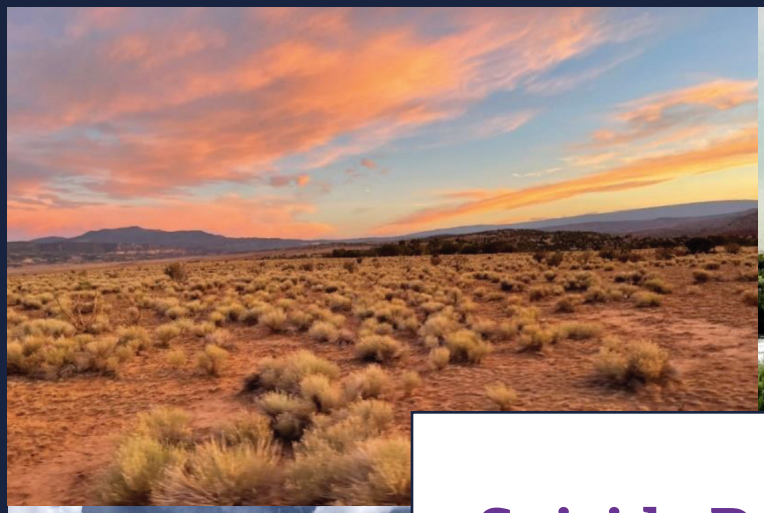
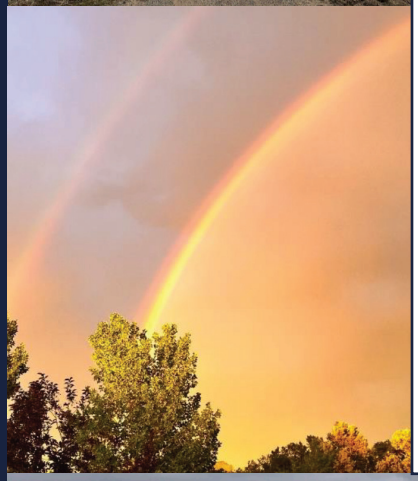




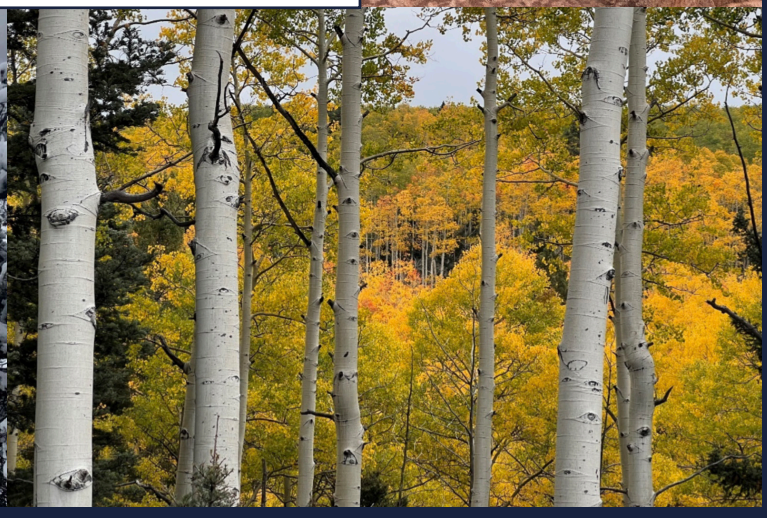



Suicide Prevention Resource Guide for Faith Communities

"Suicide can be prevented...Just as suicide is not caused by a single factor, research suggests that reductions in suicide will not be prevented by any single strategy or approach. Rather, suicide prevention is best achieved by a focus across the individual, relationship, family, community, and societal-levels and across all sectors, private and public."

– U.S. Office of the Surgeon General, National Alliance for Suicide Prevention, 2012

New Mexico
Suicide Prevention Coalition

New Mexico
Suicide Prevention
Coalition

Dear Faith Leader,

The New Mexico Suicide Prevention Coalition in conjunction with the New Mexico Department of Health (DOH) has formed a faith outreach workgroup to provide faith communities with the tools necessary to support faith leaders and congregants with resources that provide the language to speak about mental illness and suicide more freely.

One in four families sitting in our houses of worship has a family member who has a mental illness. Many are suffering in silence because these illnesses of the brain are often seen as the result of a moral or spiritual failure. Historically both physical and mental illnesses were thought to be caused by sin or demons. Today we can identify and provide treatment for many mental illnesses and provide support for the multiple factors that place someone at risk for suicide.

The NM Suicide Prevention Coalition Faith Workgroup has created this *Suicide Prevention Resource Guide for Faith Communities* in two distinct parts. One is for Faith Leaders, who are increasingly being called upon to counsel members who struggle with mental illness, suicidal ideation, and addiction. The second component contains handouts for use with congregants.

Related to section one, *the Suicide Prevention Resource Center* (sprc.org) states: The best way to prevent suicide is to use a comprehensive approach that includes these key components:

- Promote emotional well-being and connectedness among members of your faith community.
- Identify people who may be at risk for suicide and assist them in getting help.
- Be prepared to respond to a suicide death and provide support to the survivors.

This guide provides resources to meet these needs.

Section two contains handouts to use with congregants. It includes statewide resources and trainings so faith communities can designate key leaders who have been trained to help those who struggle with mental illness and understand the risk factors and signs of suicide. These resources are inclusive of all faith traditions.

We hope you find this resource helpful in education and prevention,

The New Mexico Suicide Prevention Coalition Faith Communities Workgroup

The New Mexico Faith Community Leader's Guide would not have been possible without the support, leadership and feedback from these people and groups:

NM Department of Health

Gary Villa, pastor

Jack Conrad and the chaplains at Christus St. Vincent

New Mexico Suicide Prevention Faith Communities workgroup which includes community members, mental health professionals and leaders in the faith community

United Church of Santa Fe

Presbyterian Health Care

Anchorum Foundation

Amy Allen of Amy Allen Designs www.amysdesigns.biz

Additional guides can be ordered from Amazon

New Mexico
Suicide Prevention
Coalition

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For Faith Leaders

For Congregants

Suicide is Preventable

New Mexico Facts & Resources

Suicide is Preventable

- Suicide prevention works. Research indicates that suicide prevention is best achieved when all levels of society come together to focus on this public health concern.
- Communities can prevent suicide attempts and deaths by offering gatekeeper trainings, crisis intervention, and reducing access of lethal means among persons at risk of suicide.

Suicide Among New Mexico Residents in **2022**

New Mexico[1,2]

- **513** suicide deaths or about **10 per week** on average[1]
- **4th highest rate** of suicide among all U.S. states[2]
- New Mexico's suicide rate[1] was **68% higher** than the U.S. rate[2]

Leading Cause of Death[2]

- **10th** leading cause of death
- **3rd** leading cause of death for those ages 12-18
- **9th** leading cause of death for men

Highest Suicide Rates[1]

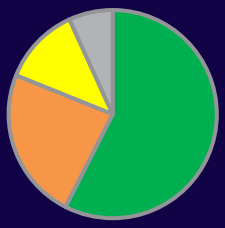
- **American Indians/Alaska Native Adults** aged **25-34**
- **Black or African American Youth** aged **15-19**

Gender[1]

- There were more than **3 male** suicide deaths for each **1 female** death
- Most **Male** suicide deaths involved a **firearm** (64%)

Suicide Mechanism[1]

- **58% Firearm**
- **24%** Hanging or Suffocation
- **12%** Poisoning
- **6%** Other Causes



Suicide Trends from 2013 to 2022[1]

- The suicide rate increased 21%
- The suicide rate with a firearm increased 33%
- The suicide rate of American Indian/Alaska Native persons increased 156%

Youth Suicide Attempts in 2021[3]

- 10% of high school students attempted suicide*
- 23% of lesbian, gay, or bisexual high school students attempted suicide

Take Action

- Get trained in QPR Gatekeeper Training:
  - Contact Clarie Miller (clarie.miller@doh.nm.gov)
- Join the New Mexico Suicide Prevention Coalition:
  - Send an email to suicidepreventionprogram@doh.nm.gov

New Mexico Suicide Prevention Coalition

Data Sources

1) New Mexico Bureau of Vital Records and Health Statistics Mortality Data.
2) National Center for Health Statistics Mortality Data on CDC WONDER. Data retrieved from https://wonder.cdc.gov/mcd.html on January 18, 2024. All rates are age-adjusted when not describing within age categories.
3) 2021 Youth Risk and Resiliency Survey (New Mexico); NMDOH and NM PED.

* Attempted Suicide is the percent of high school students who reported attempting suicide in the past 12 months

Revised January 18, 2024

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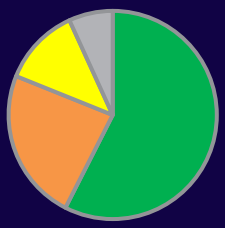

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Revised January 18, 2024

Quick Reference on Mental Health for Faith Leaders

MENTAL ILLNESS IS COMMON. In the United States in the last year:

Any mental illness—
nearly 1 in 5 people (19%)

Serious mental illness—
1 in 24 people (4.1%)

Substance use disorder—
1 in 12 people (8.5%)

SUICIDE IS THE 10TH LEADING CAUSE OF DEATH IN THE U.S.

OBSERVABLE SIGNS:
Some Signs That May Raise a Concern About Mental Illness

*These observations **may** help identify an individual with a mental illness; they are not definitive signs of mental illness. Further mental health clinical assessment may be needed.*

CATEGORIES OF OBSERVATION	**Cognition:** Understanding of situation, memory, concentration	**Affect/Mood:** Eye contact, outbursts of emotion/ indifference	**Speech:** Pace, continuity, vocabulary *(Is there difficulty with the English language?)*	**Thought Patterns and Logic:** Rationality, tempo, grasp of reality	**Appearance:** Hygiene, attire, behavioral mannerisms
EXAMPLES OF OBSERVATIONS *(Does something not make sense in context?)*	▪ Seems confused or disoriented to person, time, place ▪ Has gaps in memory, answers questions inappropriately	▪ Appears sad/ depressed or overly high-spirited ▪ Overwhelmed by circumstances, switches emotions abruptly	▪ Speaks too quickly or too slowly, misses words ▪ Stutters or has long pauses in speech	▪ Expresses racing, disconnected thoughts ▪ Expresses bizarre ideas, responds to unusual voices/ visions	▪ Appears disheveled; poor hygiene, inappropriate attire ▪ Trembles or shakes, is unable to sit or stand still (unexplained)

COMMUNICATION:
When a Mental Health Condition Is Affecting an Individual

- Speak slowly and clearly; express empathy and compassion
- Treat the individual with the respect you would give any other person
- Listen; remember that feelings and thoughts are real even if not based in reality
- Give praise to acknowledge/ encourage progress, no matter how small; ignore flaws
- If you don't know the person, don't initiate any physical contact or touching

EXAMPLES OF COMMON OBSERVATIONS

Loss of hope: appears sad, desperate

Recommendations for Responses:

- As appropriate, instill hope for a positive end result
- To the extent possible, establish personal connection

Appears anxious, fearful, panicky

Recommendations for Responses:

- Stay calm; reassure and calm the individual
- Seek to understand

Loss of control: appears angry, irritable

Recommendations for Responses:

- Listen, defuse, deflect; ask why he/she is upset
- Avoid threats and confrontation

Has trouble concentrating

Recommendations for Responses:

- Be brief; repeat if necessary
- Clarify what you are hearing from the individual

IMMEDIATE CONCERN: Approaching a Person With an Urgent Mental Health Concern

- Before interacting, consider safety for yourself, the individual, and others
- Is there a family member or friend who can help?
- Find a good, safe place (for both) to talk
- Express willingness to be there for the person
- Seek immediate assistance if a person poses a danger to self or others; call 911; ask if a person with Crisis Intervention Team (CIT) training is available

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

SUICIDE:
Thoughts of suicide should always be taken seriously. A person who is actively suicidal is a psychiatric emergency. Call 911.

WARNING SIGNS OF SUICIDE

- Often talking or writing about death or suicide
- Comments about being hopeless, helpless, or worthless, no reason for living
- Increase in alcohol and/or drug use
- Withdrawal from friends, family, and community
- Reckless behavior or engaging in risky activities
- Dramatic mood changes

RISK FACTORS FOR SUICIDE

- Losses and other events (e.g., death, financial or legal difficulties, relationship breakup, bullying)
- Previous suicide attempts
- History of trauma or abuse
- Having firearms in the home
- Chronic physical illness, chronic pain
- Exposure to the suicidal behavior of others
- History of suicide in family

REFERRAL:
Making a Referral to a Mental Health/Medical Professional

WHEN TO MAKE A REFERRAL

Assessing the person

- Level of distress — How much distress, discomfort, or anguish is he/she feeling? How well is he/she able to tolerate, manage or cope?
- Level of functioning — Is he/she capable of caring for self? Able to problem solve and make decisions?
- Possibility for danger —danger to self or others, including thoughts of suicide or hurting others

Tips on making a mental health referral

- Identify a mental health professional, have a list
- Communicate clearly about the need for referral
- Make the referral a collaborative process between you and the person and/or family
- Reassure person/family you will journey with them
- Be clear about the difference between spiritual support and professional clinical care
- Follow-up; remain connected; support reintegration
- Offer community resources, support groups

DEALING WITH RESISTANCE TO HELP

Resistance to seeking help may come from stigma, not acknowledging a problem, past experience, hopelessness, cultural issues, or religious concepts

- Learn about mental health and treatments to help dispel misunderstandings
- Continue to journey with the person/family; seek to understand barriers
- Use stories of those who have come through similar situations; help the person realize he/she is not alone and people can recover
- Reassure that there are ways to feel better, to be connected, and to be functioning well
- If a person of faith, ask how faith can give him or her strength to take steps toward healing

If you believe danger to self or others is imminent, call 911

REFERENCES
Substance Abuse and Mental Health Services Administration (SAMHSA)
National Suicide Prevention Lifeline, Suicide Prevention
American Association of Suicidology, Warning Signs and Risk Factors
Judges Criminal Justice/Mental Health Leadership Initiative, Judges Guide to Mental Illness
Mission Peak Unitarian Universalist Congregation, Mental Health Information for Ministers
Interfaith Network on Mental Illness, Caring Clergy Project

800 Maine Ave. S.W., Suite 900,
Washington, DC
psychiatry.org/faith

AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

The Role of
Faith Community Leaders
in Preventing Suicide

Susan had struggled with depression for much of her life, although she managed to stay active and involved. However after the birth of her first child, Susan went into a depression so severe that she couldn't leave the house. Her husband David called their minister and said he was worried that Susan's depression was getting worse. Based on what David shared, the minister told him she was concerned that Susan might be suicidal and urged him to take her to the emergency room. Then the minister asked to speak to Susan. After talking with the minister for a while, Susan finally agreed to go to the hospital, where the minister met her and her husband.

Following an evaluation, Susan entered into a program of intensive psychiatric care that was appropriate for the mother of a newborn. The doctors and nurses worked to regulate her medication and help her talk about her feelings and fears. Following the program, she was able to resume her life with the help of her outpatient providers.

What happened with the church during this period was also very important. The minister obtained Susan's permission to share with the congregation that she was in treatment and then encouraged church members to help as they would have if she had been in treatment for a physical illness. They helped Susan care for her baby, brought meals for the family, wrote her notes, and welcomed her back into the community when she returned.

(Based on the experiences of a faith community leader)

This sheet uses the term *faith community leader* to refer to the leader of any religious or spiritual group (e.g., minister, rabbi, priest, or imam). The information in this sheet is intended for all groups regardless of their teachings about suicide.

Key Steps to Reduce Suicide Risk among Your Members:

- Understand why suicide prevention fits with your role as a faith community leader
- Identify people who may be at risk for suicide
- Respond to people who may be at risk for suicide
- Be prepared to respond to a suicide death
- Consider becoming involved in suicide prevention efforts in your faith community and the larger community

SPRC

Understand Why Suicide Prevention Fits with Your Role as a Faith Community Leader

Faith communities are a natural setting for suicide prevention. People who are religious tend to have greater moral objections to suicide (Dervic et al., 2004; Dervic et al., 2011). Also, spiritual beliefs and practices tend to help people feel greater hope and connectedness and find meaning in their lives (Alexander et al., 2009; Brenner et al., 2009). Therefore, as a faith community leader you have an important role to play.

Counseling related to suicide fits with the general role of faith community leaders:

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

Individuals with mental health problems, including those who are suicidal, frequently turn to faith community leaders for help (Wang et al., 2003; Ellison et al., 2006).

As a faith community leader, you are also well positioned to play an active role in suicide prevention by fostering a sense of connection among individuals and a feeling of belonging to the faith community as a whole. It is also important that you encourage your members to reach out to those in your faith community who may be experiencing mental health or substance abuse problems, including individuals on the periphery of the community. Strengthening connectedness to community is an important factor in decreasing risk for suicide (Rodgers, 2011).

Talking about Mental Illness

Help members understand mental health problems as being *real* and *treatable* in the same way that physical health problems are. Speak and pray about mental illnesses in the same way you do about serious physical illnesses, such as cancer, heart disease, and diabetes.

Know the facts

Suicide touches everyone—all ages and incomes; all racial, ethnic, and religious groups; and in all parts of the country.

- Suicide takes the lives of about 38,000 Americans each year (CDC, 2010).
- About 465,000 people per year are seen in emergency departments for self-injury (CDC, 2010).
- Each year over 8 million adults think seriously about taking their life, and over 1 million make an attempt (NSDUH, 2011).

However, there is help and hope when individuals, faith communities, and local community groups join forces to address suicide as a preventable public health problem.

Identify People Who May Be At Risk for Suicide

Be alert to problems that increase suicide risk

You may notice problems facing your members that may put them at risk for suicide. There are a large number of risk factors for suicide. Some of the most significant ones are:

- Prior suicide attempt(s)
- Alcohol and drug abuse
- Mood and anxiety disorders, e.g., depression, posttraumatic stress disorder (PTSD)
- Access to a means to kill oneself, i.e., lethal means

Suicide risk is usually greater among people with more than one risk factor. For individuals who are already at risk, a "triggering" event causing shame or despair may make them more likely to attempt suicide. These events may include relationship problems or break-ups, problems at work, financial hardships, legal difficulties, and worsening health. Even though most people with risk factors will not attempt suicide, they should be evaluated by a professional.

(Adapted from Rodgers, 2011 and SPRC, 2008)

Look for signs of immediate risk for suicide

There are some behaviors that may mean a person is at immediate risk for suicide. These three should prompt you to take action right away:

1. **Talking about wanting to die or to kill oneself**
2. **Looking for a way to kill oneself, such as searching online or obtaining a gun**
3. **Talking about feeling hopeless or having no reason to live**

Other behaviors may also indicate a serious risk, especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change:

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

(Adapted from National Suicide Prevention Lifeline, [n.d.])

National Suicide Prevention Lifeline

The Lifeline is a 24-hour toll-free phone line for people in suicidal crisis or emotional distress. The phone number is 1-800-273-TALK (8255). For a Lifeline wallet-sized card listing the warning signs of suicide and the toll-free number, go to **http://www.suicidepreventionlifeline.org/getinvolved/materials.aspx**

Prepare ahead of time

- Become familiar with the health and mental health resources in your community.
- Develop collaborative working relationships with local mental health clinicians, counseling centers, and hospitals to share information, skills, and referrals.
- Try to find providers who understand and respect the value faith brings to a person.

Take action if you encounter someone who is at immediate risk

If someone is:

- **Talking about wanting to die or to kill oneself**
- **Looking for a way to kill oneself, such as searching online or obtaining a gun**
- **Talking about feeling hopeless or having no reason to live**

Take the following steps right away:

1. Talk with the person and show you care. Listen without judging, regardless of your religious beliefs about suicide.
2. Ask the person, "Are you thinking of ending your life" or "Are you considering killing yourself?"
3. If the person has a plan and access to lethal means, do not leave him or her alone. Contact a local mental health professional, a local hospital emergency department, or the National Suicide Prevention Lifeline at 1–800–273-TALK (8255). Calls to the Lifeline are routed 24 hours a day to the crisis center closest to the caller where staff are trained to work with people who are suicidal.
4. Provide any relevant information you may have about the person to those who are managing the crisis.
5. Keep in contact with the person after the crisis and provide ongoing care and support if he or she wants it. Draw on other leaders and volunteers in the community to provide support as appropriate.

Reach out to someone who may be at risk

The steps just covered are an appropriate response to a person showing immediate warning signs of suicide. To help the many other people who may be at risk for suicide, you can take the steps below. The extent to which you have training and experience in addressing mental health problems may determine the type of support you are comfortable providing.

- Reach out to the person and talk with him or her. Listen without judging and show you care. You could mention changes you have noticed in his or her behavior and that you are concerned.

Address Cultural Differences

Differences in cultural background can affect how people respond to problems, the way they talk about death and dying, and their attitudes toward suicide, as well as how they feel about sharing personal information and seeking help. It is important to be aware of these possible differences and tailor your responses accordingly. For example, individuals from some cultures may not be open to seeing a mental health provider, but they may be willing to talk with a faith community leader or traditional healer.

- Encourage the person to see a mental health professional and offer to provide a referral if you suspect there may be a mental health problem.
- Encourage the person to connect with family or friends who can provide ongoing support.
- Keep in contact with the person after the crisis and provide ongoing care and support if he or she wants it. Draw on other leaders and volunteers in the community to provide support as appropriate.

If you feel that an individual is uncomfortable discussing the issue of suicide with you because of his or her religious beliefs or for any other reason, identify other people with whom he or she may talk.

Be Prepared to Respond to a Suicide Death

The suicide of someone in your faith community can be a devastating event for the entire community. It can create feelings of stigma, shame, and unwarranted guilt for those close to the deceased person. Also, this kind of loss may increase the suicide risk for individuals who are already vulnerable. It is important to reach out, support, and promote healing among those who are grieving a suicide loss. Everyone in your faith community—both leaders and members—can be an important source of support, comfort, and acceptance during this process. Also, be sure to seek support for yourself.

In planning memorial services, consult with the deceased person's family about what information they want shared. Avoid language that might put other people at risk by glamorizing suicide or the person who has just died. Such attention could lead others who are vulnerable to harm themselves as a way of getting attention and praise. In memorializing the person or preparing a eulogy, avoid emphasizing that the person is "at peace" and implying that suicide was a reasonable response to the stresses in his or her life. Make a clear distinction between the positive accomplishments and qualities of the deceased person and his or her final act.

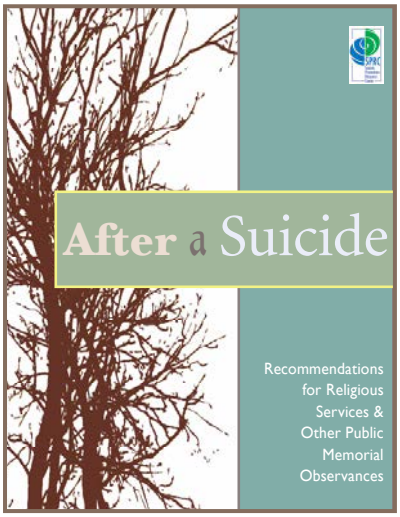
A memorial service is an important opportunity to increase awareness and understanding of the issues surrounding suicide and to address stigma. Remind people at risk that there are other options and encourage everyone else to reach out to help those in pain and in need.

For more information about responding to a suicide death, look at *After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances*.

Helping Your Colleagues

Suicide can occur among your colleagues (faith community leaders and staff) as well as among the people you serve. If you notice signs of risk for suicide among your colleagues, you can assist them in obtaining help.

For more information on helping co-workers, see the Resources section, including the information sheet *The Role of Co-Workers in Suicide Prevention*.



Consider Becoming Involved in Suicide Prevention Efforts in Your Faith Community and the Larger Community

Identifying and supporting individuals at risk is a crucial part of a comprehensive approach to suicide prevention. As a leader of your faith community and a respected member of your community at large, you can do even more. The following is a list of activities you can do to promote suicide prevention and provide support for those who are bereaved by suicide:

- Create an environment in your faith community that promotes connectedness, belonging, and emotional well-being, especially for those on the fringes.
- Share messages of hope, for example, about people overcoming adversity and loss, how spirituality can increase resilience, and how suicide is largely preventable and everyone can play a role.
- Encourage members of your faith community to seek help for themselves and other people they know if they have any concern about suicidal thoughts or notice any warning signs for suicide.
- Help reduce prejudice and discrimination toward those affected by mental illnesses, such as depression, anxiety, and bipolar disorder. Speak about mental illness in the same way you speak about physical illness.
- Educate members of your faith community about the importance of reaching out and helping suicide attempt and loss survivors.
- Provide education on suicide prevention for members of your faith community, leaders of other faith communities, and/or your local community:
  - » Make written materials available
  - » Give a sermon or a presentation on suicide prevention or invite a mental health professional to speak
  - » Sponsor suicide prevention training for adults and peer support training for youth
- Develop culturally appropriate language for funerals for people who die by suicide to break the silence about suicide while also not condoning suicidal acts.
- Join a local suicide prevention coalition.

www.sprc.org

Faith-Based and General Resources

The following support is for all faith leaders as you begin the journey of mental health awareness:

NM Department of Health Suicide Prevention Resource Guide
https://www.nmhealth.org/publication/view/general/7106/ Pg. 13-14

Video for faith leaders on self-care:
https://theactionalliance.org/faith-hope-life/take-action/provide-care-and-comfort

NAMI Faith Net presentation- Bridges of Hope A short 45 minute introduction for congregants or leaders.
https://www.nami.org/NAMInet/Outreach-Partnerships/NAMI-FaithNet/Bridges-of-Hope?gclid=CjoKCQiAmKiQBhClARIsAKtSj-mS_bV8E5m3ZTY08Y4KVSZIYIgp_GuS-uVtE2_PeH5DcIcYryq68AMaAjUmEALw_wcB

Sanctuary – a training on mental health in the church https://sanctuarymentalhealth.org/sanctuary-course/

Training is an important part of equipping people to understand mental illness and suicide

Places for Free or Reduced Trainings:

NM Crisis Access Line: https://nmcrisisline.com 1-855-662-7474

Department of Health: https://trainmeosah.com 505-222-8682

Join the New Mexico Suicide Prevention Coalition:
suicidepreventionprogram@state.nm.us and join the statewide effort

Trainings:

QPR – How to Question, Persuade and Refer someone who is suicidal and learn more about preventing suicide. https://qprinstitute.com/individual-training

Mental Health First Aid – A skills-based training course that teaches participants about mental health and substance-use issues. https://www.mentalhealthfirstaid.org/

Youth Mental Health First Aid– A skills-based training course for people who work with youth to identify, understand and identify signs of distress in children and adolescents. https://www.mentalhealthfirstaid.org/

Think 3-2-1 The Be Kind Model – Crisis intervention strategy by Dolores Gaviola-Feck, Ed.D.
drgavifeck@gmail.com

Soul Shop for Black Churches – A training to equip faith leaders with the skills necessary to help them identify and provide support to members in their congregations who may be facing mental health challenges and families who have been affected by suicide.
https://www.soulshopmovement.org/soul-shop-for-black-churches

Breaking the Silence NM – Community Forums and Professional Development- and youth education - teaches about mental health/suicide issues and busting the stigma. www.breakingthesilencenm.org

ASIST – Applied Suicide Intervention Training – A two-day workshop designed for members of all caregiving groups. Continually updated to provide latest research. https://www.livingworks.net/asist

Mental Health Resources – https://thex.church/mentalhealthresources/ https://kaywarren.com/

Re-Source Workshop – Equips men and women to help and support the hurting and struggling while staying healthy and whole in the process. https://mercymultiplied.com/

Helpful Resources Before a Suicide:

Tender Leaves of Hope – Paul Quinnett booklet to share with suicide attempt survivor family members - https://qprinstitute.com/store $2.50

National Action Alliance – Hope: A Guide for Faith Leaders to Help Prevent Youth Suicide https://www.hhs.gov/sites/default/files/hope-guide-faith-leaders-help-prevent-youth-suicide.pdf

Alive to Thrive – Preventing Teen Suicide https://learn.alivetothrive.com/

Hope for Mental Health – Support groups model that offers Christ-centered communities filled with comfort, strength, and hope. https://hope4mentalhealth.com/

Mercy Multiplied – Residential, outpatient and outreach services. https://mercymultiplied.com/

Mayo Clinic– Suicide and Suicidal Thoughts. https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048

After Suicide Loss:

SOS Handbook – Jeffery Jackson https://www.nmspc.org/uploads/8/1/5/1/81512030/suicide_loss_sos_handbook.pdf Booklet to share with survivors of suicide loss. It is the one booklet that survivors recommend. It can be printed from the web-site above or ordered from American Association of Suicidology (AAS) https://suicidology.org/

SOS Handbook in Spanish https://www.nmspc.org/uploads/8/1/5/1/81512030/sos_handbook_in_spanish.pdf

AFSP Suicide Loss Survivors Guide https://www.nmspc.org/uploads/8/1/5/1/81512030/afsp_suicide_loss_survivors_guide.pdf

After a Suicide – Memorial Service https://www.nmspc.org/uploads/8/1/5/1/81512030/after_a_suicide_%E2%80%93_memorial_service.pdf

Survivors of Suicide Loss Fact Sheet https://www.nmspc.org/uploads/8/1/5/1/81512030/survivors_of_suicide_loss_fact_sheet.pdf

Workplace Postvention https://www.nmspc.org/uploads/8/1/5/1/81512030/workplace_postvention.pdf

American Psychiatric Association https://www.psychiatry.org/Psychiatrists/Diversity/Mental-Health-and-Faith-Community-Partnership

The Role of Faith Leaders After Suicide Guidebook https://www.nmspc.org/uploads/8/1/5/1/81512030/the_role_of_faith_leaders_after_suicide_guidebook.pdf

Support Group Listings:

https://afsp.org/find-a-support-group/

https://www.sosabq.org Survivors of Suicide Loss in NM

https://www.griefshare.org Local groups in NM

https://griefnm.org/center-for-hope-and-healing/ Statewide grief support

https://nami.org National Alliance on Mental Illness New Mexico (NAMI)

Engaging Suicide Attempt Survivors

Resources

The following resources include videos, websites, reports, and toolkits that can help you **learn more** and **take action** to engage suicide attempt survivors in prevention.

SPARK Talks: Engaging Suicide Attempt Survivors
http://sparktalks.sprc.org
Speaker: Barb Gay, Executive Director, Area Substance Abuse Council (2015)
SPRC's SPARK Talks are Short, Provocative, Action-oriented, Realistic, and Knowledgeable videos of leaders in the suicide prevention movement who describe a new development or direction in the field that can have an impact on the burden of suicide.

The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience
http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/The-Way-Forward-Final-2014-07-01.pdf
Author: Suicide Attempt Survivors Task Force of the National Action Alliance for Suicide Prevention (2014)
This resource includes the core values for supporting attempt survivors; recommendations for practices, programs, and policies for effective suicide prevention; and ways to involve attempt survivors as helpers. It was created with valuable input from, and in collaboration with, attempt survivors.

A Voice at the Table
https://www.youtube.com/watch?v=XG7eH1GLK8E
Producer: Craig Miller
This 30-minute documentary highlights the need for the voices of individuals with lived experience to inform planning, policy, and training in the suicide prevention field. The film spotlights four suicide attempt survivors.

Leadership Informed by Lived Experiences
http://zerosuicide.sprc.org/files/leadership-informed-lived-experiences
In this 3-minute video, Leah Harris, director of Communications and Development at the National Empowerment Center, shares her thoughts about the importance of involving people with lived experiences in leadership roles to improve screening, assessment, and patient engagement.

The Role of Peer Support Services in Caring for Those at Risk of Suicide
https://edc.adobeconnect.com/_a1002235226/p60aqp4nel9/?launcher=false&fcsContent=true&pbMode=normal
Author: Suicide Prevention Resource Center
This recorded webinar explains the role of embedding lived experience into the Zero Suicide initiative and includes examples of how to incorporate those experiences.

Examples of Resources Developed in Partnership with Attempt Survivors

Zero Suicide
http://zerosuicide.sprc.org/
Zero Suicide (ZS) is a commitment to suicide prevention in health and behavioral health care systems and involves a specific set of strategies and tools described on the website. Individuals with lived experience continue to inform the development, implementation, and evaluation of Zero Suicide initiatives via webinars and the Zero Suicide Academy.

Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments
http://www.sprc.org/edguide?sid=47473
Author: Suicide Prevention Resource Center (2015)
This guide is designed to assist emergency department health care professionals with decisions about the care and discharge of patients with suicide risk. The guide was produced in collaboration with suicide prevention and emergency medical professionals as well as attempt survivors.

August 2015

The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 5U79SM059945.

Suicide Prevention Resource Center

Web: http://www.sprc.org | **E-mail:** info@sprc.org | **Phone:** 877-GET-SPRC (438-7772)

CRAWL

Crawl steps do not require money, training, resources or paid staff. They are beginner steps. All churches and faith groups can implement crawl steps.

- Refer to mental health within sermons, derashot, and homilies
- Within weekend services pray for people who are living with mental health conditions and their families
- Give your congregation a survey that asks them questions related to mental health
- Provide a referral list of mental health resources available in your community (NAMI 1-800.273-TALK)
- Educate and raise awareness in your congregation by inviting mental health professionals, family members and individuals to speak about mental health
- Provide space for free NAMI support groups to meet at your church
- Take a meal to someone newly diagnosed with a mental illness
- Befriend someone living with a mental health condition - go to a movie together or get a cup of coffee
- Give hope to people who are struggling with their mental health condition by providing encouraging connections: call, text, emails, letters, etc.

WALK

Walk steps require some training and minimal financial support. There is a greater level of commitment, but most churches, synagogues or other faith communties can take these steps.

- Have the clergy, leadership or pastor speak specifically about mental illness
- Start mental health specific ministries such as support groups for adults and youth
- Create care teams of three or four individuals who will commit to an on-going relationship to an individual or family to help with basic needs (helping with household tasks, transportation to doctor visits, basic home repairs, etc.
- Train volunteers to be "companions" during a church or faith service to anyone appearing distressed, depressed, or lonely
- Regularly connect your church members in opportunities to serve
- Help connect people in your congregation who have similar mental health challenges (with their permission)
- Build a mental health library with books and resources available
- Use local mental health professionals, family member or individuals to other frequent educational meetings for your staff, volunteers, and parents

With thanks to Saddleback Church. www.hope4mentalhealth.com

RUN

Run steps require a higher level of commitment, more extensive training, financial support, and trained staff. Some churches, synagogues or faith communities can take these steps.

- Integrate mental health into existing ministries withing the faith community
- Develop a lay counseling resource or ministry
- Hold mental health support groups for children
- Create a mental health safe place where people who are living with a mental health condition can come and find comfort and support
- Provide staff wtih more advanced mental health care training
- Create care teams of three or four individuals who will commit to an on-going relationship to an individual or family to help with mental health needs (Assist in making connections to resources, programs and professionals who might be helpful to their specific needs–advocate for them in a holistic way)
- Partner together with a local mental health organization in your community to ensure that triage to mental health service and support is accessible
- Hold a mental health ministry event; hose a one-day mental health conference
- Build a team of volunteers who can help others in your community to become involved in caring for people living with mental illness and their families
- Become a model of what every church, synagogue or faith community can do about mental illness by being a reliable source of information about mental health conditions

With thanks to Saddleback Church. www.hope4mentalhealth.com

Faith-based Bibliography According to Religious Tradition

Many religions have a history of considering suicide a sin or moral failure. For this reason, houses of worship often overlook and even stigmatize mental illness. Some churches view psychological suffering as a test of faith and may offer platitudes such as "God never gives us more than we can handle." On the other hand, others may remain silent on issues such as suicide. Yet, for people with mental health issues, more than medicine, more than therapists, it is their faith that brings solace and hope for troubled times. Today, leaders from a variety of faith backgrounds are advocating for mental health support programs and suicide prevention in their respective faith communities.

The following resources may be useful for members of various faiths.

Protestant

Greene-McCreight, Kathryn. (2015). ***Darkness Is My Only Companion.*** Where is God in the suffering of a mentally ill person? What happens to the soul when the mind is ill? How are Christians to respond in the face of mental illness? In this book, Kathryn Greene-McCreight confronts these difficult questions raised by her own mental illness–bi-polar disorder. Brazos Press.

Hsu, Albert. (2017). ***Grieving A Suicide: A Loved Ones Search for Answers.*** Suicide is one of the most serious public health crises of modern times, claiming over one million lives worldwide every year. Those who have lost a loved one to suicide experience tremendous shock and trauma, with a confusing mixture of emotions: anger, guilt, grief, and despair. IVP Books.

Sittser, Jerry. (2004). ***A Grace Disguised – How the Soul Grows Through Loss.*** In an instant, a tragic accident claimed three generations of his family: his mother, his wife, and his young daughter. While most of us will not experience loss in such a catastrophic form, all of us will taste it. And we can, if we choose, know the grace that transforms it. Zondervan.

Stoecklein, Kayla. (2020). ***Fear Gone Willd: A story of Mental Illness, Suicide, and Hope Through Loss.*** Heartfelt and hope-filled, this book equips us to walk alongside someone on their journey with mental illness and offers strength and comfort from a God who never leaves. Nelson.

Walsh, Sheila. (2021). ***Holding on When You Want to Let Go: Clinging to Hope When Life is Falling Apart.*** When you run to God for answers, do you often feel like you aren't getting them–or at least aren't getting the answers you want? Are you holding on . . . but not sure how much longer you can? Baker Books.

Stanford, Matthew S. (2017). ***Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness.*** Why has the church struggled in ministering to those with mental illnesses? Each day men and women diagnosed with mental disorders are told they need to pray more and turn from their sin. Mental illness is equated with demonic possession, weak faith, and generational sin. As both a church leader and a professor of psychology and behavioral sciences, Matthew S. Stanford has seen far too many mentally ill brothers and sisters damaged by well-meaning believers who respond to them out of fear or misinformation rather than grace. IVP Books.

Woodland, Desiree. (2022). ***I Still Believe, Mental Illness and Suicide in Light of the Christian Faith.*** This book is a mother's search to make meaning out of her son's suicide and find a way back to a faith that no longer made sense. As survivors feel their way through the dark maze of emotions, they need the support of others who have walked the path before them. This story can help shine a light for hope and faith to germinate in the soil of grieving hearts. Vine Press.

Catholic

https://bookshop.org/shop/catholicmentalhealth

Kheriaty, Aaron with John Cihak. (2012). ***The Catholic Guide to Depression: How the Saints, the Sacraments, and Psychiatry Can Help You Break its Grip and Find Happiness Again.*** This book helps you to distinguish depression from similar looking, but fundamentally different, mental states such as guilt, sloth, the darkness of sin, and the sublime desolation called "dark night of the soul" that is, in fact, a privileged spiritual trial sent as a special gift from God. Sophia Institute Press.

Riley, Alex. (2021). ***A Cure for Darkness: The Story of Depression and How We Treat It.*** Is depression a persistent low mood, or is it a range of symptoms? Can it be expressed through a single diagnosis, or does depression actually refer to a diversity of mental disorders? Is there, or will there ever be, a cure? Scribner.

Rolheiser, Ronald. (2017). ***Bruised and Wounded: Struggling to Understand Suicide.*** A Catholic priest, Ronald Rolheiser, seeks to erase the stigma surrounding suicide for those left grieving. Specific chapters include Removing the Taboo, Despair as Weakness Rather than Sin, Reclaiming the Memory of Our Loved One, and The Pains of Ones Left Behind. Paraclete Press.

Jewish

Address, R. (2003). ***Caring for the Soul: R'fuat HaNefesh. A Mental Health Resource and Study Guide.*** This study guide is meant to be used by lay and professional leadership within congregations to create a variety of educational programs. New York, NY: URJ Press.

Rosmarin, David, PhD., Rabbi Saul Haimoff. (2019). ***Handbook of Torah and Mental Health.*** A brief collection of Torah sources and cognitive resources. Feldheim Publishers.

Rosmarin, David. PhD. (2021). ***The Connections Paradigm; Ancient Jewish Wisdom for Modern Mental Health.*** Templeton Press.

Muslim

https://muslimmentalhealth.com/islam-mental-health/

Ahmed, Sameera and Amer, Mona M. (2017). ***Counseling Muslims–Handbook of Mental Health Issues and Interventions.*** A young female client presents with anorexia nervosa and believes that her problem has its roots in magic; parents are helpless in the face of their son's substance abuse issues; an interracial couple cannot agree on how to discipline their children. How would you effectively help these clients while balancing appropriate interventions that are sensitive to religious, cultural, social, and gender differences? This handbook answers these difficult questions and helps behavioral health practitioners provide religios-culturally-competent care to Muslim clients. Routledge, Taylor, and Francis Group.

Koenig, Harold G. and Al Shohaib, Saad Saleh (2017). ***Islam and Mental Health–Beliefs, Research and Applications.*** This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality, and mental health in Muslims. A description of Islamic beliefs, practices, and values is followed by a systematic review of research conducted in Muslim populations, and then by recommendations for practice based on research, clinical experience, and common sense. Harold G. Koenig.

Buddhist

Koenig, Harry. (2017). ***Buddhism and Mental Health: Beliefs, Research and Application.***
This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality, and mental health in Buddhists. A description of the life of the Buddha, original Buddhist scriptures, beliefs and practices is followed by a systematic review of research conducted in Buddhist populations, and then by recommendations for practice based on research, clinical experience, and common sense. Harold Koenig.

Hindu

Koenig, Harry. (2017). ***Hinduism and Mental Health: Beliefs, Research and Applications.*** This book is for mental health professionals, clergy, researchers, and laypersons interested in the relationship between religion, spirituality, and mental health in Hindus. A description of Hindu scriptures, beliefs and practices is followed by a systematic review of research conducted in Hindu populations, and then by recommendations for practice based on research, clinical experience, and common sense. The author is a physician researcher who has spent over 30 years investigating the relationship between religion and health, and directs Duke University's Center for Spirituality, Theology and Health. Harold Koenig.

All Faiths

Amador, Xavier. (2007). ***I'm Not Sick and I Don't Need Help.*** Not a faith-based book ,but a blueprint for families to follow for helping loved ones accept help. It provides the needed skills to communicate with mentally ill loved ones more effectively.

Griffith, J. (2010). ***Religion That Heals, Religion That Harms: A Guide for Clinical Practice.*** 1st edition. New York, NY: The Guilford Press.

Keefe, Rachael A. (2018). The author of ***The Lifesaving Church: Faith Communities and Suicide Prevention.*** "There's so much silence around suicide in the church that it is quite literally killing us." A pastor and suicide survivor, Keefe breaks the silence of the Church on the topics of mental health, depression, and suicide prevention. The book includes resources about how to educate congregations about suicide prevention, a "What Your Congregation Can Do Now" section, clinical and theological reflections on suicide, and specific resources, scriptures, and prayers for clergy and church leaders, suicide loss survivors, and those struggling with suicidality. Chalice Press.

Kehoe, N. (2009). ***Wrestling with Our Inner Angels: Faith, Mental Illness, and the Journey to Wholeness.*** San Francisco: Jossey-Bass.

Rennebohm, C. & Paul, D. (2008). ***Souls in the Hands of a Tender God.*** Boston: Beacon Press.

Walsh, F. (2008) ***Spiritual Resources in Family Therapy.*** 2nd edition. NY: The Guilford Press New York, NY.

Updated 1/2023

Support for Native Americans

A Strengths and Culture Based Tool to Protect Our Native Youth from Suicide 2022

https://caih.jhu.edu/assets/documents/CULTURE_FORWARD_FULL_GUIDE_Web.pdf

What Can Native Communities Do Now?

Form a council of Elders and traditional leaders to plan and participate in cultural activities with youth.

Support your youth council to lead a "CULTURE FORWARD" media campaign with powerful messages to promote cultural values that prevent suicide.

Rekindle and promote cultural values that embrace the special roles that your two-spirit community members hold within the tribe.

Create safe places for our two-spirit relatives to express themselves and include them as valued community members in all aspects of community life.

Work with your mental and behavioral health directors and tribal stakeholders to develop principles for your healing efforts that can be widely disseminated through your tribal media outlets.

Create culture camps for youth groups, giving priority to those facing current hardships.

Questions for Seeking the Wisdom of the Elders

- What strengths do community members have that will help them cope?
- How did the Elders help community members overcome past traumas and maintain their cultural identity?
- What traditional ways were the community's children taught coping and problem-solving skills?
- How were community members helped to feel good about themselves?
- What are some of the old stories that help youth deal with change?

What can be said to young people to give them greater hope in themselves and their future?

Language Matters: Follow the national guideline recommendations to seek professional help. Typically, suicide is considered to be an unfortunate response to an individual's psychological pain, frequently in the context of mental illness. The act of killing ones 'self is foremost an individual act, undertaken in response to one's personal situation and psychology. This understanding, however, does not fit many native people's realities. Suicide in indigenous communities is frequently identified as the terminal outcome of historical trauma and ongoing social suffering. First, the expression of selfhood for many tribal people is relationally defined rather than oriented toward individual characteristics. Indigenous people often describe themselves through their kin. https://www.ncbi.nih.gov/pms/articles/PMC3483901/

'It is more difficult to handle depression and suicidal ideation after the fact. If we can create a positive outlook for our youth, and programs that have daily contact with our young people we will be much better prepared to stop this cycle of loss(to suicide.)" Julie Garreau, ED Cheyne River Youth Project. Testimony before the U.S. Senate Committee on Indian Affairs, 2005.

The New Mexico Suicide Prevention Coalition has a Native American/American Indian Workgroup which advocates for suicide prevention across the state, including in the state's 23 federally-recognized tribes, pueblos, and nations. Find out more: https://www.nmhealth.org/publication/view/general/7105/

LGBTQ+ in Faith Communities

- There are multiple mental health challenges faced by LGBTQ+ youth, including suicide, depression, anxiety, substance use, bullying, and homelessness.

- LGBTQ+ youth seriously **contemplate suicide at almost three times the rate** of heterosexual youth. *–U.S. Department of Health and Human Services*

- LGBTQ+ young people are **more than twice as likely** to feel suicidal, and **over four times as likely** to attempt suicide, compared to heterosexual youth.

- LGBTQ+ youth are not inherently prone to suicide risk because of their gender identity but because of how they are mistreated and stigmatized in society.

The faith community can play a role in preventing suicide in this population.

1. https://www.thetrevorproject.org/research-briefs/religiosity-and-suicidality-among-lgbtq-youth/

2. https://www.thetrevorproject.org/wp-content/uploads/2021/08/LGBTQ-Youth-and-Religion-Research-Brief-April-2020.pdf

3. https://themaneater.com/suicide-rates-among-lgbtq-people-are-staggeringly-high-religion-may-have-more-to-do-with-those-numbers-than-you-think/

4. https://reformationproject.org/

5. Allberry, Sam (2015). *Is God Anti-Gay?* The Good Book Company: https://www.youtube.com/watch?v=6r4_pp358ho

6. Butterfield, Rosario (2018). *The Gospel Comes with a House Key.* Crossway: www.rosariabutterfield.com

7. Hill Perry, Jackie (2018). *Gay Girl Good God: The Story of Who I Was and Who God Has Always Been.* B&H Books.

8. McDowell Josh (2016). *The Beauty of Intolerance*. Shiloh Press.

9. McLaughlin, Rebecca (2021). *The Secular Creed: Engaging Five Contemporary Claims*. The Gospel Coalition.

There is a LGBTQ+ Workgroup through the Coalition. Contact suicidepreventionprogram@state.nm.us

These sites were live as of 1/2023

Mental Health Awareness Days / Months

A short list that may assist you in bringing awareness to your place of worship.

January Mental Wellness Month

February 21-27 Eating Disorders Awareness Week

March Self Harm Awareness Month

April Stress Awareness Month

May Mental Health Awareness Month

mental health awareness ribbon

June PTSD Awareness Week

July Minority Mental Health Awareness Month

August 7 Friendship Day

September National Recovery and Suicide Prevention Month

All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness

10th World Suicide Prevention It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most.

October 10 World Mental Health Awareness Day

November International Survivors of Suicide Loss Day www.afsp.org

December Blue Christmas www.lovedoesthat.org. Planning guide for a service to honor loss.

For Congregants

This section contains handouts to use with congregants. It includes statewide resources and trainings so faith communities can designate key leaders who have been trained to help those who struggle with mental illness and understand the risk factors and signs of suicide. These resources are inclusive of all faith traditions.

Reference Guide on Mental Health and Suicide for Leaders in NM

- Mental illness affects 1 in 5 people
- Serious mental illness – 1 in 24 people
- Suicide is the second leading cause of death for youth aged 12-18 in New Mexico

What is Mental Illness?

According to the National Council for Wellbeing, a mental disorder or mental illness is a diagnosable illness that affects a person's thinking, emotional state, and behavior, and disrupts the person's ability to work or attend school, carry out daily activities, and engage in satisfying relationships. They impact the ability to live, laugh, love, or perform. Nearly 1 in 5 experience some form of mental illness each year. Clinical depression and anxiety are the two most linked to suicide.

What is Mental Health?

According to the World Health Organization, however, mental health is "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community."

- Many people who have a mental illness do not want to talk about it. But mental illness is nothing to be ashamed of! It is a medical condition, just like heart disease or diabetes. And mental illnesses are treatable.

- While mental illness can occur at any age, three-fourths of all mental illness begins by age 24. It is not always clear when a problem with mood or thinking has become serious enough to be a mental health concern.

How to Communicate with Someone with a Mental Health Condition

- Treat the person with respect you would give any other person
- Listen nonjudgmentally: feelings and thoughts are real even if not based in reality

What to Say & What Not to Say

- As appropriate instill hope for a positive result but don't invalidate the person's feelings
- When facing anger- listen, deflect, and ask why
- Stay calm to reassure the individual
- Listen.. they may share deep feelings of sadness that don't necessarily signal suicide

Concerns About a Possible Mental Illness

- Outbursts of emotion
- Sadness that has no observable cause and has lasted over 2 weeks
- Expresses disoriented or racing thoughts
- Appears disheveled, poor hygiene

Immediate Concern

- Is there a family member or friend who can help?
- If you feel that this is a possible mental health crisis, call NMCAL 1-855-NM CRISIS (662-7474)
- Or 911 ask for a CIT member (Crisis Intervention Team) member

We're here to hear you.

Crisis line: 1 (855) 662 - 7474
Warmline: 1 (855) 466 - 7100

The New Mexico Crisis and Access Line is proud to be the provider of choice answering 988 calls, texts, and chats in New Mexico.

Helpful If You Do Make a Referral

- Identify past supports
- Assess the level of distress of the individual–how much discomfort, anxiety or anguish are they feeling?
- Provide a list of mental health professionals
- Make the referral a collaborative process between you and the person and/or family
- Offer community resources (see Resources)
- Follow up with them.
- Be clear about the difference between spiritual support and professional clinical care

Dealing with Resistance

- Resistance may come from stigma. Stigma may come from prior experience, cultural issues, or religious concepts
- Learn about mental health and treatments available
- Hold congregational trainings about mental illness and suicide (see Resources)
- Reassure that there are ways to feel better
- Use personal stories of others who have been through similar situation. They are not alone
  (See Bibliography)
- If this is a person of faith, ask how faith can give them strength to take steps of healing

Suicide

- There may not be any outward signs of distress and because of shame or embarrassment never shared their feelings. But…if you suspect they may be thinking of suicide–ASK!
- Some warning signs to be aware of:
- Talking or writing about death
- Talking of hopelessness helpless or worthlessness, no reason for living
- Increase in drug or alcohol use
- Withdrawal from friends or family
- Reckless behavior
- Dramatic changes in mood
- Giving away personal treasures

Risk Factors for Suicide May Include

- Losses, relationship break ups, bullying
- Previous attempts
- History of trauma or abuse
- Firearms in the home
- Clinical illness, chronic pain
- Exposure to the suicidal behavior of others and history of suicide in family

Suicide Attempt Survivors

- Suicidal people generally want 3 things:
- (1) To end their suffering
- (2) To escape from unendurable psychological pain and
- (3) to gain more control over their lives

Support groups for Survivors of Suicide Loss

- Peer led groups can often help people grieving the loss of a loved ones
- The language around suicide matters:
- Use people first language that is free of judgment
- Suicide is not selfish
- The person did not 'commit' suicide like a crime
- Suicide is not the 'unforgivable sin'
- They were not weak, but rather tried their best to hold onto life
- All feelings of a survivor are valued.; anger with God ,loss of faith, guilt, self-blame etc. without someone trying to 'fix' the grief Listening Is the most powerful medicine
- Survivors of Suicide ABQ and Santa Fe
- www.sosabq.org and https://santafesurvivorsofsuicide.com/
- Adapted from the APA Foundation–psychiatry.org/faith and the American Foundation for Suicide Prevention

AMERICAN ASSOCIATION OF SUICIDOLOGY

Survivors of Suicide Loss Fact Sheet (2014)

Definition:

A survivor of suicide is a family member or friend of a person who died by suicide.

Some Facts...

- Survivors of suicide represent "the largest mental health casualties related to suicide" (Edwin Shneidman, PhD, AAS Founding President).

- There are currently over 41,100 suicides annually in the USA. It is estimated that for every suicide there are at least 6 survivors. Some suicidologists believe this to be a very conservative estimate.

- Based on this estimate, approximately 6 million Americans became survivors of suicide in the last 25 years.

About Suicidal Grief:

The loss of a loved one by suicide is often shocking, painful and unexpected. The grief that ensues can be intense, complex, and long term. Grief work is an extremely individual and unique process; each person will experience it in their own way and at their own pace.

Grief does not follow a linear path. Furthermore, grief doesn't always move in a forward direction.

There is no time frame for grief. Survivors should not expect that their lives will return to their prior state. Survivors aim to adjust to life without their loved one.

Common emotions experienced in grief are:

Shock	Denial	Pain
Guilt	Anger	Shame
Despair	Disbelief	Hopelessness
Stress	Sadness	Numbness
Rejection	Loneliness	Abandonment
Confusion	Self-blame	Helplessness
Depression	Anxiety	

These feelings are normal reactions and the expression of them is a natural part of grieving. At first, and periodically during the following days/months of grieving, survivors may feel overwhelmed by their emotions. It is important to take things one day at a time.

Crying is the expression of sadness; it is therefore a natural reaction after the loss of a loved one. Survivors often struggle with the reasons why the suicide occurred and whether they should have done something to prevent the suicide or help their loved one. Feelings of guilt typically ensue if the survivor believes their loved one's suicide could have been prevented.

At times, especially if the loved one had a mental disorder, the survivor may experience relief. There is a stigma attached to suicide, partly due to the misunderstanding surrounding it. As such, family members and friends of the survivor may not know what to say or how and when to provide assistance. They may rely on the survivor's initiative to talk about the loved one or to ask for help.

Shame or embarrassment might prevent the survivor from reaching out for help. Stigma, ignorance and uncertainty might prevent others from giving the necessary support and understanding. Ongoing support remains important to maintain family and friendship relations during the grieving process.

About Suicidal Grief (cont.):

Survivors sometimes feel that others are blaming them for the suicide. Survivors may feel the need to deny what happened or hide their feelings. This will most likely exacerbate and complicate the grieving process.

When the time is right, survivors will begin to enjoy life again. Healing does occur.

Many survivors find that the best help comes from attending a support group for survivors of suicide where they can openly share their own story and their feelings with fellow survivors without pressure or fear of judgment and shame. Support groups can be a helpful source of guidance and understanding as well as a support in the healing process.

Children as Survivors:

It is a myth that children don't grieve. Children may experience the same range of feelings as do adults; the expression of that grief might be different as children have fewer tools for communicating their feelings.

Children are especially vulnerable to feelings of guilt and abandonment. It is important for them to know that the death was not their fault and that someone is there to take care of them.

Secrecy about the suicide in the hopes of protecting children may cause further complications. Explain the situation and answer children's questions honestly and with age-appropriate responses.

The American Association of Suicidology:

The American Association of Suicidology (AAS) offers a variety of resources and programs to survivors in an attempt to lessen the pain as they travel their special path of grief. These include:

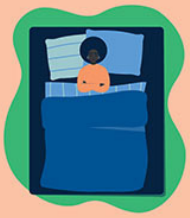
- Survivors of Suicide Kit: an information kit consisting of fact sheets, a bibliography and sample literature.
- Survivors of Suicide: Coping with the Suicide of a Loved One booklet and A Handbook for Survivors of Suicide.
- Surviving Suicide, a quarterly newsletter for survivors and survivor support groups.
- "Healing After Suicide", an annual conference held every April, for and about survivors.
- Suicide Prevention and Survivors of Suicide Resource Catalog: a listing of books, pamphlets, etc. which can be ordered from AAS. Includes resources for children and those who care for them.
- Directory of Survivors of Suicide Support Groups – available online at www.suicidology.org

Additional Resources:

- American Foundation for Suicide Prevention (AFSP) www.afsp.org
- Survivors of Suicide www.survivorsofsuicide.com
- The Link Counseling Center www.thelink.org

My Mental Health: Do I Need Help?

First, determine how much your symptoms interfere with your daily life.



Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do job, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others

If so, here are some self-care activities that can help:

- Exercising (e.g., aerobics, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Eating healthy
- Talking to a trusted friend or family member
- Practicing meditation, relaxation, and mindfulness

If the symptoms above do not improve or seem to be worsening despite self-care efforts, talk to your health care provider.

Do I have severe symptoms that have lasted 2 weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm

Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person; individual, group, or family
- Medications
- Brain stimulation therapies

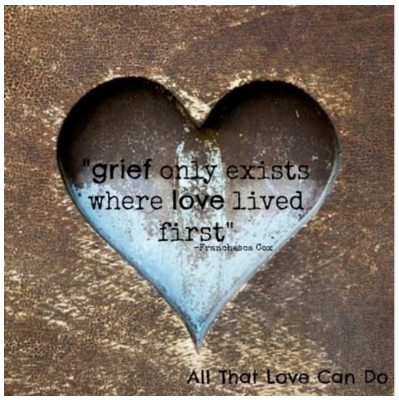
For help finding treatment, visit www.nimh.nih.gov/findhelp.

If you are in crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text the Crisis Text Line (text HELLO to 741741).

National Institute of Mental Health

www.nimh.nih.gov/findhelp

After A Suicide Loss



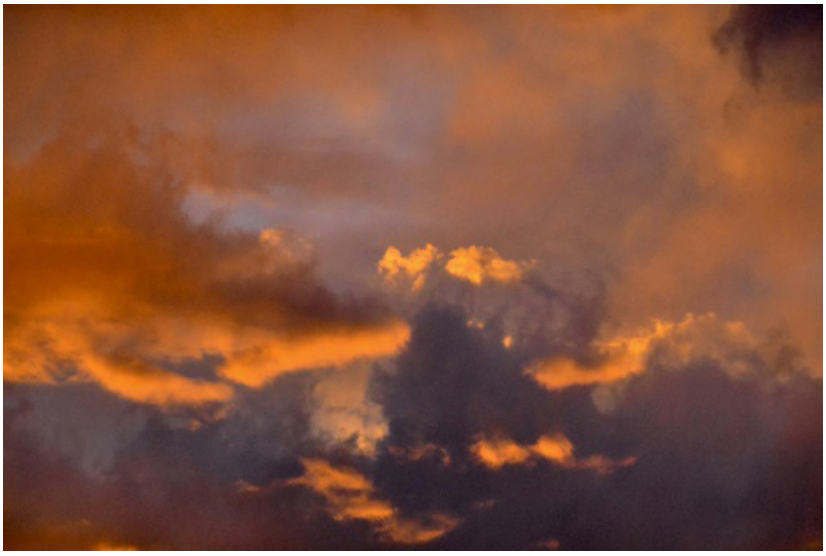
THINGS THAT HELP…

1. Saying you're sorry for my loss
2. Hugs and more hugs
3. Very few words
4. Cards or notes
5. Helping with meals
6. Giving me generous latitude. My grief has no time table; its steps are not sequential. I seldom know when grief will "take me out".
7. Expressing total and painful confusion over what happened. Knowing that you are perplexed makes me feel a little more sane.
8. Cards or notes months after. It's when your life goes back to "normal" that I feel alone and my loss forgotten.
9. Say his/her name often. Out loud. Remind me how much you feel the loss.
10. Instead of saying "mentally ill," say "struggles with mental illness." This way the person senses your belief that they can get better, that they are not broken.
11. Instead of saying "commit suicide," say "die by suicide." Commit is a word most often used when referencing crime or sin. And losing a struggle with mental illness is, in fact, not a crime.
12. Avoiding labels like "crazy," "looney," "suffer," "not normal" and other judgements can be hurtful. And what we really want is to be helpful and caring.

THINGS THAT DON'T HELP…

1. Saying that you understand. You may care but you don't understand, unless you have experienced a similar loss.
2. Don't avoid me because you don't know what to say. I already feel peculiar and "distinct". Please make eye contact; if I don't want to talk, you will know it.
3. Don't give me your summation of why this happened. Even if your thoughts have merit, I can't hear them yet. I am still trying to wrap my mind around this.
4. Don't give me pat answers of any kind, especially at the beginning. They feel like a slap in the face – like proverbs that work in other people's lives, not mine.
5. Be sensitive in talking about your loved one. Don't mention them for a while. I can't relate, and that leaves a pit in my stomach.
6. Don't talk too much. My pain has damaged my hearing.
7. Don't rush me. This will take as long as it needs to take. Just walk by my side, as my friend. Respect my desire for privacy in the beginning.
8. Don't expect me to "get over it". I will never get over it.
9. Don't ask me how I am. Ask me how I am today. I will try to answer honestly, if you have the time to hear me.
10. Don't tell me I will recover; that time will fill the hole my loved one's loss has left.
11. I have no intention of recovering like my loss was an illness.

- Avoid judging those who come to you for help. Grace provides a context where vulnerability is safe and seen as a strength, not weakness.
- A good friend will focus on people not projects. Have a heart to help, not to fix.
- Seek to be a friend to someone living with a mental illness – a phone call, lunch or email can bolster their mood. Don't be afraid to start a conversation with them about how they manage their illness or any suicidal thoughts. If you are worried about them refer them to New Mexico Crisis and Access Line and the faith leader.
- Always inject hope into the lives of others, focusing on the future, not the past.
- Remember your role is as a friend, not a therapist.
- The weight of change is on the person. You cannot want them to be helped, more than they do. Many mental illnesses are life long and recovery and managing it may be part of their lives.
- There are people you cannot help YET.
- Those that don't recognize they are struggling.
- Those who will not invest in themselves at a greater level than you invest in them.
- How you work with someone is more important than the information you give them.
- Listen carefully, actively, and prayerfully. Make eye contact.
- Validate their emotions.
- Establish healthy boundaries with those you are helping.
- Your faith leader has a referral list. It's okay to say, " I don't know, let's find someone who does."
- Take care of YOU!



"What good people can do in the face of great sorrow;
we help some time pass for those suffering.
We sit with them in their hopeless pain without
trying to fix them with platitudes: doing this with them
is just about the most gracious gift we have to offer.
We give up what we think we should be doing or what
we think we need to get done, to keep them company.
We notice the messiness, the discomfort and the
emptiness and let it be there until some light returns."

Anne Lamott

Recognizing and Responding to Suicide

Emergency One Page Document

Suicide crisis resources:

National Suicide Prevention Lifeline number **988**
New Mexico Crisis and Access Line (505) 662-7474
UNM Psychiatric Emergency Services (505) 272-9038
2600 Marble ABQ NM 87106

DO Ask the Question:

"Are you thinking about killing yourself?" Or "Are you thinking about ending your life?"

Ask directly about suicide. Ask the question in such a way that is natural and flows over the course of the conversation. Ask the question in a way that gives you a "yes" or "no" answer. Don't wait to ask the question when the person is halfway out the door. Asking directly and using the word "suicide" establishes that you and the at-risk person are talking about the same thing and lets them know you are not afraid to talk about it.

DON'T Ask the Question:

"You're not thinking about killing yourself, are you?"

Do not ask the question as though you are looking for a "no" answer. Asking the question in this manner tells the person that although you assume they are suicidal, you want and will accept a denial.

VALIDATE the Person's Experience:

- **Talk openly**
- **Don't panic**
- **Be willing to listen and allow emotional expression**
- **Recognize that the situation is serious**
- **Don't pass judgment**
- **Reassure that help is available**
- **Don't promise secrecy**
- **Don't leave the person alone**

Get Help:

Share available resources with the person. Be willing to make the call or take part in the call to **988**. https://www.fcc.gov/988 This toll-free confidential Lifeline is available 24 hours a day, seven days a week and is for suicidal crisis or mental health distress. Or call NMCAL **1-855-NMCRISIS (662-7474)**.

Let the person know that you or a designated helper (inform your leadership and follow protocol) are willing to go with them to see a professional when they are ready. If you feel the situation is critical, take the person to the closest Emergency Room or call **911**. Do not put yourself in danger; if at any time during the process you are concerned about your own safety, or that the person may harm others, call **911**. Never negotiate with a person who has a gun; call **911** and leave the area. If the person has done harm to him or herself in any way, call **911**. https://www.ihs.gov/suicideprevention/howtotalk/