

The Salvation Army
International Positional Statement

SUICIDE PREVENTION

STATEMENT OF POSITION

The Salvation Army believes that every possible means should be taken to prevent a person from intentionally taking his or her own life, or seeking the assistance of someone else to do so. While suicide may be primarily a medical or mental health problem (among others), protective factors such as social support and connectedness play a significant role in its prevention. Suicide prevention is everyone's business. Prevention may be a matter of a caring person with the right knowledge being available at the right place at the right time.

BACKGROUND AND CONTEXT

Suicide is the act of deliberately killing oneself. Despite intense studies, there is no universally accepted theory of suicide. It is now understood as a multidimensional disorder, which results from a complex interaction of biological, genetic, psychological, sociological and environmental factors and is more likely to occur during periods of socioeconomic, family and individual crisis situations (e.g. unemployment, loss of a loved one, loss of honour).

Despite the fact that suicide today is a major public health issue in all countries, with far reaching social, emotional and economic consequences, it remains a taboo subject in most societies. It may not be possible to eliminate entirely the risk of suicide, but it is possible to reduce the risk substantially by a variety of prevention strategies.

- The World Health Organisation (WHO) reports that more than 800, 000 people die from suicide each year, one death for every 40 seconds. In the past 45 years, suicide rates have increased by 60% worldwide. In most countries, suicide predominates in males (with some significant exceptions such as China). Suicide is among the top ten causes of death in every country, and one of the three leading causes of death in the 15 - 30 year age group.
- Mental disorders (particularly depression, substance abuse, schizophrenia and personality disorders) are associated with more than 90% of all cases of suicide. Effective treatments for most of these conditions have been identified but are not always available or utilised.
- There are also certain groups of people who are at particular risk of suicidal behaviour. These include those with a past history of attempted suicide, those with alcohol and other substance dependencies, young males, the elderly, the bereaved, indigenous groups, those with sexual

identity conflicts, migrants, those living in rural areas, those in prison custody, and those with debilitating physical illness.

- Suicide attempts are up to 20 times more frequent than completed suicide. The risk of suicide being achieved is particularly high in the first year after an attempt.
- Many studies have shown that availability of guns, bridges without barriers, pills packed in large numbers (instead of blister packs), toxic domestic gases and vehicle emissions significantly add to the likelihood of suicide completion.
- The media can play a powerful role in educating the public about suicide prevention, but they also have the potential to do harm. Certain ways of describing suicide contribute to what scientists call 'suicide contagion' or 'copycat' suicides. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates.
- Only a small number of suicides happen without warning. Therefore, all threats of self-harm should be taken seriously. In addition, a majority of people who attempt suicide are ambivalent and not entirely intent on dying.

GROUNDS FOR THE POSITION OF THE SALVATION ARMY

The Salvation Army believes in the sanctity of human life. Humankind was created in the image of God (Genesis 1:27). All people – without exception – are of value to him, holding a special place in his creation (Psalms 8:5), irrespective of age, gender, race, religion, health or social status, or their potential for achievement.

The Salvation Army deplores the condemnation of people who complete suicide, and considers unjust the stigma that falls on surviving family and friends. It believes that nothing separates us from the love of God (Romans 8: 38-39), and that God's wisdom is perfect. This is reflected through the words used in The Salvation Army's committal service for victims of suicide: 'As our brother/sister has departed this life, we now commit his/her body to the grave: earth to earth, ashes to ashes, dust to dust; in the certainty of the resurrection and of the eternal wisdom and mercy of God.'

The Salvation Army believes that experiencing the life-renewing power that is found in Jesus can crucially lead to restored hope, healing and new life, and that restored relationships are well known protective factors against suicidal behaviour.

PRACTICAL RESPONSES

1. The Salvation Army was the first organisation in the world to provide suicide prevention programmes. In 1907 its Founder, General William Booth, commenced the Salvation Army work in suicide prevention with an anti-suicide bureau in London. This ministry to those contemplating suicide as well as to the bereaved is ongoing and effective.
2. The Salvation Army supports all measures to augment the individual, professional and public awareness of the risk of suicides.
3. The Salvation Army encourages individual territories to educate their staff (medical services, social services, teachers, pastoral carers) in suicide prevention, respecting cultural diversity.

4. The Salvation Army promotes educational tools for a broader public (e.g. Question, Persuade, Refer: First Aid Course in Suicide Prevention: www.suicideprevention.salvos.org.au) and encourages their adaptation to the special needs of different cultures.
5. It is of vital importance that people at risk have low-threshold access to professional care, especially when they suffer from a mental disorder. The Salvation Army, being an organisation that traditionally supports the weak, promotes all efforts to provide an optimised treatment for psychiatric patients.
6. The Salvation Army supports all measures that can be taken at community and national levels to reduce access to the means of suicide.
7. Bereavement after a loved one has taken their own life is often more complicated, intense and prolonged than it is with a death from natural causes. The Salvation Army offers sensitive counsel and pastoral care to the bereaved, seeking to remove the often-present stigma around suicide. When the grieving process is complicated by severe shock, blame, guilt and other factors, professional counselling may be required.
8. The Salvation Army encourages the implementation of responsible media guidelines for reporting on suicide.
9. The Salvation Army recognises the many credible organisations working locally and globally on the issue of suicide prevention, and encourages cooperation and networking with these agencies to optimise support of people at risk of attempted suicide.

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Approved by the General, July 2009

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