Suicide Among Young Men

The Church as a community of carers

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The Church of Scotland
Church and Society Council

Suicide among young men: the Church as a community of carers

Introduction: Suicide in young men.

Suicide is a leading cause of death among young men in Scotland[1]. A young death is always one of the most devastating events for a family, and when that death results from suicide the tragedy is all the harder to bear. The General Assembly of 2009 instructed the Church and Society Council to "examine further the issues surrounding suicide in Scotland, especially amongst young men". Whilst recognising that men make up the largest proportion of young people taking their own lives (the overall male to female ratio is about 3:1, but the excess of male deaths is more pronounced among younger adults), we have also taken into account the views of young women in preparing this report.

A death from suicide rouses a range of responses in families and friends of the loved one who has gone. Grief is mingled with feelings of anger, helplessness, guilt, confusion, puzzlement, and shame. Professionals involved can experience many of the same emotions, particularly if they have been involved with mental health issues prior to the event. Ministers and other pastoral workers are in the highly stressful and demanding situation of having to provide love and bereavement care while they are coping with these emotions within themselves. The working group have been conscious that there is a need to improve the resources available to Church workers who are faced with dealing with a family, and indeed a community bereaved by a suicide, and have attempted to address this issue.

Prevention of suicide has, thankfully, received more attention in recent times through such initiatives as "Choose Life", the "See Me" campaign, and the ASIST (Applied Suicide Intervention Skills Training) training scheme. The Church is well placed to provide care and friendship for those in need, but work needs to be done to raise awareness among our congregations of the issues involved. The task is difficult, and working in partnership with other agencies is critical.

At the 2010 General Assembly, representatives from the Youth Assembly spoke powerfully of the importance of consulting and listening to the young people themselves, and this has been done by setting up focus groups in urban and rural settings. The responses from the young people in these groups, who were drawn from different backgrounds and beliefs, were full of insight and displayed a high level of compassion and understanding. They were particularly concerned with dispelling any suggestion that suicide be regarded as sinful, an attitude which unfortunately can prevent those bereaved by a suicide seeking the Church's help. However, as noted elsewhere in this report, it is also the case that framing suicide as a sin can be protective for some people. Thus to remove it from the conversation leaves people for whom such terminology may be vital deeply vulnerable.

It should also be noted that, while a number of young men were contacted, only a small number of them chose to be involved in the focus groups. As highlighted for

[1] http://www.scotland.gov.uk/Publications/2007/12/17095935/4

example in the CTPI report “The Sorrows of Young Men”[2], there is evidence that such things as loss of employment, loss of traditional male roles and loss of identity are key factors in the process of becoming suicidal. While the church may wish to sometimes challenge some of the issues raised by gender- identified roles in society, it remains apparent that there are vulnerable people who are struggling for identity, value and worth and for whom their role as males is an important issues.

The group have tried to draw together expertise and experience from professionals, clergy, and lay people in preparing this report. It has to be remembered that sometimes attempts to prevent a suicide are unsuccessful, and when that happens the Church has a role to play in providing love and care for those whose grief can be compounded by a feelings of guilt and a sense of failure.

Suicide and Scottish Society

> **"I thought that after swallowing all those pills, it would be simple - just a matter of time! I felt excited and exhilarated. For the first time in ages I felt happy and that I was at last in control of my own destiny."**

This statement made by a young man from the Borders who had made a suicide attempt takes us to the spiritual heart of the situation for many young men in Scotland today. For a significant number of young men, the sense of meaning, hope, value and purpose of their lives has been stripped away. No longer in control of their destinies, many are seeking solace in a final solution which is devastating families and communities throughout the country. The report of the conference “The Sorrows of Young Men” clearly highlights that there is a significant and deadly problem at the heart of our society. A pervasive hopelessness amongst certain sections of our society is manifesting itself in the taking of life on a scale previously unknown. The statistics make grim reading. In the seventies, for both sexes, the tendency was for suicide rates to increase with age. In the first decade of the new century, the peak rate of male suicide was found in the 25 to 34 age group - where it has leapt in the intervening decades by an astonishing 245%. Young men in this age group, particularly those who are unskilled or unemployed (that is those, who cannot find a job or whose work is insecure) are between two and three times as likely to complete suicide as those who are employed and who live within an environment which provides sources of security and value. As Dr Andrew Fraser, then Scotland's Deputy Chief Medical Officer, commented on the “Sorrows of Young Men” report to which he contributed:

> *"when they look out and see there are few prospects for them, they are poverty-stricken, they may have drug and alcohol problems there's not much hope around. The alternative to life without prospects is to shorten it and that's a very sad reflection of the way they see life.”*[3]

[2] The sorrows of young men: Exploring their increasing risk of suicide. (2000) Eds Morton, A and J. Francis. Centre for Theology and Public Issues, University of Edinburgh

[3] http://news.bbc.co.uk/1/hi/scotland/962721.stm

Similarly, people diagnosed as having long-term mental health problems are also at high risk of taking their own lives. Excluded from employment, stigmatised and marginalised, by a largely uncaring and uniformed society, such people struggle to find meaning, hope and significant relationships. Both of these groups are people who feel destined to be dependant persons in a world that values individualism and competitiveness above caring, inter-dependence and relationships. The bottom line is that if a culture identifies fulfilled human living and in particular "true manliness" with such things as employment, independence, wealth, success power and competitiveness, it can have deadly consequences for those who feel unable to meet such standards and attain such goals.

Theology, Church and Suicide

The evidence suggests that the roots of the problems currently being experienced by young men in Scotland, and indeed throughout the Western world, lie deep in the nature of modern Western society and its priorities, relationships and values, and their impact on the personal, social and spiritual relationships that are crucial to human well-being. If we use a wide definition of the term spirituality as relating to that which gives individuals and communities a sense of purpose, meaning, hope and value as well as a sense of the Holy, it becomes clear that the problems which are occurring in the lives of Scottish young men are deeply spiritual.

There is no single theological position that can enable us to understand the full breadth of issues surrounding suicide. However, for current purposes one way in which we can present a pastoral theological approach which will effectively underpin the report is with the simple observation that *life is a gift*. Here the key is to be found within the doctrine of Creation. The doctrine of Creation informs us that God created the world and that it is in essence good; indeed it is very good:

> *"God saw all that he had made, and it was very good. And there was evening, and there was morning—the sixth day."*[4]

It is true that the world is full of broken relationships, primary amongst them our broken relationship with God. Nonetheless, it is also the case that

> *"God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life."*[5]

That primal goodness has not been forgotten by God. Human beings remain loved by God and indeed the whole of creation groans and aches for God's presence[6].

[4] Genesis 1:31

[5] John 3:16

[6] Romans 8: 22

Two things emerge from this observation. Firstly and in distinction from what culture tells us, our lives are not our own, they are gifts; we are creatures. Within Western thinking, life tends to be considered as a personal possession: the property of an individual to do with as they will. However, the Genesis account of Creation turns that fallacy on its head. Life is a gift. It makes no difference who you are, what you can or cannot do, what you have done or what your current circumstances are. All that we have is gift and all that we see (including ourselves) is created and loved. We are creatures whose existence is not secured by our own power, but is wholly dependent on God and on other people. "I am because we are."

The language of gift leads directly into the language of community. If we are persons-in-relation, then we have a responsibility for the lives of those around us. Suicide is a tragedy, but it is a tragedy that belongs to the whole community. If suicide belongs to the community, this in turn calls Christian communities who recognise the createdness of human beings, to live differently; to live in ways that bring about life in all of its fullness[7] and which challenges structures, attitudes and values that may be the harbingers of death. Such a community never accepts the argument that 'others would be better off without me.' Rather, it insists that "the community cannot be complete without you." Why? Because we are creatures loved by God beyond all measure by a God who *is* love[8].

If life is a gift, then it is not ours to give away. This is a theme that runs throughout scripture. Jesus comes to brings fullness of life and to help us to overcome death[9]. The gift of life is not ours to give away. Suicide is not what God desires. But God understands that sharing in the sufferings of Christ[10] can become intolerable. If the apostle Paul is correct when he says in Romans that:

> *"I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord,"*[11]

then we can be assured that that love which brought us into existence and stated that we were "very good" will not abandon us when the storms of life make our pains unbearable.

Such a theological position enables us to take seriously our responsibility for our lives and puts the issue of suicide into sharp focus. At the same time it also enables us to begin to see the necessary shape of our communities and the types of theological understanding and pastoral responses we will require to minister faithfully to people who are threatened by suicide or who find themselves having to deal with its

[7] John 10: 10

[8] 1 John 4: 8

[9] 1 Cor 15: 55

[10] Phil 3: 1

[11] Romans 8: 38-39

aftermath. If God loves the world, so must we. When faced with the reality of suicide we are called to share in the important words of the apostle Paul as he spoke to the Philippian jailer who was about to take his own life: “Don’t harm yourself, we are all here…”[12], for you.

Consultation

Report of a consultation on suicide amongst young people - speaking and listening to the views of young people themselves.

Background and Methodology

As part of the wider report the steering group for this piece of work applied for and received funding from the Scottish Government to enable a small consultation exercise to take place with 2 groups of young people in October 2010. The steering group thought it important that the views of young people themselves – both from a church and a non-church going background – be included. An independent facilitator was recruited to speak with the groups and write up the findings.

The steering group decided that it would be useful to undertake the groups in different locations in Scotland – to reflect both an urban and a rural viewpoint.

Fifteen young people were consulted: 8 women in Dundee, 4 women and 3 men in Lesmahagow (a village in South Lanarkshire). Groups were arranged by members of the steering group who had relevant local knowledge and contacts to bring together a group within a relatively short space of time. More men were invited to participate in the groups but many chose not to attend. Group participants self-selected. Group members were known to each other and with the person who had organised the group, though not with the facilitator.

The group in Dundee comprised young mothers without a church-going background. This discussion lasted approximately an hour and a half with lunch available before the meeting; a crèche was provided. The group in Lesmahagow mostly comprised members of youth groups/ youth assemblies from surrounding villages, with varying degrees of association with the Church of Scotland, except for two of the young men who had no church background. This discussion lasted approximately one hour with refreshments provided. A demographic breakdown of group participants is included at the end of the report.

At each of the groups the facilitator was introduced by the person who had organised the meeting – who was also present in the groups and acted as a scribe. The purpose of the consultation was carefully explained as were issues around confidentiality i.e. no names of individuals would be used in the report. With the permission of the group, discussions were audio-taped as a supplement to notes taken by the scribe. Key words/ ideas were recorded by the scribe on post-it notes as the discussion progressed and placed on sheets of flip chart paper around the room.

[12] Acts 16: 28

Group discussions were organised around 3 key topic areas. Groups were asked:

1. As young people what are your attitudes to suicide when you hear of this happening to another young person?
2. Looking at suicide prevention what do you think can be done? What can be done by the church?
3. What are your thoughts about bereavement care after suicide? What can the church do both for other young people and for family members?
4.

After the discussion participants were thanked and informed that they would receive feedback about the report from the person who organised the group.

The findings were analysed using a thematic approach – looking for similarities and differences between and within groups - presented below under the 3 key topic areas:

Findings:

<u>1 As young people what are your attitudes to suicide when this happens to another young person?</u>

- All young people, regardless of their degree of association with the church, expressed compassionate understanding when discussing the issues. Groups talked with great sympathy and empathy. Some of the people in the groups had experienced self-harm, periods of homelessness and abuse. Some knew people who had completed suicide.
- Nobody considered suicide to be a "sin", nor was there any condemnation of suicidal behaviour.
- Some participants believed that suicide was a taboo subject in the wider society. However, they themselves talked about suicide openly in their groups.
- Concern was expressed for family members and friends after a suicide and the need to provide them with help and support was recognised.
- The group discussions sought an understanding of the causes of suicide as opposed to condemning the action. The groups talked in some detail about what they referred to as "triggers": stress, anger, debt, abusive relationships, depression, drugs and alcohol etc.
- There was no difference in viewpoints between the young men and the young women or between rural and urban groups.

<u>2 Looking at suicide prevention what do you think can be done? What can be done by the church?</u>

- The groups stated that confidentiality was vital for anyone seeking help and support.
- The groups talked at length about the person(s) offering prevention and bereavement care. They thought these people should be non-judgmental,

- The groups thought that the church needed to leave the physical building and work more directly in the community it serves. This may involve, for example, being in shopping centres in Dundee - creating a visible presence for people who do not go to church.
- However, in Lesmahagow the group talked about the need to provide a physical space – what they referred to as a "sanctuary". This would not be somewhere attached to the church but somewhere "neutral and relaxed – subtle but not clinical".
- Groups wanted to see the subject "de-stigmatised" and discussed more widely, especially in schools. They talked at some length about schools dealing with sex education at an early age and argued schools should also be dealing with issues around suicide. However, in Dundee the young mothers later contradicted themselves by saying that they would not want their own children "taught about" suicide at an early age. They would feel uncomfortable having to answer questions from their children when they came home from school.
- The group in Dundee (all women) talked at length about the need for a specific support group for men, similar to the one which they attend for young mothers. They thought such a group would need to be facilitated by a male worker because, in their view men, would "feel uncomfortable" with a female worker.
- The men in the Lesmahagow group said that "guys exhaust their coping mechanisms" and that men are less able than women to cope with some of the "triggers". The women in the group agreed with this point of view.
- The NHS was not seen (especially in the Dundee group) as somewhere to access help and support around suicide prevention. Many told stories of feeling "judged" by NHS staff.

<u>3 What are your thoughts about bereavement care after suicide? What can the church do both for other young people and for family members?</u>

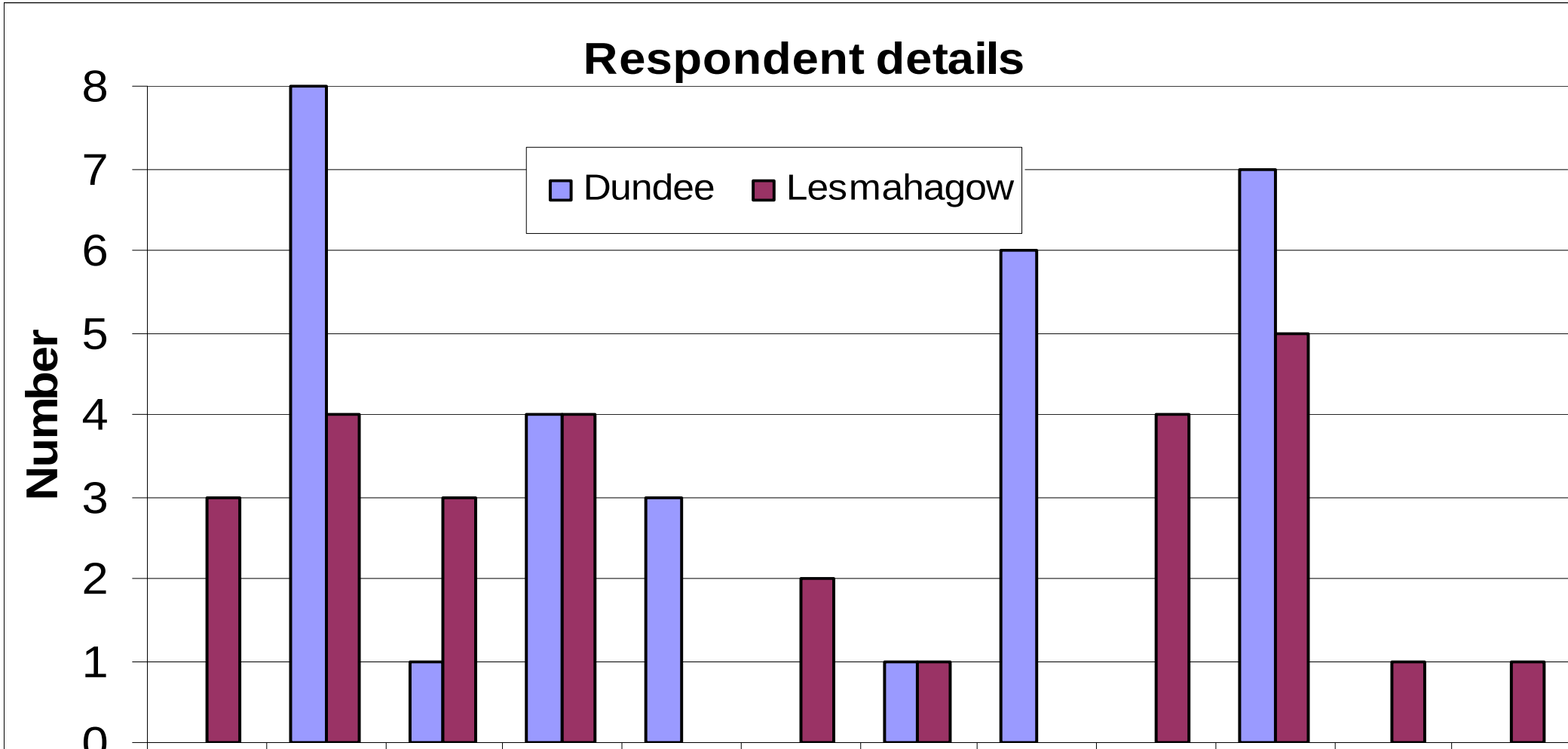
There was a lot of common ground on this topic area with the previous question.

- The groups were adamant that there should be no condemnation when offering bereavement care.
- A space should be offered to discuss what had happened in a safe environment, similar to the idea above of a "sanctuary" – a place to feel safe and secure and not judged.
- Groups wanted to see all churches working together, regardless of denomination. This was a particular issue for some of the women in Dundee who wanted to see the Church of Scotland and the Roman Catholic Church work together.
- It was not thought appropriate that the church was seen to be "knocking on doors" – the church had to wait until the bereaved came to see the Minister. This theme was more strongly expressed in Dundee than in Lesmahagow.

- The Dundee group said that men in particular needed bereavement care after a suicide – yet they might not want to admit that they needed help and support.
- Both groups thought that the church could better advertise bereavement and prevention services on offer.

Concluding remarks

- This consultation did not set out to make any recommendations, which would be inappropriate based on a sample of 15 young people in 2 areas of Scotland. Rather, it sought to ensure that the views of young people were included in the body of the wider report.
- Those young people who were invited to participate in the groups but chose not to attend were all young men.
- It is important to note that young people engaged enthusiastically with the subject matter and thought that it was a very important issue which needed to be discussed openly.



	Male	Female	16-18	19-22	23-25	Full time employment	Part time employment	Receiving benefits	Student	White Scottish	White British	Non-White Scottish
Dundee	0	8	1	4	3	0	1	6	0	7	0	0
Lesmahagow	3	4	3	4	0	2	1	0	4	5	1	1

Statistics:

Official statistics relating to suicide in Scotland are available through the Scottish Public Health Office website:

http://www.scotpho.org.uk/home/Healthwell-beinganddisease/suicide/suicides_keypoints.asp.

This website also includes breakdowns of the figures, including trends over time by gender and age, by health board area, by local authority area and by socio-economic deprivation. These separate pages have commentary and charts and links to data spreadsheets. Interested readers are referred to these pages.

All the statistics on this site are "official", as reported to the World Health Organization. Note that the definition of "suicide" encompasses deaths from intentional self harm ('suicide') AND "events of undetermined intent". This wide definition is used in official statistics across the UK because of strong research evidence that the official suicide count underestimates the 'true' number of suicide deaths and that deaths in the 'undetermined' category are more likely to be self-inflicted than accidental. The UK's definition has been adopted in many other countries.

The latest data on the Scottish Public Health Observatory website shows that the peak rate among both men and women is in the 35 - 44 age group. Among men the 25 - 34 age group has the second highest rate, while among women the 45 - 54 age group has the second highest rate[13]. Suicide rates in Scotland are consistently higher than the rest of the UK: Scottish suicides in 2009 were a fifth of all young adult suicides in the UK[14].

A number of factors affecting suicide rates have been identified. For example:

Social inequality: suicide rates approximately double in the most deprived areas are approximately four times higher than in the least deprived areas.

Method: a shift to more violent methods of suicide (e.g. hanging) was observed in the 1980s, and more recently these have become more prevalent among young women than previously (Effects of media publicity on method have also been observed- for example the use of charcoal in SE Asia)[15].

Risk factors for suicide: recognised risk factors include mental ill-health, previous self-harm/ attempted suicide and unemployment. Alcohol misuse/ dependency is also often a significant contributory factor in a variety of ways. For example, suicide rates

[13] See http://www.scotpho.org.uk/home/Healthwell-beinganddisease/suicide/suicide_data/suicide_national_chart3.asp (males) and http://www.scotpho.org.uk/home/Healthwell-beinganddisease/suicide/suicide_data/suicide_national_chart4.asp (females)

[14] http://www.poverty.org.uk/37/index.shtml

[15] Gunnell, D and M Miller, Strategies to prevent suicide BMJ 2010; 341:c3054

tend to be higher in countries such as Finland where alcoholism and heavy drinking are prevalent. Alcohol consumption seems to be a factor in many suicides; suicide completers often have high rates of positive blood alcohol, and intoxicated people are more likely to attempt suicide using more lethal methods (which have a higher rate of completion). Alcohol may be important in suicides among individuals with no previous psychiatric history[16]. Those with alcohol problems are more likely to complete suicide – perhaps because their support services are not so well developed. Other acknowledged at- risk groups include ex- prisoners[17], young people leaving care[18] and those leaving the armed services[19].

There is no single agreed definition of "young", and there are many different operational definitions in the literature. The UN General Assembly defines "youths" as "those persons falling between the ages of 15 and 24 years inclusive". However, the definition of "young people" often includes 25 - 29 year olds, or even those aged 25 - 34.

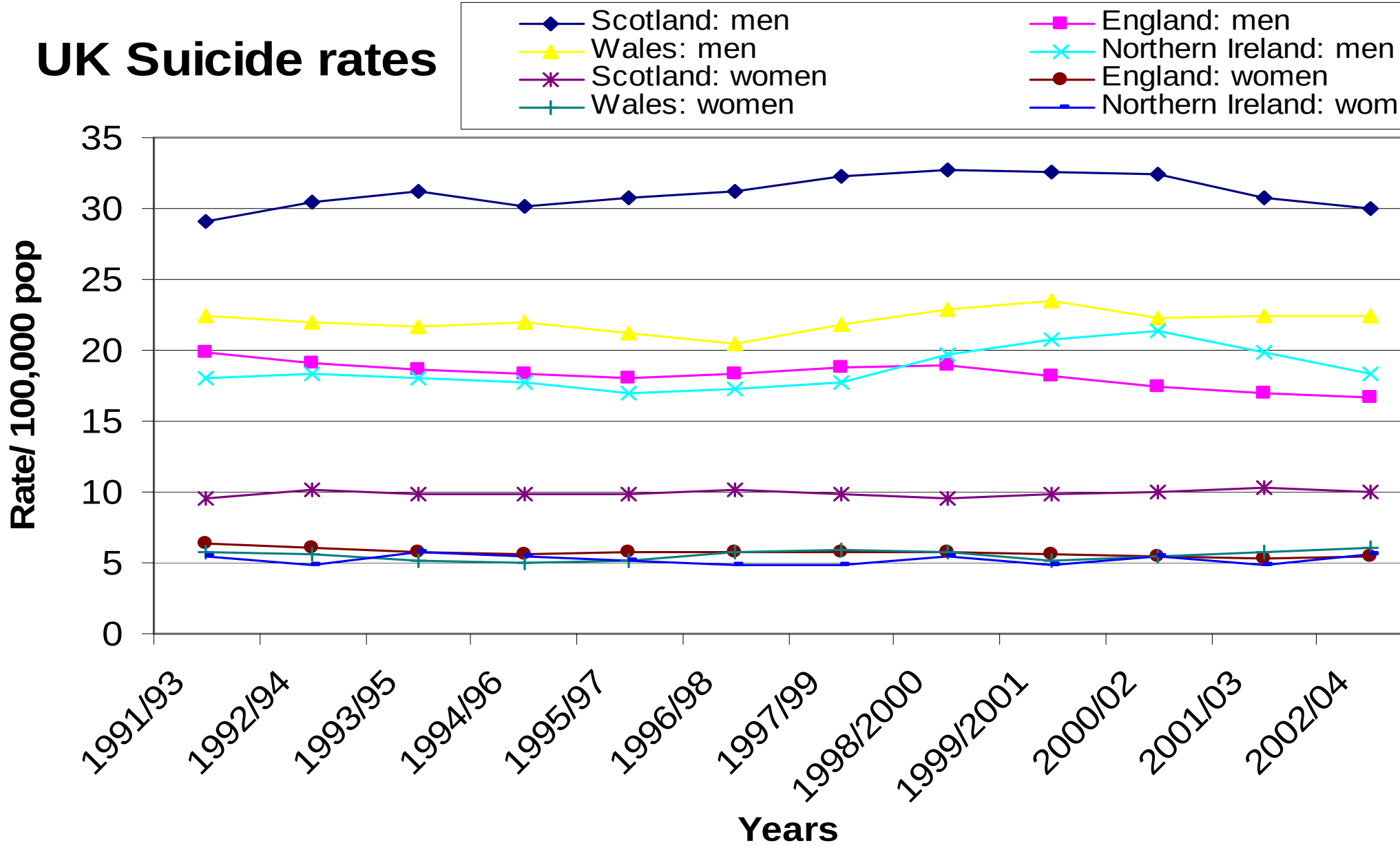
[16] Sher, L: Alcohol consumption and suicide. QJM 99: 57-61 (2006)

[17] D. Pratt, L. Appleby, M. Piper, R. Webb and J. Shaw (2010); *Suicide in recently released prisoners: a case-control study.* Psychological Medicine, 40: 827–835.

[18] See http://www.scotland.gov.uk/Publications/2002/12/15873/14474#b1. In an analysis of the circumstances of 50 looked after children who died between 1997 and the end of 2001, 11 were completed suicides. The Scottish Executive, *It's Everyone's Job to Make Sure I'm Alright:* Report of the Child Protection and Audit Review, The Stationery Office, 2002.

[19] Kapur N, While D, Blatchley N, Bray I, Harrison K (2009) Suicide after Leaving the UK Armed Forces —A Cohort Study. PLoS Med 6(3): e1000026. doi:10.1371/journal.pmed.1000026.

UK Suicide rates



Suicide Prevention

Doing all that is possible to prevent the tragedy of death by suicide is an important aspect of the work of the church, concerned as we are to share new life and new hope on our journey through life.

For us, as Christians, caring for ourselves and others in ways that demonstrate our concern for 'the well-being of individuals and of communities'[20], it is our faith, as well as our care and compassion, that calls us to 'be there' for, and to help and support those who are contemplating taking their own life.

For the person thinking of taking their own life, someone *being there* with them can, literally, mean the difference between life and death. We need to listen sensitively to their feelings and their concerns and to offer caring support. We need to accept that some people do not trust those whom they might see as "authority figures" (e.g. social workers), and prefer to present to people of their own choosing. Where appropriate, we can also speak of the continuing love of God, whose presence can bring strength and hope through even the darkest of times.

The *presence of the church* is known to be helpful to many in our communities, even to those who do not attend worship or take part in any faith-based activities[21]. The presence of the church can symbolise the continuing presence of God. And to a person in distress, the companionship of a Christian friend can 'say' to them that 'God has not abandoned you' and that 'He deeply loves and values you'. There is research evidence of an association between religious faith/ religiosity and reduced suicide risk. The evidence is not clear-cut and there is dispute about which aspects of religious faith are most important, but it does appear that religion provides some protection against suicide risk[22]. This does not, of course, mean that individual people of faith will not struggle with issues around suicide ideation and attempt. Indeed, this is seen in the story of Tommy recounted later in this report, as well as instances of clergy and other people of faith[23].

Our 'being there' for one another is recognised as important to everyone's well-being. The *presence of others* around us can help us through difficult times and give a sense of meaning and purpose to our life[24].

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[20] Definition of 'pastoral care' in Campbell, Alastair V. (1987), *A dictionary of pastoral care,* London: S.P.C.K., p. 188

[21] Methodist Church (2004), *Presence: a workbook to help promote and sustain an effective Christian presence in villages*, London: Methodist Church

[22] Stack S and Kposowa A (2011) *Religion and suicide: integrating four theories cross-nationally*. In O'Connor R, Platt S and Gordon J (eds) International handbook of suicide prevention: research, policy & practice. Wiley Blackwell: Chichester, UK

[23] See for example: D*ealing With Suicide: The Needs of clergy in providing pastoral care* (March 2009, Southern Health and Social Services Board, NI) and Mowat, H, C. Stark, J. Swinton and D. Mowat: *Religion and Suicide: An Exploratory Study of the Role of the Church in Deaths by Suicide in Highland, Scotland* (2006) Mowat Research Limited

[24] Scottish Executive (2003), *Building community well-being: an exploration of themes and issues.* Project Report to the Scottish Executive prepared by the Scottish Development Centre for Mental

By being there, with and for a person who is struggling with painful feelings, who feels no longer able to cope with circumstances and who has lost any sense of hope, we may be able to prevent him or her from acting on suicidal thoughts or feelings and listening to their cry for help.

Questions such as 'why is this happening to me?'; 'is my pain some kind of punishment?'; or 'is this all there is to life?' are all questions with a spiritual dimension. Pastoral care by the church can support people in distress, who are asking such questions, by helping them to discover answers that bring, or restore, meaning and hope into their lives.

We can also encourage people in distress to seek help from those best able to provide the specific support that they may need. Samaritans (www.samaritans.org), a long-established and well-known provider of telephone support 24 hours every day, also offers support *via* email, text or through face-to-face listening.

Becoming aware of the range of organisations – national as well as local – that exist to support people through times of pain and distress, and becoming familiar with the particular contribution of each, enables the church to access appropriate help and support.

This sharing of skills and resources is important not only for the people we are seeking to help, but also for our well-being as carers. Knowing what we can do ourselves, and when to refer care to others, enables the best help to be available to those going through painful times and experiencing distress or despair. An important part of this report, therefore, is the list of contact details for organisations and agencies the church can work together with in partnership. In addition, the possibilities of using other methods of exploring these issues, such as drama, theatre or creative writing, should be borne in mind. The play "Dare2Hope", produced by Cutting Edge Theatre Company particularly for performance in schools, is to be recommended[25].

Because the church is a community of caring individuals, it can offer the long-term support that any one individual would find difficult to sustain. Partnership with others *within* the church is, therefore, also important. People struggling to cope with a range of issues and emotions can benefit from the *range* of support – practical, emotional and spiritual – that the community of the church is able to provide.

Offering friendship and support to someone who is feeling suicidal is never easy. To help us to feel more confident, should we find ourselves in such a difficult situation, training is available.

Health; Scottish Government (2009), *Towards a mentally flourishing Scotland: policy and action plan 2009-2011,* Scottish Government

[25] http://www.cuttingedgetheatre.co.uk/

Choose Life (www.chooselife.net), the national strategy and action plan to prevent suicide in Scotland, offers training in suicide prevention skills, ranging from short courses in basic awareness raising to more in-depth programmes designed to increase understanding and improve listening skills. Experienced facilitators offer these courses free of charge, and are keen to provide training to groups such as Presbyteries or Elders' meetings. Few church groups have yet asked for training, but those who have participated in it recommend it highly. In Aberdeenshire, for example, a local Churches Together group took part in a half-day 'SafeTALK' course (see www.chooselife.net for details) as did priests in that Roman Catholic Diocese. Both groups acknowledged the quality of the training, and its relevance to their work.

Individual ministers and church workers are also welcome to apply for places on courses open to health, education and social care staff, and others involved in a range of community work. Ministers who have taken part in such training speak of the benefits of knowledge and skills gained in their day to day ministry. Taking part in such multi-disciplinary training, along with people from other professional groups, is not only about learning new skills: it also enables group members to share knowledge and experience about different ways of caring and supporting people in distress. In addition, being part of these groups brings the opportunity to develop mutually beneficial informal links with a range of caring agencies.

Breathing Space (www.breathingspacescotland.co.uk), a free and confidential helpline targeted at people experiencing low mood or depression or extreme worry and in need of someone to talk to, offers support through its telephone helpline, and its BSL service, which enables people whose problems with hearing prevent them from communicating by telephone to do so using sign language. Breathing Space, funded and operationally managed by NHS24, also provides information on its web site and directs people to sources of help and support.

Breathing Space maintains a support group directory, to ensure that helpline staff have up-to-date information about local services that callers can access. This directory is also an excellent resource for the church as we try to help each individual to receive the help and support that they need. Information about services and support offered by the church – both locally and nationally – can be sent to Breathing Space for inclusion in the directory, thereby ensuring that referrals can be made to local ministers or to other church-based support.

Suicide prevention is not *only* about being there for people at the moment of crisis, vital as is our presence at such times.

Suicide prevention *also* requires that we work to prevent - as far as is realistically possible - situations arising that may lead any one of us to have feelings of despair, to lose a sense of meaning or purpose, or to come to the conclusion that life is hopeless.

In practice, this means that we are involved in such aspects of life as community development, social care and political action to help those least able to ask to have

their needs met. It means caring for, and about, each other, and supporting one another through the inevitable 'downs' of life, as we face problems such as unemployment or isolation, bereavement or broken relationships.

To put all this into more 'Christian language', suicide prevention is about seeking justice for all: ensuring that *all* people in our communities are valued and respected, and are enabled to access all that is essential to their well-being. Suicide prevention is also about putting into practice the command of Jesus to love our neighbour as we love ourselves: about friendship and about 'being there' for those we find it difficult to like as well as for those whose company we most enjoy.

Recent television advertisements by See Me…. , (www.seemescotland.org), the national organisation working to challenge the stigma of mental ill-health, and by Choose Life (www.chooselife.net), stress the importance of friendship to our well-being, and as support through difficult times.

Of crucial importance in suicide prevention, when concerned about someone we are in contact with – whether as minister, as visiting elder, or as friend – is that we ask that person if they are having thoughts about suicide. There is no evidence to suggest that asking questions about suicidal thoughts/ preparations for suicide actually precipitates suicidal behaviour. It is essential, if we are to offer the help that is needed and avoid the tragedy of suicide, that we find the courage to ask this difficult question. If we do not, a person in distress may believe that we cannot be of help, since we have, as they perceive it, failed to recognise the depth of their despair. Or our reluctance to talk of suicide may convince them that we would condemn, or judge, them for thinking of taking their own life. The ASIST (Applied Suicide Intervention Skills Training) programme, one of the training courses offered by Choose Life, is particularly helpful, as it enables participants to discover the most appropriate responses to people in deep distress.

It is important to stress the need, when involved in suicide prevention, to consider our own attitude to, and beliefs about, suicide. Being clear about our attitude is essential, to ensure that our views – whatever they are – do not prevent us from listening carefully to the individual in distress or for offering the most appropriate care and support.

We should also be aware that many people – both within and outwith the church – believe that church teaching states that 'suicide is a sin'. This conviction may result in some people avoiding the church as a source of support. It is, therefore, important that we make it clear – within our belief that suicide is wrong and to be discouraged – that we will not condemn or punish anyone who feels suicidal. Our aim is always to offer support through a time of distress, and to help each individual to discover, or to re-discover, a sense of meaning and of hope in their life.

Pastoral care that is concerned about well-being [see Campbell above] requires that we focus on caring in ways appropriate to enabling each individual through their own individual pain and distress. All need to feel cared about and understood. Some of

those who have contemplated suicide, but not acted on these thoughts, speak of how it was their perception of the wrong of taking their life that stopped them from doing so.

As we try to prevent the tragedy of suicide, it is important that we hold onto the belief that taking *any* life is wrong, while also offering to anyone who is desperate enough to be thinking of suicide the compassion, the care and the support that the need. When surveyed, clergy tended to distance themselves from a punitive view of suicide as sinful, but concentrated instead on emphasising a pastoral response[26]. Some may consider suicide to be the result of the wrong-doing - or 'sin' - of *society* and to see suicide prevention as one of the objectives of our commitment to let 'justice flow like a river'[27] through our communities. We listen to the suicidal feelings of the one in despair as an *understandable* response to the injustice or isolation, pain or distress that they have experienced in their life, and listen too to their feelings and beliefs.

As Christians concerned to prevent the tragedy of suicide, we are called both to love and care for our neighbour in his, or her, time of need. We are also called to seek justice and to love mercy. Suicide prevention requires that we do all we can to challenge the injustices found within our society today and to encourage our communities to be places of welcome and acceptance to all people.

We *can* work together to reduce the risk of suicide. Suicide prevention *is* an important task for the church. We must, however, be careful: people bereaved by suicide should never be left feeling – as a result of discussion about suicide prevention – that the suicide of their loved one was a result of their failure to prevent it. Guilt [see section on bereaved by suicide] is commonly experienced by people bereaved by suicide.

We must avoid adding to such guilt through declaring that suicide is preventable. As when acknowledging the wrongness of suicide, pastoral sensitivity is paramount. It is essential that we seek ways of highlighting the value of training in suicide prevention and the importance of work that enables the well-being of everyone. In doing so, however, we must take care never to imply irresponsibility by those who are bereaved by suicide for failing to prevent the death of their loved one.

Not all deaths by suicide can be prevented. But by following the commandment of Jesus to love our neighbour, we commit ourselves to accompanying one another through the darkest experiences and to being there to offer support when it is most needed. By committing ourselves to seek the justice for all that God calls on us to seek, we can ensure that those who live in the communities around us are not driven to despair by the circumstances of their lives. And by working together in partnership with organisations whose focus is on promoting well-being and on suicide prevention, we can reduce the number of lives lost to the tragedy of suicide.

[26] Dealing with Suicide: the needs of clergy in providing pastoral care. Southern Investing for Health Partnership, section 9

[27] Amos 5: 24

The church is involved in many projects with the vulnerable in our society; among the groups who seem to be particularly at risk with regard to suicide are children leaving care, those leaving prison and those who leave the armed services. Through the work of the Parish Development Fund (PDF), Crossreach and other charitable partnerships many projects in Scotland improve people's well being. In the congregations there are many who visit the elderly, the unwell and the infirm and provide them with hope and comfort. It is important we do not lose sight of the value we provide as a church for the health and well-being of others and we should always view the work on suicide prevention as sitting within this calling to care which is so warmly met by so many.

Bereavement: Dealing with Life after a Suicide

Suicide prevention is a vital part of keeping our society safe for those young men and women who are vulnerable to suicidal feelings. However, the church often becomes involved after a suicide and it is just as important to look at how the church, in its parishes and communities, deals with suicide and with those bereaved by suicide.

Bereavement by suicide does not necessarily take longer to heal than any other bereavement. Each case is unique, and the ability to grieve, to cope and to move on, varies from individual to individual. However there are some prevalent emotions in the aftermath of a suicide which make coping with that particular bereavement difficult. These might include the questioning of why an individual took their own life, the repeated worrying over the details immediately surrounding the death, and guilt on the part of the bereaved that they did not prevent the suicide. In addition there may be the feeling of being isolated or uniquely suffering in the wake of the crisis, a perception of societal condemnation of suicide, and also often shame and denial due to the lack of public support for people bereaved in this way[28].

Added to these emotional stressors are the involvement of police, the need for a post mortem and the involvement of the Procurator Fiscals Office, and, for those in the care of the Mental Health Services there may be a medical Critical Incident Review. Only around a quarter of people who take their own lives in Scotland are in contact with the Mental Health Services at the time. For many bereaved people the death of a loved one by suicide comes out of the blue.

Research in Tayside in 2009 demonstrated that faith group leaders found suicide to be the single most common form of trauma with which they found it difficult to cope[29]. A research team in Northern Ireland dealt with the impact of bereavements by suicide on clergy and found that dealing with suicides is a major source of clergy stress, through empathetic sharing of some of the emotional responses of the bereaved family members. To quote one participant of this survey,

> *'I think that for any minister there is the initial shock, particularly if you have known the person for any length of time. There is also a sense in which you wonder how you didn't see more or how you missed it, how you couldn't have been involved in some way.'*[30]

Clergy are most prominently involved in the conduct of funerals for those who have died by suicide. These funerals can also attract press attention and increase the visibility of clergy within their communities and possibly nationally. In the responses to the Tayside work on trauma the faith group leaders identified that ritual was

[28] Lukas, C and Seiden, H, *Silent Grief: Living in the Wake of Suicide*, (Revised Edition, Jessica Kingsley 2007)

[29] Hull, A.M., Switzer, B.J., Foggie, J.P., Cavanagh, P (2010) 'Faith Group Leaders as Responders to Trauma: the experience in Tayside' *The United Kingdom Psychological Trauma Society Second Annual Conference,* Edinburgh, Scotland

[30] *Dealing With Suicide: The Needs of clergy in providing pastoral care* (March 2009, Southern Health and Social Services Board, NI)

important as a vehicle to express distress; the role and sensitivity of the undertaker, as well as of the minister, is important[31]. The involvement of the media, sometimes with sensationalised or inaccurate stories, may contribute to a family feeling more isolated and under pressure than they would if left to grieve in the manner best suited to them with people who are supportive[32].

The SHSSB report also found that clergy, despite the widespread differences of theology within the Northern Irish Churches, were united in their view that suicide was usually accompanied by some mental illness or temporary crisis which lead to a loss of clear judgement on the part of the deceased. This brought them to a compassionate and understanding theology which meant that the suicide could be mentioned at the funeral and there was no longer pressure on clergy in general to hide suicides. In addition, research by Mowatt and colleagues on attitudes to suicide among clergy in the Scottish Highlands indicated a desire to emphasise a pastoral approach[33]

Openness is also encouraged by those who work with the bereaved in providing counseling services. Speaking to the Dundee Courier Newspaper, Maria McMillan, of the People Bereaved By Suicide Project based in Insight Counselling in Arbroath, had this to say:

> *'Those bereaved by suicide are at a far greater risk of themselves committing suicide' Maria continues, 'People don't know what to say when someone has died by suicide. If it's something like a road traffic accident there's an outpouring of sympathy which usually tapers off after about three weeks or so, then it goes quiet. With suicide you don't get that: It's quiet from the beginning. The enormity of the death overshadows everything. ... That's where talking to someone – preferably a professional – is crucial.'*[34]

For those bereaved by suicide professional help is available as well as support from several expert volunteer charities and peer groups. A list of websites at the end of this report highlights the services available to those in need. The crucial factor in allowing a healthy conclusion to the bereavement process and in preventing further suicidal behavior among suicide survivors is the availability of people who can listen and relate sensitively to them. There are many clergy, elders and members of the church who are already able to provide this support. They, in turn, must be able to access appropriate supervision or supportive relationships in order to build a mentally healthier community. Co-operation between professionals is requested by the clergy

[31] Cavanagh et al. 2009, p.35

[32] *Suicidal Behaviour and the Media: Findings from a systematic review of the research literature* Summary conclusions drawn by Kathryn Williams & Keith Hawton of the Centre for Suicide Research, Department of Psychiatry, Oxford University. http://www.mediawise.org.uk

[33] Mowat, H, C. Stark, J. Swinton and D. Mowat: *Religion and Suicide: An Exploratory Study of the Role of the Church in Deaths by Suicide in Highland, Scotland* (2006) Mowat Research Limited

[34] The Courier, 22-07-2010

in the SHSSB report and also in the research on clergy who respond to trauma[35]. Mental health based training for clergy would provide information on the risk factors for suicide, suicidal ideation, and methods of referral to mental health services, while providing hope for those in despair.

Survivors of trauma often report that positive outcomes can follow negative experiences. For those bereaved by suicide these can be as varied as the campaigning for better health services, or an improvement to existing services after a suicide, or the donation of body parts to transplant services, or the chance to speak at a funeral or memorial service. Marjorie, who lost her daughter to suicide, said this:

> *'I don't think God is cruel. He doesn't want bad things to happen. He's here to help overcome our pain. This is why I found the strength in church, in front of a packed church, to get up and talk.'*[36]

Every story is different and often for those bereaved by suicide hearing another's story can ease the sense of isolation and enable empathy and sharing. Here is Tommy's story:

Tommy

During my late teens, as a second year Student Psychiatric Nurse, I was attending a psychiatric community team meeting when the hospital receptionist interrupted us with an urgent message requesting that I go home immediately as there had been an accident in the family.

Home was just over an hour's drive away. Having no details whatsoever and no time to get any, my mind was racing. Who? What? Why? What if...? It was the latter that worried me most. I had my suspicions as to the who? It would be my brother Tommy. The fifth son in a fairly close family of seven, Tommy had left school to take up his chosen career as an electrician. During his apprenticeship he had received an electric shock, causing him to fall about twenty feet. He recovered well at the time, but within his first year he had his first nervous breakdown. Whatever you want to call it nowadays, that's what we called it. It was really the start of years of severe mental health problems for Tommy. I was twelve years old at the time and there is no doubt that living with and seeing the devastating effect mental problems had on my big brother, contributed to my chosen career in psychiatric nursing.

As a family we had many traumatic experiences with Tommy over the years. When he broke down, he really broke down. While many of the incidents caused all sorts of problems for him and us, as a family, it was his propensity to harm himself that worried me most. As I drove home I remembered the time when we literally fought with him to try and take away the bottle of pills on which he was trying to overdose

[35] 'Faith group leaders and trauma: the difference that can make the difference?' Paul Cavanagh, Janet Foggie, Alastair Hull and Basel Switzer, *Scottish Journal of Healthcare Chaplaincy*, vol 12 no. 2, 2009

[36] Lukas and Seiden, 2007, 176

on. I also remembered the bloody stramash when he tried to stab himself, only being averted when my brother and I intercepted. He was as strong as an ox, being a member of the local Boxing Club at the time, so we had a desperate struggle. We then managed to wrestle the sharp knife from him and he survived the episode with a few minor injuries. Despite the thoughts going through my mind as I drove home, I also comforted myself with the memory of the agreement we had once made on one of our many deeper conversations during his 'completely normal' intervals, between major 'breakdowns'. As far as harming was concerned, he harmed only himself, never anyone else and he was always a peacemaker, we had agreed that he would seek me out before doing anything serious. We even went as far as discussing him taking his own life and he assured me that he never would.

I usually took the direct route to our house when I arrived at my home village, but for some reason that morning, I took the road that passed my father's sawmill in another part of the village. Outside the yard there was a police van and a policeman was at the gate. My heart was racing as I got out of the car to see what had happened. The policeman stopped me.

After asking who I was, he then informed me that there had been a terrible accident. Without waiting for more details, I ran into the sawmill to find my brother Tommy lying dead with a sawn off rope beside him. He had hanged himself. Like many who have faced such equally harrowing scenes, my world fell apart and I fell with it, as I hugged and cried over Tommy. Mentally and physically I was in shock and absolute despair. The only other thing I could feel during this time was the firm hand placed on my shoulder by my brother Sam, who had come up to the sawmill as soon as he had heard I had arrived. How well I remember that hand and the feeling of support it offered.

Oblivious to who else had arrived and who said what, when I was finally led away from Tommy, I remember coming out of the sawmill and seeing my always strong and robust dad sitting slumped on a pile of wood, quiet and totally broken. Offering what little support we could give to each other, my brother took me down to the house to see my mum. My mum who had borne the brunt of the discovery, as it was she who had come up to the sawmill to see what Tommy was doing, only to find him hanging from the roof. My poor mother. We hugged as tightly as we could. As more of the family there were more hugs and tears, and for many days afterwards.

Still numb and in shock, after a sleepless night and the inevitable PM, we had to formally identify the body at the local hospital mortuary. Despite bringing the reality home that Tommy was actually dead, he did look at peace.

Closely akin to our feelings of loss, were the unanswerable questions of why? The frustrating thoughts of our lack of preventative action were summed up in the phrase often expressed by many in similar circumstances, "If only I had been there, done this, done that...” Our regrets went on tormenting us. While I have no wish to burden you with the full details of all the harrowing details of this tragedy, for the purpose of this ‘survivor’s case history’, I would like to share the following observations, remembered from that most painful experience.

The mainstay of support came from within our family and extended family as we comforted each other by listening, talking, hugging and crying together. We talked about Tommy, recalling happier times as well as trying times. We walked together, not only because it was a popular activity in our family, but because there is something about walking and talking that allows some people to burn off pent up feelings and nervous energy and even express other emotions, including frustration, by throwing yet another stone in the river or kicking dandelions. Most of all, we allowed each other to be ourselves.

Despite the stigma often associated with mental health problems, especially suicide, the support from the community was outstanding. This was confirmed on the day of the funeral as it was the largest funeral ever known in the village. Those who stood out at the time were, the local police, (except for the one who interviewed my Mum after her discovery. He gave her quite a grilling as to the exact circumstances of the grim discovery, almost making her feel responsible in some way for the tragedy.) The family doctor who had known Tommy a long time was also excellent, as was the local undertaker and of course the parish minister. The latter gave most support at the time.

Tommy, the only actual member of the church in our family at the time, was a devoted Christian. He regularly read the Bible, prayed and attended the church when able. Not only that, he practiced what he heard preached and always went the extra mile to help others.

His faith was real and active. And yes it does, as it did then, raise other questions about his faith. Yet despite his years of suffering he never lost his faith. Who knows what he was thinking that morning when he took the final, tragic decision to end his life. We did discover later that he had phoned the hospital earlier that morning, to tell them he wasn't feeling so well again. He was told by a nurse, 'to get back to hospital as soon as possible.' His strong dislike of hospital and the thought that he was heading for another breakdown, was maybe all too much - we shall never know.

My brother had shared many of his problems over the years with this same minister. It came as no surprise that he was as perplexed as us, as regards to not being able to help Tommy enough at the time. However, we did learn something we all knew deep down; that some things are just not preventable. This was only one such occasion, tragically there are many others.

Another source of comfort at the time was the many letters we received as a family. One, such letter, which I have kept to this day, I received from a good friend who was in the Merchant Navy. It captures the effect Tommy had on us all. I quote; "Maybe it would be hypocritical for a me, a non believer to wish that God would rest his soul, because if any one deserves it, it is he." To help explain the letter I have to say that this friend was always sure that there was no God. (Amazingly enough, he is now a committed Christian.)

When I said earlier that tears were the order of the day and for many days afterwards, I could have said years, as it took a long, long time to come to terms with the tragic death of our beloved Tommy. Having gone back to work, everything in life was tinged with missing him, especially at family get-togethers and meals, and in particular, our first Christmas and New Year. The latter being the first of my own many 'blow outs' or rages, when I had too much alcohol; to drink. It was just as well I had a good girlfriend and friends to see me through these angry and destructive times.

On the anniversary of his death, I went back to the sawmill, to sit alone, fully expecting something to happen. I just sat there for ages listening, waiting and crying. I was really looking for some sort of sign from Tommy, from the God in whom I believed, from anybody or anything. Apart from being aware of the effect the wind was having on the trees outside there was nothing. There was certainly nothing to fulfill that longing for some kind of personal sign from or about Tommy.

Although I was not sure what I was looking for, the nearest thing to a sign was the rather strange experience my mother had. Our ancient, well used electric cooker went 'on the bung'. It was quickly replaced, but there was now no ‘resident electrician’ to install it. As my mum pondered this problem, she felt as though Tommy was encouraging her to wire it up herself. She had never done anything like this before and if you could have seen the old fashioned wiring and electricity supply you would have understood why. Indeed, it was no easy task and best left to an electrician or someone who knew what to do. However, my mum felt guided by Tommy and went on to totally wire up the cooker. While we all accepted what she said, we never could work out what had actually happened. All we do know is that it did happen and the newly wired up cooker was there to prove it.

Another unexplainable occurrence at this time took place about 14 months after Tommy's death. While still grieving enormously, I had gone to bed as normal, with no particular reason to be thinking about my brother any more than usual. In the middle of the night I was suddenly jolted out of my sleep. Although I felt fully conscious, I had no actual control over what was happening. There was no clear image of Tommy in my mind, or in the room, but it was as if he was there.

It was as if he was there saying goodbye, not with words, but he seemed to be travelling upwards and outwards, towards heaven. As he did, I felt as if I was being drained in body, mind and spirit. It all ended with what felt like an electric shock, with sparks and lights flashing around, leaving me totally stunned, yet strangely peaceful. Completely awake by this time, I just could not take in what had happened. However unexplainable it was, and I have never been told, read or found out what it might mean, it did have a marked effect on my future grieving, in that although the deep hurt remained, there was a reassurance that Tommy himself was okay in heaven. Many questions remained, but my anger subsided from that point onwards.

Being a close family with good friends certainly helped as did the various treasured memories especially after the acute stage of bereavement. For me some of those memories were provoked when I played three particular tunes: the first one was by

Acker Bilk called "Stranger on the shore". This tune reminded me of a nostalgic moment when living at home with my brother. This record was playing when I looked out of the window and saw Tommy walking down the road towards our house. Already having suffered numerous breakdowns, I contemplated how difficult it must be for him to try and break free from his mental health problems. This moment stuck with me, becoming unforgettable and whenever I play this record it takes me back to that time, easily picturing that same scene of Tommy walking down the street to our house. Despite the sadness and tears it brought, I am sure it was therapeutic in the sense that it helped me to grieve. The other tune and song needs no explaining if you have heard it; the song, "He ain't heavy, he's my brother". Tommy was certainly all that!!

Lastly, the number one hit that came out after my brother's death. 'Seasons in the Sun' was very comforting. Lyrics included:

Goodbye to you my trusted friend…

Together we've climbed hills and trees,

Skinned our hearts and skinned our knees…

Goodbye my friend it's hard to die,

When all the birds are singing in the sky

The chorus was,

We had joy, we had fun;

We had seasons in the sun.

But the hills that we climbed;

Were just seasons out of time

You can imagine how meaningful those words were at the time and they still are.

Practical responses

CrossReach, the social care arm of the Church of Scotland, has many services which work directly with people with suicidal thoughts and/ or ideation as an issue- for example, the Post Natal Depression Services, Sunflower Garden Project and Perth Prison Visitor Centre.

The postnatal depression service works with mothers and fathers who are depressed or suicidal following the birth of a child. There are specific groups both for depressed young mothers and young fathers to help support them with early parenting. The service understands the link between poor maternal/paternal mental health and poor infant mental health where a child grows up at risk of low self esteem, low confidence and more vulnerability to developing a mental health problem themselves.

The Sunflower Garden works with children of addicts to help them overcome the effects of parental addiction including the mental health problems that these children have living in chaotic households.

The Perth Prison Visitor Centre works with children who are 30% more likely to have a mental health problem as young adults than peers who have not had a parent in prison. Social isolation and low self esteem make this group particularly vulnerable.

For further information please see: http://www.crossreach.org.uk/

In addition, the Parish Development Fund of the Church of Scotland provides financial support to local churches with the aim of encouraging congregations to look beyond their walls to develop initiatives with a community-focus in response to local needs and issues. Many of these projects have a direct or indirect effect in helping those who may be vulnerable to suicidal thoughts or ideation. For example:

National: Iona Community Jacob Project - rehabilitation of ex- offenders through support in housing, employment and personal support by volunteers. See www.iona.org.uk

Edinburgh: Greyfriars Community Project - homelessness training and café project in Historical area of Greyfriars in Edinburgh. See www.greyfriarskirk.com

Edinburgh: Wester Hailes - Priority Areas Christian debt counselling centre.

Dunfermline: Talk Matters - Christian Youth and Adult counselling service. www.talkmatters.org

Kinross: Web Project - support work for young men who are encountering difficulties. Project advises in the areas of drugs, alcohol and sexual health.

Arbroath: Havilah Trust - providing a drop-in facility and support for those with drug addiction in Arbroath. www.arbroathstandrews.org.uk

Aberdeen: Cairns Counselling Centre - person-centred counselling service in the centre of Aberdeen supported by the Presbytery. www.cairnscounselling.org.uk/

Skye: Dion – a partnership between four Church of Scotland and four Free Church congregations to provide support for those with alcohol addictions and their families.

Dundee: St Andrew's Church Family Support – works with teenage mums and their children. Health, confidence, employment skills, personal development work and discussion group.

For further information, please see:
http://www.churchofscotland.org.uk/councils/pdfund/index.htm

There are also many local initiatives which are undertaken by congregations and others involved in churches.

List of useful websites

These will lead to other websites which may be useful:

General Websites and Phone Numbers with support.

Breathing Space (www.breathingspacescotland.co.uk),

0800 83 85 87

A free and confidential helpline targeted at people experiencing low mood or depression or extreme worry and in need of someone to talk to, offers support through its telephone helpline, and its sign language friendly service. The phone line is operated by professional counsellors for all distress and mental health problems. Website also has a very accurate directory of support groups and services, searchable by issue or by area/postcode. Target group men 15-40, but will help anyone who calls. Breathing Space also provides information on its web site and directs people to sources of help and support.

Beating the Blues: http://www.beatingtheblues.co.uk/

Self help based on CBT (cognitive behavioural therapy) lines, NHS sponsored.

Choose Life http://www.chooselife.net

The national strategy and action plan to prevent suicide in Scotland, offers training in suicide prevention skills. Experienced facilitators offer these courses free of charge, and are keen to provide training to groups such as Presbyteries or Elders' meetings.

Samaritans: http://www.samaritans.org/

08457 90 90 90

A long-established and well-known provider of telephone support 24 hours every day, also offers support via email, text or through face-to-face listening. The phone line is available for all issues, mental distress, and suicidal feelings.

Glasgow STEPS: http://glasgowsteps.com/

Part of South East Glasgow Community Health and Care Partnership. Offers a range of services to people with common mental health problems such as anxiety and depression.

Parentline Scotland

Confidential helpline run by Children 1st

0808 800 2222

Specifically with bereavement by suicide in mind:

Petals Support: http://www.petalsupport.com/

To Provide Practical and Emotional Support, Advocacy, Group Support and Counselling for the Families and Friends of Murder and Suicide Victims

Survivors of Bereavement by suicide: http://www.uk-sobs.org.uk/

0844 561 6855

Survivors of Bereavement by suicide

http://www.crusescotland.org.uk/

08456002227

All bereavement counselling but in some areas has specialist help for bereavement by suicide.

Victim Support Scotland: http://www.victimsupportsco.org.uk/

Support for victims of crime but also take referrals from procurator fiscal of those bereaved by suicide, or for whom the death of a family member is under police investigation.

Childline: www.childline.org.uk

helpline 0800 1111

Children and young people can access help and support by telephone or via website

YoungMinds: www.youngminds.org.uk

Website contains information for young people, parents or carers and professionals

Parents' helpline available for all who are concerned about a child or young person

0808 802 5544

Conclusion:

Suicide is a leading cause of death among young men in Scotland. There are undoubtedly many factors which contribute to this tragic situation: drug or alcohol abuse, a sense of alienation, a perceived lack of self- worth or purpose in life, or adverse socio- economic circumstances. Added to these may be the lack of opportunity or encouragement for young men to express their emotions. In addition, given the current economic situation and the likely increase in unemployment concomitant with a decreasing social service provision, many of these strains are likely to be accentuated.

Any suicide, but particularly that of a young person, has a profound effect on the community to which the church seeks to minister. To our shame, the church in Scotland, at both a local and institutional level, has not always dealt with suicide with sufficient compassion. In addition, many clergy report that dealing with a suicide is among the most stressful pastoral situations which they face.

These are not reasons to ignore suicide or to sweep it under the carpet. Indeed, while much of the pastoral care carried out by the church or the work that a local church does among young people may not be seen as being explicitly aimed at "suicide prevention" it is undoubtedly true that providing a safe and secure space for young people to interact and to express themselves can be invaluable in this regard. In addition, the church family facilitates inter- generational contact in a way that few other institutions do. Some of the practical responses being taken by individual churches in Scotland are listed in an earlier section of this report.

Suicide is also a concern to many other organisations and institutions in Scotland. The Scottish Government is to be applauded for the way in which resources have been allocated to seeking to tackle this problem. Many ministers and congregations have been able to make use of the resources and training available through organisations such as Choose Life or the Samaritans.

In his Gospel, John records the words of the Good Shepherd:

> *I have come that they may have life, and have it to the full.*[37]

At the General Assembly of 2010 the Church of Scotland reaffirmed its commitment to pastoral responsibility for the whole of the country. As inheritors of that responsibility, and especially as shepherds of the local population in which we serve as a community of carers, suicide prevention and appropriate bereavement care must be our concern.

[37] John 10 v. 10

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Dr. Cameron Stark:	Consultant in Public Health Medicine, NHS Highland
Rev. Professor John Swinton:	Professor in Practical Theology and Pastoral Care, University of Aberdeen
Ms. Joyce Watkinson:	Ministries Support Officer, Church of Scotland Ministries Council

Accepted Deliverances:

- Commend the booklet on the issue of Suicide Among Young Men to Kirk Sessions for their prayerful consideration and actions.
- Commend the work done to raise awareness of the issues around suicide among young men through creative means such as drama in schools.
- Commend the work in suicide prevention already done by many local churches, church agencies and organisations.
- Encourage Kirk Sessions to avail themselves of the free training on suicide prevention and bereavement counselling provided by the specialist organisations such as those listed in the report.
- Encourage the Ministries Council to engage with Presbyteries to ensure that effective support can be made available to Ministers, should they wish it, on encountering suicide among young men in their congregations and parishes.

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