for deaths by suicide.

Debriefing. There are procedures for offering timely debriefing to all affected individuals. Debriefing is a process whereby individuals are given an opportunity to express their thoughts and feelings about an incident (e.g., suicide or attempt), develop an understanding of stress symptoms resulting from the incident, and develop ways to deal with those symptoms. Debriefing can be done by an in-house response team or outside consultants prepared to handle these highly stressful situations.

To find out more, explore NCCHC’s webpage on suicide prevention (<https://www.ncchc.org/suicide-prevention-resources>) and the documents on suicide prevention for jails (https://www.ncchc.org/filebin/Resources/Standard_J-B-05.pdf) and prisons (https://www.ncchc.org/filebin/Resources/Standard_P-B-05.pdf).

The second is the Assess, Plan, Identify, and Coordinate (APIC) framework developed by **SAMHSA's GAINS Center's Re-Entry Initiative** to provide procedural guidelines for recidivism reduction, successful reentry, and individual recovery. The APIC framework is outlined below.

ASSESS individual clinical and social needs and public safety risk

- **Guideline 1:** Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, suicidal ideation, co-occurring substance use and mental disorders, and criminogenic risk. Valid, reliable, and evidence-based screening instruments for the target population should be used (e.g. Columbia Suicide Severity Rating Scale, Suicide Behaviors Questionnaire)
- **Guideline 2:** For individuals with positive screens, follow up with comprehensive assessments to guide appropriate program placement and service delivery. The assessment process should involve obtaining information on the following:
 - Basic demographics and pathways to criminal involvement
 - Clinical needs (e.g., identification of probable or identified diagnoses, severity of associated impairments, and motivation for change)
 - Strengths and protective factors
 - Social and community support needs (e.g., housing, education, employment, and transportation)
 - Public safety risks and needs, including changeable (dynamic) and unchangeable (static) risk factors, or behaviors and attitudes that research indicates are related to criminal behavior.

PLAN for the treatment and services required to address the individual's needs, both in custody and upon reentry.

- **Guideline 3:** Develop individualized treatment and service plans using information obtained from the risk and needs screening/assessment process.
 - Determine the appropriate level of treatment and intensity of supervision for individuals with behavioral health needs.
 - Identify and target individuals' multiple criminogenic needs in order to have the most impact on recidivism
 - Address the aspects of individuals' disorders that affect function to promote effectiveness of interventions.
 - Develop strategies for integrating appropriate recovery support services into service delivery models.
 - Acknowledge dosage of treatment as an important factor in recidivism reduction, requiring the proper planning and identification of what, where, and how intensive services provided to individuals will be.

- **Guideline 4:** Develop collaborative responses between behavioral health and criminal justice that match individuals' levels of risk and behavioral health need with the appropriate levels of supervision and treatment.

IDENTIFY required community and correctional programs responsible for post-release services.

- **Guideline 5:** Anticipate that the periods following release (the first hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with co-occurring mental and substance use disorders leaving correctional settings. Take into account the individual's support system and access to social capital.
- **Guideline 6:** Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages for post-release treatment and supervision agencies.

COORDINATE the transition plan to ensure implementation and avoid gaps in care with community-based services.

- **Guideline 7:** Support adherence to treatment plans and supervision conditions through coordinated strategies.
 - Provide a system of incentives and graduated sanctions to promote participation in treatment; ensure that goals and decisions are made by the individual; and employ problem-solving strategies to encourage compliance, promote public safety, and improve treatment outcomes.
 - Establish clear protocols across systems on handling behaviors that constitute technical violations of community supervision conditions.
- **Guideline 8:** Develop mechanisms to share information, mindful of confidentiality, from assessments and treatment programs across different points in the criminal justice system to advance cross-system goals.
- **Guideline 9:** Encourage cross training to facilitate collaboration between workforces and agencies working with people with co-occurring mental and substance use disorders who are involved in the criminal justice system.
- **Guideline 10:** Collect and analyze data to evaluate program performance, identify gaps in performance and plan for long-term sustainability.

The third is the American Correctional Association's (ACA) standards. To find out more information about the ACA's framework visit their website at www.aca.org or complete their "Understanding and Preventing Suicides in Corrections" e-learning module here:

http://www.aca.org/ACA_Prod_iMIS/ItemDetail?iProductCode=EL-UPSC&Category=E-LEARNING&WebsiteKey=139f6b09-e150-4c56-9c66-284b92f21e51.

STRATEGIES FOR PRIMARY PREVENTION OF SUICIDE

Primary prevention strategies reduce suicide risk for individuals who are justice involved. This impact occurs directly (such as increasing opportunities for individuals to connect with others) and indirectly (such as promoting hope). More information can be found about this through the University of Oklahoma's Hope Research Center, here: <https://www.ou.edu/tulsa/hope>.

Create a healthy correctional facility

- Each facility is like a "village behind walls."
- Encourage the following: provide safe housing, reduce emotional/physical trauma (e.g. celebrate the individual's strengths, define treatment options with individuals), promote gender and cultural awareness, and support healthy activities and daily routine

Promote connectedness

- Ensure that incarcerated persons, especially those housed alone, can maintain regular contact with family and other supports, regardless of administrative status or financial resources.
- Reduce isolation of individuals with justice involvement, given the negative psychological effects: https://www.euro.who.int/__data/assets/pdf_file/0011/249194/Prisons-and-Health,-5-Solitary-confinement-as-a-prison-health-issue.pdf?ua=1.

Lower barriers to seeking mental health care

- Embrace reducing stigma, ensuring confidentiality, and maintaining an effective referral system

Reduce access to the means of suicide

- Focus on locations where individuals with justice involvement are isolated

Reduce the harmful use of alcohol and drugs

- Provide addictions treatment that includes treatment options and follows NCCHC guidelines

Promote resilience

- Educate individuals with justice involvement about coping with stress and asking for help
 - o Emphasize the opportunity for each individual to experience himself or herself as part of a community whose members can make a difference to others.
 - o Promote peer-to-peer outreach such as, "Suicide is Forever: Recognizing & Preventing Suicide," produced by individuals with justice system involvement.
- Provide work skills development and opportunities, educating individuals with justice involvement about life skills, coping skills, and money management.

Promote general health

- Encourage healthy physical activities and healthy nutrition
- Ensure restorative sleep and control noise levels
- Lower barriers to primary care, ensuring access to effective management of chronic illness/pain

SUICIDE PREVENTION IS EVERYONE'S BUSINESS

All staff members who work with individuals with justice involvement must be trained in suicide prevention. Everyone should be provided at least a basic knowledge about risk factors, warning signs, what to do if they think someone may be at risk, and the overall suicide prevention plan. While some training needs overlap, each group has its own priorities and roles in suicide prevention.

Executive leadership

These individuals are responsible for creating regulations, policies, and procedures, need training focused on the public health dimensions of suicide prevention, including primary preventive measures that have the potential to reduce risk throughout an entire system.

Training should enable them to:

- Review risk factors and warning signs for suicide and institutional procedures for identification and intervention for individuals at risk
- Ensure that individuals have easy access to mental health care (including crisis/emergency care) to meet their needs in a safe manner

Qualified health care professionals

These individuals are on the front line of health care; individuals who die by suicide have often recently been treated for primary medical problems, including chronic disorders, substance use disorders, or pain conditions.

Training should enable them to:

- Screen for suicide risk in the course of providing primary care
- Recognize the warning signs of a mental health crisis, including risk of suicide or self-injury
- Recognize signs and symptoms of common mental health conditions
- Refer patients in need of mental health services in a timely and effective manner

Custody staff

These individuals are the eyes, ears, and leaders of every correctional and detention facility, the first to see and first to respond.

Training should enable them to:

- Recognize and respond effectively to warning signs of impending suicide or self-harm
- Intervene to interrupt a suicidal act in progress
- Recognize when an individual needs to be referred for mental health care and ensure the referral is made in a timely and effective manner

Qualified mental health professionals

These individuals need to possess up-to-date knowledge and skills necessary to assess and treat individuals experiencing suicidal ideation or displaying self-harming behaviors in a manner that ensures that appropriate safety precautions are in place.

Training should enable them to:

- Interview and build a therapeutic alliance with vulnerable individuals while eliciting the information necessary to determine if the individual is "acutely or non-acutely suicidal"
- Perform and document a thorough suicide risk assessment
- Formulate and implement a treatment plan that addresses safety and treatment needs using the least restrictive means consistent with clinical guidelines and institutional policies

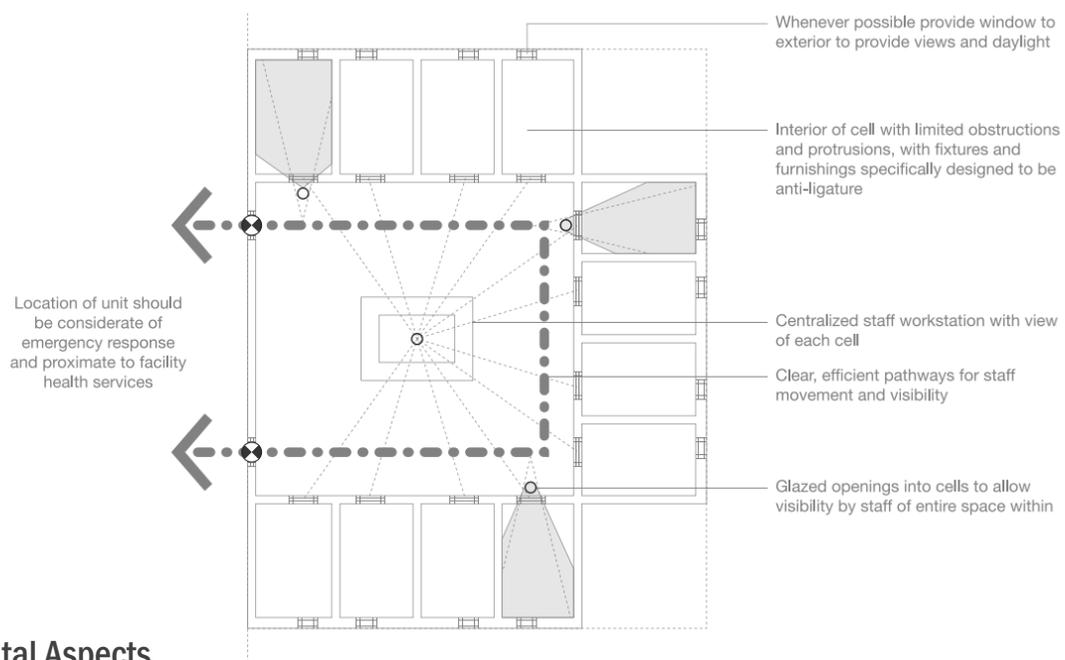
CREATING A SUPPORTIVE PHYSICAL ENVIRONMENT FOR INDIVIDUALS WHO ARE JUSTICE INVOLVED

Planning Considerations

It is essential for staff to be able to perform their duties in a safe and efficient manner. Facilities should think through how staff will perform their rounds, respond to emergencies, and maintain visual and audial control of their surroundings. This may change things like location of staff and nurse workstations in relation to observed cells, corridor locations and connections, and glazed window openings.

Physical Characteristics

Facilities need to review the physical environment to identify items that could be used for a suicide attempt (e.g. bed sheets). Visibility is critical when monitoring individuals experiencing suicidal ideation. Cells should be glazed to the greatest extent possible, allowing trained supervisors to view the interior of a cell in its entirety (shown in the diagram below). Floor drains and air vents, plumbing and lighting fixtures, and furniture must be carefully selected to prevent any opportunity for an individual with justice involvement to attempt suicide. Where small gaps or voids may be present, tamper-resistant security-grade caulking or grout should be used.



Environmental Aspects

Environment has a profound impact on wellness. For example, excessive noise, which is prevalent in correctional institutions, can lead to sleep loss and fragmentation. Such noise should be mitigated through the strategic use of acoustical materials. Optimally, observation cells should have natural light and exterior views, as there is evidence that greater exposure to daylight can reduce stress and depression, and the absence of windows has been linked to higher rates of anxiety. Germany does an excellent job applying this model, learn more here: <https://www.nytimes.com/2015/08/07/opinion/what-we-learned-from-german-prisons.html>. By eliminating the features of a space that might be considered vulnerabilities with regard to safety, and including features that improve wellness, the design of a facility can meet the mission of health and safety.

High Risk Times for Suicide: Individuals Who Are Justice Involved

It is important to understand that suicide can occur at any time, so focusing too narrowly on the “typical” risks and times can be dangerous. However, certain times and situations are particularly high-risk for individuals with justice involvement who may be experiencing suicidal ideation.



After the receipt of bad news regarding self or family



Upon admission (e.g., 2 to 14 days following incarceration)



Pending release after a long period of incarceration



After admittance to segregation or single-cell housing



After suffering humiliation (e.g., sexual assault) or rejection



Following new legal problems (e.g., within 48 hours of a court appearance, new charges, additional sentences, institutional proceedings, denial of parole)

Other high-risk situations include: anniversary dates; decreased staff supervision; ending release from custody, especially if the individual lacks a viable discharge plan due to lack of family, employment, housing, and other stabilizing resources.

CORRECTIONAL OFFICER CARE CHECKLIST

Given the many duties and stressors of the job, it is vital that correctional officers practice self-care. Below is a list that was originally developed for COVID but was adapted to fit all situations for the purpose of this toolkit. The first half of the document explains how officers can care for themselves and the second explains how officers can care for others on their team.

Take care of yourself as much as you possibly can:

- **Prioritize your basic needs while working**
 - Take breaks to eat, even snacks, and drink water or other healthy fluids
 - Pause and take a moment to mindfully deep breathe, especially after stressful situations
 - Check in with yourself about how you are doing/feeling at the beginning, middle, and end of each shift or at least every 6 hours when working an extended shift
 - Ask for help when you need it
 - Consider seeking support from spiritual care providers in your setting
 - Talk with allies/trusted co-workers and receive support from one another
 - Practice mindfulness
 - Set aside 5-10 minutes daily to process uncomfortable emotions
 - Use accept the things you cannot control
 - Acknowledge, accept and find time to process things that are not in your control
 - Accept your anxious, helpless, and hopeless thoughts and let them wash through you like a wave as you turn your attention to the present
 - Remind yourself that any stressful feelings you experience are understandable
 - Exercise self-compassion, saying I am doing the best I can in any given moment
 - Use “both/and” statements to promote self-compassion and clarify distressing contradictory feelings – e.g. “I’m both a dedicated healthcare worker or correctional officer expected to care for individuals with justice involvement no matter what, and I am an involved family member who wants to care for loved ones at home”
- **Prioritize your basic needs outside of work**
 - Make sleep a priority and make time to move or exercise
 - Engage in activities you find pleasurable and/or calming/relaxing
 - Spend time with people you care about and who understand/value your feelings
 - Limit your substance use
 - Ask for help when you need it (symptoms of critical stress include: struggling for meaning and purpose, ruminating over incident(s), loss of sleep or appetite, distancing from friends or family, inability to focus, finding no pleasure in hobbies/activities)
 - Seek out spiritual care support resources in the community
 - Seek individual therapy and/or medication if you feel too distressed

Take care of your team:

- Look out for each other
- Check-in regularly (informally and formally) with team members
 - Use huddle time to see how providers and staff are emotionally and physically coping with stress and demands
 - Talk informally with colleagues about things happening at work
 - Chat with colleagues about what they are doing to relax outside of work
- Be intentional about good communication
 - Respect differences and interact with tolerance, patience, and compassion
 - Take time to listen to others, talking clearly and calmly with colleagues
 - Address tensions, concerns, problems or conflicts and strive to resolve them
- Foster team unity
 - Prioritize collaboration
 - Try to help your colleagues to problem-solve
 - Step forward to help when you can and allow others to step forward when they can
 - Use humor when appropriate
 - Construct a gratitude box where team members can write small notes to each other
 - Be intentional, pause, debrief, and support one another after tough cases/ situations
 - Seek out peer and team consultation when needed
- Recognize and celebrate the helpful and/or creative contributions of colleagues
 - Encourage formal recognition by starting a sticky-note wall in a break room
 - End shifts with a huddle, having everyone thank team members for something they did
 - Thank team members throughout the shift for small and large ways they were helpful
 - Recognize formally people who go above and beyond the call of duty
- Develop mental health and trauma-informed practices
 - Request support and debriefings from a trained mental health provider
 - Have leadership set the example in self-care practices
 - Develop trauma-informed trainings so staff can understand their own triggers
- Continue developing skills for managing high-stress situations
 - Ensure you're up to date with information about how to handle high-risk situations
 - Stop, breathe, think, and then act when confronted with a high-risk situation
 - Take the extra time and effort to ensure your own safety
 - Recognize and manage anticipatory anxiety
 - Remember that you are not alone, and your reaction is understandable
 - Process your reactions
 - Visualize packaging up and throwing away the anxiety
 - Keep moving forward mentally
 - Be attuned to situations that raise moral concerns and discuss and address those with your colleagues and consultants
 - Say to yourself what you would tell a friend when they are most scared
 - Provide colleagues distressed about high risk situations
 - Your presence and listening ear
 - A genuine human and emotional response
 - Empathy
 - Positive regard

TRAININGS FOR INDIVIDUALS WHO WORK IN CORRECTIONAL FACILITIES

Training	Program Description	Format	Target Audience
<p>Inmate Suicide Prevention National Institute of Corrections https://nic.learn.com/courseredirect.asp?courseid=2395&DCT=1&sessionid=3-A6FFAC46-3895-45BE-B233-D24803C0EF09&lcid=178409&from=course</p>	<ul style="list-style-type: none"> Provides individuals with an overview of the problem of suicide within correctional facilities Highlights ways employees can help prevent suicides in correctional facilities 	<p>1 hour</p> <p>Online, self-paced</p>	<ul style="list-style-type: none"> All correctional facility employees
<p>PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting National Institute of Corrections https://nic.learn.com/courseredirect.asp?courseid=2047&DCT=1&sessionid=3-A6FFAC46-3895-45BE-B233-D24803C0EF09&lcid=178409&from=course</p>	<ul style="list-style-type: none"> Explains the knowledge, components, and considerations that individuals must use to be effective as a behavioral health care practitioner 	<p>3 hours</p> <p>Online, self-paced</p>	<ul style="list-style-type: none"> Behavioral health care practitioners working in correctional settings
<p>Managing Inmates with Mental Illness American Correctional Association http://www.aca.org/ACA_Prod_iMIS/ItemDetail?iProductCode=EL-MIMI&Category=E-LEARNING&WebsiteKey=139f6b09-e150-4c56-9c66-284b92f21e51</p>	<ul style="list-style-type: none"> Reviews the factors that influence individuals who are justice involved with mental illness Identifies the common signs of mental illness and examines how to manage these individuals 	<p>5 hours</p> <p>Online, self-paced</p> <p>\$50</p>	<ul style="list-style-type: none"> All correctional facility employees
<p>Understanding Mental Illness and Treatment in the Correctional Setting American Correctional Association http://www.aca.org/ACA_Prod_iMIS/ItemDetail?iProductCode=EL-UMIT&Category=E-LEARNING&WebsiteKey=139f6b09-e150-4c56-9c66-284b92f21e51</p>	<ul style="list-style-type: none"> Learn about mental illness and its definition, causes, and myths Examine the common mental disorders of individuals who are justice involved Study the treatment that is provided to individuals with justice involvement 	<p>11 hours</p> <p>Online, self-paced</p> <p>\$50</p>	<ul style="list-style-type: none"> All correctional facility employees

<p>Understanding and Preventing Suicides in Corrections American Correctional Association http://www.aca.org/ACA_Prod_iMIS/ItemDetail?iProductCode=EL-UMIT&Category=E-LEARNING&WebsiteKey=139f6b09-e150-4c56-9c66-284b92f21e51</p>	<ul style="list-style-type: none"> • Discusses the common myths surrounding suicide and learn about stressors, critical times, risk factors, and warning signs • Examines how to identify at-risk individuals • Gives an in-depth understanding of comprehensive suicide prevention programs 	<p>14 hours</p> <p>Online, self-paced</p> <p>\$50</p>	<ul style="list-style-type: none"> • All correctional facility employees
<p>Understanding and Preventing Suicides in Corrections American Correctional Association http://www.aca.org/ACA_Prod_iMIS/ItemDetail?iProductCode=EL-MDSI&Category=E-LEARNING&WebsiteKey=139f6b09-e150-4c56-9c66-284b92f21e51</p>	<ul style="list-style-type: none"> • Discusses the five steps officers should take and illustrates how to communicate effectively • Examines the impact of suicide on staff and individuals with justice involvement 	<p>10 hours</p> <p>Online, self-paced</p> <p>\$50</p>	<ul style="list-style-type: none"> • All correctional facility employees