SPIRITUALITY & SUICIDE: A COMMUNITY OF FAITH IN DIALOGUE

The Role of FAITH COMMUNITIES in Suicide Prevention

A GUIDEBOOK FOR FAITH LEADERS

Timothy Doty, Psy. D.
Sally Spencer-Thomas, Psy. D., MNM

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THE Carson J Spencer FOUNDATION

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Disclaimer:
This document is a tool to aid your institution in developing and revising protocols and discussions appropriate to the unique environment of your faith community.

Some of the information contained in this guidebook is prescriptive—based on promising practices supported by research. Other information contained herein is continually being developed and understood. We hope that you are able to engage in dialogue with your community as to how to best respond within the context of your respective faith community. Where indicated, please seek out your institution's legal counsel, risk manager, insurance broker or mental health and medical professionals in the community.

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Dr. Doty has a masters degree in forensic psychology and a doctorate in clinical psychology from the Graduate School of Professional Psychology at the University of Denver. His interest in suicide prevention efforts stem from a passion to educate, inform and create dialogue surrounding mental health issues. This guidebook is particularly relevant to Dr. Doty as he has been a life-long member of faith communities and recognizes the gap in information between his clinical studies and the pursuit of mental wellness in the faith communities. Dr. Doty has presented suicide prevention, intervention and postvention/after-care to conferences, professionals, teachers, schools and administrators. He has worked to help those in the school setting to develop training models and crisis response models for suicide and unexpected tragedy. He spent a number of years working for the Denver Police Department responding to crisis situations and assisting victims/survivors. He is currently in private practice at Christian Family Institute (www.cfitulsa.com) in Tulsa, Oklahoma and provides therapy, assessment, and forensic evaluations to individuals, families, and couples. He also teaches college courses at a local university and balances time with his family hiking, camping, traveling, and staying active. He can be reached at www.drtimdoty.com or timothy.doty@gmail.com.

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As a clinical psychologist, mental health advocate, faculty member, and survivor of her brother's suicide, Dr. Sally Spencer-Thomas sees the issues of mental health promotion and suicide prevention from a number of perspectives. Currently, she is the Executive Director for the Carson J Spencer Foundation, the Executive Secretary for the National Action Alliance for Suicide Prevention, and a professional speaker for CAMPUSPEAK. After working as a therapist in a college counseling center and in private practice for over a decade, she found a calling in the work of preventing suicide. As a Master QPR Suicide Prevention Gatekeeper Trainer, she trains trainers across the Rocky Mountain region. She is an author of four books on mental health and has presented nationally and internationally on the topics of mental health promotion and suicide prevention including speaking engagements for the FBI Academy, the National Association of Student Personnel Administrators, the American College Personnel Association, the International Association of Campus Law Enforcement Administrators, the American Association of Suicidology, and the International Association of Suicide Prevention. She currently serves as on the board for the Suicide Prevention Coalition of Colorado and as the Survivor Division Chair for the American Association of Suicidology. While at Regis University, she was the Project Director for the Garrett Lee Smith Suicide Prevention Grant and developed a comprehensive suicide prevention program for campuses called "People Prevent Suicide." As an affiliate faculty member for Regis' Division of Business, she taught leadership students about wellness, social change, and leading with differences in mind. Currently, she oversees the efforts of the Carson J Spencer Foundation whose mission it is to sustain a passion for life through suicide prevention, social enterprise and support for those bereaved by suicide. As the Executive Secretary of the National Action Alliance for Suicide Prevention, she coordinates a public-private partnership designed to implement the Surgeon General's National Strategy for Suicide Prevention. Dr. Spencer-Thomas is the mother of three boys and she lives with her partner and children in Conifer, Colorado.

This book is dedicated to:

Jefferson Unitarian Church and Minister Peter Morales for their support of me in my bereavement and in my advocacy.

- Sally Spencer-Thomas

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Introduction

About 35,000 people die by suicide each year - an average of 1 person every 15 minutes. Approximately 800,000 people attempt suicide a year, which translates to a rate of one attempt every 39 seconds. For every completed suicide, at least 6 survivors of suicide loss (loved ones, friends and family members) are affected.[1] The number of people who attempt suicide, die by suicide and are affected by suicide is staggering, however, suicide can be one of the most preventable tragedies. Knowing that in many communities mental health services are overwhelmed or even nonexistent, we believe that faith communities could be brought more closely into the safety net to bolster the circle of care around people in a suicidal crisis.

For a number of reasons, faith communities promote protective factors for people who may be experiencing a suicidal crisis. Faith communities are a source of hopefulness for many people, a place to experience sadness and joy, and a place to find and offer forgiveness. The major religions of the world share a common belief: life is to be valued and regarded with respect and dignity.

Knowing this, a group of passionate citizens representing many faith traditions started having dialogue about how suicide and spirituality intersect. We knew that this issue of suicide could be one that could bring faith communities together who might otherwise disagree about other matters. We felt that by broadening the circle of who was involved we could break down the silos between those who promote spiritual well being and those who promote emotional wellness. Thus, we set out on a journey to learn more – we facilitated faith forums, focus groups about spirituality, and interviews with spiritual leaders. We poured over research, publications on the issue, and religious texts. We asked the questions: How can faith communities be involved in suicide prevention and what are the resources needed to promote the best suicide prevention, intervention and postvention (response to the aftermath of suicides) practices in our faith communities?

> ***"Faith leaders play a special role in helping their communities sustain a passion for life."***
>
> - - Dr. Sally Spencer-Thomas - Executive Director, Carson J Spencer Foundation

> ***"The people we work with are more than their souls, they are a mind and a body. A weakness in one affects the others."***
>
> - -- Rev. Dr. Barbara Wilkins-Crowder, Westminster United Methodist

Suicide Prevention: Protective Factors Supported by Faith Communities:[2]

1 McIntosh, J. L. (2008). U.S.A. Suicide: 2005 official final data. Retrieved March 24, 2008, from American Association of Suicidology: http://suicidology.org/associations/1045/files/2005datapgs.pdf

2 Suicide Prevention Resource Center. (2004). Risk and Protective Factors for Suicide. Retrieved March 23, 2008, from Suicide Prevention Resource Center: http://www.sprc.org/library/srisk.pdf

☐ Purpose

The purpose of this guidebook is to prepare leaders of faith communities to prevent, intervene and respond to the tragedy of suicide. The concept for this guidebook grew out of an increasing understanding that suicide affects a significant number of people in all walks of life and that people often turn to their faith communities in times of crisis. Knowing how to respond in the moment of a suicidal crisis can be an anxiety-provoking experience. We hope to provide a guide to help alleviate this anxiety by providing knowledge, preparation and support within the context of a community.

☐ Goals

1. To prevent suicides from occurring within the membership of faith communities.
2. To help prepare religious leaders, pastoral care providers, staff and administrative personnel to respond to suicidal crises when they arise within the community.
3. To assist religious leaders in promoting healing after a suicide occurs within the community.

☐ Overview

Throughout this guidebook, three main patterns will repeat. Each main section: Prevention, Intervention and Response, are further divided into sections of: **Community**, **Tenets of Faith** and **Pastoral Care**. These three themes emerged during multiple suicide prevention focus groups and interviews held at Regis University in Denver, Colorado. Many faith groups, regardless of their particular tradition, are uniquely positioned in their communities to bring these strengths to bear upon the resolution of crises and the promotion of healing. Because of this capacity of many faith groups, we felt that an interfaith perspective would help underscore one of our main messages: suicide impacts everyone and we share the responsibility to prevent it.

> ***"Personally, I was recently reminded of how helpful it can be to ask others for help in the midst of a crisis: A pastor friend of mine called late one night; he was in the middle of helping a high-school student who was experiencing a suicidal crisis. There were a lot of anxiety-provoking things on my friend's mind that night. How do I help? What do I say? How can I let this young man know that he is loved and cared for by his family? How can I help get him hooked up with professional help, especially if he is resistant to help? As we talked into the night, I realized that suicide is not discussed enough in my own faith community. It also made me realize the importance of the intersection between mental health and faith communities. For me, this conversation was a motivator to put this guidebook together. Let's start conversations in our faith communities."***
>
> - - Tim Doty, Author

Download this poster:
PeoplePreventSuicide.org

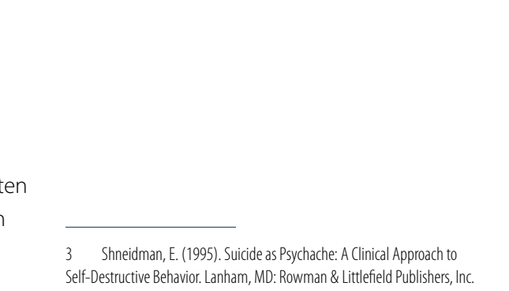
☐ Why Does Suicide Occur?

The question of why people die by suicide does not have an easy answer; however most people do not desire death, they just want to escape their mental anguish. Edwin Shneidman,[3] a pioneer in the field of suicidology, coined the term "psychache" to describe the depths of the despair suicidal people feel. The dilemma of a suicidal person to live through the emotional torment or die to end the suffering has been likened to the dilemma of the victims of the World Trade Center tragedy of 9/11. Many of those up on the highest floors chose to jump to their deaths rather than be burned alive by the flames; they did not want to die, they just saw no other way out of an impossible situation. May we all have compassion to appreciate the flames that are leaping at the backs of those in psychological turmoil.

When someone is in a crisis, they often mask their internal experiences so their motivations may not be clear to loved ones and friends. One model that explains why people take their own life, proposed by Thomas Joiner,[4] author of Why People Die By Suicide, suggests that those who die by suicide often have both a desire for suicide and an acquired capacity (see diagram right). That is, they have increased isolation and have lost purpose and they have learned, by means of a series of desensitizing experiences, to overcome the instinct for self-preservation. Joiner labels the two components that lead to a desire for suicide as "thwarted belongingness" (losing connection with others) and "perceived burdensomeness" (the thought that my death is worth more to the people who love me than my life is).

According to Dr. Joiner, neither of these situations are enough to provoke a suicidal crisis without acquiring the capacity to die (fearlessness). Combined with fearlessness, both the experience of perceived burdensomeness and thwarted belongingness make for a high-risk situation. One of the ways that people experience distress in belongingness and purpose is when they go through a spiritual crisis. One evangelical faith leader we worked with stated, "Suicidal people often are having a spiritual struggle to connect with God. We need to have an accurate view of ourselves and see ourselves as God sees us."

Adapted from Joiner Model (2005) P. 138
Why People Die By Suicide



3 Shneidman, E. (1995). Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior. Lanham, MD: Rowman & Littlefield Publishers, Inc.
4 Joiner, T. (2005). Why People Die By Suicide. Massachusetts: Harvard University Press.

Scripture tells us when one [of us] hurts, we all hurt.

Burdensomeness and belongingness need only be perceived or experienced by the person in crisis as troublesome. This is not to say that someone else in a similar situation might not perceive the circumstances differently but rather, the lenses we each bring to a situation can alter our experience of it and we would benefit from appreciating the vast number of ways people can respond to the same stimulus.

The rest of this guidebook will explore specific ways that faith communities can bolster suicide protective factors while reducing risk factors and ultimately helping people live their best lives.

Quick Tip:

Awareness is a necessary but insufficient component for creating change in a community. In order for people to move past the barriers implicit in the work of suicide prevention, we must support a knowing, being, doing model of deep learning and sustainable change.

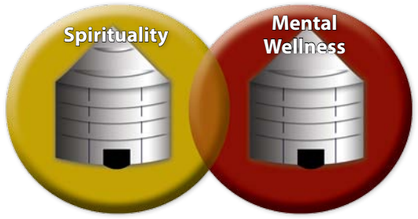
A Comprehensive Approach to Suicide Prevention

Adapted from the U.S. Air Force Suicide Prevention Program, Jed Foundation, and the Suicide Prevention Resource Center

Part I: Prevention

Suicide is not just a mental health problem, it is a public health problem, and as such a coordinated prevention effort is required. Many systems are often needed to collaborate in order for deep and sustainable change to be realized, and faith communities are a critical piece of the prevention puzzle. Too often faith communities and mental health providers operate independently of one another, as if they were relegated to their own silos of expertise. Individuals who seek out spiritual pursuits as a part of their coping and mental wellness would likely benefit from a collaborative approach between faith communities and mental health services.

Collaborative Approach Between Faith Communities and Mental Health



Community

Belongingness

The opportunities for individuals to feel connected to something larger than themselves are shrinking in the United States. Author of "Bowling Alone," Robert Putnam[5] suggests that the deep connections that individuals have to one another has been shrinking in the last few decades in the U.S. Sociologists who have conducted long-term research on the number of confidants people have, discovered that in the 1980's the average number of confidants people in the U.S. had (people with whom they could share anything with) was three. In the current decade, this number has shrunk to one.[6] Through shared sacred space, rituals, retreats, fellowship, and milestones, faith communities provide a connection to one another—a belongingness—that creates a buffer against suicide. Faith communities can assist in strengthening social bonds between individuals. Characteristics of love, compassion, tolerance, and a sense of belonging all contribute to the protective nature of community within a faith or religious context. Individuals within a faith community are a part of something larger than themselves, which promotes a feeling of purpose. Through the acts of community service, charitable giving, volunteer work, and promoting social justice, faith communities bolster a sense of meaning that can supersede internal pain.

40 different faith communities represented the 3,000 people taking part in The Second Wind Fund run to raise money for the prevention of teen suicide

"Faith communities' support has meant everything to our efforts at Second Wind. When faith communities engage in discussions and offer support for difficult topics, such as around suicide, their moral leadership signals that it's OK for others to feel comfortable addressing it as well. On a community level, this helps us move the discussion along about suicide on a broader level, and having so many faith community representatives at our walk/run/ride makes a collective statement to the community that words alone cannot. However, the greatest impact may be on a personal level--someone struggling with suicidal thoughts is likely to seek help if they understand that their faith community sees their struggle as part of the human condition, and that compassion is emanating from their spiritual home as they work through those despairing times."

-- Jeff Lamontagne, Executive Director and Co-Founder, The Second Wind Fund

5 Putnam, R. (2000). Bowling Alone: The Collapse and Revival of American Community. New York City: Simon & Schuster.

6 McPherson, M, Smith-Lovin, L & Braeshears, M. (2006). Social Isolation in America: Changes in Core Discussion Networks Over Two Decades. American Review, 71.

Mental Health Programming Suggestions

Faith communities can offer specific programs to further encourage social connectedness and positive mental health in times of struggle. These programs can help make the connection between spiritual wellness and emotional wellness.

Peer Support: Teens Taking Care of Friends

According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death for individuals ages 25-34 and it is the third leading cause of death for individuals ages 10-24.[9] Thus, it is clear that suicide is a significant concern for teens, college age individuals and young adults. Over the last decade the field of suicide prevention has shifted to acknowledge that experts are not the only ones who can prevent suicide; very often the trained adults are the last to know when a person is in trouble. We must train our young people to know the signs and know what to do if they are worried. Due to the alarming rates of teen suicide, faith communities can play a role in educating peers and those who work with youth to watch out for the warning signs and risk factors that contribute to the possibility of suicide. One programmatic suggestion for faith communities is to implement training for teens, peers and leaders to better understand warning signs of suicidal consideration (See page 21 for information on Suicide Prevention Gatekeeper Training). Teens can help one another make positive decisions and convey to a peer in crisis they are not alone and that the community is there to help them.

7 Retrieved from: http://www.webmd.com/news/20050526/going-church-may-improve-mental-health (May 18, 2008)
8 Handbook of Psychotherapy and Religious Diversity. Richards & Bergin.
9 http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html

Did You Know?[7-8]

- **People who regularly attend church, synogogue, or other religious services are less likely to suffer from depression and other psychiatric illnesses than those who don't.**
- **Mental illness encourages people to search for meaning and significance.**
- **Religiously commited people tend to report greater subjective well-being and life satisfaction.**
- **As a group, religious people tend to live longer and to respond better once they have been diagnosed with an illness.**

"The gift our church brings to the issue of suicide is the idea of community. We help people to develop deeply meaningful relationships where we journey through life together, where we lean on each other. All of us face those dark moments, those dark times when we are questioning, doubting and fearing. We need one another to hold us up and remind us that the tomb is empty, that every storm we face, God will get us through. God will make us stronger on the other side and even use us then in the lives of other people."

--Faith Leader representing mainline Protestant church

Depression Screenings

One way your faith community can send a message of hopefulness and well-being is to conduct community-wide depression screenings. For instance, if you already have programs promoting health and wellness, you can integrate mental health education and screening into these efforts. Depression and diagnosable mental illnesses such as bi-polar disorder, anxiety disorders and schizophrenia are all considered disorders that put people at greater risk for suicide. The mental health disorder that is most commonly associated with suicide is Major Depressive Disorder. Approximately 2/3 of people who complete suicide are depressed at the time of the suicide.[10] A resource for conducting depression and mental health screening is included in Appendix G.[11]

Educational Programs and Discussion Groups

Another useful community program that can help educate a faith community is to encourage discussion about mental health and suicide by offering programs that engage the community in dialogue around these issues. One such recommended program is Fierce Goodbye (www.fiercegoodbye.com) from Mennonite Media. This DVD and book combination follows the stories of families and survivors of suicide. Included in the Fierce Goodbye program are responses from faith leaders and mental health professionals to help understand the grieving process from the standpoint of a survivor. Faith communities can use this tool to assist in starting a dialogue within their communities about the reality of suicide. In addition, the American Association of Suicidology (www.suicidology.org) provides lists of recommended videos regarding suicide including their appropriateness for different age groups.[12]

One way we can prepare our communities is to discuss the religious texts appropriate to your community. For example, the Bible discusses a number of individuals who struggled with a wish to die. For Christian communities, a Bible study could be developed to discuss those who struggled with mental health issues or apathy with life.

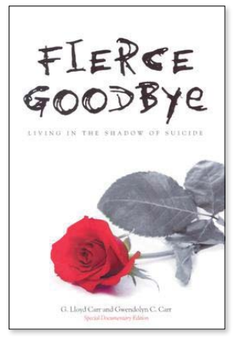
10 http://www.suicidology.org/web/guest/stats-and-tools/fact-sheets
11 Screening for Mental Health. (n.d.). Home Page. Retrieved March 24, 2008, from Screening for Mental Health: www.mentalhealthscreening.org
12 http://www.suicidology.org/web/guest/education-and-training

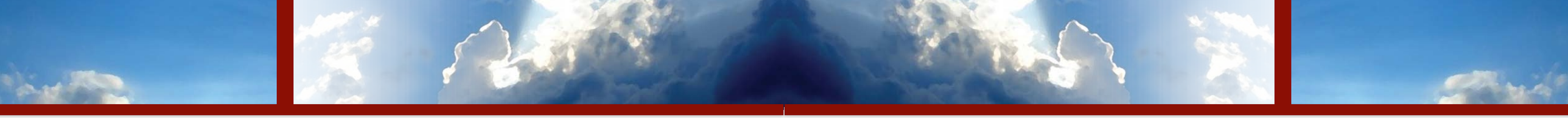
"Suicide & Spirituality: A Community of Faith in Dialogue" posters

A series of three posters was created as a social marketing campaign to encourage dialogue between faith communities and those invested in preventing suicide. They were created in collaboration with Regis University, The Carson J Spencer Foundation, The BACCHUS Network and a number of research focus groups that provided helpful feedback.

To download copies of the posters and other materials, go to:
www.PeoplePreventSuicide.org

Fierce Goodbye DVD and Book





The following passages and questions are examples of how discussion groups might reference sacred works and ask questions around the topics:

Example Passages:

1. One example from the Bible comes from the story of Samson and Delilah. Samson's death occurs in Judges 16: 28-30. In this passage, Samson prayed to God and asked God to give him strength to bring the temple down on Samson and his Philistine tormentors. Samson died by his own hand as an act of revenge and arguably suicide.[13]
2. A second example of a Biblical character with a wish to die is found in 1 Kings 19:4. The prophet Elijah had been threatened by Queen Jezebel that he would be killed by the following evening. Elijah ran for his life. He was presumably worn-down, exhausted, and wished to die. He cried out to God to take his life, to die then and there.[14]
3. Matthew 27: 3-5. Then Judas, his betrayer, seeing that Jesus had been condemned, deeply regretted what he had done. He returned the thirty pieces of silver to the chief priests and elders, saying, "I have sinned in betraying innocent blood." They said, "What is that to us? Look to it yourself." Flinging the money into the temple, he departed and went off to hang himself.

Questions:

- How might the three examples from the Bible be similar to victims of the 9/11 tragedy who jumped from the turmoil of the flames behind them to escape what seemed the only way out of an impossible situation?
- Can you relate to Elijah? He had just won a victory for God. He just ordered the death of false prophets of Baal. Even in a moment of "victory," his life was in jeopardy. Have you ever wanted to be gone? Have you ever gone to sleep and wished not to wake? Perhaps, if we are honest, many people have felt a glimpse of suicidal ideation (or thinking of wanting to die).
- Judas' guilt and regret became so powerful that it overshadowed any forgiveness and mercy that was available to him and he hanged himself. Recall that Peter also denied knowing Jesus, but instead of holding onto the guilt and regret, he immediately expressed sorrow and opened himself to mercy and forgiveness. How can emotions like guilt, shame, regret or loss become unmanageable in our lives? What are ways of dealing with these emotions appropriately?

Inter-Faith Forum

Another way to bring attention to suicide prevention efforts within your faith community is to begin the process of inter-faith dialogue. By bringing together leaders from multiple faiths in the format of a forum, much can be learned about how different communities and cultures deal with suicide prevention efforts. Faith communities can put together programs in which panels of leaders from other faith traditions can discuss how they incorporate the traditions and tenets of their faith in promoting life and preventing suicide. This effort not only educates a community about the commonalities and differences among faith traditions, it offers a symbolic solidarity on the issue, as one of our forum participants once said, "We may have differences in our spiritual beliefs, but we are working together to figure out how we can best promote life."

To view a taped segment of one of our faith forums on suicide, visit: www.PeoplePreventSuicide.org

13 Carr, G.L. & Carr, G.C. (2004). Fierce Goodbye: Living in the shadow of suicide. Herald Press.
14 Hosier, H.K. (2005). An eclipse of the soul: A Christian resource on dealing with suicide. Grand Rapids: Revell.

Tenets of Faith

Life is Sacred

The concept that life is valued highly is a shared theme throughout the major religions of the world. Catholicism, Protestantism, Islam, Buddhism, Judaism all seek to promote the supreme value of life. By promoting life as being highly regarded and valued, a safety net is created for people who might be in a suicidal crisis. By encouraging choices and belief structures that promote life, faith communities are in a unique position to offer hope. Research also points to the fact that being a part of a community that believes in a value system that promotes life has the effect of increasing positive, life affirming choices.[15] Here are some ways that different faiths have committed to the sanctity of life:

- Catholicism calls culture to revere human life, love life and foster life at all stages. This is referred to as the concept of "human dignity," as life is created in the image of God.[16]
- According to the Conservative Judaism perspective, the valuing of human life goes beyond "human dignity." The glory of the Lord shines on His creation. The challenge is to rise beyond dignity and approach the "transcendent glory of God," in daily living.[17]
- "The starting point for Buddhism is the value and sanctity of life…human life is a rare privilege with special responsibilities…ultimately, the Buddhist understanding of human dignity is rooted in the idea that we are able to choose the path of self-perfection. We can, in other words, consistently make those difficult choices for creativity, growth and development."[18]
- As human beings created by Allah, Islam teaches, "We are a special creation of Allah" whose dignity and honor must be promoted "among all people of the world." Muslims are called to treat one another with dignity and respect and to promote the dignity of all people.[19]

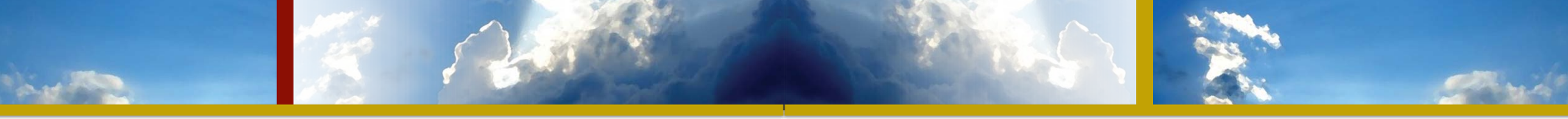
"Relationship with God is a core foundational issue that sustains the sanctity of life. In Genesis we learn that we are created in the image of God; only God truly gives life and only God can take it."

--Faith Leader representing the evangelical Christian perspective

"Everyone is responsible for his or her life before God. It is God who remains the sovereign master of life, and we are obliged to accept life gratefully and preserve it for His honor and salvation of our souls. We are stewards not owners of the life God entrusted to us. It is not ours to dispose of. Grave psychological disturbances, anguish, or grave fear of hardship, suffering or torture can diminish the responsibility of the one dying by suicide."

---Faith Leader representing Catholic perspective from the Catechism of the Catholic Church #2280

15 DeLeo, D. (2002). Struggling against suicide. Crisis, 23(1), 23-31.
16 http://centerforsocialconcerns.nd.edu/mission/cst/cst2.shtml (retrieved 2/1/08)
17 http://www.encyclopedia.com/printable.aspx?id=1G1:142967531 (retrieved 2/1/08)
18 http://www.sgi.org/buddhism/daily-life/list/buddhism.html (retrieved 2/1/08)
19 http://www.crescentlife.com/spirituality/muslims_for_human_dignity.htm (retrieved 2/1/08)



Pastoral Care

Setting Tone for the Importance of Suicide Prevention

As your community's faith leader, the group looks largely to you to set the tone for issues of importance and concern. Attending to suicide as a preventative effort and putting together ways of responding before a crisis occurs is easier than attempting to respond in the moment of a crisis. Faith community leaders are in a position of sending a message of hope about preventing suicide. As a largely preventable crisis, faith leaders can share with their communities how to prepare, respond and listen to someone who might be experiencing a suicidal crisis. Instilling the belief in the community that suicide is preventable and that each person can play a role in the prevention of the tragedy can empower community members to be action-oriented. For instance, faith leaders can deliver a message of advocating for suicide prevention through dedicated services. (Appendix C)

Discussion Point:
Suicide as a Sin

"Most world religions believe that life is a gift to God and harming that life is a grievance against God. On one hand this mandate is a lifeline for people who know if they follow through with suicide that there will be consequences. On the other hand, it creates shame for those who might be struggling with suicidal thoughts and want to be able to talk about it. It also creates shame for the bereaved who are struggling."

-- Rev. Dr. Barbara Wilkins-Crowder, Westminster United Methodist

1. How might sending this message create a "lifeline"?
2. How might this message contribute to feelings of shame?
3. How can the lines of communication be opened to people experiencing a suicidal crisis?

Part II: Intervention

Community

If you are concerned about someone in your community who may be considering suicide, be aware of the warning signs, ask them if they are contemplating suicide (in clear language), and be ready to listen.

Awareness of Risk and Protective Factors and Warning Signs

Educating your community about warning signs and risk factors can help a wide number of people identify those who are in trouble. A number of warning signs and risk factors have been identified that may contribute to a suicidal crisis.

Risk Factors

Risk factors are those qualities that may put people at greater risk for suicide. Usually, there is not just one thing, but the factors are additive; that is, the more of them there are, the more the person is at-risk. Some risk factors for suicide include:

- Previous suicide attempt – past behavior is the best predictor of future behavior
- Depression, Bipolar Disorder, or other mental illness- especially when there is a heightened sense of hopelessness or agitation
- Access to and familiarity with lethal means
- Caucasian males (rates of suicide completion increase with age)
- Significant loss (divorce, death, loss of health, separation, break-ups, loss of respect)
- Pressure to succeed and a single source identity that is being threatened (e.g., job loss, financial trouble)
- Family problems - especially within the primary partnership (divorce, separation, death)
- Poor self esteem
- Family history of suicidal behavior
- Someone close to individual has completed suicide
- Substance abuse or dependence
- Chronic debilitating illness or severe pain
- Exposure to others' suicides – via media or people close to them
- Religious or cultural beliefs that are permissive about suicide (e.g., that it is a noble act under some circumstances)
- Religious intolerance and family rejections for those with noncomforming gender identities and sexual orientation

Protective Factors[20]

- Access to effective clinical care
- Means restriction
- Strong social support
- Conflict resolution and problem solving skills
- Cultural or religious beliefs that discourage suicide and support self preservation

20 Adapted from SPRC http://www.sprc.org/library/srisk.pdf

Warning Signs

Warning signs are changes in behavior that people often see when people are getting close to ending their lives. People who are in danger of taking their own lives may try to reach out to others - sometimes directly, sometimes indirectly. Rarely will at-risk individuals immediately volunteer the information that they are thinking of harming themselves. Instead they might exhibit some warning signs. The most common are verbal or written threats of suicide. They may be making direct threats like "I am going to kill myself," or veiled threats like "I wish I were dead" or "People would be better off if I am not around" or "Soon you won't have to worry about me" or "I just can't take it anymore. I am done." Or they just may seem preoccupied about suicide, death, or dying.

If the person has a suicidal plan and the means to carry it through, this is a serious warning sign that requires attention (note: some attempts, especially in youth are impulsive. Thus, absence of a plan is not evidence of absence of risk). Increased substance abuse can sometimes make the difference between ideation (thinking about suicide) and a suicidal act. Another important warning sign is the presence of an agitated depression – the person is despondent, but they are pacing, irritable, and unable to sleep. This can sometimes be a sign that they are getting closer to a deadline they have set for themselves to die.

If someone you know is displaying these behaviors, ask them what might be going on. Ask them how you might be able to help. Send a message of hopefulness. Let people in crisis know that you and the community are available to listen and to help. By spreading the awareness of warning signs and risk factors, you can empower your community to take action and save a life.

An easy mnemonic to remember what warning signs to look out for is: **Is Path Warm**

Quick Tip: Warning Signs

Ideation (thoughts of suicide or dying)
Substance abuse

Purposelessness
Anxiety
Trapped
Hopeless

Withdrawal
Anger
Recklessness
Mood changes

Source: American Association of Suicidology

Note:

When seen in conjunction with some of the above-mentioned warning signs, an additional specific warning sign might call the attention of faith communities and that is a change in religious behavior. For instance, those who were previously ambivalent about their faith but now are showing up regularly to services with lots of questions about the afterlife might be preparing to meet their Maker. Others who were previously involved and now are avoiding religion might be struggling to resolve their fear about the spiritual consequences of suicide.

Everyone Can Play A Role

Faith leaders can share the message that suicide affects everyone, and we all can play a role to prevent it. Being a part of a community means that there is a shared sense of responsibility when things go well as well as when things do not go well. The major world religions charge their patrons to care for the less fortunate individuals of the world (orphans, widows, the sick, and the needy); those who struggle with mental illness and who are contemplating suicide certainly fall into the category of those whom we are called to aid. Previously, most people thought that only the highly trained experts could be called upon to care for the suicidal and thus, people did not feel that they had the ability to intervene. The truth is there are very few highly trained experts and many, many people who are in contact with those at-risk for suicide. Thus, we need to train many more people to be minimally competent to assist when there is a crisis. People can take many roles on this issue – from those trained in counseling, those who can speak about the issue to the public, those who can organize a community walk, those who can provide bereavement support for families, and many more.

A ***gatekeeper*** [gate | keep | er] – *noun*

A gatekeeper is anyone who is in a position to recognize the warnings signs that someone might be in crisis or contemplating suicide.

Quick Tip:

For more information on models of suicide prevention gatekeeper training, go to:

www.sprc.org/library/SPRC_Gatekeeper_Matrix.pdf

Suicide Prevention Gatekeeper Training:

Faith community leaders can offer training that empower bystanders who know what to do when a crisis occurs. Just like CPR, suicide prevention gatekeeper training is an emergency response to someone in crisis and can save lives. There are several models for suicide prevention gatekeeper training that can last from one and a half hours to two days: QPR, ASIST, SafeTeen, and Yellow Ribbon are just some of the models available (See Quick Tip right). Through skill building and behavioral rehearsal, these programs prepare community leaders and volunteers to become gatekeepers and most have train-the-trainer programs that help make the program self-sufficient. The training promotes the idea that suicide is preventable.

Who are the Suicide Prevention Gatekeepers in your Community?

The following are a few roles where Suicide Prevention Gatekeeper training may be appropriate:

- Youth workers and volunteers
- Those who offer counseling
- Small group leaders
- Musicians, artists, choir groups
- Those who work with the elderly
- Outreach personnel
- Concerned parents
- Empowered teens
- Staff members
- Teachers
- Memorial Service Coordinators

What is Involved in Suicide Prevention Gatekeeper Training:

The training prepares gatekeepers to "Ask the Question" and gives them opportunities to practice. Examples of asking someone clearly if they are contemplating suicide are:

- Are you thinking of suicide?
- Do you want to die?
- Are you thinking of taking your life?

Unclear ways of asking (and should be avoided) include:

- Do you wish you could go to sleep and not wake up?
- You don't want to die, do you?

Asking in the negative "you don't want to…" gives people an out…a way of denying what they might be experiencing, and gives them the message that you cannot handle their response.

Direct questions leave no room for ambiguity and confusion. It may feel awkward, but asking someone directly may relieve their anxiety and can free them up to talk to someone instead of acting on a suicidal crisis.

The training goes on to teach participants how to persuade others to seek help and how to refer to appropriate care. The most important part of the training, however, are the experiential exercises that give people an opportunity to practice their skills in a simulated situation.

Please note that this summary of gatekeeper training is not intended to take the place of an actual training. Encourage your community leaders to get trained.

Tenets of Faith

Prayer, Meditation and Healing Ceremonies

One of the unique ways faith communities can respond to the crisis of suicide is to offer intervention in the form of prayer, meditation and healing rituals. By focusing on spiritual issues such as forgiveness, hope, and a greater meaning, people can often find inner resources to help bring them through tough times. Again, many of the world's faith traditions have made these tenets central to their identity.

Religious Quotes About Faith and Despair

"For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal."
-- Corinthians 4:17-18

"No one saves us but ourselves. No one can and no one may. We ourselves must walk the path."
-- Buddha

"O you who believe! Strengthen yourselves with resolution and prayer. Indeed Allah is with those who persevere in adversity."
-- Qur'an, Al-Baqara, Surah 2:153

Healing rituals are another way that faith communities can provide hope in the midst of sadness or crisis. Examples of healing rituals are provided in Appendices A & B. These particular examples are directed towards survivors of grief and loss.

I came to have a very clear spiritual encounter with God through my own near fatal suicide attempt as a minor. I found myself in a hospital room by myself feeling very ashamed, believing that I had made a decision that was beyond God's forgiveness and mercy. I was extremely grateful to come to an understanding that God is merciful and compassionate.

--survivor of suicide attempt

In the Buddhist perspective we do things to calm the mind. When we chant in a fellowship of a community of other people, you experience love and acceptance. In my depths of my suicidal thoughts it was the isolation that backed me in a corner, from which I couldn't get out. The mind is a very powerful thing and when it is trapped, it is trapped. We do whatever we can to pull people out of it. For someone in a suicidal crisis, chanting may be more helpful than meditation because the mind is not well and may latch on to negative ideas. Suicidal folks focus more on chanting repeatedly to help calm and distract the mind.

---Buddhist leader

Pastoral Care

Crisis Counseling

Pastors and religious leaders often counsel and work with people who are experiencing pain and considering suicide as a way to escape. Many people seek counseling from their religious leader before they consider seeking help from a mental health professional. In fact, clergy and pastors spend on average nine and a half hours per week counseling individuals, the majority of whom report suffering from depression.[21] In many ways religious leaders are the frontlines of where people turn in a moment of crisis. While this may create pressure and anxiety for faith community leaders, particularly due to the seriousness of suicide, it points to the need to be trained and ready to respond to people in crisis. [Appendix E for Decision Tree for Action]

When clergy and religious leaders realize that someone may be in crisis based on warning signs or overt or covert communication, they should respond by:

1. Keeping the person safe
2. Providing a listening ear, understanding and support
3. Ensuring that the individual in crisis receives additional professional care

Note:

The Suicide Prevention Lifeline (1800-273-8255) is a national call number that routes to locally operating crisis call centers 24/7. Operators at these call centers are trained in crisis communication and are knowlegable of local resources.

21 Weaver, A., & Koenig, H. (1996). Elderly Suicide, Mental Health Professionals, and the Clergy: A Need for Clinical Collaboration, Training, and Research. Death Studies , 20 (5), 495-508.

Overt communication o•vert - *adjective*

Communication that is clear, apparent, readily available for understanding.

1. I want to die
2. I am scared that I might hurt myself
3. I am feeling suicidal

Covert communication co•vert - *adjective*

Communication that is unclear, hidden, concealed.

1. I don't know if I will be around
2. I don't want to wake up
3. My friends and family would be better off without me

Quick Tip: Know Your Limits

"Medical, ethical, and legal issues can arise when clergy cross the line from offering faith-based listening and guidance to counseling someone in a therapeutic manner. Well-meaning clergy have been sued because they have overstepped appropriate boundaries while engaging in empathetic pastoral relationships. Be sure your congregants understand that while you are always willing to listen and minister to their spiritual needs, you may not be the best person to provide direct care for certain issues. Consider partnering with mental health and other health care professionals in your community, and maintain a list of therapists to share with troubled parishioners. You may be able to find professionals whose religious or cultural backgrounds are similar to your congregants', which will allow a troubled person to make an easier transition between you and a mental health professional."

-- Suicide Prevention Resource Center

Terms of Crisis Counselors and Responders

While members of a faith community may seek out their religious leaders primarily in a time of crisis, leaders may experience compassion fatigue or vicarious trauma[22] or burnout as a result of too much contact with high needs, high anxiety community members. Before burnout or vicarious traumatization occurs, community leaders can take steps to take care of themselves and their own emotional and mental health needs. [Appendix F: Self-Care for Helpers]

Additionally, faith communities can develop teams of individuals who are interested and willing (and preferably trained) to respond to individuals in need. A team effort of responding to high-needs individuals helps spread the support. A team of responders also allows for peer supervision and debriefing.

Responses to Different Personality Styles

A team can also assist in responding to different types of individuals. Types of personalities that may be encountered when responding to suicidal individuals can include:

1. **Impulsive** = reactive and boisterous personality styles

Within a community these personality styles can cause a great deal of interruption, discomfort and may appear odd to most outsiders. The task for dealing with these personality styles is to contain and minimize the impulsivity of the behaviors. Psychologist Marsha Linehan[23] describes a philosophy that is useful to adopt when working with impulsive individuals: She says to remember that these individuals are "doing the best they can" and the best they know how at any given point. They may in fact be trying desperately hard to fit in or 'act normal.' However, despite their best efforts and best wishes, they present challenges to the caregiver. When faced with this situation, caregivers benefit from trying to understand how the disruptive behavior is functional for the distressed person and offer alternative ways to achieve the same outcome with a different, more desirable process.

22 Secondary Traumatic Stress - occurs when the helper becomes traumatized by the information s/he learns about the trauma experienced by another.

23 Linehan, M. M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder. New York: The Guilford Press

Pastoral Counseling

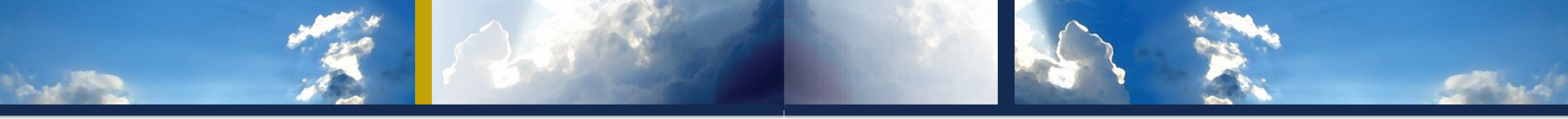
- Number of sessions are usually fewer than ten and supportive in nature
- May include follow-up and checking in with someone previously seen for counseling
- Ongoing support
- Spiritual guidance is the focus for emotional support
- Theologically based and may integrate religious texts often
- May or may not be licensed mental health clinicians

Clinical Intervention

- Number of sessions vary and can be long term
- May include pyschiatric testing and diagnosis
- Therapeutic intervention directed at learning how to cope with life stressers or reframing life expereinces
- Trained for crisis intervention
- Able to navigate and initiate psychiatric, nonvoluntary hospitalization on people at-risk for self harm
- Regulatory boards oversee lincensed clinicians
- Integrate client's spirituality into therapy and treatment

Vicarious Trauma and Compassion Fatigue

The physical and emotional toll that can occur when listening to others stories of pain, upset, disappointment. "The stress of caring too much."



2. Reclusive = depressed, isolated personality styles

These personalities may feel equally challenging to work with because of difficulty in drawing out reclusive individuals. These individuals may shrink back and become difficult to notice. They may prefer to remove themselves from activities, groups, and connections with others. However, as people isolate themselves from the community, feelings of depression increase. The task for drawing out reclusive individuals is to be warm, kind, patient and to invite them back into activity and community with others.

Larger Community Resources and Referrals

As a team of responders within your faith community, it is useful to maintain relationships with mental health providers in the community around you. Referrals to mental health providers are necessary once suicidal individuals have been identified. If the suicidal person is in crisis (e.g. direct threat, attempt or significant agitated depressed state), then immediate action is likely to help keep the person safe. Under these circumstances, call 911 or 1-800-273-TALK (8255). When the situation is less serious, take time to listen to the person in crisis, be ready to accompany them to family or friends who can watch over them. Once the suicidal person agrees to seek out further help, connect them with a mental health professional.

Quick Tip:

When someone is ready to seek help, faith communities should be prepared with a number of resources and referrals. Brochures, fact sheets, phone numbers, websites, and a list of preferred providers are most useful when organized before a crisis. Several copies of these resources should be made available to different faith leaders and updated regularly.

"Years ago I befriended a young woman who had attempted suicide a number of times. My friend was working with a pastor who was very helpful to her. The pastor never treated this young woman like she was sick, but instead was gracious, compassionate and loving towards her. I think that people with mental illness or disability of any sort should not be identified completely by their struggle. Instead, and I believe that this was helpful to my friend, people should be treated with respect and dignity and encouraged to interact normally with others. As a friend to this woman, I let her know that I valued her and I did not want her to die. I let her know that I would not give up on her. Eventually, with a combination of supportive friends, professional mental health care and medication, my friend is doing much better. I know she is doing better because over the past few years when I experienced the loss of my parents and my brother, she was able to reach out to me in a time of grief. I think there was a time in the midst of her own struggles that she would not have been able to offer that compassion and support. Over the years, we have both been blessed by the friendship."

--Sr. Peg Maloney, Regis University

Part III: Postvention

Although suicides can be prevented in many cases, particularly when people are trained on how to identify warning signs, the tragedy of suicide still occurs. The response from the community, the leadership of faith organizations and from well-meaning caregivers can either promote recovery or distract from the healing process. The following section describes the do's and don'ts of responding to suicide.

Community

The community can play a significant role in responding to the loss of someone to suicide. Survivors of suicide describe feeling a range of responses from the community: some survivors feel loved, cared for, welcomed and supported. Other survivors feel ostracized, misunderstood, alienated and alone. How then should the community react in order to promote feelings of support in the midst of a tragedy? Some ideas that follow are: asking survivors how they would like to be included in community events; allowing for the grief process of survivors; and offering support through groups and grief counseling.

Asking Survivors of Suicide Loss How They Would Like to be Included

Survivors of suicide loss may be family members, loved ones, friends, and colleagues. Many will grieve, mourn, experience sadness, anger, hurt, guilt and a myriad of other emotions for days, weeks, months and years to follow. The community can allow for survivors' healing while including survivors in the normal activities of the community. Survivors share that in the weeks following the loss of a loved one to suicide that faith communities are usually comforting and responsive—they bring meals and conduct memorial services, however in the weeks following the loss, the feelings of isolation from the community commonly set in. Many survivors feel that the other individuals in the community do not know how to talk to them and feel that they have been isolated in their time of need.

Instead, survivors of suicide loss may wish to be included in the life of the community. They may need to talk about the loss of their loved one. Of course, every person experiences grief and loss in a unique way. The challenge of knowing how to respond to those bereaved by suicide can be overcome with a direction of compassion from the faith leader.

Postvention

An intervention following a suicide that supports bereaved community members. Attention is given to preventing further suicides by at-risk individuals.

Quick Tip:

When in doubt check it out - ask "how can we support you at this time?"

Allowing for Grief Process

As previously mentioned, everyone experiences grief and loss in a unique way. There is no "right" way to experience grief. Grief is an intensely personal process that calls upon community assistance when it feels appropriate. There are a number of theories in the research that relate to the grief process. One classic example of dealing with grief and loss comes from Elisabeth Kübler-Ross, in which five stages of grief are somewhat sequentially attended to or experienced. However, it is possible that the grief process of survivors of suicide loss may display some differences.

Kübler-Ross Stages of Grief

Stages	Potential Complications in Grieving Suicide
1. Denial and Isolation	Feelings of survivor guilt – what could I have done to save this person? Why did they have to die?
2. Anger	Ostracism from community
3. Bargaining	Feeling relief that the person has died and subsequent guilt
4. Depression	Loved one may be believed to be in hell
5. Acceptance	Unable to accept loss because of internal and external blame

"In the aftermath of my brother's suicide, my faith community was there for me. He wasn't even a member of our church, but they allowed his memorial service to take place there and our Minister facilitated a service of dignity and compassion for him. The church community embraced me fully – bringing us meals and comfort for the following weeks and checking in with us over the subsequent years. Since then, the leadership team of my faith community participates in an annual healing ceremony for people bereaved by suicide that we conduct every December, and we participate in suicide prevention walks as a faith community. As a survivor of suicide loss, this support has been an amazing part of my path to recovery."

--Sally Spencer-Thomas, member of Jefferson Unitarian Church

Tenets of Faith

Fierce Goodbye

The Fierce Goodbye book and companion DVD published by Mennonite Media has been mentioned a number of times throughout this guidebook as a resource for faith communities. Specifically, Fierce Goodbye stands out as a resource for faith communities within the Christian tradition. The DVD follows the story of a number of survivors of suicide loss. Their stories share a common element of struggling to find their own grief process and some discuss that struggle within the context of a faith community. The book Fierce Goodbye: Living in the Shadow of Suicide written by G. Lloyd Carr and Gwendolyn C. Carr[24] explores both artistic, poetic responses to the emotional impact of suicide and an intellectual and theological exploration of forgiveness after suicide.

24 Carr, G.L. & Carr, G.C. (2004). Fierce Goodbye: Living in the Shadow of Suicide. Herald Press.

How Does Religion View Suicide?

For some communities suicide is a controversial subject and many faith traditions may differ on this topic. Within some major faith traditions, suicide has historically been seen as "self-murder" and was therefore thought of as "unforgiveable." Survivors of suicide loss can become wracked with guilt and shame over the prospect of their loved ones spending eternity away from paradise and God. In Fierce Goodbye, the authors examine all the Biblical scripture related to suicide. The authors conclude that the Bible does not seem to suggest that suicide is a unique category of sin that necessitates damnation. A number of examples were provided previously in Part I: Prevention – Programming Suggestions – Educational programs and discussion groups (pages 15-16).

Pastoral Care

Dissemination of Information

The task of informing the community in the event of a suicide may fall to the religious leaders and pastors of the faith group. A delicate balance between providing accurate information to the community and simultaneously minimizing the possibility of copycat suicide is needed. Misinformation hinders the process of grief and healing among survivors and community members. It is useful to provide clear, accurate information of the suicide. Engaging in theological discussion about the "right" or "wrong" nature of a suicide hinders healing and may leave survivors feeling guilty. Some tips on disseminating information are provided in Appendices D & I.

Standard Operating Procedures

Publishing a set of Standard Operating Procedures is one way to create clear expectations for responding to suicidal crises as an institution. These protocols should address:[24]

1. **Communication Plans** - who should people tell if they are concerned about someone's impending suicide? Who has the authority to act on this communication? How might bits and pieces of information be funneled into a vortex so that people who are in a position to intervene have all the relevant data? How will interventions with distressed community members be recorded?

Download this poster:
PeoplePreventSuicide.org

"My daughter, when she was 6 years old, attended Catholic school, and her classmate told her that her brother was in hell because he died by suicide. At 6 years old, she's told her brother's in hell. As a parent I believe he is in heaven. I had to go to the parent of the child who said that and the teacher to let them know what was going on because my daughter was a survivor…survivors aren't always twenty-five-year-olds and up."

-- Parent and survivor of suicide loss

24 Adapted from Jed Foundation's Framework www.jedfoundation.org/documents/FRAMEWORK.pdf (retrieved 5.8.08)

2. **Crisis Plans** – what should people do if someone is acutely suicidal during a faith community function (e.g., a youth on a retreat)?
3. **Postvention Plans**– how will this faith community respond to the requests for funerals and memorial services for those who have taken their own lives? What will be done to support a community bereaved during the immediate impact and over the long-term? Remember – postvention is an important part of prevention.

Language

Those who are charged to publicly discuss suicide should monitor the language they use. For example, previous terminology about suicide such as "committed suicide," "successful suicide," and "failed suicide attempt," connote the concept of success or failure in an endeavor. Instead suicide is an often tragic outcome of mental illness. Thus, language such as "completed suicide," "died by suicide," or "suicided" is more appropriate.

Additionally, caution should be exercised in glorifying the suicide in any way. On the one-hand, acknowledging the positive aspect of the person's life while alive is a critical piece to honor for survivors of suicide loss. On the other hand, the glorification that they may now be in a peaceful place in afterlife, may be interpreted as a reward for the act of suicide. A further distinction can be made between how the person was suffering and experiencing great turmoil and the need to learn how the community can support people in the midst of crisis. Provide a call to action for communities to provide resources, to care for those in crisis and to help find effective solutions.

Memorial Services

Memorial Services are an opportunity to promote healing, allow for grieving and to comfort those who are experiencing emotional pain due to their loss. Help survivors find comfort within the context of their faith community and the tenets of faith. (See Appendices A and B)

Debriefing

Debriefing provides a way for involved parties to process a crisis event in its aftermath. One debriefing model that is commonly practiced is CISD or CISM (Critical Instance Stress Debriefing / Critical Incidence Stress Management). This model's effectiveness is currently in debate as it might lead to re-traumatizing or exposure to unnecessary details of a traumatic event.

A new model of debriefing promotes resiliency to traumatic events and encourages strengths-based coping behaviors.[26] This model encourages individuals to rely on their natural resiliencies to traumatic situations instead of focusing on the traumatizing details of the event itself. A number of debriefing steps are suggested:[27]

- **Post-Incident Meetings** - invite impacted parties and survivors to an informational meeting.
- **Offer On-Site Group Sessions** - invite crisis professionals to provide a resiliency briefing.
- **Individual Meetings** - encourage survivors to seek out individual support meetings with a crisis professional.
- **Follow Up** - crisis professionals can follow up throughout the year with surveys and on-site meetings.

"Today we offer Christian burial for victims of suicide, but at one time the Catholic Church didn't allow victims of suicide to have Christian mass. Now we always follow charity and we do not judge. God is the only one who can make a judgment on a human's soul. We don't know the final thoughts, prayers, or regrets of the person who has died. We pray for their souls and let God be the judge. We do not punish a family that had no control over this. If the mass is requested by the family, it will be celebrated. God is a merciful and compassionate God. Mental illness, psychological disturbances, suffering or torture can diminish the responsibility of the person and a person cannot be held culpable for their actions. God can not condemn someone who did not know what they are doing."

--Faith Leader representing Catholic tradition

"As we look at Jewish law, there can appear to be a very harsh clear line of distinction, but I believe the Judaic interpretation would say there is incredible compassion and support especially when someone is identified as having an unsound mind."

--Faith Leader representing Jewish tradition

26 Slawinski, T. (2005). A Strengths-Based Approach to Crisis Response. Journal of Workplace Behavioral Health, 21(2), 79-88.

27 Blythe, B.T., Slawinski, T.T. (2004) An Alternative to Stress Debriefings Risk Management. Retrieved from http://findarticles.com/p/articles/mi_qa5332/is_200405/ai_n21348753 on May 1, 2008.

Conclusion

The poet Robert Ingersoll once wrote, "In the night of death, hope sees a star. And listening love can hear the rustle of a wing." Faith communities can be that shining light of hope to bring people through the dark night of the soul; they can hold on to the hope for the hopeless. They can illuminate the way for those who are resistant to help or for those whose ideas about mental health create barriers to a well society. Finally, faith communities can be beacons to engage others in the movement of suicide prevention and mental health advocacy.

We thank you for your interest and support, and we welcome your ideas, suggestions, and successes as we continue to build our campaign.

Please visit our websites and send us your suggestions:

www.CarsonJSpencer.org
www.WorkingMinds.org – suicide prevention for the workplace
www.PeoplePreventSuicide.org -- suicide prevention for faith communities, colleges and universities (downloadable posters and brochures for faith communities here)
www.TheGiftsofHope.org - resources for families bereaved by suicide

Appendices

Appendix A: Healing Ceremony

Program Outline:

Note: This idea was adapted from LaRita Archibald's healing ceremony.

Survivor Memory Book:
As people come to the event, have them write down the name of the person they lost to suicide in a memory book. The list of names will be read at the end.

Music:
Adds greatly to the emotion of the event. A simple acoustic ensemble is very moving – guitar, piano, flute. The music should be chosen with care. If the event is around the holidays consider: Silent Night, A Bleak Midwinter, or others.

Sample Reading:
We mourn the loss of our loved ones. For many of us the darkness of our loss and sorrow has overshadowed our love of life, has held back happiness and has blinded us to the blessing of wonderful memories.

Light is the symbol of hope. Even the tiniest flame illuminates darkness. As our celebration candles glow, let their radiance warm our grief-frozen beings and remind us of the wonder of love. Let us rejoice and celebrate the richness of a life and relationship shared.

[Other poems and responsive readings can be interspersed throughout the program, depending on the length desired]

Candle Lighting:
For those that want to participate, as the category of the loved one they have lost is read, each person comes forward to light a small votive candle and place it on an altar. Pause to wait until each group has finished lighting their candles before going onto the next.

In Memory of Mothers: Sample Reading
You gave me the gift of life and tenderly held and cared for me. You laughed and made good times within our home. Caregiver, teacher, the essence of love, is the memory I have of you. Mother, I celebrate your life.

In Memory of Fathers: Sample Reading
You taught me that gentleness was not weakness and that strength was not power or force. Dad, I fill this void with memories of all you taught and meant to me and celebrate your life by sharing memories of you with others.

In Memory of Sons: Sample Reading
I mourn the lost dreams of graduation, college, marriage, and grandchildren, carrying on the family name and your companionship as I grow old. I treasure memories of happy times shared and, always, my son, I celebrate your life.

In Memory of Daughters: Sample Reading
Part of my own life has died in your death, my sweet daughter. Gentleness and laughter and loving is you. I will carry to eternity cherished memories of our time together. I celebrate your life and the blessing of the love we shared.

In Memory of Brothers: Sample Reading
My brother, my friend, your unbearable anguish that we couldn't share is now left for me. I am thankful that as time passes I am able to focus on the good times and the camaraderie. I celebrate your life and the bond we shared.

In Memory of Sisters: Sample Reading
Dear sister, forgive me for not knowing that, for you, the future had lost its promise. I grieve for your unfulfilled dreams. I will cherish your memory always. I celebrate your life and the special friendship we shared.

In Memory of Partners: Sample Reading
Our lives had become one and that part of me died when you, in your pain, left me. Dear, partner, I am grateful for the treasury of memories I have of you, of our love and our life together. I celebrate your life and I'm thankful for the blessing of sharing it. Companion, partner, sweetheart. Respect, trust and abiding love enriched our years together. Love is beyond the touch of death, my darling one. I celebrate your life and our love for one another and will forever cherish your memory.

In Memory of All Other Family Members: Sample Reading
You were someone very special in my life. I ask forgiveness for the missed opportunities to make life more enjoyable for you. I cherish memories of you and celebrate your life and our relationship.

In Memory of Friends: Sample Reading
You were the one with whom I shared my dreams, confided my fears and trusted my secrets. It's painful accepting that I can no longer enjoy with you all the things that meant so much to us. I will always celebrate your life and friendship.

In Celebration of Their Lives: Sample Reading
The most beautiful and lasting tribute we can make to those we loved who have died is renewed focus on the future...a future nourished by our memories of them, by thanksgiving, by peace of mind and by the joy of ever-deepening relationships in our continuing lives.

Silent Reflection:
Let the participants sit in silence after the candles have been lit. Read the names from the survivor memory book slowly. As music plays, the participants can leave when they are ready.

Appendix B: Remembrance Ceremony

Darkness Transformed
The Light Goes On…

Sally Spencer-Thomas
Executive Director, Carson J Spencer Foundation

Room Set Up:

- Table 6' – skirted and draped in center of room
- Several circular mirrors of different sizes on table
- Three large white pillar candles lit on table
- Smaller candles in glass votives displayed around table at different heights
- Lights dimmed, soft music playing as people enter and gather around the table
- Podium with pillar candle and flowers
- People enter and receive program

Introduction:

- Leader – Act of Remembrance is Sacred
- Sometimes we forget because we're busy or because it is too painful
- Remembering can be selective – what to let go, what to retain
- Part of the psychological and spiritual healing process
- Grieving is a form of honoring them

Responsive Reading:
We hold our loved ones in our hearts and remember them…

For the love they gave to us.
We are grateful.
When we need comfort, guidance, humor or strength.
We remember them.
For the good times they brought us.
We are grateful.
When we have celebrations in life we want to share.
We remember them.
For the good people who surround us, who know the reality of love and loss.
We are grateful.
For as long as we live and remember them, the light goes on.
May they be forever in light.

Ceremony of Light and Remembrance:
Music and Reflection – soft reading of names from book of remembrance

In a moment we will light candles of remembrance and honor those who have taken their lives. The candles will symbolically transform the darkness of this room to light. As you light your candle you can honor your loved one in the way that feels most comfortable to you. You can just think the person's name, you can say the person's name out loud, or you can say their name and one thing you are grateful for regarding what they brought to your life.

Closing Poem

Hearing things more than beings,
listening to the voice of fire,
the voice of water.
Hearing in wind the weeping bushes,
sighs of our forefathers.

The dead are never gone:
they are in the shadows.
The dead are not in earth:
they're in the rustling tree,
the groaning wood,
water that runs,
water that sleeps,
they're in the hut, in the crowd,
the dead are not dead.

The dead are never gone,
they're in the breast of a woman,
they're in the crying child,
in the flaming firebrand.
The dead are not in earth:
they're in the dying fire,
the weeping grasses,
whimpering rocks,
they're in the forest, they're in the house,
the dead are not dead.

- Birago Diop, Senegal

Our service of remembrance has come to a close. You may stay for reflection or sharing if you like.

Appendix C: Faith Community Service Template

Order of Service:

- Personal story from a member of your faith community who has been impacted by suicide. This is an invitation to the community to ignite a passion for care and concern for the issue of suicide.

- The main message of the service can incorporate how the foundations of faith combined with the strength of community can help bring individuals through the "dark times of the soul." Incorporate your specific faith tradition's messages of hopefulness and compassion. What about your faith can help promote a passion for life?

- **Call to Action:** ask a member of the community to light a candle as a symbol of dedication to a "Passion for Life."

- Point out that this is a "job for us all." Lead the community in a collective prayer with a community response:

- **Leader:** As we consider those in our community and our world who struggle with emotional turmoil and pain…

- **All:** Ignite in us a passion for life

- **Leader:** Provide us with wisdom to encourage our brothers and sisters to seek solace in community…

- **All:** Give us compassion for those who have experienced "dark times of the soul"

- **Leader:** Let us remember and lift up those who have lost loved ones

- **All:** Help us to love, encourage and support the survivors in our community

Dedicate one service during the year to the topic of "Passion for Life."

Appendix D: Disseminating Information About the Suicide Event

Disseminating Information

- There often is no way to keep a suicide a secret, even if the family requests it.
- It is important that the death be addressed accurately and directly. Once basic facts of a suicide are known, any attempt to delay or deny information may only encourage rumors.
- The family may wish to keep some information confidential, and this should be respected whenever possible.[28]
- Most survivors can remember years later how they first learned of a suicide.

How the Information is Passed on is Very Important

The following steps are recommended:

1. Verify the information from police and/or medical examiners.
2. It is crucial to tell leaders of the faith community first, ideally as a meeting or chain phone call. They, too, may have intense reactions and need an opportunity to deal with their own feelings prior to discussing with faith community members.
3. It helps each individual to first hear about the death from a familiar person.
4. Prepare a brief written statement to be presented to community members as a whole.
5. Send a letter to community members. The purpose is to reduce the likelihood of distortions and to alert families to be sensitive to reactions to the tragedy. The letter should encourage individuals and families to come to the faith community with personal concerns and to report concerns. Both the letter and written statement should contain the facts about what is known about the death without disclosing the means of suicide. These documents should also direct community members on what they can do to help.

28 It should be noted that even if a family may wish to keep information about suicide confidential, the cause of death is public record (which may be discoverable by the media). Also, It is worth discussing the emotional and energy toll that it might require to keep a suicide a secret.

Appendix E: Decision Tree for Action

Ideation
Substance abuse

Purposelessness
Anxiety
Trapped
Hopeless

Withdrawal
Anger
Recklessness
Mood changes

If you see any of these **Warning Signs** present, **Be a Gatekeeper**

Ask the Question:
- Are you thinking of suicide?
- Do you want to die?
- Are you thinking of taking your life?

Be Ready to Listen

If not currently suicidal: Perhaps the individual is feeling depressed and has considered suicide in the past:
- Listen to their story.
- Ask them if they would agree to speak to a professional.

Connect the person in crisis to a mental health professional

If currently suicidal:
- Do not leave the person alone
- Activate your crisis team
- Ask if the person has a plan or access to carry out their plan (this won't "plant a seed," but it will give you an idea of the seriousness of the threat.)
- Call The National Suicide Prevention Lifeline **1-800-273-TALK (8255)**

If the person in crisis has means and access to a lethal method, Call 911

Appendix F: Self-Care for Helpers

Make Adequate Time for Yourself. It's easy to be consumed by all the various demands in our lives. Regularly scheduling time for yourself can make a big difference. Even something as simple as scheduling a lunch hour and really taking it can help.

Do Something you Enjoy. Do something just for you. This can range from pleasure reading, to taking a class unrelated to our profession just because you have an interest in that area, to doing something connected to athletics and the arts.

Take Care of Yourself Physically and Spiritually. Take the time to undergo regular physical exams and dental care, exercise regularly (even a little is better than none), get adequate rest, maintain a healthy diet (keeping fast food to a minimum if possible), get a massage, take a yoga class, or meditate, attend to your spiritual needs in some other more personal way. Keep in mind that self-care is a good thing. Self-care is not selfishness. The better job we do in taking care of ourselves, the better job we can do to take care of our communities.

Say NO! Setting reasonable limits and having realistic expectations for yourself is of great importance. Have firm and consistent boundaries and limit the number of difficult individuals you counsel at any one time.

Don't Isolate. Stay involved in outside organizations and community projects. Schedule regular lunch meetings with other faith community leaders in your area. Attend national conferences. Build a network of support outside the walls of your individual faith community. Consider peer supervision among pastoral care providers.

Watch Out for Warning Signs of Burnout. These include: violating boundaries, self-medicating, wishing those who are in need would not show up, finding it difficult to focus on the needs of your faith community, and being preoccupied with our own needs and issues.

Be your Brothers' and Sisters' Keeper. Watch out for warning signs of distress, burnout, and impairment in colleagues. Don't overlook the signs or think they will work it out on their own.

Conduct Periodic Distress and Impairment Self-Assessments and Seek Help When Needed. Be aware of your caregiver blind spot. We can see others' needs but often overlook our own. If assistance is needed consult with a trusted colleague.

Focus on Prevention. By attending to the issues raised and by using the strategies outlined above, we can live a healthier lifestyle that will help to prevent distress and impairment. Stress is a part of our lives. Accept it, respond to it, and avoid the costly consequences of practicing while impaired.

Make Time for Self-Care! Integrate it into your lifestyle and regular routine. You'll be glad you did.[29]

29 Adapted from: http://www.division42.org/StEC/articles/transition/no_time.html

Appendix G: Depression Screening

Mental Health Screening
Free & Confidential

Depression | Bipolar Disorder
Generalized Anxiety Disorder
Post Traumatic Stress Disorder

Suicide is a preventable tragedy often finding roots in depression or mental health disorders.[30] The following are mental health-screening tools. Promoting mental health awareness in your community includes screening for mental illness as well as connecting people with pastoral counseling and mental health professionals.

Visit:

- **www.mhacolorado.org**
  - Click On: Help Starts Here. Resources
  - Then Click On: Mental Health Screenings
- **www.depression-screening.org**
- **www.alcoholscreening.org**

30 The use of the phrases "mental health disorder" or "mental illness" is an issue of debate in the mental health community. Many people struggle to move towards a more healthy picture of mental health in their lives. Perhaps it is useful to think of the struggle towards mental healthiness. On the one hand, the term "mental illness" underscores the biological basis for many major diagnoses. The term "mental disorder" is prefered by some because some thing out of order can be put back in order. On the other hand, some feel these terms are associated with stereotypical images of insanity.

Appendix H: Resource Page

NATIONAL SUICIDE PREVENTION LIFELINE™
1-800-273-TALK
www.suicidepreventionlifeline.org
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Call 911

If you encounter someone who is actively suicidal--someone who has a plan in mind and the means to carry it out:

Don't hesitate to involve the police- saving a life is worth the "trouble"

Suggestions of People to Talk to if you are Worried About Someone:

- A mental health professional in your community
- Another faith leader from the larger community whom you trust
- Your crisis team (one that has been set up in advance)
- Police, emergency medical responder, or safety officer in your community
- A pastor trained in pastoral counseling

Resources for Survivors:

- American Association of Suicidology (AAS) maintains a database of survivor groups at:
  - www.suicidology.org – then click on "Suicide Loss for Survivors" link
- www.FierceGoodbye.com
- www.PeoplePreventSuicide.org

Books for Survivors:

- Baugher, B. & Joran, J. (2001). After Suicide: Coping With Your Grief.
- Bloom, L. (1986). Mourning After Suicide.
- Bolton, I. (1991). My Son, My Son: A Guide to Healing After a Suicide in the Family.
- Carlson, Trudy (1995). Suicide Survivors Handbook.
- Chilstrom, C. (1993). Andrew, You Died Too Soon: A Family Experience of Grieving and Living Again.
- Clark, S. (1995). After Suicide: Help for the Bereaved.
- Cobain, Beverly (2006). Dying to Be Free.
- Collins, J. (2003). Sanity and Grace: A Journey of Suicide, Survival and Strength.
- Donnelly, K. (2000). Recovering from the Loss of a Sibling.

Books for Survivors Continued:

- Dougy Center (2001). After a Suicide: A Workbook for Grieving Kids.
- Fine, C. (1999). No Time to Say Goodbye: Surviving the Suicide of a Loved One.
- Goldman, L. (1996). Breaking the Silence.
- Goldman, L. & Goldman, J. (1998). Bart Speaks Out: Breaking the Silence on Suicide (a workbook for young children to journal their feelings about the loss of a loved one to suicide).
- Hewett, John (1980). After Suicide.
- Jackson, J. (2004) A Handbook for Survivors of Suicide. American Association of Suicidology
- Jamison, Kay Redfield (1999). Night Falls Fast.
- Joiner, Thomas (2005). Why People Die By Suicide.
- Kletter, J. (2001). Trying to Remember, Forced to Forget (My Father's Suicide).
- Linn-Gust, M. (2001). Do They Have Bad Days in eaven?: Surviving the Suicide Loss of a Sibling.
- McCracken, A. and Semel M. (1999). A Broken Heart Still Beats: After Your Child Dies.
- Mehren E. (1997). After the Darkest Hour the Sun Will Shine Again.
- Miller, S. (2000). An Empty Chair: Living in the Wake of a Sibling's Suicide.
- Murphy, J. (1999). Coping with Teen Suicide.
- Myers, M. and Fine, C. (2006). Touched by Suicide: Hope and Healing After Loss.
- Parkin, Rebecca (1995). Child Survivors of Suicide: A Guidebook for Those Who Care for Them.
- Quinnett, Paul G. (1987). Suicide: The Forever Decision - For Those Thinking About Suicide, and For Those Who Know, Love or Counsel Them.
- Rubel, B. (2000). But I Didn't Say Goodbye: For Parents and Professionals Helping Child Suicide Survivors.
- Scholz, B. (2002). Our Forever Angel: Surviving the Loss of a Loved One to Suicide.
- Smolin, A. and Guinan, J. (1993). Healing After the Suicide of a Loved One.
- Stimming, M. & Stimming, M. (1999). Before Their Time: Adult Childrens' Experiences of Parental Suicide.
- Williams, J. (1998). Cry of Pain: Understanding Suicide and Self-Harm.
- Wolfelt, A. (2000). Healing the Grieving Child's Heart - 100 Practical Ideas for Families, Friends and Caregivers.
- Wrobleski, Adina (1994). Suicide: Why? 85 Questions and Answers About Suicide.
- Wrobleski, Adina (1994). Suicide: Survivors - A Guide for Those Left Behind.

Appendix I: Safe Messaging

Information adapted from: Suicide Prevention Resource Center, www.sprc.org, 877-GET-SPRC (877-438-7772) Education Development Center, Inc. 55 Chapel Street, Newton, MA 02458-1060

The following information is provided to assist in preparing safe, effective public announcements regarding suicide and suicide prevention. Keep in mind these recomendations when crafting all written and spoken responses to a suicide in order to minimize the risk of a copycat suicide.

DO'S - Helpful Practices for Public Messaging

- **DO encourage help-seeking behavior.** Make concrete recommendations to referral sources and offer steps that can be taken to seek out crisis service providers. One way to offer a concrete resource is to suggest the National Suicide Prevention Lifeline (1-800-273-TALK [8255]).
- **DO emphasis prevention.** Emphasize that suicide is a preventable tragedy and steps can be taken to reduce the likelihood of suicidal crisis within your community.
- **DO educate the community about warning signs, risk factors and protective factors about suicide.** Share how people might be able to identify people experiencing a suicidal crisis. (IS PATH WARM – p.20). Be familiar with risk factors and protective factors and communicate those to the public.
- **DO highlight effective treatments for mental health and mental illness.** 90% of suicides can partially be linked to mental health conditions. Encourage stories of people who have sought out help. Discuss openly how the community strengthens social supports and helps those in crisis.

DONT'S - Potentially Problematic Practices in Public Messaging

- **DON'T glorify or romanticize the stories and experiences of those who have died by suicide.** People in vulnerable states (such as youth) may identify with the attention and sympathy attributed to the person who died by suicide. They should not be presented as role models. Caution needs to be exercised in minimizing the contagion effect of suicide.
- **DON'T normalize suicide by presenting it as common.** It is important not to present suicide as a common or normal event that is depicted as acceptable. Instead, emphasize that an acceptable and normal action is to find constructive ways of dealing with suicidal ideation.
- **DON'T overly simplify the complex nature of suicide by concluding that one or two things caused the death.**
- **DON'T discuss overly descriptive details of the method of suicide.** Vulnerable individuals may be more likely to imitate the act if they are able to envision the methods previously used.

Notes:

What People are Saying About:

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

"This brief but comprehensive guide on the role of faith communities in suicide prevention is a must-read for faith community leaders in providing compassionate education, prevention and intervention resources which offers hope and loving care to those facing the dark struggle of whether to live or die."

- Rev. Gordon Kieft, Calvary Baptist Church, Executive Director of the Bethesda Christian Counseling Center and the Denver Samaritan Counseling Center

"Second Wind Fund hosts the largest suicide prevention event in the country, and a big segment of our support comes from 40 local faith communities. We are so encouraged to see an ever-increasing circle of diverse faiths represented in the suicide prevention movement, taking moral leadership over an issue that faith communities have long wrestled with. This guidebook will help give our faith leaders the tools they need to help their communities prevent suicide, intervene when people are in crisis, and respond in ways that promote healing after a suicide has occurred."

-Jeff Lamontagne, Co-Founder and Executive Director, Second Wind Fund

"This guidebook is rich in practical resources for faith leaders and others who wish to be a supportive presence for suicide prevention and for grieving families and communities after a completed suicide. If you want your faith community to be active in creating an atmosphere in which at-risk people experience alternatives to suicide, try some of the ideas in this book."

-Maureen McCormack, SL, Ph.D., Sister of Loretto and Interfaith Leader

"The tragedy of suicide has been a part of the human story from very early on, and it continues to impact the lives of everyone in our community. Religious congregations have never been immune from this devastating heartbreak because it is often to our Churches, Synagogues, Mosques or other places of worship to which people in need turn for help. Preparing your congregation to respond compassionately, appropriately and intelligently is the aim of this guidebook."

--Sister Peg Maloney, Religious Sisters of Mercy, Catholic Studies Lead Faculty, Regis University

"There is a responsibility we have as human beings to each other and to all life to acknowledge the life-giving spirit each one possesses; there is an imbalance created and left here on mother earth by sending one's own spirit back to the Creator."

-Troy Lynn Star Yellow Wood, Oglala Lakota and Northern Cheyenne, Family Advocate

"The "Guidebook for Faith Leaders" reminds us to recognize belongingness - fostered by all clergy and routinely achieved by youth clergy - to be as important as the prevention science of realistic thinking."

-Bob Anthony, Executive Director, Adolescent Wellness, Inc., www.AdolescentWellness.org

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