

SuicideandFaith.org: Final Evaluation of Multi-Year R&D of Suicide Prevention Support Resources for Faith Leaders



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Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Suicide Public Health Issue

39,518 reported to have taken their own lives (2011)

1.1 million additional adults may attempt suicide

8.4 million had serious suicidal ideation

Suicide more frequent than deaths by all natural causes combined among youth

Rate and number of deaths by suicide have steadily increased for the most recent five years on record

Suicide rates increased significantly (2.4%) from 2011 to 2012, the only leading cause that increased

Faith Leaders can help

Faith leaders are well-positioned to help those in distress and at-risk...

51.6% counseled an “at-risk” congregation member about suicidal ideation

35.5% have had a faith-member commit suicide

6 of every 100 faith members may have serious thoughts of suicide

Elderly people more willing to turn to faith leader than medical doctor or a mental health specialist for help when a friend is contemplating suicide

Twice as many people with diagnosable mental health problems will see a faith leader than a psychotherapist (comfort, trust, affordability)

But no resources/training

Unfortunately, there have been no evidence-based resources specifically developed to help faith leaders effectively integrate suicide prevention within their organizations.

Objectives

We sought to close this gap by investigating current faith leader practices and needs and developing and evaluating web-deliverable support resources.

Specifically examining:

- *Identifying at-risk faith members*
- *Working with at-risk faith members*
- *Referring to a healthcare provider*
- *Conducting outreach/public awareness activities*
- *Assessing organizational readiness*

Overall Methods

Multi-year research and development effort

Investigated perceived roles, engagement in prevention, and factors related to engagement (e.g. beliefs, resources, barriers)

Nationally distributed interviews*

Quantitative surveys *

Developed pilot web-based resources*

Introductory course

Integrated video case studies

Evaluated resources in repeated measures field trial

* Previously reported, available from authors.

Overall Results

Course and Cases developed*

- **Media-rich, case-integrated, introductory course**
 - Faith Leader Roles;
 - Suicide Warning Signs, Triggering Events, and Risk Factors;
 - Assessing Risk
- **6 video case studies**

Formative and summative evaluation

- Subject matter expert review
- End user usability/formative review
- Repeated measures field trial among faith leaders

* Available no cost at suicideandfaith.org

Module 1

MODULE 1: SUICIDE PREVENTION IN FAITH ORGANIZATIONS: AN IMPORTANT OPPORTUNITY

1. Introduction
2. The Magnitude of the Problem
3. Suicide is Complex
4. Suicide Protective Factors and the Role of Faith
5. Faith Leaders: The Right Person at the Right Place and Time to Make a Difference
6. Three Opportunities to Address Suicide: Prevention, Intervention, and Postvention
7. You are not alone
8. Summary
9. Overview of Modules

MODULE 1: SUICIDE PREVENTION IN FAITH ORGANIZATIONS: AN IMPORTANT OPPORTUNITY

Suicide Protective Factors and the Role of Faith



Risk factors make it more likely someone will engage in suicidal behavior. Protective factors, on the other hand, make it less likely that people will engage in a negative behavior. Some things act as protective factors against the likelihood of suicide. They enhance one's resilience and may serve to counterbalance risk factors.

However, protective factors don't cancel out risk factors, nor are they necessarily permanent: they can wax and wane over time and many can and should be strengthened whenever possible. Programs that develop and strengthen protective factors should be ongoing, and not "once-and-done" events.

Protective factors include:

- ✓ Strong connections to and identity with family and community
- ✓ Social support
- ✓ A sense of purpose or meaning in life (e.g. activism, job, pet)
- ✓ Skills for problem solving, conflict resolution, and handling disputes non-violently
- ✓ Cultural and religious beliefs that discourage suicide and support self preservation
- ✓ Access to effective clinical care for mental, physical and substance use disorders
- ✓ Support for help-seeking, including seeking professional services
- ✓ Restricted access to highly lethal means of suicide
- ✓ Support through ongoing medical and mental health care relationships

Risk Factors



Level of Risk



Protective Factors



Activity: Increase or Decrease Risk? »



Module 2

MODULE 2: RECOGNIZING SUICIDE RISK

1. Suicide Risk: Risk Factors, Triggering Events, and Warning Signs
2. Risk Factors: Things About People
3. Triggering Events: Things That Happen to People
4. Warning Signs: Things People Do
5. How People Communicate Risk
6. Does Talking about Suicide Increase or Decrease Risk?
7. Summary

Module 3

MODULE 3: TALKING ABOUT SUICIDE RISK: HOW YOU ASK MAKES A DIFFERENCE

1. Talking with Potentially At-Risk Faith Members
2. Engaging in Dialogue About Suicide: Just Ask!
3. Opening the Door, Establishing Rapport
4. Easing into the topic: Suicide-related Issues and Suicidal ideation and behavior
5. Responding to “No’s”
6. Following up on “Yes”
7. Bringing it together:
A suicide conversation ‘template’
8. Summary
9. Conclusion

Cases

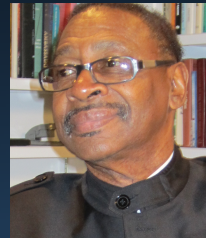
Creation of a case framework to drive scenarios

1. The presence/degree of risk
2. Openness/closedness of the person
3. Impetus for the faith leader/faith member discussion
4. Gender
5. Root problem
6. Presence and type of mental health issue

Identifying Faith Leaders

We identified 3 high performing faith leaders

- **Pastor Bob Certain, an ex-military chaplain**
- **Pastor Sherry Molock, a dual credentialed practicing African American pastor from the northeast**
- **Bishop Young, Memphis faith leader, organizes national suicide prevention conference for black churches**



Father Certain & Charlotte

Risk Level: **High**



Charlotte Larkin, a 48-year-old Caucasian female, has just joined a new Episcopal church. Her only daughter, 17-year-old Marie, graduated from high school in the spring and has just moved across the country for college.



With her daughter striking out on her own, Charlotte finds herself flashing back to her late teens. Her mother passed away when she was very young, so her father raised her single-handedly, with the help of their church, despite the challenge of his own undiagnosed depression. While they had a close relationship, she also felt depressed and unsafe at home

and, after a depressive episode, she ran away at 15. She lived in shelters and

Reflection Videos



Field Evaluation

Pilot Field trial of suicideandfaith.org

Uncontrolled, repeated measures (pre/post) study

Focus on examining feasibility and utility

Recruited diverse (geographic, faith, setting) group of faith leaders (n=31)

Examined usability, knowledge, intentions and satisfaction were assessed, with knowledge, self-efficacy, and intentions assessed pre and post.

Knowledge Variables

Knowledge. 20 items related to basic suicide beliefs

- Pre, 11.28(2.06); Post, 16.06(1.79); $p < .01$
- Learners answered on average ~5 more questions correctly after using the site resources

Risk & Protective Factor Awareness

Asked to list as many risk & protective factors as they could

- Growth of 2.1 listed risk factors -- Pre, 1.8(1.1); Post, 3.9(1.2)
- Growth of 1.9 protective factors -- Pre, 1.1(1.0); Post, 3.0(1.2)

Specific Beliefs about S&F Portal

Scale 1-4, Strongly Disagree, Disagree, Agree, Strongly Agree

<u>Item</u>	<u>M</u>	<u>SD</u>
The pilot course helped me consider new ways to address suicide in my organization	3.63	0.49
The course improved my understanding of suicide risk factors	3.68	0.48
I feel better prepared to identify faith members who may be at risk for suicide.	3.47	0.51
I feel more comfortable talking to my faith members about suicide after having watched the model cases.	3.53	0.51

Effect on Likely Engagement

Scale 1-4, A lot less likely, less likely, more likely, a lot more likely

<u>Item</u>	<u>M</u>	<u>SD</u>
Engage in additional personal study of suicide/ prevention	3.3	0.58
Assess your organization's readiness for addressing suicide	3.4	0.61
Implement organization-wide educational efforts...	3.2	0.69
Identify faith members who may be at risk for suicide	3.5	0.61
Distinguish between spiritual and mental health concerns	3.3	0.76
Approach a faith member you suspect is considering suicide	3.8	0.26
Counsel a faith member who is suicidal	3.6	0.51
Create and implement a suicide safety plan for a suicidal faith member	3.5	0.61
Refer a faith member to a mental health provider	3.9	0.32
Organize support to those bereaved by suicide	3.6	0.48

Overall Course Evaluation

Scale 1-4, Strongly Disagree to Strongly Agree

<u>Item</u>	<u>M</u>	<u>SD</u>
SuicideandFaith.org appeared credible	3.9	0.32
SuicideandFaith.org seemed accurate	3.8	0.38
SuicideandFaith.org was professional	3.9	0.32
I felt the model video cases were realistic.	3.7	0.48
I will use information from the portal in my work.	3.8	0.42
I will return to review aspects of the portal in the future.	3.5	0.61
I would recommend this course to my colleagues.	3.8	0.42
Overall, SuicideandFaith.org was poor (1) to excellent (4)	3.8	0.42

Qualitative Feedback

- **Need for additional cases , including increasing...**
 - religious leader diversity (e.g. religions/denominations, settings of practice)
 - situation diversity (e.g. grief counseling, approaching individuals).
- **Need for models of the integration of suicide or mental health related issues within sermons and other church activities.**
- **Need teacher/learning guides that provide an implementation framework**

Some Issues

Challenges

- **Lack of well-established suicide prevention best practices**
- **Faith leader follow through**
- **Diversity of faiths, accepted/acceptable practices**
 - One size generally does not fit all
 - An opportunity for tailoring?!

Other Key Themes

Suicide prevention is important but few have formal training or formal programs in place.

Competing obligations and priorities inhibit effectively addressing suicide

A support system that includes multiple resources (training tools, hotlines), involvement of family/friends, healthcare experts, and outreach programs would be beneficial

Hope, faith and connectedness as key tools.

Conclusions & Next Steps

Research based approach led to well-received materials that positively affected target variables.

Focus on behaviors

Involving stakeholders throughout, and using iterative development, were keys to success.

Freely available at suicideandfaith.org

Further distribution

Further development

Acknowledgement

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The project may be freely accessed at suicideandfaith.org.