

Suicide Prevention in Faith-Based Settings

David A. Litts, O.D.
Suicide Prevention Resource
Center

Margaret West Ph.D.
Health Resources Services
Administration
Respondent

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

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

-- The National Strategy
(2001)

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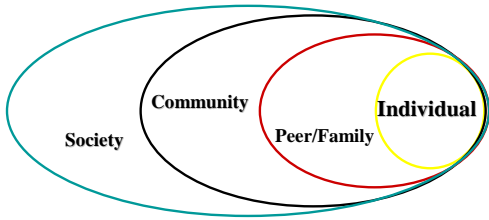
- Faith-Based Perspective—Inventory of attendees

Tell the group what your connection is to the notion of advancing suicide prevention in communities of faith...

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Ecological Model



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Individual Factors

Risk

- Age/Sex
- Mental illness
- Substance abuse
- Loss
- Previous suicide attempt
- Personality traits or disorders
- Incarceration
- Access to means (e.g., firearms)
- Failure/academic problems

Protective

- Cultural and religious beliefs that discourage suicide and support self-preservation
- Coping/problem solving skills
- Support through ongoing health and mental health care relationships
- Resiliency, self esteem, direction, mission, determination, perseverance, optimism, empathy
- Intellectual competence (youth)
- Reasons for living

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Peer/Family Factors

Risk

- History of interpersonal violence/conflict/abuse/bullying
- Exposure to suicide
- No-longer married
- Barriers to health care/mental health care
- Access to means (e.g., firearms)

Protective

- Family cohesion (youth)
- Sense of social support
- Interconnectedness
- Married/parent
- Access to comprehensive health care

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Community Factors

Risk

- Isolation/social withdrawal
- Barriers to health care and mental health care
- Stigma
- **Exposure to suicide**
- **Unemployment**

Protective

- Access to healthcare and mental health care
- Social support, close relationships, caring adults, participation and bond with school
- Respect for help-seeking behavior
- Skills to recognize and respond to signs of risk

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Societal Factors

Risk

- Western
- Rural/Remote
- Cultural values and attitudes
- Stigma
- **Media influence**
- Alcohol misuse and abuse
- Social disintegration
- **Economic instability**

Protective

- **Urban/Suburban**
- Access to health care & mental health care
- Cultural values affirming life
- Media influence

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

Evidence-based Interventions

- Community education/awareness
 - Safety is an issue
- Community collaboration around suicide prevention
- Social marketing
 - Destigmatizing helpseeking for mental health problems
 - Increasing social support
 - Strengthening social networks
 - Honor and support responsible help-seeking

Guild PA, Freeman VA, Shanahan E. Promising Practices to Prevent Adolescent Suicide: What We Can Learn From New Jersey. Cecil G Sheps Center For Health Services Research, University of North Carolina at Chapel Hill. 2004.
Knox, K. et al. Risk of Suicide and related adverse outcomes after exposure to a suicide programme in the US Air Force: cohort study. British Medical Journal, December 13, 2003.

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Do What Comes Naturally (or Supernaturally)

- Strengthen faith (religiosity)
 - Coping
 - Hopefulness
 - Healing
- Strengthen social bonds
 - Love, compassion, tolerance
 - Sense of belonging
- Reinforce reasons for living
 - Forgiveness
- Develop life skills
 - Recovery
- Outreach

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Evidence-based Interventions

- Gatekeeper training
- Peer helper programs
- Resiliency/coping/problem solving skill building programs
 - Juvenile justice
 - Homeless youth
- Restricting availability of means
- **Improved surveillance**
- Postvention for the bereaved

Guild PA, Freeman VA, Shanahan E. Promising Practices to Prevent Adolescent Suicide: What We Can Learn From New Jersey. Cecil G Sheps Center For Health Services Research, University of North Carolina at Chapel Hill. 2004.

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Evidence-based Interventions

- Access to effective treatment of mental health problems
 - **Training for primary care providers**
 - **Training for mental health providers**
 - **Increase availability of mental health treatment**
 - Increase affordability of mental health treatment
 - Linking suicide prevention programs with treatment services
 - **Appropriate f/u after ED treatment**
- Alcohol and substance abuse programs
- Domestic violence prevention
- **Training the media**

Guidi PA, Freeman VA, Shanahan E. Promising Practices to Prevent Adolescent Suicide: What We Can Learn From New Jersey. Cecil G Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. 2004.
Kross, K, et al., Risk of Suicide and related adverse outcomes after exposure to a suicide programme in the US Air Force-cohort study. British Medical Journal, December 13, 2003.

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Barriers for Faith-Based Representatives On Community Coalitions

- Theology: perceptions of suicide as a sin or spiritual problem vs. a problem of mental health
- Secular leaders don't recognize value of pastoral skills or have a prejudicial view of them
 - Leadership (Give them meaningful responsibility on the coalition)
 - Ministry (Recognize the power they have to change public perceptions)
- High demand on time—need personal contact to get commitment
- Scheduling of meetings and events not conducive to participation by faith-based volunteers and clergy¹⁴

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Barriers to Suicide Prevention in Faith Communities

- Culture of high expectations/perfectionism
- Difficulty receiving government funding
- Negative attitudes toward some risk groups, e.g., GLBT
- Denial/ignorance
- Parental rights/roles issues
- Limitations on speech about faith in schools
- Fear of “godless psychology”
- Paucity of mental health professionals who are people of faith

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Barriers to Suicide Prevention in Faith Communities

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

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Examples

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

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Examples

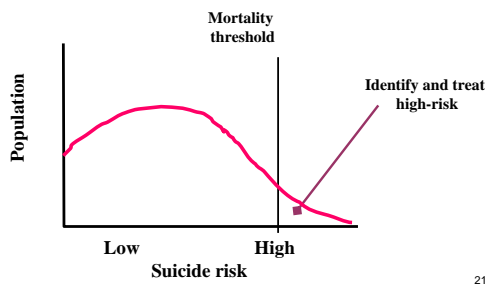
- Support for survivors
- Sexual abuse prevention and recovery
- Religious education materials that build life skills based on examples in sacred writings
- Outreach programs to high-risk groups
 - Homeless
 - Tutoring
 - Juvenile Justice
 - Prison
 - Unemployed
 - Youth

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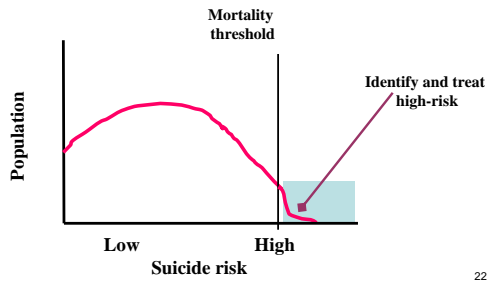
- Resources:
 - www.sprc.org
 - www.oassis.org

Back up slides

High-risk Approach



High-risk Approach



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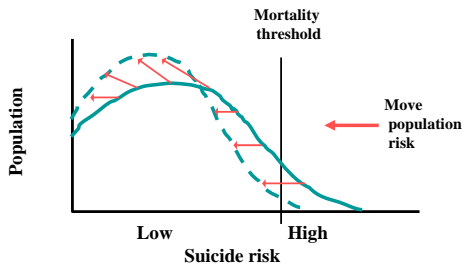
Rose's Theorem

“A large number of people at small risk may give rise to more cases of a disease than a small number who are at high risk.”

— Rose, G. *The Strategy of Preventive Medicine*. Oxford University Press, 1991.

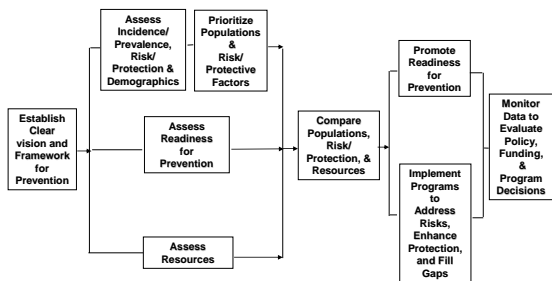
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Population-based Approach



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Data-Driven Prevention Planning Model



Adapted from Richard Catalano and David Hawkins, U of Washington.

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