



Hope:

A Guide for Faith Leaders to Help Prevent Youth Suicide

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ABOUT

Established in 2010, the National Action Alliance for Suicide Prevention (Action Alliance) is the public-private partnership working with more than 250 national partners to advance the *National Strategy for Suicide Prevention*. Housed at the Education Development Center (EDC), the Action Alliance is supported by the Suicide Prevention Resource Center through a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. 1H79SM083028.

The HHS Center for Faith-based and Neighborhood Partnerships (The HHS Partnership Center) is the Department’s liaison to the faith community and to grassroots organizations. The HHS Partnership Center exists to engage and communicate with faith communities and grassroots organizations, ensuring that local institutions, which hold community trust, have up-to-date information regarding health and human service activities and resources in their area.

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AUTHORS

Brandon J. Johnson, MHS, MCHES
Branch Chief, Suicide Prevention Branch
Division of Service and Systems Improvement
SAMHSA, Center for Mental Health Services
U.S. Department of Health and Human Services

Ellen J. Harwell, PhD
Project Associate
National Action Alliance for Suicide Prevention
Education Development Center

Chris Miller, EdD
Teacher, De La Salle High School, Concord CA
Co-Moderator, Pastoral Care and Mental Wellness Ministry Network,
National Federation for Catholic Youth Ministry

Laurie B. Rosenblum, MPH
Research Associate/Writer
Suicide Prevention Resource Center
Education Development Center

ACTION ALLIANCE/SUICIDE PREVENTION RESOURCE CENTER STAFF

Sarah Brummett, MA JD
Director, Executive Committee (EXCOM)
National Action Alliance for Suicide Prevention
Education Development Center

T.J. Kennedy, MSc
Research Assistant
Suicide Prevention Resource Center
Education Development Center

Max A. Lynch, BS
Communications and Engagement Coordinator
National Action Alliance for Suicide Prevention
Education Development Center

Robert F. McCauley, MS
Director of Operations
National Action Alliance for Suicide Prevention
Educational Development Center

CENTER FOR FAITH-BASED & NEIGHBORHOOD PARTNERSHIPS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES STAFF

Rev. Dr. Que English
Director
HHS Center for Faith-based and Neighborhood Partnerships

Ben O'Dell
Management Analyst
HHS Center for Faith-based and Neighborhood Partnerships

EXTERNAL REVIEWERS

Rev. Talitha Arnold, M.Div.
Senior Pastor, United Church of Santa Fe
Founding Member, National Action Alliance for Suicide Prevention
Co-founder, Faith Communities Task Force
Santa Fe, NM

Shannon Donnick
Lived Experience Advisory Committee, Suicide Prevention Resource Center
Director, Support Services for Loss Survivors
American Foundation for Suicide Prevention
New York, NY

Karen Mason, PhD, LPC
Professor of Counseling and Psychology
Director of the Hamilton Counseling Program
Gordon-Conwell Theological Seminary
South Hamilton, MA

Tate Monroe
Director of Discipleship and Development
Oklahoma United Methodist Church, Heartland East
Shawnee, OK

Rev. Tiffany A. Nagel Monroe, DMIN
Executive Director, Oklahoma Campus of Saint Paul School of Theology;
Interim Director of Contextual Education; Elder in the United Methodist
Church; Pastor
Oklahoma City, OK

Jill Newman, MEd, LPC-S
Licensed Professional Counselor Supervisor
Shawnee, OK

Ashley Plotnick, MEd, MAJS, MSW
Director of Congregational Learning
Makom Solel Lakeside
Highland Park, IL

Lisa St. George, MSW, CPRP, CPRSS
Lived Experience Advisory Committee, Suicide Prevention Resource Center
Senior Consultant, Hidayah Enterprises
Phoenix, AZ

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This document advances several goals of the *National Strategy for Suicide Prevention (National Strategy)* and *The Surgeon General’s Call to Action to Implement the National Strategy for Suicide Prevention (Call to Action)* including the following:

NATIONAL STRATEGY GOAL 1:

Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships.

NATIONAL STRATEGY GOAL 2:

Support upstream comprehensive community-based suicide prevention.

NATIONAL STRATEGY GOAL 5:

Integrate suicide prevention into the culture of the workplace and into other community settings.

NATIONAL STRATEGY GOAL 13:

Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.

CALL TO ACTION 1.1:

Broaden perceptions of suicide, who is affected, and the many factors that can affect suicide risk.

CALL TO ACTION 1.2:

Empower every individual and organization to play a role in suicide prevention.

CALL TO ACTION 2.1:

Promote and enhance social connectedness and opportunities to contribute.

The [2024 National Strategy](#) calls for the nation to integrate and coordinate suicide prevention efforts across sectors and settings, including faith-based organizations and places of worship. The Action Alliance has worked to advance the goals of the *National Strategy* since its development. As the nation’s public-private partnership bringing together over 250 partners, the Action Alliance is uniquely positioned as a convener of leaders, including faith leaders, to provide guidance and resources in support of community suicide prevention efforts.

Dear Faith Leaders,

I am deeply grateful to introduce *HOPE: A Guide for Faith Leaders to Help Prevent Youth Suicide*. This guide is the final project of the National Action Alliance for Suicide Prevention's Faith Communities Task Force. Whatever your faith tradition, the guide is an invaluable resource for everyone who cares for youth and young adults, whether as youth ministers, clergy, lay leaders, pastoral counselors, chaplains, teachers, or parents.

Given the rise in mental health concerns among young people, I hope you will take time to read this guide and share it with others. Throughout my ministry, I have served as a college chaplain, youth minister, camp director, and pastor. I wish I had this guide in each of those settings.

The guide provides accessible, practical, and well-researched information on suicide prevention, specifically geared for those of us who work with youth. It helps faith leaders learn how to identify young people who may be at risk for suicide, provides concrete steps to take if someone is struggling, and encourages creating supportive communities. It also describes the unique and crucial role faith communities and faith leaders have in helping prevent youth suicide and fostering mental health.

As a leader of a faith community, I appreciate that *HOPE: A Guide for Faith Leaders to Help Prevent Youth Suicide* encourages us and our communities to build on what we are already doing. Our work is designed to support and strengthen the youth and young adults entrusted to our care.

I am also grateful that the guide addresses the needs of families, friends, and faith communities in the aftermath of a suicide attempt or a death by suicide. And it acknowledges the emotional and spiritual challenges we as faith leaders may face even as we seek to help others.

Thank you for your role in helping prevent youth suicide and fostering strong mental health. May this guide support you in that life-giving work.

Blessings,

Rev. Talitha Arnold

Senior Pastor, United Church of Santa Fe

Founding Member, National Action Alliance for Suicide Prevention

Co-founder, Faith Communities Task Force

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INTRODUCTION

Suicide is a growing problem among young people. As a faith community leader, you have an especially important role to play in helping prevent youth suicide. You can have a significant impact on youth, their families, and your entire faith community.

The purpose of this guide is to provide faith leaders with guidance for identifying and helping youth who may be at risk for suicide but it is not intended as a comprehensive set of practices in suicide prevention. It is a resource to help increase awareness and build capacity to serve at-risk youth. This assistance includes opening a conversation, providing support, assisting them in finding a mental health professional, and responding in a crisis situation. It also includes your role in fostering a sense of connectedness, meaning, and hope.

This guide uses the term faith community leader to refer to the leader of any religious or spiritual group (e.g., minister, rabbi, priest, imam, swami, granthi). The information in this guide is intended for all communities, including religious communities, even as we acknowledge a diverse range of beliefs regarding religion, spirituality, and even about suicide itself.

The terms “youth” and “young person/people” are used interchangeably in this guide. The focus is on middle and high school youth, but the information is also useful for working with ages 18 to 24.

To help prevent suicide, it is important that youth feel valued, cared for, and connected. With the help of faith-based organizations like yours, youth can learn that they are not alone and there is hope.

VIGNETTES

THE EXPERIENCE OF A FAITH COMMUNITY YOUTH GROUP LEADER

Maria is a member of a faith community youth group. John, the leader, noticed in the last couple of group meetings that Maria was frequently hiding inside her hoodie and was withdrawn from discussions. When she did contribute, she said things that were uncommon for her, like self-deprecating humor and “maybe it would be better if I wasn’t here at all.” John began to suspect that Maria might be having thoughts of suicide.

At the end of a meeting, as others were talking among themselves, John decided to approach Maria with his concerns. She was a bit dismissive until John mentioned he had been noticing some changes in her behavior. He asked if she was comfortable telling him more about what was happening. Although she was hesitant, she agreed. On hearing more, John decided that Maria’s parents should be contacted. He asked Maria for her permission to do so. She thought her parents would not understand. John listened to her concerns. They discussed ways her parents could support her and how to best approach them. Then she agreed to John contacting them.

John discussed his concerns with Maria’s parents and suggested a couple of referrals to licensed counselors. He also suggested that her parents try to talk with Maria in a way that would help her feel supported. He offered to be part of the conversation if they thought that would be helpful.

After the next couple of youth group meetings, Maria was pleased to share she had begun seeing a counselor. Over the next few months, she told John she really liked the counselor and was starting to feel better. John could see changes in her too.

..... - **Based on the experiences of a faith community youth group director**

This is just one of many examples of what could happen. The most important takeaway is that rather than jumping to conclusions, the faith leader is thoughtful in the situation, learns enough about what might be going on before acting, and empowers the young person to make decisions for themselves. This thoughtfulness can help ensure that the action is appropriate for the young person, the situation, and the faith leader’s role and amount of experience.

THE EXPERIENCE OF A YOUNG PERSON

Aliya is a 21-year-old Muslim woman who has struggled since high school with anxiety, depression, and physical health challenges. During high school, she was also responsible for her younger siblings’ after-school care. This prevented her from participating in social activities. Between her physical health issues and lack of opportunity to socialize with peers, she became depressed and anxious.

Her parents did not understand what she was struggling with, and they were concerned about the cultural stigma of psychotherapy. As a result, she did not receive any therapy. They told her to pray and that she should be able to deal with her problems on her own. She did not feel comfortable reaching out to her faith leaders because she did not think they would understand her needs.

In college she was able to get support from friends, and one suggested a therapist from whom she received a lot of help. Through a mental wellness conference, she became involved in a Muslim youth group and connected with a

Muslim faith leader who was sympathetic to mental health issues. She was also able to find a supportive member of her faith community who helped her family understand the value of therapy for her mental and physical health. These changes helped her grow a lot.

She wants to encourage faith leaders to consider the following: 1) Take mental health seriously and obtain mental health awareness/suicide prevention training, 2) Balance medical, mental health and religious considerations when addressing mental health issues; 3) Help people access mental health services, and 4) Provide support to the family as well as the young person.

..... Based on the experiences of two Muslim women

UNDERSTAND WHY YOUTH SUICIDE PREVENTION FITS WITH YOUR ROLE AS A FAITH COMMUNITY LEADER

.....

Faith communities are a natural setting for suicide prevention since they provide both spiritual guidance and community connection. Individuals and families dealing with mental health challenges, including suicidality, may turn to faith community leaders for help before turning to mental health professionals (Wang et al., 2003; Mason et al., 2021). Based on a survey from the American Psychiatric Association Foundation, 60% of people say that faith is an important factor in supporting their mental wellness and 57% would seek help from a faith leader for mental health concerns. Perhaps this is why most faith leaders will need to address suicide during their career. (American Psychiatric Association Foundation 2024) These challenges also extend to youth. Youth can be impacted by suicide after the death of a peer, a close adult in the community, or other prominent person young people admire (Miller, 2020).

Guidance and support related to suicide fits with the general role of faith community leaders in the following ways:

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

A faith community leader's role is especially important in rural communities where there is limited access to mental health professionals.

Faith leaders can promote awareness and acceptance of mental health issues, the risk of suicide, and people who are experiencing challenges. Creating a safe and supportive faith community can decrease stigma and make it easier for members to seek help (Mason, 2023).

Belonging to a faith community can serve as a gateway to healing for youth, as well as influence the youth's perceived need for, benefit from, and pursuit of mental health services (Bullock et al., 2012). Youth engaged in private religious practices and/or more organized practices show lower rates of suicidal thinking (Cole-Lewis et al., 2016; Gearing & Alonzo, 2018). In the African American and Latinx communities where the church has a strong influence, religious beliefs and organizations can be particularly helpful in decreasing the risk of people with mental health challenges developing suicidal thoughts (Gearing & Alonzo, 2018).

On the other hand, some faith communities may present challenges for youth. Religion and spirituality are complex, nuanced aspects of human diversity. Within that diversity, there may be religious communities that stigmatize suicide, which may silence youth who are experiencing suicidal thoughts (Mason, 2021). Also, religious views of sexual and gender diversity in the United

Talking about Mental Health and Suicidal Thoughts and Behavior

Help youth understand that mental health issues and suicidal thoughts and behaviors are real and treatable in the same way as physical health problems. Talk about it and offer support as appropriate in your religious tradition in the same way you do about serious physical illnesses such as cancer and heart disease.



States vary widely (Lefevor, 2021). Some communities and their leaders may have range of reactions to a young person's sexual orientation and gender identity which can include negative reactions such as confusion, questions about social implications, wrestling with different beliefs, and, for some, a sense of loss.

So, how can faith-based organizations create an environment that fosters safety and vulnerability, which can help all youth feel safe enough to express their experiences, thoughts, and needs, and seek assistance?

Young people who may be at risk of suicide need support. Faith leaders can be a valuable source of support for these youth. They can help these youth feel they are understood and help affirm their lives are worth living (Mason, 2021; Lehmann et al., 2021). Having conversations with youth about seeking help for thoughts of suicide can foster understanding and affirmation that they are not alone in their struggle with suicidal thoughts (Gibson & Mason, 2020). Faith leaders can also assist youth in obtaining the help they need.

Faith leaders need to normalize conversations about suicide to reduce stigma. Faith leaders can foster a stigma-free community where youth feel safe to reach out for help (Mason et al., 2022). It is important to convey the message that feeling suicidal is not a weakness or lack of faith and seeking help is a sign of strength. Faith leaders need to be clear that they will support all youth regardless of suicidal thoughts, sexual orientation, or gender identity.

Faith leaders can incorporate information about mental health challenges, suicidal thoughts and behaviors and the help available, as well as hope, recovery, and well-being, into their work and teachings. They can also help by strengthening connectedness in their faith community, which is a key factor in decreasing risk for suicide (Fonseca-Pedrero et al., 2022).

DATA: KNOW THE FACTS

Suicidal thoughts, suicide attempts, and suicide deaths touch everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the United States. Most people who have suicidal thoughts or attempts will not go on to die by suicide.

When a suicide death occurs within the community, the emotional toll on those left behind remains long after the event. Compared to other age groups, suicide rates are the lowest for young people. However, according to the most recent data available, suicide still represents the second leading cause of death among youth ages 10-14 in the United States and the third among youth ages 15-24 (CDC, 2021).

EACH YEAR:

- ▶ From 2017 to 2021, approximately 3,000 young people ages 10 to 19 died by suicide (CDC, 2021).
- ▶ Based on data from the past decade, over 1 in 5 high school students report seriously considering attempting suicide (CDC, 2023).
- ▶ In that same decade, about 1 in 10 high school students attempted suicide one or more times (CDC, 2023).

Certain youth populations experience community factors that put them at increased risk for suicide, including American Indian/Alaska Native, Black, and LGBTQI+ youth. These groups often face discrimination and bullying due to racism, homophobia, and transphobia which are risk factors for suicide.

Below are several examples:

- ▶ **American Indian/Alaska Native young people:** The suicide death rate is especially high among American Indian/Alaska Native (AI/AN) youth ages 10–19 (CDC, 2021). In 2021, the suicide death rate for AI/AN (non-Hispanic) young people ages 10–19 was three times that of White (non-Hispanic) young people in the U.S. (CDC, 2021).
- ▶ **Black young people.** While suicide death rates among White, non-Hispanic young people in the U.S. have been declining in recent years, the rates for young Black Americans have been increasing from 2017 to 2021 (CDC, 2021). Additionally, an increasingly greater proportion of Black students report experiencing a suicide attempt in the prior year than their White peers (CDC, 2023; Congressional Black Caucus, 2020).
- ▶ **Asian and Pacific Islander young people.** Similar to the trends for Black youth, the suicide death rates among Asian and Pacific Islander young people have been increasing in recent years (CDC, 2021).
- ▶ **Young people who identify as Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQI+).** From a survey of young people, students who identified as lesbian, gay, and bisexual were more likely to report experiencing poor mental health, thoughts of suicide, or a suicide attempt in the prior year. For instance, 69% of LGBTQ+ students reported feeling persistently sad or hopeless during the prior year as compared to 35% of their heterosexual peers (CDC, 2023). Transgender youth were more than twice as likely to have attempted suicide than their cisgender counterparts (Trevor Project, 2023). Note that the disparities for LGBTQI+ youth are not due to their identity, but to the bias, stigma, discrimination, and harassment they experience in their communities (SAMHSA 2023). For example, youth who have access to affirming spaces, families, and schools report significantly lower rates of suicide attempts (Trevor Project, 2023; SAMHSA 2023).
- ▶ **Intersectionality.** Young people of color who identify as LGBTQI+ report higher rates of depressive symptoms, suicidal thoughts, and suicide attempts when compared to White LGBTQI+ young people. Additionally, multiracial LGBTQI+ youth report experiencing higher rates of risk factors for suicide compared to other LGBTQI+ youth in terms of homelessness, food insecurity, discrimination, and violence (Trevor Project, 2022).

To learn more about disparities, please see:

[*Preventing Suicide Requires a Comprehensive Approach*](#)

However, suicide is preventable. When individuals and faith communities join forces to address suicide and promote well-being, they can save lives.

National Dating Abuse

Helpline is a project of the National Domestic Violence Hotline. Love is Respect offers 24/7 information, support, and advocacy to young people between the ages of 13 and 26 who have questions or concerns about their romantic relationships. They also provide support to concerned friends and family members, teachers, counselors, and other service providers through the same free and confidential services via phone, text, and live chat. <https://www.loveisrespect.org/>



IDENTIFY YOUTH WHO MAY BE AT RISK FOR SUICIDE

BE ALERT TO FACTORS THAT CAN INCREASE SUICIDE RISK

Suicide is a complex issue with many contributing factors, from the individual to the societal level. At its core, what leads a person to feel suicidal is pain and the loss of hope that things will get better. Some of the most significant risk factors are:

- ▶ Mental health challenges (e.g., depression, anxiety)
- ▶ Misuse of alcohol or other drugs
- ▶ Access to a means to kill oneself (i.e., lethal means such as guns and medications)
- ▶ Previous suicide attempt(s)
- ▶ Family history of suicide or attempt(s)
- ▶ Exposure to the suicide of another person, especially a family member
- ▶ Childhood maltreatment, neglect, trauma, or victim of violence
- ▶ Social isolation
- ▶ Stress from prejudice and discrimination
- ▶ Stressful life circumstances and crises (e.g., school problems, academic and/or disciplinary; family problems; relationship problems or breakups; bullying; legal problems)

Suicide involves the interplay of multiple risk factors. Sometimes stressful life circumstances can serve as tipping points and trigger suicidal behavior in adolescents who are already at increased risk.

(Adapted from AFSP, 2022; AFSP & SPRC, 2018; and SPRC, 2022)

LOOK FOR SIGNS OF IMMEDIATE OR SERIOUS RISK

Leaders in the suicide prevention field agree the following warning signs may indicate a young person is at risk for suicide:

1. Talking about or making plans for suicide
2. Expressing hopelessness about the future
3. Displaying severe/overwhelming emotional pain or distress

4. Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - ▶ Withdrawal from or change in social connections or situations.
 - ▶ Changes in sleep (increased or decreased).
 - ▶ Anger or hostility that seems out of character or out of context.
 - ▶ Recent increased agitation or irritability.

Risk is greater in youth who have attempted suicide in the past. Risk is also greater if the warning sign is a new behavior for the young person or a behavior that has increased and is possibly related to an anticipated or actual painful event, loss, or change.

(Taken from SPRC, 2019)

RESPOND TO YOUTH WHO MAY BE AT RISK FOR SUICIDE

PREPARE AHEAD OF TIME

- ▶ Ask the youth in your faith community how they would like to be supported in a time of crisis. Ask them to help inform your protocols and listings for resources in the community.
- ▶ Create protocols for how to help youth who may be experiencing mental health challenges or suicidal thoughts or behaviors.
- ▶ Learn about the resources in your community and develop a referral list of services.
- ▶ Develop collaborative working relationships with local behavioral health clinicians, counseling centers, crisis centers, and hospitals to share information, skills, and referrals.
- ▶ Identify your local mobile crisis team. To find out if your community has one and other services, call or text [988](https://www.988lifeline.org/).
- ▶ Try to find providers who understand and respect the value faith provides for youth.
- ▶ Consider getting formal training in how to help suicidal youth. This guide is just a start. Several training courses are listed in the resources section of this guide.

Many rural communities lack mental health services or are impacted by provider shortages. Therefore, a referral list can include telehealth providers and connecting with licensed school counselors. Additionally, primary care professionals can be a helpful resource to address concerns.

One way to assist youth seeking help is to create a behavioral health team in your faith community. These teams should consist of mental health professionals and/or faith community leaders and other trusted adults who are trained through programs designed to prepare community members, regardless of their professional training or expertise, to help young people having suicidal thoughts and behaviors.



Mobile crisis resources provide short-term crisis response for youth and adults who are in a mental health crisis. Trained counselors are sent to places like homes, schools, businesses, and public spaces where a crisis is happening. The scope of services varies by state. Some communities have mobile crisis teams specifically to help youth.

You may be hesitant to bring up suicide because you worry that you might put the idea in a young person’s mind and cause them to consider it more. However, most young people already know about suicide—whether through media (i.e., television, movies, social media, music), having a person close to them struggle with suicidal thoughts, or having suicidal thoughts themselves. Research has shown (Blades et al., 2018) that bringing up the topic does not increase their risk for suicide.

Address Cultural Differences

Differences in cultural background can affect how youth respond to problems, the way they talk about death and dying, and their attitudes toward suicide. Their background may influence how they feel about sharing personal information, talking with adults, and seeking help. It is important to be aware of possible differences and tailor your responses to youth and their families 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 primary care provider, faith community leader, or traditional healer. In addition, some cultures do not acknowledge suicidal thoughts or even suicide after it has occurred.

REACH OUT TO SOMEONE WHO MAY BE STRUGGLING

To help people who may be at risk for suicide, including those who have been exposed to a suicide death, you can take the steps below. The extent to which you have training and experience in addressing mental health concerns may determine the type of support you are comfortable providing.

Note: If a young person asks a faith leader to keep what they are about to say confidential, explain that confidentiality is the highest priority except in these three situations: 1) if someone is hurting them, 2) if they are planning to hurt themselves, or 3) if they are planning to hurt someone else.



ASK

- ▶ Reach out to the young person and talk with them.
 - Ask how they feel.
 - Listen non-judgmentally.
 - Maintain eye contact (when culturally appropriate).
 - Show you care regardless of your beliefs about suicide.
- ▶ Be specific, describe changes you have noticed in their behavior, and convey that you are concerned.
- ▶ Ask the young person, “Are you thinking of ending your life” or “Are you considering killing yourself?” Engaging in this type of direct conversation allows them to feel seen and understand that someone cares enough about them to reach out.



SUPPORT

- ▶ Let the young person know they are not alone, and care is available that can help.
- ▶ With permission or in collaboration with the young person, contact the young person’s parent or guardian unless there are safety issues in their home.



CONNECT

- ▶ Encourage the young person and their parent/guardian to see a mental health professional. Offer to give referrals to local providers.
- ▶ Encourage the young person to identify social supports (e.g., other trusted adults, peers, club participation).
- ▶ Encourage them to engage in positive activities such as exercising, listening to music, or meditation.
- ▶ Give them information on 24/7 crisis lines (see “National Crisis Lines and Services” in the resources section below).



FOLLOW UP

- ▶ Reach out to the young person and parent/guardian to provide ongoing support and help problem-solve any barriers to accessing services. Non-clinical caring contacts, such as phone calls or texts, can promote connectedness and increase follow through, which may help reduce suicide attempts.

If you feel you are not the best person to talk with the young person, identify another trusted adult who may have an existing relationship with them.

TAKE ACTION IF YOU ENCOUNTER SOMEONE WHO IS AT IMMEDIATE RISK

IF SOMEONE IS:

- ▶ Talking about wanting to die or to kill themselves.
- ▶ Looking for a way to kill themselves, such as searching online or obtaining lethal means (e.g., firearm, medication).
- ▶ Talking about feeling hopeless or having no reason to live.

TAKE THE FOLLOWING STEPS RIGHT AWAY:

1. Talk with the young person and show you care. Listen without judgment, regardless of your beliefs about suicide.
Note: If a young person is showing signs of immediate risk, their safety is the highest priority. When talking with the young person, explain that confidentiality is the highest priority except in these three situations: if someone is hurting them, if they are planning to hurt themselves, or if they are planning to hurt someone else.
2. Ask the young person, "Are you thinking of ending your life" or "Are you considering killing yourself?" If yes, ask "Have you thought about how you would kill yourself?"
3. If the young person has a plan and access to lethal means, do not leave them alone.
4. Work with the young person on how best to contact their parent/guardian. You will likely need to provide support to the parent/guardian when you contact them and while the young person is receiving help. A parent or guardian must always be notified when a young person is at risk of death by suicide.
5. If there are safety concerns in the home and/or the parent/guardian does not seek help for a minor in their care experiencing an immediate crisis, contact the local child protective services.
6. Assist the parent/guardian in contacting a local mental health professional, a local hospital emergency department, or the [988 Suicide & Crisis Lifeline](https://www.988lifeline.org/). Calls to 988 are routed 24 hours a day to a crisis center based on the caller's area code. Crisis center staff are trained to work with people who are feeling suicidal or are in crisis.
7. In the rare case that the young person needs an ambulance to address a medical emergency, call 911 right away. Since 911 also dispatches law enforcement, keep in mind that for some people, law enforcement may be viewed as potentially causing harm rather than providing help and could escalate the situation. So, use 911 only as a last resort for life-threatening or urgent medical emergencies.
8. Provide relevant information you may have about the young person to the people managing the crisis.
9. Keep in contact with the young person and their parent/guardian after the crisis to be sure they follow up with getting the care and support they need. Help the young person re-enter the faith community youth group if they want to rejoin.
10. Provide ongoing support as needed for the young person and their family.
11. Document all actions taken to ensure effective communication among faith leaders, parents/guardians, and service providers, which will help ensure the young person gets the services needed.

**Crisis
Lines**



**988 Suicide &
Crisis Lifeline:**
Call or text 988 or
chat [988lifeline.org](https://www.988lifeline.org/)

Provides free, confidential, 24/7 support for people experiencing a suicidal, mental health, or substance misuse crisis or emotional distress. Also call to get help determining how to assist someone in crisis. Spanish and LGBTQI+ options are available when you call.

PROMOTE MENTAL HEALTH AND PREVENT SUICIDE IN YOUTH

PROTECTIVE FACTORS

Protective factors are personal, community, or environmental characteristics that help protect people from suicide.

Major protective factors for suicide include:

- ▶ Connection with an accepting, trusted adult
- ▶ Connection with individuals, family, school, and community
- ▶ Connection with a faith community and/or spirituality
- ▶ Access to responsive behavioral health care
- ▶ Life skills (including problem-solving skills and coping skills ability to adapt to change)
- ▶ Self-esteem and a sense of purpose or meaning in life
- ▶ Cultural, religious, or personal beliefs that discourage suicide and encourage help-seeking
- ▶ Limited access to lethal means during periods of crisis

(Adapted from Fonseca-Pedrero et al., 2022; Posamentier et al., 2022; SPRC, 2022)

FAITH COMMUNITY ACTIVITIES TO PROMOTE MENTAL HEALTH AND PREVENT SUICIDE AMONG YOUTH

Below are several ways faith communities can engage youth to help build protective factors and supports.

▶ Educational Programs and Youth Groups:

Youth groups within a faith community are a valuable way to engage youth. These groups, or other parts of the faith community, can provide educational programs and discussion groups to help youth learn about mental health and suicide prevention, reinforce positive social norms, decrease stigma around reaching out for help, and increase comfort with discussing these issues if they or someone they know is struggling. These groups can also bring out information to assist faith community leaders in better understanding how to help youth. The following is an example of approaches used by faith leaders in a Baptist church.

Morning Star Baptist Church (MSBC Ministries) is a predominantly African American church in Baltimore, Maryland. The youth ministry works with young people ages 12–17 on a variety of life issues they face, including mental health and suicide prevention, and addresses those issues using Christian values and strategies.

The leaders went directly to the young people to ask for their expertise and perspectives. They gained insight into how to support the youth through holding a listening session on mental health with them. The leaders learned how the youth felt about mental health without making that the sole focus of the conversation. The session started with an icebreaker asking, “if they could have any mediocre superpower, what would it be?” Then the leaders wove in questions about how the youth were handling the COVID-19 pandemic and how they felt about missing their friends. In addition, a lesson was given specifically on managing stress and building strategies for helping friends who might be struggling with their mental health.

The church also held a mental health roundtable with four young people. They recorded an hour-long conversation with them, asking for their feedback on mental health topics. They started by asking about Naomi Osaka and Simone Biles. Then they asked, “when you have a bad day or are experiencing emotions and feelings that you feel are negative, do you have strategies to change them?” They also asked, “how do you and your friends and family talk about mental health?” Then they discussed active coping strategies and national and local resources for youth mental health.

The video was shared on their social media platforms as a premiere and then stored on the church’s YouTube page for youth and parents/guardians to view whenever they need it. This direct approach has created an atmosphere where the youth feel supported and heard regarding their mental health.

► **Peer Trainings:**

Provide training for teenagers to help them better understand suicide warning signs and how to help someone, especially a peer, who may be suicidal or at risk for suicide.

► **Youth Mentoring and Building Positive Relationships:**

Consider ways to incorporate the elements below to enrich relationships between leaders/volunteers and youth:

- Providing support to youth can help them complete tasks and achieve goals. Leaders can model the values, attitudes, and behaviors they want youth to follow by praising youth for their hard work, regardless of whether they succeed, and by encouraging youth to try new things they are interested in.
- The resilience and coping skills of youth can be strengthened by encouraging growth and expecting youth to live up to their potential, holding youth accountable, and helping them reflect on their mistakes in productive ways.
- Sharing power, fostering two-way respect, and giving youth an opportunity to lead and collaborate with others are great ways to create a safe space for them to express themselves and build their strengths and leadership potential. Also, it is important to respect a young person's opinion even if you disagree, take time to understand their viewpoint, and be open to changing your mind.
- Engaging youth in community service projects can provide a sense of purpose and connection to one's community.

► **Physical Activity:**

Engaging in physical activity has been associated with decreased symptoms of depression in youth (Dale et al., 2019). Consider creating service opportunities that foster physical activity, such as walking and holding field days and youth retreats. When planning events and activities that involve physical mobility, try to create an inclusive environment where everyone can participate regardless of their physical ability.

Understand the needs of the youth in your community and create pathways for them to access support. Be sure to include both youth and parents/guardians in your activity planning! The voice of youth is critical to the success of any programming for them. ***Ask them what they feel would be supportive.***

It is also helpful for all faith community members to receive training in mental health promotion and suicide prevention. This training will increase the chance that any adult in the faith community who a young person turns to for support will be able to respond.

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 stigma and feelings of shame and unwarranted guilt for those close to the person who died. This kind of loss may also increase the suicide risk for individuals who are already vulnerable, regardless of how well they knew the person who died. 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.

Help Youth in the Larger Community

Faith leaders are often called on to assist in providing support to school students after a suicide death. Work with school administration and local mental health professionals to coordinate efforts. For more information on faith leaders' roles after a suicide death, see [After a Suicide: A Toolkit for Schools](#).



HELP YOUTH IN THE FAITH COMMUNITY

- ▶ Youth are particularly vulnerable when a suicide death occurs. Exposure to another person's suicide, either first or second hand or through the media, can be a risk factor for suicide. The following are some actions you can take to help youth and people who work with them when a suicide death occurs:
- ▶ Reach out to people in your faith community who had close contact with the young person who died, such as youth group leaders and religious education teachers. Hold a small "debriefing" for each group separately since each will have unique challenges and perspectives. The purpose of these meetings is an opportunity for people to share their experiences and ideas for how to cope and help youth.
- ▶ Hold a small question and answer session facilitated by mental health professionals for parents/guardians of youth in your faith community. This session can help assist parents/guardians communicate with their child about suicide. If possible, include a mental health professional who is *not associated* with the faith community as well as those who are members of the faith community to assist in talking with parents/guardians.
- ▶ Meet in a small group with your youth group members who were close to the young person before meeting with the whole youth group. They will have a unique perspective and need education regarding how these events may trigger youth, even those who may not have been close to the young person who died.
- ▶ If you are not leading the funeral, memorial service, or vigil, consider supporting youth by attending with them. Going to these events can assist youth with the grieving process.
- ▶ If you encounter a young person who is struggling, and especially if they are not part of a youth group, reach out to them and refer to the section above "Respond to Youth Who May Be at Risk for Suicide" for steps to help them.
- ▶ Consider participating in a local grief support group in your area to obtain support for yourself.

PLAN MEMORIAL OBSERVANCES

Funerals, memorial services, and vigils are an important opportunity to increase awareness and understanding of the issues surrounding suicide and to address stigma. It is recommended that faith leaders review the following resource when preparing to conduct a service or vigil for a suicide death affecting youth: [After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances](#).

This section covers some key points for planning funerals, memorial services, and vigils for a death by suicide. It is important to remind people who are hurting that there are other ways to address their pain besides suicide and encourage everyone to reach out to help those in need.

Be sure to consult with the deceased person's family about what information they want shared. However, in general, avoid the following:

- ▶ Language that might put other people at risk by glamorizing suicide or the person who has just died. Such attention could negatively impact others who are vulnerable.
- ▶ Mentioning the means used and other details about the death.
- ▶ Offering a single reason for the person's death by suicide.
- ▶ Emphasizing the person is "at peace," which can imply that suicide was a reasonable response to the stresses in the young person's life.

Aside from these points, try to treat suicide like all deaths. Having one approach for memorializing a young person who died of cancer or in a car accident and a different approach for a young person who died by suicide may reinforce prejudice associated with suicide and may be deeply painful to their family and friends. Nevertheless, because adolescents are especially vulnerable to suicide exposure, it is important to memorialize the young person in a way that does not inadvertently glamorize or romanticize either them or the death. Focus on how the person lived, rather than how they died.

Be sure to make a clear distinction between the positive accomplishments and qualities of the deceased person and the act of taking their life. Consider encouraging people to engage in a volunteer project to honor the positive aspects of the person's life.

For more information on suicide loss, see the [American Foundation for Suicide Prevention](#).

Language

The language we use in talking about suicide is important.

The term committed suicide brings up a strong negative image. The word commit is a verb that means to carry out or perpetrate (e.g., a mistake, crime, or immoral act). As a result, using the term committed can increase emotions like shame, guilt, and anger. Also, do not use completed or successful suicide because that suggests suicide is an accomplishment, which may make suicide sound positive.

Consider using neutral language that does not have negative connotations when talking about suicide:

He died by suicide.
She took her life.
He ended his life.

rather than

He committed suicide.
She succeeded in completing suicide.

ALSO SAY JUST:
suicide attempt

rather than

unsuccessful suicide attempt

SELF-CARE FOR FAITH LEADERS

Faith leaders not only work with youth who may be suicidal and their families, they are also often among the first people contacted after a suicide death. Given the intensity and complexity of suicide, it can take a large emotional toll on everyone it touches, including faith leaders. The stress that faith leaders experience from this work can result in compassion fatigue and burnout. To provide the emotional support and care that others need, it is important for faith leaders to take good care of themselves. Self-care is a necessity to maintain longevity of leaders in faith communities.

THE FOLLOWING ARE SOME SUGGESTIONS TO HELP FAITH LEADERS COPE:

- ▶ **Know your faith tradition's understanding of suicide.**
 - Do you agree with your faith tradition's understanding of suicide?
 - If not, what is your understanding of suicide?
- ▶ **Know yourself and how stress and grief affect you. Ask yourself these questions:**
 - What have been your own experiences with suicide and death?
 - Were you able to get the support you needed, and what was your experience with it?
 - Are you aware of how you might be retraumatized by another suicide death?
- ▶ **Give yourself permission to get the help you need for your own experiences and concerns. Get support from close colleagues, support groups, and/or professional counseling.**
- ▶ **Give yourself time and space.**
 - Practice good health habits (e.g., eat healthy, exercise regularly, and get enough sleep).
 - Engage in healing and enjoyable activities (e.g., gardening, creating art or music, journaling).
 - Spend time with people who nurture you outside of work (e.g., family and/or friends).
- ▶ **Create a care plan for yourself so that you will have it ready whenever you need it. Include action steps you will take and support resources. Review and update your plan as needed.**

One form of self-care is service. Some faith leaders may find it helps to share their personal mental health journey or participate in mental health education and advocacy (Miller, 2020). Keep in mind that it is most effective to focus on the work you can do well, not the amount you feel you should do, used to be able to do, or some colleagues are able to do (Mason, 2014). Use your strengths and avoid unhealthy social comparisons.

In addition to self-care, faith leaders can be better prepared to work with youth by seeking training opportunities to learn more about suicide prevention. The resources section below lists several courses that have a focus on faith leaders.

(Adapted from Action Alliance's video "Faith Leaders' Guide to Self-Care After a Suicide, 2019, and EDC's Supporting Survivors of Suicide Loss: A Guide for Funeral Directors, 2020.)

CALL TO ACTION

YOU CAN HAVE AN IMPACT

The National Action Alliance for Suicide Prevention, U.S. Department of Health and Human Services, Suicide Prevention Resource Center, and their partners are committed to working with faith leaders to support community-based suicide prevention efforts. As a faith leader you are uniquely positioned to play an active part in suicide prevention due to your role in your faith community and larger local community. You are a trusted messenger and often called on to offer support to youth and their families during difficult times.

However, despite your expected role to assist during difficult times, you may not feel prepared to address suicide. This guide provides evidence-informed information and actionable steps. It serves as a starting point. For those wanting to learn more, there are training programs on mental health awareness and suicide prevention specifically for faith leaders. Faith leaders should also review and implement the competencies outlined in ***Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis***, which was developed to assist faith leaders develop the knowledge and skills needed to support people before, during, and after a suicidal crisis. See the Resources section below for more information.

Faith leaders do not have to do it alone. Faith communities often play a supportive role to many community organizations, and as you explore ways to deepen the support for your community, please consider the support you and your faith organization can receive from the community in return. By partnering with schools, mental health organizations, and other youth-serving agencies in your area, you can expand the safety net of caring individuals ready to support young people in times of crisis. Through increased awareness, training, and partnerships, as a faith leader working with youth, you can make a large impact in your community and help save lives.

RESOURCES

GENERAL RESOURCES

Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis

National Action Alliance for Suicide Prevention. (2019).

www.theactionalliance.org/faith-hope-life/resource/suicide-prevention-competencies-faith-leaders-supporting-life-during-and-after-suicidal

This resource, informed by faith community leaders and suicide prevention experts, helps equip faith leaders with the capabilities needed to prevent suicide and provide care and comfort for people affected by suicide.

Faith Leaders' Guide to Self-Care After a Suicide

National Action Alliance for Suicide Prevention, Faith Communities Task Force. (2019).

www.theactionalliance.org/resource/faith-leaders-guide-self-care-after-suicide-video

This short video highlights the importance of self-care among faith leaders and shares guidance on what faith leaders can do to care for themselves after a suicide.

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

Suicide Prevention Resource Center. (2004). www.sprc.org/online-library/after-a-suicide-recommendations-for-religious-services-and-other-public-memorial-observances/

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 suicide survivors, and offers recommendations for planning a memorial observance.

Center for Parent/Youth Understanding.

Youth Culture Matters, Episode 109: "Suicide Prevention" with Karen Mason. [podcast] (2020).

www.youth-culture-matters-a-cpyu-podcast.simplecast.com/episodes/episode-109-suicide-prevention-with-karen-mason-gfktWQ77

This podcast focusing on suicide prevention with youth is a conversation with Dr. Karen Mason, author of the book *Preventing Suicide: A Handbook for Pastors, Chaplain, and Pastoral Counselors*.

The Role of Faith Community Leaders in Preventing Suicide

Suicide Prevention Resource Center. (2012).

<https://sprc.org/online-library/the-role-of-faith-community-leaders-in-preventing-suicide/>

This brief sheet provides basic information to help faith community leaders recognize and respond to people who may be suicidal or at risk for suicide. It also contains a list of relevant resources.

Pathways to Promise

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

Pathways to Promise, founded in 1988, is a multifaith and multicultural mental health support organization that addresses the need for comprehensive mental health support for any person with a mental health condition and those who surround them. Their vision is realized in communities across the nation through a continuum of program resources and a delivery model.

988 Messaging Framework

www.suicidepreventionmessaging.org/988messaging/framework

This framework provides guidance about when and how to develop messaging about the 988 Suicide & Crisis Lifeline. Faith leaders can use these guidelines to inform their communities about the services 988 can provide them.

TRAININGS FOR FAITH LEADERS

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

www.theconnectprogram.org/services-backup/

The Prevention and Intervention Training is designed to increase the competence of community leaders in responding to individuals who are suicidal or at high risk for suicide. It includes best practice procedures, 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 case of a suicide death. Participants also learn steps for reducing the risk of contagion. These two trainings can be tailored for specific audiences. The intended audience includes faith leaders, traditional healers, pastoral counselors, community leaders, and members of service organizations in any setting who might be involved in responding to a suicide death.

LivingWorks Faith

<https://www.livingworks.net/training/livingworks-faith/>

This training is a five- to six-hour training featuring information, simulations, and stories from over a dozen faith leaders and suicide survivors. Although it has a Christian focus, faith leaders will learn key skills for suicide prevention, intervention, and postvention to use in their faith community. It is offered online, but large groups may request in-person training.

QPR for Clergy

www.courses.qprinstitute.com/index.php?option=com_zoo&task=item&item_id=69&Itemid=101

This is a six-hour online training to help faith leaders work with members of their faith community and their friends, family members, and colleagues to prevent suicide and cope when a suicide attempt or death occurs. Its interactive format includes videos, practice challenges, and quizzes.

Soul Shop

<https://www.soulshopmovement.org>

Soul Shop™ provides in-person, interactive workshops that prepare faith community leaders and other people of faith to train their congregations to work with people impacted by suicidal desperation. They provide basic information, skills, and resources for church leaders, youth leaders, campus ministers, and Black church communities.

If the cost of any training is a concern, contact your [state's](#) suicide prevention coordinator.

FAITH-SPECIFIC RESOURCES**Maristan**

<https://maristan.org>

Maristan is grounded in Islamic traditions with a focus on the advancement of holistic, mental and spiritual wellness within clinical care, education, and research.

Be Well

<https://www.jewishtgether.org/bewell>

Be Well provides support and resources for parents, caregivers, and Jewish professionals to address mental health concerns of youth aged 12-26.

Center for Faith-based and Neighborhood Partnerships (Partnership Center), U.S. Department of Health and Human Services

Below are three PSAs featuring leaders of different faiths:

[988 – National Suicide Prevention Lifeline PSA from Muslim Leaders](#)

[988 – National Suicide Prevention Lifeline PSA from African American Faith Leaders](#)

[988 – National Suicide Prevention Lifeline PSA from Hindu Faith Leaders](#)

[988 – National Suicide Prevention Lifeline PSA from Church of God in Christ \(COGIC\) Leaders \(Versions \[One\]\(#\), \[Two\]\(#\) and \[Three\]\(#\)\)](#)

[988 – National Suicide Prevention Lifeline PSA from African American Youth](#)

For additional videos, see the HHS Partnership Center YouTube Channel at <https://www.youtube.com/@HHSFaithCenter>.

NATIONAL CRISIS LINES AND SERVICES**988 Suicide & Crisis Lifeline**

Call or text 988. To chat: <https://988lifeline.org/chat/>

For information on suicide prevention and crisis centers as well as stories of hope and recovery: <https://988lifeline.org>

Crisis Text Line

Text HOME to 741741

For information and resources on a variety of mental health issues: <https://www.crisistextline.org/>

TREVOR Project

Call: 1-866-488-7386 Text: 678-678

To chat and for information about other services:

www.thetrevorproject.org/

The Trevor Project is the world's largest suicide prevention and mental health organization for LGBTQ+ (lesbian, gay, bisexual, transgender, and queer or questioning) youth. It provides a crisis line, information on a variety of topics, and the online community, TrevorSpace, for LGBTQ+ youth ages 13–24 to connect.

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