

# Indiana Suicide Prevention Resources Toolkit

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**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.<sup>1</sup> 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.



# Employers

## Introduction

Over 70% percentage of individuals who die by suicide in Indiana are within working ages of 25-64, based on the data section at the beginning of this toolkit. In the same way that we look to schools to enact youth-focused suicide prevention programs, employers can play a similar role for their employees.

Employers have the ability to reduce suicides in their workforce by becoming aware of the real threat of suicide to their workforce, creating policies to prevent suicides, and developing a protocol, should a suicide occur.

Business leaders also have significant leadership status in the community. It is a best practice in prevention spaces to include business leaders in the community in prevention work. That being said, it is easy to see why workplaces would need to be engaged in this work.



## Employer Resources:

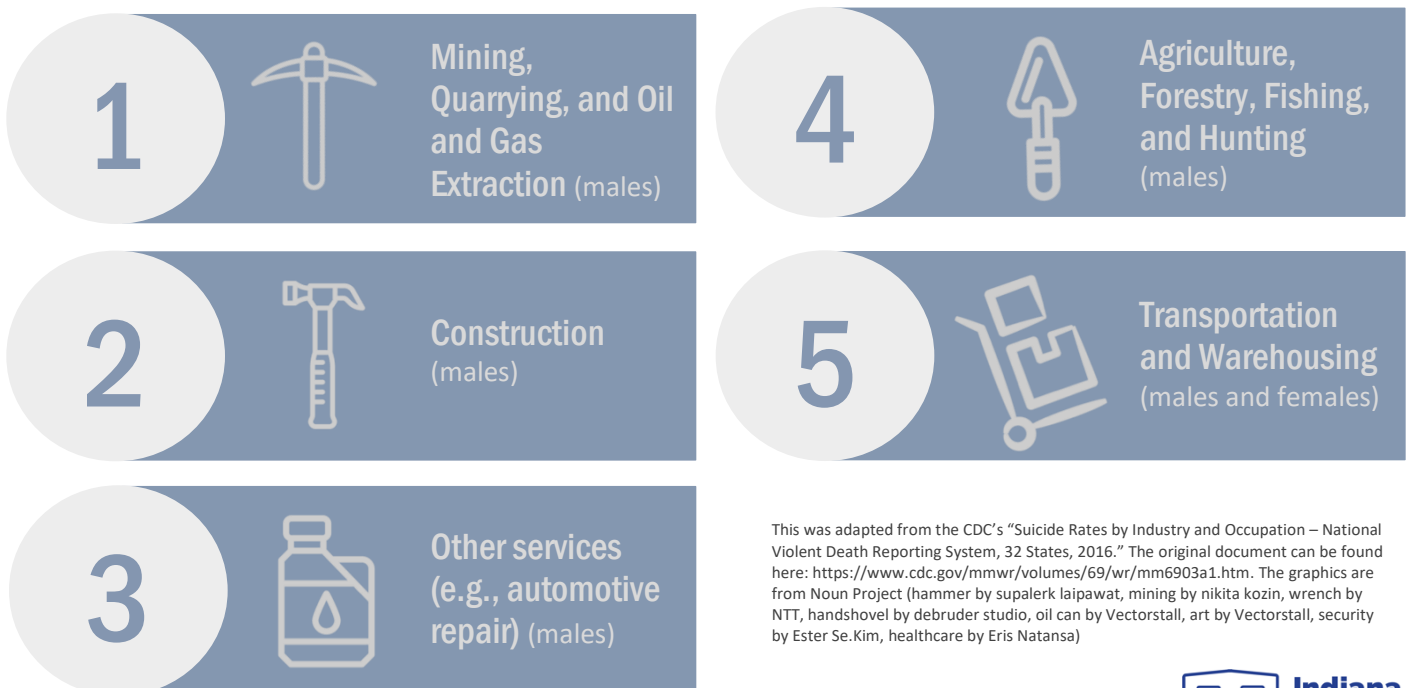
- Industries and Occupational Groups at High Risk
- Mental Health and the Workplace Poster
- Six Key Areas for a Mentally Healthy Workplace
- Implementing a Workplace Mental Health Initiative Guide
- Employee Assistance Programs (EAPs)
- Hierarchy of Controls One-Pager
- Postvention Guide for Managers
- Internal Notification Memo Template

## INDUSTRY AND OCCUPATIONAL GROUPS AT HIGH RISK

As an employer, it is vital to know the suicide risks of your company's sector. In a recent CDC study, suicide rates were found to be significantly higher in the following occupational groups:



Suicide rates were also significantly higher in five major industry groups:



This was adapted from the CDC's "Suicide Rates by Industry and Occupation – National Violent Death Reporting System, 32 States, 2016." The original document can be found here: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6903a1.htm>. The graphics are from Noun Project (hammer by supalerk laipawat, mining by nikita kozin, wrench by NTT, handshovel by debruder studio, oil can by Vectorstall, art by Vectorstall, security by Ester Se.Kim, healthcare by Eris Natansa)

# Mental Health and the Workplace

## Signs of a possible mental health issue in the workplace

### What it feels like

- Loss of interest in work/social activities
- Energy loss or increased fatigue
- Lack of focus, slowed thoughts, and difficulty thinking
- Sadness, despair, and feelings of worthlessness
- Difficulty making decisions
- Irritability, anger, stressed out, elevated heart rate
- Change in sleep, weight or appetite

### How it looks to co-workers

- Indifference, lack of engagement
- Low motivation, detached
- Missed deadlines, sloppy work, slow productivity, absentminded
- Emotional withdrawal, isolation, lack of confidence
- Procrastination, indecisiveness, inconsistent behavior
- Relationship issues, inappropriate reactions, frantic behavior
- Late to work frequent fatigue, large change in appearance

## How you can help

### Actionable strategies for management and staff:

1. Stay positive and reinforce the value that employees bring to the organization
2. Set a regular employee check-in to address job concerns and give/receive constructive feedback
3. Recognize and reward achievements
4. Provide explanation/rationale for decisions/changes in workplace practices
5. Create fair practices and an environment of inclusivity where employees feel acknowledged and concerns heard

### Five common workplace factors that can negatively impact mental well-being:

1. High job demands (long hours, workload, time pressure, poor management)
2. Lack of role clarity, job responsibilities and expectations
3. Unsupportive job environment (low pay, lack of recognition and few career advancement opportunities, low job security)
4. Unfair workplace practices and lack of management transparency
5. Misalignment of job functions with skills and personal values



# Six Key Areas for a Mentally Healthy Workplace

**Smarter Work Design:** More flexibility, greater individual and team input into decision-making, harm and hazard reduction

**Build Resilience:** Training on stress management for high-risk jobs using evidence-based approaches, increasing physical activity, and providing opportunities for mentoring and coaching

**Support Recovery:** Helping employees reintegrate and get support during and after stressful life events and challenges with mental illness, having generous sick leave and accommodations

**Build Better Work Culture:** Senior leadership engagement, mental health education, zero tolerance for bullying or discrimination, a climate of safety, mental health education, and change management that has open and realistic communication

**Early Intervention:** Wellbeing checks, ability to seek help easily and early, evidence-based training for providers, and opportunities for peer support

**Increase Awareness:** Promoting mental health resources, trainings and programs, and participating in community and national events and campaigns

## Implementing a Workplace Mental Health Initiative

As an employer, it can be overwhelming to think through a workplace mental health prevention initiative. Luckily, a lot of the work has already been done by the American Psychiatric Foundation's Center for Workplace Mental Health and Employers Health's Right Direction program, found here: <https://www.rightdirectionforme.com/for-employers/>. This website outlines, for employers, the steps that need to be taken to address depression and mental health in the workplace. To fully implement the Right Direction framework, the following steps need to be taken:

✓	Activity	Description	Rationale	Personnel
	Form the project team	Engage a diverse team of stakeholders	Broad representation creates ownership, customization, and consensus	Leadership, EAP, HR, marketing and communications, organizational development
	Set success measures	Establish project objectives and how you will measure results	Gain project team consensus on what will be measured and desired results to sustain team engagement	Leader (C-suite level, director, team leader, business owner)
	Develop communications plan	Create project name, branding graphics, and customized messages	Sustained and consistent promotion communicates commitment	Marketing, Communications
	Share roll-out plan	Engage key trusted leaders from the project team before launch on expectation of their roles	Employees will ask key trusted leaders about the project. Responses will greatly influence employee receptivity and engagement	Organizational development and/or EAP
	Launch	Hold "town hall" meetings, conference calls, electronic messages to promote education and train employees	Reinforce that leadership is fully supportive, a diverse team developed the initiative, and career opportunities will not be jeopardized by seeking help	All project team members
	Measure results	Collect data on a quarterly basis and share with the project team, including leaders	Data and positive results provide the basis for increased investment in growing the initiative, tools, resources, and more. Don't forget to celebrate success!	HR or another designated project team member.



# Employee Assistance Programs (EAPs)

It is well known that not all EAPs are built the same. There are 1-800-EAPs, embedded EAPs, and full service or “top tier” EAPs. Employers should remember that they are customers of their EAP, and they should do the due diligence to ensure the best benefits.

## Don't an EAP?

- Find an EAP that is right for your business
- Make sure the EAP is prepared to deal with situations involving suicidal ideation, suicide attempts, and deaths by suicide

## Have an EAP?

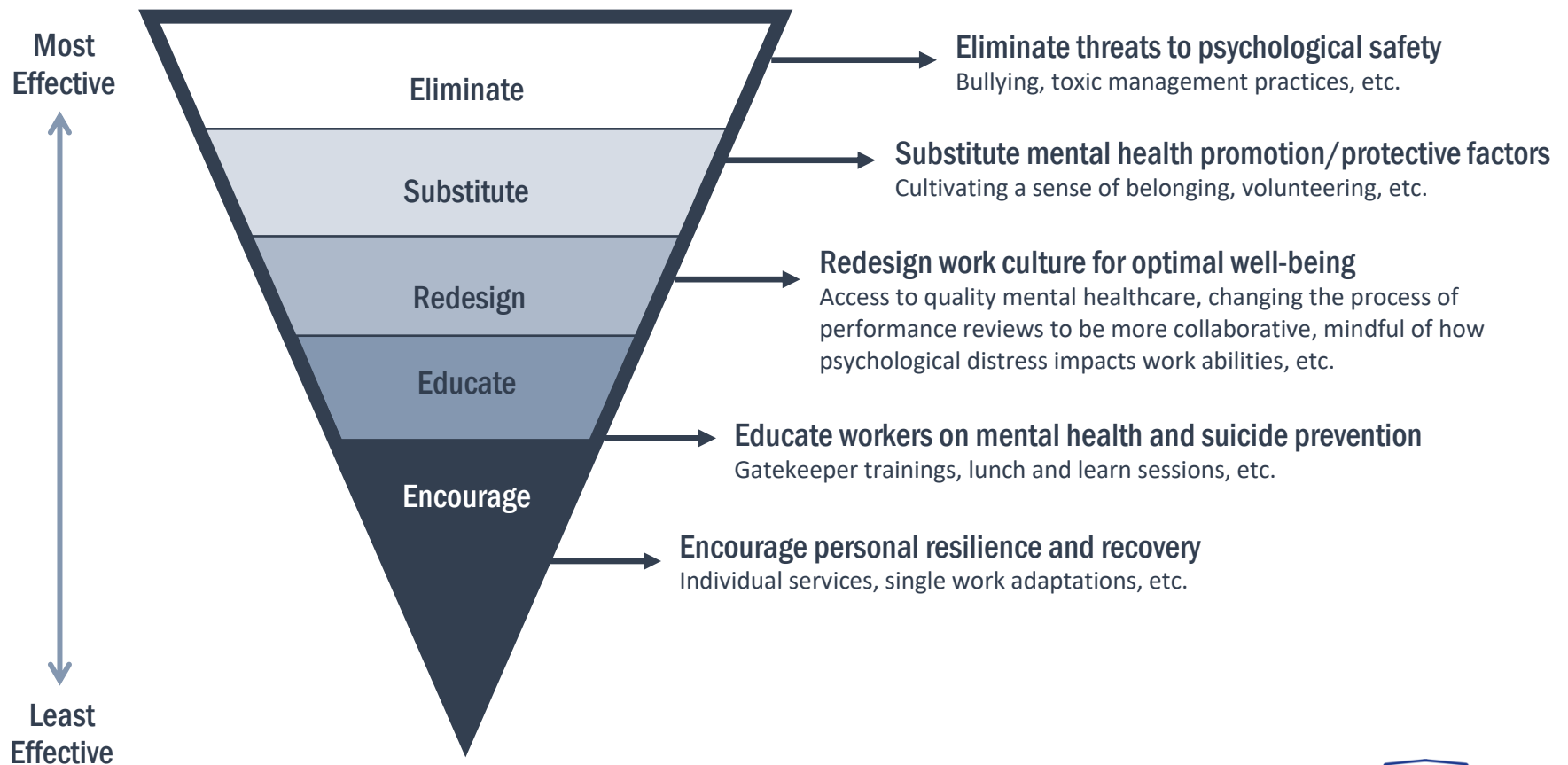
- Evaluate the EAP's suicide prevention, intervention, and postvention capabilities
- Promote EAP services and evaluate impact
- Hold the EAPs accountable by asking the following questions

1. What services does your EAP cover? Are these services available 24/7?
2. Who answers the calls of the EAP and how are they trained and supervised? What professional education, preparation, and certifications do they have? Are they licensed?
3. How are counselors selected and trained? Are certain licenses and other credentials required to be a part of the EAP provider network?
4. What types of training have EAP providers received? Specifically, when was the last time they received training in suicide risk formation and treatment?
5. How is the EAP reporting utilization? How does your workplace's utilization rate compare to others in your industry and what can be done by the EAP and by you as the employer to encourage more utilization.
6. Do your employees know about your EAP services and how to access them?
7. For those who have used the EAP, how satisfied were they with the services? Did the services have a positive impact on the problem for which they were seeking support?
8. When employees completed EAP services, did the EAP follow-up (or attempt to follow-up) with the employee to make sure all needs were adequately met?
9. How does your EAP interact with health plans? Are EAP providers also providers of outpatient mental health and if not, are they well-versed in the benefits of employees to make effective and seamless referrals.
10. How is your EAP measuring outcomes? Can they also provide you with return-on-investment and other cost-benefit analysis?
11. How is the EAP promoting upstream mental health efforts like prevention, resilience, psitive psychology, and work-life integration?
12. Are there general mental health screening or other wellness tools the EAP can offer the workers to help them understand and monitor their mentla wellness? Does the organization also assess its own culture of system-level mental wellness?
13. Does the EAP have experience serving clients in your industry? If yes, what are some recommendations that they have to improve how EAP services are promoted and offered at our workplace?
14. Is the employer receiving regular reports (i.e. bi-annual, annual) from the EAP on utilization, presenting problems, satisfaction, and other workplace outcomes?
15. Does the EAP provider manager or HR offer a training on how to best support an employee experiencing a mental health or suicide crisis? Are there additional staff training on skills needed to identify and assist employees in distress?



## HIERARCHY OF CONTROLS ONE-PAGER

Organizations often can feel overwhelmed sorting through how to tackle suicide prevention in their organization. One way to think through different strategies is the number of people the intervention would impact and the effectiveness of the intervention. The chart below, adapted from NIOSH's Hierarchy of Controls, illustrates this thought process.



This was adapted from Workplace Suicide Prevention's "A Report of Findings to Direct the Development of National Guidelines for Workplace Suicide Prevention." The original document can be found here:  
<https://workplacesuicideprevention.com/wp-content/uploads/2019/10/National-Guidelines-Report.pdf>.

# POSTVENTION GUIDE FOR MANAGERS

After a suicide, it is vital for workplaces to act. Below is a 10-step postvention guide for managers after a suicide. There are three phases explained: immediate, short-term, and long-term.

## IMMEDIATE: Acute Phase

- **Coordinate:** Contain the crisis.
  - Identify main point person to coordinate all postvention efforts and related communication
  - Contract for professional clean up (after the investigation is completed) if required by a suicide in the workplace.
  - Contact victims' assistance.
- **Notify:** Protect and respect the privacy rights of the deceased employee and their loved ones during death notification.
  - Distribute death notification memo to staff
- **Communicate:** Reduce the potential for additional suicide deaths.
  - Review safe messaging guidelines for external and internal communication strategies and media recommendations for reporting on suicide for help developing public communications plans.
  - Develop an internal communication plan to document what is and is not known and what to say if the family does not want the cause of death revealed
  - Develop an external communication plan that identifies a spokesperson and draft a statement for the media.
- **Support:** Offer practical assistance to family.
  - Bring easy-to-heat and nutritious frozen meals to grieving family.
  - Offer the family of the deceased assistance by packing up the personal belongings at the workplace and bringing them by the home. Always call ahead to be sure the family will be there when you deliver the items.
  - Ask the bereaved person or family what can be done to help and, when possible, make arrangements to provide the support. Some common supports that help are:
    - Keep a list of phone calls, visitors, and people who bring food and gifts
    - Organize the mail (e.g. bills, cards, newspaper notices)
    - Offer to make calls to people they wish to notify
    - Help with errands (e.g. childcare, house-sitting, lawn care, laundry)

### SHORT-TERM: Recovery Phase

- **Link:** Identify and link impacted employees to additional support resources and refer those most affected to professional mental health services.
  - Contact EAP to develop customized response (e.g., grief counseling, education, and community counseling resources).
  - Compile and promote a list of suicide bereavement-specific support resources.
- **Comfort:** Support, comfort, and promote healthy grieving of the employees who have been impacted by the loss.
  - Participate in mourning activities (e.g., funerals, memorial services, etc.).
  - Instead of enshrining the desk or other workspace, suggest to co-workers that they help create a memory album or quilt for the bereaved family or make a donation to a charity the appreciated by the deceased (or the deceased's family).
- **Restore:** Restore equilibrium and optimal functioning in the workplace.
  - Develop a return-to-work schedule for those most profoundly impacted. Conduct peer supervision with other managers to evaluate postvention process.
- **Lead:** Build and sustain trust and confidence in organizational leadership.
  - Leadership provides personalized, reassuring communication helping team transition from crisis to healing.

### LONGER-TERM: Reconstructing Phase

- **Honor:** Prepare for anniversary reactions and other milestone dates.
  - Convene group most affected to see if honoring the loss around the anniversary or milestone event would be appreciated and follow safe memorialization practices supported by research.
- **Sustain:** Transition postvention to suicide prevention.
  - Review comprehensive approach to suicide prevention for next steps.
  - Investigate state and local suicide prevention efforts for volunteer opportunities.

If employers are interested in engaging with suicide prevention on-related work more, there are national resources such as the Employer Assistance and Resource Network's Mental Health Toolkit (<https://askearn.org/mentalhealth/>) and the Action Alliance for Suicide Prevention's Workplace page (<https://theactionalliance.org/communities/workplace>).



## INTERNAL NOTIFICATION MEMO TEMPLATE

When companies experience a suicide death, it is vital to communicate with employees. Below are two templates that can be used, depending on whether the cause of death was revealed. The first can be used when the cause of death is revealed and the second when the cause of death is not revealed.

### SAMPLE INTERNAL NOTIFICATION MEMO - WHEN CAUSE OF DEATH REVEALED

Date:

To: Staff

From: [Name of CEO]

Re: Death of [name of employee]

[Our workplace] is saddened to learn of the reported suicide of [employee]. The tragic and sudden circumstances of [employee's] death may cause a range of reactions among our workplace, so with the family's permission we are sharing the facts as we know them and are offering support for those who might need it.

[Employee] worked for [workplace] for the last [number] years. On [Saturday night] [s/he] died around [11:00PM] [DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE]. We may never know all the factors leading to this tragedy; however, experts agree that in nearly all suicides there is no single cause or simple explanation.

[Employee's] memorial service will be held on [January 7 at 11:00AM], and all employees who wish to attend may be excused. The family would like to welcome all of [his/her] friends and colleagues who wish to share in the celebration of [his/her] life.

Some of you may be having difficulty coping with the sudden loss of one of our workplace family. We have arranged for the Employee Assistance Program (EAP) professionals to facilitate a debriefing on [January 8th at 5:00PM]. During this group meeting, counselors will be on hand to support us and answer any questions we may have. Others may prefer individual support at this time. If so, please contact our EAP program by calling [1-800-123-4567].

The family has requested that instead of flowers, those who wish to do so may donate to [a local suicide prevention center or other charity as shared by the family] in [employee's] memory.

For those who would like to talk about what has happened, our HR team is available to you.

Sincerely,

[Name of CEO]

SAMPLE INTERNAL NOTIFICATION MEMO - WHEN CAUSE OF DEATH WITHHELD BY FAMILY

Date:

To: Staff

From: [Name of CEO]

Re: Death of [name of employee]

[Our workplace] is saddened to learn of the death of [employee]; the family has requested that the cause of death be withheld. The tragic and sudden circumstances of [employee's] death may cause a range of reactions among our colleagues, so with the family's permission we are sharing the following information and are offering support for those who might need it.

[Employee] worked for [workplace] for the last [number] years. On [Saturday night] [s/he] died around [11:00PM] [DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE].

[Employee's] memorial service will be held on [January 7 at 11:00AM], and all employees who wish to attend may be excused. The family would like to welcome all of [his/her] friends and colleague who wish to share in the celebration of [his/her] life.

Some of you may be having difficulty coping with the sudden loss of one of our workplace family. We have arranged for the Employee Assistance Program (EAP) professionals to facilitate a crisis counseling session on [January 8 at 5:00PM]. During this group meeting, counselors will be on hand to support us and answer any questions we may have. Others may prefer individual support at this time. If so, please contact our EAP program by calling [1-800-123-4567].

The family has requested that instead of flowers, those who wish to do so may donate to [a local suicide prevention center or other charity as shared by the family] in the [employee's] memory.

For those who would like to talk about what has happened, our HR team is available to you.

Sincerely,

[Name of CEO]