



Suicide Prevention

THE FAMILY & YOUTH INSTITUTE
COMMUNITY ACTION GUIDE



RESEARCH *issues*

EDUCATE *individuals*

EMPOWER *communities*

About The Family and Youth Institute

The Family and Youth Institute is a not for profit, 501(c)3 research and education institute that was formed in 2006. We strengthen and empower individuals, families, and communities through research and education efforts that promote: positive youth development, healthy marriages, effective parenting, and mental health and well being.

What We Do

The FYI is about finding solutions to issues we struggle with in our families. We do this by understanding the depth of the challenges through research and providing evidence-based solutions.

Research

We conduct research on the factors that promote or prevent the healthy development of young people and families.

In order to do this, we focus on four areas: positive youth development, healthy marriages, effective parenting, and mental health and well being.

The quality and depth of our research have been recognized by numerous scholarly journal articles, book publications, as well as conference presentations.

Education

While research is key to extending our knowledge, it is through community education efforts that the research is put into action.

Our educational tools (presentations, workshops, webinars, infographics, videos, toolkits, reports, articles, etc) integrate research as well as community-based experience. They are also tailored to meet the needs of different audiences. We research the issues, educate individuals, and empower communities.



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RAHIM'S STORY



"I never thought suicide could happen in the Muslim community, but it does. It is real. We need to know the signs."

"It's been a few years now, but I still can't believe it. I lost one of my closest friends to suicide. He was a role model for many, always willing to sacrifice and give to others. He inspired many with his humility, dedication, and patience. He mentored young people and aided the elderly. But he silently struggled with depression.

I knew some days he was down, but only his family saw how truly lonely, hopeless, and sad he was. They later confided that the despair he felt would rarely go away and each time things only got worse. The pain was too unbearable for him. He took his life to end the pain and now our world has lost a true gem.

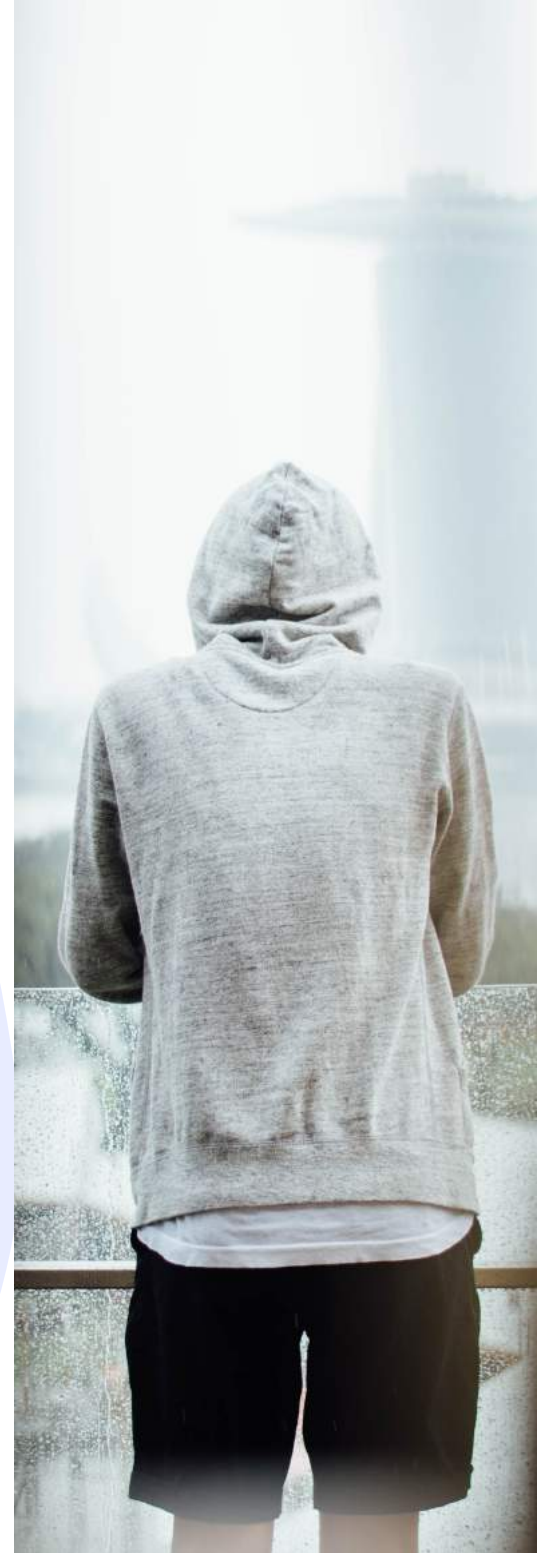
I never thought suicide could happen in the Muslim community, but it does. It is real. We need to know the signs. We need to speak up. We need to save lives."

Struggling in Silence

It may not be apparent, but your community has individuals who are silently struggling with suicidal thoughts -- these individuals may even be your own friends or family members. Muslims are not immune to mental illness. Even though suicide is disallowed in strong language in the Qur'an (see 4:29; 2:195), it does not diminish the fact that countless Muslims struggle every day with suicidal thoughts.

As a community leader, you may find yourself struggling to respond to an individual who wants to end his or her life. It may be that they are seeking an end to an abusive situation (physical, sexual, and/or emotional) and feel there is no way out. It may be that they are in so much emotional or even physical pain, that they cannot bear it any longer.

They may be clinically depressed and experiencing a continuous stream of negative thoughts and feelings. Each day may take an immense amount of effort to live. An individual that considers suicide does so because their pain is so unbearable and intolerable they feel suicide is their only option for relief.



BATOOL'S STORY

"Was she joking? Should I take her seriously? I didn't know what to do."

"Last summer I was a camp counselor and noticed that one of the campers stayed to herself. She was aloof, didn't care about what the other kids said or did, and wouldn't participate. I tried talking to her and coaxing her to join the others. Annoyed and frustrated at my attempts, she lashed out at me and yelled, "Leave me alone! Let me just die." I was stunned. Was she joking? Should I take her seriously? I didn't know what to do."



How to be a First Responder



As a steward of your community, you are the first responder. You should know that what you do or say *is* critical. Many community organizers do not know how to sensitively support someone struggling with suicidal thoughts, a suicide attempt survivor, or the family or community affected by death from suicide.

While you may not be trained as a mental health professional, this guide is meant to equip you with the knowledge and tools to better prevent, intervene, and address suicide in your community and help save lives.

This guide will:

- Increase community awareness and education
- Help identify ways to integrate prevention efforts into your community
- Highlight relevant resources for those in need

Prevention is better than cure. As Allah (SWT*) reminds us,

"Whoever saves one life, it is written as if they have saved all of humanity." [5:32].



*SWT is the Arabic acronym for *subhana wa ta'ala* which is Arabic for the most glorified. Muslims are instructed to say this whenever the name of Allah is mentioned.

What we know

Americans attempt suicide 1.1 million times a year (CDC, 2012). Every 12.3 min another person dies by suicide (CDC, 2015). Sadly, 90% of those individuals had a diagnosable disorder at the time of death (Lethbridge-Çejku, Rose, & Vickerie, 2006).

Muslims are not immune. Our friends, family, mentors, and leaders struggle silently with suicidal thoughts every day. They are in need of love and support. The stigma around mental health and suicide has prevented much-needed research on the prevalence of suicide within the Muslim community.

Research worldwide has found differing prevalence rates of Muslim reported suicides, which could also be due to underreporting (El-Sayed, Tracy, Scarborough, Galea, 2011; Rezaeian, 2007; Lari, Joghataei, Adli, Zadeh, & Alaghebandan, 2007; Altindag, Ozkan, & Oto, 2005; Karam, Hajjar, & Salamoun, 2007).

Muslims who have attempted suicide reported doing so because of:

- domestic violence
- mental illness
- difficult family environment/expectations
- culture conflict
- lack of connectedness or affection
- lack of self-worth
- substance abuse
- financial loss

(Hicks & Dinesh, 2003; Van Bergen, van Balkom, Smit, & Saharso, 2011; Chan, Maniam, Shamsul, 2011; Rezaeian, 2007)

RASHEEDA'S STORY

"She didn't look well at all. She didn't seem well. But everyone told her to be thankful."

“A few weeks after my cousin delivered her baby she became increasingly quiet. She didn't bounce back after she gave birth like she did in her other pregnancies. She didn't seem happy about the baby. My aunt kept telling her that the baby was a blessing from Allah and that she should be thankful for a healthy child. My aunts and my grandmother, although well-intended, kept forcing her to eat healthy foods, nurse her baby and smile. She didn't look well at all. She didn't seem well. But everyone told her to be thankful - she had a beautiful, healthy baby.

I noticed she didn't make eye contact with her baby. I noticed she didn't kiss her or caress her hair. I noticed it but I didn't ask her if she was ok. I didn't ask her if she needed help. Deep down, I knew she needed help but I ignored the signs. And then one day she locked herself in the bathroom and killed herself. I knew she needed help. Deep down, I knew it. I didn't do anything about it.”



Understanding Suicide

Your friend, loved one, or community member may be struggling with depression, trauma, or another form of pain. You may sense that there is something off or they may say something to indicate they are struggling. How do you know if it is serious? Does it warrant immediate attention? This section helps you answer these questions by exploring the complex interaction of factors that may result in suicidal behavior.

Risk Factors

Factors and conditions that increase a person's vulnerability to act upon suicidal thought are referred to as risk factors. Knowledge of risk factors may help you identify people who are at greater risk to act upon suicidal thoughts. Greater understanding enables you to intervene and refer an individual to a mental health professional before it is too late.



Suicidal Risk Factors Include:

- **Prior suicide attempts.** Those who have a history of self-harm are more likely to attempt suicide again (Kostenuik & Ratnapalan, 2010; CMHA, 2017).
- **Exposure to others' suicidal behavior.** This may include family, friends, celebrities, or movies or television shows (AFSP, 2017; NIMH, 2017).
- **The existence of mental illness.** Individuals struggling with depression, bipolar disorder, borderline personality disorder, schizophrenia and substance abuse are at greater risk for attempting suicide (Rodgers, 2011; Kostenuik & Ratnapalan, 2010; CMHA, 2017).
- **Presence of abuse and/or violence.** This includes past or present experiences of domestic violence, physical, sexual, or emotional abuse, potentially due to changes in stress response of the brain as a result of abuse (Fuller-Thomson, Baker, & Brennenstuhl, 2012; Cavanaugh, Messing, Del-Colle, O'Sullivan, & Campbell, 2011; Kostenuik & Ratnapalan, 2010).

Suicidal Risk Factors Include:

- **Access to lethal materials.** This may include pills, substances (alcohol or drugs), sharp objects, guns or other weapons. Access to these materials may make it easier to attempt suicide (CMHA, 2017).
- **The existence of long-term or recent stressors.** This includes relationship issues, financial struggles (loss, unemployment), legal problems, discrimination or harassment (workplace, school, neighborhood), and other social issues (Ineichen, 2008).
- **Presence of chronic pain or physical illness.** Pain medications can have major effects on mood and impulse control. Chronic pain may cause feelings of depression, anxiety, and hopelessness and increase the risk for suicide (Gvion & Apter, 2012).
- **Exhibiting impulsive or aggressive behavior.** These behaviors are highly correlated with suicidal thoughts due to a diminished ability to think through consequences of one's actions (Gvion & Apter, 2012; Sharaf, Thompson, & Walsh, 2009; Kostenuik & Ratnapalan, 2010).
- **Substance abuse or dependence.** When an individual is intoxicated or experiencing withdrawal, they are more likely to be impulsive, less likely to ask for help, and more likely to attempt suicide (Harford, Yi, & Grant, 2014).
- **Social isolation.** Difficulty developing and maintaining close, satisfying, and stable relationships, results in increased loneliness and greater susceptibility to suicide (Trout, 1980).
- **Low self-esteem.** Individuals with low self-esteem have negative beliefs about themselves and how other individuals value them. This inaccurate perception may contribute to thoughts of suicide (Bhar, Ghahramanlou-Holloway, Brown, Beck, 2008).



Protective Factors

Protective factors are those which will decrease the likelihood of an individual acting upon suicidal thoughts. Protective factors decrease vulnerabilities and offset risk factors. As educators and community leaders, we care about the well-being of our community. Intentionally promoting and nurturing protective factors within an individual as well as community-wide, can help to reduce the risk of suicide.



Suicidal Protective Factors Include:

- **Good help-seeking, problem-solving, and coping skills.** An individual who is able to seek support or use skills to effectively address obstacles, emotional difficulties, and hurt is less likely to attempt suicide (Rodgers, 2011).
- **Impulse control.** This skill enables the person to think through consequences of one's actions and decreases the likelihood of attempting to end their life (Kostenuik & Ratnapalan, 2010).
- **A positive sense of self-worth and contribution.** An individual with these traits is more likely to have a sense of self-acceptance, self-respect, and satisfaction with one's self and life. In turn, these qualities help an individual overcome negative thoughts about self and one's future, resulting in decreasing the likelihood of acting upon suicidal thoughts (Sharaf, Thompson, & Walsh, 2009).
- **Social connectedness.** When an individual has family, friends, or community that is socially and emotionally close, they rely on each other for support, they have shared interests, and are involved in each other's lives, and are less likely to want to commit suicide (CDC, 2008).
- **Responsibility towards others (family, children, pets, etc.)** Individuals with a sense of responsibility have a greater reason to live, which decreases the likelihood of attempting suicide (Malone et al., 2000).
- **Religious beliefs that discourage self-harm.** Individuals who morally object to suicide are less likely to attempt (Dervic et al., 2004).
- **Motivation for the future.** Individuals who have future dreams and goal to work toward are more likely to persevere through immediate difficulties and less likely to take their life (Hirsch, et al., 2006).

Warning Signs

Recognizing warning signs is key to helping someone who has suicidal thoughts.

Suicidal Warning Signs Include:



- **Talk about ending their life.** Some individuals may speak openly about wanting to end their life, while others may speak indirectly about suicide by stating they no longer have a reason to live.
- **Stops taking care of themselves.** An individual may stop practicing good hygiene, caring how they dress, as well as a noticeable change in appetite (no eating or overeating).
- **Sleep changes.** An individual may be sleeping too much, too little, or constantly waking up from sleep.
- **Express negative thoughts or feelings.** Individuals may report unbearable pain, feeling of hopelessness, being trapped, and inability to continue living. They may see themselves as damaged, a burden on others or feel rage and anger at their condition and believe it will never change or get better.
- **Loss of interest.** An individual may lose the ability to enjoy things in life, resulting in withdrawal from activities they used to enjoy.
- **Isolate from family and friends.** Individuals may pull away from loved ones or intentionally push them away, wanting to be alone. Their actions may be due to many reasons: feeling hurt by loved ones, feeling no one truly cares for them, or feel they don't belong.
- **Dangerous/risky behavior.** Individuals may engage in reckless driving, use of drugs and alcohol, as well as unsafe sex because he or she may no longer value their life and seek to end it.
- **Putting affairs in order.** They may give away possessions and make final calls to say goodbye as they prepare for their death.

(Rodgers, 2011; Kostenuik & Ratnapalan, 2010)

SHARIF'S STORY

"I just wanted peace. I just wanted my nightmare of a life to be over."



"I couldn't handle it anymore. The hurt and pain was too deep and had gone on too long. I was tired of fighting everyone. I no longer had the energy or will to live. My kids didn't matter, my spouse didn't matter, my job didn't matter. I just wanted peace. I just wanted my nightmare of a life to be over."



Suicide Intervention

If you are in the public sphere and interact with community members, you may have to intervene and help someone having suicidal thoughts. When these situations arise, it is important to be prepared to handle the situation appropriately and with sensitivity.

Steps for Intervention:

- **Be Alert.** Take suicide threats very seriously. No threat or warning sign should be dismissed. It is better to be safe than sorry.
- **Verify.** If they are engaging in any of the warning signs, make sure you clarify and ask them about what you understood by their words. For example, you can say something like, “Sometimes people feel upset, lose hope about the future and think life is not worth living? Have you felt this way?” or, “I am worried about you because you haven’t seemed yourself lately. I have noticed that you have been doing (state behavior), is everything ok?”
- **Stay calm.** Exhibiting feelings of shock or fear may increase the distress for the individual.
- **Ask.** Ask them if they have a plan to act on their suicidal thoughts. For example, “Are you thinking of killing yourself?” This will not increase suicidal thoughts or attempts or give the individual new ideas, but rather may provide relief to talk about a taboo topic (Katz, 2017; Mathias et al. 2012).

If someone is suicidal
DO YOU KNOW WHAT TO DO?
SUICIDE INTERVENTION

- 1 Stay Calm** (Icon: person meditating)
- 2 Listen. Do Not Preach!** (Icon: ear)
- 3 Assess the situation** (Icon: person sitting)
- 4 ASSESS** factors that increase **RISK**
Do they have:
 - Previous suicide attempts
 - A mental illness
 - Abusive history
 - Chronic pain or a physical illness
 - Low self-esteem
 - Impulsivity
- 5 ASSESS** factors that are **PROTECTIVE**
Do they have:
 - Effective problem-solving skills
 - Impulse control
 - Community connectedness (family, school, masjid)
 - Motivation for the future
 - Responsibility towards others (children, pets, family)
- 6 ASK** about self-harm plans
SOMETIMES PEOPLE THINK THAT LIFE IS NOT WORTH LIVING. HAVE YOU EVER FELT THIS WAY?
- 7 ACT** using these tips
 - Convey Care (Icon: heart)
 - Use Hopeful Language (Icon: sun)
 - Follow Up (Icon: smartphone)
 - Make Du'a (Icon: open book)

Additional Resources

- The FYI Suicide Prevention Toolkit
- The FYI Suicide Prevention & Intervention Community Action Guide
- Invite The FYI for a mental health & well-being workshop
- Additional resources can be found at www.TheFYI.org

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For citations and information go to TheFYI.org/SuicideInterventionInfographic

Steps for Intervention:



- **Listen and Empathize.** Let the person express themselves and feel you are listening. Do not say, “Don’t you know suicide is haram?” While Islam prohibits suicide, this is not the time to preach. Doing so may increase the individual’s isolation, distance from you, and increase their negative thoughts about themselves. (Suicide Prevention, 2017)
- **Convey Care.** Let them know you care about them and are concerned about their well-being as are others. Remind them that they are not alone, that suicidal feelings are temporary, and that depression can be treated. Ask them, “What can I do to help you? What supports have you called on so far?”
- **Recognize and Respect.** In addition to the pain the individual is struggling with, they may also feel embarrassed or worried about being judged by yourself or others. It is therefore extremely important for community educators, leaders, and activists to respect their dignity and strive to create an emotionally safe, nurturing, and caring interaction.
- **Seek professional help.** Someone with suicidal thoughts needs professional help. If they have a specific plan and/or can implement it, take the individual to the closest emergency room, call 911, or the National Suicide Prevention Lifeline at **1-800-273-8255**. If they do not have a plan, help them make an appointment with a mental health professional while they are with you. In some cases, your actions may anger the individual, but in the long run, you may save their life.
- **Keep them safe.** Remove access to dangerous items in their surroundings (guns, medication, knives, ropes). If they are actively suicidal and have a plan, stay with them until help arrives. Never leave an individual with active suicidal thoughts alone.

Steps for Intervention:

- **Use hopeful language.** They are in a dark place and may need help seeing all that they have to live for. Inspire hope for the future.
- **Spiritual support.** Depending on the individual, reminding them of the Prophet Muhammad's (SAS)* *hadith*** may benefit them:

"Wondrous are the affairs of the believer. For there is good for them in every matter and this is not the case with anyone except the believer. If they are happy, then they thank Allah and thus there is good for them. If they are harmed, then they show patience and thus there is good for them." [Muslim]

- **Remind them of their impact.** When an individual is so depressed that they are suicidal, they cannot see the positive things they have to live for. Remind them of the impact they have had on others, their past successes, and what they mean to their loved ones.
- **Follow up.** Show the individual that you care by following up regularly and show continued and long-term support (Motto & Bostrom, 2001). In many cases, simply listening attentively can help someone feel supported.
- **Make *du'a* (supplication).** Constantly keep the individual in your *du'a*. The Prophet (SAS) said:

*The *du'a* of a Muslim for their brother/sister in their absence will certainly be answered. Every time he/she makes a supplication for good for his brother or sister, the angel appointed for this particular task says: 'Ameen! May it be for you too'." [Muslim]*


- **Self-care.** While helping others, it is important to make sure you are also taking care of yourself as well. You can not do this by yourself, enlist others to help. Take time to rest, and find help to process your experience, if needed.



*SAS is the Arabic acronym for *sallallahu alayhi wasallam*, which is Arabic for peace be upon him. Muslims are instructed to send salutations of peace whenever the name of the Prophet Muhammed is mentioned.

**Hadith refers to the words, actions, approval of the Prophet Muhammed (SAS) that is used as a source of guidance for Muslims.

SARA'S STORY



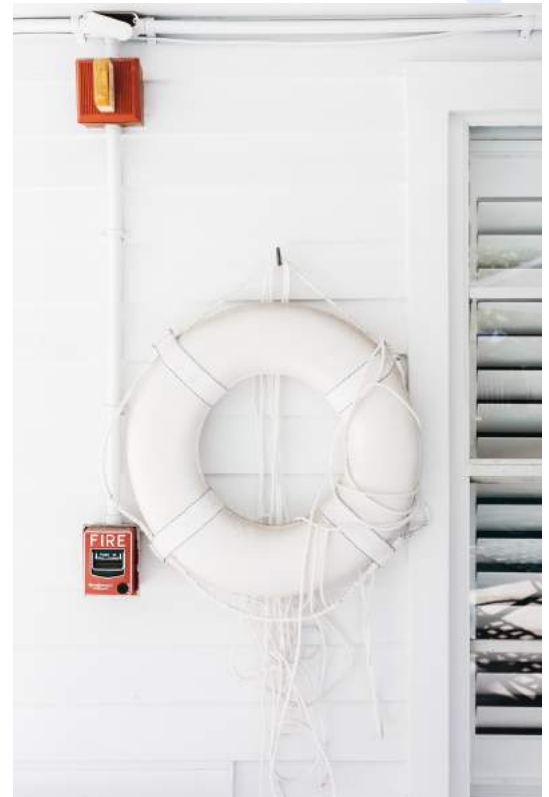
"I was depressed, angry, and scared. I couldn't sleep at night. I kept having panic attacks and started cutting myself. I was barely surviving at school. My parents were always angry and yelling at me. One night, after a major fight with them, I couldn't take it anymore. . . I tried to kill myself. I don't remember what happened, but I woke up in the hospital. My parents were next to me when I woke up. For the first time, they saw the cuts all over my arms. They were in a state of shock, scared and confused. They had been crying all night. When I woke up they kept hugging me and thanking Allah (SWT) that I was alive. My brother was awkward and distant.

I was eventually discharged from the hospital and connected to a psychologist. Through therapy, I was able to share with my parents what had been going on. I told them that a relative had repeatedly sexually abused me at night on one of our overseas trips. Even though it had happened a long time ago, the experience continued to haunt me every day. I couldn't sleep at night because I was unconsciously worried about someone coming in at night. My panic attacks were because I was getting triggered. My inability to concentrate was because I was struggling with all these memories and couldn't pay attention in class.

It's been a difficult journey for all of us. My parent's friends didn't know how to deal with my suicide attempt, so they kept their distance. People in the *masjid* were spreading rumors about me. I didn't want to see anyone or go anywhere. Their whispers certainly didn't help my recovery. I don't think they knew how their words hurt someone who was already down and struggling."

After a Suicide Attempt

After a suicide attempt in a community, the focus should be on making sure that the survivor is safe. The individual should be in an environment where they feel cared for, supported, and are able to heal from the emotional pain that resulted in the suicide attempt. If a mental health professional was previously not involved in the care of the individual, you must encourage them to seek immediate professional care. Failure to do so may result in a repeated attempt. (For professionals that are not familiar with counseling Muslims please refer them to the book *Counseling Muslims: Handbook of Mental Health Issues and Interventions*).



It is also likely that both the individual who attempted suicide and their family will be struggling with many strong emotions. There may be confusion, frustration and even anger being felt by many of the involved parties. Perhaps the feeling of shame, embarrassment, and/or guilt may be expressed. The family might be unwilling to reach out for help or talk to community members about the incident for fear of being judged or gossiped about. As a result, the individual and their family may also feel isolated or distanced from others. Try to bring them into the folds of the community.

After a Suicide Attempt

The community must be respectful, caring, and sensitive towards the individual and family. Support from peers is often essential for recovery. If individuals do not receive support, they are at greater risk of attempting suicide again and are more likely to die from a suicide attempt later. Family and friends can attempt to reduce the risk of future attempts by doing the following:

- Remove any means of self-harm available to the attempt survivor, including guns, medication, sharp objects, alcohol and other substances.
- Create a safety plan to help prevent another attempt.
- Check in regularly
- Help the suicide attempt survivor take care of themselves. Make sure they sleep well, exercise, eat a healthy diet, and socialize with others
- If the individual and/or their family is open to spiritual coping methods (e.g. prayer, *du'a*, *dhikr*, reading *Qur'an*), encourage them to use these resources as well as others listed in the Appendix.

"Indeed in the remembrance of Allah do hearts find rest." [Qur'an, 13:28].

- Listen to the suicide attempt survivor and their family. Allow them to heal and talk at their own pace.
- Above all, be patient



ABDULLAH'S STORY



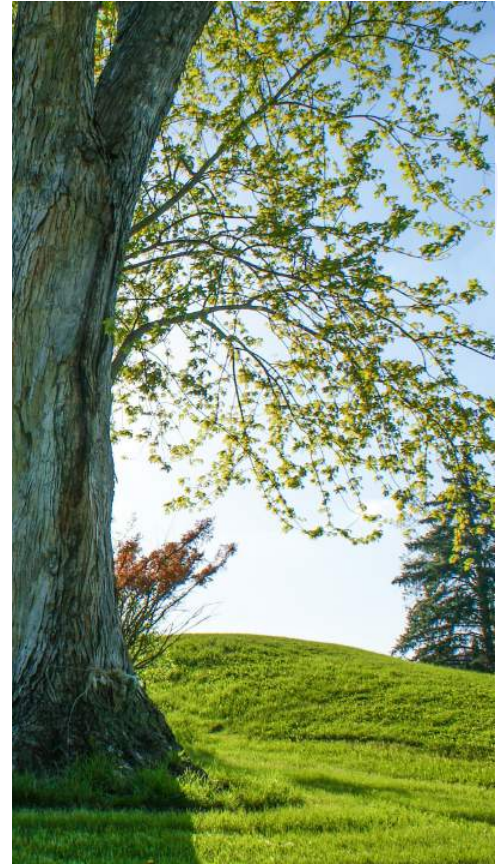
"We were told he had an accident. However, our kids told us it was suicide."

“Abdullah had been asking for help, but we didn’t get it. . . He was a nice kid. Always polite and respectful-- the kind of kid every parent dreamed of. But he had struggled. His father was known to be hot-headed and a number of times people had heard him yelling at Abdullah in the masjid. No one wanted to ruffle the dad’s feathers, so we remained quiet. Some of the female congregants worried that his father might be abusive, but no one was close enough to his mom to ask. As he approached his teen years, he began hanging out with “the party crowd.” Many of us parents started discouraging our kids from being friends with him. He remained polite, but he had a sadness in his eyes, and he was probably looking for purpose and meaning. We eventually stopped seeing him at the masjid. We were told he had an accident. However, our kids told us it was suicide. We were crushed. I can’t begin to imagine what his parents are going through. I wish we could have done something to help him.”

Postvention: After a Suicide Death

A death by suicide can cause tremendous grief, pain, and suffering for the individual's loved ones and community. Muslim leaders and community organizers should be careful to address the matter in a way that is sensitive to all individuals impacted (family, friends, congregants). It is important to respect the deceased individual's character and memory and avoid questioning their religiosity or closeness to Allah. Only Allah knows how a person's actions will be judged.

Those close to the deceased individual (i.e. a suicide loss survivor) will be in need of support. Be intentional and sensitive in your interactions and draw them into the folds of the community.



Give them the same love, care, and respect that you would have provided had the person died from any other method. However, know that the loss is likely much harder because it was due to suicide. They may be experiencing a mix of emotions: shock, disbelief, denial, pain; perhaps even numbness, anger, despair, depression/sadness, anxiety and stress; as well as shame, guilt, rejection, loneliness, feelings of abandonment (AAS, 2014). Realize they may struggle with regret or guilt over past (in)actions. They may replay events in their mind and will have a lot of emotions to process. They may experience survivor's guilt, where individuals feel guilty for being unable to help or that they did not do enough to save the person. It can also result when someone feels guilty for continuing to live while another person has died. Whether the guilt is rational or not, it can be weighty and detrimental to a suicide loss survivor.

Postvention: After a Suicide Death

They will need your support:

- **Listen.** Provide a listening ear. You do not need to say much, just give them space to talk about what is on their mind.
- **Empathize.** Empathize with their feelings, accept them, and encourage them to channel their guilt in a productive way. Avoid saying “I know how you feel” or “I understand,” unless you yourself have lost a loved one to suicide.
- **Help.** Assist them in completing tasks related to their loved one’s death, chores and errands. This not only helps with the task at hand, but it also reminds them that they are not alone and you are there for them.
- **Ask.** Simply ask them how you can best provide support for them.
- **Du’a.** Remember to make *du’a* (supplication) for them as they struggle with their loss.



Realize that others in the community who may not know the individual may also be impacted. These include individuals who are silently struggling and contemplating suicide themselves, those who have previously lost a loved one, and others. As community organizers and leaders, it is important to remember the *adab* (manners) of dealing with tragic events by preventing the spread of misinformation, backbiting, or slander amongst community members. These situations are tests for everyone impacted.

Postvention: After a Suicide Death

"And We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits, but give good tidings to the patient, who when disaster strikes them, say, 'Indeed we belong to Allah, and indeed to Him we will return.' Those are the ones upon whom are blessings from their Lord and mercy. And it is those who are the [rightly] guided." [2:155-157]



Community leaders can address community grief and heartache through talks, *khutbahs* (sermons), and support groups to help the community process the grief and loss. Communities should discuss and/or release resources that address the loss. The following topics may be of relevance and can be found in both **The FYI Suicide Prevention and Grief Toolkits** which can be found on our website -*TheFYI.org*.

- How to deal with grief by age
- The process of healing
- Survivor's guilt
- How to prevent suicide in the future
- How to talk about suicide to children

Additional topics/resources specific to the situation can be obtained by directly contacting The FYI.

In addition, it is important to provide the community with a list of professional counseling services available to those in need of additional support.

As community organizers, these experiences may feel overwhelming and exhausting for you and the community. However, Allah reminds us that,

"No calamity befalls, but with the leave of Allah. And whoever believes in Allah, He guides his heart, and Allah is the All-Knower of everything." [64:11]

The loss can bring a community closer together, help refocus community efforts, and prevent future deaths if addressed appropriately.

Suicide Prevention

While Muslims do take their lives out of desperation, pain, and loneliness, suicide can be prevented. We can make a difference by raising awareness about suicide and encouraging individuals to get help.

Abu Barza reported that he asked the Prophet (SAS): Allah's Messenger, teach me something so that I may derive benefit from it. He said: Remove the troublesome thing from the paths of the Muslims.[Muslim]

Mental health stigma is real and often prevents people from getting the help they need. By addressing suicide directly you are helping to create constructive conversations around critical issues. When you raise awareness and identify available resources, you help individuals towards the path of recovery. Be sensitive about how you speak about suicide in public settings, so as not to trigger individuals who may be struggling. Below are some common mistakes as well as suggestions for more sensitive alternatives:

Stigmatizing/Triggering Phrases

- *Committed suicide*
- *Successful suicide*
- *Completed suicide*
- *Copycat suicide*
- *Failed attempt at suicide*
- *Unsuccessful suicide*

Instead Use:

- *Died by suicide*
- *Ended his/her life*
- *Took his/her life*
- *Attempt to end his/her life*

Stigmatizing/Triggering Phrases

- *"I'd rather kill myself than..."*
- *"Shoot me an email."*
- *"I committed career/political suicide"*

Instead Use:

- *"I'd really rather do something else"*
- *"Send me an email"*
- *"I did something that will hurt my career."*

In addition to talking about suicide within your social networks, it is important that community organizers, educators, and leaders take an intentional approach towards suicide prevention. The following section highlights specific programming ideas your community, school, or organization can implement for suicide prevention.

Spiritual Support

"When I was suicidal, Islam was the last of my worries."

Individuals experiencing suicidal thoughts may approach you for spiritual help and direction because they see you as a community leader. It is important that an individual expressing suicidal thoughts obtain immediate professional assistance. In addition to psychological support, spiritual support may be used to help the individual address their difficulties. As leaders, it is important to let the individual take the lead in identifying their needs and indicate if they are interested and open to spiritual support.

Introducing spiritual support when not requested may have a negative impact.

"People preaching at me just made me angry and upset. I felt like God had forsaken me. People would tell me that Allah was always there and that I should just keep praying. They didn't understand that I had already prayed my heart out for years and had given up on Allah ever stepping in to help me."

For individuals who are suicidal and seek to augment mental health intervention with spiritual support, Islam offers many avenues. Spiritual interventions may have differing impact depending on the individual's spiritual needs and preferences, and therefore must be tailored. While there are multiple spiritual interventions that can be integrated (e.g. lessons from the *seerah* (life of the Prophet), *sadaqa* (voluntary charity), voluntary fasts, community service, etc.), two are highlighted below: *salah* and *du'a*.



Spiritual Support

Salah (Prayers)

Salah is meant to increase our awareness and strengthen our relationship with Allah. Religious educators and leaders can help individuals utilize prayers to help channel the individual's deep emotional pain, as well as seek help, guidance, and strength from Allah through both *fardh* (obligatory) and *sunnah* and *nawafil* (voluntary) prayers. Remind the individual of the meaning of *Surah Al-Fatiha* (The Opening chapter), which is recited multiple times in each prayer. The *surah* (chapter) is a direct plea to Allah for guidance. You can also help the individual choose verses that have personal meaning to their struggles. For example, an individual who may be experiencing immense psychological pain as a result of a divorce may be encouraged to recite and reflect upon the following verse:

And Allah [God] will provide for him/her from where he/she does not expect. And whoever relies upon Allah - then He is sufficient for him. Indeed, Allah will accomplish His purpose. Allah has already set for everything a [decreed] extent. [65:3]

Individuals can be encouraged to talk to Allah about their struggles, needs, and traumatic experiences that are resulting in deep emotional pain.

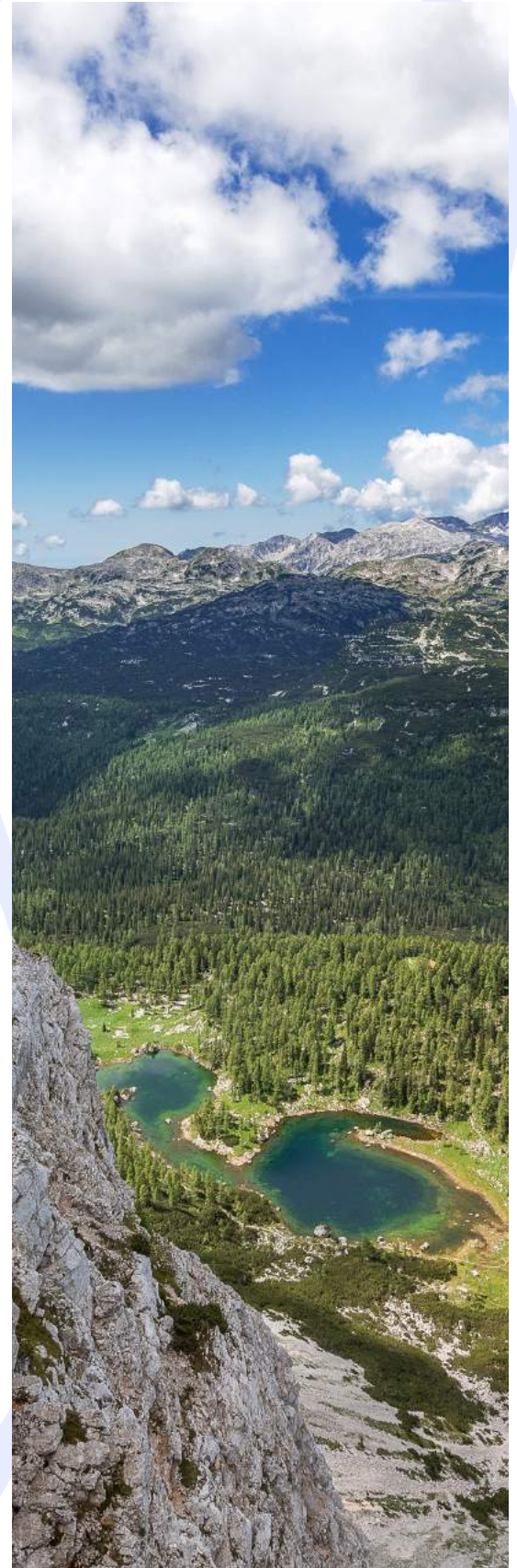


Spiritual Support

Du'a (Supplications)

Du'a is another tool to help someone that may be struggling. It is meant to strengthen the relationship, remembrance, and connection of the individual to their creator and sustainer, Allah. Religious leaders, community organizers, and educators can direct individuals to specific *du'a* that were used by the Prophet Muhammad (SAS) which are listed in the Appendix. It is also important to remind them that *du'a* are not meant to be mechanical, they are meant to be meaningful with personal relevance and connection.

In addition to obtaining professional help as well as social support, encouraging them to reach out to Allah in moments of despair, seek solace and help on any topic/issue, in any language, at any time. Help them to use the different names and attributes of Allah when calling out. For example, if an individual is struggling due to immense financial loss and losing hope in their future, encouraging them to call out to Allah by the attribute/name *Ar-Razzaq* (The Provider). Similarly, for someone who is struggling with a broken heart due to a loss of life or relationship you may suggest that they use the names, *Al-Jabbar* (The Mender of Hearts), or *Ash-Shahid* (The Witness) particularly if they had been wronged in their relationship.



Community Programming

Focused programming that targets all audiences is an important way for Muslim institutions to increase suicide awareness and prevention. Below are some ideas that your community can implement to help decrease stigma around mental health and engage in suicide prevention efforts in your community:

- *Jumma khutbahs* (Friday sermons) have a far reaching impact because they are heard by all attendees, regardless of age, gender, or race. Therefore the *khateeb* (sermon giver) can use this opportunity to address mental health issues and suicide regularly to better educate the community and highlight available resources.
- Download and distribute **The FYI Suicide Prevention Infographic** from *TheFYI.org* to raise awareness and provide resources to people in need who may be too afraid or embarrassed to ask. Post the infographic in high traffic areas in the masjid, school, or community center and distribute it widely.
- **The FYI Suicide Intervention Infographic** is a resource that can help you when someone experiencing suicidal thoughts approaches you. This resource can also be downloaded from our website. The infographic can be given to all *imams*, youth mentors, educators, and community workers. In addition, the images should be posted in school and masjid offices so it is readily available for staff members when needed.

SUICIDE PREVENTION

Every 12 minutes a person dies by suicide

Why?

- Lack of Self-Worth
- Family Conflict
- Financial Loss
- Substance Abuse

90% suffer from a mental illness

MUSLIMS ARE NOT IMMUNE

If you are having suicidal thoughts, get help immediately!

1-800-273-TALK
available 24/7 - all calls are confidential

Warning Signs

- Behavior Change
- Dangerous behavior
- Negative thoughts
- Isolation
- Loss of interest
- Desire to Die

WHAT TO DO

- Can we talk? Tell someone you trust
- Contact a mental health professional
- Listen to relaxing sounds
- Remove dangerous items to create a safe environment
- Go to the gym
- Write
- Enjoy nature
- Paint
- Qur'an, du'a & prayer

Additional Resources Available at The FYI.org

- The FYI Suicide Prevention Toolkit
- The Suicide Intervention Community Action Guide
- Invite The FYI for mental health and well-being workshop
- Additional resources can be found at www.TheFYI.org

For citations and more information go to www.TheFYI.org/SuicidePreventionInfographic

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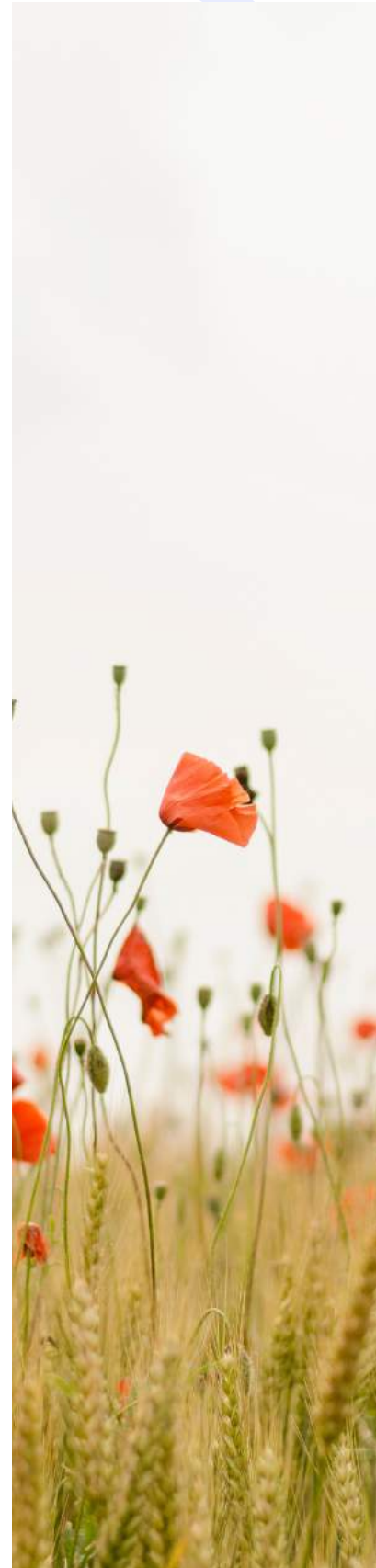
Community Programming

- **Collect and share a list of local mental health providers.** Communities should identify local mental health providers (Muslim and non-Muslim) that offer culturally and religiously competent care for individuals expressing suicidal thoughts or other mental health issues. A mental health provider list should be advertised widely during programming (school, masjid, youth group) as well as placed clearly on the organization website. In addition, a mental health providers list should be shared with all those engaged in community work (imams, activists, and office staff), educators, and physicians who work with Muslims.
- **Professional trainings.** The FYI provides professional training and resources on culturally competent care that may be helpful for mental health providers. Contact The FYI at info@thefyi.org to schedule a training or refer to *Counseling Muslims: Handbook of Mental Health Issues and Interventions* and *The Handbook of Arab American Psychology*.
- **Suicide prevention and intervention training** is necessary for all community leaders. Training helps leaders identify those at greater risk of suicide, educate about warning signs, and appropriate intervention as well as post-care procedures. Invite The FYI or a local suicide prevention agency to train community organizers, *imams*, and professionals to more effectively prevent and/or intervene when someone is expressing suicidal thoughts.



Community Programming

- **Community-wide suicide intervention plan.** Local Muslim communities/ institutions should have an agreed upon crisis intervention plan that is clearly documented and communicated to staff, community organizers, and other relevant professionals. This plan would include directions on how to help an individual who expresses suicidal thoughts, procedures to follow, and professionals to contact to ensure an individual's safety. Sometimes, information on a death may need to be shared with community members. An agreed upon guideline of what and when to share is essential. The development of the plan should include mental health professionals, community members, and institutional staff.
- **Regular public service announcements** to remind members that help is available and that the community cares. Include this information on masjid and community center websites as well.
- **Social media campaigns.** For some subgroups of the Muslim community, social media may be the most effective method for a community to prevent suicide. Social media campaigns can increase awareness and provide tools directly to individuals, including young Muslims, disenfranchised Muslims, new Muslims, Muslims living in rural areas, young mothers, etc. Greater accessibility, anonymity, and familiarity may allow these individuals to feel more comfortable.
- **Focus on mental health and well-being.** The loss of hope and willingness to live is often due to untreated mental health issues.



Community Programming

- **Increase mental health literacy.** Mental health issues often go undiagnosed due to lack of mental health literacy. The FYI offers free daily educational articles and resources on mental health and well being and can be accessed by signing up on our website. Encourage your community members to sign up for these resources to increase their mental health literacy and learn how to develop better protective factors. The daily articles also address topics that decrease the risk of feelings of isolation and hopelessness which can be factors that contribute to suicide.
- **Mental health talks** can educate a community about common mental health issues, impact the likelihood of treatment, and provide resources to get help. In addition, these talks can encourage community members to support one another and provide tools to prevent future loss of life. Invite The FYI or a local mental health professional to your school or community to provide regular programming.
- **Community self-help workshops.** Offer community workshops to build coping skills and self-esteem, and address anger and stress management. In addition, opportunities to enhance life skills such as communication, relationship building, and family strengthening can serve to increase protective factors. Invite The FYI or contact local mental health agencies to provide these workshops.
- **Spiritual coping tools.** Religious educators can teach congregants spiritual coping tools. This includes how to use prayer, *du'a*, fasting, and charity in addition to mental health resources. A list of common *du'a* is located in the Appendix.



Mental Health Professionals Referral Guide



Prepare a mental health professionals referral guide for your community before an incident occurs. This should include local resources and professionals who are Muslim or who are familiar with Muslims. It should be prepared with crisis responders and made available to community members.

The Institute of Muslim Mental Health - *MuslimMentalHealth.com/mmh/directory* offers a directory of Muslim mental health providers and includes a useful search tool and resource. In addition, regional lists of Muslim mental health providers can be accessed.

Additional Resources

- **The National Suicide Prevention Lifeline.** Call **1-800-273-8255** to receive free and confidential emotional support to individuals with suicidal thoughts or in emotional distress. They are available 24 hours a day, 7 days a week and also provides prevention and crisis resources for you or your loved ones, and best practices for professionals.
- **Crisis Text Line.** Text **TALK** to 741-741 to text with a trained crisis counselor from the Crisis Text Line for free, 24/7.
- **The FYI Suicide Prevention Toolkit** has varying resources (articles, video, infographics, etc) for individuals seeking additional information on suicide prevention. Access at *www.TheFYI.org/toolkits/suicide-prevention-toolkit*.
- **American Foundation for Suicide Prevention** - *https://afsp.org*
- **Suicide Prevention Resource Center** -*www.sprc.org*
- **Substance Abuse Mental Health Service Administration**
www.samhsa.gov/suicide-prevention

Conclusion

Whereby Allah guides those who seek His good pleasure to paths of peace and safety. He brings them out of darkness unto light by His decree and guides them unto a straight path. [5:16]

Organizers and individuals must work to ensure the best health of their community. No one will know how to handle every circumstance and situation, but this guide is meant to better prepare you and give you the knowledge, resources, and direction to best support your effort for suicide prevention.

While your efforts may be exhausting and sometimes overwhelming, we hope you will also find it rewarding. Ultimately, it is these efforts that will help better the overall health of Muslim communities everywhere.



La ilaha illallahul-Adheemul-Haleem. La ilaha illallahu Rabbul-'Arshil-'Adheem. La ilaha illallahu Rabbus-samawati, wa Rabbul-ardi, wa Rabbul-'Arshil- Kareem.

There is no God worshiped (in truth) except Allah, the Magnificent, the Pardoner. There is no god worshiped (in truth) save Allah, the Lord of the Magnificent Throne. There is no god worshiped (in truth) save Allah, the Lord of the heavens, the Lord of the earth and the Generous, Lord of the Throne.
[Al-Bukhari and Muslim]

The Prophet (SAS) said that anyone who experiences anxiety or grief and recites the below *du'a* will have it replaced with joy.

Subhanallah al-Dheem

I exalt you, Allah, the Magnificent

'Allaahumma innee 'abduka wa ibn 'abdika wa ibn amatika, naasiyati bi yadika, maadin fiyya hukmuka, 'adlun fiyya qadaa'uka, as'aluka bi kulli ismin huwa laka sammayta bihi nafsaka aw anzaltahu fi kitaabika aw 'allamtahu ahadan min khalqika aw ista'tharta bihi fi 'ilm il-ghaybi 'andak an taj'ala al-Qur'aana rabee' qalbi wa noor sadri wa jalaa'a huzni wa dhahaaba hammi'

"O Allah, I am Your servant, son (daughter) of Your male servant, son (daughter) of Your female servant, I am completely under Your control, Your command over me was done, and Your decree over me is just. I ask You by every name belonging to You which You named Yourself with, or revealed in Your Book, or You taught to any of Your creation, or You preserved in the knowledge of the unseen with You, that You make the Qur'an the life of my heart and the light of my breast, and a departure for my sorrow and a release for my anxiety. [Ahmad]

Appendix – Common Supplications During Hardships

Ya Hayyun, Ya Qayyum, bi rahmatika astiaghidh!

Oh, the Living, the Establisher, with Your mercy, I seek safety with you. [Tirmidhi]

Allah! Allah! Rabi, La ishriku bihi shayaa!

He is my (only) Lord. I associate nothing with Him. [Sunan Ibn Majah]

Allahumma rahmataka arju fala takilni ila nafsi tarfata 'aynin wa aslih li sha'ni kullahu la ilaha ila anta.

○ Allah, in Your mercy I hope, so do not leave me to myself the blinking of an eye and rectify for me all of my affairs. None has the right to be worshipped except You.

La ilaha illa anta. Subnhanaka, inni kuntu min al-dhalimin!

There is no god (truly in existence) but You. Exalted are You. Indeed, I have been of the wrongdoers. [Qur'an 21:87]

“La ilaaha ill-Allaah al-‘Azeem ul-Haleem, Laa ilaaha ill-Allaah Rabb il-‘arsh il-‘azeem, Laa ilaaha ill-Allaah Rabb is-samawaati wa Rabb il-ard wa Rabb il-‘arsh il-kareem”

“There is no god except Allah, the All-Mighty, the Forbearing; there is no god except Allah, the Lord of the Mighty Throne; there is no god except Allah, Lord of the heavens, Lord of the earth and Lord of the noble Throne.” [Bukhari, Muslim]

‘Allahmumma rahmataka arju falaa takilni ilaa nafsi tharfata ‘ayn, waslih li sha’ni kullah, laa ilaaha illa ant’

“O Allah, I hope for Your mercy. Do not leave me to myself even for the blink of an eye. Correct all of my affairs for me. There is none worthy of worship but You.” [Abu Dawud]

‘Allah, Allah, Rabbee laa ushriku bihi shay’an’

Allah, Allah, my Lord, I do not associate anything with Him” [Abu Dawud, Albani, Ibn Majah]

Yaa Hayyu yaa Qayyoom, bi Rahmatika astagheeth

○ Ever-Living One, ○ Everlasting One, by Your mercy I seek help. [Mustadrak al-Haakim]

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RESEARCH *issues*

EDUCATE *individuals*

EMPOWER *communities*

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The Family and Youth Institute strengthens and empowers individuals, families, and communities through research and education efforts that promote: positive youth development, healthy marriages, effective parenting, and mental health and well being.

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