

Introduction:

As ministry leaders you've been in conversation with a struggling member of your group for quite some time. As you've journeyed alongside him he has opened up more and more about his sin, his past, and his fears about the future. In sitting and listening to your brother, he makes the following statements, "You know, sometimes it is so hard I just wonder if it is worth fighting anymore. I have to be honest, sometimes I have even thought about killing myself."

What do you say? What should you do? How should you respond to this statement?

Our goal is for you to continue journeying with this brother or sister while connecting them to a gospel counselor. **But even if the goal is to connect this brother with a trained counselor, you still need to think about how to respond in the moment.** In reality, you could ignore the statement, stay silent, pretend it didn't really happen, or even try to nervously laugh it off as if they person wasn't really serious. But each of these responses would much more dangerous than following up and asking him more about what he meant and is thinking. To be clear, whenever a person makes statements about ending their life or even making suicidal gestures we must take it seriously. How can we love our brother/sister and not respond with genuine concern and willingness to enter into this difficult journey with them. Sometimes people will dismiss these statements as "attention seeking" but this is not an appropriate response for two reasons. First, seeking attention in this fashion would still indicates a problem and great need which must be addressed. Second, you cannot know if this is "just for attention" or a serious threat without learning more about what is going on within the person.

The most appropriate response in the moment is to learn more about what the person has been thinking, feeling and maybe even doing in relation to suicidal behavior. When responding to suicidal statements, counselors will seek to clarify these statements by asking questions designed to evaluate the seriousness of the risk. At each level of questioning (see below), the threat of suicide becomes greater and therefore you should be very cautious about leaving them alone. **The goal of the questions below is to help consider the nature and seriousness of the threat both to communicate to the counselor and to help make a decision about whether the person can be left alone, or even whether you should bring the person to the emergency room to keep them safe.**

Part I: Gospel Opportunities

Remember, asking these question is a loving response that does not hurt the person. Instead, this is one way that you'll be caring for the person. Asking these questions does not make it more likely that they'll try to kill themselves or even give them ideas about doing it.

1. **Suicidal thoughts:** these reflect thoughts about suicide that may or may not reflect specific behaviors. The person may believe they would be better off dead or wonder what it would be like if they killed themselves. They may also have thoughts and images of how other people in their life would respond if this happened. Suicidal thoughts are much more common than are specific plans or intentions to harm oneself. These should not be ignored, but in and of themselves they also shouldn't be interpreted as an indication that the person plans to do anything about these thoughts.

Questions to ask: You said you had thought about killing yourself, what did you think specifically? How long have you felt that way? How often do you think about this? Have you ever felt this way in the past?

2. **Suicidal plans:** Some people not only have thoughts about suicide but have also considered specific plans for how they would do it (e.g., overdosing on pills, shooting themselves, carbon monoxide poisoning, hanging). Obviously, a person who has thought about how they would kill themselves is a more serious risk than a person who has thoughts of suicide but hasn't considered how they would do it. Moreover, a person who has adopted a specific way they think they would kill themselves may be an even greater risk.

Questions to ask: Have you ever thought about how you'd kill yourself? Do you have a plan for how you'd try to take your life?

3. **Suicidal means:** If a person has a specific plan or even multiple potential plans it is helpful to know whether they have access to the means for carrying this out. For example, if a person plans to shoot themselves, do they have easy access to a gun? Or if a person plans to overdose, do they already have medications or pills in their possession? Can they get them easily? Again, a person who has both the plans and the means to carry the plan out is at greater risk for suicidal behavior than the person who does not have these means.

Questions to ask: You said you had thought about overdosing, what would you take? Do you have those pills already? You said you think about shooting yourself, do you own a gun? Where do you keep it?

4. **Suicidal intent:** A critical question to ask the person is whether the person intends to carry out any of the behaviors above. These are tough questions to ask, but if a person has discussed suicidal thoughts and has some plans, you must be courageous and ask whether they plan to actually try to kill themselves or if they think they might try it under certain circumstances.

Questions to ask: Are you planning to do it? Do you think you'll actually try to kill yourself? If a person says they currently aren't planning to actually try to kill themselves, it can be helpful to ask what would have to happen to make them actually consider this a viable option? That is, a person may not actually intend to make any suicidal gestures, but if something specific in their life happened (lost their job, couldn't get their kids back, found out their spouse was indeed cheating), they might follow through and try it. Some people have considered these scenarios in detail and have thought that if something specific happened it would lead them to more seriously consider suicide.

5. **Mitigating factors:** What is keeping you from attempting suicide? Some people have thought a lot about suicide including how they would do it but for various reasons have chosen not to make any attempts. It is helpful in evaluating their risk to understand what in their life keeps them from trying. Examples could include their faith, specific religious beliefs, their family, other responsibilities, or they are simply afraid to try.
6. **Past suicide attempts:** A person who has attempted suicide in the past has higher risk for another attempt than a person who has never tried. This is helpful information to know when thinking about whether the person is in imminent danger.

Questions to ask: Have you ever felt this way before? Have you ever considered killing yourself before now? Have you ever tried before? What did you do? What happened? What did you do after that time (assuming this was the distant past and things may have temporarily gotten better between then and now)? Would you ever do that again?

In any of these situations, **you must contact an elder and/or coach as soon as possible** for these issues to be addressed and to continue the process of counseling. These questions are designed to help you know how to respond when a person begins talking about suicide so that you know whether the person can be left alone or even needs to be brought to the emergency room. Although there is a considerable gray area here, these questions can help you make a reasonable decision about how you can ensure this person's safety.

Part II. Gospel Community & Support

A person who thought about suicide, but has no plans, means, or intent and has clearly articulated reasons for not attempting suicide is very different than the person who tells you that they have a specific plan, means, and intent to carry it out. **Any person who tells you that they are planning to kill themselves needs immediate intervention through the police department or the emergency room to ensure their safety.** In all of these cases gospel counseling will be ongoing, but in some of these cases you need to take additional steps to ensure the person's safety.

Step 1: Listen well and be a gospel presence. When a person opens up to you about thoughts of suicide, they are reaching out to you. As a brother or sister in Christ, your role is to walk along side them in getting the support they need. This might involve going to a gospel counselor with them, helping them share their despair with their community group and family members. Involving family members or community group members in their support is very important if at all possible. The key to this ongoing discussion is to stay connected and create a context of grace and love for that person to share and come to.

Step 2: Point them to the Person and Work of Jesus Christ. Despair is found throughout the scriptures and for the most part each found their refuge in God and His Words to them. Suicide is a terrifying word striking many feelings and fears in us. We need to remind ourselves that Jesus is Lord and He has ordained our steps to be there for those reaching out to us. Our feelings and fears need to be taken to Him, as well and our leaders, to give us the strength and wisdom to care for them.

Step 3: Paint a vision of hope for the person. Hopelessness is the greatest risk factor for suicide. Instilling a sense of hope can greatly reduce a person's suicide risk. Work with the person from a Gospel framework to build the person's hope. Sit down with the person and help them write out a list of reasons to live. Ask the individual for passages from Scripture that has given them hope in the past.

Step 4: Read to them 1 John 3:19-24. Those struggling with thoughts of suicide have hearts that condemn them, however God is Greater! Help them to see that Christ took on their condemnation and shame on the cross. Their confidence needs to be reestablished before God to believe in the name of His Son Jesus Christ.

*By this we shall know that we are of the truth and reassure our heart before him; **for whenever our heart condemns us, God is greater than our heart, and he knows everything.** Beloved, if our heart does not condemn us, **we have confidence before God**; and whatever we ask we receive from him, because we keep his commandments and do what pleases him. And this is his commandment **that we believe in the name of his Son Jesus Christ and love one another, just as he has commanded us.** Whoever keeps his commandments abides in God, and God in him. And by this we know that he abides in us, by the Spirit whom he has given us. (1 John 3:19-24)*

Step 5: Pray for them. Ask God to comfort them with His comfort and love. Ask God to grant them peace that transcends all understanding.

Part III. Resources

Statistics:

- In 2007, the number of suicides was twice that of homicides based on statistics from 16 states, according to a report released by the Centers for Disease Control and Prevention.
- Suicide is the 11th leading cause of death in the United States.
CDC: National Suicide Statistics at a Glance
<http://www.cdc.gov/violenceprevention/suicide/statistics/leading_causes.html >
- The latest Morbidity and Mortality Weekly Report
<http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5904a1.htm?s_cid=ss5904a1_e> found that there were 4,563 homicides and 9,245 suicides in the 16 states.
- Suicides occurred at higher rates among men, American Indians, whites and people between the ages of 45 and 54 years. This was a shift, because previously, people over age 80 typically had had the highest suicide rates, according to the report.
- Among the deceased who had mental health problems, 74.9 percent had received a diagnosis of depression/dysthymia, 14.5 percent had been bipolar disorder and 8.1 percent had an anxiety disorder, according to the report. About 20 percent had a history of previous suicide attempts, 28 percent expressed their intent prior and about a third left a suicide note.

Myths & Facts:

Myth: Those who talk about suicide never commit it.

Fact: Almost 80% of those who kill themselves give warnings of intent.

Myth: Suicidal persons are fully intent on dying.

Fact: Most are undecided about living or dying. By talking about or attempting suicide, they often are asking for help.

Myth: Once a person is suicidal, he or she will always desire death.

Fact: Most are suicidal only for a limited period.

Myth: Inquiring about suicide plans will increase the risk of a person usually attempting self destruction.

Fact: It is necessary to ask about suicidal thoughts in depressed person to determine intent. This does not increase the risk.

Myth: Christians do not commit suicide.

Fact: Suicide ideations have strong spiritual overtones.

Threat vs. Thought:

A threat is a declaration of intent to harm oneself. If a threat is shared that someone is going to take their life the appropriate response is to call 911. If a call is needed, stay in conversation with the person until help arrives. A threat is obvious more serious than a person discussing their thoughts with you about death and dying. Every discussion is acute in response when it comes to suicide, in other words, "right now" in response and support for the individual

Encouragement & Avenues to Avoid:

Encouragement:

- Be a safe presence with the person reaching out to you
- Encourage the person with the love of Christ
- Praise the person for sharing their thoughts with you
- Normalize suicidal thoughts when appropriate
- Point out the person's capacity for problem solving
- Be direct and open about the issue of suicide
- Ask for support from others in dealing with the person considering suicide
- Rally people around the individual for support
- Build the person's sense of hope

Avenues to Avoid:

- Using "quick fix" statements or scripture to preach to them
- Try to cheer up the person
- Make empty reassurances
- Make promises you cannot keep
- Be afraid to discuss suicide ideation
- Agree to keep the suicide issue confidential
- Argue the person out of the suicide

Further Reading:

- Jeffery S. Black, *Suicide: Understanding and Intervening*. (Phillipsburg, NJ: P&R, 2003)
- Shawn Christopher Shea, *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors*. (Hoboken, NJ: John Wiley & Sons, 2002)
- John Piper,
http://www.desiringgod.org/ResourceLibrary/Sermons/ByDate/1988/1686_Funeral_Meditation_for_a_Christian_Who_Committed_Suicide_1988/