

***RESOURCES FOR THOSE  
STRUGGLING WITH SUICIDAL  
THOUGHTS, AND THOSE  
WHO LOVE THEM***



# HOW CAN THE BLUE DOVE FOUNDATION HELP?

The Blue Dove Foundation was created to help address the issues of mental illness and addiction in the Jewish community and beyond. We work with individuals and organizations across the United States and around the world. Each of us at Blue Dove has been personally touched by these challenges, and we are dedicated to helping our communities learn, teach, speak, think, and act on these life challenges in ways that decrease stigma and increase understanding.

As we continue to educate, equip, and ignite our Jewish community with tools to understand, support, and overcome the challenges presented by mental illness and substance use disorder, we are finding many ways to fill in the mental health education gaps in the Jewish community. We have created several resources connecting Judaism and Jewish Holidays to mental health and substance use disorders, and we have workshops that help people learn and grow in their awareness.

## ***Resources you can find on our website include:***

- **[Every Life Counts](#)**: Short, accessible information to answer questions about suicide, including how to talk with children about it, how to help a family member who is struggling, Jewish practices during burial and grief, and prayers and rituals for survivors of suicide.
- **[Personal stories](#)**
  - Our #QuietingTheSilence book shares personal stories of struggles and loss.
- **[Resources](#)** and **[Jewish Mental Wellness Toolkit](#)**
  - Our Resource Library and Jewish Mental Wellness Toolkit offers hope and support to inspire learning and reduce stigma.
- **[Prayers for Healing](#)**
  - Mi Sheberach for Mental Health: A collection of prayers for healing.
- **[Workshops](#)** and **[events](#)** for communities across the United States and in other countries relating to mental health and Jewish values and ritual.

# HOW DO WE TALK ABOUT SUICIDE AND SUICIDAL IDEATION?

The language we use makes a difference. When talking about suicide or suicide-related behaviors, we stay away from “committed suicide” as well as “successful/unsuccessful suicide attempt.” It is a common, and harmful, idea that those who die by suicide “commit” something wrong—the way you would commit a crime, a sin, etc.—against themselves. This blame only furthers the stigma that already exists. Instead, we use terms such as “suicide attempt,” “suicide survivor,” or “died by suicide.” We can also say someone is “living with suicidal thoughts/ideation.” By changing the way we speak about suicide, we can begin to eliminate the stigma and criminalization of suicidal behaviors.

It is common to be afraid to speak about suicide and suicidal ideation. Many of us grew up thinking suicide was a shameful word or action. But we now know when someone is struggling with mental health, it is not unusual to have some type of thoughts of suicide. It can be helpful to ask directly if a loved one who is struggling is having these thoughts. (See [“What to do if a community member is experiencing suicidal thoughts”](#).) Therapists and practitioners distinguish suicidal thoughts, or ideation, as active or passive.

**Passive suicidal ideation** is marked by thoughts about suicide or a preoccupation with death without intent to act on it immediately. **Active suicidal ideation** is marked by actual, imminent, or emergent detailed thoughts and plans to die. These two states exist on a spectrum, and people may experience suicidality that moves between active and passive states.



# HOW DO WE TALK ABOUT SUICIDE AND SUICIDAL IDEATION?

Suicide and suicide attempts are not the same as what we often call self-harm. [Self-harm or nonsuicidal self-injury \(NSSI\)](#) refers to hurting oneself on purpose as a way to release painful emotions, distract from emotional pain with physical pain, express self-hatred or low self-esteem, punish oneself for perceived wrongs, or regain a sense of control. Self-harm is not a suicide attempt but rather a sign the individual is trying to cope with intense emotions. If an individual does not receive support, this behavior may become habit-forming. Many people who have overcome self-harm consider themselves in recovery. If left untreated, however, continual self-harm can lead to a greater risk of suicide.



## WHAT DO I DO IF I HAVE SUICIDAL THOUGHTS?

Suicidal ideation, or thoughts of suicide, is more common than people realize. Suicidal thoughts often show up as a way to respond to deep or persistent negative feelings or thoughts. It's our brain's way of asking for help when we don't know how to cope with these thoughts or feelings, or the challenging life situations we find ourselves in. These thoughts and feelings are often short term and situation specific ([See "Suicide Facts and Statistics" in Part 1](#)). With time and/or the right support, **these thoughts and feelings can change**. Many people who have experienced suicidal thoughts live long, successful, meaning-filled lives, even if they couldn't imagine that in their darker times. If you are struggling, continue reading to consider who can help and how you can get the support you need. If you know someone who is struggling, continue reading to consider how to be a trusted, safe, and supportive person.

### *There are Many Reasons for Suicidal Thoughts – and Many Reasons for Hope*

Suicidal thoughts can be caused by many things, including a new or untreated mental health challenge, a change in medications, or sudden and/or significant stressors, such as being a victim of bullying or other abuse, the death of a loved one, medical challenges, or financial stress. It's OK if you don't know the cause of your suicidal thoughts. **The important thing is to reach out for help when you are experiencing suicidal thoughts, even if you don't believe these problems can be solved.**

A note from an 18-year-old survivor of a suicide attempt focuses on the message she would send to someone who is experiencing suicidal thoughts and has lost the will to live:

"You are more important than any problems you may have. You are more important than school, work, financial challenges, etc. I know you don't actually believe that it gets better, and it's annoying when people who don't really 'get' it tell you it will. For now, just let go of expectations—whatever those are—of all of the things you're told add up to a full and meaningful life. If you're staying alive, you're succeeding enough."



## WHAT DO I DO IF I HAVE SUICIDAL THOUGHTS?

### *How to Talk to Someone When You're Having Thoughts about Suicide*

When you are thinking about telling someone about your suicidal ideation, identify the people in your life who feel safe to tell. It might be a family member, friend, doctor, mental health professional, or crisis hotline responder (such as 988). When you have made the decision to share, tell them how your suicidal thoughts are affecting you. You can share how often the thoughts are present, in what ways they are disrupting your activities and well-being, and the severity of the thoughts.

All thoughts of suicide should be taken seriously. You deserve help and support for challenges you're experiencing. **If you are having suicidal thoughts, reach out to a trusted person in your life or contact 988, the Suicide & Crisis Lifeline, via a call, text, or chat.** The Lifeline is available 24 hours a day, seven days a week, and will connect you with a trained crisis counselor and local resources.

### *Barriers to Reaching Out*

Individuals experiencing suicidal ideation often struggle to share their feelings with friends or family for fear of burdening them. Think about the people who care about you and who have helped you feel better in the past, and start by talking to one trusted person. "Even if your situation feels hopeless now, there are people in your life who care about you and want you here." ([The Jed Foundation](#)).

When you're struggling, **it's hard to imagine anything helping.** Try to focus on one day or one hour at a time rather than on the biggest picture. What would feel supportive today? A friend sitting with you, a trusted person helping you call a hotline or a medical provider, a warm meal?

HELP



## WHAT DO I DO IF I HAVE SUICIDAL THOUGHTS?

You may also feel like something that helps today won't help in the long-run, and therefore those small comforts don't matter—or in fact nothing matters. Remember that you don't have to know the way through this challenging time, and it makes sense that you can't imagine it right now. Focus on the “small wins”—on one life-nurturing activity at a time, whether that's talking with a friend, taking a walk, eating a meal, watching a video that makes you laugh, calling a help-line, or cuddling with a pet.

“Low energy leads to low-self esteem and shame, which leads to more low energy.” [This](#) article explains the connection between depression, low energy, and low motivation and offers a few steps to help break that cycle.

Think of a dear friend and how you would want them to be treated if they were in your situation, and try on that kindness for yourself.

Know you deserve help, kindness, care, and support in your dark times. Know depression and suicidal thoughts are not your fault. Know surviving doesn't mean you will live like this forever. Reach out to a trusted person, or contact 988 for help getting through this time, and know you will be able to find what makes life feel meaningful and rewarding again.




## HOW DO I SUPPORT A LOVED ONE WHO IS STRUGGLING WITH SUICIDAL THOUGHTS?

*Adapted from [What to do if a Community Member is Experiencing Suicidal Thoughts - Part 1](#)*

If you have concerns about someone's language, behaviors, or emotions, talk to them. ([See "What are the Signs that Someone Might be Experiencing Suicidal Ideation?" in Part 1](#))

Ask them what they are experiencing. These changes can be caused by a new or untreated mental health challenge, a change in medications, or sudden or significant stressors, such as being a victim of bullying or other abuse, the death of a loved one, medical challenges, or financial stress. If you are able, connect the person to a doctor, licensed mental health professional, or crisis services to discuss these challenges. If it is urgent, take them to emergency services.

Questions you can ask if you are concerned\* include:



*Can you talk about what is making life hard right now?*

*I am concerned about your safety. I've noticed you've been \_\_\_\_ (sadder than usual, more withdrawn, etc.) recently. Can you tell me what's been going on?*

*What is making you feel so \_\_\_\_ (overwhelmed, hopeless, scared, upset, etc.)?*

*What can I do to help ensure you are safe?*

*What would make you feel supported?*

*\*If they are not comfortable talking with you, that is OK. Help the individual find someone to whom they can talk to ensure they are safe.*

## HOW DO I SUPPORT A LOVED ONE WHO IS STRUGGLING WITH SUICIDAL THOUGHTS?

### *Responding to Active and Passive Suicidal Ideation and Severe Mental Health Challenges:*

- If you are concerned a loved one is experiencing suicidal thoughts, ask them directly.
  - The question should be direct, e.g., “Are you thinking about killing yourself?” or “Are you thinking about suicide?” This might feel uncomfortable or challenging, but practicing out loud can help you feel more confident asking the question in real-time.
  - If their answer is “yes” (active suicidal ideation), ask if they have a plan for how they would kill themselves and if they have decided on when they would do it. These questions can help distinguish between active and passive suicidal ideation and help you decide what the next steps are in supporting your loved one. ([\*See “How Do We Talk about Suicide and Suicidal Ideation?” Part 1\*](#))
  - If their answer is “no” (passive suicidal ideation), continue to ask questions and gather information about how you can support them.
  - Have a plan if your loved one answers yes and does express suicidal ideation. You may need to help them find support, whether that is calling a crisis line, reaching out to a mental health professional, or taking them to emergency services.
- *Be direct and use the words “suicide” or “killing yourself”* when you talk with someone struggling with suicidal thoughts, even if it feels uncomfortable. Saying these words out loud reduces the stigma, lets them know you care, and may reduce the intensity of their own feelings. While it may seem counterintuitive, you will not plant the idea of suicide in their head by saying these words out loud. If you have gotten to the point where you are concerned, it may be that they have already started to think about ending their life.
- *If the person is actively suicidal* – if they have a plan and are ready to carry it out—it is time to call for help. You can call, text, or chat to the Suicide & Crisis Lifeline (988), and trained counselors will respond. Other options include calling 911, your local mobile crisis unit, your local or health plan’s urgent mental health crisis line, or another suicide hotline. If you think your loved one is in danger, stay with them until help arrives. This is critical. People experiencing active suicidal thoughts should not be left alone.

**If you can’t stay, find someone who can.**



## HOW DO I SUPPORT A LOVED ONE WHO IS STRUGGLING WITH SUICIDAL THOUGHTS?

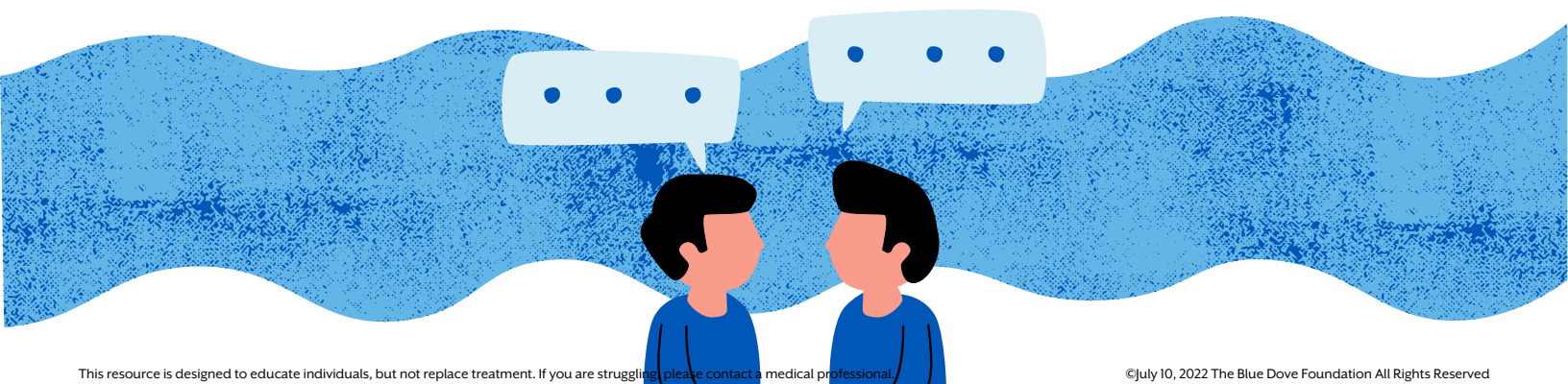
- If your child is struggling, and they are a minor, consider when to take them for an emergency evaluation at a crisis walk-in center or hospital emergency room. If you cannot keep your child safe at home, or your child indicates they have thoughts of suicide and/or a plan to end their life, you need to seek immediate urgent care. In some cases, your child may tell you they are safe out of fear of being a burden or making you worry about them. If you do not think your child is safe, you need to clearly, calmly, and compassionately explain you are going to get them help from a trained mental health professional.
- When someone you love is experiencing suicidal ideation and wants to discuss their thoughts, remember to practice empathetic and active listening. That sends the message that you want to hear what they have to say and understand what they are thinking. Keep the focus on the person you are talking to. The goal is not to “fix” them, change their thinking, or tell stories about others who have been through similar situations. The goal is to be with them as they determine their own next steps.

### *Some Tips for Engaging in these Difficult Conversations:*

- Let them know you care and want to listen and support them. Make sure you have the time and space to give. You may say, for example, “I’m here to listen. You are important to me, and I care about how you are doing.”
- Validate their feelings and convey that you are listening carefully by naming or summing up what they say. For example: “I hear you are feeling [xxxxx]. Can you tell me more about it?”
- Validating feelings is different from validating the harmful behaviors they engage in or are considering. Use nonjudgmental language about those behaviors, e.g., “You’ve been in so much pain that you are harming yourself/drinking more than you want to.”
- Encourage conversation, and ask open-ended questions such as “When have you felt like this before?” followed by “When you have felt this way in the past, what has helped?”
- Let them know it is common to experience suicidal thoughts, they “do not need to be acted on,” and you are there to explore alternatives and resources.
- Remember your loved one is giving you a gift—and being vulnerable— by sharing this part of their world with you. Acknowledge that: “This can be so hard to talk about. I really appreciate knowing what you’re experiencing, and I’m so sorry to hear you’re struggling.”

## HOW DO I SUPPORT A LOVED ONE WHO IS STRUGGLING WITH SUICIDAL THOUGHTS?

- Reassure them by offering hope and pointing to their strengths. “I have seen you get through really hard things before. You have a lot of people here who love you and care about you.”
- Show empathy: “Asking for help is a hard and brave thing to do, but it is so important,” and offer what is realistic for you to help with, whether that is a listening ear, a hug, help with groceries or meals, help making calls or accessing care, etc.
- Depending on their situation, you can encourage them to find ways to help themselves and/or to seek professional help. Offer assistance in doing so. You might ask: “Would you like me to sit with you while we reach out to someone for help?” Together, you can call their therapist, a suicide hotline, or a mobile crisis team. Long-term effective mental health support can take time. Provide reassurance and support for this process if you can.
- Remind them they matter to you and make a difference in your life, and tell them all the ways they do.
- Depression and other mental health challenges can make it hard for someone to solve problems or think clearly. Offer to help them put together a list of ideas or resources for when they are struggling, including trusted friends to call, calming activities they enjoy, breathing or mindfulness exercises, and emergency hotlines. (See our “Ladder of Skills”)
- Do not promise to keep a secret in these situations. You can offer confidentiality, meaning you will only share information with appropriate people or resources if you are concerned the person you’re talking to may hurt themselves or others.
- These conversations with a loved one can be challenging, and you may need your own sources of support. Consider calling a hotline or talking with your own therapist, doctor, or trusted friend to make sure you have the support you need in place.
- It is OK if you are not the best person to have this conversation with someone. If that’s the case, help the individual find someone they can talk to who will ensure they are safe.



## HOW DO I SUPPORT A LOVED ONE WHO IS STRUGGLING WITH SUICIDAL THOUGHTS?

People who are suicidal need to feel loved and accepted by friends, family, and colleagues.

Things to **avoid** include:

- Saying or implying their feelings are wrong or silly or unimportant. That minimizes them.
- Ignoring their comments when they bring up hard topics.
- Analyzing or criticizing their thoughts and emotions.
- Insisting they “cheer up” or “focus on the positive” or instructing them on how to feel.
- Telling them what they should be grateful for or who they should live for.
- Saying it’s all in their head or explaining away their experiences.

Brene Brown teaches a bit about empathetic communication in this short [video](#).



If you have a close friend or family member who is struggling, make sure you have access to your local mental health crisis line or mobile crisis intervention unit in your phone. National crisis lines include:

- Suicide & Crisis Lifeline | 988
  - Call, text, or chat to 988; trained counselors will respond. The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis.
- Crisis Text Line | Text HOME to 741741
- Veterans Crisis Line | 1-800-273-8255, press 1
- Friendship Line (for older adults) | 1-800-971-0016
- TrevorLifeline (for LGBTQIA+ youth) | Call: 1-866-488-7386 | Text: START to 678-678
- Trans Lifeline (for the transgender community) | 1-877-565-8860

# LADDER OF EMOTIONAL REGULATION

Everyone has endured feeling upset, frustrated, angry or anxious. These emotions are a part of being human, a sign we are reacting to our environments and living our lives. The experience is a personal one; it feels different for everyone, and we all cope with intense emotions in distinct ways. It can be tempting to label feelings as either good or bad, depending on how they feel, how we react or how they are viewed in our culture or society. It is common as well to see what we think of as “negative” emotions as problems that need to be “fixed” or “cured,” which can backfire and lead us away from what that emotion may be telling us.

We are learning more these days about ourselves and our emotions, commonly understood as similar to feedback: They give us information about how we are doing and what we need.

Our emotions are experienced on a continuum from minor irritation to full rage and panic. They are important, and the information they provide is valuable, even if they do not make sense to us at the time.



# LADDER OF EMOTIONAL REGULATION

We have a variety of strategies and skills available to manage and/or “regulate” ourselves when we feel overwhelmed. Their effectiveness depends on the person as well as the type and intensity of the distress they are experiencing in that particular moment.

Several types of tools address the different aspects of the emotional experience, and we can address our needs from all sides. We can manage unhelpful thinking, employ sensory strategies to calm our bodies, use social support to validate our feelings and get help when we need it.

The “ladder” of emotion below breaks down the types of distress we may feel, the levels of intensity and some strategies to manage them and “bring down” your levels of distress. Use these skills when you need them OR (even better) practice them daily, so they’re easy to employ when you need them.

**Tikkun hanefesh** — Jewish thought sees tikkun hanefesh as a necessary and effective way to ultimately accomplish tikkun olam — repair of the world. Before we are responsible for others, we must be responsible for ourselves, and as we heal ourselves, we heal the world.

A major part of the work of self-growth is knowing yourself, and to the extent you are familiar with your emotional rhythms, patterns and triggers, you will be able to find a way to care for yourself, your body and your spirit.



**People are accustomed to looking at the heavens and wondering what happens there. It would be better if they would look within themselves to see what happens there.**

**- 18th century Hasidic Rebbe, Menachem Mendel of Kotzk**

# LADDER OF EMOTIONAL REGULATION

 Emotional Scale 	Emotional Regulation Tool 	Calming Reminder 
<b>1. Mild distress:</b> Experiencing a minor annoyance from something not going according to plan, losing something, etc., but still feeling in control.	<b>Dialectic thinking:</b> Shift your thoughts from something that is "always/never" to something that is "more true."	<b>This is normal;</b> you are reacting in a reasonable way, and it will pass.
<b>2. Intensifying mild distress:</b> Feeling of nervousness or frustration; dealing with small interpersonal conflict; something is lost or broken.	<b>Affirmation/validation:</b> What is one thing you can say about yourself or your situation that is positive? What would you say to a good friend who was in your situation?	<b>You've handled things like this before,</b> and you can get through this too. (Add examples.)
<b>3. Irritability, anxiety:</b> Worrying about something like an exam, a presentation, etc.; having noticeable physical symptoms such as rapid breathing, sweatiness, etc.	<b>Check in with your body.</b> Are you tired, hungry or thirsty? If so, take a nap or have a snack or hydrating drink.	<b>It makes sense to feel this way.</b> You need to take a step back and take care of yourself.
<b>4. Anger, sadness, agitation:</b> Thoughts are becoming overwhelming, physical symptoms are starting to intensify.	<b>Create a mantra.</b> Is there a phrase, a song lyric or a spiritual teaching that is meaningful and comforting to you? Say it out loud.	<b>These feelings are real and valid.</b> You have tools to handle your feelings, and you won't feel like this forever.
<b>5. Significant levels of distress:</b> Feeling anxious, angry, not within your "usual" range of moods; becoming increasingly frustrated; finding it impossible to focus on a task or hold a conversation.	<b>Name three things in your environment</b> you see, then three things you hear, then three things you feel. Choose one sensory observation to focus on while you count to 10.	<b>Are your thoughts focusing on what's happened in the past or what will happen in the future?</b> Stay in the present.

# LADDER OF EMOTIONAL REGULATION

6. Overwhelming anguish: Starting to feel significant physical distress and a loss of control.	Try "square" breathing: Breathe in for four counts, hold for four counts, breathe out for four counts, and hold for four counts.	This feels really overwhelming, but the intensity will not last.
7. Intense distress, anger or anxiety: Cannot stay focused or still, unable to think "rationally."	Shift your senses: Take a hot bath/shower, go on a brisk walk, pet an animal or find a soothing repetitive motion, e.g., pace, hum, swing, fidget.	You don't need to handle this on your own. Who can be with you right now?  You're OK, and your body is responding to the distress you feel. What sensory tool has helped before?
8. Severe distress, rage or panic: May begin to experience panic attack symptoms or feelings of depersonalization.	Wrap yourself in a weighted blanket; give yourself a tight hug; or tense, hold and release your body three times.	You don't need to handle this on your own. Who can be with you right now?  You are safe, even with these overwhelming feelings.
9. Full loss of control: May not have a sense of time or place or be able to process information from others or the environment.	Tip your temperature: Place an ice pack on your face or arms, or run cold water over your wrists and hands.	You don't need to handle this on your own. Who can be with you right now?
10. Emergency or crisis: There is a threat to someone's safety. Need immediate support from an external source.	Call helpline: (988, 911)	There are resources available to support you. You are not alone.

# BIRKAT HAGOMEL

We believe Jewish prayers and rituals can help to strengthen our mental well-being, resilience and recovery in the same way [middot](#), or Jewish values, can promote them. Faith is an important part of healing for many, and Jewish thinkers and leaders historically have brought the two together.

Following an [aliyah](#), or being called to the [Torah](#), Birkat HaGomel is commonly said after one has recovered from serious illness and can also be recited in gratitude for finishing a dangerous journey. Given that the journey towards recovery is non-linear and there may be times where mental wellness has felt out of reach, we believe that the Birkat HaGomel can be recited in a number of different circumstances. The recitation can follow a relapse, psychiatric hospitalization, or some other mental health milestone when one feels confident in their wellness once more.

## Birkat HaGomel for Mental Health

[Blessed are You](#), Holy Creator, who has created each one of us, intentionally, so that we are not alone. [Blessed are You](#), Source of Rest, who has commanded us to keep Shabbat, to practice self-care and healthy boundaries, while we care for one another. [Blessed are You](#), Source of Wisdom, guide us to seek help when we need it, assist others to see us when we need holy, sacred chesed (loving-kindness). [Blessed are You](#), Divine Source of Life, whose love and mercy is with each one of us always, especially when we walk through dark valleys and as we climb the mountains of euphoria. [Blessed are You](#), Source of Peace, who helps us to choose life and remains present to us when thoughts of death are insurmountable. May we each know that, together with all of creation, you have called us unconditionally Good. May we each move from strength to strength, finding comfort in the company we keep, to wake up renewed for each new day. And, may the Holy One, who continues to bless us when we wake up and lie down, continue to light the path of life for those who feel unsafe.

Amen! - [By Devin Shmueli](#)



## MI SHEBERACH FOR MENTAL HEALTH

מי שברך אבותינו אשר קרא לנו ישראל שנאמר שרית עם אלהים, הוא יברך וירפא את אלו מבינינו הנאבקים ברוחה הנפשית. יהי רצון שיכירו בכוחם ובחסנם, ויתחסו לעצמם בסליחה ובסבלנות, וימצאו עזרה, חמלה ומשאבים בעת צרתם. הקדוש ברוך הוא יעניק לאלו מאתנו שאינם חווים קשים נפשים את הכח, החסן והיכולת להקשיב ללא שפוט ומתוך כוונה, ואת היכולת להבחין כאשר אחרים נאבקים. יהי רצונך שנגזור קהלות שמקבלות, מרוממות ותומכות באלה שבינינו הנאבקים. השתא בעגלא ובזמן קריב. ונאמר אמן.

**May the One who blessed our ancestors and named us Israel bless and heal those among us who struggle with mental well-being. May they acknowledge their own strength and resilience, treat themselves with forgiveness and patience, and find help, compassion, and resources when they need them. And, may the Holy One grant those of us who aren't experiencing mental health issues the strength, resilience and capacity to listen without judgment and with intention, and the ability to notice when others are struggling. May we create communities that accept, uplift, and support those among us who are struggling. Now, speedily, and in a time soon to come. Amen.**

## PRAYERS, RITUALS, AND STORIES FOR SUPPORT AND ENCOURAGEMENT

### Mi Sheberach (Prayer for Healing) for One Who is Struggling

**May the One who blessed our ancestors,  
Abraham, Isaac, and Jacob,  
Sarah, Rebecca, Rachel, and Leah,  
be with us in our struggles.**

**As you blessed Jacob three times, be with us in our struggles.**

**May our wrestling be transformative in our struggles.**

**Give us patience, courage, endurance, and insight.**

**May the sufferer be healed in spirit and in body.**

**May G-d be with us. We pray for meaning in the length of our days.**

### Mi Sheberach for Those Contemplating Suicide



**May the One who blessed our ancestors, Abraham, Isaac, and Jacob,  
Sarah, Rebecca, Rachel, and Leah, be with us in our struggles.**

**As you blessed Jacob three times, be with us in our struggles. May our  
wrestling be transformative in our struggles.**

**Give us patience, courage, endurance, and insight. May the sufferer be  
healed in spirit and in body.**

**May G-d be with us. We pray for meaning in the length of our days.**

## PRAYERS, RITUALS, AND STORIES FOR SUPPORT AND ENCOURAGEMENT

### Mi Sheberach for Those Struggling with Suicidal Thoughts

**May you know better days are ahead and stay with us.**

**May you know taking your own life is not the only path to healing.**

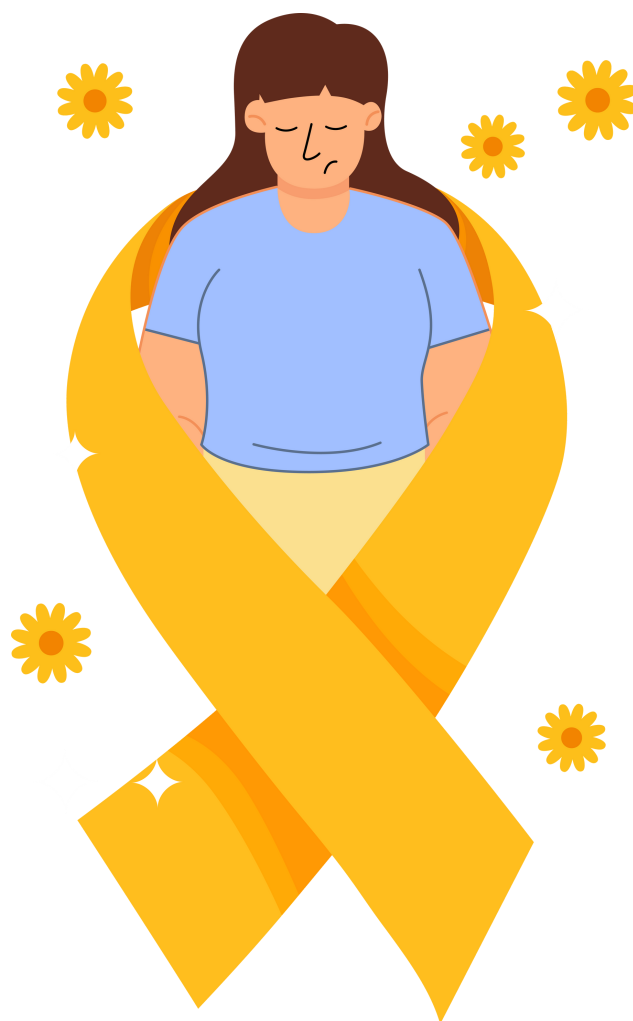
**May you never be so low you make an irreversible decision.**

**May you find courage to reach out and cry for help so you don't suffer alone.**

**May your deep pain and suffering turn to harmony and tranquility as your health improves.**

**May you live to celebrate many milestones in peace surrounded by those who love you.**

**May the prayers of all who care about you bring you healing, happiness, and blessings—refuah, simcha, and bracha.**

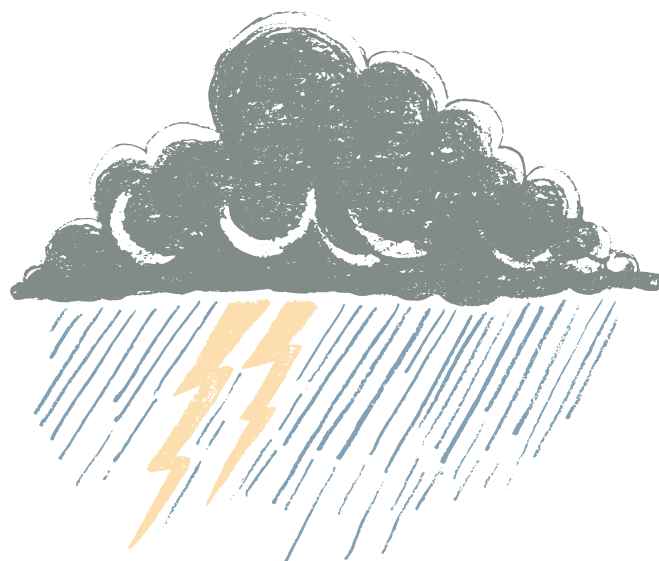


## PRAYERS, RITUALS, AND STORIES FOR SUPPORT AND ENCOURAGEMENT

### **Mi Sheberach for those who feel overwhelmed**

**May you feel relief from the pressures. May the decision you make be based on joy, not fear. May your interactions with others bring you happiness, as you see the holy spark inside everyone around you. May you focus less on the differences between you and others, and more on the connections that bring us all together. May you be kind to yourself, giving yourself the same chesed that you give to others.**

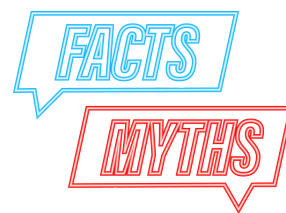
**- By Robin & Janine**



# SUICIDE MYTHS AND FACTS

Suicide can affect anyone. No group remains immune from this tragic occurrence. Some demographic groups like veterans and LGBTQ+ individuals have well-known risk rates. Others, such as adults who are 75 and older, have risk rates that may be less well known. Learning the facts and debunking myths about suicide can help us recognize how important it is to address the challenges facing those we love, whether they involve their mental health or have to do with major life changes. These facts and statistics are meant to give us the information we need in order to provide as much help, hope, and resources to as many people as possible. The goal is to help us recognize signs someone is experiencing suicidal thoughts, so we can do something to reduce the likelihood they will carry out the suicide.

Important common myths and facts about suicide —  
adapted from the National Alliance on Mental Illness (NAMI):



***Myth: Suicide only affects individuals with a mental health condition.***

***Fact:*** Many individuals with mental illness are not affected by suicidal thoughts and not all people who attempt or die by suicide have mental illness. Relationship problems and other life stressors such as criminal/legal matters, persecution,

eviction/loss of home, death of a loved one, a devastating or debilitating illness, trauma, sexual abuse, rejection, and recent or impending crises are also associated with suicidal thoughts and attempts.

***Myth: Once an individual is suicidal, [they] will always remain suicidal.***

***Fact:*** Active suicidal ideation is often short term and situation specific. Studies have shown that approximately 54 percent of individuals who have died by suicide did not have a diagnosable mental health disorder. And for those with mental illness,

the proper treatment can help to reduce symptoms. The act of suicide is often an attempt to control deep, painful emotions and thoughts an individual is experiencing. Once these thoughts dissipate, so will the suicidal ideation. While suicidal thoughts can return, they are not necessarily permanent. An individual with suicidal thoughts and attempts can live a long, successful life.

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***Myth: Most suicides happen suddenly without warning.***

**Fact:** Warning signs—verbally or behaviorally—precede most suicides; therefore, it's important to learn and understand the warnings signs associated with suicide. Many individuals who are suicidal may show warning signs only to those closest to them.

These loved ones may not recognize what's going on, which is why it may seem like the suicide was sudden or without warning.

***Myth: People who die by suicide are selfish and take the easy way out.***

**Fact:** Typically, people do not die by suicide because they do not want to live—people die by suicide because they want to end their suffering. These individuals are suffering so deeply they feel helpless and hopeless. Individuals who experience suicidal

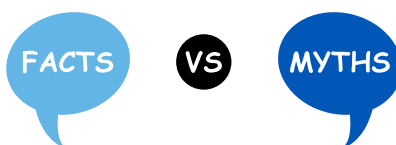
ideations do not do so by choice. They are not simply “thinking of themselves” but rather are going through a very serious mental health symptom due to either mental illness or a difficult life situation.

***Myth: Talking about suicide will lead to and/or encourage suicide.***

**Fact:** Suicide carries a widespread stigma, and as a result, many people are afraid to speak about it. But talking about suicide not only reduces the stigma; it allows individuals to seek help, rethink their opinions, and share their story with others. We all need to

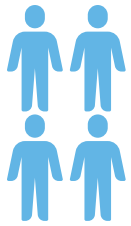
talk more about suicide. We hope debunking these common myths will allow individuals to look at suicide from a different angle—one of understanding and compassion for an individual who is struggling internally. Maybe they are struggling with a mental illness, or maybe they are under extreme pressure and do not have healthy coping skills or a strong support system.

As a society, we should not be afraid to speak up about suicide, to speak up about mental illness or to seek treatment for an individual in need. Eliminating the stigma starts by understanding why suicide occurs and advocating for mental health awareness within our communities.



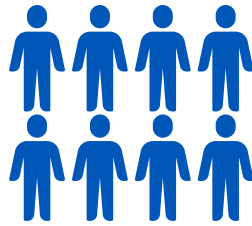
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*For every suicide death...*



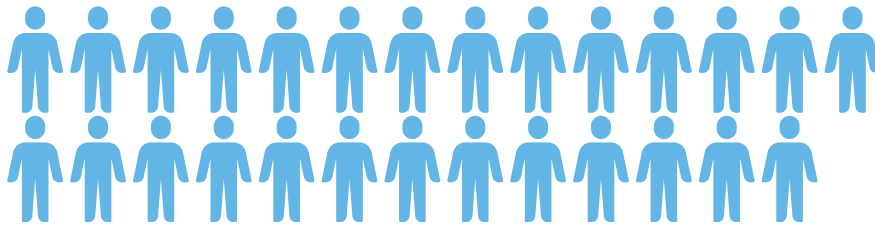
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HOSPITALIZATIONS  
FOR SUICIDE  
ATTEMPTS



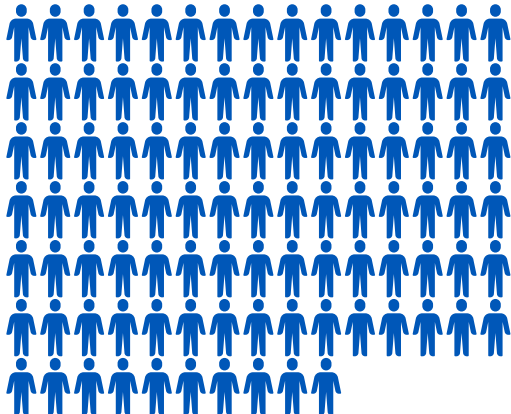
8

EMERGENCY  
DEPARTMENT VISITS  
RELATED TO SUICIDE



27

SELF-REPORTED  
SUICIDE  
ATTEMPTS



275

PEOPLE WHO  
SERIOUSLY  
CONSIDERED  
SUICIDE

This means the preventative actions people take when considering suicide can help. For more information on risk disparities in suicide, see this **CDC fact sheet**. For more information on helping a loved one who is struggling, see, "What to do if a community member is experiencing suicidal thoughts."

For more information on creating a communal environment that is protective, see, "How can we create a communal environment that supports mental health?"

*\*Source: <https://www.cdc.gov/suicide/suicide-data-statistics.html>*

## SOURCES & FURTHER READING ON JUDAISM, MENTAL HEALTH, AND SUICIDE

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[MY JEWISH LEARNING ON SUICIDE IN JEWISH TRADITION](#)

[NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION](#)

[SUICIDE PREVENTION RESOURCE CENTER](#)

[AMERICAN FOUNDATION FOR SUICIDE PREVENTION](#)

[ON WAYS TO USE LESS STIGMATIZING LANGUAGE AROUND MENTAL HEALTH](#)

[NEW AND ADAPTED JEWISH RITUALS AND PRAYERS](#)

[CDC - SUICIDE RATES BY STATE](#)

[CDC - SUICIDE FACTS SHEET](#)

[CDC - SUICIDE DATA STATISTICS](#)

## STORIES TO SHARE TO “QUIET THE SILENCE” AND RAISE AWARENESS FOR SUICIDE PREVENTION

Her sister died of a drug overdose and it spurred her to “Quiet the Silence” in her personal and professional life: **Her Hidden Struggle**

“We have grown our souls through this journey” A mother faces her daughter’s addiction: **I didn’t cause it, I can’t control it, I can’t cure it**

“You’re not broken, you’re whole--and you just need help to feel that way.” One woman’s story of hitting rock bottom and reaching out for support: **Repairing My Personal World**

A new diagnosis explained his depression—and changed the course of his career: **My Emotional Rollercoaster**

No one was allowed to know he struggled with depression and anxiety—until she lost him to suicide: **His Secrets**

A rabbi whose brother took his own life challenges us to support those in a mental health crisis the same way we do with those battling cancer: **Lessons from Loss**



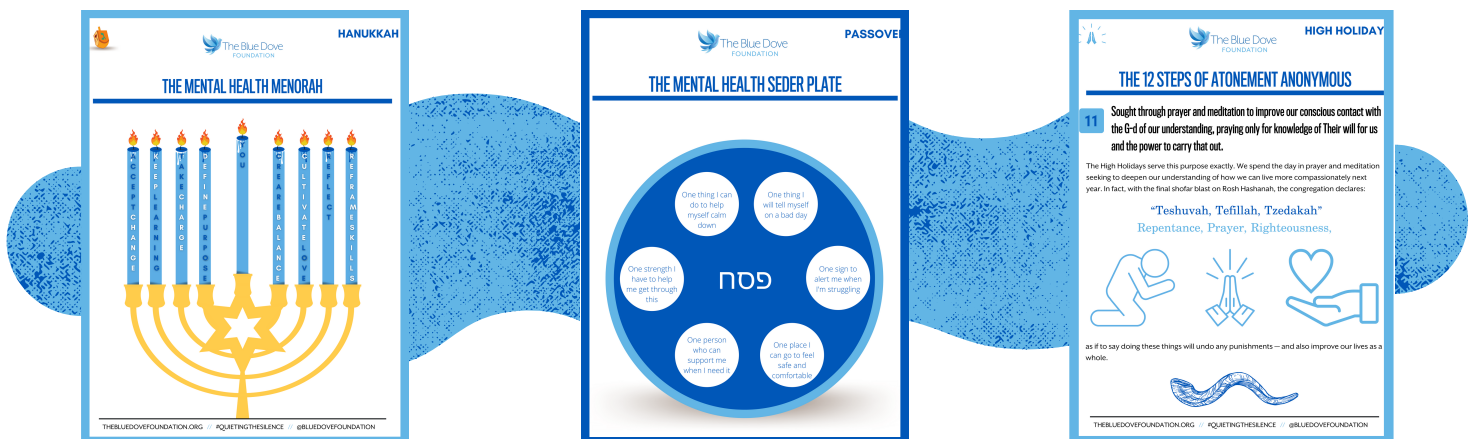
Read the full stories, and support our work in preventing stories like these, consider purchasing your own copy of our book, **[#QuietTheSilence: Personal Stories here.](#)**

## ADDITIONAL RESOURCES

The Blue Dove Foundation has a variety of resources and publications available to help bring Judaism and mental wellness to your life and community, including [publications](#):



Mental Wellness and Jewish holiday resources:



The Blue Dove Foundation also is thrilled to offer a number of incredible [workshops](#) to help bring mental health and wellness to your community, utilizing both medically backed information and resources, and relevant and impactful Jewish sources. This gives the materials a sense of practical significance and spiritual depth.