Breaking the Silence

A Suicide Prevention Program for Faith Communities

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Program Overview

"Breaking the Silence" is a four-part suicide prevention program for faith communities:

1. Preaching — Faith leaders preach on suicide and co-occurring mental health conditions such as depression or substance abuse.
2. Training — Congregation members participate in our 1-hour suicide prevention workshop, learning about what can cause a someone to become suicidal and how to identify and help a suicidal person.
3. Asking — When going to doctor's appointments and other healthcare settings, congregation members ask to be screened for depression.
4. Fostering — Congregations become active in raising awareness and taking next steps to promote mental health care in their communities.

The contents of this booklet are intended to provide faith communities with ideas and resources for implementing a suicide prevention program. First, we provide scripture suggestions and sample sermons along with web links to additional materials. Second, we also include a description of our suicide prevention training workshop and discussion guide, which can be accessed via our website, suicidepreventionministry.org. Third, we give a description of common depression screening questions and why it is important that health care providers screen for depression. Fourth, we offer a range of goods that congregations can either sell or give to their members, such as display posters and car magnets that read "Stop Suicide: Talk Saves Lives". Displaying these goods not only helps raise awareness, their sale can also be used as a vehicle to fund additional ministry activities. Lastly, we offer suggestions and links to additional materials that faith communities can use to grow and sustain a mental health ministry.

About SPM

The Suicide Prevention Ministry is a grassroots 501(c)(3) organization and an Independent Lutheran Organization of the Evangelical Lutheran Church in America that is powered largely by people who have lost a loved one to suicide. Based out of the ELCA Southeastern Synod in Atlanta, SPM performs the tasks necessary to engage the ELCA, interfaith communities, and the private and governmental suicide prevention organizations with a vested interest in including faith communities in suicide prevention work. SPM has a credible record of empowering survivors of suicide to achieve highly significant national goals in suicide prevention work and was a founding participant in crafting the National Strategy for Suicide Prevention.

Background: Research and Statistics

Suicide, the intentional killing of one's self, is the 10th leading cause of death in the United States. It is also the second leading cause of death for individuals ages 10 – 44:

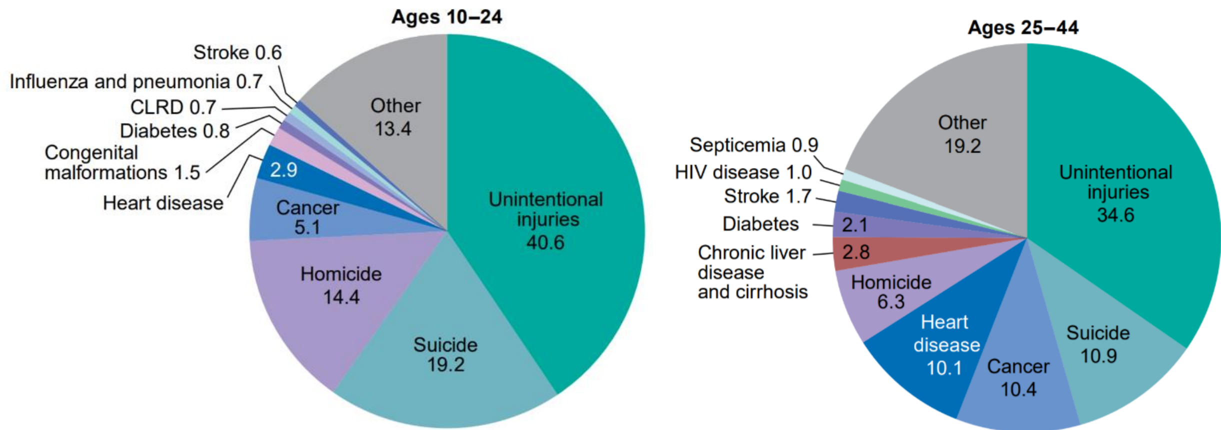

Figure 1. Percent distribution of the 10 leading causes of death, by age group: United States, 2017. Source: CDC National Vital Statistics Report, June 2019.

In 2018, 48,344 Americans died by suicide (132 every day), and there were an estimated 1.4 million suicide attempts – roughly 25 attempts per completed suicide. 10.3% of Americans have thought about suicide. Despite prevention efforts, the number of suicide deaths per 100,000 people has increased from 10.5 in 1999 to 14.2 in 2018. Annual number of deaths by suicide has increased 60% in a 20-year span.

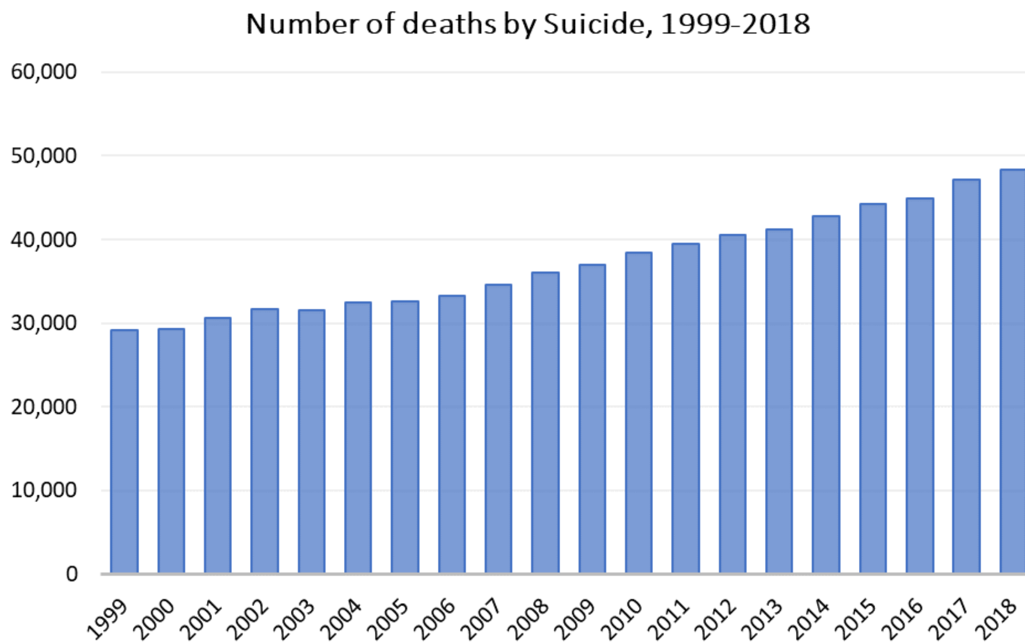

Figure 2. Increase in Suicide Mortality in the United States, 1999-2018. Source: NCHS Data Brief, April 2020.

Suicide continues to take more and more lives each year. These two graphs compare the change in mortality rate by cause from 2008 to 2017, as well as the research dollars spent by the National Institutes of Health for that same time period.

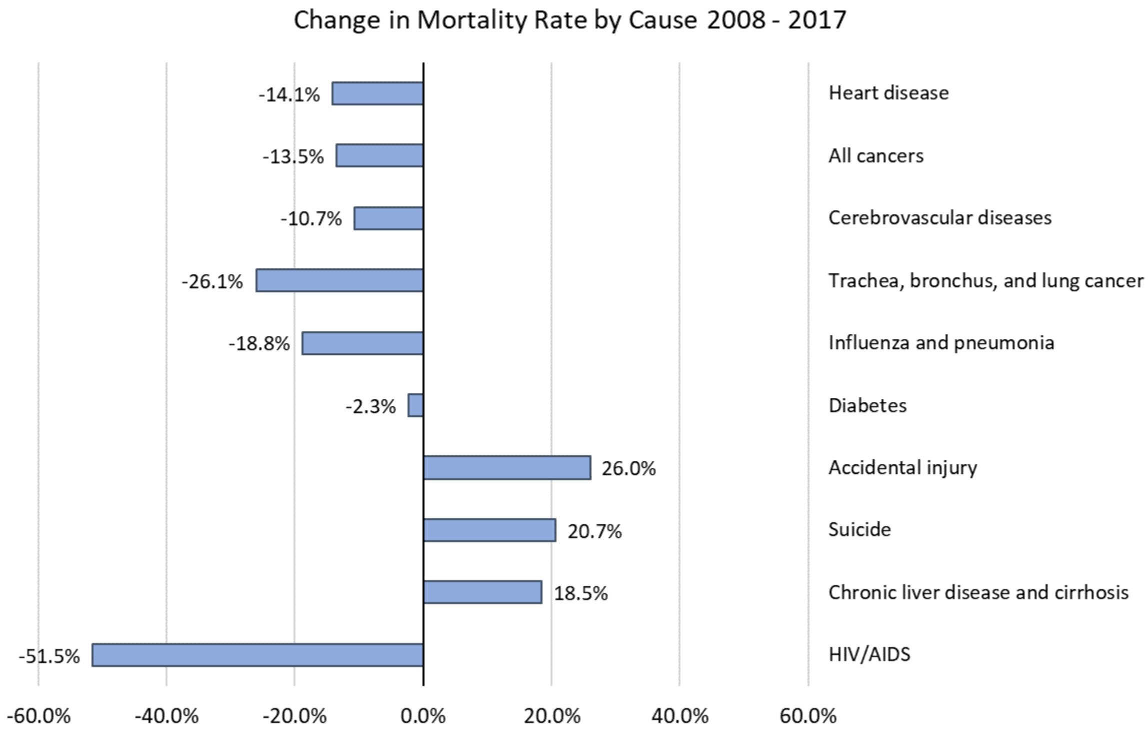

Figure 3. Age-adjusted death rates per 100,000 people for prevalent causes of death, United States 2008 – 2017. Source: CDC Data Finder, https://www.cdc.gov/nchs/hus/contents2018.htm?search=Deaths.

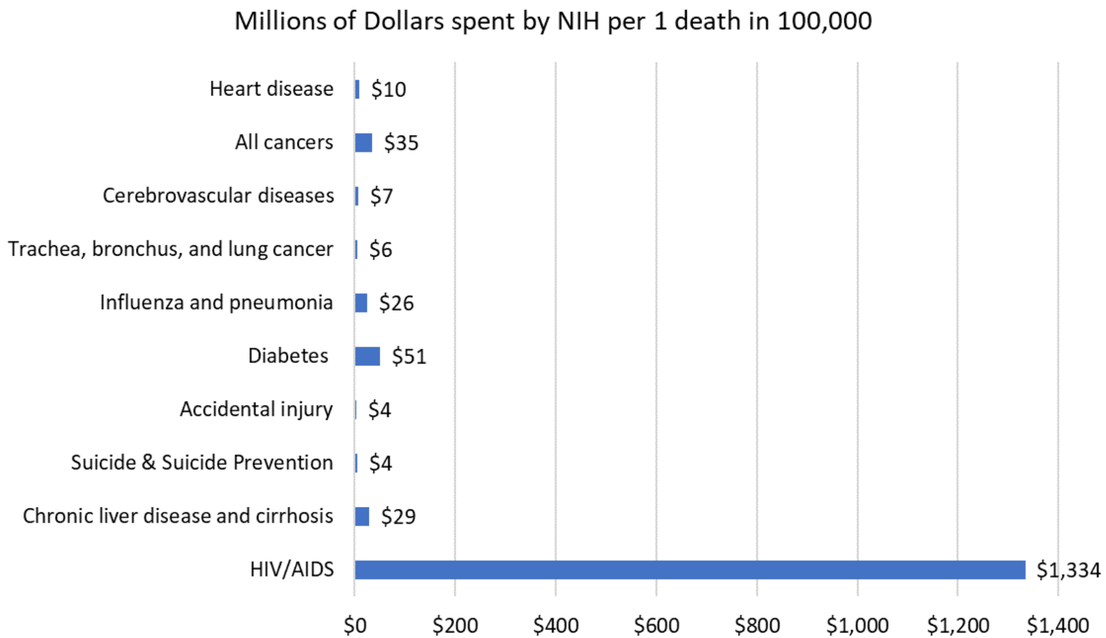

Figure 4. Total NIH funding by cause divided by 10-year mortality rate, United States 2008 – 2017. Source: CDC Data Finder, NIH Estimates of Funding for Various Research, Condition, and Disease Categories, February 2020.

"There is every reason to expect that a national consensus to declare war on suicide and to fund research and prevention at a level commensurate with the severity of the problem will be successful, and will lead to highly significant discoveries as have the wars on cancer, Alzheimer's disease, and AIDS." Institute of Medicine, Reducing Suicide: A National Imperative (2002)

Suicide and other Issues

Co-Occurring Mental Health Disorders

Suicidal thoughts affect one's emotional and psychological well-being in a myriad of ways. Individuals with mental health conditions frequently attempt to self-medicate with alcohol or drugs, as they can provide temporary relief of emotional pain. In the long run though it can make matters worse. Studies on suicide reveal a strong correlation between suicide and substance abuse; Individuals who abuse substances are 10 to 14 times more likely to contemplate, attempt, or complete suicide.

The World Health Organization estimates that mental health conditions are associated with more than 90% of suicide cases. Mental health and substance abuse are major drivers.

Risk Factors: Note the overlap with systemic and social justice issues.

- Social isolation (perhaps the strongest predictor)
- Mental health disorders: clinical depression, anxiety, bipolar, schizophrenia, substance use disorders, compulsive disorders, eating disorders, trauma disorders
- Physical illness
- Unemployment
- Homelessness
- Minority stress (injustices, racism, low socio-economic status)
- Veteran status
- Adverse life events
- Access to firearms (accounts for more than half of all completed suicides)
- Family conflict, trauma from relationships, trauma from childhood
- Low self-esteem
- Feelings of hopelessness
- Feeling like you don't belong
- Feeling that you are a burden on others
- Unshakeable guilt or shame
- Genetics and family history
- Grief and loss
- Brain-chemical imbalances due to medication
- Previous suicide attempts (reduced fear of death, increased pain tolerance, increased ability to self-harm with repeated attempts)

Contagion: Studies show that suicide rates increase when high profile suicides occur (such as celebrities or others prevalent in media coverage).[1]

Impacts

- Suicide prevention organizations estimate that about 7 million people are directly impacted by a suicide (family members and closer friends); the number of those in a person's wider social network are exponentially higher (about 54% of Americans).
- The cost of suicide was $69 billion in combined work loss and medical cost in 2015. Investments in additional counseling and medical services would provide a 6-to-1 benefit to cost ratio.[2]

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[1] Fink, D., Santaella Tenorio, J., & Keyes, K. (2018). Increase in suicides the months after the death of Robin Williams in the U.S. *PLoS ONE*, *13*(2).

[2] Shepard, D., et al. (August 2015). Suicide and suicidal attempts in the United States: Costs and policy implications. *Suicide & Life-threatening Behavior*, *46*(3), 352-362.

Reasons for Hope

According to an online survey conducted by The Harris Poll in August 2018,

- 94% of adults say that they would do something if someone close to them was considering suicide.
- 78% are interested in learning more about how they could play a role in helping someone who may be suicidal.
- 94% think suicide can be prevented.
- 73% would tell someone if they were having thoughts of suicide, indicating the importance of engaging in non-judgmental conversation.
- 48% of those who are suicidal and have spoken with others about suicide say it helps them feel better – indicating that talking about suicide does help.

Suicide, Mental Health, and the Church

In 2018, over 46,000 people took their own life in the United States, a mortality rate of 14.2 for every 100,000 people. According to the 2018 General Social Survey, about 40% of American adults claim to go to some religious service at least once per month, or around 100 million people.[3] Including children and youth, the total is 130 million. Though no formal studies have been conducted on the prevalence of suicide in faith communities, we could extrapolate that 14,200 people within faith communities complete suicide every year, based on the above figures and assuming little deviation from the general population.

Indeed, not even clergy are immune to worldly ills. An alarming number of pastors have taken their own lives in recent years. An examination of deaths by profession of the National Occupational Mortality Surveillance database reveals that the prevalence of suicide among black clergy and white female clergy members is greater than the average of all occupations. The reasons are numerous and multifaceted. But despite the increase in suicides nationally, and the fact that religious beliefs alone often cannot resolve mental health concerns, many churches remain silent on the issues of suicide and mental health. Additionally, only 41% of pastors nationwide have received training to assist someone dealing with suicidal thoughts.[4]

Suicide is one the most stigmatized of all human activities – perhaps even more stigmatized than murder or slavery. Stigma can be defined as a combination of fear and ignorance. Without knowing what to say or how to be present to those who are in distress, we act against our instincts out of fear and uncertainty. We might ignore warning signs or avoid overt appeals for help.

Traditionally, the church taught that taking one's own life is a grave sin. Where the afterlife is concerned, many have believed that the result of suicide is an eternity separated from God. Moreover, mental illness is often seen as a sign of weak faith, and that a person simply needs to "get right with God." Such views divide the body of Christ and border on idolatry because they glorify individual righteousness, further compounding the stigma of mental illness in faith communities. More recently, such views have been challenged on theological grounds, yielding unique opportunities for spiritual healing and religious education.

Clearly, it is critical that religious leaders and laity alike receive proper training on how to handle individual conversations about mental health and suicide, as well as how religion and spirituality can enhance our mutual care and support in an age where mental illnesses are accepted as legitimate medical issues.

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[3] General Social Survey (2018), http://gss.norc.org/.

[4] LifeWay Research (2017), *The Church and Suicide*.

Consensus Statement on Suicide and Suicide Prevention from an Interfaith Dialogue

The following statement was adopted at the Interfaith Suicide Prevention Dialogue held March 12-13, 2008 in Rockville, Maryland. The event was sponsored by the Suicide Prevention Resource Center and was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The participants included representatives from the Buddhist, Christian, Hindu, Jewish, and Muslim faith communities.

Life is a sacred gift, and suicide is a desperate act by one who views life as intolerable. Such self-destruction is never condoned, but faith communities increasingly support, rather than condemn, the person who contemplates or engages in suicidal behavior. They acknowledge that mental and substance use disorders, along with myriad life stressors, contribute significantly to the risk of suicide. And they reach out compassionately to the person who attempts suicide, and to the families and friends who have been touched by suicide or suicide attempt. This increasingly charitable understanding finds agreement between the historic precepts of faith and a contemporary understanding of illness and health. It renders no longer appropriate the practice of harshly judging those who have attempted or died by suicide.

Life is a complex journey viewed through different lenses by different faith groups. But the varied eyes of all our traditions increasingly see the great potential of people of faith to prevent the tragedy of suicide. Spiritual leaders and faith communities, and now the research community, know that practices of faith and spirituality can promote healthy living and provide pathways through human suffering, be it mental, emotional, spiritual, or physical.

Faith communities can work to prevent suicide simply by enhancing many of the activities that are already central to their very nature. They already foster cultures and norms that are life-preserving. By providing perspective and social support to their members and the broader community, they compassionately help people navigate the great struggles of life and find a sustainable sense of hope, meaning, purpose, and even joy in life.

The time is right for the life-enhancing strengths that are the foundations of our most ancient faith traditions to find application in preventing suffering and loss from suicide. Suicide prevention will take a quantum leap forward as members of faith communities gain understanding and the necessary, culturally competent skills to minister to people and communities at heightened risk for suicide and to support the healing of those who have either struggled with suicide themselves or survived the suicide of someone they love.

This statement is included in the document: *The Role of Faith Communities in Preventing Suicide: A Report of an Interfaith Suicide Prevention Dialogue*, available at https://www.sprc.org/sites/default/files/migrate/library/faith_dialogue.pdf

From the ELCA Social Message on Suicide Prevention, Adopted by the Church Council on November 14, 1999[5]

"The Church," Martin Luther once wrote, "is the inn and the infirmary for those who are sick and in need of being made well." Luther's image of the Church as a hospital reminds us who we are – a community of vulnerable people in need of help; living by the hope of the Gospel, we also are a community of healing. At the same time vulnerable and healed, we are freed for a life of receiving and giving help. In the mutual bearing of burdens, we learn to be persons who are willing to ask for healing and to provide it.

Suicide testifies to life's tragic brokenness. We believe that life is God's good and precious gift to us, and yet life for us – ourselves and others – sometimes appears to be hell, a torment without hope. When we would prefer to ignore, reject or shy away from those who despair of life, we need to recall what we have heard: God's boundless love in Jesus Christ will leave no one alone and abandoned… Our efforts to prevent suicide grow out of our obligation to protect and promote life, our hope in God amid suffering and adversity, and our love for our troubled neighbor.

Whoever among us experiences suicidal thoughts should know that the rest of us expect, pray, and plead for them to reach out for help. "Talk to someone. Don't bear your hidden pain by yourself." The notion is all-too common that one should "go it alone": Persons are not supposed to be vulnerable, and when they are, they should conceal it and handle things on their own. In the Church, however, we admit that we share the "need of being made well." There is not shame in having suicidal thoughts or asking for help. Indeed, when life's difficulties and disappointments threaten to overwhelm our desire to live, we are urged and invited to talk with trusted others and draw upon their strength.

When, on the other hand, a loved one talks to us of suicide or we sense that something is seriously amiss, we are called to be our brother's or sister's keeper. The experience may be frightening, and we may want to deny or minimize suicidal communication. We may want to shy away because we feel unprepared to help someone with suicidal thoughts or think that we may make matters worse. Yet our responsibility is to listen, to encourage the person to talk, and to get him or her appropriate help.

With this message, the Church Council encourages members, congregations, and affiliated institutions to learn more about suicide and its prevention in their communities, to ask what they can do, and to work with others to prevent suicide… The Church Council urges synods to support [them] in their efforts. It directs the governing bodies of churchwide unites to evaluate their programs in light of this message, calling upon the church's educational and advocacy programs to make suicide prevention an important concern in their ministries.

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[5] The full social message may be accessed at https://www.elca.org/Faith/Faith-and-Society/Social-Messages

Part 1: Preaching

Before preaching on suicide and mental health, it is important that preachers examine their own beliefs and theology around these issues. If we do not critically assess our own beliefs, it is possible that we may actively or passively contribute to someone's declining health.

Christian theology tends to move in one of two directions. A charitable tendency is to want to rush in and assure the one who is struggling that God will love them no matter what. On the other side, a judgmental view is that suicide is a sin, and that mental health issues are a matter of faith and prayer.

Both of these convictions can contribute to suicide or the worsening of mental health. People who struggle can feel invalidated because they do not feel God's love is present; similarly, they may feel as though their prayers have gone unanswered. Additionally, there is no specific evidence of God's judgment or forgiveness with regards to suicide, so we cannot claim to know God's mind. Thus, how we apply scripture can leave room for ambiguity and harmful inferences.

For instance, a preacher might use Romans 8:38-39 (Ordinary 17A). This text, unless handled very carefully, could increase the likelihood that someone might die by suicide. For someone who is actively suicidal, the news that nothing can separate them from the love of God in Christ sounds like really good news, as it may remove the protective fear of not being forgiven. To preach on this text and suicide prevention, the preacher needs to stress that we trust the love of God in Christ that seeks to ease our pain, rather than implying that death is inconsequential. Similarly, while we might preach that God gives us life and proclaims it good, suicide is a manifestation that for some this life is lacking and God's love is not enough. A preacher should strive to avoid ambiguity that could lead to justifying suicide.

Another example is Psalm 139:1-18 (Ephiphany 2B). Life saving preaching would convey that there is no place (physically, emotionally, spiritually) we can go where God is not, and that God is present with us no matter how wounded we are. The preacher and congregation alike are challenged to embody God's image in such a way that it communicates the love God has for everyone no matter how dark life is. On the other hand, the preacher leaves room for ambiguity if they do not explicitly state that God is present in our brokenness, or if they fail to say that those who live with mental illness are also within God's reach, or if they make general statements about everyone being included in God's love without specifically naming suicidality.

Yet another example is Isaiah 43:1-5a (Baptism of Christ, Year C). An ambiguous sermon neglects to state that God does not cause pain and suffering and fails to challenge the congregation to embody God's shielding love, especially for those who live with mental illness. In contrast, a life saving sermon states that God will give anything for us to know that we are valued and loved, and that even in our moments of deepest pain, God remains with us through that and yearns for us to know that we are loved.

Above all, the preacher should strive to destigmatize suicide and mental health issues by addressing it in preaching. Sermons can address this stigma and challenge the congregation. Consider the meaning of the kingdom of God, which is central to Jesus' ministry. For instance, the parables of the lost (lost sheep, lost coin, lost son; Luke 15; Pentecost 14C, Lent 4C) address the radical persistence with which God pursues those who are lost. This is a countercultural message to norms that are prevalent in faith communities which place undue burden on the individual, telling them to suck it up and keep a stiff upper lip. What do we ascribe to those we deem lost, and how are we complacent in keeping them lost? Which of us is not prepared to recklessly pursue the lost until they are found?

Additional scripture suggestions follow, along with web links to sample sermons. Keep in mind that the months of September (suicide prevention month) and May (mental health awareness month) can provide opportunities to couple a worship service with additional activities. The lectionary of course does not always yield suitable texts, so it is the preacher's discretion for selecting a text that is poignant and applicable. Also be sure to include the national suicide prevention hotline (1-800-273-8255) and any local resources in your printed materials.

Scripture Suggestions

Numbers 11:4-6, 10-16, 24-29 (Pentecost 18B) Moses desires his death. The ills of his community and the burden of his ministry are too heavy to bear. The preacher can talk about the role of society in depression and suicide, especially among caregivers. See also Jonah 3:10-4:11; Philippians 1:21-30 (Pentecost 15A); 1 Kings 19:1-4 (5-7), 8-15a (Pentecost 2C)

Psalm 22 (Pentecost 20B) "My God, why have you forsaken me?" The sense of being forsaken by God, far from being unique to Jesus and neither is it rare for the Christian, is a regular and frequent struggle for those with mental health issues. The urgent plea for God's presence is brought forward in the psalmist's surreal words of deep distress. According to Moltmann, this psalm is a protest in which the righteous sufferer asks God to account for the suffering. Sitting with this text can help validate those who suffer, especially as it is expressed in Jesus' deepest moment of suffering.

Psalm 23 (Pentecost 19A; Easter4 ABC) "The darkest valley." Naming depression and other mental illness when this familiar text is read can help remind us that God is even present in the darkness and will not abandon us.

Psalm 34:15-22 (Pentecost 13B) "The Lord is near to the brokenhearted and saves the crushed in Spirit." A psalm of the assurance of God's presence. We are all broken in our own ways, but God yearns to make us whole.

Psalm 40:1-11 (Epiphany 2A) "He drew me up from the desolate pit," connects to the way people with mental illness relate to their symptoms. This is an opportunity to talk about the difference between occasional sadness and mental illness so severe we cannot pull ourselves out.

Psalm 46:1-3 (Year C Reign of Christ) "God is our refuge and strength, a very present help in trouble." This psalm comes to us as a blessing when trouble comes. Sometimes trouble comes without any warning, with no way of resisting it. It is suddenly like the bottom has dropped from underneath us. This psalm assures that God comes to readily help us, that God is with us throughout our troubles, and that God is sending a River of blessing to his people. Embracing this can help us to cope.

Psalm 121 (Lent 2A, Pentecost 19C) Assurance of God's protection.

Psalm 139:1-12, 23-24 (Pentecost 7A) As with Psalm 23, this psalm serves to remind us that God is with us even in dark times, leading us through to the other side.

Psalm 139:1-6; 13-18 (Epiphany 7A; Epiphany 2B; Pentecost 13C) "For it was you who formed my inward parts; you knit me together in my mother's womb. I praise you, for I am fearfully and wonderfully made." Naming examples of mental illness in a list of other characteristics that may all be a part of us can help normalize mental illness. We are not our diagnoses; we are children of God.

Lamentations 3:19-26 (Pentecost 17C); Lamentations 3:22-33 (Year B 5th Sunday after Pentecost) Stigma abounds when it comes to mental illness, resulting in fear, rejection, avoidance, and discrimination. As a result, individuals who suffer from mental health problems internalize our society's negative beliefs and attitudes, which compounds the problem because they may try to conceal it and fail to seek treatment. These texts, taken out of their larger

context, may fail to legitimize our complaints because of their hopeful aspects, yet Lamentations as a whole offers us a countercultural chance to let our laments be heard. In this book, the recognition of our trouble results in loss of control and helplessness, but if the path is walked we may also find endurance and acceptance. Suffering is all too real for those with mental illness, and the themes of alienation found in these texts give voice to their lament, and provides an opportunity for the faith community to approach them with respect and empathy, and to remind them that they still belong.

Luke 9:28-36 (37-43a) (Transfiguration Sunday Year C) After the transfiguration, Jesus goes down into the valley and heals an epileptic boy after the disciples failed. We can often fail in ministering to others by relying too much on our own strength and judgments.

Matthew 4:12-23 (Epiphany 3A) "Jesus went through Galilee, teaching in their synagogues and proclaiming the good news of the kingdom and curing every disease and every sickness among the people." We often think of this text in terms of physical ailments, but this can be an opportunity to talk about addiction, suicide, and mental health sicknesses prevalent among our people in the 21st century.

Matthew 10:24-39 (Pentecost 3A) "Do not fear those who can kill the body, but fear the One who can kill both the body and the soul."

Matthew 11:16-19, 25-30 (Pentecost 5A) "Come to me, all you that are weary and carrying heavy burdens and I will give you rest." Often when we are overwhelmed, our impulse is to fight with all the strength we can muster, and sometimes not even that suffices. Thus, we recognize our powerlessness. When that happens, Jesus tells us that's okay, and that turning to God for comfort can heal us and make a path forward. Jesus is also called a glutton and a drunkard in this text, which can be related to the stigma towards the alcoholic or addict.

Luke 8:26-39 (Pentecost 2C) Jesus heals the demon-possessed man. Not only that, he restores him to the community. We often push aside the least of these out of our own lack of knowledge and our own discomfort – that is, stigma. Talk about how mental illness may come about from something that is unseen (perhaps an unresolved grief). Mental health issues can destroy a person especially when they suffer in isolation. See also Mark 1:21-28 (Epiphany 4A)

John 9:1-41 (Lent 4A) Jesus heals a blind man. Mental illness is not a punishment for sin. It may not be your fault, but it can be an opportunity to speak about Christ's love. God sees you and is with you.

John 11:1-45 (Lent 5A); John 11:32-44 (Year B All Saints Day) John raises Lazarus. This story is impactful for the fact that we witness our Savior, God incarnate, experiencing emotions. Those of us who suffer the effects of mental illness can remember that Christ weeps with you. Though he knew the resurrecting work he was about to do, he sobbed with sorrow and anger anyway. Likewise, he is with you in the midst of your life.

Acts 16:16-34 (Easter 7C) Paul convinces the jailer not to commit suicide. Relate this to efforts of suicide prevention today, especially as society places so much pressure on us to succeed.

Romans 7:15-25a (Pentecost 5A) "For I do not do the good I want, but the evil I do not want is what I do." Paul's words pertain well to addiction and problematic behavior, and can be related to sin generally.

Romans 8:1-11 (Pentecost 6A) “Set your minds on the things of the Spirit” provides an opportunity to say how difficult it is to control our minds, and that self-control is not the only force at work in mental health.

Romans 8:26-39 (Pentecost 8A) The Spirit cries out for us in our weakness, when we are not capable of words but only despair (v 26). He intercedes for us (v 27). Absolutely nothing can separate us from God’s love in Christ Jesus our Lord. This beloved passage celebrates that God is always present and always willing to help in our hour of need.

1 Corinthians 3:10-11, 16-23 (Epiphany 7A) Paul’s idea that our body is a temple of the Holy Spirit. The preacher can talk about the major threats of addiction, suicide, and mental illness, statistically, to the health of my body physically and spiritually. What can I do, as a Christian, about these threats?

Ephesians 5:8-14 (Lent 4A) “Everything exposed by the light becomes visible.” Stigma often forces people who suffer from addiction and mental health issues to suffer in darkness. Sharing our struggles is essential to the healing process.

Sample Sermon: "Out of the Graveyard"
Rev. Dr. Theodore H. Colemen, Lutheran Church of the Resurrection, Marietta, GA
Pentecost 2C – Luke 8:26-39

Grace to you and peace from the Lord Jesus Christ, the Great One who comes to cast out demons and to restore us to the ways of life, to the ways of God.

The Gerasene demoniac was a man who was out of his mind. Mark tells us that the man was self-destructive. Luke simply says that his physical strength was great enough to break chains and leg shackles. He lived without clothing among the tombs. Certainly this was not normal behavior.

For the most part, people in our society do not believe in the existence of demons. That is not true in other parts of the world. There are some places in the world today where whole cultures believe in the existence of demons and evil spirits. And yet most Americans have no trouble accepting the reality of mental illness and the reality of addictions to all kinds of destructive ways of life. Alcoholism, drug addiction, suicide are all disorders or diseases that destroy the lives of many thousands of people every year. Occasionally, there is a newspaper headline that reports some episode of extremely destructive behavior. For example, a man who lives in the woods behind his mother's house climbs into a 20 story crane in Buckhead and then hangs himself. Or, a woman drowns her five children, one of whom resists her. Such cases of human behavior the ancients probably would have described as demon-possessed. Certainly some powerful dark side force seemed to have control of these humans. They were not themselves, their friends said.

Was the Gerasene demoniac driven crazy by some great experience of death and grief? Had he buried a wife, or buried a beloved child, in this cemetery? Was that why he was still in the cemetery? Had grief simply overwhelmed him? Was that why he was living naked in the place of death?

The man lived in the cemetery. He was full of despair. Initially, he felt that Jesus also was going to punish him. "I beg you," he said, "do not torment me." The man apparently felt at his deepest core that God was punishing him and tormenting him with the ways of death.

Most of us would run the other way from such a person. Jesus, however, entered into the man's death zone. Jesus entered into his agony and despair. And Jesus cast out the demonic darkness that was overwhelming him. Jesus restored the man to his right mind and to normal human behavior. The man could get dressed again.

Jesus healed the man, and the unnamed man becomes one of the first missionaries Jesus ever commissioned. He is commissioned to the task of spreading hope at home. "Go home," said Jesus, "and tell people how much God has done for you." And the amazing thing was that the man did.

When we work through a grief process, its denial, anger, and depression, many people often get stuck at the "if only" point. We wake up in the early morning hours thinking "if only" I had done such and such or said such and such, maybe John or Mary would not have died. It's a human characteristic to get stuck in the past at the "if only" point. And our restless mind replays lots of "if only" scenarios regarding that tragic event. We relive the death scene over and over. Is that what happened to the Gerasene demoniac? Was that why he was living in the place of death, full of despair? Was he living out the life script of I am not okay but I can be okay if I can be strong enough? It's plausible, isn't it?

Arthur Gordon was born in Savannah, Georgia. Arthur did something very few of his contemporaries had ever done. Arthur won a full scholarship to Yale University. So he went to Yale and did extraordinarily well. In fact, at the end of four years, Arthur Gordon was one of 32 males in America who was awarded a Rhodes scholarship. This meant he had the paid-for opportunity to spend two years studying in England at Oxford University.

World War II broke out just after Arthur finished his studies. And because Arthur Gordon was a member of what Tom Brokaw calls the greatest generation, he went into the military and served with distinction in the Air Force.

After WWII, together with some Yale buddies, young Arthur started a magazine in New York City. But after a while, because Arthur was a better poet than a business person, the magazine failed. Not only was young Arthur out of a job, but he had personally signed notes for several thousand dollars for the business. So Arthur was out of a job and deeply in debt. And then the letter came.

It was from Arthur's high school sweetheart back in Savannah. She had waited for Arthur to come back and marry her. She had waited while he went to Yale, went to England, went to the Warn, and then to New York City. Now, she was writing to tell Arthur that she was not waiting any longer. She had married someone else last weekend.

So in a matter of days, the whole world came crashing down on Arthur. No job, in deep debt, loved one married to someone else. This was a life crisis of the kind that Arthur Gordon had never before faced. He was a high achiever who had heard nothing but applause up to that point. He had always been the one who excelled. He had lived the workaholic script of I'm not okay, but I can be okay if I can be perfect. And now suddenly Arthur Gordon had publicly and openly failed. It was very clear that he was not perfect and that he was not okay.

I faced this kind of life crisis in my divorce. Most folks come up against big-time failure at some point in their adult journey. So, what happens next?

Arthur didn't know what to do next. He went into a deep depression. He became immobilized. He could not get up in the morning and get dressed. Arthur began thinking about suicide.

His family rushed up to New York. And they got Arthur in touch with a wise old therapist who was a family friend.

Long story short, over many weeks, the therapist taught young Arthur how to substitute two words for "if only." The two works were "next time." When we learn to shift from the "if only" lament to saying "next time," we make the great attitude adjustment. We are able to move from the great already of our lives to an open future of possibility in that part of our lives that is yet to be shaped. Arthur Gordon said this one truth of learning to say "next time" instead of "if only" was worth more to him than all the things that he had learned at Yale and Oxford.

Often the only way out of the graveyard of our failures involves learning to say "next time" instead of "if only."

Like this miracle story, in story after story in the gospels, Jesus gave people the gift of next time.

One day Jesus was interrupted by a group of Jewish men who were demanding that w omen taken in adultery be stoned to death. What did Jesus say ought to be done to this woman, they demanded. "let the one of you who has no sin throw the first stone," Jesus said. They got the point. And all of the men were honest enough to leave.

At that point Jesus gave the woman the gift of next time. Neither do I condemn you, said Jesus. Go, and sin no more. That is, Jesus said to the woman, I am not going to freeze you in the past for this one deed. But don't let the pain of this moment be wasted on you. Go and sin no more. Next time, remember the past and choose differently.

This is the way out of the graveyard told to us by the Great One who knows his way out of the graveyard and the ways of death.

Christ came to lead us into life, even life abundantly. "Go home," said Jesus, "and tell people how much God has done for you." And he did. Amen.

Sample Sermon
Rev. Mark H. Larson, Lutheran Church of the Redeemer
August 12, 2018 – 1 Kings 19:4-8

Elijah went on a day's journey in the wilderness and came and sat down under a solitary broom tree, and asked that he might die. There it is, right there, black and white, Elijah is suicidal. Or to put it more clinically, Elijah is expressing suicidal ideation.

And as I learned in the first day of my clinical pastoral education, when you hear somebody express the desire to harm him or herself or to harm someone else, you are required to notice, you are required to report, you are required to act. And still, I can count the times I read the passage and preached on it, and I never even noticed that Elijah is suicidal.

I think one of the many reasons for not focusing on this part of our lesson is because it doesn't make sense. I mean Elijah should be on top of the world, he has just scored the greatest prophetic victory ever recorded in scripture. He has gone up against 400 prophets of Baal and swept the floor with them. He has proven beyond the shadow of a doubt that Elijah is the one true prophet of the one true God. You think he'd be flying high, except now he is asking God to take his life. "It is enough now, Oh Lord, take away my life."

It just doesn't make sense. When does suicide ever make sense? When does mental illness ever make sense? It is not a rational decision, it's not just emotional weakness, no, it's what the name implies, it is an illness. It is a disease. So why should we expect it to follow a rational discourse?

I think that is the reason why whenever I try to minister to somebody who is suffering from a form of mental illness, whether it be depression, bipolarism, schizophrenia, or whatever you want to label it, or whenever I am trying to comfort a family that has been devasted by the tragedy of suicide, I feel absolutely powerless.

Maybe it is because I spent so much time in my brain that I don't know what to say. Where do you go for resources? I guess it would be easy enough to talk about it. Here is Elijah in the pain wanting to die. And for some reason even on this beautiful Sunday morning something in my heart says I just cannot let that pass.

I'm reminded of some work we did in my former congregation after a beloved member took her own life, all of us were completely devastated. We asked ourselves, where were the signs, what could we have done differently? And so we decided to act. We started off simply enough, we took a simple survey of our congregation and to our surprise, 90% of our worshipping community knew someone in their family or knew someone who knew someone who is dealing with some form of mental illness.

I suspect that the result would be similar here today if we were to take a survey. Except none of them, not one of them had ever heard the issue of mental illness brought up in the pulpit. Not one. Seemingly perpetuating a misconception that this is a subject we should not talk about in church.

Well Bishop Eaton, our presiding bishop, chimed in on our church for being silent on the issue of mental illness. She wrote there are some things we are not good at talking about. There are still some things that carry a stigma and remain hidden and suicide is one of those things. Maybe because it is frightening, unfathomable. Maybe because we are taught that it is an unforgivable sin.

Well suicide is the result of painful and persistent feelings of depression, despair and hopelessness. Often it is the final and desperate act of an individual who has come to see life as intolerable and seeks to end that pain. Here me now, it is not an unforgivable sin. We are never beyond God's mercy and compassion. We… are never… beyond God's mercy… and compassion.

Suicide is the tragic consequence of a mental or behavioral disorder and properly seen as a disease of the mind, a health condition. We know that suicide can be prevented through early identification of individuals at risk if they receive prompt care and treatment.

Therefore opening an honest conversation about mental illness and suicide that does not stigmatize people as well as an awareness of spiritual and psychological resources available in congregations and communities will save lives. It is time for the church to break the silence.

As always I am impressed by our presiding bishop's ability to call our church into areas of compassion and healing among the most vulnerable and among the most in pain. And the need for such open and honest conversation is absolutely clear and urgent.

On average one person dies by suicide every 6 hours in the state of Georgia. Suicide is the 11th leading cause of death in Georgia, the 3rd leading cause of death among those ages 15-24, the 2nd leading cause of death for people in Georgia for the ages 25-34. The need for intervention, for education, for advocacy is urgent.

As the body of Christ we have a unique calling and opportunity to offer hope to those parts of our body who struggle with despair and depression and to care for those families devasted by loss. One website I have found helpful is suicideispreventable.org. I'm going to throw you some resources here and I will be sending out an email this week where we have those links. Suicideispreventable.org organizes possible resources into 3 possible areas of action.

The first area which everyone needs to know, is to be able to recognize the signs that someone may be vulnerable to suicide. Whether it is behavioral changes ranging from withdrawal, anxiety, agitation, or anger through hopelessness, desperation or feelings of being trapped, ultimate to the final and most urgent warning signs of people talking about death or suicide or seeking methods of self harm. All of us need to be ready to recognize those signs among those whom we care about.

Once we recognize the signs we must be ready to start the conversation. Many of us were taught to not bring up the idea of suicide for fear of planting that idea in somebody's head, but recent research says that is wrong, that actually asking, saying the word suicide, having the courage to speak that word and to just listen, is the one suicide prevention tool that all of us have and need. The phrase, "Are you thinking about ending your life?" is the most difficult phrase you can ever utter to a family member. But it is maybe one of the most important and life saving phrases you can ever say.

Having identified signs, having started the conversation, the good news is that you are not alone. You are not alone in helping someone in crisis. There are so many resources available to access and to treat and to intervene, crisis lines, counselors, intervention programs are more available to you than ever before as well as to people in emotional crisis.

Can I ask you to do something, I usually don't ask you do something right now? Pull out your cell phone. Go ahead, pull it out. Make sure the ringer is off. I'm going to give you a phone number I'd like you to put in your contacts, in your phone book, just to have it available to you. The number is 1-800-715-4225. This is the Georgia Crisis and Access Line that can connect

you with hundreds of resources including 911 if you are right in the middle of a crisis. Sounds so simple, doesn't it? Open conversation, listening ears, awareness, reducing stigma. Something so simple can save a life.

Well look what happens to Elijah. He is sitting there alone and God sends an angel who simply gives him something to eat. So simple, a piece of bread can save a life. And it has been kind of our theme these past weeks as we talked about Jesus being the bread of life, and God's commitment to feed God's hungry people even in the midst of circumstances that seem impossible. This passion for God meeting the need of God's people, epitomized and symbolized in a loaf of bread. That's the promise.

And that's why it is so disconcerting. It's so simple. How can God work in such simple ways? I think that's why people in today's Gospel are so upset. They expect God to show up with a mighty army and God comes in person like Jesus, in absolute weakness. Where we look for God to come in power, God comes in vulnerability. And we seek God in justice and righteousness. We find God showing up in mercy and compassion.

That's the promise that rests behind all our sacraments, in the bread, in the wine, and the water. God uses the simplest of items to feed our deepest needs. But also in the sacraments we find another promise that God not only redeems us but uses us, each one of us as fragile and as flawed and as adequate we may seem, we can be God's angels working God's creating and redeeming and sustaining power for all that is with simple openness, and trust each of us can save lives. Amen.

Sample Sermon: "Radical Pursuit"

Adam Renner, M.Div., St. John's Lutheran Church, Atlanta, GA

Pentecost 14C – Jeremiah 4:11-12, 22-28; 1 Timothy 1:12-17; Luke 15:1-10

Good morning. I am here to speak today about one of my passions, which is mental health. Because you see this month presents us with another challenging topic. September is Suicide Prevention Awareness month. I'd like us to consider our readings today from the perspective of suicide and mental health.

Now, this can be a very personal and sensitive subject for some of us, and so before we go any further I want to encourage each of you that if at any time you feel activated, please do whatever you need to take care of yourself. After worship we will have a special presentation on Suicide Prevention – and yes there will be lunch! I hope that you'll stick around after worship and learn about the warning signs and what to do if someone you care about is suicidal.

Now you might be asking, why are we talking about this? Well to begin, it's a major issue in our country. The amount of people who are killing themselves has grown exponentially over the last couple of decades. When suicide happens, we assume it's about depression, and many times it is. Many of us in this room struggle and have struggled with depression. But the truth is, it can happen to anybody. Suicide can happen whenever life circumstances overwhelm our ability to cope. Think about that. Life circumstances. How many people are being squeezed by life circumstances, squeezed by inequality and poverty, loss and suffering?

Many events that can lead to a downward spiral, such as substance abuse, or the sudden death of a loved one, or trauma, or an illness, the list goes on and one. The causes really are legion, and we could do whole sermons on each topic. And the truth is, people who suicide don't really want to die, they just want the pain to stop. Sometimes the burden can get to be so heavy that you really can't deal with it anymore. There's no getting away from the hopelessness and despair that you feel, no matter how hard you try.

Second, we need to talk about it because there is a stigma associated with suicide. We are quiet in the face of suicide, especially if it's someone we know. That darkness is just too uncomfortable for many of us. So we try our best to cheer the person up, or at worst we ignore it and don't say anything. The church too has reacted negatively in the past and has laid on its own stigma by calling suicide an unforgivable sin. I absolutely believe that this is a false doctrine that has no basis in scripture. In fact the Bible tells us that nothing in either death or life, nothing at all can ever remove us from the love of God that is in Jesus Christ. And so today we're disarming the stigma, so that we can be better equipped to respond and to reach out.

What can we glean from our readings today about this? Let's take a look. Luke Chapter 15 could be subheaded as "Parables of the Lost and Found." It has been called the gospel within the gospel, the good news distilled down to its very core. The chapter contains three parables. The lost sheep, lost coin, and lost son or prodigal son. It is important to note that whenever something in the Bible is *really* important, it gets repeated, and there is a progression.

The great thing about Jesus' parables is that it invites us to put ourselves into the story. Where do you imagine yourself? Are you the lost sheep? Have you ever been the lost sheep? Are you the coin, overlooked and forgotten by those around you? I think maybe most, if not all of us, can relate to being the lost one at some time in our lives.

But let's consider just who Jesus was speaking to and why. He had been preaching and ministering to the lowest strata of society, the tax collectors and sinners. Yet the Pharisees, the so-called righteous ones, were critical of him. They criticized the fact that he hung out with these people and ate with them. So these parables, though addressed to *both* sinners and the Pharisees, were a response *specifically to* the Pharisees. So there's your context. And the parables, initially spoken to the house of Israel, can give us grounds here in 2019 to apply it to this house of believers, to our own community. So I invite you to consider these stories from the

point of view of the 99 sheep, the rest of the pocketful of coins. Let's allow ourselves to be the Pharisees, just for a few minutes.

From their point of view, what we have here is a warning, a challenge, a wake-up call. Except that they never really caught on. I mean think about it, what responsible shepherd would leave a whole flock to go out and search for just one sheep? Don't the needs of the many outweigh the needs of the few? And would the shepherd really put this vagabond sheep on his shoulders and carry it home to rejoice with friends and neighbors? Seems a bit excessive doesn't it?

The next story about the coin builds on this. The coin is thought to be a Greek drachma, or a Roman denarius, both of very little value, at most worth a day's wages. If indeed it was worth so little, would the woman *really* search her entire house in the middle of the night, using a lamp, burning expensive oil? Surely it would be best to wait until daylight. And who on earth would wake their neighbors up in the middle of the night to throw a celebration that probably would have cost a lot more than the coin to begin with?

But remember that Jesus was talking about those who the Pharisees called sinners, and they grumbled at Jesus getting along with them. It's as if the Pharisees were saying, let them get what they deserve. These are the ones who hold up their own righteousness and holy observance, the ones who went to church, who felt justified, and they are the very same ones who distanced themselves from those who failed to be *like them*. These are the people of God.

I think this was the point that our Jeremiah text was getting at.[6] Man, that text is bleak isn't it? There seems to be nothing but God's anger and judgment. But the judgment is not directed at the one. It's directed at the 99. Jeremiah challenges Israel, and challenges us, to see what we do not wish to see. It challenges the self-righteousness that closes our hearts to others, which by extension closes our hearts to God. Jeremiah forces us to *stare* into the void and the desperation. And for those who are isolated and for whom this kind of utter hopelessness is so very real, it jolts us, and beckons us to stand in silence and listen. We are called to stand in heaven's darkness and to hear the weeping of the earth.

Being lost is scary. Being lost is isolating. Being lost is lethal. The one sheep who wanders away is most certainly at risk of perishing. The pastoral psychologist Wayne Oates says, "Having observed many, many cases of suicide, I am singularly impressed that each person died alone. All alone." In our society whenever we face a challenge, our cultural norms tell us that we should suck it up, keep a stiff upper lip. So we don't feel safe to be real, to say what's really going on. Certainly, the lost don't want to be found sometimes, and there *is* a repentance. But repentance is not as much about what we do but what God does to us. We forget that sometimes. And sometimes we rationalize our way out of helping, and try to keep on feeling good about things. And we don't let ourselves see the stark reality of the whole picture.

And yet, God's declaration of the disaster is not the last word. The decision not to make a full end leaves open the possibility for repentance and restoration. This glimmer of hope is only possible because it is God who does not sever the relationship. God still calls us "my people." My foolish children. Theologian Walter Brueggemann writes that prophetic discourse "is not a blueprint for the future. It is not a prediction. It is not an act of theology that seeks to scare into repentance. It is, rather, a rhetorical attempt to engage this numbed, unaware community in an imaginative embrace of what is happening."

And so I ask this flock, what *does* repentance look for the 99 who "need no repentance?" The author of Timothy, speaking in the spirit of Paul, *confesses* his sin, but proclaims more fully God's grace. He writes, "I was ignorant in my turning from God's way, but God's mercy was greater than my sin."[7] This is not "cheap grace," but true grace that results in transformed lives and changed priorities. So what are our priorities?

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[6] Jeremiah 4:11-12, 22-28

[7] 1 Timothy 1:12-17

The parables invite us to consider our part in how the lost are treated. How do we react to those who fail, or those who suffer mental illness, depression, substance abuse, and the like. What do we ascribe to them? The parables don't say why the sheep wandered off. It doesn't say how the coin got lost.

Instead, it only says that when the shepherd discovers that one of the sheep is missing, he goes off in search of it, and he *keeps looking* until it is found. No judgment, no condemnation, just restoration and reconciliation. God says the one sheep who strays is *worthy* of rescue. And God does not suffer the loss of a single one. He grieves that loss, anguishes over it, and does everything God can do to save it. God does not accept one loss in a hundred, or one loss in a thousand, in ten thousand, in a million, or more. God's love is so great for us, for each one of the flock, for the whole world, that God seeks each and every one of us out. God *never* gives up looking for the lost. The parables reveal to us that even though we all wander, and may keep wandering, God pursues us relentlessly, and brings us home to eat at his table. And God's joy is so great that each one of us is welcomed by the biggest, grandest party, even though it comes at a tremendous cost to God's own self.

This love is hard for us to comprehend. We might say, no, you've hurt *me* too many times. This is not so with God. With God there is never a point where he says enough is enough, I am done with you. Even though we may reap the natural consequences of our actions and what life puts on us, God is still there in the darkness, offering mercy and love. This love is sacrificial, inefficient, and scandalous. This is the love that blesses enemies, the love that says to give your coat to someone that has stolen your shirt, this is love that turns the other cheek, love that covers all wrongdoings, love that bears all things, believes in all things, endures all things. This is the love that bestows a *radical* hope.

So here's the take-home message: Which of us is not prepared to recklessly pursue the lost? Look around you. Look at these pews. Ask yourself a question. Who is missing here? Who do I know, who do I love, that is not here? Who is missing in my life? Who is lost? And what am I going to do about that?

We are called to join the shepherd in reaching out, to seek out those who have wandered, to let them know that we care about them. Not to fix their problems, not to tell them what we think they need to do, but to listen and be with them. And to let them know that they belong. If we are God's hands and God's feet, then the hope and love we *want* for others will come *through* us. We go in the name of God who loves us unconstrained, in the footsteps of Jesus Christ, who walked the paths we're called to travel, loved the way we're called to love, who is with each of us in our light and our darkness, and who has defeated death. And we go in the power of the Holy Spirit, who remains with us forever. This is the radical hope that has the power to shake the foundations of the earth, to transform our world.

So share this love not just with those who you know, but with those who make you uncomfortable, with those who stand alone. And do this not with duty or obligation, but with love and in gratitude for the grace you have received. And so Jesus asks, who will commit to *this* radical hope?

I want to end with this. It is said by some Bible scholars that the number one hundred is significant, in that it was recognized as symbolizing completion. There are one hundred sheep in the parable. The 99 can't be complete until the hundredth is found. It isn't just about the salvation of the one sheep, it's about the salvation of the whole flock. As Richard Rohr says, history and the universe are unfolding towards completion. The new heaven and new earth involves everyone and everything. Yet we can only go after one sheep at a time. Perhaps Jesus understood that. Perhaps he knew that in simply *looking* for the lost, we can save the whole world.

Amen.

Part 2: Equipping Faith Communities

Suicide Prevention Training

We often struggle to talk openly about mental health. Consequently, most people know very little about suicide, and even fewer of us know what to do when someone we care about begins to contemplate suicide. To save lives, we must bring this subject out of the shadows and learn to talk comfortably about suicide. Suicide is preventable, but only if those who consider suicide are lucky enough to bump into someone who has had the education and training to assist them. We must know how to recognize and respond to someone who is at risk.

Several evidence-based training programs are available to faith communities to equip them to help. Most of them are brief enough (1-2 hours) that they can be implemented as a learning opportunity in your congregation. These trainings provide individuals and groups with the following:

- Basic information about suicide
- Myths and facts about suicide
- Warning signs of suicide
- Examples of how people communicate their desire for suicide
- How to ask someone if they are considering suicide
- How to be present and accompany someone who is at risk
- How to encourage a suicidal person to seek help
- How to offer hope and support
- How to get a suicidal person to someone who can help

Participating in one of the training opportunities on the next page can help save a life!

Recommended Suicide Prevention Training Programs

QPR stands for Question, Persuade, Refer: These three simple steps anyone can learn to help save a life from suicide. The QPR online training can be completed in as little as 1 hour, and the in-person training can be completed in 1-2 hours. Certified QPR trainers are also involved in our work at the Suicide Prevention Ministry. If you would like SPM to facilitate your in-person or virtual training, contact us through our website. For more information about the QPR online course, visit qprinstitute.com

AFSP is nonprofit health organization and one of the largest private funders of suicide prevention research. AFSP's *Talk Saves Lives* training offers an introduction to understanding suicide and what can be done to prevent it. It can be completed in 1-2 hours including time for questions and discussion. SPM also counts certified *Talk Saves Lives* trainers among our members, and you may contact us via the SPM website to arrange for an in-person or virtual training. For more information about AFSP, visit afsp.org

American Foundation *for* Suicide Prevention

LivingWorks is an industry leader in suicide prevention that offers several levels of training. The LivingWorks **Start** program teaches life-saving skills to prevent suicide and can be completed in 60-90 minutes. Learn more at livingworks.net

Additional Suicide Training Programs

LivingWorks safeTALK

Provides in-depth skills to recognize signs of suicide, engage someone, and ensure a connection to safety. The 4-hour in-person format includes live practice.

LivingWorks ASIST

The ASIST program teaches participants how to intervene with a person who is in active suicidal ideation or who is in the act of attempting suicide. Trainees will practice a structured intervention and develop a collaborative safety plan to keep someone safe and alive. The 2-day in-person training is based on a leading suicide intervention model.

LivingWorks Faith

This program provides suicide prevention, intervention, and postvention skills for Christian ministry leaders to make their communities safer. Trainees will be taught best practices in suicide safety within a theologically grounded approach.

LivingWorks suicide to Hope

The suicide to Hope program provides mental health and other professionals with skills and tools to help someone recover and grow once they're safe after a suicide crisis. Adaptable to any treatment approach, this training helps the helper to walk with others to achieve improved quality of life.

Part 3: Screening for Depression

A few simple questions could help doctors stem the suicide epidemic.

There is compelling research showing that an alarming number of emergency room patients have undetected suicidal thoughts. Likewise, research also shows that those with suicidal ideation often visit their primary care doctor prior to a attempting suicide.

This is a large segment of the suicidal population who might be saved if doctors and nurses would simply ask if they're having suicidal thoughts or are experiencing depression. Yet many do not because they aren't prepared to treat or refer mentally ill patients.

Universal screening involves primary care clinics and emergency rooms asking everyone who visits whether they are experiencing depression or suicidal thoughts, and if so, following up with brief interventions and providing referrals for treatment.

This idea is endorsed by the National Institute of Mental Health, which has provided millions of dollars in funding for persuading physician groups, health care companies and regulators to support it. Other suicide prevention groups have also pushed for widespread screening.

In one study, researchers found that adding screening in ERs almost doubled the number of patients identified as having suicidal thoughts or who had attempted suicide in the past. This research also found that combining screening with brief telephone counseling after the visit led to 30% fewer suicide attempts after a year of follow-up, compared with standard ER care. By making a safety plan with suicidal patients before discharging them, ER staff also reduced their patients' risk of suicidal behavior by half.

Safety plans involve making a list of people to call when a suicidal urge comes up, including crisis lines and mental health providers, as well as coming up with coping strategies and limiting access to lethal means like guns, pills, or poisonous substances.

The **Suicide Prevention Ministry** calls upon faith communities to support this policy change at the grassroots level. Faith communities who participate in our **Breaking the Silence** program are asked to take action by asking their health care providers to screen for depression and suicide. Because faith communities represent a large percentage of the total population, we believe that listening for screening questions and asking for them can support the efforts of the suicide prevention community. The idea is to support top-down policy endeavors with the convergence of bottom-up personal advocacy.

Physicians have worked with the American Foundation for Suicide Prevention to develop a rapid screening and intervention tool called **$ICAR_2E$**, which they encourage ERs and health care facilities to adopt voluntarily to help assess and manage suicidal patients. Details of this tool are found on the next page.

The ICAR^{2}E Assessment Tool

Available online at https://www.acep.org/patient-care/iCar2e/
Also available in the emPOC app on Google Play and the App Store.

LISTEN FOR YOUR DOCTOR TO ASK THESE QUESTIONS
IF THEY DO NOT, ASK THEM TO DO SO

Suicide Screening Questions (from the Patient Suicide Safety Screener 3; PSS-3)

Introductory Script: "Now I'm going to ask you some questions that we ask everyone treated here, no matter what problem they are here for. It is part of the hospital's policy and it helps us to make sure we are not missing anything important."

1. Over the past 2 weeks, have you felt down, depressed, or hopeless?

   ___ Yes ___ No ___ Patient unable to complete ___ Patient refused.

   If yes, interpretation is "depressed mood"

2. Over the past 2 weeks, have you had thoughts of killing yourself?

   ___ Yes ___ No ___ Patient unable to complete ___ Patient refused.

   If yes, interpretation is "active suicidal ideation"

3. In your lifetime, have you ever attempted to kill yourself?

   ___ Yes ___ No ___ Patient unable to complete ___ Patient refused.

   If *YES*, ask: When did this happen?

   ___ Within the past 24 hours (including today)

   ___ Within the last month (but not today)

   ___ Between 1 and 6 months ago

   ___ More than 6 months ago

   ___ Patient unable to complete.

   ___ Patient refused.

   If within the last 6 months, consider as "recent attempt"

A POSITIVE SCREEN IS DEFINED AS "YES" TO EITHER QUESTION 1 OR 2,
OR A SUICIDE ATTEMPT WITHIN THE LAST 6 MONTHS

Additional Information

Visit https://www.acep.org/patient-care/iCar2e/ for further information on signs indicating possible suicide risk, tips on communicating with patients, additional risk assessments, safety plan and risk reduction steps, and other clinical resources.