



Suicide Prevention & Emotional Wellbeing

Pastoral Guidelines and Training Directory for Churches

A practical handbook for churches on suicide prevention, supporting people bereaved by suicide and promoting emotional wellbeing

Flourish

A Churches' initiative on Suicide

Flourish

Flourish is a partnership between Lighthouse Ireland, clergy from across the Christian churches in Northern Ireland and the Public Health Agency. The initiative has the support of the leaders of the four larger churches in Ireland and is offered as a resource to all churches to integrate into their pastoral care.

This handbook has been developed in partnership with and supported by the Public Health Agency.

www.wewillflourish.com



Lighthouse
Beacon of hope

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Introduction

Every church is affected by suicide and all clergy have some experience of suicide. You may experience the suicide of a church member or the relative of a church member. You may be affected by the suicide of a friend, neighbour, relative or colleague and you may even experience suicidal feelings yourself.

Churches are also committed to offering compassionate pastoral care to people who are bereaved or who are in despair. This handbook is offered as a practical support to help you to respond confidently, sensitively and appropriately to people affected by suicide.

The Pastoral Guidelines and Training Directory are aimed at clergy, lay pastors, youth workers and all church staff and volunteers who are likely to be involved with people experiencing mental and emotional health difficulties and families bereaved by suicide.

The guidelines also provide practical advice to clergy¹ on their role in promoting emotional wellbeing and include a Self Care section on how to look after your own emotional wellbeing, while providing support to others.

The Key Contacts and Resources section provides a set of contacts for other agencies and groups which you can refer people to for ongoing and specialist support.

The recommended Training Directory for clergy has been developed to complement the Pastoral Guidelines. The Training Directory is in Section 10. For the latest news and development on the initiative go to the website: www.wewillflourish.com



If you are dealing with an urgent situation now go to Page 44

This handbook has been produced by Flourish – A Churches Initiative on suicide developed by Lighthouse, the Public Health Agency and clergy across the Christian churches in Northern Ireland. The initiative has received the ‘support and encouragement’ of the four church leaders in Ireland.

‘Churches are at the forefront in caring for families and communities who have been affected by the suicide of a loved one. This support, which takes many forms, is long term and holistic. The project aims to enhance this support through training, awareness raising and helpful liturgical initiatives...it has the potential to make an important contribution to the care of many in our society.’ (The Four Church Leaders in Ireland)



¹ We recognise that these guidelines will be used by lay pastors, youth workers and other church staff and volunteers who are likely to be involved with people experiencing mental health difficulties and families bereaved by suicide. Therefore, where the handbook says ‘clergy’ it can relate to all of these different church workers.

Understanding Suicide

Research shows different issues such as gender, age, sexual orientation, social deprivation, ethnic group and experience of sexual and interpersonal violence can be associated with a risk of suicide. Such issues are often present when churches are offering pastoral support to individuals.

Research by Queen's University Belfast found that the conflict in Northern Ireland had a profound effect on our suicide rates. The steep increase in recent years may be accounted for by those who grew up in the 1970s during the worst years of the violence. The highest risk group for suicide in Northern Ireland is men aged from 25 to 54 who live in socially deprived areas.

However, suicide touches everyone - all ages, classes, and all ethnic and religious groups.

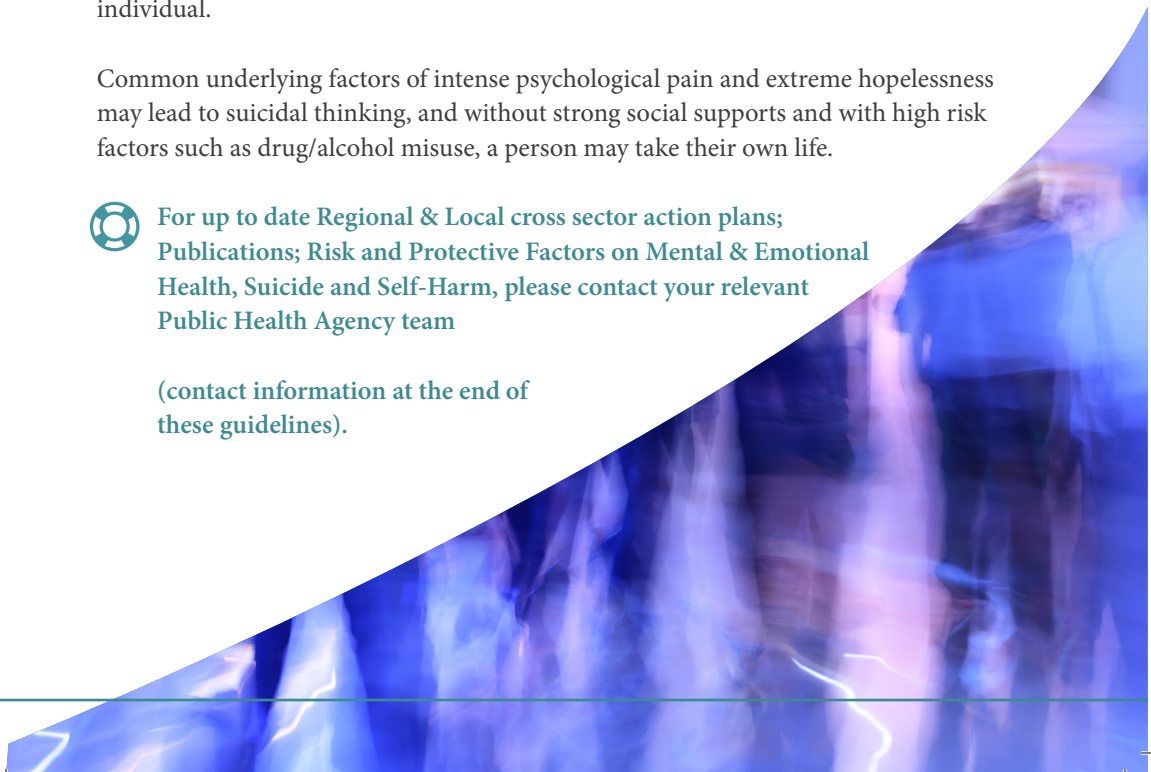
But every suicide is different and the circumstances leading up to it are unique to the individual.

Common underlying factors of intense psychological pain and extreme hopelessness may lead to suicidal thinking, and without strong social supports and with high risk factors such as drug/alcohol misuse, a person may take their own life.



For up to date Regional & Local cross sector action plans; Publications; Risk and Protective Factors on Mental & Emotional Health, Suicide and Self-Harm, please contact your relevant Public Health Agency team

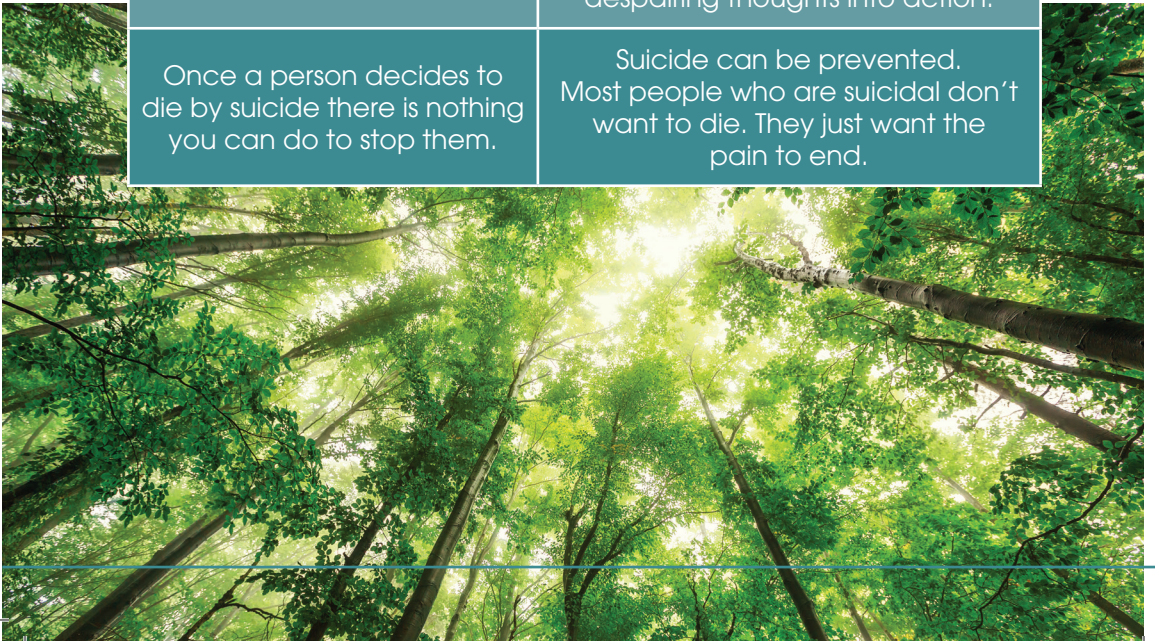
(contact information at the end of these guidelines).



Myths & Facts

There are many common misunderstandings about suicide. The table below separates the myths from the facts.

MYTHS	FACTS
People who talk about suicide are just trying to get attention.	People who take their own life usually talk about it first. They may be reaching out for help, so always take talk about suicide seriously.
People who are suicidal definitely want to die.	Most people who are suicidal have mixed feelings about living and dying.
Suicide happens without warning.	Suicidal people often use words or actions to indicate that they are thinking about suicide.
Once a person becomes suicidal they are suicidal forever.	Suicidal thoughts are not permanent. They may or may not return.
After a crisis, improvement means that the suicide risk is over.	Many suicides occur in a 'period of improvement' when the person has the energy and will to turn despairing thoughts into action.
Once a person decides to die by suicide there is nothing you can do to stop them.	Suicide can be prevented. Most people who are suicidal don't want to die. They just want the pain to end.



The Role of the Clergy in Preventing Suicide

Every day, as a member of the clergy, you provide pastoral support to people facing life's greatest challenges such as illness, death, job loss and family breakdown. On a daily basis you help people find meaning and a sense of hope in their lives.

This unique role offers an opportunity to help people at risk of suicide, who may not initially seek support from mental health professionals or even from family members. By listening to people and getting them the help they need, you can make a difference.

You have an opportunity to prevent suicide by taking threats seriously, recognising the warning signs of suicidal behaviour and ensuring people at risk of suicide access the most appropriate care and support.

SIX STEPS

Clergy Can Take to Reduce Suicide Risk

1	Acknowledge your role in suicide prevention as a faith community leader.
2	Identify people who may be at risk of suicide.
3	Respond sensitively to people who may be at risk of suicide.
4	Support people at risk of suicide to seek the help they need from health professionals.
5	Be prepared to respond to a suicide death appropriately.
6	Consider getting involved in positive emotional wellbeing and mental health promotion and suicide prevention efforts in your local community.

Flourish

Pastoral care can be important in helping a person through their pain and distress, but you are not alone in providing support. By referring to health professionals and working with organisations whose focus is wellbeing and suicide prevention, you can help to reduce the number of lives lost to suicide.

As a faith community leader you are also well placed to play an active role in promoting emotional wellbeing by fostering a sense of connection and belonging between people and by encouraging your church members to reach out to those who may be experiencing mental health problems.

To prepare for a suicide or attempted suicide by a church member, become familiar with the health and mental health resources in your community. Try to develop a working relationship with local mental health professionals and community groups. You may need to find out more and discuss the particular needs of different groups such as children and young people, ethnic minorities, ex-combatants, people with addictions and LGBT people.



The Key Contacts and Resources section of these guidelines provides a link of local and regional contacts for this type of support via www.wewillflourish.com

Warning Signs

Signs of Risk

As a church leader, you can become aware of the problems facing your members that may put them at risk of suicide.

Some of the most significant risk factors are:

PRIOR SUICIDE ATTEMPT(S)

BEREAVEMENT BY SUICIDE

ALCOHOL AND DRUG ABUSE

MOOD AND ANXIETY DISORDERS SUCH AS DEPRESSION

ACCESS TO A MEANS TO TAKE ONE'S OWN LIFE

The risk is usually greater among individuals with multiple risk factors generally over the long term. However, triggering events such as relationship or financial problems, leading to humiliation, shame, or despair may also be catalysts for a suicide.

While most people with risk factors will not attempt suicide, let alone die by suicide, it is important for clergy / pastoral care workers to be aware of these risk factors so that you can take appropriate action.

Warning Signs of Immediate Risk

People who are considering suicide often display warning signs. You should be especially alert for imminent warning signs such as:

A suicide attempt or act of self-harm

Talking about suicide or death

Direct verbal cues, such as “I wish I were dead” and “I’m going to end it all”

Indirect verbal cues, such as “What’s the point of living?” “Soon you won’t have to worry about me,” and “Who cares if I’m dead, anyway?”

Isolating him or herself from friends and family

Expressing the belief that life is meaningless or hopeless

Giving away cherished possessions

Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn

Neglecting his or her appearance and hygiene

Looking for a way to kill oneself

Talking about feeling trapped or in unbearable pain

Talking about being a burden to others

Increasing the use of alcohol or drugs

Acting anxious or agitated

Behaving recklessly

Sleeping too little or too much

Showing rage or talking about seeking revenge

Displaying extreme mood swings

These signs are especially critical if the person has a history of psychiatric disorder or serious psychological problem, is abusing alcohol/drugs, has previously attempted suicide or has had a suicide in the family. Young people who have experienced the suicide (or other violent or sudden death) of a friend, peer, or celebrity role model should also be taken very seriously if they display warning signs of suicide.

Some people might show none of these signs or only show them in very subtle ways while others might show some of these signs but are coping. It is important to treat each person and their circumstances as individual and unique. The more warning signs there are, the higher the risk.

Take Action

Take action if you encounter someone who you believe is at immediate risk of suicide.

10 key action steps for clergy to help prevent suicide

1	Take all warning signs seriously and do something.
2	Show you care and want to help.
3	Ask the person to tell you what is wrong.
4	Ask the person if they are thinking about ending their life (This will not put the idea in their head).
5	Listen without being judgemental and offer support.
6	Remove anything that could be dangerous.
7	Don't leave the suicidal person alone.
8	Be positive and point out choices.
9	Don't promise confidentiality.
10	Get professional help.

After the immediate crisis provide any relevant information you may have about the person to those who are managing the crisis and keep in contact with the person to provide ongoing care and support if he or she wants it. Ask the person to promise they will tell someone if suicidal thoughts return. Draw on other church and community leaders to provide support as appropriate.

Fleurish



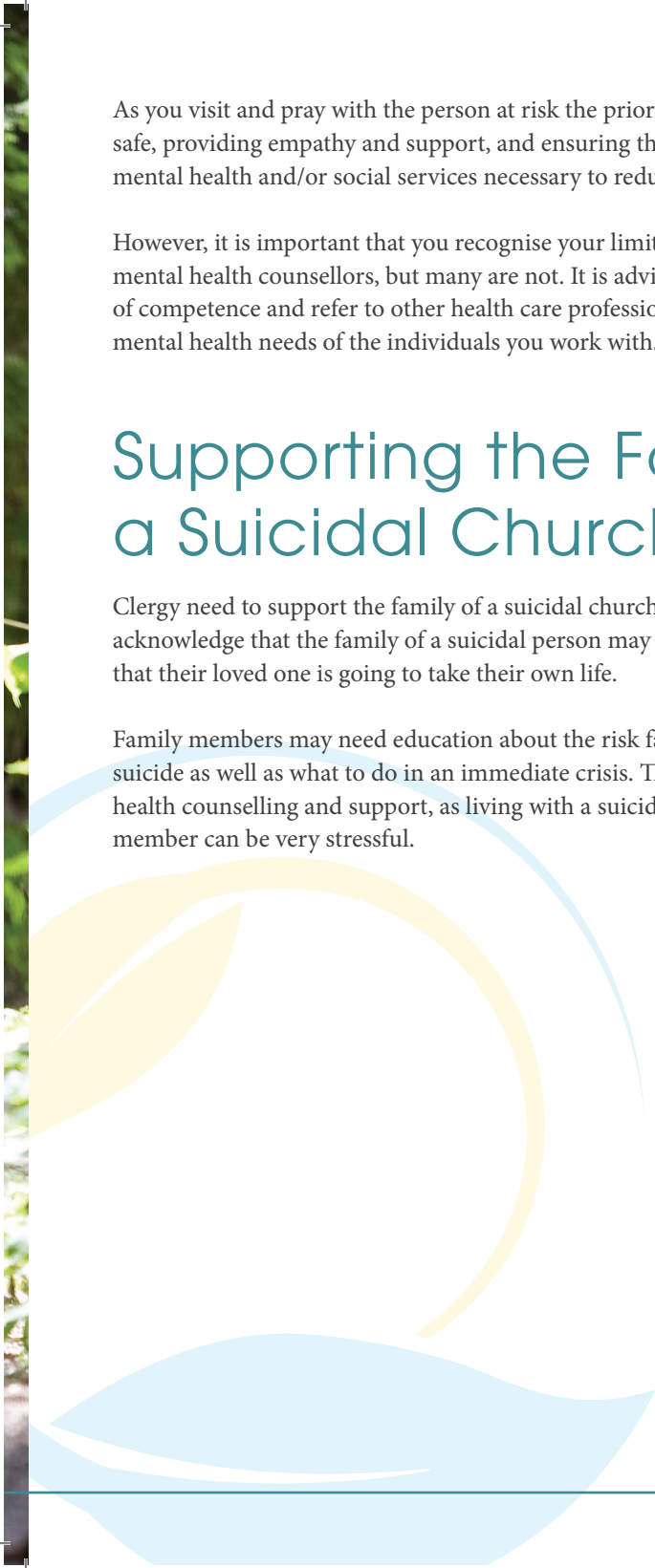
As you visit and pray with the person at risk the priority is keeping the person safe, providing empathy and support, and ensuring that the individual receives the mental health and/or social services necessary to reduce his or her risk.

However, it is important that you recognise your limits. Some clergy are trained as mental health counsellors, but many are not. It is advisable to stay within your scope of competence and refer to other health care professionals who can best attend to the mental health needs of the individuals you work with.

Supporting the Family of a Suicidal Church Member

Clergy need to support the family of a suicidal church member. It is important to acknowledge that the family of a suicidal person may be living under constant fear that their loved one is going to take their own life.

Family members may need education about the risk factors and warning signs of suicide as well as what to do in an immediate crisis. They may need pastoral or mental health counselling and support, as living with a suicidal and/or mentally ill family member can be very stressful.



After a Suicide

What is different about suicide loss?

Suicide is a traumatic grief and initially families will be in shock.

A useful way for clergy to understand suicide loss is to think of it in terms of layers of grief. It starts with the same grief that we all feel when we lose a loved one. However, it quickly worsens and is unlike any other loss.

LAYER ONE

The first layer relates to a suicide being avoidable.

People bereaved by suicide can feel responsible and guilty because they “didn’t do anything.” It is common for anger to be expressed towards the person who has died, other family members or friends, or towards God, even by those with strong faith. A suicide loss can undermine a person’s beliefs. Anger may be generated by how the family is treated at the scene or afterward and some may reject your help.

LAYER TWO

The second layer relates to the seemingly intentional nature of a suicide.

People bereaved by suicide may feel that their loved one chose to leave them and this can result in anger and a sense of abandonment, betrayal or rejection. These feelings may arise very early on and may be witnessed by clergy who call on family members.

LAYER THREE

The third layer relates to the unanticipated nature of most suicides,

which can lead to an obsessive search for the “why?” Family members and friends are shocked because they didn’t see it coming and this can generate anxiety, fear, and a sense of vulnerability.

LAYER FOUR

The fourth layer relates to the stigma and shame that can still be attached to

suicide. Even when outsiders do not express such feelings the family may hold values (including religious beliefs) that are in conflict with suicide. Some people may even openly blame those closest to the person who has died.

Sometimes a death may bring with it a sense of relief for those left behind, particularly if there has been a lot of unhappiness and suffering for everyone beforehand. This feeling may also cause intense guilt and it is important for people to know that it is okay to express such feelings.

The final layer can be shaped by helplessness and worthlessness and a loss of self-esteem. These feelings can lead to the same emotional pain that precipitated the suicide. Suicide bereaved people are at high risk of suicidal behaviour and there may be a family history of suicide.

Of course, every person's experience of grief is different, and for some people their grief can be delayed for a period of months or years.

What is suicide postvention?

Postvention describes any form of post-trauma support. The purpose of suicide postvention is to facilitate the recovery from traumatic loss of individuals touched by a suicide or an attempted suicide. Suicide loss is emotionally devastating and recovery means eventually rebuilding a normal life around the loss.

Clergy are involved in postvention because you are likely to be among the first to be contacted by family members. You also provide ongoing support with the grieving process, and you can play an important role in identifying and assisting those who may be vulnerable to anxiety, depression, suicidal thoughts and other severe grief reactions.



Church Response to a Suicide Death

The suicide of someone in your church can be a devastating event. It can create feelings of stigma, shame, and unwarranted guilt for those close to the person who has died. This kind of loss may also increase the suicide risk for individuals who are already vulnerable.

Theological understandings of the morality of suicide should not be a barrier to providing compassionate pastoral care to bereaved families. It is important to reach out and support those who are grieving a suicide loss. Everyone in your church, both leaders and members, can be an important source of support, comfort, and acceptance during this difficult time. It is also important that you seek appropriate support for yourself.

The main priority after a suicide is to support those affected to express their grief and to mourn, and to prevent more suicides from happening. It is important to keep to normal routines and activities but not to hide or deny the fact that a death by suicide has happened. Sticking to a normal routine often provides a sense of structure and purpose to those affected by the death.



Supporting Bereaved Families

It helps for grieving families to feel they are not being judged and to know that there is compassion for the loved one who has died. When you visit and pray with grieving relatives, you should approach this the same way you would approach any bereaved family. Here are some things you can say and do to help:

Don't worry about what to say. Just being there shows you care. Don't feel you have to have answers. Just be a good listener.

.....

Talk about the person who has died. Talk about anything you know about them, such as things they said or did. It helps the grieving person to keep them close.

.....

Call often, especially after the first couple of weeks. They may need to talk.

.....

Don't avoid the person when you see them for the first time after the funeral. Go up to them first. Try not to look startled when they mention the person who has died. Let them talk about their loved one as much as they like.

.....

Don't try to 'take their mind off' the loved one. That is impossible for a long time.

.....

Don't be uncomfortable if you cry and the bereaved person doesn't. A person can only cry so many tears.

.....

Don't talk about what the person who has died might have been spared by death. Those thoughts bring no comfort.

.....

Don't remind the person of what they still have. At this time, all they think of is what they have lost.

.....

Immediate Needs of People Bereaved by Suicide

Witnessing the suicide or finding the body are disturbing enough and then the families have to deal with the official response involving police and emergency services. When you arrive you may find a doubly traumatised household, shocked by the loss and put out by the “official” response.

Few first responders at the death scene are there to help the family members after a suicide in the same way as the clergy. The family may need some help getting answers, from claiming the body and recovering personal effects, to possibly arranging a clean up of the scene. You may have to help them with these issues.

Some families may not want clergy to be there at this stage and it is important to respect this. In these circumstances you can offer information and signpost to other sources of support. Family members may choose to seek your support at some stage in the future.

In the first hours and days, people bereaved by suicide may need any or all of the following:

To see that what they are feeling is normal.

.....

To understand they will need time to deal with their loss. They need to take things slowly and take care of themselves and their families.

.....

To get support. Different things will work for different people but a good source of help is contact with others who have lost loved ones to suicide. This is available through suicide loss support groups (See Key Contacts and Resources Section).

.....

To know what to say to any affected children. It is generally felt that children should hear the truth.

.....

Psalm 57:1

*“Be merciful to me, O God, be merciful to me,
for in you my soul takes refuge;
in the shadow of your wings I will take refuge,
until the destroying storms pass by.”*

Practical Support

Offering practical support to people who are grieving can be a great help. For example, church members could bring them a cooked meal or offer to pick up or drop off children. You can also help a grieving family by supporting them through events such as organising the funeral and dealing with financial and legal matters, including if there is a Coroner's inquest.

Each local Public Health Agency Office and Health & Social Care Trust (see Key Contacts and Resources Section) provides a leaflet for people bereaved by suicide, which includes detailed information on practical support such as financial matters.

Practical help may also be offered to families by the local church or through faith-based groups such as Christians Against Poverty, the Salvation Army and St Vincent De Paul.

It may be necessary to reassure families that past church practices of disallowing Christian burial of a person who has died by suicide in a church cemetery, is no longer the practice of the church.

Support for Clergy

You may also need help to deal with your own grief (particularly if you have provided support to the person who died) and to cope with the stress of supporting others at a time of deep trauma. Acknowledge your own reactions and if you are struggling get the help of a trusted friend.

 **Support is available for you through colleagues, friends, family, and mental health professionals (See Section 7: Self Care).**



Jeremiah 29:11

*“For surely I know the plans I have for you,
says the Lord, plans for your welfare and
not for harm, to give you a future with hope.”*

Conducting a Funeral

It is important to be aware of the traumatic loss the family are experiencing and to recognise your role in providing compassionate pastoral support to the bereaved family and friends through the funeral.

It is important to understand that public communication after a suicide has the potential to either increase or decrease the suicide risk of those receiving the communication. Here are some guidelines for conducting the funeral of a person who has died by suicide.

Prepare for the funeral service in the same way as you would prepare for any other death but pay attention to the following extra considerations:

Consult with the deceased person's family about the funeral service and respect their views regarding the information they want shared.

Aim your message at the living. If the family accept that it is a suicide death, don't be afraid to speak to the congregation to dispel any myths, stigma or gossip surrounding mental ill health or the circumstances the person was in before their death.

Do not speak about how the deceased person took their life.



Use appropriate language – avoid phrases such as ‘committed suicide’ or ‘successful suicide’. Phrases such as ‘died by suicide’, ‘took his life’, or ‘ended her life’, are more accurate and less hurtful to friends and family. A funeral is an inappropriate time to preach on the ‘sin of suicide’.

Avoid making suicide sound glamorous or normal and do not glamorise the ‘state of peace’ the deceased may have found through death. Avoid saying the deceased person is ‘at peace’ or ‘has found peace.’

Do not give the impression that suicide is a reasonable response to distressful life circumstances.

Make a clear distinction between the positive accomplishments and qualities of the deceased person and his or her final act.

Encourage the congregation to improve its understanding of mental ill health and encourage them to support and care for each other.

Encourage the mourners to watch over one another for signs of distress and encourage friends and family to seek help.

In preparing for a young person’s funeral service, help young people to understand that it is okay to look for professional support for mental health issues. Encourage adults to listen and talk to young people in need if they come to them for help. Encourage young people to act immediately and tell a caring adult if they notice signs of distress in their friends, particularly if the friend has discussed suicide.



Public Memorials

Some communities may feel a need to express their grief by suggesting a permanent memorial, internet social media site or dedication of an event. It is often difficult for loved ones to understand why such public memorials are not a good idea when people who die in other ways are often memorialised. However, constant reminders, glorification, or glamorisation of a suicide death might have the effect of making it seem attractive to others.

Alternatives to permanent memorials include activity-based memorials such as fundraising or volunteering for a suicide prevention or mental health support group.

You may be asked to lead remembrance services offering hope and support to those who have lost loved ones. This type of memorial can be helpful as long as affected families are consulted and when the organisers are able to provide support before and after the service. In remembrance services it is better to keep personal expressions of grief (such as letters and poems) private as public performances may create a climate that glorifies the method of death and may increase thoughts of suicide in others.

Theological Issues

A suicide within your church will result in you being asked to answer the theological questions raised by the surviving family members and the wider church community.

The perspectives held by many churches have developed over recent years to reflect today's more complete understanding of the complexities of suicide. Members of the clergy now have an opportunity to bring comfort to people bereaved by suicide by framing informed responses with sensitivity, compassion, grace and love.

The Flourish! Training Directory (See Section 10) includes three modules on 'Faith and Mental Health' for exploring the relationship between theological understandings of suicide, mental health and pastoral support. This includes considering your church's theological understanding and approach to suicide, mental health and pastoral support and preparing a church response to a suicide death.



Support and Care for People Bereaved by Suicide

There are a variety of ways in which a church can be a source of love and grace for the grieving by:

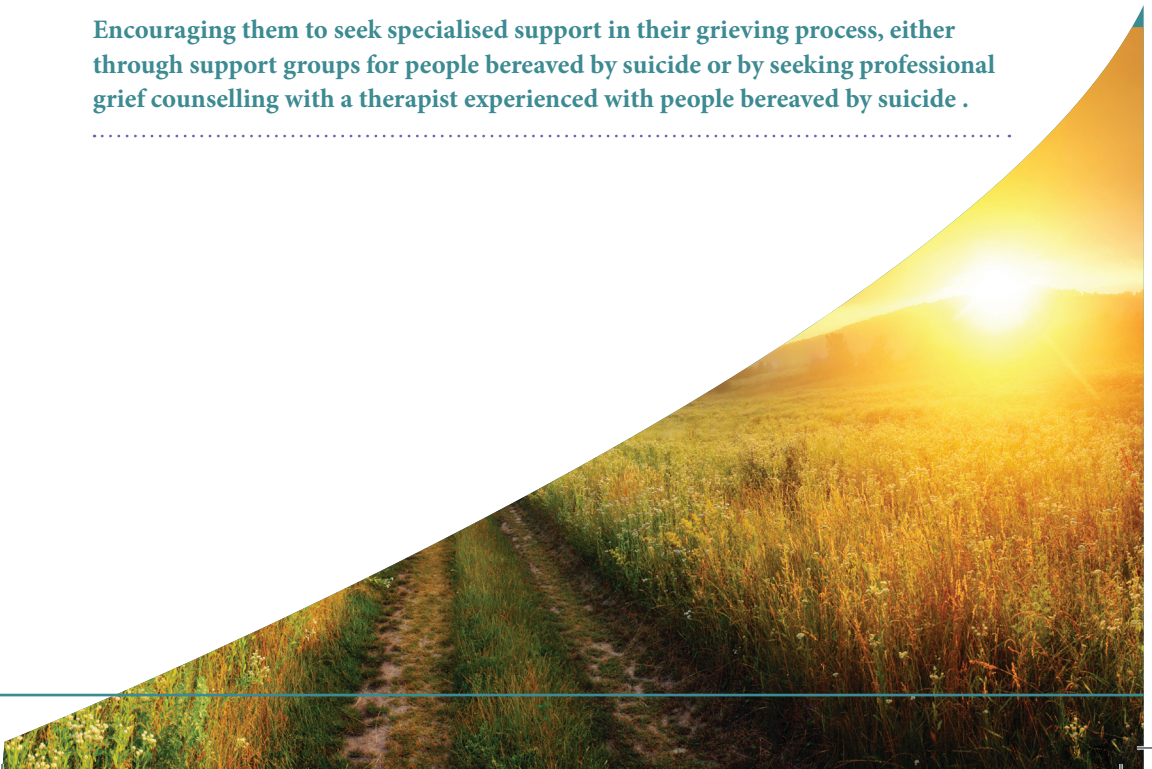
Recognising the unique challenges in grieving the loss of a loved one from suicide.

Reaching out to draw people bereaved by suicide into the normal activities of the church.

Supporting people bereaved by suicide with the same gestures of kindness that are extended to others who have deaths in the family (e.g. preparing a meal).

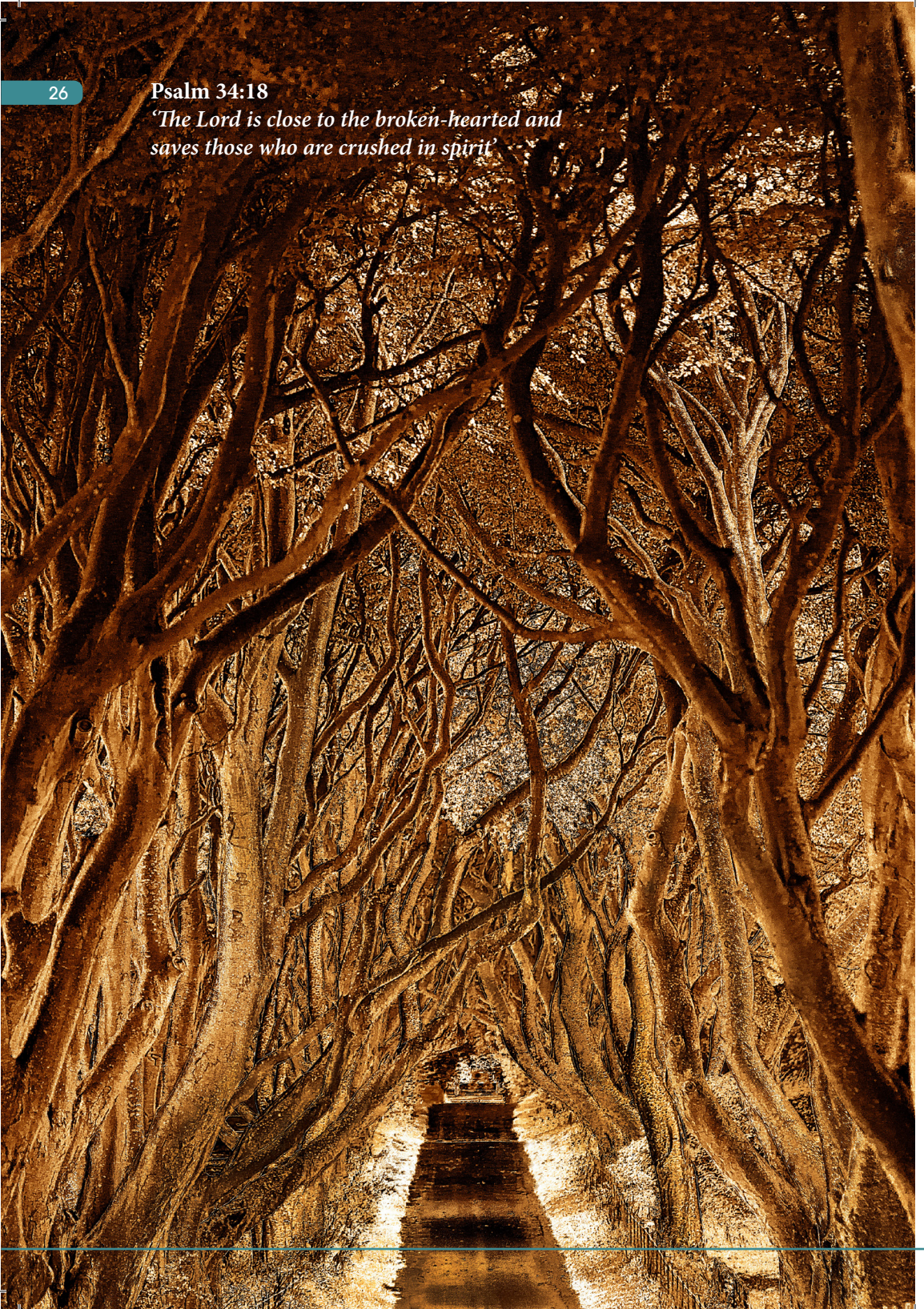
Talking with people bereaved by suicide about the deceased person in the same sensitive way you would about any other person who has recently died.

Encouraging them to seek specialised support in their grieving process, either through support groups for people bereaved by suicide or by seeking professional grief counselling with a therapist experienced with people bereaved by suicide .



Psalm 34:18

*'The Lord is close to the broken-hearted and
saves those who are crushed in spirit'*



Worship Resources

The Flourish initiative is enabling churches to develop and share worship resources which relate to emotional and mental wellbeing and suicide bereavement.



You will find a range of resources in the Flourish Sunday section of the website at www.wewillflourish.com

However, this section of the pastoral guidelines provides a sample of some worship resources you may wish to use.

Here are some Bible passages you may wish to use in services, sermons or prayers to comfort those who are grieving:

Psalm 46:1-3 *“God is our refuge and strength, a very present help in trouble. Therefore we will not fear, though the earth should change, though the mountains shake in the heart of the sea; though its waters roar and foam, though the mountains tremble with its tumult.”*

Psalm 57:1 *“Be merciful to me, O God, be merciful to me, for in you my soul takes refuge; in the shadow of your wings I will take refuge, until the destroying storms pass by.”*

Psalm 139: 7-12 *“Where can I go from your spirit? Or where can I flee from your presence? If I ascend to heaven, you are there; if I make my bed in Sheol, you are there. If I take the wings of the morning and settle at the farthest limits of the sea, even there your hand shall lead me, and your right hand shall hold me fast. If I say, ‘Surely the darkness shall cover me, and the light around me become night,’ even the darkness is not dark to you; the night is as bright as the day, for darkness is as light to you.”*

Jeremiah 29:11 *“For surely I know the plans I have for you, says the Lord, plans for your welfare and not for harm, to give you a future with hope.”*

Isaiah 40:28-31 *“Have you not known? Have you not heard? The Lord is the everlasting God, the creator of the ends of the earth. He does not faint or grow weary; his understanding is unsearchable. He gives power to the faint, and strengthens the powerless. Even youths will faint and be weary, and the young will fall exhausted; but those who wait for the Lord shall renew their strength, they shall mount up with wings of eagles, they shall run and not be weary, they shall walk and not faint.”*

Isaiah 41:10 *“...do not fear, for I am with you, do not be afraid, for I am your God; I will strengthen you, I will help you, I will uphold you with my victorious right hand.”*

Isaiah 43: 1-2 *“Thus says the Lord, he who created you, O Jacob, he who formed you, O Israel: Do not fear, for I have redeemed you; I have called you by name, you are mine. When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you.”*

Matthew 11:28-30 *“Come to me, all you that are weary and are carrying heavy burdens and I will give you rest. Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light.”*

Luke 6:20-22 *“Blessed are you who are poor, for yours is the kingdom of God. Blessed are you who are hungry now, for you will be filled. Blessed are you who weep now, for you will laugh.”*

John 14:27 *“Peace I leave with you; my peace I give to you. I do not give to you as the world gives. Do not let your hearts be troubled, and do not let them be afraid.”*

1 John 4:16b, 18a *“God is love, and those who abide in love abide in God, and God abides in them. There is no fear in love, but perfect love casts out fear.”*

Romans 8:38, 39 *“For I am convinced that neither death, nor life, nor angels, nor rulers, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.”*

1 Corinthians 12:24-26 *“God has so arranged the body, giving the greater honour to the inferior member, that there may be no dissension within the body, but the members may have the same care for one another. If one member suffers, all suffer together with it.”*

Galatians 6:2 *“Bear one another’s burdens, and in this way you will fulfil the law of Christ.”*

Colossians 1:11-14 *“May you be made strong with all the strength that comes from his glorious power, and may you be prepared to endure everything with patience, while joyfully giving thanks to the Father, who has enabled you to share in the inheritance of the saints in the light. He has rescued us from the power of darkness and transferred us into the kingdom of his beloved Son, in whom we have redemption, the forgiveness of sins.”*

Romans 8:24-26 *“In hope we were saved. Now hope that is seen is not hope. For who hopes for what is seen? But if we hope for what we do not see, we wait for it with patience. Likewise the Spirit helps us in our weakness; for we do not know how to pray as we ought, but that very Spirit intercedes with sighs too deep for words.”*

Hebrews 13:5 *“...God has said, “I will never leave you or forsake you.”*

Responsive Prayer of Supplication

Here is an example of a prayer that you may wish to use or adapt to use in a service of worship.

Leader: Heavenly Father, we pray for those who are suffering.

People: Give us the wisdom to know what we can do to comfort them and be with us as we attempt to do so.

Leader: Today, we especially ask that you be with those who are in despair, those who feel hopeless and those living with a mental illness. Help them to have faith that you are with them even in their most difficult times.

People: Guide us as we show them love and compassion.

Leader: Grant us the courage and wisdom to help remove the stigma of mental illness from those who suffer.

People: Give us understanding and openness that we might reach out in love to persons who are ill and their families.

Leader: Lord, bless us with Your enabling love. Heal our brokenness that we may be true signs of that love. As you send us, your servants, out from this place, be our constant companion. Guide us in our efforts to better serve our neighbours, those with mental illness and their loved ones. Help us to share the life-giving power of Your love that those in need may experience your steadfast love. In our hearts we silently promise to be true signs of Your love for those with a mental illness among us and their families.

All: Bless, guide and heal us. We pray in the name of Jesus, who has shown us the way. Amen.

Psalm 46:1-3

*“God is our refuge and strength, a very present help in trouble.
Therefore we will not fear, though the earth should change, though the
mountains shake in the heart of the sea; though its waters roar and foam,
though the mountains tremble with its tumult.”*



Prevention

As a church leader and respected member of your local community, you can promote mental and emotional well-being and suicide prevention and provide support for those who are bereaved by suicide.

Community Based Suicide Prevention Efforts

Action clergy can take to promote positive mental health and suicide prevention:

.....

Create an environment in your church that promotes connectedness, belonging, and emotional wellbeing, especially for those on the fringes.

.....

Share messages of hope about people overcoming adversity and loss, how spirituality can increase resilience, how suicide is preventable and how everyone has a role to play.

.....

Encourage members of your church to seek help for themselves and other people they know if they have any concern about suicidal thoughts or notice any warning signs for suicide.

.....

Help reduce prejudice and discrimination toward those affected by mental illnesses, such as depression, anxiety, and bipolar disorder. Speak about mental illness in the same way you speak about physical illness.

.....

Educate members of your church about the importance of reaching out and helping suicide attempt survivors and people bereaved by suicide.

.....

Provide education on suicide prevention for members of your church. Make written materials available.

.....

Give a sermon or a presentation on mental health promotion and suicide prevention or invite a mental health professional to speak.

.....

Access mental health and suicide prevention training.

.....

Join and/or encourage church members to join and/or support a local promoting mental health and suicide prevention or mental health organisation (See Key Contacts and Resources Section).

Promoting Emotional Wellbeing

Another important way in which you can prevent suicide is by working to create communities in which people enjoy good mental health. This reduces the chances of people getting into difficulties that they are unable to cope with on their own. You can do this by promoting emotional wellbeing in many ways, such as through information sharing, awareness raising, activities, sermons, special services and in how you approach pastoral care.

Positive mental health is a sense of wellbeing and the ability to live a full life with the inner strength to cope with the challenges that life presents and the outer resources to support us in doing this.

Having good mental and emotional health includes being happy with who you are, having fulfilling relationships, being flexible enough to learn new things, being able to adapt to change, being able to manage stress and 'bounce back' from difficulties, having the ability to think realistically, having a positive outlook on life, having access to help and being able to ask for help when you need it.

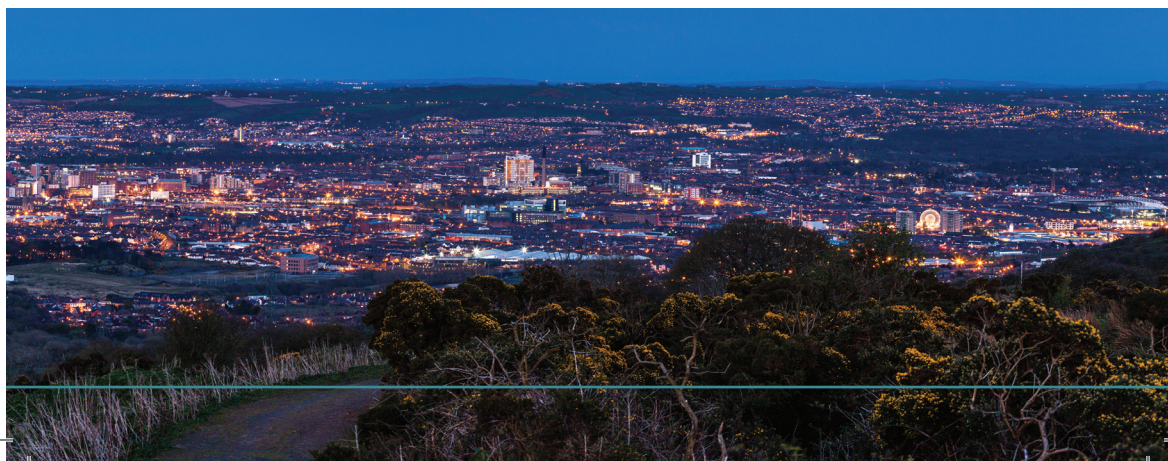
Key skills are being able to balance our emotions, recognise our feelings and express them appropriately. These skills help us to avoid getting stuck in depression, anxiety or other negative mood states. It is also important not to be alone and to have a good support network of trusted people we can turn to.

To strengthen the mental health of a community we have to consider how to improve the health of individuals and the community.



As a church leader and a local church you may want to consider the following questions regarding your role in promoting positive mental health.

1	What can we do to increase the resilience of individuals and to strengthen their life skills and their coping skills?
2	What information, support services, activities and training opportunities are there that we can promote and raise awareness of in our community?
3	How can we help to increase social support and social inclusion?
4	How can we help to make our community a safer place to live in?
5	How can we promote positive mental health in our church and church activities (e.g. church based youth work)?
6	How can we help people to enjoy good mental health?
7	What can we do to reduce discrimination, inequalities and stigma around mental illness?
8	What can we do to help improve access to services and supports?
9	What can we do to help improve housing and employment opportunities in our community?
10	What is the unique role the church can play in promoting positive mental health?



Self Care

Like others in the caring professions, clergy can experience anxiety, stress and depression as a result of their job.

Some clergy may benefit from professional counselling support, particularly following suicide by a member of the congregation.

It is essential that churches recognise the huge demands on their clergy in their pastoral care, from dealing with emotional distress through mental health problems to supporting families bereaved by suicide. In fact, stress awareness and management would be a useful part of training for ministry and a helpful part of continuing professional development and pastoral support.

It is important that you are aware of and take care of your own mental health, and that you seek support if you feel you are not coping.

For more information on self care including a Self Care Assessment Questionnaire, please check out the Flourish! website at: www.wewillflourish.com



Early Warning Signs

There are some early warning signs that may indicate mental ill-health or a mental health problem:

Mood swings or a consistently lower mood

Lack of care for personal appearance or personal responsibilities

Increased use of alcohol or other drugs

Talking about not wanting to live

A loss of interest in doing things you previously enjoyed

Withdrawing from social activities or spending less time with family and friends

Disturbed sleep, perhaps not getting enough sleep or sleeping too much

Eating less than normal or overeating, perhaps losing or gaining weight

Being more irritable, over-sensitive or aggressive

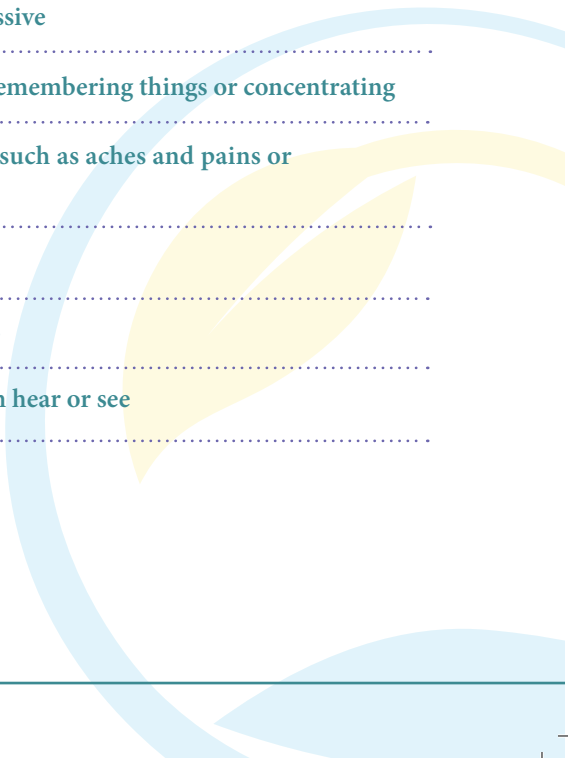
Having difficulty following a conversation, remembering things or concentrating

Experiencing recurrent physical symptoms such as aches and pains or unexplained illnesses

A drop in work performance

Doing things that don't make sense to others

Hearing or seeing things that no-one else can hear or see



Symptoms of Depression

If a person is clinically depressed, they would have at least two of the following symptoms for at least two weeks:

An unusually sad mood that does not go away;

Loss of enjoyment and interest in activities that used to be enjoyable;

Tiredness and lack of energy.

In addition, people who are depressed can have a range of other symptoms such as:

Loss of confidence in themselves or poor self-esteem;

Feeling guilty when they are not really at fault;

Wishing they were dead;

Difficulty making decisions and concentrating;

Moving more slowly or becoming agitated and unable to settle;

Having difficulty sleeping or sleeping too much;

Loss of interest in food or eating more than usual, leading to weight loss or weight gain.

Not every person who has depression will have all of these symptoms.

Depending on the number and severity of symptoms, a depressive episode may be specified as mild, moderate or severe. The following is a general guide

MILD DEPRESSION:

Four of the symptoms for at least two weeks

MODERATE DEPRESSION:

Six of the symptoms for at least two weeks

SEVERE DEPRESSION:

Eight of the symptoms for at least two weeks

If you feel that you may have depression it is important that you make an appointment with your GP as soon as possible. The sooner the illness is diagnosed and treated the better the outcome.

Suicidal Feelings

If you are having suicidal thoughts there are organisations who will help you. Lifeline is the regional crisis response and referral service available free from all landlines and most mobiles 24/7 all year round on 0808 808 8000. All calls to Lifeline are confidential and answered by trained counsellors. The service is aimed at people of all ages and its counsellors deal with a wide range of issues that may cause people to feel in crisis - from depression, anxiety, suicidal thoughts, self-harm, trauma, sexuality, relationship break-down, sexual abuse and domestic violence. They can give you immediate support, offer you a face to face appointment, or signpost you to other services in your area.

Call Lifeline...



What if I am feeling suicidal now?

Keep yourself safe – talk to someone!	See your doctor
Call Lifeline on 0808 808 8000	Call the out-of-hours GP service
Talk to a friend or family member	Go to the A&E department
Go to somewhere you'll feel safe, be with other people	Call emergency services on 999

There are things you can do to keep yourself safe:

Seek help early/talk to someone.	Set yourself small goals to help you to move forward and feel in control.
Postpone any decision to end your life – many people find if they postpone big decisions for just 24 hours things improve, they feel better able to cope and they find the support they need.	Avoid drugs and alcohol when you are feeling down – alcohol and many drugs are depressants and can make you feel worse, they don't help solve problems and can make you do things you wouldn't normally do.
Avoid being alone (especially at night) - stay with a family member or a friend or have someone stay with you until your thoughts of suicide decrease.	Set goals even on an hour-by-hour or day-by-day basis – write them down and cross them off as you achieve them.
Develop a safety plan – come up with a plan that you can put into action at any time, for example to have a friend or family member agree that you will call them when you are feeling overwhelmed or distressed.	See your local doctor or a specialist to discuss support or treatment – discuss your suicidal thoughts with your doctor, talk about ways to keep yourself safe. Ask your GP or Lifeline about help for suicidal thoughts.
Don't try to deal with it alone; suicidal thoughts are difficult enough without "going it alone".	

There are a lot of people in your family, church and community who will listen to you and will want to help you.

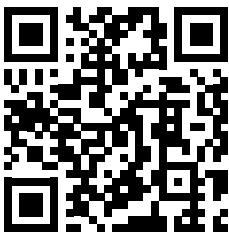
Remember, the vast majority of people with depression recover completely.

Steps to Emotional Wellbeing

There are many steps you can take to protect and improve our mental wellbeing. These include:

Keep physically active.	Keep in touch with friends and loved ones.
Eat well.	Learn a new skill.
If you drink alcohol, do so in moderation only.	Do something creative.
Value yourself and care for others.	Take a break.
Talk about your feelings with friends, family members or your doctor.	Be more aware of the present moment, your feelings and thoughts, your body and the world around you.
Connect with the people around you.	Ask for help.

To gain a full 'Directory of Services to help improve mental health and emotional wellbeing', for your given locality, please scan the QR code below.



Key Contacts and Resources

Directories highlight the wide range of contacts for practical support and services in your area. Targeted at individuals and potential referrers the user-friendly resources will raise awareness and provide a comprehensive guide to the wide range of support that can be accessed locally to help improve mental health and emotional well-being.

The support available is wide ranging and includes help to cope with issues such as: bereavement support; drugs and alcohol addiction; sexual health; and the concerns of young people or older people, to name but a few. Some support and resources are targeted at groups of people with a higher risk of suicide such as ethnic minorities and LGBT.



A photograph of a person walking a dog on a path through a forest, viewed from behind. The path is illuminated by sunlight filtering through the trees. The image is overlaid with large, stylized leaf shapes in blue and green. The text is positioned at the bottom left of the image.

'I will walk by faith even when I cannot see'.

2 Corinthians 5:7

Key Regional Support Contacts:

Support	Contact information
<p>Action on Hearing Loss For deaf people.</p>	<p>For contact information please visit: www.mindingyourhead.info/services E: Informationline@hearingloss.org.uk</p>
<p>Addiction NI Alcohol and drug treatment charity.</p>	<p>www.addictionni.com</p>
<p>Al-Anon To help & support families & friends of problem drinkers.</p>	<p>www.al-anonuk.org.uk</p>
<p>Alcoholics Anonymous</p>	<p>www.barnardos.org.uk/childbereavementservice</p>
<p>AWARE NI Provides a local helpline service that provides information for anyone wanting to know more about depression and a listening ear for those in need of support. The Helpline is open 9-1pm Monday to Friday. Aware NI also offer a range of education and training programmes for people with depression, their carers and young people.</p>	<p>www.aware-ni.org</p>
<p>Barnardo's</p> <ul style="list-style-type: none"> • Child Bereavement Service. • Barnardo's Advice Line. 	<p>www.barnardos.org.uk/childbereavementservice</p>
<p>Carlisle House Substance Misuse Treatment Centre.</p>	<p>www.mindingyourhead.info/services</p>

<p>Cause A charity providing peer led emotional and practical support to carers and families of people with mental illness.</p>	<p>www.cause.org.uk</p>
<p>Childline</p>	<p>www.childline.org.uk</p>
<p>CRUSE Bereavement Care Helpline.</p>	<p>www.cruse.org.uk E: belfast@cruse.org.uk</p>
<p>Domestic and Sexual Violence Helpline (Open 24 hrs and for both men and women).</p>	<p>www.dsahelpline.org</p>
<p>Drinkline 24/7 Helpline.</p>	<p>www.mindingyourhead.info/services</p>
<p>Emergency Accommodation 24/7 Helpline.</p>	<p>For contact information please visit: www.mindingyourhead.info/services</p>
<p>Emergency Services Police, Ambulance, Fire Brigade, Coastguard.</p>	<p>999 or 112</p>
<p>Gamblers Anonymous.</p>	<p>www.mindingyourhead.info/services</p>
<p>GP Out of Hours Services</p>	<p>For local out-of-hours service: www.yell.com or contact your local health centre.</p>
<p>Inspire Workplaces Inspire Workplaces is a leading provider of workplace wellbeing solutions, delivering mental health and wellbeing support to some of the UK and Ireland's leading private, public and third sector organisations.</p>	<p>www.inspirewellbeing.org</p>

<p>Lifeline 24hr 'Lifeline is the regional crisis response and referral service available free from all landlines and most mobiles 24/7 all year round on 0808 808 8000. All calls to Lifeline are confidential and answered by trained counsellors. The service is aimed at people of all ages and its counsellors deal with a wide range of issues that may cause people to feel in crisis - from depression, anxiety, suicidal thoughts, self-harm, trauma, sexuality, relationship break-down, sexual abuse and domestic violence.</p> <p>Lifeline is provided by BHSCT, under license to the Public Health Agency.</p>	<p>www.lifelinehelpline.info</p>
<p>Lighthouse Lighthouse is an organisation committed to the prevention of suicide and the promotion of positive mental health. They do this by offering support services to those whose affected by mental ill health or have been bereaved by suicide.</p>	<p>www.lighthousecharity.com Tel: 028 9075 5070</p>
<p>National Drugs Helpline (Talk to Frank).</p>	<p>0300 123 6600 Text 82111</p>
<p>Nexus NI Advice and confidential support and counselling for those who have been sexually abused.</p>	<p>www.nexusni.org</p>
<p>NSPCC Child Protection 24/7 Helpline – emotional, physical, sexual abuse or neglect.</p>	<p>www.nspcc.org.uk</p>
<p>Police (PSNI) will connect you to your local police station.</p>	<p>101 (non-emergency) or 999 (emergency)</p>
<p>Rural Support Helpline.</p>	<p>www.ruralsupport.org.uk</p>

<p>Samaritans Helpline Listening ear to those in distress. The Samaritans provide confidential, non-judgemental emotional support, 24 hours per day for people experiencing feelings of distress, despair, including those which could lead to suicide.</p>	<p>E: jo@samaritans.org Hard of hearing, deaf & speech impaired only.</p> <p>www.samaritans.org</p>
<p>Victims Support</p>	<p>www.victimsupportni.co.uk</p>
<p>ZEST – Support for Self Harm Zest exists to address the problems which lead to suicidal behaviour and direct and/or indirect self-harm in young people and adults.</p>	<p>www.zestni.org</p>
<p>SEXUAL ORIENTATION and GENDER IDENTITY</p>	
<p>Cara-Friend Providing information, support, friendship, counselling and signposting and offering social space service to the lesbian, gay, bisexual and transexual community.</p>	<p>www.cara-friend.org.uk</p>
<p>Family Ties Project Provides practical advice, guidance, support and befriending to parents, guardians and family members of Lesbian, Gay, Bisexual and Transgender people.</p>	<p>www.familytiesproject.org.uk</p>
<p>Rainbow Project Support and counselling for needs of gay & bisexual men.</p>	<p>www.rainbow-project.org/family-ties</p>
<p>Transgender NI Help and support information for the transgender community in Northern Ireland.</p>	<p>www.transgenderni.org.uk</p>

CULTURAL/ETHNIC

Bryson Intercultural

Support for Black and Ethnic Minority communities and individuals throughout NI.

info@mcrc-ni.org
www.mcrc-ni.org

For further information on more services & support:

www.familysupportni.gov.uk

www.lifelinehelpline.info

highlight a wide range of contact points that are available to support and assist individuals who are experiencing difficulties. The resources will raise awareness of the wide range of support that is available and emotional

available to support and assist individuals who are experiencing difficulties. The resources will raise awareness of the wide range of support that is available and emotional

Coroner's Service

Coroners are independent judicial officers who are available to deal with matters relating to deaths that may require further investigation to establish the cause of death. The Coroner will seek to establish the cause of death and will make whatever inquiries are necessary to do this e.g. ordering a postmortem examination, obtaining witness statements and medical records, or holding an inquest.

Mays Chambers, 72 May Street, Belfast, BT1 3JL

Tel: 028 9044 6800

Email: coronersoffice@courtsni.gov.uk

www.coronersni.gov.uk

Other Information and Resources

'The Role of Faith Communities in Preventing Suicide' A report of an Interfaith Suicide Prevention Dialogue by the Suicide Prevention Resource Centre (USA)
www.sprc.org/sites/sprc.org/files/library/faith_dialogue.pdf

'After a Suicide' Suicide Prevention Resource Centre (USA)
www.sprc.org/sites/sprc.org/files/library/aftersuicide.pdf

'The Role of Faith Community Leaders in Preventing Suicide' Suicide Prevention Resource Centre (USA)
www.sprc.org/sites/sprc.org/files/FaithCommunityLeaders.pdf

'A test of faith in God and treatment: The relationship of belief in God to psychiatric treatment outcomes', Rosmarin DH, Bigda-Peyton JS, Kertz SJ, Smith N, Rauch SL, Björgvinsson T (USA), Journal of Affective Disorders.
http://www.unboundmedicine.com/medline/citation/23051729/A_test_of_faith_in_God_and_treatment:_The_relationship_of_belief_in_God_to_psychiatric_treatment_outcomes_

Fierce Goodbye (USA Faith Based Resource on Suicide)
www.fiercegoodbye.com

Pathways to Promise (USA Faith Based Resource on Suicide)
www.pathways2promise.org

Books for Adults

Suicide Pastoral Responses by L. L. Townsend (2006)

A Grief Observed, Lewis, CS, Faber

Aftershock, David Cox and Candy Neely Arrington, B&H Publishing Group, ISBN No 0805426221

A Special Scar – the experience of people bereaved by suicide, A. Wertheimer, Routledge (1991)

A Voice For Those Bereaved By Suicide, Sarah McCarthy, Veritas (2001)

Bereaved by Suicide, Patrick Shannon (2000), Cruse Bereavement Care

Echoes of Suicide, Siobhan Foster Ryan & Luke Monaghan (eds), Veritas Publications (2001)

Grieving a Suicide, Albert Y Hsu, InterVarsity Press, ISBN No 0830823182

Healing Grief: A Guide To Loss & Recovery, Barbara Ward, Vermillion (1994)

Suicide & the Irish, Dr. M. Kelleher, Mercier Press (1998) Why People Die By Suicide, Thomas Joiner (2007)

Books for Young People

Healing your Grieving Heart: for Teens, Alan D. Wolfelt, Companion Press (2001)

How to help children and young people bereaved by suicide, Barnardo's Northern Ireland (2008)

Facing Grief: Bereavement & the Young Adult, Susan Wallbank, Lutterworth Press (1996)

When Someone Dies: Help for Young People coping with Grief, Dwaine Steffes, Cruse Bereavement Care (1997)

Books for Young Children

A Child's Questions about Death, Available free from Dignity, Tel 0800 387717

Beyond The Rough Rock – Supporting A Child Who Has Been Bereaved By Suicide, Winstons Wish Publications www.winstonswish.org.uk

Caring for Bereaved Children, Mary Bending (1993), Cruse Bereavement Care

How to help children and young people bereaved by suicide, Barnardo's Northern Ireland (2008)

Books for people with learning disabilities

Am I allowed to cry? A study of bereavement amongst people who have learning disabilities, Maureen Oswin (1991)

When somebody dies, Sheila Hollins, Sandra Dowling & Noelle Blackman (2003)

When mum died, Shelia Hollins & Lester Sireling (2004) When dad died, Shelia Hollins & Lester Sireling (2004)

These key contacts and resources will be updated regularly on the Flourish! Website. www.wewillflourish.com

Flourish – A Churches' Initiative on Suicide

When the leaders of the four largest churches in Northern Ireland met with the Assembly Health Committee in 2008 to discuss suicide they said:



“Churches have a clear role in the managing of this major social problem. We are still dealing with the ‘aftermath’ long after the statutory services are gone. Likewise we are committed to reducing the risks by offering a listening ear and a safe place to discuss problems.”

Protect Life 2, published on September 10 2019, re-emphasises the importance of the work of Flourish in guiding, supporting and training the clergy of N. Ireland in their understanding of suicide and the pastoral care needs of the bereaved families, as well as the clergy themselves. The Protect Life: Northern Ireland Suicide Prevention Strategy 2012-March 2014 (June 2012) highlighted the important role of community-led suicide prevention and bereavement support services. The refreshed strategy highlighted the main findings and recommendations of the Churches Research Programme (2009). This research explored the problems and barriers faced by clergy in the delivery of pastoral care to families bereaved by suicide. The main findings were as follows:

Clergy feel that tackling suicide is a major issue and feel that faith based organisations should be involved in dealing with it.

Clergy generally lack any training as part of ministry for dealing with mental illness and suicide and have little awareness of advice and support services for mental health problems experienced by congregation members and others. They indicated that they would benefit by attending training on mental illness and suicide but are concerned about peer-perceptions of inadequacy, perceived hostility from secular organisations and lack of time for these activities.

Theological perspectives on suicide and the sanctity of life, while still crucially important to clergy, are not a deterrent to offering compassionate pastoral care.

Clergy are often unsure about how to approach a family following suicide. The importance of careful and sensitive choice of language was stressed; the fear of upsetting or offending families through a misjudged remark is particularly worrying.

Most clergy feel that the best response they can offer to families is 'to be there' and offer a 'passive' response. Although religion and spirituality can be comforting, a religion-couched message to families bereaved through suicide was regarded as sometimes unwanted and unhelpful.

An inter-faith dialogue and response to dialogue is both desirable and possible. Much interfaith connection currently exists and was thought useful but for some clergy there must be recognition that the beliefs and value systems within different faith groups preclude a straightforward, homogenous response to suicide.

The recommendations from the research were as follows:

Faith based organisations need to recognise the huge demands on their clergy in their pastoral care, from dealing with emotional distress through mental health problems to bereavement by suicide. Stress awareness and management would be a useful part of training for ministry.

Clergy would appreciate clear, formal guidelines on the pastoral approach to suicide which would include all problematic areas for clergy – everything from how to respond to that first phone call to how to conduct a funeral in such circumstances and almost anything that would give them direction beyond common sense approaches upon which they usually rely.

Clergy could be better supported throughout the years of their ministry by creating formal structures of peer-support (pastor pastorum).

Some clergy may benefit from professional counselling support particularly following suicide by a member of the congregation.

Clergy should be provided with education and awareness-raising regarding mental health problems, symptom recognition and the appropriate response and referral as part of the theological college curriculum.

Health and social care agencies should recognise the pivotal community role of clergy. There is an urgent need for dialogue between clergy and mental health professionals. The provision of seminars and workshops that would be of greatest benefit to clergy would cover a complete programme on suicide awareness and bereavement by suicide.

A set of guidelines for clergy on how to respond to people bereaved through suicide need to be drawn up collaboratively.

In the context of this research and the Protect Life Strategy and as a result of the experiences of Lighthouse, the Churches' Community Work Alliance NI and a group of clergy (who have been active on the issue of suicide) a series of informal discussions began in 2011. In February 2012, the group began to meet together to explore ideas for a joint churches' initiative on suicide.

The working group identified five main areas where the churches could potentially work together and in collaboration with other groups and agencies, to address the needs of people affected by suicide. The main areas were:

Developing guidelines for clergy.

Developing and providing a training pathway for clergy/church leaders.

Organising joint Family Support activities.

Introducing a Church Sunday to raise awareness of suicide.

Organising an Annual Joint Service of Reflection for families affected by suicide.

The Working Group facilitated focus groups with leaders from a cross section of churches and faith based organisations, and a cross section of community based mental health groups to consult on the initiative. Feedback from each of these consultations was incorporated into the initiative. The development of these guidelines and a Training Directory marks the first phase of the initiative. The overall aim of the initiative is to support churches in addressing the needs of vulnerable people and those bereaved by suicide.



The six objectives of the initiative are:

ONE

To support churches to develop a focussed and shared approach to addressing the needs of people affected by suicide.

TWO

To develop and provide appropriate training and good practice guidelines for clergy/church leaders/pastoral teams.

THREE

To raise awareness of suicide prevention and support services through churches.

FOUR

To work together and with other agencies to increase access to support services for families recently bereaved by suicide.

FIVE

To develop and offer appropriate opportunities for reflection and remembrance for people bereaved by suicide.

SIX

To support churches to work collaboratively with other groups and agencies on the issue of suicide.

The Training Directory

This Training Directory is offered as a practical support to help churches to respond confidently, sensitively and appropriately to vulnerable people.

All training is aimed at clergy, lay pastors, youth workers and all church staff and volunteers who are likely to be involved with people experiencing emotional and mental health difficulties and families bereaved by suicide.

Courses included in the directory:

Theological / Faith – based Modules

.....

Mood Matters

.....

Mental Health First Aid

.....

Self-Harm Awareness

.....

SafeTALK

.....

Applied Suicide Intervention Skills Training (ASIST)

.....

Life After Lockdown

.....

Self-Care

.....

These training courses are delivered by a range of cross sector key training providers, who are approved by the Public Health Agency. It is recommended that churches participate in these courses when they are being delivered in their local area.

Faith-based Modules Learning Objectives

Flourish: Theological - Faith, Suicide and Pastoral Care Modules: 'Working with Suicide: A Churches Guide'

The aim of the two faith-based modules is to explore the relationship between theological understandings of suicide and mental health and how this translates into pastoral action.

Participants will:

Identify, consider and discuss their church's theological understanding and approach to suicide, mental health and pastoral support.

Examine and consider the importance of compassion in all mental health issues.

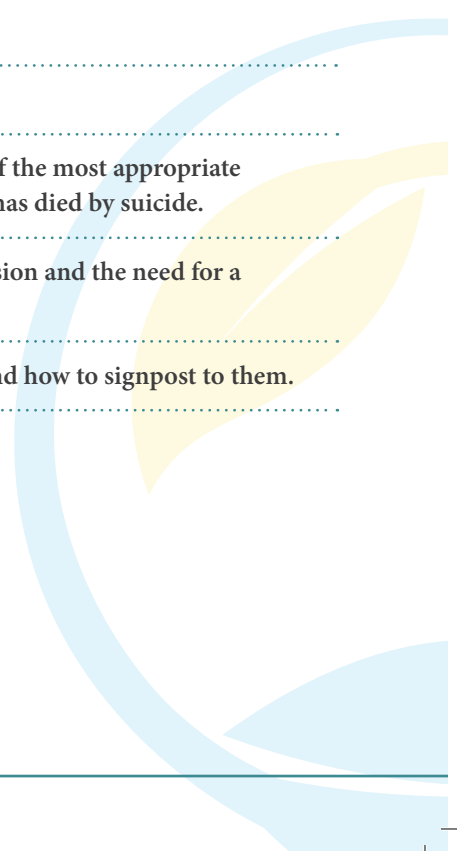
Identify the particular role of clergy after a suicide.

Prepare a church response to a suicide death.

Have greater confidence, knowledge and awareness of the most appropriate approaches to conducting a funeral of a person who has died by suicide.

Identify and consider the importance of self-compassion and the need for a self-care strategy.

Identify and discuss the existing specialist services and how to signpost to them.



The Training Programme:

Flourish Training Methodology:

The Flourish training will comprise of power-point presentations, small group and large group discussion and feedback, hand-outs and notes and small group planning with question-and-answer sessions. The facilitators will be available for any future consultation that the individual participants might need as they implement their plans. This training is delivered through the Flourish Initiative.

Workshop 1: Faith and Suicide

Length of workshop is 3 hours

By the end of this workshop participants will have examined and discussed:

- Their church's theological understanding and approach to suicide, mental health and pastoral support.
- The biblical accounts of suicide in the Old and New Testaments.
- The Christian Church's historical response to suicide.
- The effect of suicide and mental health issues on the suicidal person and the family bereaved by suicide.
- "What would Jesus say and do?"
- The importance of compassion in working with mental health issues.
- How this translates into the role of the church

Workshop 2: Pastoral Care for Families Bereaved by Suicide (this combines modules 2 +3)

Length of workshop is 3 hours

By the end of this workshop participants will have examined and discussed:

- The sensitive and appropriate approaches to providing pastoral support.
- This understanding in considering and discussing the pastoral needs of the bereaved.
- The importance of compassion in working with mental health issues.
- The importance of self-compassion through self-care in working with mental health issues.
- The importance of emotional health for all of us.
- Risk management including the existing appropriate specialist services (Z-cards) and how to signpost to these services
- Apply this knowledge and understanding to developing practical action plans for:
 1. Meeting the immediate needs of the bereaved family
 2. Conducting the funeral service
 3. Meeting the longer-term needs of the bereaved
 4. Promoting emotional/mental wellbeing: e.g. Flourish Sunday

Workshop 3: Understanding Self-harm

Length of workshop is 3 hours

By the end of this workshop participants will have examined and discussed:

- Definitions of self-harm
 - The behaviour of self-harm in terms of how our thoughts and feelings create our behaviours
 - What circumstances or life events may have started the self-harming behaviour,
 - How those situations make the person feel and
 - How the self-harming behaviour functions for the feelings
 - Communication skills for dealing with someone who is self-harming/suicidal
 - It will also look at the impact of alcohol and drug use on self-harming and suicidal behaviours.
-

Workshop 4: Life after Lockdown

Length of workshop is 2 hours

By the end of this workshop participants will have examined and discussed:

- What just happened?
- The Impact of loss of freedom on the human condition
- The physical, emotional and psychological consequences of the pandemic
- The spiritual implications of what happened
- The need for hope for the future
- The way forward

Workshop 5: Self-care

Length of workshop is 3 hours

By the end of this workshop participants will have examined and discussed:

- Taking Care of Yourself: What does the Bible Say?
- Why Self-care for Professionals
- Who is Affected?
- How Does Indirect Trauma Come About?
- What Contributes to Indirect Trauma?
- What can clergy Do About Indirect Trauma?
- The Importance of Self-care
- The importance of compassion and self-compassion
- The signs and symptoms of compassion fatigue also known as ‘burnout’.
- How to self-care: what do we need to do?

Participants will complete a self-care assessment questionnaire and create a self-care plan to take with them.

Target Group:

Mood Matters has been developed into a range of different presentations with content and delivery to suit a variety of target groups:

- **Mood Matters in Young People (14 - 18yrs).**
- **Mood Matters for Adults.**
- **Mood Matters in Pregnancy.**
- **Mood Matters in Later Years.**

These courses are relevant to anyone including caregivers, individuals experiencing mental health problems, and professionals.

Mood Matters is delivered by AWARE:

AWARE

40-44 Duncairn Gardens
Belfast
BT15 2GG
Tel :+44 (0) 28 9035 7820



Mental Health First Aid

The aims of MHFA are to:

- Preserve life where a person may be a danger to themselves or others.
- Provide help to prevent the mental health problem becoming more serious.
- Promote the recovery of good mental health.
- Provide comfort to a person experiencing a mental health problem.

MHFA teaches participants:

- How to recognise the symptoms of mental health problems.
- How to provide initial help.
- How to go about guiding a person towards appropriate professional help.

Why Mental Health First Aid?

- Mental health problems are common.
- There is stigma around mental health problems and this can prevent people seeking help.
- People generally don't know how to recognise mental health problems or what help is available.
- People with mental health problems may be unable to think clearly and may not realise they need help or that effective help is available.
- Professional help is not always immediately available.
- In a mental health crisis situation, the helper's actions may determine how quickly the person gets appropriate professional help.

Who can attend?

- The course has proved successful with different professional groups including health workers, teachers, front line public sector, voluntary and community sector workers as well as members of the general public. Any interested person can attend.
-

Course Format

MHFA is 12 hours of evidence-based training involving group discussion; role plays and DVD's. The programme is delivered over 2 days or can be delivered in 4 x 3hr sessions. Participants will be expected to attend the duration of the programme.

Course Content

Topics covered include:

- What is meant by mental health / mental ill health?
- Dealing with crisis situations such as suicidal behaviour, self-harm, panic attacks and acute psychotic behaviour.
- Recognising the signs and symptoms of common mental health problems including depression, anxiety disorders, psychosis and substance use disorders.
- Where and how to get help.
- Self-help strategies.

MHFA is delivered throughout Northern Ireland by experienced MHFA facilitators.

Please contact Helen Gibson for further information: helen.gibson@hscni.net



Psalm 34:18

*'The Lord is close to the broken-hearted and saves
those who are crushed in spirit'*

Self-Harm Awareness

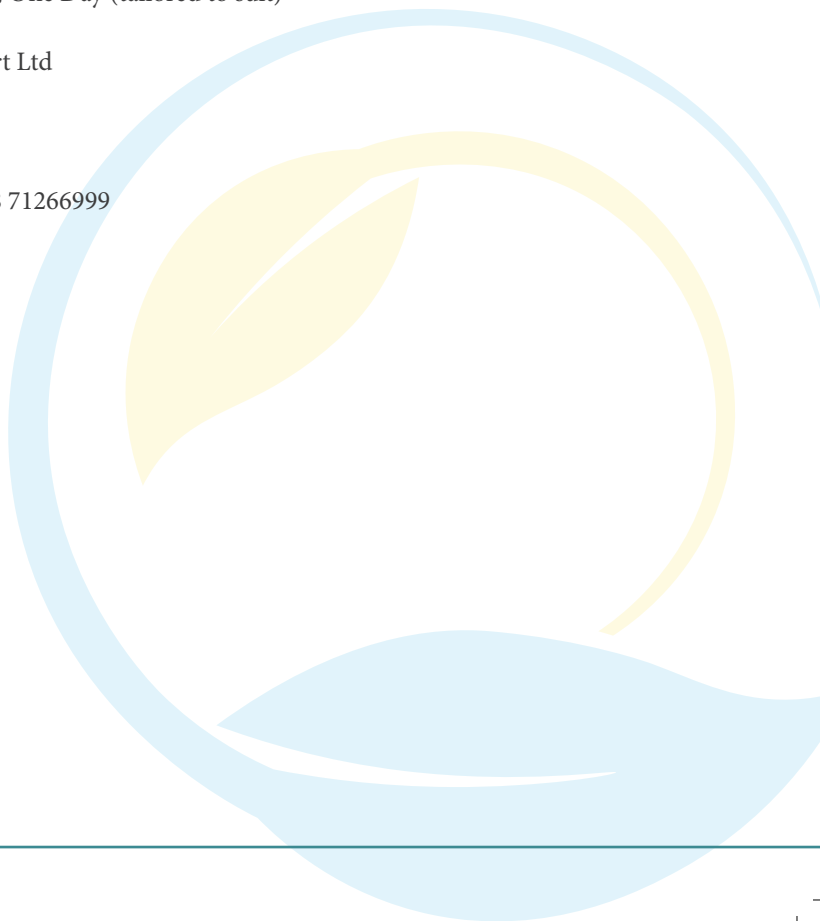
Aims

This course raises understanding around the issue of self-harm and can be tailored to also include the links between substance use/misuse and self-harming behaviour.

The course aims to increase skills and confidence in supporting people at risk of self-harming, and increase knowledge of early indicators of suicide risk (this programme is delivered by ZEST).

Duration: Half a day; One Day (tailored to suit)

Zest: Healing the Hurt Ltd
15a Queen Street
Derry
BT48 7EQ
Office Telephone: 028 71266999



SafeTALK

Aim

SafeTALK trains people to recognise persons with thoughts of suicide and connect them to suicide intervention resources. These suicide alertness skills complement the skills of suicide intervention caregivers. SafeTALK can be delivered:

- In less than a half day (3 hrs).
- To community members with all levels of helping experience.
- By one trainer with groups between 10 - 30 participants.

Course Outcomes

Participants learn how to provide practical help to persons with thoughts of suicide in only a few hours. When a helper does the TALK (Tell, Ask, Listen and KeepSafe) they activate a suicide alert. SafeTALK prepares them to be alert helpers. An alert helper:

- Is aware that opportunities to help a person with thoughts of suicide are sometimes missed, dismissed and avoided.
- Recognises when a person might be having thoughts of suicide.
- Engages a person with thoughts in direct and open talk about suicide.
- Listens to the person's feelings about suicide to show that they recognise that the thoughts are serious.
- Knows the name and contact information of local help for suicide intervention.
- Moves quickly to connect the person with thoughts to someone who can do a suicide intervention.

SafeTALK teaches skills that complement caregivers with suicide intervention skills. SafeTALK can have a very positive impact upon participants learning and at times can also contribute to participants getting in touch with emotions and experiences that they may have not fully integrated. Outside of SafeTALK, you will come to be a symbol of the need for open, comfortable and direct talk about suicide in your community and organisation. SafeTALK is delivered throughout Northern Ireland by experienced SafeTALK facilitators. Please contact Helen Gibson for further information: helen.gibson@hscni.net

ASIST

(Applied Suicide Intervention Skills Training)

ASIST provides practical training for caregivers seeking to prevent the immediate risk of suicide.

Participants often include:

- People concerned about family or friends.
- Natural helpers and advisers.
- Emergency service workers.
- Counsellors, teachers and ministers.
- Mental health practitioners.
- Workers in health, welfare or justice.
- Community volunteers.

Working mostly in small groups of one trainer to no more than 15 participants, ASIST uses many different teaching processes to create a practice-oriented and interactive learning experience.

The outcome

The emphasis of the ASIST workshop is on suicide first aid, on helping a person at risk stay safe and seek further help. Attendance at the full two days is essential.

Learn how to:

- Recognize invitations for help.
- Reach out and offer support.
- Review the risk of suicide.
- Use the Safety Framework model of Pathways for Assisting Life (PAL).
- Link people with community resources.

Evaluations have shown that the workshop increases caregivers' knowledge and confidence to respond to a person at risk of suicide, that intervention skills are retained over time and that they are put to use to save lives. ASIST is delivered throughout Northern Ireland by Experienced ASIST facilitators. Please contact Helen Gibson for further information: helen.gibson@hscni.net

Training Standards

All of the training recommended in this Training Directory is required to meet the Public Health Agency Core Standards and standards for Training on Mental-Emotional Health, Wellbeing and Suicide Prevention, as developed by the Public Health Agency.

This includes quality standards for:

- Supporting trainers
- Standards for trainers
- Standards for training content





Flourish

Key Contact Information

For key contact information for cross sector training providers and opportunities in your locality please visit: www.mindingyourhead.info/training.

For further health improvement population wide training programme directories e.g. Drugs & Alcohol, Sexual Health, Smoking Cessation and target group specific programmes i.e. for practitioners; young people; Section 75 groups such as LGBT (e-learning programme available); BME; Travellers - please visit: www.mindingyourhead.info/services.



A practical handbook for churches on suicide prevention, supporting people bereaved by suicide and promoting emotional wellbeing

Lighthouse
Beacon of hope

Flourish

HSC Public Health
Agency
Project supported by the PHA

For further information about the initiative, or to request training support, visit
www.wewillflourish.com

or email the Flourish Coordinator on
info@wewillflourish.com