Suicide Intervention Workshop

Diocese of Kerry

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November 2014
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Executive Summary

The tendency to turn to the clergy in times of emotional difficulty is well-established. While priests continue to perform a strong pastoral role in the community level, they face increasing pressure to provide support on issues related to mental health, an area in which they feel that they have little training. One particular cause of distress among priests is a lack of information required to identify, advise, and guide those with suicidal thoughts or behaviours.

For this reason discussions were held with Pieta House CEO Joan Freeman to explore the possibility of piloting a suicide awareness workshop that would address the specific needs of the clergy and the Parish council. A workshop was designed and co-delivered by Pieta House COO Cindy O’Connor and Dr. Liz Murphy. There were two priest’s workshops (11 attending the Killarney Parish Centre, and a further 11 the following day in Tralee) and two for lay people and members of pastoral teams (attended by 42 participants).

Based on analysis of questionnaires administered before and after the workshop the following information was discerned:

- While half had been asked for advice in relation to suicidal thoughts, only half of this number were comfortable discussing the topic.
- 76% had dealt with death by suicide in their capacity as a priest
- Suicide has a strong personal impact on priests, who often feel helpless in the aftermath
- Confidence in their ability to provide advice, support, and assess the risk of those discuss suicide was statistically significantly higher after the workshop
- Similar results were found among those attending the pastoral groups and lay people workshop

Based on this information key recommendations included extending the pilot workshop to all clergy, developing referral pathways between clergy and Pieta House, establishing an advisory relationship to help with suicide in the community, and producing material to guide priests when dealing with someone experiencing suicidal crisis.
Section 1: Introduction
Background

The proportion of individuals turning to their priest during times of emotional distress is neither surprising nor a new phenomenon. This occurrence has remained constant in recent years, with a substantial proportion of individuals experiencing emotional distress approaching priests for guidance and counselling. Explorations of priest’s confidence in their ability to deal with such individuals suggests a lack of training in relation to advising, supporting and referring clients in emotional distress (Leavey et. al., 2011). Given the prominent role of the clergy in the community, Pieta House developed a training workshop tailored to the needs of priests.

The role of the clergy in aiding individuals in emotional distress

In a general population survey of 15-54 year olds in the United States, one quarter of individuals had sought treatment from members of the clergy (Wang, Berglund & Kessler, 2003). Almost one quarter of those individuals were reported to have the most severe mental health difficulties, and the majority of these individuals were solely seen by members of the Church. Almost 80% of older adults are members of their church, with over 50% involved in worship once a week (Gallup, 1994). With specific reference to suicide, individuals have high contact with the clergy and are as likely to contact their priest as other care providers (Wang et. al., 2003), with the strongly religious (Leavey, Loewenthal & King, 2007) and the older age groups (Weaver & Koenig, 2001) perceiving priests as better equipped carers than mental health professionals. Similar figures are evident in European studies, with research suggesting that 8% of non-institutionalised individuals have sought help from religious advisors, with the figure higher among older than younger individuals (Kovess-Masfety et. al., 2010; Sevilla-Dedieu et. al., 2010). Consequently, mental health needs are becoming an increasing concern for priests throughout Europe and the US (Weaver & Koenig, 2001).

Priests interact with a broad range of people in the community, provide public services, are easily accessible, and often develop trusting relationships with members of the community (Scheerder et. al., 2010). This places them in an ideal position to engage and refer individuals experiencing mental health difficulties. There is also potential to provide general preventative and supportive services, including recognising symptoms, providing support and crisis intervention, referring and facilitating access to mental health services, and decreasing stigma (Mann et. al., 2005).

However, the potential benefits of priests identifying the signs and symptoms of suicidality and mental health difficulties is greatly reduced by a lack of relevant training and education in mental health needs (Wang et. al., 2003).
Skillset of priests in relation to mental health

Much of the literature on the mental health training of priests and clergy members was published in the 1970s and 1980s, with little insight into more recent training practises (Farrell & Goebert, 2008). A recent American study revealed that 71% of the 98 participating felt inadequately trained to recognise mental illness (Farrell & Goebert, 2008). A further 27% had received no training in mental health, while the majority (64%) were engaging in 1-5 hours of counselling a week. Leavey, Loewenthal and King (2007) reported that while dealing with mental health problems is a significant part of their work, many mainstream Christian clergy perceive it as an area for which they are unprepared, with most viewing their counselling as a conduit to more professional therapy.

Recent evidence from Mason and colleagues (2011) suggest an improvement in skills of clergy in relation to the identification and referral of individuals experiencing suicidal ideation. Many of the clergy directly asked the individual about their active suicidal ideation, and noted the differences between active and passive suicidal ideation. However, in exploring how clergy obtained their knowledge of mental health, Bledsoe and colleagues (2013) reported that 17.6% had obtained knowledge from seminars, training and workshops, while 18.2% obtained knowledge from personal study, research and reading. Only 9.4% obtained their knowledge of mental health from pastoral and seminary studies.

O’Kane and Millar (2001) investigated the help-seeking experiences of 32 Catholic priests in Northern Ireland. The most frequent related problems related to bereavement, alcohol or substance abuse, and relationship problems. While priests could counsel parishioners on bereavement, anxiety, and stress, for issues related to suicide or mental health concerns two-thirds of priests responded by referring the individual elsewhere. Most priests (63%) were dissatisfied with their training for counselling, and 59% did not find it useful in their current work.

Spiritual beliefs of the clergy on suicide

As attitudes of suicide have been found to somewhat influence an individual’s intervention skills (Neimeyer, Fortner & Melby, 2001), it is important to investigate clergy attitudes in relation to suicide. In Leavey, Rondon, and McBride’s (2011) investigation into clergy views of suicide in Northern Ireland all respondents reported that suicide was of personal significance to them through neighbourly or community connections, and that all had experienced dealing with at least one suicide (with one clergy member having experienced 20 cases of suicide).

The position of the clergy on suicide is extremely complex due to the value placed on the sanctity of life. Leavey, Rondon, and McBride (2011) reported that while life is sacred, it was acknowledged that suicide may be the product of mental illness, and therefore an involuntary act of someone in emotional distress. There was a perception that views within the Christian
tradition have shifted in the last 50 years, with suicides now generally treated in the same manner as other deaths, with sentiments of compassion and forgiveness regularly mentioned by participants. Consequently, they frequently distanced themselves from a more punitive view of suicide and use a compassionate understanding of suicide. Generally, a more psychological understanding of suicide was evident among the clergy. In line with this, they saw a more psychiatric intervention as more appropriate for individuals in crisis than a religious or spiritual intervention.

Recent work from the Irish Catholic Bishops’ Conference also demonstrates positive attitudes in relation to suicide and working with services to prevent suicide. The need for the Catholic Church to prevent suicide was recently voiced by Archbishop Neary (2013), who stated:

“While the Church teaches that human life is a gift from God and is not ours to dispose of, it also recognises that suicide is often a response to a situation of deep despair and distress, for which the individual concerned cannot be considered fully responsible. Our response is one of compassion, not condemnation.”

Further work from the Irish Catholic Bishops (Rooney, 2013) suggests a positive collaboration between the Catholic Church and suicide prevention services. Seamus McCabe from the Public Initiative for the Prevention of Suicide and Self-harm (PIPS), a suicide prevention initiative in Northern Ireland, outlined the benefits of his strong working relationship with priests in the local area. He suggested that this was crucial in reaching vulnerable individuals, whose local priest may be their first port of call when in distress, and stresses the need for a multi-agency approach.

**Attitudes of clergy towards referral and collaboration with mental health services**

Previous research in this area suggests that clergy tend to refer parishioners to organisations with similar belief systems. While the majority of clergy support the need for psychological intervention, the majority preferred counsellors with ‘spiritual sensitivity’ (Openshaw & Harr, 2009). In line with this, evidence from VanderWaal, Hernandez and Sandman (2012) suggests that clergy were likely to refer individuals to a professional counsellor who was preferably Christian. Bledsoe and colleagues (2013) assessed the preference of clergy for referrals, choosing from a counselling centre, a physician, a hospital, or other. The majority (84%) chose counselling centres. Counselling centres was the most popular answer in relation to who clergy wished to collaborate with.

Bledsoe also explored the attitudes of clergy members to mental health collaboration. The majority were favourable to referring parishioners to outside mental health agencies, with 70% supporting referrals without reservation. A number of responses endorsed referring individuals to spiritually-based professionals.
Given the favourable attitudes of the clergy in relation to furthering their knowledge and skillset in relation to individuals experiencing emotional distress, suicide awareness workshops would be ideally placed to aid clergy members. While limited research exists in relation to the effect of suicide awareness training on levels of confidence and knowledge among priests, the existing literature suggests a positive response to such training (Chagnon, Houle, Marcoux & Renaud, 2007; Coppens et al., 2014; Hegerli, Althausi, Schmidtke & Niklewski, 2006).
Section 2: The Workshop
Context
An invitation was extended to Joan Freeman, CEO of Pieta House, to join the Council for Justice and Peace. At a subsequent Council meeting the possibility of providing clergy and pastoral groups with some training on signs of suicide was discussed, and it was agreed that a pilot workshop be trialled.

Aims
The aim of the workshop was to build confidence and assurance in the ability of priests and members of pastoral groups to respond to the issues of self-harm and suicide.

Structure and content
The workshop was designed to emulate the ‘Mind Ur Buddy’ programme, but with a specific emphasis on identifying and responding to the needs and concerns of the clergy. The session was experiential in nature, with a clear focus addressing how to interact, support, and refer those who are suicidal, and in supporting the priests that respond to them.

An overview of the workshops structure is provided below:
- Suicide in Ireland today
- Myths and facts of suicide and self-harm
- If someone tells you that they are suicidal, do you respond or react?
- Where does confidentiality start and end?
- How to spot the signs of suicide and assess the level of risk
- The relationship between self-harm and suicide
- What issues does it raise for you?
- Appropriate and inappropriate ways to respond to self-harm and suicide and the appropriate language to use
- How to respond to a suicide in the parish
- Information on the support that Pieta House will provide and a referral pathway

A total of three workshops were delivered: two for priests (11 attending the Killarney Parish Centre, and a further 11 the following day in Tralee); and two for lay people and members of pastoral groups (attended by 42 participants)

The workshops were co-delivered by Cindy O’Connor (COO, Pieta House) and Dr. Liz Murphy.

Evaluation
In order to ascertain the effectiveness of the workshop a small evaluation was conducted (see \textit{Appendix 1}). A brief questionnaire was administered before the workshop, and a similar one administered after the session had concluded.

Questionnaire items enquired about the frequency that advice was sought due to suicidal thoughts, the confidence in responding to such requests, exposure to deaths by suicide, risk assessment, and ability to support someone at risk from suicide.

The results of the evaluation procedure can be viewed in Section 3.
Section 3: Evaluation Results
Results are reported in two sections: the first presents the findings for the workshops attended by priests; and the second presents the findings for the workshops attended by pastoral groups and lay people.

**Priest workshop**

A total of 21 priests completed the questionnaire, attending from parishes in the Diocese of Kerry. These priests represented approximately one third of the active priests in the Diocese.

Almost of half (48%) had been previously asked for advice or guidance in relation to suicidal thoughts. Of this number, 43% stated that they were comfortable discussing this topic.

Over three quarters of the respondents (76.2%) had previously dealt with death by suicide in their capacity as a priest. For most (62%) this was several times a year, though for a minority (5%) this was several times a week.

Reacting to suicide had a strong personal effect with most reporting feelings of helpless, an inability to effectively console the family of the bereaved, and difficulties with the eulogy and other funeral elements. One priest expressed sadness and frustration because he “couldn’t do much to help the bereaved” while others stated that it was “difficult to know what to say and do in the circumstances.”

Three items were repeated in the before and after questionnaire:

1. How confident are you in your ability to provide advice or guidance on the issue of suicide?
2. How confident are you in your ability to support someone who disclosed suicidal thoughts to you?
3. How confident are you in assessing the risk level of someone who disclosed suicidal feelings to you?

The percentages for those who were moderately to very confident before and after the workshop are presented below in Graph 1.
While there were substantial increases in their confidence to provide advice on the issue of suicide and their ability to assess risk levels, all participants reported that they felt confident in their ability to support someone who disclosed suicidal thoughts to them. Further analysis using paired-sample t-tests demonstrate that each of these differences (for advice\(^1\), support\(^2\), and risk assessment\(^3\)) are statistically significant.

By the end of the workshop more than three-quarters of priests (76%) felt confident in their ability to discuss and directing individuals to relevant support services. The workshop was commended in the comments section for its ‘clear practical presentations’ and the ‘down to earth information’, with several specifically noting the benefit of challenging and clarifying the myths and facts surrounding suicide.

\(^{1}\) \(t(15) = 2.83, p<.05\)  
\(^{2}\) \(t(18) = 5.29, p<.05\)  
\(^{3}\) \(t(19) = 3.00, p<.05\)

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**Graph 1. Percentages of priests who were moderately to very confident providing advice, support, and assessing risk of suicidal individuals before and after the workshop**
**Pastoral groups and lay people workshop**

A total of 42 individuals attended the workshop designed for pastoral groups and lay people. This group comprised members of the parish council, pastoral members, counsellors, and a teacher.

The majority of the group (62%) had been asked for advice or guidance relevant to suicidal thoughts, and a third had direct experience of a death by suicide. The main impact at a personal level was feelings of helplessness, upset, and distress.

Less than a quarter (24%) of the group reported that they were confident discussing the topic of suicide. One reason for this low number was due to the fact that a considerable proportion of the group had never before been asked for advice in this area.

The same three items were administered in the pre- and post-workshop questionnaire:

1. How confident are you in your ability to provide advice or guidance on the issue of suicide?
2. How confident are you in your ability to support someone who disclosed suicidal thoughts to you?
3. How confident are you in assessing the risk level of someone who disclosed suicidal feelings to you?

The percentages for the pastoral group who were moderately to very confident before and after the workshop are presented below in Graph 2.

**Graph 2. Percentages of pastoral group who were moderately to very confident providing advice, support, and assessing risk of suicidal individuals before and after the workshop**
As displayed in Graph 2, confidence levels in the ability to offer advice, provide support, and identify risk levels for those who disclosed suicidal ideation were higher after the workshop. Additional analyses revealed these differences to be statistically significant.

Three-quarters of the group also expressed confidence in their ability to direct someone with suicidal feelings to the relevant support services.

The majority of participants found the workshop to be very informative (83%) and very suitable (76%), with most drawing particular attention to the “Ask, Persuade, Refer” approach and the use of appropriate language surrounding suicide.
Section 4: Summary & Recommendations
The present evaluation aimed to explore the potential benefit and necessity of a suicide awareness workshop for priests in the Diocese of Kerry, and members of the pastoral council in the parishes of Tralee and Killarney. Two facilitators presented a tailored training workshop to 22 priests. The training was based on the ‘Mind Your Buddy’ programme distributed by Pieta House, with specific tailoring to the pastoral needs of priests in relation to suicide. The training programme was tailored following an interview with two Dublin priests, who outlined some of the key issues for priests in relation to suicide. Following preliminary analysis of the Pre- and Post-Workshop Questionnaires, significant benefits were demonstrated among the priests and parishioners in relation to confidence levels.

Preliminary analysis in this respect suggests that Irish priests’ experiences with suicide reflect those previously reported within the literature. Almost half of the priests had been asked for advice or guidance in relation to suicidal thoughts, while the majority had experienced suicide in their capacity as priest. When compared to existing literature, these findings are very much in line with reports of the personal significance of suicide to priests in relation to experiences in their communities (Leavey et. al., 2011). Exploration of the impact of these experiences on priests further reflect the available empirical evidence, with previous studies indicating the need for more training (O’Kane & Millar, 2001) and an assertion among priests that they felt unprepared for this element of work although it was a significant aspect of their daily work (Leavey et. al., 2007). These themes can be observed in the comments of the priests in the present evaluation, with suggestions of feelings of helplessness, and difficulty in knowing how to deal with such a situation. Findings also support the lack of training and development in this area, with one priest indicating that the ‘first time was the worst’, however, it became ‘more manageable with time’. This re-iterates the lack of training available to priests, with the majority finding support and information from their errors in this area and from the support of other priests (O’Kane & Millar, 2001). Exploration of the pastoral members further reinforces these findings, and reflects the prominent role of the clergy, and the associated pastoral council, in the community. The present evaluation furthers knowledge within an Irish context, and reinforces both the role of the clergy in supporting individuals in crisis, and the need for further development of skills in this area.

The response of the priests and pastoral team to the suicide awareness workshop provided by Pieta House further emphasizes the need for more widespread availability of such services to priests. The majority of respondents found the workshop to be very informative, and many stressed the suitability of such a workshop for priests, with respondents suggesting that suicide is ‘a very relevant topic for priests’. Priests found the information to be very practical and clear from the training, with ‘a good mixture of practical experience and solid research’. The identification of research as an important element and key benefit of the workshop further emphasises the knowledge of priests in relation to mental health, and their request for further research to aid in their ministry.
The core themes from the priest’s recommendations suggest the need for a greater focus on pastoral needs, including the eulogy and funeral recommendations following a death by suicide in the community. There were also requests for a longer workshop, with references to an increased focus on the practical implementation of guidelines surrounding advising and supporting parishioners who present to them with suicidal ideation. The comments provided suggested that the participants thoroughly supported the workshop and its purpose.

The evaluation suggests a significant level of support for such training among priests and reflects the need for increased training in suicide awareness for priests to increase their confidence in advising, supporting, and referring individuals in crisis.

Based in this information key recommendations include:

1. Rolling out a suicide awareness workshop to clergy and lay people county by county.

2. Creating a referral pathway between the groups and Pieta House through a designated phone line which will allow Pieta personnel to deal specifically with any requests or queries that may arise from the diocese.

3. Establishing a relationship between the clergy and Pieta personnel that will advise and support them if a suicide takes place within their community.

4. Providing an Information booklet that will highlight the key points needed to guide the Clergy and the lay people in case they encounter someone in distress along with the number of the designated phone line.
References


Appendix