

Engaging Faith-Based Communities In the Battle Against Suicide

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❖ Faith-Based Perspective—Inventory of attendees

Briefly share with the group what your connection is to issue of preventing suicide through the work of faith-communities

- ❖ Background- Ecological Model, Risk & Protective Factors
- ❖ What do we know?
- ❖ Barriers
- ❖ The Conceptual Framework for Community-Based Suicide Prevention
- ❖ Questions for Faith-Communities
- ❖ Establishing Roles for Faith Communities
- ❖ Examples of Faith-Based Suicide Prevention Efforts
- ❖ Questions for Suicide Preventionists
- ❖ Faith-Based Suicide Prevention Resources

Background

**Prevention goes beyond changing individuals--it changes cultural norms
--Murray Levine (1998)**

***The National Strategy for Suicide Prevention* is designed to be a catalyst for social change with the power to transform attitudes, policies and services.**

-- The National Strategy for Suicide Prevention (2001)

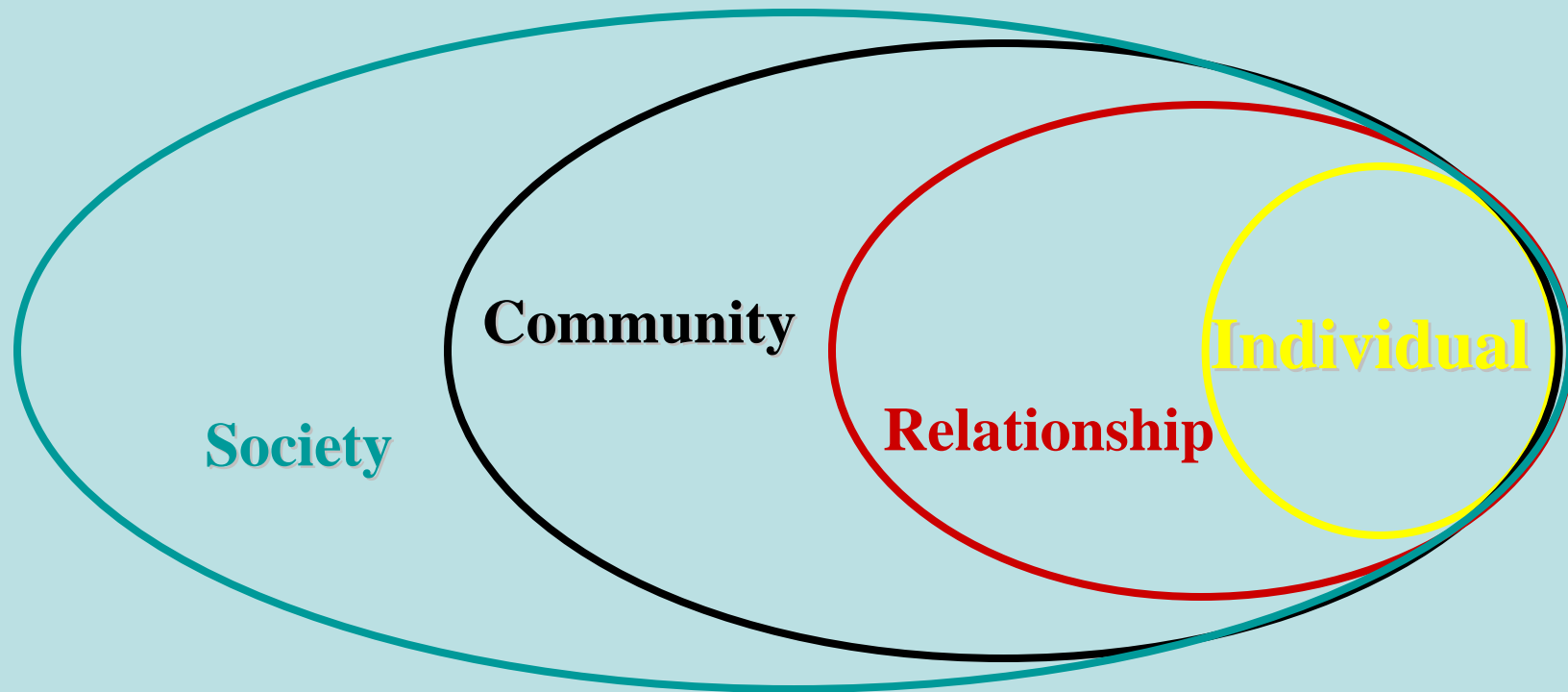


National Strategy for Suicide Prevention: Goals and Objectives for Action

- Objective 2.4:** Increase the number of nationally organized faith communities adopting institutional policies promoting suicide prevention.
- Objective 4.1:** Increase the proportion of States with comprehensive suicide prevention plans that a) coordinate across government agencies, b) involve the private sector, and c) support plan development, implementation, and evaluation in its communities.
- Objective 4.7:** Increase the proportion of family, youth and community service providers and organizations with evidence-based suicide prevention programs.
- Objective 6.4:** Increase the proportion of clergy who have received training in identification of and response to suicide risk and behaviors and the differentiation of mental disorders and faith crises.
- Objective 7.5:** Increase the proportion of those who provide key services to suicide survivors (e.g. emergency medical technicians, firefighters, law enforcement officers, funeral directors, clergy) who have received training that addresses their own exposure to suicide and the unique needs of suicide survivors.

“Problems are complex and go beyond the capacity, resources, or jurisdiction for any single person, program, organization, or sector to change or control.”

Lasker R., Weiss E., Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support Collaborative Practice and Research. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*. Vol 80, No 1. March 2003. p.5.





Risk

- ❖ Age/Sex
- ❖ Previous suicide attempt(s)
- ❖ Mental illness
- ❖ States of mind (e.g., hopelessness, psychosis)
- ❖ Substance abuse/dependence
- ❖ Loss—shame, humiliation, despair
- ❖ Personality traits or disorders (e.g., impulsivity, borderline PD)
- ❖ Incarceration
- ❖ Access to/familiarity with means (e.g., firearms)
- ❖ Physical illness especially CNS disorders; chronic pain
- ❖ Self-hate; shame

Protective

- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation
- ❖ Life Skills
- ❖ Reasons for living



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Relationship Factors

Risk

- ❖ History of interpersonal violence/conflict/physical or sexual abuse
- ❖ Exposure to suicide
- ❖ No-longer married
- ❖ Barriers to health care/mental health care
- ❖ Low social support
- ❖ Family chaos
- ❖ Discrimination (e.g., associated with being LGBT)
- ❖ Acculturative stress

Protective

- ❖ Sense of social support
- ❖ Married/parent
- ❖ Access to comprehensive health care
- ❖ Interconnectedness
- ❖ Ethnic identity/belongingness



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Community Factors

Risk

- ❖ Isolation/social w/drawal
- ❖ Barriers to health care and mental health care
- ❖ Stigma
- ❖ Exposure to suicide
- ❖ Unemployment

Protective

- ❖ Access to healthcare and mental health care
- ❖ Inter-connectedness
- ❖ Respect for help-seeking behavior
- ❖ Recognition of suicide warning signs
- ❖ Skills to respond to suicide risk

Risk

- ❖ Intermountain region
- ❖ Rural/Remote
- ❖ Cultural values and attitudes
- ❖ Media influence
- ❖ Alcohol norms
- ❖ Social disintegration
- ❖ Economic instability

Protective

- ❖ Urban/Suburban
- ❖ Access to health care & mental health care
- ❖ Cultural values
- ❖ Media influence

What do we know about faith and suicide?



What's Faith (Spirituality) Got To Do With It?

- ❖ **Preference for clergy over MH providers**--In the United States, older adults, African Americans, and Hispanic Americans, more often turn to clergy than to professional mental health services when facing mental health issues, including suicide (Husaini and Moore, 1994; Starrett et al., 1992; Weaver and Koenig, 1996). Another study suggests that individuals who first go to clergy with mental health complaints are less likely to seek professional mental health services (Neighbors et al., 1998).
- ❖ **Clergy minister to the mentally ill**--Data from a large nationally representative study indicate that clergy see individuals with the same severity of mental disorders as do mental health professionals (Larson et al., 1988).



What's Faith (Spirituality) Got To Do With It?

- ❖ **Reasons for living; Suicide not an option**--While examining the relationship between spirituality, social desirability, and reasons for living, Ellis & Smith found a positive correlation between religious well-being and the total RFL. ¹³
- ❖ **Suicide unacceptable**—Ellis & Smith also found a strong relationship between the adaptive cognitive beliefs which people report as reasons for not considering suicide and their existential beliefs.¹³ While examining public opinions, Singh et al found that survey respondents with attributes of higher education, lower religiosity, and higher commitment to freedom of expression were more likely to consider suicide as acceptable.¹⁵
- ❖ **Suicidal ideation**--In his study on the relationship between religion and suicidal ideation in a cohort of Latin-American immigrants, Hovey found that self-perception of religiosity, influence of religion, and church attendance were significantly negatively associated with suicidal ideation. A multiple regression analysis showed that the influence of religion was a significant predictor of suicidal ideation. ¹⁴



What's Faith (Spirituality) Got To Do With It?

- ❖ **Suicide attempts**--Kaslow et al, in their study examining the person factors associated with suicidal behavior among African American women and men, found that, compared with non-attempters, attempters reported more psychological distress, aggression, substance use, maladaptive coping strategies, less religiosity/spirituality, and lower levels of ethnic identity. ¹⁶
- ❖ **Suicide attempts**--Garrouette et al examined the relation of spirituality to the lifetime prevalence of attempted suicide in a probability sample of American Indians. They found that neither commitment to Christianity nor to cultural spirituality as measured by beliefs were significantly associated with suicide attempts. However, when they examined commitment to cultural spirituality, as measured by an index of spiritual orientations, was significantly associated with a reduction in attempted suicide. ¹⁷
- ❖ **Suicide**--A study looking at young adult male members of the LDS church in Utah found that higher levels of religiosity appear to be inversely associated with suicide. ¹²
- ❖ Several other studies support the findings of the above listed studies.
18,19,20,21,22,23

❖ Conflicting studies

- ◆ Zhang conducted a comparative study of Chinese (Beijing) and American (Rocky Mountain) college students and found, in the American students, family cohesion and religiosity were inversely related to suicidal ideation. **In Chinese students, there was a positive correlation between religiosity and suicide ideation.**²⁴
- ◆ Exline, et al examined the role of religious strain in depression and suicidality in a clinical sample seeking psychotherapy and a non-clinical sample of college students. The participants reported more comfort than strain associated with religion. However, **religious strain was associated with greater depression and suicidality.** Depression was associated with feelings of alienation from God and, among students, with interpersonal conflicts on religious domains. **Suicidality was associated with religious fear and guilt.**²⁵

- ❖ Partnering with people of influence based in the community such as clergy has been found to result in positive outcomes.
 - ◆ *Jack el Jr et al. The National Diabetes, Influenza, and Pneumococcal Campaign: An Evaluation of Campaign Relevancy, Partnerships, and Media Relations. Journal of Public Health Management Practice 2003.*
 - ◆ *Giarratano G, et al. A multicultural and multilingual outreach program for cervical and breast cancer screening. Journal of Obstetrical and Gynecologic Neonatal Nursing 2005.*



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Faith-Based Organizations and Public Health Partnerships

- ❖ Women's Health^{1,2,3}
- ❖ Nutrition⁴
- ❖ Diabetes (Prevention & Management)^{5,6}
- ❖ Infectious Disease^{6,7}
- ❖ Environmental Justice^{8,9}
- ❖ Violence & Safety¹⁰
- ❖ Substance Abuse Prevention & Treatment¹¹



Barriers to Faith-Based Representation On Community Coalitions

- ❖ Theology: perceptions of suicide as a sin or spiritual problem vs. a problem of mental health
- ❖ The role of faith and faith-communities are under-valued
- ❖ Secular leaders don't recognize value of pastoral skills or have a prejudicial view of them
 - ◆ Leadership (Give them meaningful responsibility on the coalition)
 - ◆ Ministry (Recognize the power they have to change public perceptions)
- ❖ High demand on time—need personal contact to get commitment
- ❖ Scheduling of meetings and events not conducive to participation by faith-based volunteers and clergy

- ❖ Culture of high expectations/perfectionism
- ❖ Difficulty receiving government funding
- ❖ Negative attitudes toward some risk groups, e.g., LGBT
- ❖ Denial/ignorance
- ❖ Parental rights/roles issues
- ❖ Fear of “godless psychology”
- ❖ Paucity of mental health professionals who are people of faith- *(Perceived or Real)*

- ❖ Stigma—
 - ◆ Mental health
 - ◆ Survivors
- ❖ Competing demands for clergy and lay minister's time
- ❖ Unclear values and statements around issues of suicidal behavior

A Conceptual Framework for Community-Based Prevention

- ❖ Extent to which community members:
 - ◆ Demonstrate a sense of *shared responsibility* for the general welfare of the community and its members, and
 - ◆ Evidence *collective competence* in confronting situations that threaten the integrity of the community and the safety and well-being of its members.

		Collective Competence	
		Low	High
Shared Responsibility	Low	Anomic Communities LL	Detached Communities LH
	High	Intentional Communities HL	Empowered Communities HH

- ❖ Interdependence -- interconnectedness
 - ◆ “My brother’s keeper” -- shared responsibility
- ❖ Knowledge and skills
- ❖ Positive attitudes toward help-seeking
- ❖ Accurate understanding of mental health and mental illness



Questions for Faith Communities

- ❖ How can the faith community counter stigma associated with mental illness and help seeking?
- ❖ How can religious education curriculum directly address suicide and suicide prevention?
- ❖ How can the faith community discourage suicide and still support, without condemnation, those whose loved ones have taken their own lives?
- ❖ How can the faith community embrace socially isolated persons and support persons with mental illnesses?
- ❖ How can clergy prepare to support persons at risk for suicide, suicide attempt survivors, and survivors who have lost a loved one to suicide?

- ❖ Reduce stigma
 - ◆ Promote MH/SA treatment
- ❖ Strengthen faith (religiosity)
 - ◆ Coping
 - ◆ Hopefulness
 - ◆ Healing
- ❖ Strengthen:
 - ◆ Self-worth
 - ◆ Sense of belonging
 - ◆ Family
 - Prevent family violence and abuse
 - ◆ Compassion, tolerance
- ❖ Reinforce reasons for living
 - ◆ Elders
 - ◆ Forgiveness
- ❖ Develop life skills
- ❖ Provide pastoral care
 - ◆ Suicidal/mentally ill
 - ◆ Survivors
- ❖ Participate in coalition work
- ❖ Reach out to at-risk groups

Specific Examples



Examples of Suicide Prevention Efforts within Faith Communities

- ❖ Theological training
- ❖ Parish Nurses (www.parishnurses.org)
- ❖ Gatekeeper training for pastors, youth leaders, outreach workers
- ❖ Stephen's Ministries (www.stephenministries.org)
- ❖ Befrienders Ministries
- ❖ Denominational Statements (ELCA - www.elca.org)
- ❖ Sermon/worship dealing with mental illness
 - ◆ Praying for mentally ill openly (even if not by name)
- ❖ Honoring aging members at special events and through programs



Examples of Suicide Prevention Efforts within Faith Communities

- ❖ Support for survivors
- ❖ Sexual abuse prevention and recovery
- ❖ Outreach and mentoring to high-risk individuals
 - ◆ Homeless
 - ◆ Tutoring
 - ◆ Juvenile Justice
 - ◆ Prison
 - ◆ Unemployed
 - ◆ Youth

- ❖ Religious education materials that build life skills using characters from sacred writings as examples



Questions for SP Communities

- ❖ Do you respect and value the contributions the faith-community can make to suicide prevention in the same way you regard MH and PH?
- ❖ Are you willing to show that respect by being willing to learn from them?
- ❖ Can you flex to accommodate the scheduling and cultural barriers of the faith-community in the same way you might for a specific ethnic minority?



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Questions for Mental Health Professionals

- ❖ Can you engage your clients/patients on the level of their faith in order to address risk and protective factors in their treatment plan?



Taking a Spiritual History- FICA

- ❖ F (Faith & Belief): “Do you have spiritual beliefs that help you cope with stress?” No: “What gives your life meaning?”
- ❖ I (Importance): “What importance does your faith or belief have in your life? How does it influence how you take care of your self and your illness? What role does it play in your recovery?”
- ❖ C (Community): “Are you part of a spiritual or religious community?” No: Is there a group of people you really love or who are important to you?”
- ❖ A (Address in Care): “Can we talk about these things?”

Puchalski CM, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. *J Pall Med* 2000;3:129-37. Copyright, Christina M. Puchalski, MD, 1996.



Questions for mental health professionals

- ❖ Can you engage your clients/patients on the level of their faith in order to address risk and protective factors in their treatment plan?
- ❖ Are you willing to collaborate with faith leaders in developing a treatment plan for suicidal clients?

❖ RESOURCES

❖ Resources:

◆ GENERAL

- NAMI- Faith Community Outreach: www.faithnetnami.org
- Interfaith Health Program of Emory University School of Public Health: <http://www.ihpnet.org/>
- Pathways to Promise: Ministry & Mental Illness: <http://www.pathways2promise.org/>

◆ SPRC-RELATED

- Suicide Prevention Resource Center: www.sprc.org
- Resource scan: <http://www.sprc.org/library/faithscan.pdf>
- The Role of Clergy in Preventing Suicide
http://www.sprc.org/featured_resources/customized/pdf/clergy.pdf
- After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances
<http://www.sprc.org/library/aftersuicide.pdf>

- ◆ **FAITH-BASED RESOURCES ADDRESSING RISK OR PROTECTIVE FACTORS**
 - Search Institute- Faith Based Audience Page:
<http://www.search-institute.org/congregations/>
 - Celebrate Recovery: <http://www.celebraterecovery.com/index.asp>
 - Stephen Ministries: <http://www.stephenministries.org/>

- ◆ **FAITH-BASED EDUCATION and AWARENESS**
 - The Fierce Goodbye: <http://fiercegoodbye.com/>
 - What Does the Bible Say About Suicide *by James Clemons*
 - Sermons on Suicide *by James Clemons*
 - Perspectives on Suicide *by James Clemons*

- ◆ **DENOMINATIONAL STATEMENTS/MINISTRY ON SUICIDE PREVENTION**
 - Evangelical Lutheran Church of America- Statement on Suicide Prevention : http://www.elca.org/dcs/suicide_prevention.html
 - Alaska Moravian Church- Suicide Prevention Ministry:
http://alaskamoravian.org/artman/publish/article_19.shtml
 - Virginia Conference United Methodist Church:
<http://www.vaumc.org/index.cfm/fa/content.view/menuID/888.htm>

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