**VICTORIOUS LIFE BIBLE STUDY: SERIES- ASK THE PASTOR. PASTOR WILLIAM A. LEE, JR. “HELPING THOSE WITH STRUGGLING WITH SUICIDAL THOUGHTS”**

The act of Suicide, taking ones own life, is a tragic and permanent reaction to temporary stressful life situations — and all the more tragic because suicide can be prevented. Suicide and suicide attempts cause serious emotional, physical, and economic impacts. People who attempt suicide and survive may experience serious injuries that can have long-term effects on their health. They may also experience depression and other mental health concerns. Suicide and suicide attempts also affect the health and well-being of friends, loved ones, co-workers, and the community. When people die by suicide, their surviving family and friends may experience prolonged grief, shock, anger, guilt, symptoms of depression or anxiety, and even thoughts of suicide themselves. The financial toll of suicide on society is extremely costly. In 2020, suicide and nonfatal self-harm cost the nation over 500 billion in medical costs, work loss costs, value of statistical life, and quality of life costs. Suicide rates increased approximately 36% between 2000–2021. Suicide was responsible for 48,183 deaths in 2021, which is about one death every 11 minutes. The number of people who think about or attempt suicide is even higher. In 2021, an estimated 12.3 million American adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.7 million attempted suicide. By race/ethnicity, the groups with the highest rates are non-Hispanic American Indian/Alaska Native people followed by non-Hispanic White people. Other Americans with higher-than-average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations like mining and construction. Young people who identify as lesbian, gay, or bisexual have higher prevalence of suicidal thoughts and behavior compared to their peers who identify as heterosexual.

As we continue to assert, whatever is having impact upon our world will eventually have impact on the church and if we are to minister to those struggling with issues of suicidal thoughts or attempts we must have understanding, biblical knowledge and compassion. Whether we ourselves are considering suicide we know someone who feels suicidal, it is important to learn suicide warning signs and how to reach out for immediate help and even professional treatment. God may use us to save a life — your own or someone else’s.

**DEFINING SUICIDAL THOUGHTS**

The number of people who think about or attempt suicide is even higher. In 2021, an estimated 12.3 million American adults seriously thought about suicide, 3.5 million planned a suicide attempt, and 1.7 million attempted suicide. (CENTER FOR DISEASE CONTROL) The Substance abuse and Mental Health Administration Reports that 4.9% of adults aged 18 and older in the United States had serious thoughts about suicide in 2020. Among adults across all age groups, the prevalence of serious suicidal thoughts was highest among young adults aged 18-25 (11.3%). The prevalence of serious suicidal thoughts was highest among adults aged 18 and older who report having multiple (two or more) races (11.0%). (Substance Abuse and Mental Health Services Administration)

Suicidal ideations (SI), often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life. Different people have different experiences of suicidal feelings. Someone might feel unable to cope with the difficult feelings they are experiencing. One may feel less like they want to die and more like they cannot go on living the life they have. These feelings may build over time or might change from moment to moment. And it's common to not understand why they are feeling this way. If overwhelmed with feelings of suicide, a person might be scared or confused by those feelings. They may find the feelings overwhelming. But they need to know that they are not alone. Many people think about suicide at some point in their lifetime. As a matter of fact, we see some of Gods most heralded characters in the Bible going through moments when they desired not necessarily to kill themselves but they did want to die. Here are some of the thoughts and feelings expressed by those in scripture who severely struggled with Suicidal Ideation.

**THE BIBLE AND SUICIDAL THOUGHTS**

**Moses**

**” I am not able to bear all these people alone.  The burden is too heavy for me.  If You treat me like this, please kill me here and now if I have found favor in Your sight and do not let me see my wretchedness!” Numbers 11:10-15**

Question: What Kind of Feelings do you think Moses was experiencing?

**Elijah The Prophet**

**“I have had enough Lord, he said. Take my life, I am not better than my ancestors.” 1 Kings 19:4**

Question: What was Elijah feeling

**The Prophet Jonah**

**“Now O Lord, take away my life, for it is better for me to die than to live.” Jonah 4:3**

**And even after God reached out to Jonah again with great compassion, he responded, “…I am angry enough to die.” Jonah 4:9**

**Question: What was Jonah Feeling?**

**Job**

***“Why did I not perish at birth, and die as I came from the womb?”* Job 3:11**

**Question: What was Job feeling and what brought those feelings about?**

**“Cursed be the day I was born…why did I ever come out of the womb to see trouble and sorrow and to end my days in shame?” Jeremiah 20:14**

**Question: What was Jeremiah feeling.**

**WHAT DOES IT FEEL LIKE TO BE SUICIDAL? SYMPTOMS**

**A Person Struggling- I couldn't see past the pain. It was a different reality for me. I only knew I wanted the pain to stop, the anguish to go away. I will never find a way out of my problem**

\* Hopeless, like there is no point in living. I am a failure, I’m not good enough

\* Tearful and overwhelmed by negative thoughts.

\* Unbearable pain that you can't imagine ending.

\* Useless, feeling not wanted or not needed by others. Feeling like one is a burden There’s no point in living. I’m weak, I can’t bear this pain

\* Desperate, as if they have no other choice and will never find a way out of my problem

\* Felling like everyone would be better off without you, I have let myself and other people down. If I die, it’s the best for everyone

\* Cut off from ones body or physically numb

\* Fascinated by death.

\* Nobody cares about me, I’ll show them what they have done to me

**WHAT A PERSON OBSESSED WITH S/A MAY EXPERIENCE**

**\*** Poor sleep, including waking up earlier than you want to

\* A change in appetite, weight gain or loss

\* No desire to take care of yourself, for example neglecting your physical appearance

\* Wanting to avoid others

\* Making a will or giving away possessions

\* Struggling to communicate

\* Self-loathing and low self esteem

\* Urges to Self Harm

**SUICIDE WARNING SIGNS OR SUICIDAL THOUGHTS INCLUDE**

\* Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born,

\* Getting the means to take ones own life, such as buying a gun or stockpiling pills

\* Withdrawing from social contact and wanting to be left alone

\* Having mood swings, such as being emotionally high one day and deeply discouraged the next

\* Being preoccupied with death, dying or violence

\* Feeling trapped or hopeless about a situation

\* Increasing use of alcohol or drugs.

\* Watch people taking new medical prescriptions. The medications include antidepressants and benzodiazepines. Someone you know might start to have suicidal thoughts after beginning taking or withdrawing from medication for mental health. If they do, suggest they urgently contact their General Practitioner or psychiatrist for advice.

\* Changing normal routine, including eating or sleeping patterns

\* Doing risky or self-destructive things, such as using drugs or driving recklessly

\* Giving away belongings or getting affairs in order when there's no other logical explanation for doing this

\* Saying goodbye to people as if they won't be seen again

\* Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above Feeling isolated or not having social support   
\* Anger at other people, often due to perceived or real mistreatment.   
\* Acute emotional distress and people Living with a mental health condition. People living with a mental illness are more likely to feel suicidal and attempt suicide. Research shows that someone is more likely to attempt suicide if they’ve recently been discharged from a mental health facility

\* People Engaging in self harm. Self-harm means that someone harms themselves on purpose. Self-harm isn’t a mental health condition, but it is often linked to mental distress.Someone who self-harms doesn’t usually want to die. They may self-harm to deal with life, rather than as a way of trying to end it. But people who self-harm are more likely to die through suicide.

\* Having a physical health condition, especially if this causes chronic pain or serious disability

\* Problems with work or money

\* A previous suicide attempt and a family history of suicide

\* Difficult life events, such as experiencing a traumatic childhood or physical or emotional abuse. Stressful life events like a relationship ending or losing your job

Warning signs aren't always obvious, and they may vary from person to person. Some people make their intentions clear, while others keep suicidal thoughts and feelings secret.

**HOW CAN WE HELP?**

Let me start off by saying that we should never ever promise anyone who is talking about suicide that we will be totally confidential. As your Pastor there is what is called Clergy Client Privilege and is is a rule of evidence that forbids judicial inquiry into certain communications (spoken or otherwise) between clergy and members of their congregation. Communication is not privileged if it’s made to a deacon, board member, secretary, the pastor’s spouse, or any other non-clergy person. However, it is appropriate to share confidential information, under extreme circumstances where people may be killed, severely injured or where someone is threatening to destroy property. In 41 states clergy are **mandatory reporters** of suspected or known child abuse.

Understand that The more risk factors a person has, the more likely they’ll have suicidal thoughts. People are more likely to take their own life if they have access to the means to do so. **Why might make someone think about ending their life?** There are lots of reasons why someone might think about ending their life. Some reasons are to: escape what they feel is an impossible situation, relieve or end unbearable thoughts or feelings, relieve physical pain or incapacity, or to emotionally hurt someone. The good news is that Suicidal thoughts aren't permanent – things do improve. Just like with our grief class I shared some things not to do or say when someone is grieving there are the same things when it comes to suicide.

**What won’t usually help someone who is feeling suicidal?**

When someone tells you that they are feeling suicidal your first thoughts may be to: Try and find a solution to their problems Tell them to ‘cheer up’, ‘pull themselves together’, ‘man up’ or ‘snap   
out of it’. Change the subject. Give them advice. Ask questions unrelated to how they’re feeling, to distract them. Tell them that they have no reason to feel like that. Tell them that they shouldn’t feel like that, or they’ll feel better soon. Downplay the seriousness of how they’re feeling. Compare their situation to someone’s whose seems worse. Tell them you know how they feel. Compare their feelings to your own personal experiences. Tell them that they should be grateful for having a good life. Tell them that are being silly or warn them that they will end up going to hell. These responses are unlikely to be helpful. They may make someone feel: ‘small’ or insignificant, stupid for feeling the way they do, rejected, unheard, alone, like ‘no one understands, guilty, patronized, criticized, or analyzed.

**THINGS TO DO**

If you think that someone might be having suicidal thoughts, you can encourage them to talk about how they’re feeling. If you’re unsure if someone is having suicidal thoughts, you can ask: “Are you thinking about suicide?”, “Are you having thoughts of ending your life?”, or “Are you thinking about killing yourself?” If can often be better to ask direct questions rather than vague ones. It’s usually better to address the person’s feelings directly rather than avoiding them. Asking someone about suicide doesn’t usually mean that they’re more likely to kill themselves. And it might be a relief to them to talk about it. Reassurance, respect, and support can help someone to recover from a difficult time. However, we can help people find your motivation to live again. Let them know that you care about them and that they aren’t alone Empathize with them. Be aware that you don’t know exactly how they feel. You could say something like, ‘I can’t imagine how painful this is for you, but I would like to try to understand’. Be non-judgmental by trying not to criticize or blame them. Repeat their words back to them in your own words. This shows that you are listening. Repeating information can also make sure that you have understood it properly. Ask about their reasons for living and dying and listen to their answers. Try to explore their reasons for living in more detail. Focus on people they care about, and who care about them. And who they might hurt by leaving them behind. Ask if they have felt like this before. If so, ask how their feelings changed last time. Reassure them that they won’t feel this way forever, and that intensity of feelings can reduce in time. Encourage them to focus on getting through the day rather than focussing on the future. Ask them if they have a plan for ending their life and what it is. Encourage them to seek help that they are comfortable with. Such as help from a doctor, pastor or counsellor, or support through a charity such as the Samaritans. Follow up any commitments that you agree to. Make sure someone is with them if they’re in immediate danger. To help them to get professional help. Remember that you don’t need to find an answer, or even to completely understand why they feel the way they do. Listening to what they have to say will at least let them know you care. If they’re not ready to talk, you can say you’re there for them if they want to later. But showing that you’re there for them can be helpful.

The FIVE ACTIONS STEPS for communicating with someone who may be suicidal are supported by evidence in the field of suicide prevention.

**ASK**

*How –* Asking the question “Are you thinking about suicide?” communicates that you’re open to speaking about suicide in a non-judgmental and supportive way. Asking in this direct, unbiased manner, can open the door for effective dialogue about their emotional pain and can allow everyone involved to see what next steps need to be taken. Other questions you can ask include, “How do you hurt?” and “How can I help?” **Do not ever promise to keep their thoughts of suicide a secret.** The flip side of the “Ask” step is to **“Listen**.” Make sure you take their answers seriously and not to ignore them, especially if they indicate they are experiencing thoughts of suicide. Listening to their reasons for being in such emotional pain, as well as listening for any potential reasons they want to continue to stay alive, are both incredibly important when they are telling you what’s going on. Help them focus on **their** reasons for living and avoid trying to impose **your** reasons for them to stay alive.

*Why –* Studies show that asking at risk individuals if they are suicidal does not increase suicides or suicidal thoughts. In fact, studies suggest the opposite: findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal ideation.

**BE THERE**

*How* – This could mean being physically present for someone, speaking with them on the phone when you can, or any other way that shows support for the person at risk. An important aspect of this step is to make sure you follow through with the ways in which you say you’ll be able to support the person – do not commit to anything you are not willing or able to accomplish. If you are unable to be physically present with someone with thoughts of suicide, talk with them to develop some ideas for others who might be able to help as well (again, only others who are willing, able, and appropriate to be there). Listening is again very important during this step – find out what and who they believe will be the most effective sources of help.

*Why* – Being there for someone with thoughts of suicide is life-saving. Increasing someone’s connectedness to others and limiting their isolation (both in the short and long-term) has shown to be a protective factor against suicide. Thomas Joiner’s Interpersonal Psychological Theory of Suicide highlights connectedness as one of its main components – specifically, a low sense of belonging. When someone experiences this state, paired with perceived being a burden (arguably tied to “connectedness” through isolating behaviors and lack of a sense of purpose) and acquired capability (a lowered fear of death and habituated experiences of violence), their risk can become severely elevated.

In the Three Step Theory (or more commonly known as the Ideation-to-Action Framework), David Klonsky and Alexis May also theorize that “connectedness” is a key protective factor, not only against suicide as a whole, but in terms of the escalation of thoughts of suicide to action. Their research has also shown connectedness acts as a buffer against hopelessness and psychological pain. By “being there,” we have a chance to alleviate or eliminate some of these significant factors.

**HELP KEEP THEM SAFE**

*How* – First of all, it’s good for everyone to be on the same page. After the “Ask” step, and you’ve determined suicide is indeed being talked about, it’s important to find out a few things to establish immediate safety. Have they already done anything to try to kill themselves before talking with you? Does the person experiencing thoughts of suicide know how they would kill themselves? Do they have a specific, detailed plan? What’s the timing for their plan? What sort of access do they have to their planned method?

*Why* – Knowing the answers to each of these questions can tell us a lot about the imminence and severity of danger the person is in. For instance, the more steps and pieces of a plan that are in place, the higher their severity of risk and their capability to enact their plan might be. Or if they have immediate access to a firearm and are very serious about attempting suicide, then extra steps (like calling for emergency help or driving them to an emergency department) might be necessary. The Lifeline can always act as a resource during these moments as well if you aren’t entirely sure what to do next.

The Harvard T.H. Chan School of Public Health notes that reducing a suicidal person’s access to highly lethal means (or chosen method for a suicide attempt) is an important part of suicide prevention. A number of studies have indicated that when lethal means are made less available or less deadly, suicide rates by that method decline, and frequently suicide rates overall decline. Research also shows that “method substitution” or choosing an alternate method when the original method is restricted, frequently does not happen. The myth “If someone really wants to kill themselves, they’ll find a way to do it” often does not hold true if appropriate safety measures are put into place. The Help Keep Them Safe step is really about showing support for someone during the times when they have thoughts of suicide by putting **time** and **distance** between the person and their chosen method, especially methods that have shown higher lethality (like firearms and medications).

**HELP THEM CONNECT**

*How* – Helping someone with thoughts of suicide connect with ongoing supports can help them establish a safety net for those moments they find themselves in a crisis. Additional components of a safety net might be connecting them with supports and resources in their communities. Explore some of these possible supports with them – are they currently seeing a mental

health professional? Have they in the past? Is this an option for them currently? Are there other mental health resources in the community that can effectively help? One way to start helping them find ways to connect is to work with them to develop a safety plan. This can include ways for them identify if they start to experience significant, severe thoughts of suicide along with what to do in those crisis moments. A safety plan can also include a list of individuals to contact when a crisis occurs.

*Why – Impact of Applied Suicide Intervention Skills Training on the National Suicide Prevent Lifeline*found that individuals that called the National Suicide Prevention Lifeline were significantly more likely to feel less depressed, less suicidal, less overwhelmed, and more hopeful by the end of calls handled by Applied Suicide Intervention Skills Training-trained counselors. These improvements were linked to ASIST-related counselor interventions, including listening without judgment, exploring reasons for living and creating a network of support.

**FOLLOW UP**

*How* – After your initial contact with a person experiencing thoughts of suicide, and after you’ve connected them with the immediate support systems they need, make sure to follow-up with them to see how they’re doing. Leave a message, send a text, or give them a call. The follow-up step is a great time to check in with them to see if there is more you are capable of helping with or if there are things you’ve said you would do and haven’t yet had the chance to get done for the person.

*Why* – This type of contact can continue to increase their feelings of connectedness and share your ongoing support. There is evidence that even a simple form of reaching out, like sending a caring postcard, can potentially reduce their risk for suicide.

Studies have shown a reduction in the number of deaths by suicide when following up was involved with high risk populations after they were discharge from acute care services. Studies have also shown that brief, low cost intervention and supportive, ongoing contact may be an important part of suicide prevention.

POINT THEM TO GOD AND LIFE-GIVING PURPOSE FILLED SCRIPTURES