

The Role of Faith Community Leaders in Preventing Suicide



Susan had struggled with depression for much of her life, although she managed to stay active and involved. However after the birth of her first child, Susan went into a depression so severe that she couldn't leave the house. Her husband David called their minister and said he was worried that Susan's depression was getting worse. Based on what David shared, the minister told him she was

concerned that Susan might be suicidal and urged him to take her to the emergency room. Then the minister asked to speak to Susan. After talking with the minister for a while, Susan finally agreed to go to the hospital, where the minister met her and her husband.

Following an evaluation, Susan entered into a program of intensive psychiatric care that was appropriate for the mother of a newborn. The doctors and nurses worked to regulate her medication and help her talk about her feelings and fears. Following the program, she was able to resume her life with the help of her outpatient providers.

What happened with the church during this period was also very important. The minister obtained Susan's permission to share with the congregation that she was in treatment and then encouraged church members to help as they would have if she had been in treatment for a physical illness. They helped Susan care for her baby, brought meals for the family, wrote her notes, and welcomed her back into the community when she returned.

(Based on the experiences of a faith community leader)

Key Steps to Reduce Suicide Risk among Your Members:

- Understand why suicide prevention fits with your role as a faith community leader
- Identify people who may be at risk for suicide
- Respond to people who may be at risk for suicide
- Be prepared to respond to a suicide death
- Consider becoming involved in suicide prevention efforts in your faith community and the larger community

This sheet uses the term *faith community leader* to refer to the leader of any religious or spiritual group (e.g., minister, rabbi, priest, or imam). The information in this sheet is intended for all groups regardless of their teachings about suicide.



Understand Why Suicide Prevention Fits with Your Role as a Faith Community Leader

Faith communities are a natural setting for suicide prevention. People who are religious tend to have greater moral objections to suicide (Dervic et al., 2004; Dervic et al., 2011). Also, spiritual beliefs and practices tend to help people feel greater hope and connectedness and find meaning in their lives (Alexander et al., 2009; Brenner et al., 2009). Therefore, as a faith community leader you have an important role to play.

Counseling related to suicide fits with the general role of faith community leaders:

- Being a spiritual guide and helping people find meaning in their lives and a sense of hope
- Supporting people who are experiencing life challenges or crises or mourning a death or other loss

Individuals with mental health problems, including those who are suicidal, frequently turn to faith community leaders for help (Wang et al., 2003; Ellison et al., 2006).

As a faith community leader, you are also well positioned to play an active role in suicide prevention by fostering a sense of connection among individuals and a feeling of belonging to the faith community as a whole. It is also important that you encourage your members to reach out to those in your faith community who may be experiencing mental health or substance abuse problems, including individuals on the periphery of the community. Strengthening connectedness to community is an important factor in decreasing risk for suicide (Rodgers, 2011).

Know the facts

Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the country.

- Suicide takes the lives of about 38,000 Americans each year (CDC, 2010).
- About 465,000 people per year are seen in emergency departments for self-injury (CDC, 2010).
- Each year over 8 million adults think seriously about taking their life, and over 1 million make an attempt (NSDUH, 2011).

However, there is help and hope when individuals, faith communities, and local community groups join forces to address suicide as a preventable public health problem.



Talking about Mental Illness

Help members understand mental health problems as being *real* and *treatable* in the same way that physical health problems are. Speak and pray about mental illnesses in the same way you do about serious physical illnesses, such as cancer, heart disease, and diabetes.



Identify People Who May Be At Risk for Suicide

Be alert to problems that increase suicide risk

You may notice problems facing your members that may put them at risk for suicide. There are a large number of risk factors for suicide. Some of the most significant ones are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a “triggering” event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems or break-ups, problems at work, financial hardships, legal difficulties, and worsening health. Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.

(Adapted from Rodgers, 2011 and SPRC, 2008)

Look for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:

1. **Talking about wanting to die or to kill oneself**
2. **Looking for a way to kill oneself, such as searching online or obtaining a gun**
3. **Talking about feeling hopeless or having no reason to live**

Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

(Adapted from National Suicide Prevention Lifeline, [n.d.])



National Suicide Prevention Lifeline

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. The phone number is 1-800-273-TALK (8255). For a Lifeline wallet-sized card listing the warning signs of suicide and the toll-free number, go to <http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

Respond to People Who May Be At Risk for Suicide

Prepare ahead of time

- Become familiar with the health and mental health resources in your community.
- Develop collaborative working relationships with local mental health clinicians, counseling centers, and hospitals to share information, skills, and referrals.
- Try to find providers who understand and respect the value faith brings to a person.

Take action if you encounter someone who is at immediate risk

If someone is:

- **Talking about wanting to die or to kill oneself**
- **Looking for a way to kill oneself, such as searching online or obtaining a gun**
- **Talking about feeling hopeless or having no reason to live**

Take the following steps right away:

1. Talk with the person and show you care. Listen without judging, regardless of your religious beliefs about suicide.
2. Ask the person, "Are you thinking of ending your life" or "Are you considering killing yourself?"
3. If the person has a plan and access to lethal means, do not leave him or her alone. Contact a local mental health professional, a local hospital emergency department, or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Calls to the Lifeline are routed 24 hours a day to the crisis center closest to the caller where staff are trained to work with people who are suicidal.
4. Provide any relevant information you may have about the person to those who are managing the crisis.
5. Keep in contact with the person after the crisis and provide ongoing care and support if he or she wants it. Draw on other leaders and volunteers in the community to provide support as appropriate.

Reach out to someone who may be at risk

The steps just covered are an appropriate response to a person showing immediate warning signs of suicide. To help the many other people who may be at risk for suicide, you can take the steps below. The extent to which you have training and experience in addressing mental health problems may determine the type of support you are comfortable providing.

- Reach out to the person and talk with him or her. Listen without judging and show you care. You could mention changes you have noticed in his or her behavior and that you are concerned.



Address Cultural Differences

Differences in cultural background can affect how people respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information and seeking help. It is important to be aware of these possible differences and tailor your responses accordingly. For example, individuals from some cultures may not be open to seeing a mental health provider, but they may be willing to talk with a faith community leader or traditional healer.

- Encourage the person to see a mental health professional and offer to provide a referral if you suspect there may be a mental health problem.
- Encourage the person to connect with family or friends who can provide ongoing support.
- Keep in contact with the person after the crisis and provide ongoing care and support if he or she wants it. Draw on other leaders and volunteers in the community to provide support as appropriate.

If you feel that an individual is uncomfortable discussing the issue of suicide with you because of his or her religious beliefs or for any other reason, identify other people with whom he or she may talk.

Be Prepared to Respond to a Suicide Death

The suicide of someone in your faith community can be a devastating event for the entire community. It can create feelings of stigma, shame, and unwarranted guilt for those close to the deceased person. Also, this kind of loss may increase the suicide risk for individuals who are already vulnerable. It is important to reach out, support, and promote healing among those who are grieving a suicide loss. Everyone in your faith community—both leaders and members—can be an important source of support, comfort, and acceptance during this process. Also, be sure to seek support for yourself.

In planning memorial services, consult with the deceased person’s family about what information they want shared. Avoid language that might put other people at risk by glamorizing suicide or the person who has just died. Such attention could lead others who are vulnerable to harm themselves as a way of getting attention and praise. In memorializing the person or preparing a eulogy, avoid emphasizing that the person is “at peace” and implying that suicide was a reasonable response to the stresses in his or her life. Make a clear distinction between the positive accomplishments and qualities of the deceased person and his or her final act.

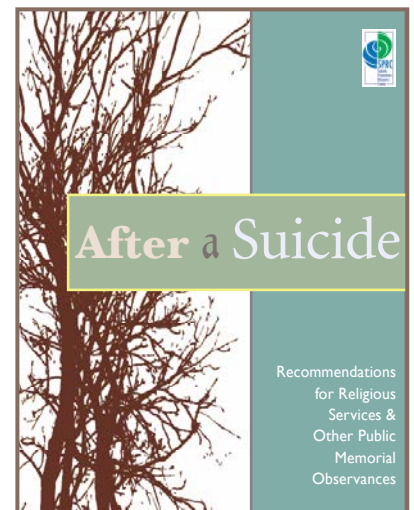
A memorial service is an important opportunity to increase awareness and understanding of the issues surrounding suicide and to address stigma. Remind people at risk that there are other options and encourage everyone else to reach out to help those in pain and in need.

For more information about responding to a suicide death, look at [After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances](#).

Helping Your Colleagues

Suicide can occur among your colleagues (faith community leaders and staff) as well as among the people you serve. If you notice signs of risk for suicide among your colleagues, you can assist them in obtaining help.

For more information on helping co-workers, see the Resources section, including the information sheet [The Role of Co-Workers in Suicide Prevention](#).



Consider Becoming Involved in Suicide Prevention Efforts in Your Faith Community and the Larger Community

Identifying and supporting individuals at risk is a crucial part of a comprehensive approach to suicide prevention. As a leader of your faith community and a respected member of your community at large, you can do even more. The following is a list of activities you can do to promote suicide prevention and provide support for those who are bereaved by suicide:

- Create an environment in your faith community that promotes connectedness, belonging, and emotional well-being, especially for those on the fringes.
- Share messages of hope, for example, about people overcoming adversity and loss, how spirituality can increase resilience, and how suicide is largely preventable and everyone can play a role.
- Encourage members of your faith community to seek help for themselves and other people they know if they have any concern about suicidal thoughts or notice any warning signs for suicide.
- Help reduce prejudice and discrimination toward those affected by mental illnesses, such as depression, anxiety, and bipolar disorder. Speak about mental illness in the same way you speak about physical illness.
- Educate members of your faith community about the importance of reaching out and helping suicide attempt and loss survivors.
- Provide education on suicide prevention for members of your faith community, leaders of other faith communities, and/or your local community:
 - » Make written materials available
 - » Give a sermon or a presentation on suicide prevention or invite a mental health professional to speak
 - » Sponsor suicide prevention training for adults and peer support training for youth
- Develop culturally appropriate language for funerals for people who die by suicide to break the silence about suicide while also not condoning suicidal acts.
- Join a local suicide prevention coalition.



Resources

After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances

By the Suicide Prevention Resource Center (2004)

<http://www.sprc.org/library/aftersuicide.pdf>

This brief guide was created to aid faith community leaders and other community leaders. It provides background information, suggests ways to care for and support survivors, and offers recommendations for planning a memorial observance.

American Association of Pastoral Counselors (AAPC)

<http://www.aapc.org>

AAPC represents and sets professional standards for pastoral counselors and pastoral counseling centers. It also offers continuing education, networking opportunities, in-service training, and supervision, and facilitates growth and innovation in the ministry of pastoral counseling. AAPC is non-sectarian and respects the spiritual commitments and religious traditions of any individual.

Connect Suicide Prevention and Intervention Training for Faith Leaders and Connect Suicide Postvention Training for Faith Leaders

By Connect

<http://www.theconnectprogram.org/training-audiences/suicide-preventionintervention-and-postvention-faith-leaders>

The Prevention and Intervention Training is designed to increase the competence of faith leaders in responding to individuals who are suicidal or at high risk for suicide. It includes best practice procedures specific to faith leaders, interactive case scenarios, and discussion on how to integrate key community services for an effective and comprehensive response.

The Postvention Training is designed to support proactive planning to ensure an effective and comprehensive response in the event of a suicide death. Participants also learn steps for reducing the risk of contagion.

Each training is six hours and can be tailored for specific audiences. The intended audience includes: Faith leaders, traditional healers, and pastoral counselors in any setting who might be involved in responding to a suicide death.

Fierce Goodbye: Living in the Shadow of Suicide

<http://store.mennomedia.org/Fierce-Goodbye-P978.aspx>

This DVD looks at the role of faith in coping with suicide from the perspectives of families, mental health professionals, and theologians. It comes with a study guide.

Pathways to Promise

<http://www.pathways2promise.org/>

Pathways to Promise is an interfaith resource center that promotes a caring ministry for people with mental illness and their families. It offers liturgical and educational materials, program models, and networking information on mental health issues in general and provides guidance for crisis intervention, including suicide prevention. The website is intended for faith community leaders, interested laypeople, people with mental illness and their families and friends, and mental health professionals interested in working with faith communities.

Suicide Pastoral Responses

By L. L. Townsend (2006)

This book provides information and case examples on assessing suicide risk, dealing with suicidal behavioral and attempts, and responding to suicide deaths. It is most useful for faith community leaders who have training and experience in mental health counseling.

Suicide Survivor Resource Materials and Support Group Directories

American Association of Suicidology (AAS): <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

American Foundation for Suicide Prevention (AFSP): <https://afsp.org/find-support/ive-lost-someone/>

Suicide Awareness Voices of Education (SAVE): <https://www.save.org/what-we-do/grief-support/>

Suicide Warning Signs (wallet card)

By National Suicide Prevention Lifeline (2011)

<http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx>

This wallet-sized card lists the warning signs for suicide and the toll-free number of the National Suicide Prevention Lifeline.

The Role of Co-Workers in Preventing Suicide

By Suicide Prevention Resource Center (2013)

<http://www.sprc.org/sites/default/files/resource-program/CoWorkers.pdf>

This information sheet helps people in any type of workplace learn how to recognize and respond to the warning signs for suicide in their co-workers.

The Role of Faith Communities in Preventing Suicide: A Report of an Interfaith Suicide Prevention Dialogue

By Suicide Prevention Resource Center (2009)

http://www.sprc.org/sites/sprc.org/files/library/faith_dialogue.pdf

This is the report from the Interfaith Suicide Prevention Dialogue convened by the Suicide Prevention Resource Center in 2008. It contains ideas for engaging faith communities in suicide prevention and developing interfaith suicide prevention initiatives, as well as the perspectives on suicide of five major religions practiced in the United States and the common themes among them.

The Role of Faith Communities in Suicide Prevention: A Guidebook for Faith Leaders

By T. Doty & S. Spencer-Thomas (2009)

<http://www.sprc.org/sites/default/files/migrate/library/2010FaithLeaderGuideBookweb.pdf>

The purpose of this interfaith guidebook is to prepare leaders of all faith communities to prevent, intervene, and respond to suicide. It provides specific suggestions and tools.

Webinar Series on Faith-Based Approaches to Preventing Suicide and Promoting Mental Health

By K. Kaplan, T. Arnold, & R. G. Certain (2013)

<http://actionallianceforsuicideprevention.org/task-force/faith-communities>

Overcoming the Tragic: A Positive Pastoral/Rabbinic Approach to Mental Health discusses a pastoral/rabbinic approach to supporting parishioners and clients struggling with depression and suicidal thoughts. *The Role of Faith Leaders in Suicide Prevention* provides information that faith leaders need to know about suicide prevention (myths, warning signs, how to help, etc.) and helps them understand and strengthen resources in their faith tradition that promote mental and spiritual health and/or can help in suicide prevention.

References

Alexander, M. J., Haugland, G., Ashenden, P., Knight, E., & Brown, I. (2009). Coping with thoughts of suicide: Techniques used by consumers of mental health services. *Psychiatric Services, 60*(9), 1214–1221.

Brenner, L. A., Homaifar, B. Y., Adler, L. E., Wolfman, J. H., & Kemp, J. (2009). Suicidality and veterans with a history of traumatic brain injury: Precipitating events, protective factors, and prevention strategies. *Rehabilitation Psychology, 54*(4), 390–397.

Centers for Disease Control and Prevention (CDC). (2010). *Web-based injury statistics query and reporting system (WISQARS)*. Retrieved from <http://www.cdc.gov/injury/wisqars/fatal.html>

Dervic, K., Carballo, J. J., Baca-Garcia, E., Galfalvy, H. C., Mann, J. J., Brent, D. A., & Oquendo, M. A. (2011). Moral or religious objections to suicide may protect against suicidal behavior in bipolar disorder. *Journal of Clinical Psychiatry*, 72(10), 1390–1396.

Dervic, K., Oquendo, M. A., Grunebaum, M. F., Ellis, S., Burke, A. K., & Mann, J. J. (2004). Religious affiliation and suicide attempt. *American Journal of Psychiatry*, 161(12), 2303–2308.

Ellison, C. G., Vaaler, M. L., Flannelly, K. J., & Weaver, A. J. (2006). The clergy as a source of mental health assistance: What Americans believe. *Review of Religious Research*, 48(2), 190–211.

Suicide Prevention Resource Center. (n.d.). *Warning Signs for Suicide*. Retrieved from <http://www.sprc.org/about-suicide/warning-signs>

Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Waltham, MA: Suicide Prevention Resource Center, Education Development Center, Inc. Retrieved from <http://www.sprc.org/sites/default/files/migrate/library/RiskProtectiveFactorsPrimer.pdf>

Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings*. Retrieved from http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm#2.3

Suicide Prevention Resource Center. (2008). *Is Your Patient Suicidal?* Retrieved from http://www.sprc.org/sites/sprc.org/files/library/ER_SuicideRiskPosterVert2.pdf

Wang, P. S., Berglund, P. A., & Kessler, R. C. (2003). Patterns and correlates of contacting clergy for mental disorders in the United States. *Health Services Research*, 38(2), 647–673.

December 2012

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The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 5U79SM059945.

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