

21 PRACTICAL FAITH COMMUNITY SUICIDE PREVENTION PROGRAMS

CONGREGATIONAL PROGRAMS

1. Add to the “Prayers of the Church”, petitions for those who have died by suicide, those who survive the loss of a loved one to suicide, and those who struggle with suicidal ideation and self-destructive behavior.
2. Create, and keep current, a local area resource guide for the pastor so he or she is aware of community resources for suicide prevention, mental illness, drug abuse and alcoholism.
3. Encourage pastors to preach on suicide, mental illness, drug abuse and alcoholism at least once during a three-year cycle.
4. Identify a Contact Person in each congregation “who speaks on behalf of suicide prevention.” The Contact Person would:
 - i. lead congregational suicide prevention efforts;
 - ii. collaborate with other faith communities, and local community/civic resources;
 - iii. educate the congregation on the suicide prevention efforts of both regional and national church offices; and
 - iv. promulgate notices of suicide prevention, mental health, drug abuse and alcoholism treatment activities taking place in the local area.
5. Periodically conduct a candlelight memorial service to remember families impacted by suicide, mental illness, drug abuse and alcoholism.
6. Encourage congregational members and staff to sign advocacy petitions to advance suicide prevention, mental health, recovery from drug and alcohol addiction.
7. Provide and update educational materials on suicide prevention, mental illness, drug abuse and alcoholism for use in the congregation’s educational programs.

DISTRICT, REGIONAL AND SYNODICAL PROGRAMS

8. Use organizational resources, such as conferences, to inform, educate, motivate and engage parish pastors to provide congregational support for suicide prevention, mental illness, drug abuse and alcoholism.
9. Use district, regional and synodical assemblies to present educational displays and workshops.
10. Promote petitions encouraging continuing support of *AIM** programs for adoption by national church-wide assemblies.

11. Use existing reporting mechanisms to track completed suicides, as well as congregational activities on suicide prevention, mental illness, drug abuse and alcoholism.
12. Use regional, synodical and district publications to raise awareness and motivate action on **AIM*** programs.
13. Collaborate with other district, regional, and synodical organizations of other faith communities to promote suicide prevention.

CHURCHWIDE PROGRAMS

14. include supportive articles and reports in churchwide publications.
15. Churchwide leaders tell stories of personal involvement with suicide, mental illness, drug abuse and alcoholism (“The truth shall set you free” – John 8:32).
16. Collaborate with all national leaders in advancing suicide prevention, mental wellness, recovery from drug abuse and alcoholism.
17. Create an endowment fund to build future financial support for **AIM*** programs, while giving survivors of suicide a place to make memorial contributions.
18. National leaders include in public speeches and homilies, the words suicide, mental illness, drug abuse and alcoholism.
19. To advance **AIM***, provide appropriate recognition of achievements and volunteer efforts.
20. Work with church affiliated colleges, universities and seminaries to implement suicide prevention, response and “postvention” programs
21. Encourage church-wide advocacy offices to collaborate with counterparts, in other faith communities, in order to create a loud and effective voice for developing political will for suicide prevention.

***AIM** **AIM** is the acronym for a framework for the prevention of suicide. **AIM** is:

A = Awareness/Activities. Raise awareness of suicide, mental illness, drug abuse and alcoholism. Use activities for impact and engagement.

I = Identification/Involvement. Identify those impacted by suicide, mental illness, drug abuse and alcoholism. Connect and involve them in driving prevention programs, e.g., cancer victims drive cancer prevention.

M = Measurement/Motivation. Measure longitudinally the magnitude of suicide, mental illness, drug abuse and alcoholism among church members. Motivate congregations, synods and districts, and churchwide offices (the three expressions of the church) to be actively engaged in any or all aspects of reducing the pain and suffering of suicide, mental illness, drug abuse and alcoholism.

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