

The Role of Faith Leaders in Suicide Prevention

Thursday, December 5, 2013

Today's webinar is co-hosted by the Action Alliance and



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



We All Have a Role in the Journey of Reducing Suicide



2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention



Action Alliance Vision



A nation free from the tragic experience of suicide.

www.actionallianceforsuicideprevention.org



The Partnership Center leads the department's efforts to build and support partnerships with faith-based and community organizations in order to better serve individuals, families and communities in need.

www.hhs.gov/partnerships



Today's Speakers



Talitha Arnold, M.Div., Senior Minister, United Church of Santa Fe; Executive Committee Member, National Action Alliance for Suicide Prevention; Co-lead, Action Alliance Faith Communities Task Force

The United Church of Santa Fe

LOVE GOD, LOVE NEIGHBOR, LOVE CREATION



Robert G. Certain, D.Min., Executive Director, Military Chaplains Association; Executive Committee Member, National Action Alliance for Suicide Prevention



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Presentation Overview

- Why Focus on the Role of Faith Leaders in Suicide Prevention?
- What do Faith Leaders Need to Know?
- What You as a Faith Leader Can Do!
- Resources
- Questions & Answers



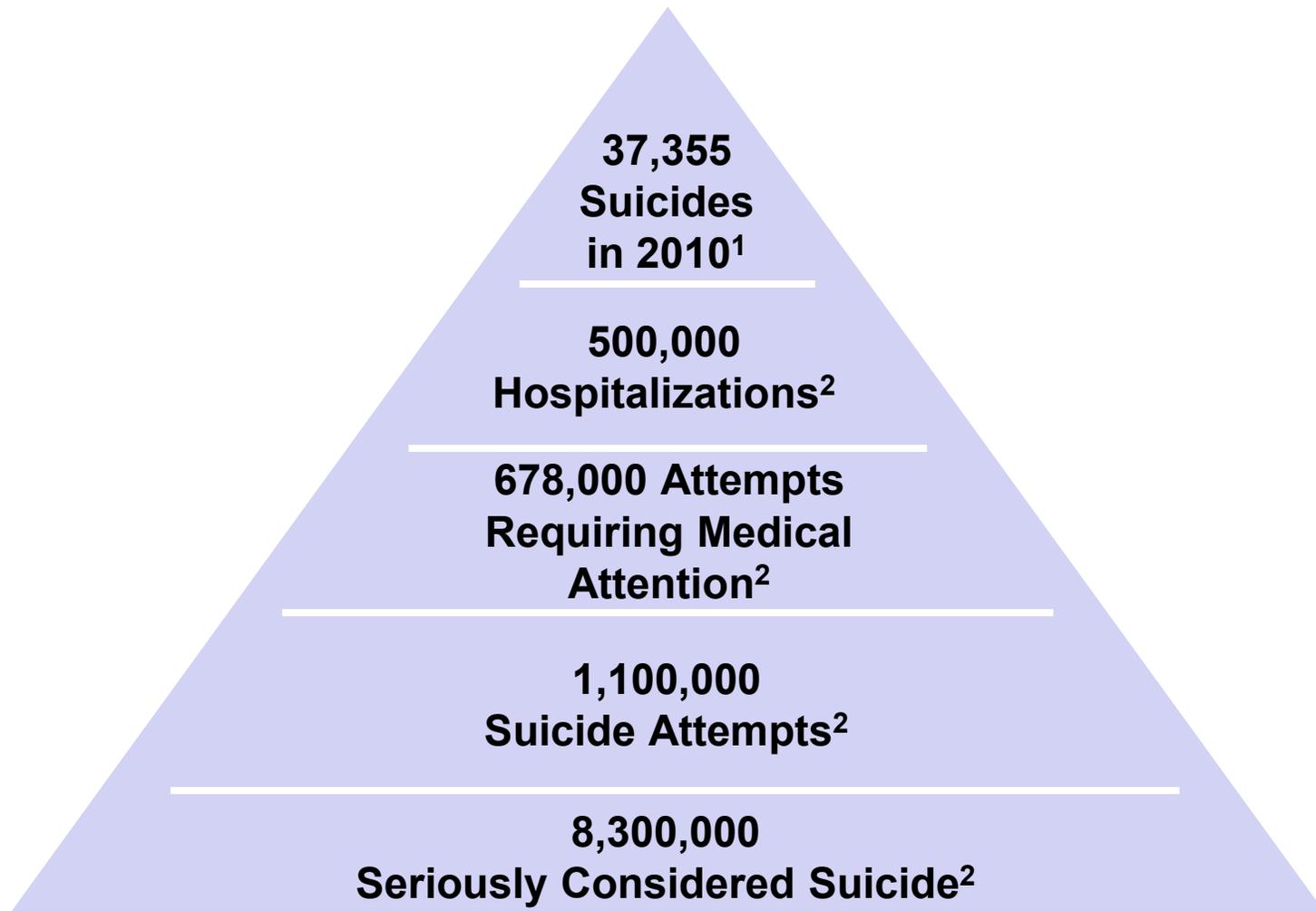
Why Focus On Suicide Prevention?

- Suicide is preventable
- Faith leaders are often on the front line
- Seminaries and education programs for faith leaders seldom offer much training in suicide prevention



WHY IS THIS IMPORTANT?

Suicidal Behaviors among Adults, USA



1: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. (2013). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Available from: www.cdc.gov/injury/wisqars/index.html.

2: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). *The NSDUH Report: Suicidal Thoughts and Behaviors among Adults*. Rockville, MD.



2010* USA Leading Causes of Death

Suicide is in green

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 5,107	Unintentional Injury 1,394	Unintentional Injury 758	Unintentional Injury 885	Unintentional Injury 12,341	Unintentional Injury 14,573	Unintentional Injury 14,792	Malignant Neoplasms 50,211	Malignant Neoplasms 109,501	Heart Disease 477,338	Heart Disease 597,689
2	Short Gestation 4,148	Congenital Anomalies 507	Malignant Neoplasms 439	Malignant Neoplasms 477	Homicide 4,678	Suicide 5,735	Malignant Neoplasms 11,809	Heart Disease 36,729	Heart Disease 68,077	Malignant Neoplasms 398,670	Malignant Neoplasms 574,743
3	SIDS 2,063	Homicide 385	Congenital Anomalies 163	Suicide 267	Suicide 4,600	Homicide 4,258	Heart Disease 10,594	Unintentional Injury 19,667	Chronic Low. Respiratory Disease 14,242	Chronic Low. Respiratory Disease 118,031	Chronic Low. Respiratory Disease 138,080
4	Maternal Pregnancy Comp. 1,561	Malignant Neoplasms 346	Homicide 111	Homicide 150	Malignant Neoplasms 1,604	Malignant Neoplasms 3,619	Suicide 6,571	Suicide 8,799	Unintentional Injury 14,023	Cerebrovascular 109,990	Cerebrovascular 129,476
5	Unintentional Injury 1,110	Heart Disease 159	Heart Disease 68	Congenital Anomalies 135	Heart Disease 1,028	Heart Disease 3,222	Homicide 2,473	Liver Disease 8,651	Diabetes Mellitus 11,677	Alzheimer's Disease 82,616	Unintentional Injury 120,859
6	Placenta Cord Membranes 1,030	Influenza & Pneumonia 91	Chronic Low. Respiratory Disease 60	Heart Disease 117	Congenital Anomalies 412	HIV 741	Liver Disease 2,423	Cerebrovascular 5,910	Cerebrovascular 10,693	Diabetes Mellitus 49,191	Alzheimer's Disease 83,494
7	Bacterial Sepsis 583	Septicemia 62	Cerebrovascular 47	Chronic Low. Respiratory Disease 73	Cerebrovascular 190	Diabetes Mellitus 606	Cerebrovascular 1,904	Diabetes Mellitus 5,610	Liver Disease 9,764	Influenza & Pneumonia 42,846	Diabetes Mellitus 69,071
8	Respiratory Distress 514	Benign Neoplasms 59	Benign Neoplasms 37	Benign Neoplasms 45	Influenza & Pneumonia 181	Cerebrovascular 517	HIV 1,898	Chronic Low. Respiratory Disease 4,452	Suicide 6,384	Nephritis 41,994	Nephritis 50,476
9	Circulatory System Disease 507	Perinatal Period 52	Influenza & Pneumonia 37	Cerebrovascular 43	Diabetes Mellitus 165	Liver Disease 487	Diabetes Mellitus 1,789	HIV 3,123	Nephritis 5,082	Unintentional Injury 41,300	Influenza & Pneumonia 50,097
10	Necrotizing Enterocolitis 472	Chronic Low. Respiratory Disease 51	Septicemia 32	Septicemia 35	Complicated Pregnancy 163	Congenital Anomalies 397	Influenza & Pneumonia 773	Viral Hepatitis 2,376	Septicemia 4,604	Septicemia 26,310	Suicide 38,364

*most current year available



Improvement Goal

Save 20,000 lives in the
next five years.



Short-term Priorities

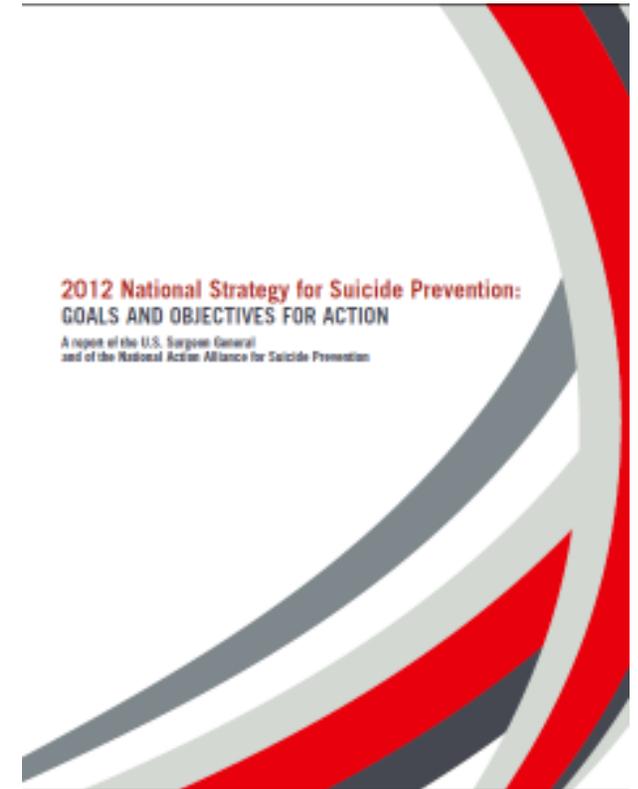
- Integrate suicide prevention into health care reform and encourage the adoption of similar measures in the private sector
- Transform health care systems to significantly reduce suicide
- **Change the public conversation around suicide and suicide prevention**
- Increase the quality, timeliness and usefulness of surveillance data regarding suicidal behaviors



NSSP Dedication

– the place of faith community expertise

*To those who have lost their lives by suicide,
To those who struggle with thoughts of suicide,
To those who have made an attempt on their lives,
To those caring for someone who struggles,
To those left behind after a death by suicide,
To those in recovery, and
To all those who work tirelessly to prevent suicide
and suicide attempts in our nation.*



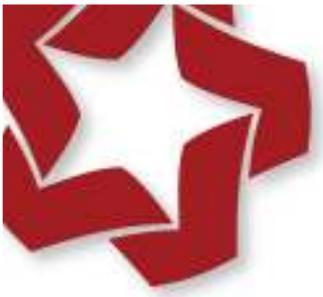
We believe that we can and we will make a difference.

<http://actionallianceforsuicideprevention.org/NSSP>



What do Faith Leaders Need to Know?

- Take talk of suicide seriously
- Previous suicide attempts increase future risk
- Suicidal persons often feel ambivalent about dying, but rather want current pain to end
- Suicidal persons are experiencing tunnel vision, bounded by the current pain
- Asking a person about suicidal feelings provides an opportunity to get help that may save a life



Risk & Protective Factors

- **Risk factors** are often confused with warning signs of suicide, and frequently suicide prevention materials mix the two into lists of “what to watch out for.”
- **Risk factors** are characteristics that make it more likely that an individual will consider, attempt, or die by suicide.
- **Protective factors** are characteristics that make it less likely that individuals will consider, attempt, or die by suicide.



Individual Factors

RISK

- Age/sex
- Mental illness
- Substance abuse
- Loss
- Previous suicide attempt
- Personality traits or disorders
- Incarceration
- Access to lethal means (e.g., firearms)
- Failure/academic problems

PROTECTIVE

- Cultural/religious beliefs that discourage suicide and support self-preservation
- Coping/problem-solving skills
- Support through ongoing pastoral, health and mental health care relationships
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence (youth)
- Reasons for living



Relationship Factors

RISK

- History of interpersonal violence/conflict/abuse/bullying
- Exposure to suicide
- No longer married
- Barriers to pastoral health and mental health care
- Access to lethal means (e.g., firearms)
- Feeling like a burden to others

PROTECTIVE

- Family cohesion (youth)
- Sense of social support
- Interconnectedness
- Married/parent
- Access to pastoral care, health care and mental health care



Community Factors

RISK

- Rural/remote
- Isolation/social withdrawal
- Barriers to pastoral, health and mental health care
- Stigma
- Exposure to suicide
- Unemployment

PROTECTIVE

- Access to pastoral care, healthcare and mental health care
- Social support, close relationships, caring adults, participation and bond with faith community and school
- Support for help-seeking behavior
- People who recognize and respond to warning signs for suicide



Societal Factors

RISK

- Western
- Rural/remote
- Cultural values and attitudes
- Stigma
- Media influence
- Alcohol misuse and abuse
- Social disintegration
- Economic instability

PROTECTIVE

- Urban/suburban
- Access to health care and mental health care
- Religious and cultural values affirming life
- Positive media influence



Warning Signs 1

The following signs may mean someone is at risk for suicide. The risk of suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.

Source: <http://www.suicidepreventionlifeline.org/learn/warningsigns.aspx>



Warning Signs 2

The following signs may mean someone is at risk for suicide. The risk of suicide is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- Increasing the use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

Source: <http://www.suicidepreventionlifeline.org/learn/warningsigns.aspx>



What You as a Faith Leader Can Do!



Ways to Help

- Stay calm
- Take threats seriously
- Ask directly
- Know the community resources for referral in advance (have a list handy for when you need it)
- Connect him/her with resources
- **Seek immediate help; e.g., call National Suicide Prevention Lifeline (1-800-273-TALK [8255])**
- Accompany to hospital or clinician, when needed, or find someone to do so
- Pay attention to the family as well as the individual





In Your Faith Community 1

- Break the silence in your own faith community about spiritual and mental health issues, including suicide prevention.
- Encourage your congregation to provide support for families as well as individuals.
- Help educate your faith community about both the warning signs and community mental health resources
- Post the Suicide Prevention Lifeline in strategic places in your facilities



In Your Faith Community 2

- Understand and strengthen the resources from your faith tradition that promote mental and spiritual health and/or can help in suicide prevention.
 - Narratives of hope
 - Prayers that “break the silence”
 - Connection to the community
 - Worship as a form of pastoral care
 - Advocate for improved mental health care and suicide prevention education

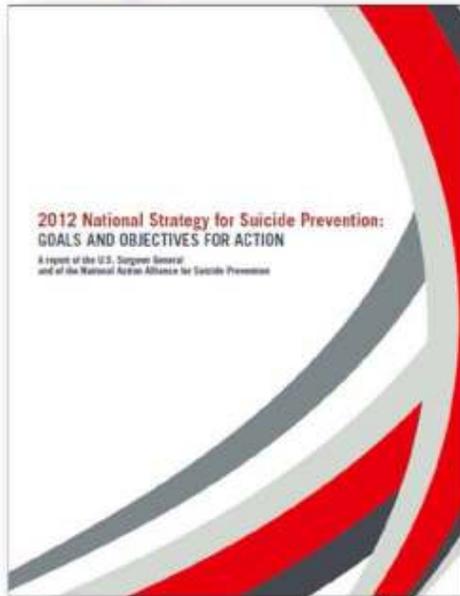


Supporting Survivors of Suicide Loss

- Intense emotions may persist
 - Pain
 - Relief
- Self-stigma
- Anger
- Guilt
- What if?
- Why?
- Criticism and judgment from other (societal stigma)

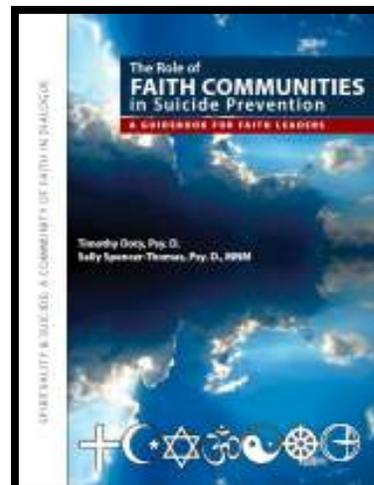
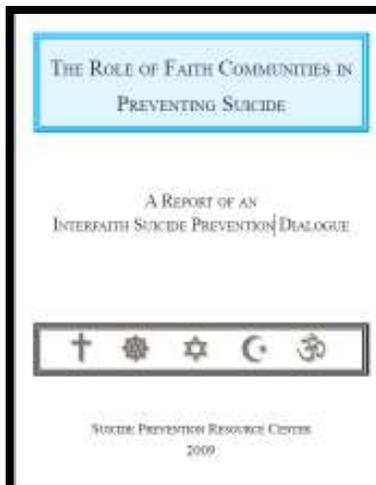
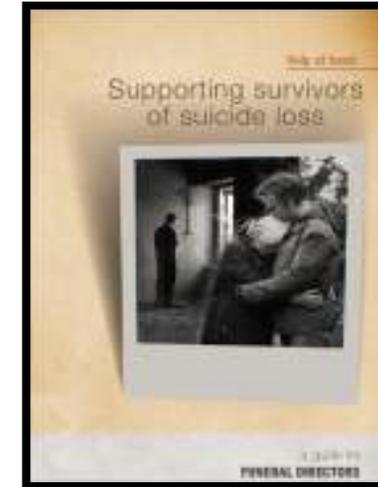
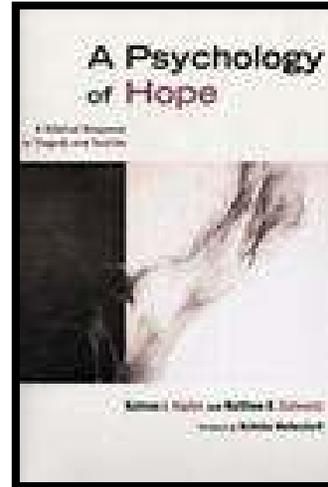
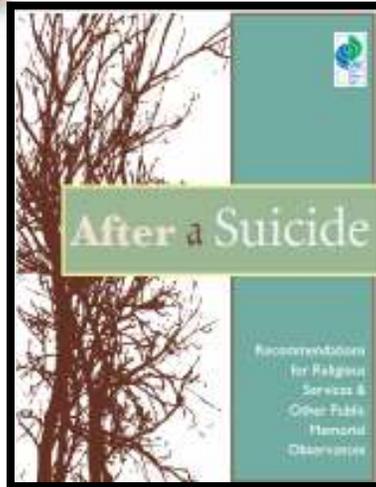


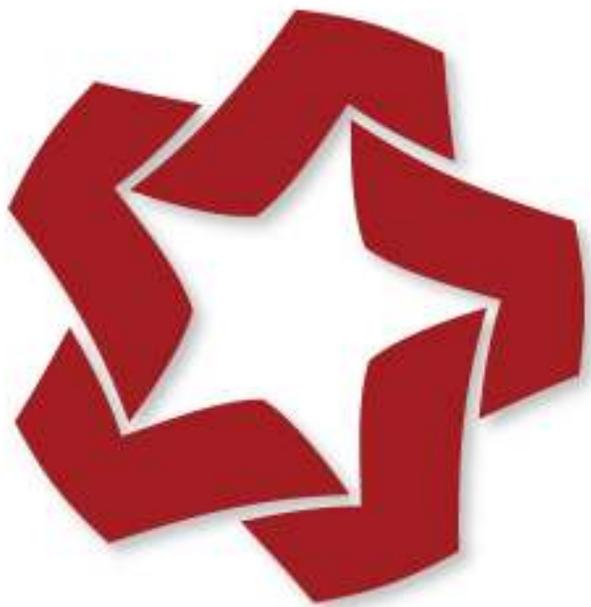
General Suicide Prevention Resources





Faith-related Suicide Prevention Resources





Discussion

[http://actionallianceforsuicideprevention.org/
task-force/faith-communities](http://actionallianceforsuicideprevention.org/task-force/faith-communities)



Task Force Members

- **Talitha Arnold, MDiv —Co-Lead, Private Sector**, Senior Minister, United Church of Santa Fe
- **Anne Mathews-Younes, EdD, DMin —Co-Lead, Public Sector**, Director, Division of Prevention, Traumatic Stress & Special Programs, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
- Jean Beil, MA, MSW; Vice President for Programs and Services, Catholic Charities USA
- Delores Subia Bigfoot, PhD; Director, Indian Country Trauma Center
- Glen Bloomstrom, MDiv, MS, MA; Military Director, Living Works Education & Adjunct Professor, Bethlehem College and Seminary
- Charles Fogelman, PhD; Chair, Psych Health Subcommittee, Defense Health Board
- Kalman Kaplan, PhD; Professor of Clinical Psychology, University of Illinois, College of Medicine, Chicago
- Kimberly Konkel, MSW; Associate Director for Health, HHS Center for Faith Based and Neighborhood Partnerships
- John Livingstone, EdD; Associate Professor, Brigham Young University
- Sherry Mollock, PhD; Senior Advisor for Outreach and Engagement, National Institute for Mental Health
- Pamela Ovwigho, PhD; Research Director, Center for Bible Engagement
- Alice Perry, DMin; Adjunct Professor, Andover Newton Theological
- Wesley Smith, DMin; Chaplain (Colonel), US Army (Retired)
- William Young, Senior Pastor and CEO, The Healing Word Counseling Center



Contact Information

Today's Presenters:

- **Talitha Arnold, MDiv** —Senior Minister, United Church of Santa Fe - unitedchurch.talitha@gmail.com
- **Robert Certain, DMin** — Executive Director, Military Chaplains Association - eagle@unchainedeagle.com

Faith Communities Task Force Leadership:

- **Talitha Arnold, MDiv** —Co-Lead, Private Sector
- **Anne Mathews-Younes, EdD, DMin** —Co-Lead, Public Sector, Director, Division of Prevention, Traumatic Stress & Special Programs, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration - Anne.Mathews-Younes@samhsa.hhs.gov

National Action Alliance for Suicide Prevention:

- **Jason H. Padgett, MPA, MSM**, Task Force Liaison, Secretariat, National Action Alliance for Suicide Prevention, Suicide Prevention Resource Center (SPRC), Education Development Center (EDC) – jpadgett@edc.org – www.actionallianceforsuicideprevention.org

HHS Center for Faith Based and Neighborhood Partnerships:

- **Kimberly Konkol, MSW**, Associate Director for Health, Kimberly.Konkel@hhs.gov - www.hhs.gov/partnerships