

The Role of Clergy in Preventing Suicide

If you are thinking of hurting yourself, or if you are concerned that someone else may be suicidal, call the **National Suicide Prevention Lifeline at 1-800-273-TALK (8255)**.

Tom came to my office to talk a few weeks before he took his life. He was obviously unhappy. We talked about a lot of things-his marital difficulties, his continuing unemployment, his general sense of despondency. But I remember one part of that conversation distinctly. He asked if God could forgive any sin. I asked him if he had done something that he thought I should know about. He said that he hadn't. I still think about that. I only wish that I had understood what he was trying to say and done something about it.



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SAMHSA

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Introduction

As a member of the clergy, you have the vital yet daunting job of guiding people through many of life's challenges—marital discord, job loss, illness, death, and more. This unique role offers an opportunity to help people at risk of suicide in ways that even family members or mental health professionals cannot. By listening to people and getting them the help they need, you can make a difference.

Each year, more than 34,000 Americans will end their lives as a way to escape the intolerable pain of living (CDC, 2007). Many people, including clergy, find it difficult to understand why people take their own lives. The very thought of suicide has clear moral and spiritual implications in many religions. You have an opportunity to prevent suicide by taking threats seriously, recognizing many of the warning signs of suicidal behavior, and understanding the factors associated with such behavior.



A review of the literature revealed that fairly large numbers of people who are thinking of harming themselves turn to clergy rather than to mental health professionals, and that clergy could benefit from training on how to recognize and respond to people who may be at risk of suicide (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). Some research indicates that more than twice as many people with diagnosable mental health problems will see a cleric rather than a psychotherapist, for many reasons: People may be more comfortable with their cleric than with a therapist; religious counseling does not have the negative connotations that many people associate with mental health care; and many people are not able to afford mental health care.

The National Strategy for Suicide Prevention identified the clergy as “key gatekeepers.” As people who regularly come into contact with individuals or families in distress, they “must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene before the behaviors and early signs of risk evolve further” (U.S. Department of Health and Human Services, 2001, p. 78). However, it is important to remember that you cannot be all things to all people. You are a spiritual guide. You may have training in counseling. But you may not be qualified, on your own, to offer therapy to someone confronting mental illness or serious emotional problems. Even mental health professionals sometimes have difficulty assessing a particular individual's relative risk of suicide. It is essential that you know both the possibilities and the limits of your role and your training. You must do what you can and defer to mental health professionals to do what you cannot.

Recognizing the Warning Signs

People who are considering suicide often display warning signs—sometimes directly, sometimes indirectly. The following warning signs may mean someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

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

These signs are especially critical if the person has a history or current diagnosis of a psychiatric disorder or serious psychological problem, is abusing alcohol or other drugs, has attempted suicide in the past, or has had a suicide in his or her family. Young people who have experienced the suicide (or other violent or sudden death) of a friend, peer, or celebrity role model should also be taken very seriously if they display warning signs of suicide.

Responding to the Warning Signs

Your response to warning signs should be targeted at keeping the person safe, providing empathy and support, and ensuring that the individual receives the mental health and/or social services necessary to reduce his or her risk. As a cleric you can, and should, do the following:



- Ask the difficult questions. Science has not yet provided us with fail-safe methods of assessing the risk of suicide. However, you can ask the sometimes difficult questions that will provide you with more evidence about the individual's state of mind and intentions, for example:
 - Do you ever wish you could go to sleep and never wake up?
 - Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
 - Are you thinking about killing yourself?
- Recognize your limits. Some clergy are trained and licensed as mental health counselors, but many are not. It is advisable to stay within your scope of competence and consult with or refer to other health care professionals who can best attend to the mental health needs of the individuals you work with. Medical, ethical, and legal issues can arise when clergy cross the line from offering faith-based listening and guidance to counseling someone in a therapeutic manner. Well-meaning clergy have been sued because they have overstepped appropriate boundaries while engaging in empathetic pastoral relationships. Be sure your congregants understand that while you are always willing to listen and minister to their spiritual needs, you may not be the best person to provide direct care for certain issues. Consider partnering with mental health and other health care professionals in your community, and maintain a list of therapists to share with troubled parishioners. You may be able to find professionals whose religious or cultural backgrounds are similar to your congregants', which will allow a troubled person to make an easier transition between you and a mental health professional.
- Recognize the limits of confidentiality. While confidentiality is critical to maintaining trust and openness, there are circumstances when disclosures should be made. These exceptions may vary depending on the code of ethics to which you adhere, but breaching confidentiality may be necessary to prevent a person from harming him- or herself.
- Do not leave a person at imminent risk of suicide alone. If you have any suspicions that a person is seriously considering harming himself or herself, let the person know that you care, that he or she is not alone, and that you are there to help. You may have to work with the person's family to ensure that he or she will be adequately supported until a mental health professional can provide an assessment. In some cases, you may have to accompany the person to the emergency room at an area hospital or crisis center. If the person is uncooperative, combative, or otherwise unwilling to seek help, and if you sense that the person is in acute danger, call 911 or (800) 273-TALK. Tell the dispatcher that you are concerned that the person with you "is a danger to [himself or herself]," or "cannot take care of [himself or herself]." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make such a call if you suspect that someone may be a danger to himself or herself. It could save that person's life.

- Do not put other people at risk by glamorizing suicide or those who have died by suicide. As a spiritual leader, you may be asked to officiate at services for those who have died by suicide. In this role, it is essential that your desire to comfort survivors and memorialize the dead not put other vulnerable individuals at risk. The attention given to a person who has died by suicide can lead vulnerable persons who feel neglected to harm themselves. Avoid emphasizing that the person who died is “at peace” or has “found peace,” and implying that suicide was a reasonable response to the stresses in the departed’s life circumstances. It is important to make a clear distinction, and even separation, between the positive accomplishments and qualities of the deceased and his or her final act. Use the opportunity to remind people at risk that there are other options and to remind the rest of us to reach out to those in need and in pain. This is especially important when memorializing an adolescent, or someone that adolescents may look to as a role model (such as a popular teacher or coach), who has died by suicide. It is important to offer the youth practical steps they can take to ease their pain-including speaking with you or other trusted adults.

References

Centers for Disease Control and Prevention (CDC). (2007). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved July 12, 2011 from <http://www.cdc.gov/injury/wisqars/fatal.html>

Goldsmith, S. K., Pellmar, T. C., Kleinman, A. M., & Bunney, W. E. (Eds.). (2002). *Reducing suicide: A national imperative*. Washington, DC: The National Academies Press. Retrieved from <http://www.nap.edu/openbook.php?isbn=0309083214>

U.S. Department of Health and Human Services. (2001). *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD: Author. Retrieved from <http://www.sprc.org/library/nssp.pdf>

Resources for Clergy

Organizations

American Association of Pastoral Counselors (AAPC) (<http://www.aapc.org/>)

The American Association of Pastoral Counselors (AAPC) represents and sets professional standards for pastoral counselors and pastoral counseling centers; it also offers continuing education, networking opportunities, in-service training, and supervision, and facilitates growth and innovation in the ministry of pastoral counseling. AAPC is non-sectarian and respects the spiritual commitments and religious traditions of any individual.

Suicide Survivor Support Group Online Directories

The American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP) offer online directories of suicide survivor support groups. The AAS directory is located at <http://www.suicidology.org/web/guest/support-group-directory>. The AFSP directory can be found at http://www.afsp.org/index.cfm?page_id=FEE33687-BD31-F739-D66C210657168295.

For national organizations and federal agencies with general resources on suicide prevention, go to <http://www.sprc.org/basics/national-organizations>.

Resource Materials

Clark, D. (Ed.). (1993). *Clergy response to suicidal persons and their family members*. Chicago: Exploration Press.

Dunne, E. J., McIntosh, J. L., & Dunne-Maxim, K. (Eds.). (1987). *Suicide and its aftermath: Understanding and counseling the survivors*. New York: W. W. Norton & Co.

Quinnett, P. G. (2000). *Counseling suicidal people: A therapy of hope*. Spokane, WA: QPR Institute. Retrieved from <http://www.qprinstitute.com/bookstore.html>

Suicide Prevention Resource Center. (2004). *After a suicide: Recommendations for religious services and other public memorial observances*. Newton, MA: Education Development Center, Inc. Retrieved from <http://www.sprc.org/library/aftersuicide.pdf>