



Suicide and the Church

Research Study

Sponsored By

American Association of Christian Counselors

Liberty University Graduate Counseling program

Liberty University School of Medicine

Executive Committee of the Southern Baptist Convention

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Executive Summary

Quantitative Findings - Pastors

- ❑ 80% of pastors agree that their church is equipped to assist someone threatening to take his or her own life including 30% who strongly agree. However, that means more than 2 in 3 pastors indicate their church could be better equipped than it is today.
- ❑ 92% of pastors agree that their church is equipped to care for a family that experiences the suicide of a loved one.
- ❑ 69% of pastors have heard about one or more suicides in their local community in the last year.
- ❑ Among Protestant pastors with a suicide in their local community in the last year, 39% say that one or more of these suicides had a connection to their churches.
 - 96% responded to the tragedy in some way
 - 86% prayed with the family
 - 84% called the family
 - 30% visited the family
- ❑ 41% of pastors have received formal training in suicide prevention.
- ❑ 95% of churches have something in place to help prevent suicide.
 - 82% have a small group ministry that encourages people to support each other
 - 51% have a list of trained mental health professionals
 - 50% have the National Suicide Prevention Hotline number where staff can access it

Quantitative Findings – Protestant Churchgoers

- ❑ 32% of Protestant churchgoers have ever had a close family member or close acquaintance take their own life. Among these:
 - 42% have had family member and 37% have had a friend take their own life
 - 7 out of 10 of the loved ones were male
 - 67% of the loved ones were white
 - 47% of loved ones were under 30 years of age
 - 35% of loved ones attended a Christian church at least once a month – among these 52% attended the same church as their loved one
 - During the months prior to death, 42% of churchgoers who were close to the loved one say no one was aware of his/her struggles or risk of suicide
 - During the months prior to death, family members (32%) and friends (25%) were most likely to *offer specific support, referrals, or resources* to their loved one

- At the time of their loved one's death, a local church responded to the family with prayer (49%), attending the visitation or funeral (43%), and visited the family (41%)
 - 49% agree their loved one had withdrawn from most relationships
 - 52% agree their loved one was not very open to help or support
 - 7 out of 10 agree their local church was loving and supportive regarding their loss
- ❑ 55% agree people are more likely to gossip about a suicide than to reach out to the family in support.
 - ❑ 67% agree a family would receive the same amount of support and care as they would losing someone suddenly.
 - ❑ 76% agree suicide is a problem that needs to be proactively addressed in their local community.
 - ❑ 55% say that they hear about a suicide in their local community about once a year or more.
 - ❑ Churchgoers are most likely to say their church has prayer support (57%) and a small group ministry (41%) in place to help prevent suicide.
 - ❑ Churchgoers indicate the most common support activities conducted in their church in the last year are teaching youth that each person has unique value to God (48%) and encouraging the congregation to continue supporting those who have lost someone to suicide (31%).
 - ❑ 47% agree their church proactively raises awareness about issues related to mental illness and suicide.
 - ❑ 84% agree churches have a responsibility to provide resources and support to individuals with mental illness and their families.
 - ❑ 89% agree churches have a responsibility to provide resources and support to individuals and families grieving the loss of a loved one who has taken their own life.
 - ❑ 86% agree their church would be a safe, confidential, and supportive place for someone who had considered or attempted to take their own life.
 - ❑ 26% say their church encourages the use of prescription drugs to treat mental illness compared to 6% who say their church discourages their use.
 - ❑ 54% say their church encourages the use of psychological counseling or therapy in treating someone with mental illness compared to 2% who say their church discourages its use.

Methodology

The Suicide and the Church Research Study was sponsored by the American Association of Christian Counselors, Liberty University Graduate Counseling program, the Liberty University School of Medicine, and the Executive Committee of the Southern Baptist Convention. The purpose of the study was to encourage churches to be more aware of needs within and around the church related to suicide and mental health.

Protestant Pastor Survey

The phone survey of 1,000 Protestant pastors was conducted August 30 – September 18, 2017. The calling list was a stratified random sample, drawn from a list of all Protestant churches. Quotas were used for church size.

Each interview was conducted with the senior pastor, minister or priest of the church called. Responses were weighted by region to more accurately reflect the population. The completed sample is 1,000 surveys. The sample provides 95% confidence that the sampling error does not exceed +3.2%. Margins of error are higher in sub-groups.

Protestant Church Attendee Survey

A demographically balanced online panel was used for interviewing American adults. Respondents were screened to only include Protestant and nondenominational Christians who attend worship services at a Christian church once a month or more. 1,000 surveys were completed September 15 – 19, 2017. Slight weights were used to balance gender, age, ethnicity, education, and region.

Those who had a close family member or close acquaintance take their own life were oversampled (500 of the completed surveys) and subsequently weighted to be proportionate in questions applicable to all respondents. The sample provides 95% confidence that the sampling error from the online panel does not exceed $\pm 3.4\%$ (This margin of error accounts for the effect of weighting). Margins of error are higher in sub-groups.

Protestant Church Attendee Qualitative

A 3-Day Discussion Board was conducted September 6-8, 2017. Respondents were recruited from a large national online panel. Respondents were screened to include Protestant and nondenominational Christians who attend worship services at a Christian church twice a month or more and who had lost of family member or close acquaintance who had taken their own life. Respondents included a mix of ages, gender, and ethnicity.

187 participants were recruited and 138 were actively engaged participants providing 3,765 total posts. Most of the detail provided in the discussion was used to inform questions asked in the quantitative churchgoer survey. Examples of comments on the varying levels of church involvement and support are included in this report.

Quantitative Findings - Pastors

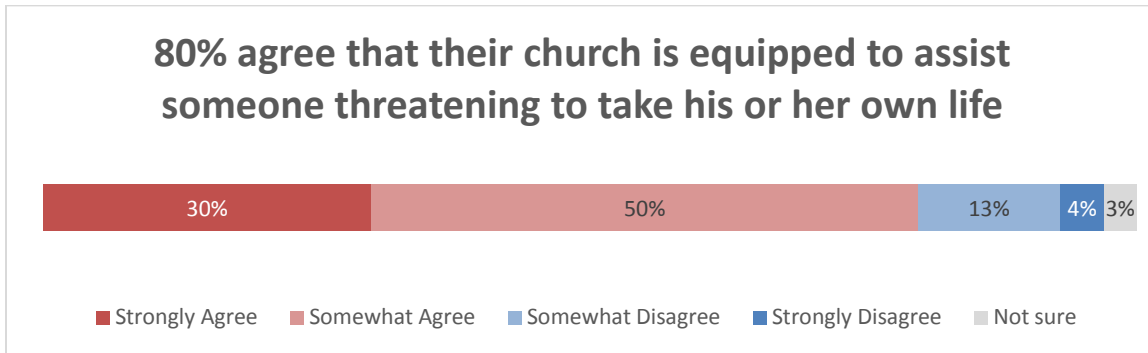


Table 1 – “Our church is equipped to assist someone who is threatening to take his or her own life.” n=1,000

While most pastors think their church is equipped to help, only 3 in 10 pastors strongly agrees with this statement. In other words, more than 2 in 3 pastors indicate their church could be better equipped than it is today.

Pastors of churches with attendance of 0-49 are the least likely to Agree (71%). African-American pastors (92%) are more likely to Agree than pastors of Other Ethnicities (74%). Baptists (83%) and Presbyterian/Reformed (81%) are more likely to Agree than Holiness (67%)

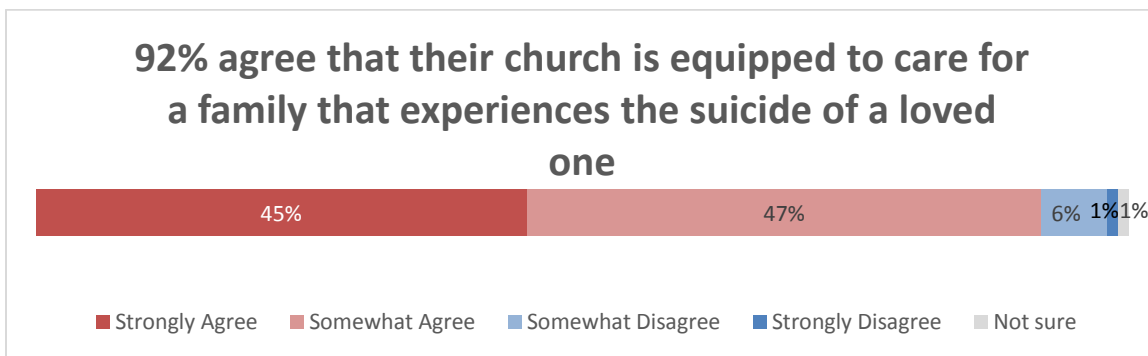


Table 2 – “Our church is equipped to care for a family that experiences the suicide of a loved one.” n=1,000

Pastors of churches with attendance of 100-249 (96%) and 250+ (98%) are more likely to Agree than those with attendance of 0-49 (85%) and 50-99 (90%). Pastors age 18-44 (96%) are more likely to Agree than those 65+ (89%). African-American pastors (98%) are more likely to Agree than pastors of Other Ethnicities (87%).

Sixty-nine percent of pastors have heard about one or more suicides in their local community in the last year

Table 3 – “In the last year how many suicides have you heard about happening in your local community? (Select One)” n=1,000

None	26%
1	15%
2	16%
3	13%
4	7%
5	7%
6	3%
7	1%
8	1%
9	<1%
10 or more	6%
Not sure	5%

Pastors of churches with attendance of 0-49 are most likely to select “None” (46%), while those with attendance 250+ are least likely to select “None” (14%). Pastors of churches with attendance of 250+ are most likely to select 5 or more (30%). Pastors age 45-54 (20%) are more likely to select 5 or more than those 18-44 (13%). African-American pastors (38%) are more likely to select “None” than White pastors (25%). Methodists (35%), Pentecostals (33%), and Presbyterian/Reformed (32%) are more likely to select “None” than Baptists (22%) and Holiness (14%). Pentecostals (24%), and are more likely to select 5 or more than Presbyterian/Reformed (11%).

Among Protestant pastors with a suicide in their local community in the last year, 39% say that one or more of these suicides had a connection to their churches.

Table 4 – “Were any of these suicides people connected to your church including attendees or family members or friends of attendees?” n=694

Yes	39%
No	61%
Not sure	<1%

Among all Protestant churches, 27% of have had a suicide connected to their church in the last year.

Pastors in the South (43%) are more likely to select Yes than Pastors in the Midwest (33%). Female pastors (51%) are more likely to select Yes than male pastors (37%). Pastors age 18-44

(46%) are more likely to select Yes than those 55-64 (36%) and 65+ (32%). White pastors (39%) and pastors of Other Ethnicities (46%) are more likely to select Yes than African-American pastors (20%).

96% of churches responded to this tragedy in some way

Table 5 – “What did your church do in response to this tragedy? (Select all that apply)” Asked of Protestant pastors with a suicide connected to their church in the last year. n=264

Prayed with the family	86%
Called the family	84%
Visited the family	80%
Provided meals	68%
Connected the family to a professional counselor	53%
Helped with logistical needs (childcare, cleaning, planning)	52%
Helped plan the funeral	48%
Connected the family to someone who had experienced a suicide in their family	44%
None of these	4%

Prayed with the family

No significant differences.

Called the family

No significant differences.

Visited the family

Pastors in the South (84%) are more likely to select than Pastors in the Midwest (70%). Female pastors (92%) are more likely to select than male pastors (77%).

Provided meals

Pastors in the South (76%) are more likely to select than Pastors in the Midwest (53%). Those with a Bachelor’s (78%) or Doctoral degree (81%) are more likely to select than those with a Master’s degree (62%).

Helped with logistical needs (childcare, cleaning, planning)

Pastors of churches with attendance of 250+ are the most likely to select (74%). Pastors in the South (59%) are more likely to select than Midwest (33%).

Connected the family to a professional counselor

Pastors of churches with attendance of 250+ are the most likely to select (73%).

Helped plan the funeral

No significant differences.

Connected the family to someone who had experienced a suicide in their family

No significant differences.

41% of pastors have received formal training in suicide prevention

Table 6 – “Have you ever received formal training in suicide prevention?” n=1,000

Yes	41%
No	59%
Not sure	<1%

Ninety-one percent of pastors who answer “Yes” agree their church “is equipped to assist someone who is threatening to take his or her own life” compared to 73% of those who answer “No.”

Pastors of churches with attendance of 100-249 (46%) are more likely to answer “Yes” than those with attendance of 0-49 (35%). Those with a Master’s (43%) or a Doctoral degree (48%) are more likely to answer “Yes” than those with no college degree (28%). Lutherans (43%) and Methodists (47%) are more likely to answer “Yes” than Holiness (25%).

95% of churches have something in place to help prevent suicide

Table 7 – “Does your church have any of the following in place to help prevent suicide? (Select all that apply)” n=1,000

A small group ministry that encourages people to support each other	82%
A list of trained mental health professionals	51%
The National Suicide Prevention Hotline number where staff can access it	50%
A procedure to follow when a staff member learns someone is at risk	46%
Regularly speak about mental health issues to remove any stigma	46%
A lay counseling ministry	36%
A trained counselor on our church staff	29%
The policies of the local emergency room regarding suicide risk	20%
A crisis response team	18%
None of these	5%

A small group ministry that encourages people to support each other

Pastors of churches with attendance of 100-249 (86%) and 250+ (90%) are more likely to select than those with attendance of 0-49 (74%) and 50-99 (80%). Pastors in the West (87%) are more likely to select than Pastors in the Midwest (79%). Evangelical pastors (84%) are more likely to select than Mainline pastors (79%). Baptists (86%), Methodists (86%), and Holiness (93%) are more likely to select than Lutherans (71%) and Presbyterian/Reformed (76%).

A list of trained mental health professionals

Pastors of churches with attendance of 100-249 (56%) and 250+ (66%) are more likely to select than those with attendance of 0-49 (40%) and 50-99 (48%). Pastors age 18-44 (58%) and 45-54 (55%) are more likely to select than those 65+ (42%). African-American pastors (70%) are more likely to select than White pastors (51%) and pastors of Other Ethnicities (40%). Those with no college degree are the least likely to select (35%). Lutherans (55%) are more likely to select than Baptists (42%).

The National Suicide Prevention Hotline number where staff can access it

Pastors in the Northeast (63%) are more likely to select than Pastors in the South (44%) and Midwest (51%). Female pastors (61%) are more likely to select than male pastors (48%). Pastors age 18-44 are the most likely to select (68%), followed by those age 45-54 (53%). Those with a Master's degree (53%) are more likely to select than those with a Bachelor's degree (45%). Mainline pastors (56%) are more likely to select than Evangelical pastors (46%). Methodists (63%) are more likely to select than Baptists (44%), Pentecostals (37%), Presbyterian/Reformed (49%), and Holiness (45%).

A procedure to follow when a staff member learns someone is at risk

Pastors of churches with attendance of 250+ are the most likely to select (64%). African-American pastors (61%) and Other Ethnicities (62%) are more likely to select than White pastors (44%).

Regularly speak about mental health issues to remove any stigma

Pastors of churches with attendance of 250+ (56%) are more likely to select than those with attendance of 0-49 (41%) and 100-249 (45%). Pastors in the Northeast (54%) and West (54%) are more likely to select than Pastors in the South (42%). Female pastors (65%) are more likely to select than male pastors (44%). Pastors age 18-44 are the most likely to select (59%). Mainline pastors (52%) are more likely to select than Evangelical pastors (41%). Lutherans (49%), Methodists (54%), and Presbyterian/Reformed (48%) are more likely to select than Pentecostals (30%).

A lay counseling ministry

Pastors of churches with attendance of 100-249 (41%) and 250+ (50%) are more likely to select than those with attendance of 0-49 (27%) and 50-99 (32%). African-American pastors (64%) are more likely to select than White pastors (34%) and pastors of Other Ethnicities (39%). Those with no college degree (47%) are more likely to select than those with a Master's degree (35%).

or a Doctoral degree (32%). Baptists (41%), Methodists (36%), and Pentecostals (43%) are more likely to select than Holiness (19%).

A trained counselor on our church staff

Pastors of churches with attendance of 250+ (38%) are more likely to select than those with attendance of 0-49 (23%) and 50-99 (27%). Pastors in the West (36%) are more likely to select than Pastors in the South (27%) and Midwest (26%). African-American pastors (49%) are more likely to select than White pastors (28%). Those with Bachelor's (36%) or a Doctoral degree (40%) are more likely to select than those with a Master's degree (24%). Baptists (34%) and Pentecostals (36%) are more likely to select than Methodists (21%).

The policies of the local emergency room regarding suicide risk

African-American pastors (43%) and pastors of Other Ethnicities (34%) are more likely to select than White pastors (17%). Methodists (29%) are more likely to select than Pentecostals (13%), Presbyterian/Reformed (16%), and Holiness (14%).

A crisis response team

Pastors of churches with attendance of 100-249 (22%) and 250+ (27%) are more likely to select than those with attendance of 0-49 (11%) and 50-99 (16%). Male pastors (19%) are more likely to select than female pastors (10%). African-American pastors (31%) and pastors of Other Ethnicities (31%) are more likely to select than White pastors (16%).

Quantitative Findings – Protestant Churchgoers

32% of Protestant churchgoers have ever had a close family member or close acquaintance take their own life

Table 8 – “Have you ever had a close family member or close acquaintance take their own life? (Select One)” n=1,618 Note: this includes 618 respondents included in the screening who did not complete the main survey.

Yes	32%
No	68%

Those in the Midwest (36%) are more likely to select “Yes” than those in the South (29%). Those age 60+ are most likely to select “No” (75%). Whites (33%) and Hispanics (39%) are more likely to select “Yes” than African Americans (26%).

Responses Among Those With a Personal Connection to Suicide

42% have had family member and 37% have had a friend take their own life

Table 9 – “Which one of the following best describes your relationship with this loved one? (Select One)” n=500

Family member	42%
Friend	37%
Co-worker/work	6%
Social acquaintance	5%
Church member	2%
Family member of one of the above	6%
Other	2%

Those age 60+ (51%) are more likely to select “Family member” than those 18-29 (33%). Those age 60+ are the least likely to select “Friend” (25%). Those age 18-29 (9%) are more likely to select “Social acquaintance” than those 45-59 (3%) and 60+ (3%). Those age 30-44 are the least likely to select “Family member of one of the above” (<1%).

Hispanics (6%) are more likely to select “Church member” than Whites (2%). Whites (8%) are more likely to select “Family member of one of the above” than African-Americans (2%).

Those who have a graduate degree (53%) are more likely to select “Family member” than those with some college (36%). Those with some college are the most likely to select “Friend” (49%).

Those who have a Bachelor’s degree (10%) or a graduate degree (12%) are more likely to select “Co-worker/work acquaintance” than those who are high school graduates or less (4%). Those who have a graduate degree (7%) are more likely to select “Church member” than who are high school graduates or less (2%) or have some college (1%)

Relationship of family member who took their own life

Table 10 – “How was the family member related to you?” n=206

Parent	8%
Sibling	11%
Grandparent	7%
Aunt/Uncle	18%
Cousin	35%
Niece/Nephew	9%
In-law	8%
Other	4%

Those age 30-44 (15%) are more likely to select “Grandparent” than those 60+ (2%). Those age 30-44 (25%) are more likely to select “Aunt/Uncle” than those 45-59 (10%). Those age 30-44 (42%) and 45-59 (40%) are more likely to select “Cousin” than those 60+ (23%). Those age 45-59 (11%) and 60+ (16%) are more likely to select “Niece/Nephew” than those 30-44 (<1%). African-Americans (48%) are more likely to select “Cousin” than Whites (31%).

7 out of 10 of the loved ones were male

Table 11 – “Was the loved one...” n=500

Male	70%
Female	30%

Males (86%) are more likely to select “Male” than females (59%). Those in the Midwest (75%) and South (71%) are more likely to select “Male” than those in the West (57%). Those age 30-44 (75%) and 60+ (76%) are more likely to select “Male” than those 18-29 (60%).

67% of the loved ones were white

Table 12 – “What is the racial or ethnic background of your loved one?” n=500

American Indian	<1%
Asian-American/Pacific Islander	2%
Black/African-American	19%
Hispanic/Latino	10%
White/Caucasian	67%
Other	1%

Those in the West are the least likely to select “Black/African-American” (5%). Those in the South (12%) and West (15%) are more likely to select “Hispanic/Latino” than those in the Midwest (3%). Those age 18-29 (30%) are more likely to select “Black/African-American” than those 45-59 (16%) and 60+ (10%). Those age 60+ are the least likely to select “Hispanic/Latino” (4%) and most likely to select “White/Caucasian” (83%).

African Americans are most likely to select “Black/African-American” (77%). Hispanics are most likely to select “Hispanic/Latino” (75%). Whites are most likely to select “White/Caucasian” (95%).

Those who are high school graduates or less are the least likely to select “Black/African-American” (9%), the least likely to select “Hispanic/Latino” (3%), and the most likely to select “White/Caucasian” (85%).

47% of loved ones were under 30 years of age

Table 13 – “About what was the age of your loved one?” n=500

Less than 18 years of age	10%
18-29 years of age	37%
30-49 years of age	35%
50-69 years of age	15%
70 years of age or more	4%

Males (19%) are more likely to select “50-69” than females (12%). Those in the Midwest (46%) are more likely to select “18-29” than those in the Northeast (26%) and South (34%). Those in the Northeast are the most likely to select “30-49” (51%). Those in the West (20%) are more likely too select “50-69” than those in the Northeast (7%).

Those age 18-29 are most likely to select “Less than 18” (23%). Those with some college (18%) are more likely to select “Less than 18” than those who are high school graduates or less (6%) or

have a graduate degree (5%). Those with a Bachelor’s (40%) or a graduate degree (41%) are more likely to select “30-49” than those with some college (26%). Those who are high school graduates or less (20%) are more likely to select “50-69” than those with some college (9%).

35% of loved ones attended a Christian church at least once a month

Table 14 – “To the best you can recall, during the months prior to death, how often did your loved one attend worship services at a Christian church?” n=500

More than once a week	8%
About once a week	14%
Twice a month	8%
Once a month	5%
Only on religious holidays	4%
Rarely	25%
Never	14%
Not sure	22%

Those in the South (18%) are more likely to select “About once a week” than those in the Midwest (9%). Those in the Northeast (9%) are more likely to select “Only on religious holidays” than those in the West (1%). Those age 18-29 (17%) are more likely to select “More than once a week” than those 45-59 (4%) and 60+ (3%).

African-Americans (14%) and Hispanics (14%) are more likely to select “More than once a week” than Whites (4%). African-Americans (21%) are more likely to select “About once a week” than Hispanics (7%). Whites (17%) and Hispanics (16%) are more likely to select “Never” than African-Americans (5%).

Those with a graduate degree are the most likely to select “More than once a week” (19%). Those who are high school graduates or less (19%) are more likely to select “Never” than those with some college (10%) or a Bachelor’s degree (9%)

52% attended the same church as their loved one attended

Table 15 – “Prior to their death, did you and your loved one attend the same church?” Asked of those who have had a family member or close acquaintance who attended church at least once a month take their own life. n=188

Yes	52%
No	48%

Those age 18-29 (65%) and 30-44 (61%) are more likely to select “Yes” than those 60+ (27%). Those who have a Bachelor’s degree (66%) are more likely to select “Yes” than those with some college (44%)

During the months prior to death, 42% of churchgoers who were close to the loved one say no one was aware of his/her struggles or risk of suicide

Table 16 – “During the months prior to death, **who was aware** of his/her struggles or risk of suicide? (Select all that apply)” n=500

Family members	28%
Friends	19%
Church leaders	4%
Church members	4%
A counselor	7
A doctor	7
A support group	3%
Many people who knew him/her	8%
No one that I know of	42%
Not sure	18%
Prefer not to answer	1%

Family members

Females (32%) are more likely to select than males (23%). Those age 60+ are the least likely to select (16%).

Friends

Those age 18-29 are the most likely to select (36%), while those age 60+ are the least likely to select (5%). African-Americans (29%) are more likely to select than Whites (15%). Those with some college (21%) or a Bachelor’s degree (28%) are more likely to select than those who are high school graduates or less (13%).

Church Leaders

Those age 18-29 are the most likely to select (12%). African-Americans (10%) and Hispanics (8%) are more likely to select than Whites (2%). Those with a Bachelor’s degree (11%) are more likely to select than those who are high school graduates or less (2%) or with some college (2%).

Church members

Those age 18-29 (10%) are more likely to select than those 60+ (1%). African-Americans (11%) are more likely to select than Whites (2%). Those with a Bachelor’s (8%) or graduate degree (9%) are more likely to select than those who are high school graduates or less (1%).

A counselor

Those in the Midwest (13%) and South (7%) are more likely to select than those in the West (1%). Those age 18-29 (16%) are more likely to select than those 45-59 (5%) and 60+ (3%). Those with some college (10%) or a Bachelor’s degree (12%) are more likely to select than who are high school graduates or less (4%).

A doctor

Those age 60+ are the least likely to select (2%).

A support group

Those age 18-29 are the most likely to select (12%). African-Americans (8%) are more likely to select than Whites (2%). Those with some college (5%) are more likely to select than those who are high school graduates or less (1%).

Many people who knew him/her

Those age 18-29 (11%) and 45-59 (12%) are more likely to select than those 60+ (4%).

No one that I know of

Those in the Midwest (52%) are more likely to select than those in the South (40%) and West (34%). Those age 60+ (54%) are more likely to select than those 18-29 (32%) and 45-59 (40%). Those who are high school graduates or less (47%) are more likely to select than those with a Bachelor’s degree (35%).

During the months prior to death, family members (32%) and friends (25%) were most likely to offer specific support, referrals, or resources to their loved one

Table 17 – “To the best of your knowledge during the months prior to death, **who offered specific support, referrals, or resources** to your loved one? (Select all that apply)” n=500

Family members	32%
Friends	25%
Church leaders	8%
Church members	9%
A counselor	11%
A doctor	10%
A support group	6%
Many people who knew him/her	10%
No one that I know of	26%
Not sure	25%
Prefer not to answer	<1%

Family members

Those age 18-29 (46%) are more likely to select than those 30-44 (29%) and 60+ (22%). African-Americans are the most likely to select (44%). Those with a Bachelor's degree are the most likely to select (47%).

Friends

Those age 18-29 (35%) are more likely to select than those 30-44 (20%) and 60+ (15%). African-Americans (36%) and Hispanics (35%) are more likely to select than Whites (20%). Those with a Bachelor's degree (35%) are more likely to select than those who are high school graduates or less (20%).

Church Leaders

Those age 18-29 (16%) are more likely to select than those 30-44 (3%) and 60+ (6%). African-Americans (14%) are more likely to select than Whites (6%).

Church members

Those age 18-29 (17%) are more likely to select than those 45-59 (7%) and 60+ (5%). African-Americans (15%) and Hispanics (23%) are more likely to select than White (5%). Those with a Bachelor's degree (16%) or a Graduate degree (15%) are more likely to select than those who are high school graduates or less (5%).

A counselor

Those age 18-29 are the most likely to select (21%). Hispanics (21%) are more likely to select than Whites (10%). Those with some college (16%) or a Bachelor's degree (18%) are more likely to select than those who are high school graduates or less (6%).

A doctor

No significant differences.

A support group

Those in the Midwest (8%) and South (8%) are more likely to select than those in the West (2%). Those age 18-29 (15%) and 30-44 (9%) are more likely to select than those 45-59 (3%) and 60+ (1%). African-Americans (15%) are more likely to select than Whites (4%). Those with some college (10%) are more likely to select than those who are high school graduates or less (4%).

Many people who knew him/her

African-Americans (13%) and Hispanics (21%) are more likely to select than White (7%).

No one that I know of

Those age 60+ (33%) are more likely to select than those 18-29 (18%). Whites (30%) are more likely to select than African-Americans (17%).

At the time of their loved one’s death, a local church responded to the family with prayer (49%), attending the visitation or funeral (43%), and visited the family (41%)

Table 18 – “At the time of your loved one’s death, what type of response was offered by a local church to the family?” n=500

Prayed with the family	49%
Attended visitation or funeral	43%
Visited the family	41%
Sent cards	32%
Provided meals	31%
Stayed in touch after the funeral	30%
Called the family	29%
Helped plan the funeral	22%
Connected the family to a professional counselor	11%
Provided financial help	11%
Helped with logistical needs (childcare, cleaning, planning)	10%
Connected the family to someone who had experienced a suicide in their family	9%
There were no churches that were aware of the death	5%
No church responded	7%
Not sure	17%
Other	<1%

Visited the family

Those in the Midwest (48%) and South (44%) are more likely to select than those in the West (31%). Those age 30-44 (46%) are more likely to select than those 45-59 (34%).

Prayed with the family

Those age 18-29 (63%) are more likely to select than those 30-44 (42%) and 45-59 (43%). African-Americans (59%) are more likely to select than Whites (47%).

Called the family

Those age 18-29 (41%) are more likely to select than those 30-44 (22%) and 45-59 (26%). African-Americans (38%) are more likely to select than Whites (25%). Those with a Bachelor’s degree (39%) are more likely to select than those who are high school graduates or less (25%) or have a Graduate degree (22%).

Helped with logistical needs (childcare, cleaning, planning)

Those age 18-29 are the most likely to select (21%). Hispanics (21%) are more likely to select than Whites (8%). Those with a Bachelor’s degree (16%) or a Graduate degree (16%) are more likely to select than those who are high school graduates or less (6%).

Connected the family with a professional counselor

Those age 18-29 (19%) and 30-44 (16%) are more likely to select than those 45-59 (6%) and 60+ (5%). African-Americans (16%) and Hispanics (17%) are more likely to select than Whites (8%). Those with some college (14%) or a Bachelor's degree (17%) are more likely to select than who are high school graduates or less (7%).

Connected the family to someone who had experienced a suicide in their family

Those age 18-29 (13%) and 30-44 (12%) are more likely to select than those 60+ (4%). African-Americans (17%) are more likely to select than Whites (7%). Those with a Bachelor's degree (16%) are more likely to select than those who are high school graduates or less (7%).

Helped plan the funeral

Those in the Midwest (26%) are more likely to select than those in the West (14%).

Provided meals

Those with some college (37%) are more likely to select than those who are high school graduates or less (25%).

Sent cards

Those in the South (36%) are more likely to select than those in the West (23%). Those age 18-29 (40%) are more likely to select than those 30-44 (27%) and 45-59 (27%).

Attended visitation or funeral

Those in the Midwest (46%) and South (48%) are more likely to select than those in the West (27%). Those age 18-29 (51%) and 60+ (48%) are more likely to select than those 30-44 (34%).

Provided financial help

Those age 18-29 (21%) are more likely to select than those 45-59 (5%) and 60+ (9%). African-Americans (18%) are more likely to select than Whites (9%). Those with some college (19%) are more likely to select than those who are high school graduates or less (7%).

Stayed in touch after the funeral

Those in the Midwest (34%) and South (33%) are more likely to select than those in the West (19%). Those age 18-29 (43%) are more likely to select than those 30-44 (26%) and 45-59 (23%). Those with a Bachelor's degree (38%) are more likely to select than those who are high school graduates or less (27%).

There were no churches aware of the death

Those age 30-44 (5%), 45-59 (5%), and 60+ (8%) are more likely to select than those 18-29 (<1%).

No church responded

Those who are high school graduates or less (11%) are more likely to select than those with some college (4%).

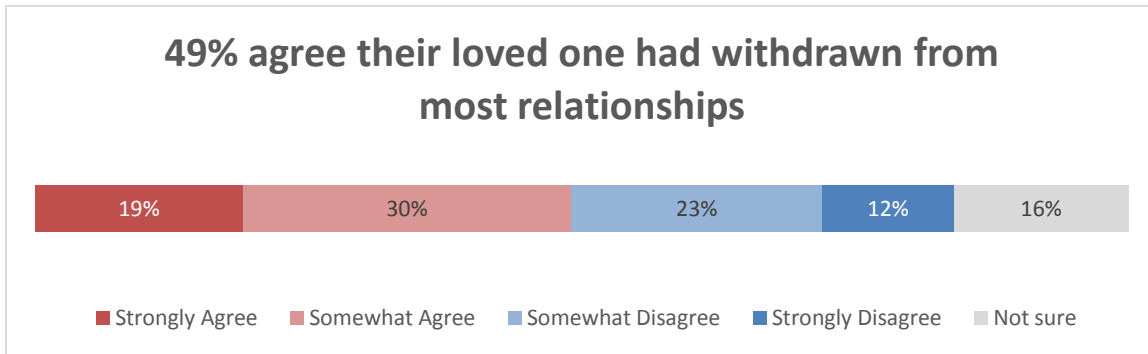


Table 19 – “Prior to my loved one’s death, he/she had withdrawn from most relationships.” n=500

Those age 60+ are the least likely to Agree (30%). African-Americans (60%) are more likely to Agree than Whites (44%)

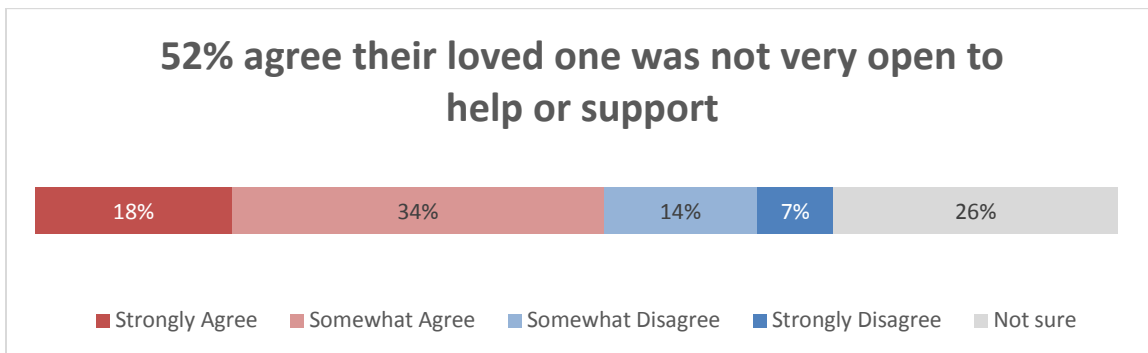


Table 20 – “Prior to my loved one’s death, he/she was not very open to help or support.” n=500

Those age 60+ are the least likely to Agree (37%). Those with a Bachelor’s degree (30%) are more likely to Disagree than those who are high school graduates or less (19%)

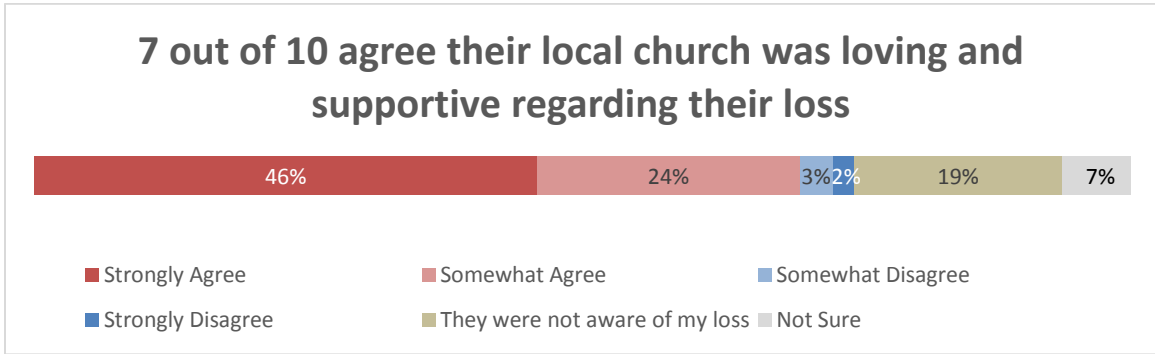


Table 21 – “At the time of my loved one’s death, my local church was loving and supportive regarding my loss.” n=500

Those in the Midwest (74%) and South (71%) are more likely to Agree than those in the West (59%). Those age 18-29 (79%) and 30-44 (76%) are more likely to Agree than those 60+ (61%). African-Americans (79%) are more likely to Agree than Whites (67%). Those with some college (76%) or a Bachelor’s degree (76%) are more likely to select than those with a graduate degree (57%).

Responses Among Protestant Churchgoers

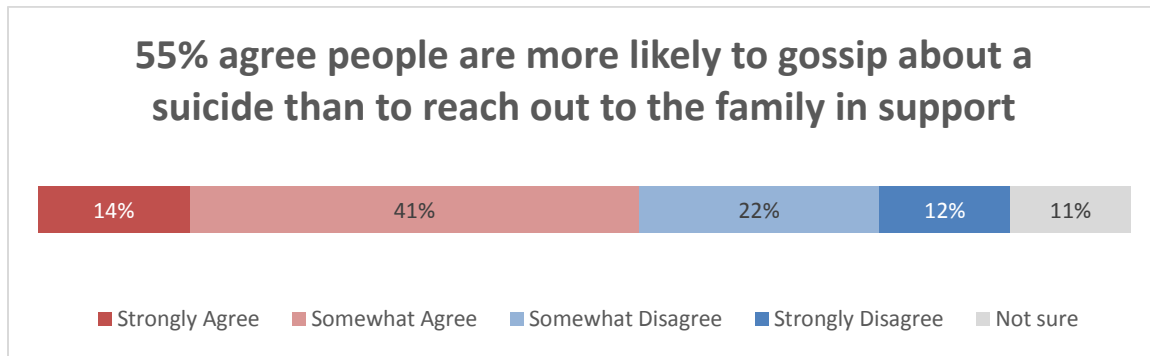


Table 22 – “When a suicide occurs in our local community people are more likely to gossip about it than reach out to the family in support.” n=1,000

Those in the Midwest (58%) and South (57%) are more likely to Agree than those in the West (48%). Those age 60+ are the least likely to Agree (45%). Those with a Graduate degree (64%) are more likely to Agree than those who are high school graduates or less (53%).

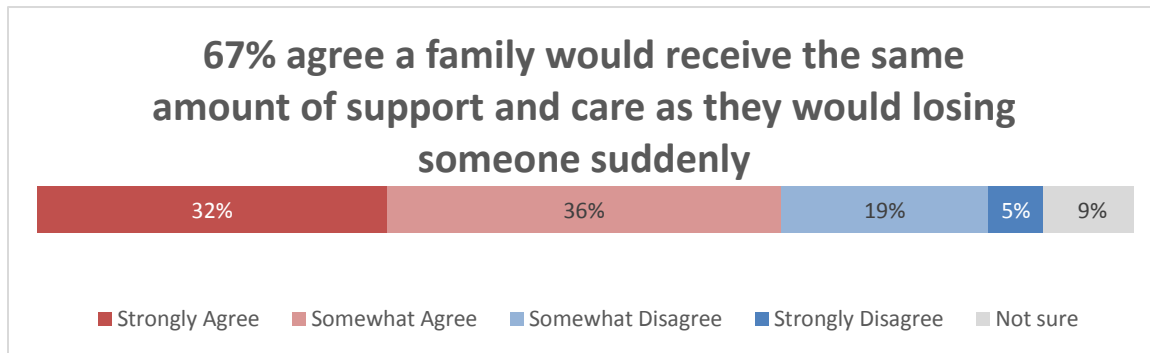


Table 23 – “In our local community, a family would receive the same amount of support and care after losing someone to suicide as they would losing someone suddenly to an accident or illness.” n=1,000

Those age 60+ are the most likely to Agree (74%). Other Ethnicities are the least likely to Agree (47%). Those who are high school graduates or less (71%) or with some college (69%) are more likely to Agree than those with a Graduate degree (55%).

76% agree suicide is a problem that needs to be proactively addressed in their local community

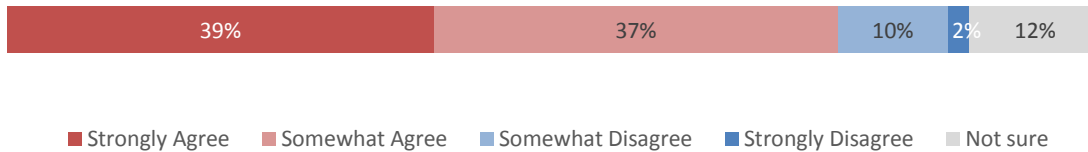


Table 24 – “Suicide is a problem that needs to be proactively addressed in my local community.” n=1,000

Those in the West (83%) are more likely to Agree than those in the South (74%). Those age 18-29 (80%) and 45-59 (79%) are more likely to Agree than those 60+ (71%). Those with some college (80%) are more likely to Agree than those with a Graduate degree (70%).

55% say that they hear about a suicide in their local community about once a year or more

Table 25 – “How often do you hear of a suicide in your local community?” n=1,000

About once a month	6%
Several times a year	27%
About once a year	22%
Less than once a year	32%
Not sure	12%

Those age 18-29 (32%) and 30-44 (31%) are more likely to select “Several times a year” than those 60+ (22%). Those age 60+ (37%) are more likely to select “Less than once a year” than those age 30-44 (28%). Hispanics (13%) are more likely to select “About once a month” than Whites (6%) and African Americans (6%). African-Americans (40%) are more likely to select “Less than once a year” than Whites (31%) and Hispanics (23%). Those who are high school graduates or less (7%) or have a Graduate degree (10%) are more likely to select “About once a month” than those with some college (3%)

Churchgoers are most likely to say their church has prayer support (57%) and a small group ministry (41%) in place to help prevent suicide

Table 26 – “Does your church have any of the following in place to help prevent suicide? (Select all that apply)” n=1,000

Prayer support accessible any time	57%
A small group ministry that encourages people to support each other	41%
A trained counselor on our church staff	23%
A lay counseling ministry	22%
A list of trained mental health professionals	16%
Regularly speak about mental health issues to remove any stigma	12%
A crisis response team	12%
None of these	9%
Not sure	20%

Prayer support accessible any time

Those with a Bachelor’s degree (63%) are more likely to select than those who are high school graduates or less (53%).

A small group ministry that encourages people to support each other

Those in the West (46%) are more likely to select than those in the Midwest (35%). Those age 30-44 (48%) are more likely to select than those 60+ (36%). Those with some college (44%) or a Bachelor’s degree (51%) are more likely to select than those who are high school graduates or less (35%)

A trained counselor on our church staff

Hispanics (34%) are more likely to select than Whites (23%) and African-Americans (21%). Those with some college (28%) or a Bachelor’s degree (27%) are more likely to select than those who are high school graduates or less (19%).

A lay counseling ministry

Those age 45-59 (24%) and 60+ (25%) are more likely to select than those 18-29 (14%). Those with a Bachelor’s degree (32%) or a Graduate degree (32%) are more likely to select than those who are high school graduates or less (17%) or with some college (19%).

A list of trained mental health professionals

Those in the Midwest (20%) are more likely to select than those in the Northeast (9%). Those with some college (18%) or a Bachelor’s degree (21%) are more likely to select than those who are high school graduates or less (11%)

Regularly speak about mental health issues to remove any stigma

Those age 18-29 (18%) and 30-44 (17%) are more likely to select than those 60+ (7%). African-Americans (18%) and Hispanics (17%) are more likely to select than Whites (10%). Those who are high school graduates or less are the least likely to select (8%).

A crisis response team

Those age 60+ are the least likely to select (5%). Hispanics are the most likely to select (33%). Those with a Bachelor’s degree (16%) or a Graduate degree (17%) are more likely to select than those who are high school graduates or less (10%).

Pastors indicate their church has much more in place to help prevent suicide than churchgoers are aware of

Table 27 – Comparison of options asked of both Protestant pastors and Protestant churchgoers. “Does your church have any of the following in place to help prevent suicide?”

	Pastors	Churchgoers
A small group ministry that encourages people to support each other	82%	41%
A trained counselor on our church staff	29%	23%
A lay counseling ministry	36%	22%
A list of trained mental health professionals	51%	16%
Regularly speak about mental health issues to remove any stigma	46%	12%
A crisis response team	18%	12%

Churchgoers indicate the most common support activities conducted in their church in the last year are teaching youth that each person has unique value to God (48%) and encouraging the congregation to continue supporting those who have lost someone to suicide (31%)

Table 28 – “Which, if any, of the following support activities has your church conducted in the last year? (Select all that apply)” n=1,000

Taught youth the biblical truth that each person has unique value to God	48%
Encouraged the congregation to continue supporting friends and family who have lost someone to suicide	31%
Shared a testimony from someone who has struggled with a mental illness or thoughts of suicide	24%
Preached sermons that referenced mental illness having an increased risk of suicide	22%
Provided training and resources for ministry leaders to be able to identify signs of someone at risk of committing suicide	14%
Taught what our church specifically believes about suicide	13%
Preached sermons that addressed challenging life issues that increase the risk of suicide	13%
Shared reminders about national resources for suicide prevention (hotlines, online discussion groups, websites, etc.)	13%
None of these	12%
Not sure	19%

Taught youth the biblical truth that each person has unique value to God

Those with a Bachelor’s degree (54%) are more likely to select than those who are **high** school graduates or less (44%).

Encouraged the congregation to continue supporting friends and family who have lost someone to suicide

Those age 18-29 (38%) are more likely to select than those 30-44 (27%). Hispanics (46%) are more likely to select than Whites (28%) and Other Ethnicities (29%)

Shared a testimony from someone who has struggled with a mental illness or thoughts of suicide

Those in the Midwest (28%) are more likely to select than those in the Northeast (17%). Those age 18-29 (34%) are more likely to select than those 45-59 (22%) and 60+ (19%). Whites are the least likely to select (20%). Those with some college (29%) are more likely to select than those who are high school graduates or less (22%).

Preached sermons that referenced mental illness having an increased risk of suicide

Those age 60+ are the least likely to select (5%). African-Americans (19%) are more likely to select than Whites (11%). Those with some college (17) are more likely to select than those who are high school graduates or less (11%).

Provided training and resources for ministry leaders to be able to identify signs of someone at risk of committing suicide

Those in the Midwest (14%) and South (17%) are more likely to select than those in the Northeast (6%). Those age 18-29 (20%) are more likely to select than those 60+ (10%). African-Americans (18%) and Hispanics (22%) are more likely to select than Whites (12%). Those who are high school graduates or less are the least likely to select (10%).

Taught what our church specifically believes about suicide

Males (19%) are more likely to select than females (11%). Those age 18-29 (16%) and 30-44 (19%) are more likely to select than those 60+ (9%). African-Americans (19%) and Hispanics (19%) are more likely to select than Whites (11%). Those with a Bachelor’s degree (17%) are more likely to select than those who are high school graduates or less (11%).

Preached sermons that addressed challenging life issues that increase the risk of suicide

Those age 18-29 (30%) are more likely to select than those 60+ (19%). African-Americans (30%) are more likely to select than Whites (19%). Those with some college (25%) or a Bachelor’s degree (25%) are more likely to select than those who are high school graduates or less (18%).

Shared reminders about national resources for suicide prevention (hotlines, online discussion groups, websites, etc.)

Those age 30-44 (19%) are more likely to select than those 45-59 (9%) and 60+ (12%). African-Americans (17%) and Hispanics (22%) are more likely to select than Whites (10%).

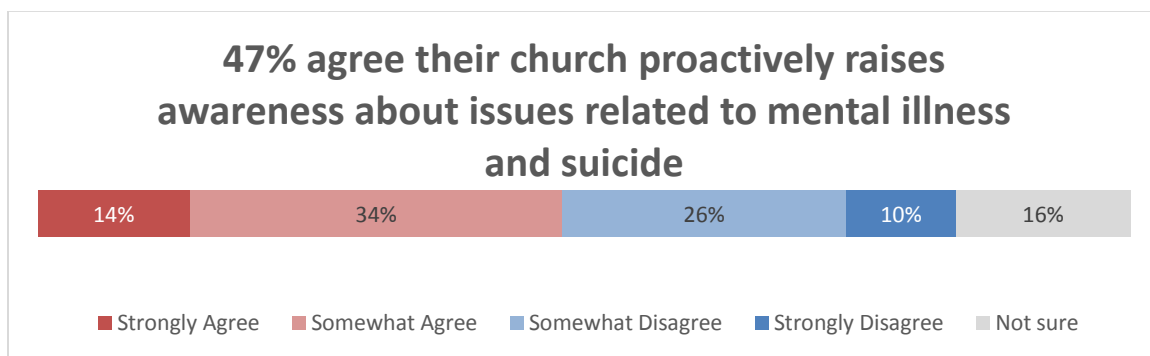


Table 29 – “My church proactively raises awareness about issues related to mental illness and suicide.” n=1,000

African-Americans (55%) and Hispanics (63%) are more likely to select than Whites (43%). Those with a Bachelor’s degree (52%) are more likely to select than those with a Graduate degree (38%).

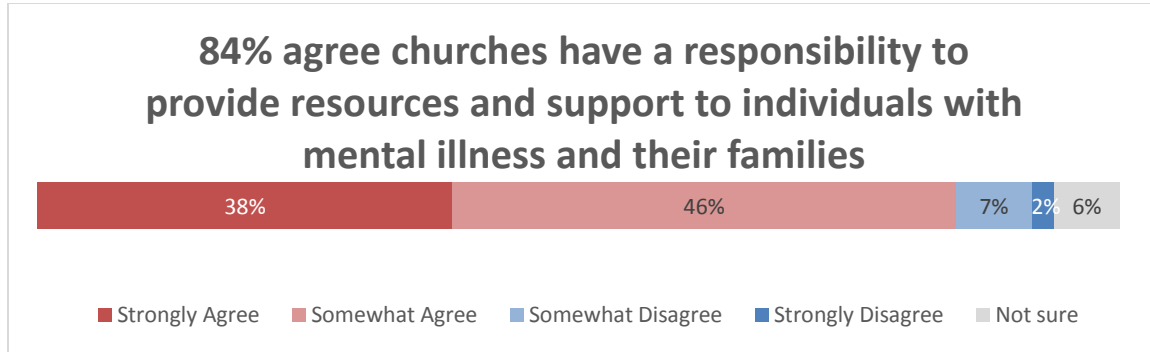


Table 30 – “Local churches have a responsibility to provide resources and support to individuals with mental illness and their families.” n=1,000
 Females (86%) are more likely to Agree than males (80%). Those in the Northeast (90%) are more likely to Agree than those in the South (81%). Those age 60+ (87%) are more likely to Agree than those 30-44 (80%).

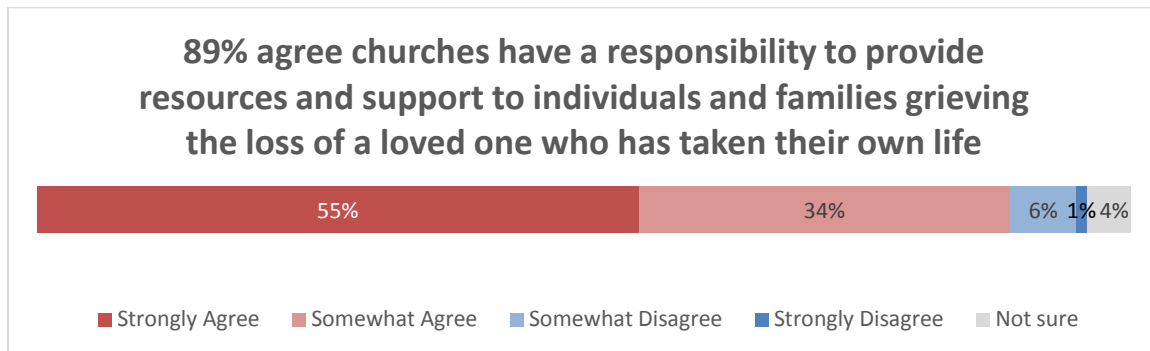


Table 31 – “Local churches have a responsibility to provide resources and support to individuals and families grieving the loss of a loved one who has taken their own life.” n=1,000
 Those age 60+ (93%) are more likely to Agree than those 18-29 (86%) and 30-44 (84%).

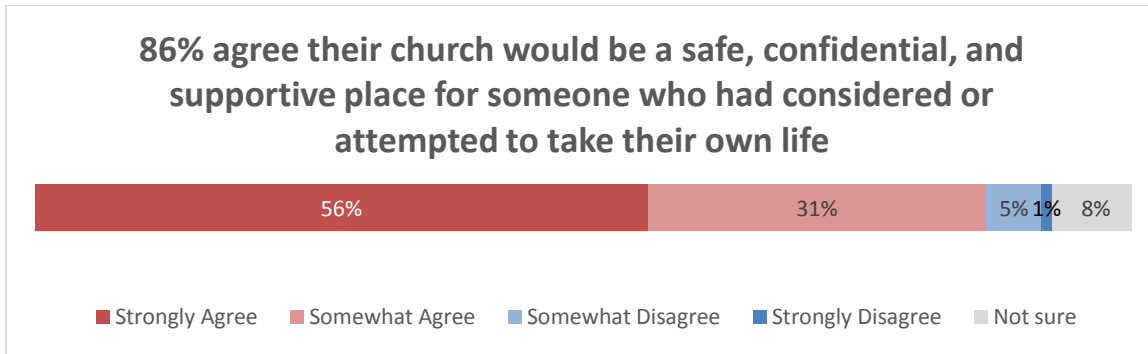


Table 32 – “If someone had considered or attempted to take their own life, my church would be a safe, confidential, and supportive place to disclose this.” n=1,000

Those in the West (91%) are more likely to Agree than those in the South (84%).

26% say their church encourages the use of prescription drugs to treat mental illness compared to 6% who say their church discourages their use

Table 33 – “Where does your church stand on the use of prescription drugs to treat mental illness?” n=1,000

Encourages strongly	17%
Encourages a little	9%
Neither encourages nor discourages	37%
Discourages a little	3%
Discourages strongly	3%
Not sure	31%

Those in the Midwest (6%) and South (7%) are more likely to select “Discourages” than those in the West (2%). Those age 18-29 are the most likely to select “Discourages” (14%). African-Americans (33%) are more likely to select “Encourages” than Whites (23%). African-Americans (9%) and Hispanics (11%) are more likely to select “Discourages” than Whites (4%). Those with a Bachelor’s degree (31%) are more likely to select “Encourages” than those who are high school graduates or less (23%).

54% say their church encourages the use of psychological counseling or therapy in treating someone with mental illness compared to 2% who say their church discourages its use

Table 34 – “Where does your church stand on the use of psychological counseling therapy in treating someone with mental illness?” n=1,000

Encourages strongly	38%
Encourages a little	16%
Neither encourages nor discourages	21%
Discourages a little	1%
Discourages strongly	1%
Not sure	23%

Those age 18-29 (7%) are more likely to select “Discourages” than those 45-59 (2%) and 60+ (<1%). African-Americans (60%) are more likely to select “Encourages” than Whites (51%). Those with some college (58%) or a Bachelor’s degree (63%) are more likely to select than those who are high school graduates or less (46%).

Qualitative Findings – Protestant Churchgoers

The most striking examples of churches having lasting impact included those who were willing to 1) reach out to *receptive* grieving family and friends after the suicide event who were not a part of that churches regular congregation and 2) anticipate and meet simple and immediate needs.

- ❑ Support local church provided to participant after the loss
 - Reach out often
 - Emotional support
 - Financial support
 - “just being there”
 - Attended visitation, funeral
 - Counseling with staff member
 - Support groups/recover groups
 - Continuing to visit and reach out
 - Offering to clean, cook, run errands
 - Cards, phone calls, condolence letters
 - Asking about others who were grieving the loss
 - Assisted with funeral planning and details/logistics
 - Open discussion, mentioned in sermons to raise awareness
 - Other pastors stepping in when family lacks familiar pastoral care
 - Training / awareness about mental illness issues relating to suicide
 - Prayer support, prayer ministry/chain, praying with them, praying for them
 - Loving, comforting – even in situations where they did not know the deceased
 - Providing counseling resources (church staff, lay ministry, outside referrals)
 - Bringing food / meeting basic needs / providing meals for funeral or visitation
 - Sermon series addressing topics such as anxiety, depression, suicide (hopelessness, fear)
 - *“I reached out to church leaders trying to find out if God really knew this was going to happen beforehand and tried to understand why he would and could let something so senseless happen. I never really got the answer I sought for so long and so hard. Time does not heal all things, unfortunately. Acceptance does come.”*
 - *“Other than discussions and questions to our pastor, we didn't reach outside for help. We accepted and appreciated all the sympathy we received and felt totally comforted by that.”*

- ❑ Suggestions how churches can help
 - Biblical teaching on a person’s worth
 - Clear teaching on what happens to people who commit suicide
 - “Be prepared”
 - Know that it is happening in the community
 - Be familiar with the signs

- Be ready to act immediately
 - Equip people to recognize the signs of someone at risk
 - Provide loving support
 - Provide qualified counseling resources
 - Remind people of hope
 - Teach survivors to let go of shame
 - Equip the people of the church to be able to see the signs and act compassionately and wisely
 - Create a church culture that is genuinely safe for people to share they are struggling
- Level of church engagement of loved one
- Attended church with friend who lost loved one *“Church is where we met and was the center of most of our talk and activities.”*
 - Immersed in church
 - Did not attend but shared spiritual conversations easily
 - Did not attend same church, but churches were similar to one another
 - Attended together
 - Considered faith very similar and shared
 - Attended together as children, not as adults
 - Did not attend together
 - No awareness of any church engagement (assume same as parents)
 - Lived in different places
 - Unsure of how regular the attendance was
 - Unfamiliar with loved one’s church practice
- Descriptions of loved one’s experience with the church
- Played minimal role in months before death
 - Moved away from church in teen years
 - Church attendance –obligation because of parents, not personal
 - Afraid to go to church, fear of judgment, avoided church, did not experience church as an accepting place as a child
 - Unreceptive to invitations to visit church
 - “not much of a churchgoer”
 - Distant
 - Not ever involved
 - Participant never asked (notes some regret about not doing so)
 - Did not regularly attend, was known by members of the church family member attended
 - Not involved in church, but had a belief in God
 - Grew up in church, but not a significant factor as person grew up
 - Attended church on holidays
 - *“Prior to my sister passing, she wasn't involved in church. The church that I attend now was very loving after her passing. They didn't know her and they really didn't know me or my parents. My oldest sister and her family were*

members and so they extended that love to all of us.

It was that church that did the funeral dinner and brought food to the funeral home for the wake. The church I was a member of didn't even do that. I knew she would've liked the people at my oldest sister's church. They're a very laid back and welcoming group. I wish she could've gotten to know them."

- *"There was no indication of anything that this was about to happen. No personality changes, no obvious depression and normal involvement with family, friends and church."*
- *"The people they were closest to also attended the same church such as immediate family, neighbors, and friends. The same people they would see in their work and community were also the people they would see in their church. There was almost a lack of a secular/sacred divide as spiritual life intertwined with secular life."*

■ Loved ones and church

- Responses covered a wide spectrum as far as the loved one's engagement with the church
- Close friends and family have varying levels of awareness of the loved one's level of engagement in church
- Among those who knew, the loved ones included a range of both high engagement to no engagement at all