Suicide Risk, Resilience, and Resources for Correctional Professionals Guide

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The Indiana Department of Correction is committed to protecting the lives and wellbeing of correctional professionals.

This guide will:

- ***Highlight strength, resources, and actions that can prevent suicide***
- ***Share what we know about suicide risk in correctional work***
- ***Help staff recognize warning signs in themselves and coworkers***

We want every staff member to know that you are not alone, and support is available.

Suicide in corrections can be prevented. Many deaths never have to happen if we notice warning signs early, take them seriously, and help each other get support. Hope is a big part of this. When people believe things can get better and know that asking for help will be met with real support, it becomes much less likely that suicidal thoughts turn into actions.

If You Need Help Right Now

When you are not sure who to call or where to start, this section lays out your main options in one place. This section provides who to contact right away if you are in immediate danger, who to call if you need to talk today, and where to reach out if you want support soon but are not in crisis.

If you are in immediate danger:

If you are about to act on suicidal thoughts, or you do not feel you can stay safe:

- **Call or text 988 (Suicide & Crisis Lifeline) right now.**
- If you are on duty, tell someone nearby you need help.

Trained crisis counselors are available 24/7 and can help you stay safe and get through the moment.

If you need to talk to someone today:

If you are having thoughts of suicide but are not in immediate danger:

- **Call or text 988 (Suicide & Crisis Lifeline).**
- If you are on duty, tell someone nearby you need help.
- You do not have to be sure you are suicidal to call. If you are unsure, that is a good reason to reach out.

If you need to talk to someone, but it can wait a bit:

If you know you need to talk, but you are not in crisis right now:

Call the Optum Employee Assistance Program (EAP).

EAP can:

- Connect you with short-term counseling.
- Help you find local mental health providers.
- Offer support for stress, sleep, alcohol or drug concerns, relationships, and other issues.

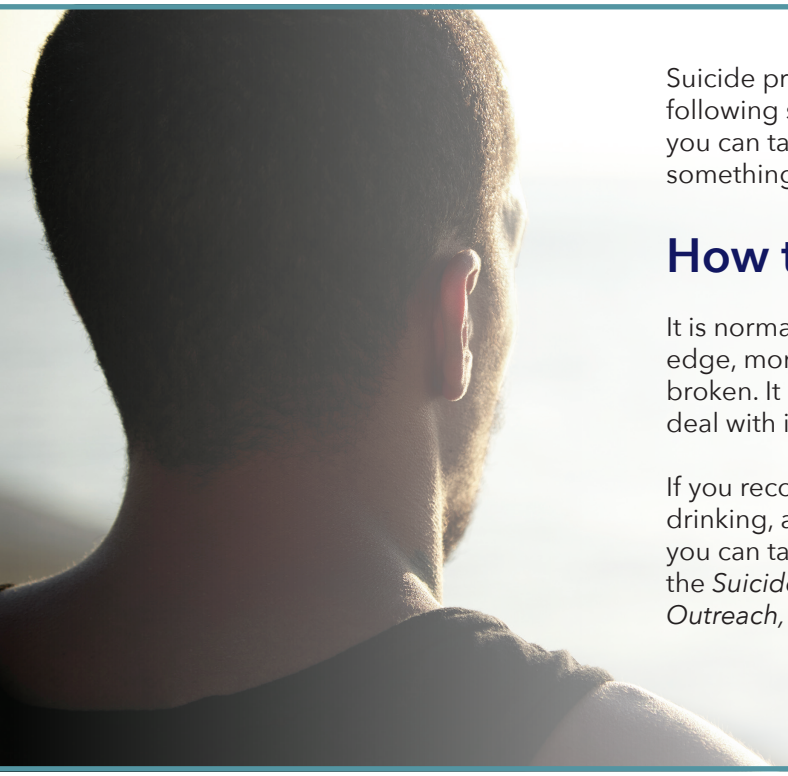
You can also:

- Schedule an appointment with your primary care provider or a community counselor.
- Talk with a trusted peer, chaplain, or spiritual leader as a first step.

A Note About This Resource:

This guide includes information about stress, mental health, and suicide, which some people may find difficult to read. It's normal to have days when you feel emotionally down. What matters is the pattern over time. If you feel down for days at a time and can't find the motivation to do activities you usually enjoy, please get in touch with the Optum Employee Assistance Program by calling 1-800-886-9747, or see your healthcare provider.

How You Can Help



Suicide prevention in corrections is a shared responsibility. The following sections explain how you can help, with practical steps you can take for yourself, for coworkers, and as a supervisor when something feels wrong.

How to Help: Responding for Yourself

It is normal for correctional work to leave a mark. Feeling more on edge, more tired, or less like yourself over time does not mean you are broken. It means the load is heavy. What matters now is taking steps to deal with it safely and not waiting until a crisis.

If you recognize warning signs in yourself, changes in mood, sleep, drinking, anger, or thoughts about death, there are concrete steps you can take. These steps are evidence-backed from researchers at the *Suicide Prevention Research Center, Desert Waters Correctional Outreach,* and *American Foundation for Suicide Prevention*.

Step 1: Notice and Name What is Going On

- Pay attention to patterns, not just bad days. It's normal to have days when you feel emotionally down. What matters is the pattern over time. If you feel down for days at a time and can't find the motivation to do activities you usually enjoy, please get in touch with the **Optum Employee Assistance Program by calling 1-800-886-9747**, or see your healthcare provider.
- Ask yourself:
  - *"Have I been more irritable, numb, or hopeless than usual?"*
  - *"Am I drinking or using more to get through the week?"*
  - *"Have I thought that people would be better off without me, or that I don't care if I wake up?"*
- Simply putting this into words (*"I'm not okay right now"*) is a powerful first step.

Step 2: Talk to at Least One Trusted Person

- Pick someone you trust: a partner, friend, coworker, peer supporter, chaplain, or supervisor.
- Be as direct as you can:
  - *"I'm not doing well. I've been thinking some dark thoughts."*
  - *"I don't want to scare you, but I need to tell someone I've had thoughts of not wanting to be here."*
- You do not need to have all the answers. You only need to let someone in.

continued...

How You Can Help

Step Three: Use the Resources that are There for You

The **Optum EAP** is a free service for all full-time state employees and those in their household and can be a beneficial tool to improve your overall well-being. You have 8 free face-to-face EAP counseling visits with a licensed therapist available per issue, per year. These tools and resources are available 24/7 and are completely confidential.

988 is the nationwide Suicide & Crisis Lifeline. You can call or text 988 any time to reach trained counselors for confidential emotional support if you or someone you know is thinking about suicide, feeling overwhelmed, or in crisis.

Step Four: Make a Simple Safety Plan

Everyone deserves support and a clear path through the rough spots. A simple safety plan builds on your own strengths and resources. You can put one together, with a clinician or a trusted person, and it can include:

- Signs that help you notice early when your stress is starting to climb.
- Coping steps you know can help you ride out a tough wave (walk, music, breathing, stepping away from the unit for a few minutes if possible, calling someone).
- People and places that help you feel steadier and more connected.
- Professionals and services you can reach out to for extra backup (EAP, clinician, 988, local mental health services).

Research supports creating a brief, written safety plan as an effective suicide-prevention tool. Safety plans were first tested mainly in clinical settings, but their core steps are simple enough that people can also make them on their own or with a trusted person when professional help is not immediately available. A self-guided safety plan is not a replacement for treatment, but it can reduce risk and help someone get through a crisis until they can connect to more support.

When a Safety Plan is Not Enough

A safety plan is a tool to help you get through rough moments, but there are times when you need immediate help.

Call 988 (Suicide & Crisis Lifeline) right away if:

- You have a plan to harm yourself.
- You feel you cannot stay safe, even for a short time.
- You feel completely out of control.
- Someone with you is at immediate risk and cannot or will not seek help on their own.

If you are on duty and worried about your own safety or a coworker's safety, follow our emergency procedures and do not leave the person alone until help takes over.

How You Can Help

How to Help: Responding to Coworkers and as a Supervisor

Coworkers and supervisors are often the first to see when something is off. You do not have to be a mental health professional to make a difference. You only need to notice, ask, and help connect the person to support.

Coworkers and supervisors are often the first to see when something is off. You do not have to be a counselor to make a difference. You only need to notice, ask, and help connect the person to support.

When You are Concerned About a Coworker

If you find yourself thinking *"They're not acting like themselves"* for more than a day or two, pay attention.

Think about what has changed:

- Mood *(more withdrawn, angry, or down).*
- Habits *(more drinking, more call-outs, late arrivals).*
- Work *(more mistakes, not caring about safety, conflicts with others).*
- Life events *(recent separation, loss, discipline, investigation, critical incident).*

Start a simple, private conversation. Find a place with some privacy, after shift, or on the phone.

You might say:

- *"I've noticed you seem really stressed and not yourself lately. How are you really doing?"*
- *"You've had a lot going on. I'm concerned about you."*
- *"I care about you and I'm not here to judge. I just want to make sure you're okay."*

Just hearing them out without interrupting or minimizing helps.

continued...

When You are a Supervisor

In corrections, supervisors are often the bridge between stressed staff and the supports that really help. This section explains how to watch for patterns, making it safe to talk, knowing your resources and supports, and encouraging intentional follow-ups.

Watch for patterns, not just rule violations.

When you see:

- Sudden changes in attendance, performance, or behavior.
- Strong reactions around discipline, internal investigations, or critical incidents.
- Staff who have recently lost a coworker, family member, or person in custody to suicide.

Treat these as risk flags, not management issues.

Make it safe to talk. You can:

- Check in privately: *"I've noticed some changes and I'm concerned. How are you holding up?"*
- Make it clear that you are asking as a person and a leader, not just as *"the boss."*
- Normalize seeking help: *"This work hits all of us in different ways. Using EAP or talking to someone is part of staying fit for duty, not a mark against you."*

continued...

How You Can Help

When You are Concerned about a Coworker

You can ask directly about suicide if you're worried.
If what you hear or see makes you think they might be at risk, it is okay to ask:

- *"Sometimes when people feel this overwhelmed, they think about killing themselves. Have you been having thoughts like that?"*

- *"Have things gotten so bad that you've thought about not wanting to be here, or about ending your life?"*

Remember, research shows that asking this question does not put the idea in their head.

If they say yes:

- Stay calm.
- Thank them for being honest.
- You can say something like:
  - *"I'm really glad you told me. I don't want you to go through this alone. Let's figure out who we can loop in to help keep you safe."*

  - *"I won't spread this around, but I also care about you too much to keep this just between us if you're in danger. Let's talk about who we can bring in to help."*

Help them connect to support.

- Walking with them to talk to a supervisor, wellness champion, or chaplain they trust.
- Encouraging them to contact Optum EAP or 988 and offering to sit with them while they call.

Noticing changes, asking honest questions, listening without judgment, and helping connect people to support are the core of suicide prevention.

When You are a Supervisor

Know your resources.

Supervisors should know:

- How to connect staff to EAP, or 988.
- Know who your site's Wellness Champion is.
- Agency procedures for immediate risk.
- Options for temporary changes in assignment or schedule when someone is in obvious distress.

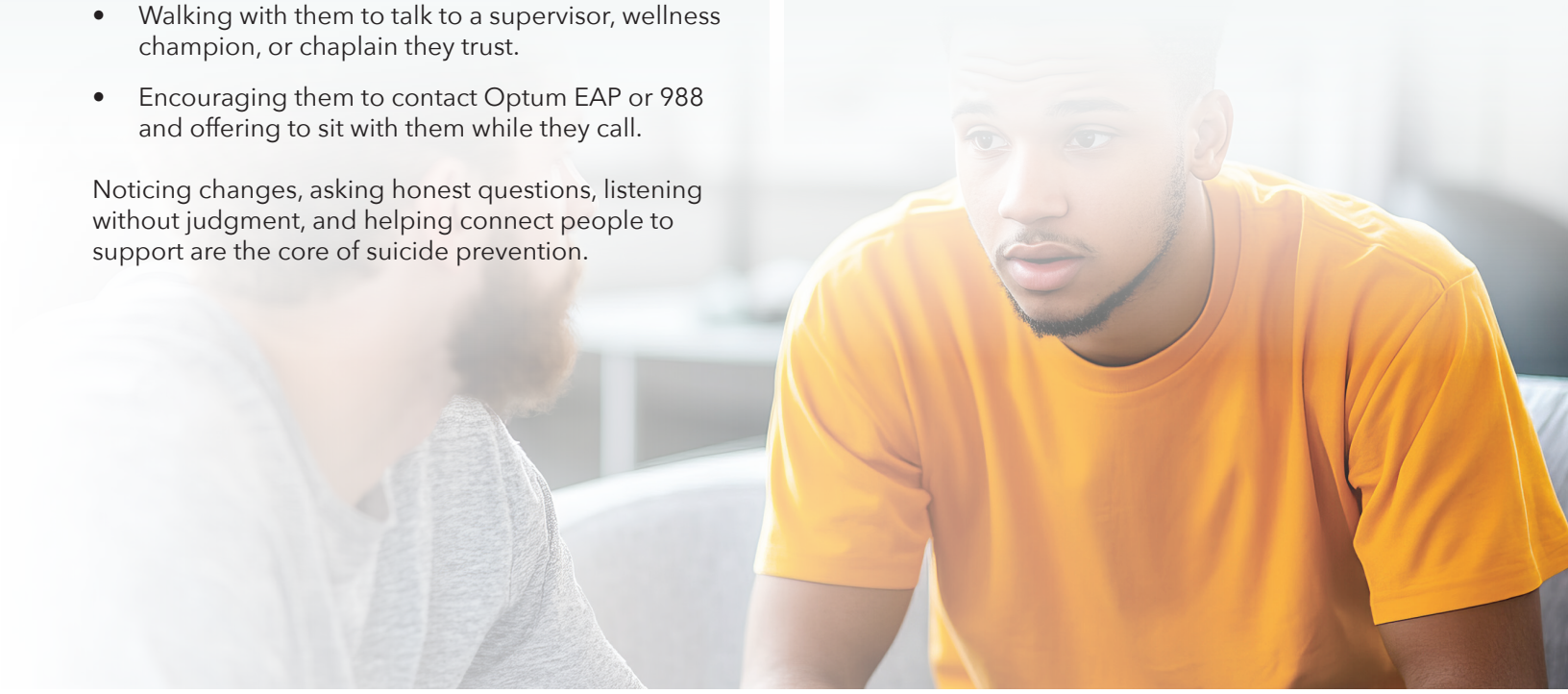
Intentional follow-up matters.

If someone has:

- Been involved in a critical incident.
- Been disciplined or is under investigation.
- Experienced a known major loss (relationship, death, legal issue).
- Returned to work after a suicide attempt or leave.

Plan at least one intentional check-in after the initial event, and again later. Research shows that many people struggle more in the weeks and months after the crisis, not just in the first few days.

Noticing changes, asking honest questions, listening without judgment, and helping connect people to support are the core of suicide prevention.



Support for Families and Loved Ones

Suicide risk and severe stress do not only affect correctional professionals. They also affect partners, children, parents, close friends, and chosen family. Families are often the first to notice changes, and they carry a heavy load when someone they care about is hurting. This section offers practical guidance for families and loved ones of correctional staff based on research from the Suicide Prevention Research Center, the 988 Suicide Prevention and Crisis Lifeline, the American Foundation Suicide Prevention and research on correctional officers and suicide.

How to Support Your Loved One

Noticing When Something is Wrong

It is normal for this work to spill over into home life. What you are watching for is change over time, not just a bad day.

You may notice that your loved one:

- Seems more on edge, angry, or withdrawn than usual.
- Starts to drink more, especially alone or to *"wind down"* after every shift.
- Has trouble sleeping, wakes up a lot, or sleeps far more than before.
- Talks less, laughs less, or seems *"checked out"* around family.
- Talks about work as if it is *"doing time"* and there is nothing else in their life.
- Makes comments like *"I'm done," "I can't do this anymore,"* or *"Everyone would be better off without me."*

If you see several of these changes building over days or weeks, it is important to pay attention.

How to Start a Conversation

Keep in mind, you do not need perfect words. The goal is to show you care and are willing to listen.

You might say:

- *"I've noticed you seem different lately, more quiet and on edge, and I'm worried about you."*
- *"You've had a lot on your plate with work and everything else. How are you really doing?"*
- *"I care about you, and I'm not here to judge. I just want to understand what this has been like for you."*

Let them talk without rushing to fix it or downplay it. You can reflect back what you hear:

- *"It sounds like you're exhausted and feel stuck."*
- *"It makes sense you would feel that way with everything you're dealing with."*

If you are concerned that they might be thinking about suicide, it is okay to ask directly:

- *"Sometimes when people feel this overwhelmed, they think about ending their life. Has that been happening for you?"*
- *"Have things gotten so bad that you've thought about hurting yourself or not wanting to be alive anymore?"*

Remember, research shows that asking this does not put the idea in their head.

Support for Families and Loved Ones

Helping Them Connect to Support

If your loved one says they are struggling, or if you are still concerned even after talking, support them in getting help.
You can:

Encourage them to talk with:

- A trusted coworker or supervisor
- A counselor, therapist, or doctor

Offer to:

- Sit with them while they call EAP or a clinician.
- Be with them while they call or text 988 (Suicide & Crisis Lifeline).
- Help them make or update a simple safety plan (who to call, what helps, how to make the home safer during a crisis).

If they refuse help, you can still say:

– *"I hear that you don't want to talk to anyone now. I care about you too much to ignore this. I'm going to keep checking in, and if I believe you're in danger, I may need to reach out for extra help."*

When Immediate Help is Needed

Call 988 right away if:

- Your loved one talks about a plan to kill themselves.
- They say they cannot stay safe, even for a short time.
- They are acting confused, very agitated, or out of touch with reality.

If you are not sure, it is safer to call and ask than to wait and hope it passes.

Taking Care of Yourself as a Family Member

Caring about someone who works in corrections often means living with a mix of emotions. You may feel proud of the work they do, worried about what they see on the job, and tired from carrying that concern over time. Looking after your own well-being is not selfish. It is what allows you to keep showing up with patience, steadiness, and care.

You can:

- Talk with your own doctor, counselor, or support group about what you are going through. If you live in the same household as a State of Indiana employee, you also qualify for Optum Employee Assistance Program benefits.
- Reach out to family or friends who can listen and help with practical things like childcare, meals, or transportation.
- Learn the basic warning signs and crisis options (including 988) so you are not carrying everything alone in your head.

It is important to remember: You did not cause your loved one's distress, and you cannot fix it all by yourself. Noticing changes, asking hard questions, and helping them connect to support are powerful, life-saving actions. It is also okay, and important, for you to get help for yourself along the way.

Understanding Suicide Risk in Corrections

Working in corrections brings unique pressures that most people never see. Every day, staff are exposed to violence, threats, trauma, and chronic stress, often with limited time or space to recover. These conditions do not just affect mood or job satisfaction. They can increase the risk of serious mental health concerns, including suicide.

Researchers at the Suicide Prevention Resource Center and the National Institute of Justice report that suicide rates among correctional officers are much higher than in the general population, and that officers show elevated levels of suicidal thoughts and behaviors compared with other workers.

- **National mortality data show that suicide among correctional officers is roughly 40% higher than in the general working age population, and about one third higher than among other law enforcement personnel.**

- **Protective service jobs (including correctional officers, police, and firefighters) have higher suicide mortality than non protective service workers, and face distinctive combinations of risk factors.**

The FBI's Law Enforcement Suicide Data Collection (LESDC) provides an online platform where agencies can voluntarily report suicides and attempts among law enforcement and corrections personnel. Participation is growing but still incomplete, so current counts should be interpreted as minimums rather than full totals.

- **In 2022, the data reported by participating agencies showed:**
  - 32 suicides
  - 9 suicide attempts
  - Across 22 reporting agencies

- **Of the 32 officers who died by suicide, 24 were active-duty officers and 8 were retired.**

- **Most of these suicides and attempts:**
  - Happened at the officer's home
  - Involved firearms as the most common method, followed by intentional drug overdose

- **Regionally, most suicides and attempts reported to LESDC in 2022 occurred in:**
  - The South, followed by
  - West, Midwest, and Northeast

For the most current national data on law enforcement and corrections suicides and attempts, please visit the FBI's Law Enforcement Suicide Data Collection in the Crime Data Explorer.

Understanding Suicide Risk in Corrections

What We're Learning from Officer Experiences: Mental Health and Suicide Statistics

Over the past decade, researchers have taken a close look at suicide and mental health among correctional officers, including a large study of the Massachusetts Department of Correction (MADOC). Their work gives us a clearer picture of what many staff already feel in their gut: this job can take a serious toll, but there are also clear ways to reduce risk and protect each other.

How Serious is the Problem?

In one six-year period (2010–2015), the suicide rate among current and former MADOC officers averaged about 105 deaths per 100,000 people. That is roughly 10 times higher than the general Massachusetts population.

Between 2010 and 2018 there were 31 suicides among incarcerated people and 21 suicides among officers. In some years, the number of officer suicides nearly matched suicides in custody. For a system that exists to watch over people at risk, that is a striking and painful reality.

When researchers went into the facilities and interviewed a large, random sample of officers:

- About two-thirds said they personally knew at least one officer who died by suicide.
- On a 1–10 scale, average concern about coworkers' mental health was about 8 out of 10, and concern about officer suicide was even higher. More than half rated their concern as a 10 out of 10.
- Around 1 in 4 officers reported symptoms of anger, anxiety, PTSD, or depression in the problematic or clinically elevated range.
- About 5% had experienced recent suicidal thoughts or behaviors.

By comparison, new recruits had much lower rates of these symptoms. That suggests the job itself, and the way it is structured, plays a major role in shaping mental health over time.

Patterns seen in Officers Who Died by Suicide

The Massachusetts study looked in depth at the officer suicides between 2010 and 2015. These officers:

- Were mostly men but included women.
- Ranged from 23 to 61 years old, average 41. Half were in their 40s.
- Included officers, sergeants, lieutenants, captains, and former administrators.
- Had careers ranging from less than 1 year to over 30 years.
- Nearly half had military service.
- Most deaths involved firearms, with some overdoses and hangings.

But the study also showed that work factors and the work environment often intensified these personal risks and contributed to serious distress.

Understanding Suicide Risk in Corrections

Resilience in Correctional Professionals

Correctional work is tough, but many officers find ways to stay grounded, keep their values, and even grow through what they experience. Research from Desert Waters Correctional Outreach shows that resilience is not about being untouched by stress. It is about how people recover, adapt, and reach for support when things are hard.

Resilience among correctional officers shows up in different ways:

- Staying connected to coworkers, family, or community, instead of pulling away.
- Finding meaning in the job, such as protecting people, supporting coworkers, or helping someone through a hard time.
- Using healthy coping skills (exercise, hobbies, faith, humor, time outdoors).
- Being willing to ask for help when needed, rather than trying to handle everything alone.

So, What About the Job Itself?

The research confirmed what many officers already know – Corrections is a high-exposure job.

- Officers in some facilities faced repeated assaults, biohazard incidents, cell extractions, self-harm, and suicides.
- Some officers described seeing scenes they could not forget, dead or dying people in their care, extreme self-harm, and repeated violence.
- Over time, this kind of exposure is linked to PTSD, depression, anxiety, and burnout.

Key themes:

"Suck it up" culture

Officers felt pressure to "embrace the suck," hide distress, and keep going no matter what. Struggling was viewed as weakness.

- **The reality:** Many officers learn quickly that showing emotion or admitting they are struggling can be seen as weakness. Over time, this can make people bottle things up until they reach a breaking point. Distress is common in this setting. It is a normal reaction to repeated stress and trauma, not a personal failure.

- **A strength to build on:** Many officers already look out for each other. They notice when a coworker is "off," pull them aside, and check in. Turning that quiet support into open, respectful check-ins (*"How are you really doing?"*) uses the same toughness in a healthier way and can stop problems from getting worse.

Stigma and fear around help-seeking

Many officers worried that admitting they were struggling would hurt them at work.

- **The reality:** Officers often fear that admitting they are struggling will mark them as "soft" or unstable, trigger fitness-for-duty evaluations they cannot control, or lead to gossip, discipline, or long-term career damage.

- **A strength to build on:** Officers are often willing to seek help for others, calling EAP, talking to a supervisor, or checking in on a coworker who seems at risk. That peer-care mindset is a powerful asset. Encouraging officers to use the same care for themselves that they already show to coworkers turns an existing strength into a direct form of suicide prevention.

continued...

So, What About the Job Itself?
Key themes, continued...

Internal affairs and discipline as major stressors

Discipline and internal affairs investigations are some of the most stressful experiences in an officer's career.

- **The reality:** In the Massachusetts study, half of the officers who died by suicide had been under internal affairs investigation at some point. More than a third were under investigation within a year of their death. Current officers who had faced department-level discipline were more likely to report anger, depression, and PTSD. Long, unclear, or inconsistent processes can make stress and hopelessness worse.

- **A strength to build on:** Many supervisors and coworkers know when someone is under the microscope and quietly try to support them by listening, or checking in. Naming investigations and discipline as high-risk times allows leaders and peers to plan intentional support (check-ins, referrals, flexibility where possible) and use existing relationships to keep people connected instead of isolated.

Work–family conflict

Long hours, forced overtime, and unpredictable schedules strain home life and relationships.

- **The reality:** Many officers feel like they are always letting someone down, either at work or at home. Missed events, canceled plans, and exhaustion can lead to conflict and isolation. Research shows that officers with high work–family conflict are more likely to report mental-health symptoms and serious distress.

- **A strength to build on:** Families and loved ones often see changes first and want to help. When officers and families talk honestly about the pressures of the job, they can plan together. Supporting family communication and offering family-friendly information (like in this guide) turns relationships into an active protective factor, not just another source of stress.

"Doing time" until retirement

Many officers describe "doing time" in the job – Counting down to retirement while feeling stuck.

- **The reality:** Officers talk about needing the paycheck and benefits but also feeling like the job is "doing damage" to them over time. This sense of being trapped can feed hopelessness and make people feel like they have no good options.

- **A strength to build on:** Even in this mindset, many officers still show up, support coworkers, do the job safely, and take pride in doing things right. That same commitment can be turned inward: investing in small, realistic changes (using support, setting boundaries on overtime where possible, building life outside of work) that make each year more livable, not just something to survive.

Taken together, these realities help explain why distress is so common in corrections. They also show why it is so important to push back against the idea that asking for help is weakness. In this environment, choosing to reach out, use services, or support a coworker in getting help is a sign of strength and professionalism.

Understanding Suicide Risk in Corrections

How Suicide Affects Who Remains

The study showed that the impact of a suicide does not stop with the individual.

- *Officers who personally knew someone who died by suicide were more likely to experience symptoms of anxiety, depression, PTSD, and suicidality themselves.*
- *Many described intense grief, guilt ("I should have seen it coming"), anger, and a heightened sense of vulnerability.*
- *Yet, formal support after a suicide was often limited or short-lived. Some facilities struggled with what to say, how much to share, or how to honor the officer without risking "contagion."*

At the same time, interviews showed that officers are often more willing to seek help for others than for themselves:

- Almost all officers said they would do something if they were worried about a coworker like talk to them, reach out to a supervisor, or contact the employee assistance unit.
- Many said they would reach out to family or outside professionals for themselves but were skeptical of internal services or afraid of consequences.

Most of all, the research points to a powerful resource in corrections: a strong peer-support mindset and willingness to help coworkers.

What the Research Suggests Needs to Change

For front-line staff and supervisors, several takeaways are especially important:

- Suicide among officers is not rare, and it is not just about "weak individuals." It grows out of a mix of personal stress, trauma exposure, organizational pressures, and culture.
- Warning signs matter. Changes in mood, behavior, drinking, attendance, or work performance, even if they look like "attitude problems," can be signs of someone sliding into crisis.
- Discipline and investigations are high-risk periods. When someone is under internal review or facing serious discipline, they may need more, not less, support and monitoring.
- Exposure to others' suicides raises risk. Officers who lose a coworker, friend, or family member to suicide may need extra follow-up over time, not just in the first few days.
- Work–family conflict and scheduling are not "just complaints." They are linked directly to mental health and suicide risk in the data.
- Help-seeking can't depend only on the individual officer. Systems, leaders, and peers all have a role in making it safe and expected to reach out early.

For supervisors in particular, the report recommends:

- Taking visible steps to normalize conversations about stress and mental health.
- Treating disciplinary processes with an awareness that they can be emotionally loaded, striving for fairness, consistency, and timely communication.
- Supporting efforts to improve scheduling and reduce chronic overtime where possible.
- Encouraging use of confidential employee assistance program and peer support programs.

Understanding Suicide Risk in Corrections

Why It Matters for You

This research confirms something many correctional professionals already know – the work can change you, and sometimes it hurts more than we admit. But it also shows that change is possible when systems, leaders, and line staff all pull in the same direction.

For line staff, it means:

- You are not alone if you are struggling.
- What you feel is understandable given the work and the culture.
- Stepping up early, for yourself or for someone else, is one of the most powerful prevention tools we have.

For supervisors, it means:

- The way you respond to staff stress, mistakes, and discipline can either add weight or lift some of it off.
- Your willingness to listen, to take concerns seriously, and to support access to help can literally save lives.

The rest of this guide will focus on what you can do next: recognizing warning signs, understanding risk and protective factors, and responding in practical, concrete ways for yourself, your coworkers, and your team.

Warning Signs You Might Notice in Yourself or a Coworker

Suicide risk usually develops over time. It is rarely about one bad day or a single event. The good news is that people almost always show warning signs, and there are also clear protective factors that reduce risk. Noticing changes early, in yourself or a coworker, can make a real difference.

Warning signs you might notice in yourself or a coworker

These are signs that someone may be struggling and could be at risk. One sign alone does not mean a person is suicidal, however; multiple changes over time should get your attention.

Changes in what someone says

- Talking about wanting to die, disappear, or "not wake up."
- Saying things like:
  - *"I can't do this anymore."*
  - *"Everyone would be better off without me."*
  - *"What's the point?" or "I'm done."*
- Making comments that sound like saying goodbye or putting affairs in order.

Changes in mood or behavior

- Looking more irritable, angry, anxious, or emotionally "flat" than usual.
- Sudden mood swings, calm one day, very agitated or tearful the next.
- A sudden sense of calm after a very dark period (sometimes a sign someone has decided on a plan).
- Increased use of alcohol or drugs or drinking alone more often.
- Trouble sleeping or sleeping far more/less than usual.

Warning Signs You Might Notice in Yourself or a Coworker, continued...

Changes at work

- More call-outs, late arrivals, or asking to leave early more often.
- Noticeable drop in work quality: more mistakes, missed details, not following safety procedures.
- More conflicts with coworkers or people in custody, or "short fuse" reactions over small things.
- Pulling back from the group: eating alone, skipping conversations or usual routines, not engaging with the team.

After a critical incident or suicide

- Strong guilt or self-blame after an in-custody death, staff death, assault, or other serious event.
- Replaying the event in detail, or avoiding reminders (posts, units, tasks) that used to be routine.
- Saying that their own life or safety no longer matters.

Behaviors that may signal an immediate crisis

- Talking directly about wanting to kill themselves or having a plan.
- Seeking access to a weapon, pills, or other lethal means in a way that feels urgent or unusual.
- Giving away valued possessions or suddenly putting financial and personal affairs in order.
- Saying they *"won't be around much longer"* or speaking as if the future no longer applies to them.

If you notice these patterns in yourself, it is a sign to reach out now, not to wait. If you notice them in someone else, it is a sign to check in and connect them to help.

Myths vs. Facts

The following myths and facts can help clear up common misunderstandings about suicide and make it easier to talk about concerns.

Myth: Talking about suicide puts the idea in someone's head.

Fact: Asking directly about suicide does not cause suicide. It shows you are willing to listen and can be the first step toward help.

Myth: People who talk about suicide are just looking for attention.

Fact: Many people who talk about wanting to die or being "better off dead" are reaching out for help in the only way they know how. Their words are warning signs, not drama.

Myth: Strong officers don't struggle with mental health.

Fact: Anyone can struggle, especially in a high-stress, high-trauma job. Strength includes noticing when you are not okay and getting support.

Myth: If someone really wants to die, nothing you do will matter.

Fact: Most people who feel suicidal are torn between wanting the pain to stop and wanting to live. Listening, staying with them, and connecting them to help can save a life.

Myth: Suicidal thoughts mean someone is weak or morally flawed.

Fact: Suicidal thoughts are a health and stress issue, not a character flaw. With support and treatment, people recover and go on to live meaningful lives.

Understanding Suicide Risk in Corrections

Risk Factors Common in Corrections

What is a risk factor? A risk factor is something that raises the chances that a person could develop serious distress or become suicidal. Some risk factors are about a person's life circumstances, and some are specific to correctional work. Risk factors do not mean someone will attempt suicide. They mean the person may be more vulnerable, especially when several stresses pile up at the same time and there is not enough support.

Personal and life-related risk factors

- History of depression, anxiety, PTSD, or other mental health conditions
- Past suicidal thoughts or suicide attempts
- Heavy or increasing use of alcohol or drugs
- Ongoing relationship strain, separation, divorce, or custody conflict
- Major financial or legal problems
- Serious injuries or chronic pain, especially when pain affects sleep or work

Work-related risk factors in corrections

- Frequent exposure to trauma and death
  - Assaults, fights, extreme self-harm, or suicide attempts in custody
  - Repeated exposure over years, not just a single incident
- Chronic stress from operations
  - Mandatory overtime, long or rotating shifts, difficulty getting time off
  - Persistent under-staffing and feeling "stuck" at work
- Work–family conflict
  - Schedules and overtime that strain relationships and parenting
  - Feeling like you are always letting someone down, either at work or at home
- Discipline and investigations
  - Being under internal affairs or department-level investigation
  - Facing possible demotion, reassignment, or job loss
  - Not knowing what is happening in the process or how long it will last
- Occupational norms
  - "Suck it up" expectations and pressure to appear tough at all times
  - Worry that admitting distress will be seen as weakness or could affect your job

When several of these are present at the same time, risk can rise quickly, especially recent trauma, relationship trouble, substance use, and disciplinary stress.

Quick Check: When to Pay Attention

If you notice these together, it's time to act:

- Big change in mood: (more irritable, angry, or withdrawn than usual)
- Big change in habits: (more drinking, trouble sleeping, or calling off more often)
- Big change at work: (more mistakes, conflicts, or not caring about safety)

Ask yourself:

- "Is this person acting like themselves?"
- "Has this been going on for more than a few days?"
- "Does this feel like more than just a bad shift?"

If the answer is yes, it's worth checking in, whether it's you or a coworker.

Remember: You do not have to be sure someone is suicidal to reach out. Noticing early and asking a simple "How are you really doing?" is part of keeping each other safe.

Protective Factors Common in Corrections

What is a protective factor? Protective factors do not erase stress, but they buffer its impact and lower the chances that a crisis leads to suicide. Many of these can be strengthened over time.

Individual strengths

- Having healthy ways to cope with stress:
  - Exercise, hobbies, time outdoors
  - Relaxation, breathing, or mindfulness routines
- Being willing to talk openly with someone you trust when you are struggling
- Seeing help-seeking as part of taking care of yourself and your family, not as a failure
- Having a sense of purpose in the work:
  - Feeling that what you do matters for safety, dignity, and support
  - Taking pride in doing a hard job with professionalism

Social and peer support

- Strong, trusted relationships with family, friends, and coworkers
- Coworkers who check in after tough shifts, notice when something seems off, and follow up
- Peer support programs or informal peer networks that offer a safe, non-judgmental place to talk
- Feeling that you are not alone in what you are going through

Organizational protections

- Supervisors who:
  - Take mental health and stress seriously
  - Are approachable and willing to listen
  - Support use of available resources without punishment
- Clear, fair, and timely processes for discipline and internal investigations
- Access to confidential mental health services (inside or outside the agency)
- Training that normalizes stress reactions, teaches warning signs, and makes it clear that asking for help is expected, not optional.

No one can control every risk factor, but everyone can help build protective factors. Noticing early warning signs, understanding the unique pressures of correctional work, and using the strengths that already exist in this workforce are key parts of preventing suicide.

Available Resources

When stress, trauma, or worry start to build, you do not have to figure it out alone. These IDOC and State of Indiana resources are here to support you and your family.

Optum Employee Assistance Program (EAP)

The Optum Employee Assistance Program offers free, confidential support for IDOC staff and household members.

- Short-term counseling for stress, grief, relationship concerns, and more
- 24/7 phone support and crisis help
- Referrals to local providers and community resources

Call 1-800-886-9747 or visit the Optum EAP website for more information on services available to you.

IDOC Staff Wellness Portal

The IDOC Staff Wellness Portal is your one place to find IDOC wellness tools, guides, and trainings, including:

- Mental health and suicide prevention resources
- Financial wellness tools and retirement planning support
- Guides for families, caregivers, and veterans
- Links to benefits, Employee Assistance, and state wellness programs

Explore current resources on the IDOC Staff Portal

IDOC Wellness Champions

Wellness Champions are IDOC staff who serve as local connectors for wellness resources at each facility and parole district.

- Help you navigate available wellness and mental health supports
- Share IDOC campaigns, trainings, and local events
- Offer encouragement and help you find the right next step

You can find the Wellness Champion for your site through the Staff Wellness Portal or from your site leadership.

Critical Incident Stress Management (CISM) Team

The CISM Team provides peer-based support for staff who have experienced high-stress or traumatic events on or off the job.

- Peer listeners who understand corrections work and its impact
- Support after incidents such as assaults, deaths, major disturbances, or other critical events
- Not a replacement for therapy, but a safe first step to talk with someone who "gets it"

To learn more or request support, connect with your facility's CISM coordinator or talk with your leadership team.

Video Resources

In addition to these IDOC and state resources, it can be helpful to hear directly from other corrections professionals about what this work feels like and how they care for their mental health. Axon's Correctional Wellness Video Catalog offers short, real-world stories and practical strategies from staff, leaders, and clinicians who understand the culture of corrections.

You can explore topics like trauma, resiliency, peer support, building wellness programs, and supporting families at: https://www.axon.com/aid/wellness/video-catalog

Available Resources

Want to Know More?

If you would like to dive deeper into the research behind this guide, the sources below offer more detail on suicide risk, PTSD, and staff wellness in corrections.

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