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IDEAS AND INSIGHTS FOR ACTIVE CONGREGATIONS

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How Can We Prevent Suicide?

Matthew Warren, 27, took his life after a long battle with mental illness. Even with medical care and spiritual support from his parents, Rick and Kay Warren, he was not able to overcome his depression. Rick Warren, founder of Saddleback Church and author of *The Purpose Driven Life*, has shared how he and his wife tried to cope with their loss: "Behind every publicly successful ministry, there is private pain. Pain is God's megaphone." Warren also said, "We mistakenly think that the world is impressed by how we handle prosperity, but the fact is the world is impressed by how we handle adversity."

Rising Suicide Rates

More than 30,000 Americans commit suicide every year. These deaths exceed the number from homicide and motor vehicle accidents. Over the past ten years, suicide rates have increased and the rate change appears to be specific to certain age groups. Although the rates remained stable for those under thirty-five and over sixty-five years old, the rates rose substantially for persons between thirty-five and sixty-four years of age.[1]

While stress associated with the recent economic downturn could play a role in this increase, researchers have also found a "cohort effect" that suggests people born thirty-five to sixty-four years ago are at greater risk for suicide—a risk that continues throughout their lives.

Outside of the growing number of suicides among middle-age persons, two of the highest at-risk groups for suicide are youth (particularly LGBTQ-identified youth) and veterans. Finally, the widespread use of opiate pain medications provides at-risk individuals an easily accessible and low-pain-level suicide method through intentional overdose.

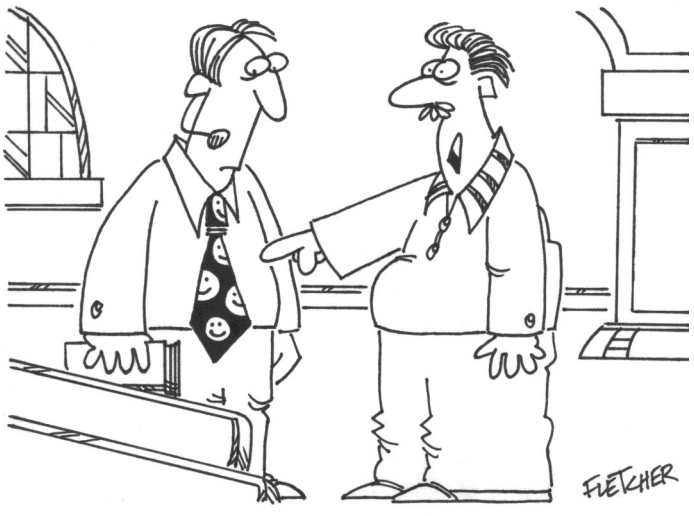
Risk Factors and Warning Signs

The effectiveness of suicide prevention rests on our deeper understanding of how and why suicide occurs.[2]

Risk factors. Identifying risk factors gives family members, friends, and health-care providers important information in order to detect and assist individuals who need care. Risk factors are things that make it more likely that people will consider, attempt, or die by suicide. Some risk factors are individual (mental disorders, genetic or personality traits), some are family (violence, dysfunction), and some are community-related (availability and quality of mental health services).

Nine out of ten people who die by suicide had a mental disorder at the time of their death. Unfortunately, their disorder had not been recognized, diagnosed, or appropriately treated.

Among those who take their own life, depression is more common than any other disorder. Major depression, a serious emotional and biological disease, is different from the normal human response to loss or disappointment. Although the symptoms of major depression may be subtle to observers, the person who suffers from the disease experiences changes in thoughts, feelings, behavior, mood, and physical health. Some of these significant shifts include changes in sleep, appetite, energy level, self-esteem, interests, and concentration.



WHEN I'M DEPRESSED, I NEED TO BE IN CHURCH... TO HEAR ENCOURAGING WORDS, SING SONGS OF HOPE, AND MAYBE EVEN LAUGH AT YOUR CHOICE OF TIES!

Warning signs. Warning signs tell of an immediate danger of suicide and apply only to individuals at a specific time. Typical warning signs that indicate someone is seriously considering suicide include threatening or seeking to hurt or kill oneself, hopelessness, increasing alcohol or drug use, dramatic mood changes, and efforts to put personal affairs in order. In addition, the risk of suicide increases when someone experiences a tipping point—the loss of an important relationship, financial or medical problems, physical or emotional pain.

Reducing the Risks

Because depression is a significant risk factor, any action, intervention, or policy that lessens the number of people suffering from depression will result in reducing the suicide rate. The same is true for factors associated with drug and alcohol abuse.

Equipping pastoral leaders. Many people go to their pastor before they go to a health-care professional. Training and supporting pastors and lay leaders to recognize symptoms and helping to ensure that they have up-to-date information on community mental health providers are critical.

Spiritual support and friendship. Several studies show that a belief in a loving God, along with participation in a church whose members care for one another, leads to positive mental health, including lower rates of depression.[3] Because anyone can struggle with these challenges, churches can debunk the myth that depression or mental illness is a sign of spiritual weakness.

Reducing the stigma of mental illness. In any given year, an estimated twenty-five million American adults experience major depression but less than half will receive treatment. In every congregation, attending adults who are not dealing with depression or mental illness themselves often know someone who is—a family member, friend, or coworker. People suffering from depression or other mental problems are less likely to attend religious services and when they do attend, are not as likely to be part of a small group. Finding ways to welcome and include everyone is the goal. For example, 22,000 churches have a Celebrate Recovery small-group ministry (http://www.celebraterecovery.com/).

Advocacy for community mental health care. Members and pastors can advocate for greater accessibility and improved quality in the treatment of mental illness in their community. Congregations can be part of this conversation by understanding the availability of services around them and contacting government officials to petition that change happen in their community and nationwide.

Responding to Warning Signs

When you suspect that someone is considering suicide, take it seriously. At least half of those who attempt suicide tell someone else about their intention. First, express your concern for them, and then ask if they're thinking about suicide. The idea that people attempt suicide for attention is a myth, and sometimes an individual will not tell anyone their plans without prompting. Try to find out where they are in the ideation process. Are they just thinking about suicide, or do they know how they're going to do it? Do they already have the means ready at home? Listen without judgment and do not try to argue, reason, plead, or preach. Also, maintain focus on them; comparing struggles of your own or others nullifies their feelings and may cause them to shut down.

Encourage them to get professional help immediately and if they will let you, take them to a walk-in clinic, doctor, or emergency room. Do not leave them alone and, if necessary, call 911 or the National Suicide Prevention Lifeline (1-800-273-8255).

Not the End of a Story

After her son's death, Kay Warren found comfort in the phrase "God is not helpless among the ruins."[4] She describes the essence of her faith as "living with hope in the face of mystery." She says that faith won't survive without hope, and hope won't survive without the realization that some mysteries will not be answered. She believes "if you can embrace both, you can have a vibrant faith." When faced with this tragedy, people of faith claim there is more to this story than how it ends.

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1. *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217al.htm?s_cid=mm6217al_w.
2. "Understanding Risk and Protective Factors for Suicide," Suicide Prevention Resource Center, http://www.sprc.org/sites/sprc.org/files/library/RandPPrimerFormattedfinal.pdf.
3. "Gratitude to God, Self-Rated Health, and Depressive Symptoms," N. Krause, R. Hayward,, D. Bruce, and C. Woolever, *Journal for the Scientific Study of Religion* (2014) 53(2):341-55.
4. "Kay Warren: A Year of Grieving Dangerously," *Christianity Today* (March 2014).