

RESOURCES FOR SUICIDE AWARENESS, PREVENTION, AND SUPPORT IN THE JEWISH COMMUNITY AND BEYOND



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 that 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 ARE THE SIGNS SOMEONE MIGHT BE EXPERIENCING SUICIDAL IDEATION?

Some of us are very aware when a friend or family member is experiencing a mental health crisis and/or suicidal ideation, while others are taken by surprise to find out a friend or loved one has been struggling. Just as we strive to reduce the stigma for those who are suffering, we must not blame or shame ourselves or others for not seeing these signs. In order to best support those around us, we all need to learn to recognize and discuss concerns or red flags when we see them.

Signs someone may be experiencing suicidal ideation can include a [change in language, behavior, or emotional states](#). These behaviors or changes individually do not necessarily indicate suicidal ideation, but they should be taken seriously. They might indicate something is wrong and may even be signs of suicidal ideation. You know your loved ones best, and it is always wise to consult a professional if you have concerns. Following are some common warning signs that may indicate suicidal thoughts:

Language:

People who are struggling may or may not talk explicitly about taking their own lives. Concerning language includes the expression of hopelessness, apathy (lack of interest or enthusiasm), feelings of unbearable pain, extreme emotions, or regret, or the wish not to be a burden on others.

Behavior changes:

People who are struggling may or may not talk explicitly about taking their own lives. Concerning language includes the expression of hopelessness, apathy (lack of interest or enthusiasm), feelings of unbearable pain, extreme emotions, or regret, or the wish not to be a burden on others.

Emotional changes:

Someone experiencing suicidal ideation may become more depressed and anxious, experience uncontrollable anger and irritability, or lose interest in things they have always cared about. They may feel significant shame about any of these feelings or the above behaviors or thoughts. Conversely, a person who has been depressed and is suddenly more energetic might also be at risk.

WHAT ARE THE SIGNS SOMEONE MIGHT BE EXPERIENCING SUICIDAL IDEATION?

These warning signs can be indicators of suicidality but also of related or separate challenges or stressors, such as a new or untreated physical or mental health challenge, significant life changes like divorce or loss of financial stability, traumatic experiences such as abuse or harassment, etc. We often don't know everything that contributes to an individual's mental health challenges.

What we have been calling "warning signs" or "red flags" can also be called "risk factors," defined as something that increases the chance that someone is more adversely affected by a challenge.

Risk factors that may contribute to depression or suicidal ideation include:

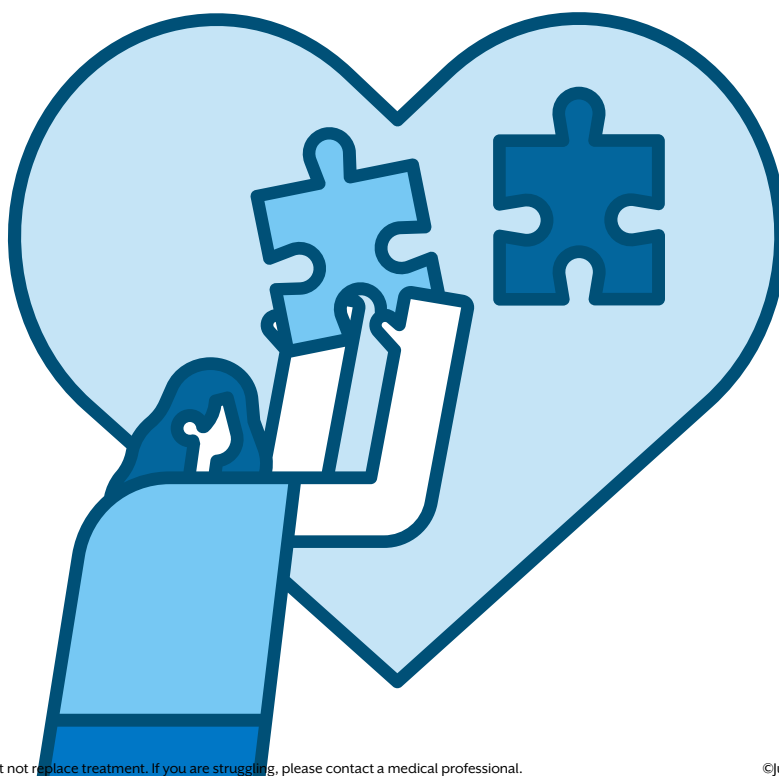
- Previous suicide attempt
- Mental and/or physical health diagnoses, chronic pain or illness
- Access to lethal means, e.g., firearms or drugs in the home
- High-stress occupations
- Financial or job insecurity, e.g., lower pay, layoffs, or decreased hours
- Prolonged and pervasive stress
- Sudden stressful or traumatic events
- Suicide loss in the family or of friends
- Substance use disorder
- Adverse childhood experiences, such as abuse or neglect
- Social isolation
- Lack of access to appropriate mental and physical health care
- Legal challenges
- Societal oppression, current and historical, of marginalized people and bodies



WHAT ARE THE SIGNS SOMEONE MIGHT BE EXPERIENCING SUICIDAL IDEATION?

We also know some of the protective factors that may help protect people from suicidal behaviors or attempts. Just as risk factors add to the chance someone will be adversely affected by a challenge, protective factors decrease these chances. Protective factors include both internal resources and family and community supports, such as:

- Access to effective mental and physical health care
- Close connections with, and support from, friends, family, and community
- Skills for coping, distress tolerance, and problem-solving
- Safe space where there is no access to weapons or lethal substances
- Encouragement from one's religious, cultural, and/or social community to seek help
- A strong sense of purpose



WHAT TO DO IF A COMMUNITY MEMBER IS EXPERIENCING SUICIDAL THOUGHTS

If you have concerns about someone's language, behaviors, or emotions, talk to them. (See "What are the signs someone might be experiencing suicidal ideation?")

If it is appropriate, ask 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, get the person to a doctor or licensed mental health professional to discuss these challenges. If it is urgent, take them to emergency services. 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.

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, help the individual find someone they can talk to ensure they are safe.

- Responding to active and passive suicidal ideation and severe mental health challenges:



WHAT TO DO IF A COMMUNITY MEMBER IS EXPERIENCING SUICIDAL THOUGHTS

- ***If you are concerned someone 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 (See [“How do we talk about suicide and suicidal ideation?”](#)) and help you decide what the next steps are in supporting that person.
 - 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 the person answers yes and does express suicidal ideation. You may need to help them take the next step, 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 already have started to think about ending their life.
- ***If the person is actively suicidal***—they have a plan and are ready to carry it out—it is time to call for help. As of July 2022, a new number will connect you to a National Suicide Prevention Lifeline. You can call, text, or chat to 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. Mobile Crisis Intervention provides mobile, community-based crisis intervention services that are intended to reduce the volume of emergency behavioral health services needed to keep an individual safe. If you think the person 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.

WHAT TO DO IF A COMMUNITY MEMBER IS EXPERIENCING SUICIDAL THOUGHTS

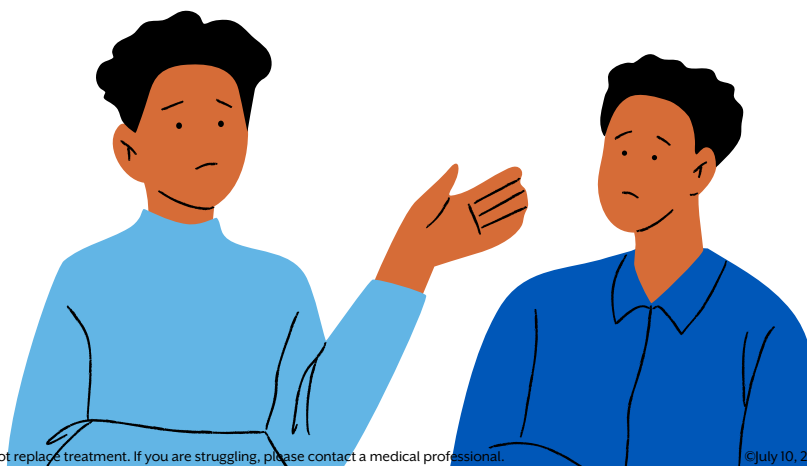
Some tips for engaging in these difficult conversations:

- 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 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 that?”
- 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 friend or 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.”
- 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.



WHAT TO DO IF A COMMUNITY MEMBER IS EXPERIENCING SUICIDAL THOUGHTS

- 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.
- 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 that the person you’re talking to may hurt themselves or others.
- These conversations with a friend or 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 ensure they are safe.



WHAT TO DO IF A COMMUNITY MEMBER IS EXPERIENCING 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 are an educator, community leader, clergy, or practitioner, make sure you have access to important crisis lines and can either call them yourself or give their numbers to struggling community members. You should look up your local mental health crisis line or mobile crisis intervention unit. National crisis lines include:

- National Suicide Prevention 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



WHAT DOES JUDAISM SAY ABOUT SUICIDE?

There is no explicit biblical prohibition on suicide. However, the rabbinic authorities prohibit suicide in their interpretation of the verse ***“But for your own life-blood, I will require a reckoning,” (Bereshit/Genesis 9:5)*** which is couched between a law forbidding humans from eating meat from an animal that is still alive and a law forbidding taking another human’s life. These laws speak to the sacred nature of life and the ways Judaism prioritizes the human responsibility to care for ourselves, for each other, and for all living beings. As our understanding of mental illness, addiction, and suicidal ideation has evolved, so have the ways the Jewish community treats those who are struggling with mental health and responds to suicide deaths.

Rabbi Yosef Caro, author of the Shulhan Arukh, a 16th century collection and explanation of rabbinical laws, includes a discussion of the ritual appropriate when a community member dies by suicide:

We do not mourn for him, or eulogize for him, or tear our clothing for him, or remove shoes for him. We only stand for him on a line and say the blessing of mourners for him and any other thing that is respectful for the living. (Yoreh De'ah 345:1)

המאבד עצמו לדעת אין מתעסקים
עמו לכל דבר ואין מתאבלין עליו
ואין מספידין אותו ולא קורעין ולא
חולצין אבל עומדין עליו בשורה
ואומרים עליו ברכת אבלים וכל דבר
שהוא כבוד לחיים.

In general, a Jewish person who died by suicide back then would not be buried in a Jewish cemetery. But the Shulhan Arukh provides exceptions to this ruling:

One who was of age, and committed suicide wilfully, [being under pressure, as [in the case of] King Saul,¹³ – [the law is that] they withhold not from him a thing. (Yoreh De'ah 345:3)

כן גדול המאבד עצמו לדעת
והוא אנוס כשאל המלך אין
מונעין ממנו כל דבר.

Anyone who is not of sound mind when they take their life, for minors, and for those facing significant distress is excluded from this ruling. These exceptions leave plenty of room for rabbis and community leaders to treat a death by suicide with the same compassion, dignity, and ritual procedures as any other death.

WHAT DOES JUDAISM SAY ABOUT SUICIDE?

The laws against suicide make sense in a tradition that values life above all else, as is repeated in the Torah: ***“And you shall observe My laws and My judgments, which a person shall do, in order to live by them; I am Adonai” (Vayikra/Leviticus 18:5).*** Jewish tradition teaches that our bodies, as well as our lives, are considered a gift from God, and therefore just as it is prohibited to harm another being, we are prohibited from physically harming ourselves.

Most Jewish communities today treat suicide as a tragedy rather than as a sin and allow for the full spectrum of Jewish mourning and burial practices following a death by suicide. As always, customs differ according to the Jewish denominational laws and traditions, and variations within each community of practice. Consult your local rabbi(s) for more information about the practice and traditions in your community.

There are many ways in which Jewish communities can help to “quiet the silence” and reduce stigma, shame, and isolation around mental illness, addiction, and suicide through mental health awareness education, visibility, programming, and support. Groups like The Blue Dove Foundation, Elijah’s Journey, and the Suicide Prevention Resource Center can provide resources, programming, and advocacy for those who have survived a loss by suicide or who are working to bring more awareness to communities.



WHAT ARE THE JEWISH MOURNING PRACTICES FOR A SUICIDE?

Age-old Jewish burial practices include a ritual preparation of the body through washing, blessing, wrapping or clothing it in a white shroud and keeping the body company until the time of burial. The local Chevra Kadisha, or Jewish Burial Society, carries out these traditions.

(<https://www.myjewishlearning.com/article/hevra-kaddisha-or-burial-society/>).

Jewish funerals generally take place as soon as possible, sometimes within 24 hours, as soon as family has had time to gather. The traditional response upon hearing of a death is the blessing, ***“Baruch Dayan Ha-emet” (or “Blessed is the Judge of Truth”)***. Immediate family members tear a part of their upper garment or wear a torn piece of cloth or ribbon.

Jewish burial practices include burying the dead in a white shroud in a closed, plain pine box in the ground. The service may take place at the graveside, in a chapel at the cemetery or funeral home, or in a synagogue sanctuary in as private or public of a ceremony as the family chooses, though there needs to be a quorum of ten adults in order to say certain prayers. The funeral generally includes the recitation of El Maleh Rachamim (God full of compassion, a short prayer sung to a mournful tune), a eulogy, and the recitation of the Kaddish Yatom (Mourner’s Kaddish) by family members or close community, depending on the tradition of the congregation. The community participates in covering the casket by shoveling dirt into the grave, and at the end of the service, friends wish the mourners ***“comfort among all the mourners of Zion and Jerusalem.”***

Deviations from the customary burial rites usually are forbidden, especially cremation, but some communities allow different burial customs in certain cases.



WHAT ARE THE JEWISH MOURNING PRACTICES FOR A SUICIDE?

After the funeral, mourners may participate in traditions that demarcate the period of mourning in increments of lessening intensity during the first seven days, thirty days, twelve months, and one year. Shiva is the seven-day period during which prayer services take place daily and visitors are invited to a mourner's home. Guests to the shiva house traditionally bring food rather than flowers for the mourners. Mourners traditionally sit close to the ground and cover their mirrors during the seven-day period. Sheloshim is the name of the thirty-day period when mourners return to some normal routine but continue to observe certain restrictions. Those who have lost a parent observe an additional eleven-month mourning period, reciting the Mourner's Kaddish daily. An "unveiling" of a gravestone is a ceremony at the cemetery within the year after the funeral. On each the "yahrtzeit," or anniversary of the death, mourners light candles, recite the Mourner's Kaddish, and make contributions in honor of their loved ones. When visiting a Jewish cemetery, loved ones place a stone on the grave. Many follow the custom of pouring running water over their hands upon leaving.

While all of these rituals and ways of supporting mourners are appropriate in most communities when someone dies by suicide, it can help to discuss special considerations that arise with a suicide. These include: How the rabbi or community leader will discuss or mention the cause of death or the mental health challenges of the person who died; what the mourners want the community to know about the death, as people often ask many questions when someone dies suddenly; how to talk to children in the family or community about the death; if there are any particular rituals or prayers the family would appreciate that address the particular pain of losing a loved one to suicide; and if mourners need any special supports for their own mental health in the face of a suicide.

These resources can be helpful for community members sitting shiva for a friend who has died by suicide:

[**Ritual Well Shiva Guide**](#)[**JCFS Suicide Loss**](#)

HOW DO WE TALK TO CHILDREN ABOUT SUICIDE?

Talking to children about suicide can be challenging, but it is important. The language we use makes a difference—when talking to children or adults. Stay away from the term “committed suicide,” and use “died by suicide” instead. The word “commit” suggests those who die by suicide have committed a sin or a crime. We don’t want to blame or stigmatize our loved one. Rather, we recognize that some mental illnesses cause people to harm themselves and keep them from being able to see the value and possibilities of their own life.

The language we use when talking with children about someone who is experiencing suicidal thoughts or who has died by suicide helps them make sense of experiences that are scary, confusing, and potentially life changing. If we don’t give them information and language, children will fill in their own answers, often with incorrect ideas or assumptions, and feelings of guilt. As with any other important question a child asks, we should offer them honest and developmentally appropriate answers and give them the time and resources to process the information.

We can talk about mental health (some people say brain health) in the same way we would talk about physical health (heart, lungs, stomach): with facts and empathy. At the same time, children need ways to express their feelings—through talking, writing, drawing, or playing. Connecting them with other children who have had similar experiences (grief groups or groups for family members caring for a person with mental illness) can reduce their sense of isolation and help them make sense of their experiences.



Dougy Center: The National Grief Center for Children and Families offers an excellent resource for supporting children and teens after a loved one dies by suicide:

**[Dougy.org](https://www.dougy.org) - Supporting Children
and Teens After a Suicide**

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

Depending on the traditions of a person's specific Jewish community, a death by suicide can include all of the same prayers and rituals as any other death. (See "What are the Jewish mourning practices for a suicide?")

However, we should remember the particular sensitivities around death by suicide and the family and friends who survive. We offer some prayers and rituals, written by survivors, you might use or adapt:

- ***Birkat HaGomel After a Nonfatal Suicide Attempt***
- ***Mi Sheberach for One Who is Struggling***
- ***Mi Sheberach for Those Contemplating Suicide***
- ***Mi Sheberach for Those Struggling with Suicidal Thoughts***
- ***Mi Sheberach for Those Who Have Lost a Loved One***
- ***Mi Sheberach for Those Surviving the Loss of a Loved One to Suicide***
- ***Mi Sheberach for Our Suicide-Bereaved Community***
- ***Mourner's Kaddish for Congregations on World Suicide Prevention Shabbat***
- ***Mourner's Kaddish After a Suicide Loss***



ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?



Birkat HaGomel After a Nonfatal Suicide Attempt

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, who guides us to seek help when we need it and helps 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!

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

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.

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

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.

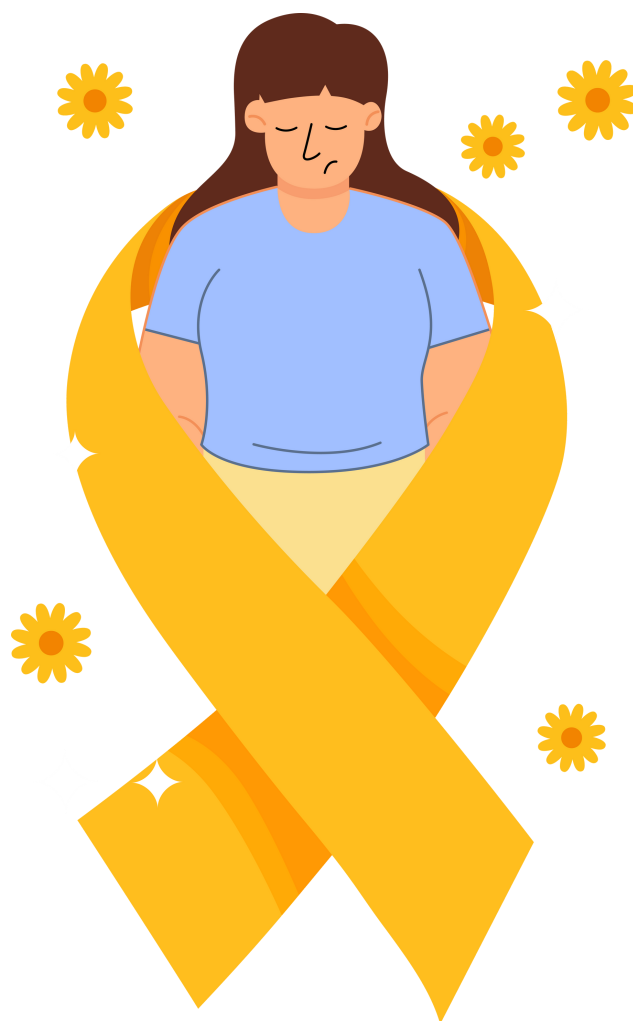
May you never be so low you make an irreversible decision.

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.



ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

Mi Sheberach for Those Who Have Lost a Loved One



May the Source of Strength, who blesses all, bless all who grieve and mourn.

May those who have lost a loved one to suicide find compassion and support from friends and loved ones who seek to connect genuinely. May they be met without expectations for sharing their stories or for speaking before they are ready.

May they find care from those who have “been there,” so they do not have to cope alone or learn to do so on their own.

And may they know when to ask for help or to receive the help of friends and loved ones.

May the Source of Wisdom, who blesses all, bless friends and loved ones of those mourning a loss.

May those who have the opportunity to provide compassion and support do so with love and genuine intention.

May they find ways to connect with their friend or loved one in mourning on important dates like birthdays, holidays, and other anniversaries.

And may they know when to reach out with help or to provide care for their friend or loved one.

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?



May He who provides light shine down on you.

May you understand this is not your fault, and nothing you could have done would have changed what happened.

May you find solace in that your true love is no longer suffering from the sickness of depression and anxiety.

May you accept love and help from your family, friends, and community.

May you find the strength to seek assistance for your own mental well-being.

May the feelings of emptiness give way to comfort in the sweet reminders of their presence in your life. They are never really gone.

May you find the light that shines within you, that it may lead you to continue your life with purpose, hope, and happiness.

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

Mi Sheberach for Our Suicide-Bereaved Community



**May the one who blessed our ancestors,
Abraham, Isaac, and Jacob,
Sarah, Rebecca, Rachel, and Leah,
bless and heal our whole community.**

**May the Holy One bless our shared memories of _____
Ben/Bat/miBeit _____.**

**May our community remember and honor our memories of
[him/her/them/etc.] with deep compassion and unconditional love.
May our community find strength and hope
as we learn to move forward without [his/her/their/etc.] presence
among us.**

**May our community open our minds and our hearts to a future
as we strive to honor [his/her/their/etc.] memory with revolution and
for blessing.**

**And, may our community move from brokenness to healing and from
grief to wholeness.**

And let us say, “Amen!”

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

**Mourner's Kaddish for Congregations on World Suicide Prevention Shabbat
(Second Shabbat in September)** *Italicized text to be read by the whole
congregation together with mourners.

Please, G-d, watch over all those who died by suicide
in this past year, whether known or unknown to us,
who we acknowledge with compassion and empathy.

Draw them close to You and envelope them in Your arms,
and spread over them a *sukkat shlomecha*—a shelter of Your peace.

May they find comfort in the safety of Your home and solace in Your love.

*May they know their time and all treasured memories are
among the greatest gifts they have given to this world, and that
in your image and in your likeness, G-d, they will be blessed
forever and ever... to all eternity.*

For those who died, *may they know their righteousness mattered to our world.*

For those who died, *may they know their memory continues on in revolution and for
blessing.*

For those who died, *may they know they are cared for and embraced in this world
and the next.*

Holy One, bring comfort to all those who face their grief alone and
unacknowledged, or feel the recognition of their loss avoided because of stigma or
shame. May You help us to be sources of hope and strength to all those who face
suicide loss in our congregation and in our community. May those who lost loved
ones to suicide know that we, like you, will offer them a *sukkat shalom* — a shelter of
peace. May all who mourn, together with so many others who grieve, find healing
and wholeness soon, and very soon. And let us say, "Amen."

ARE THERE SPECIAL JEWISH PRAYERS AND RITUALS FOR MOURNING— OR SURVIVING—A DEATH BY SUICIDE?

Mourner's Kaddish After a Suicide Loss *Italicized text to be read by
the whole congregation together with mourners.

Please, God, watch over _____ Ben/Bat/miBeit _____, who we remember and
honor with love.

Draw them close to You and envelope them in Your arms,
and spread over them a *sukkat shlomecha*—a shelter of Your peace.
May they find comfort in the safety of Your home and solace in Your love.

*May they know their time and our shared memories are
among the greatest gifts they have given, and that
in your image and in your likeness, God, they will
be blessed forever and ever... to all eternity.*

For the one we lost,
may they know their righteousness mattered to our world.

For the one we lost,
may they know their memory continues on in revolution and for blessing.

For the one we lost,
may they know they are cared for and embraced in this world and the next.

Holy One, bring us comfort, just as you bring comfort to all mourners, when they
have lost their loved ones. May You help us to find sources of strength and hope in
our grief, honoring the future we find before us. May we, and all others who grieve,
find healing and wholeness soon, and very soon. And let us say, "Amen."

HOW CAN WE CREATE A COMMUNAL ENVIRONMENT THAT SUPPORTS MENTAL HEALTH?

Social, educational, and religious communities can be a protective factor and environment for those struggling with mental health—but they can also perpetuate harm.

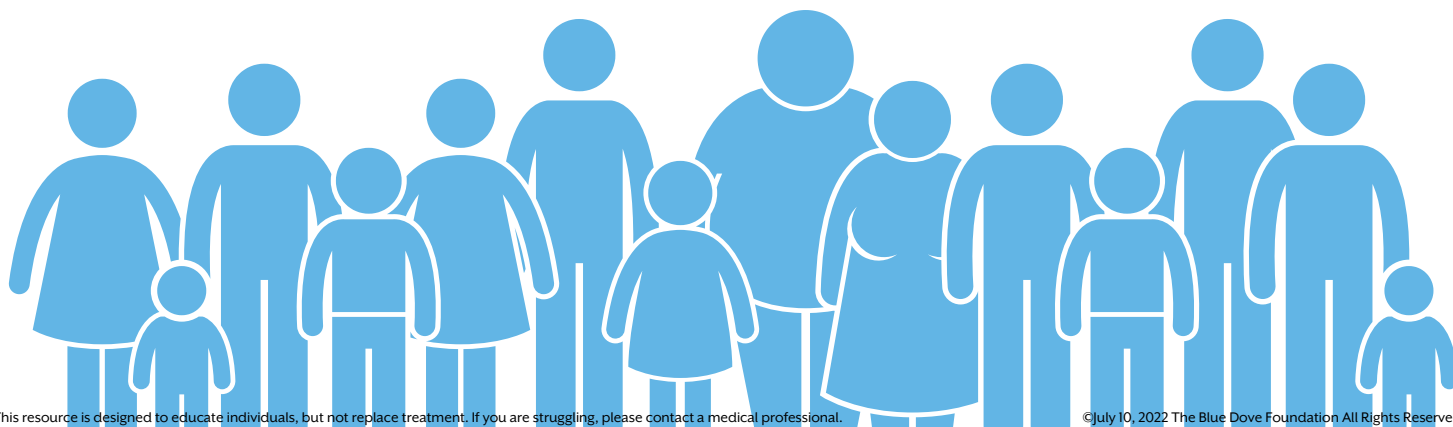
- Create an environment of open conversation free from shame, blame, and stigma around mental health and other often-related challenges such as addiction, aging, LGBTQ+ identity, and chronic illness.
 - Make sure your leadership—clergy, board members, educators, and other organizational leaders—have training in creating this open and safe environment. (See [“What to do if a community member is experiencing suicidal thoughts.”](#))
 - Things to consider:
 - Do you have clear, nonjudgmental, empathetic responses to those who experience mental health challenges?
 - Do you have a consistent, compassionate way of assessing someone who is experiencing a mental health crisis or who might be putting themselves or others at risk?
 - Do you have a list of local resources, including crisis lines and culturally specific help lines, you can access on someone’s behalf or offer to them in times of need?



HOW CAN WE CREATE A COMMUNAL ENVIRONMENT THAT SUPPORTS MENTAL HEALTH?

- Develop and promote partnerships with mental health organizations in your area. Are there groups from NAMI or a Jewish Family Services agency that meet in your building or that can be advertised in your communications? Do you support volunteer efforts that benefit those with mental health challenges?
- Consider how your organization can promote, invite, or create programs, religious services, or resources that involve and speak to people with mental health challenges. Send a survey to ask if you are meeting the needs of your participants in this regard or to see if they have ideas for ways your organization can be more welcoming, friendly, or helpful to those who struggle with mental health, addiction, or other frequently stigmatized challenges.
- Pay attention to language. How we speak matters and sends a message to our community about what we believe about mental health. What messages do your community leaders send when they speak about those struggling with mental health? Does the language blame, shame, or further stigmatize? [This resource](#) offers some ways to use less stigmatizing language.

[Find another resource for faith communities on how to create safe spaces here.](#)



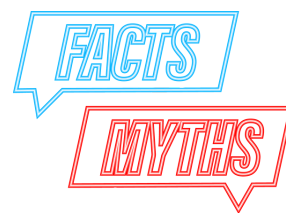
This resource is designed to educate individuals, but not replace treatment. If you are struggling, please contact a medical professional.

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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.

SUICIDE MYTHS AND FACTS

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

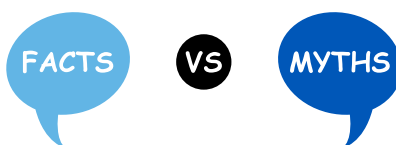
ideations do not do so by choice. They are not simply “thinking of themselves” but rather are going through a very serious mental health symptom due to either mental illness or a difficult life situation.

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.



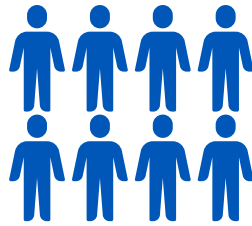
SUICIDE MYTHS AND FACTS

For every suicide death...



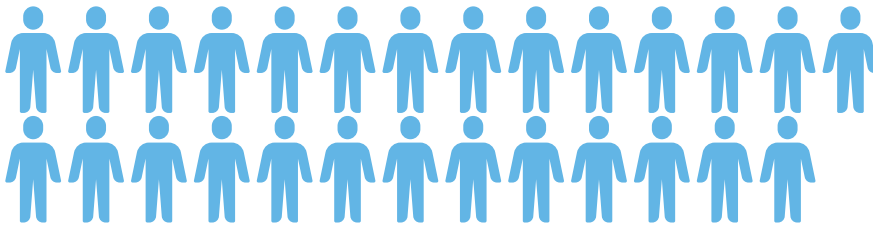
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HOSPITALIZATIONS
FOR SUICIDE
ATTEMPTS



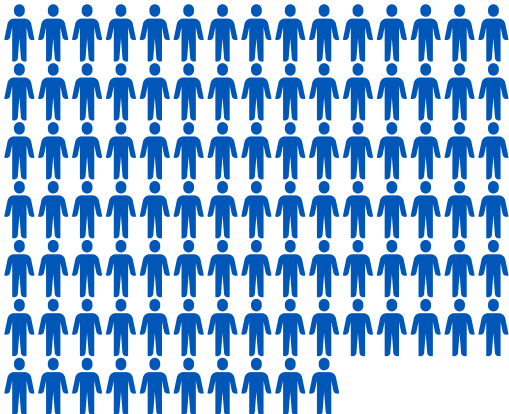
8

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

[ROBERTA SABBATH, SUICIDE AND COMPASSION IN JUDAIC WRITINGS](#)

[NATIONAL ALLIANCE ON MENTAL ILLNESS \(NAMI\) ON REDUCING STIGMA](#)

[ELIJAH'S JOURNEY: JEWISH RESPONSE TO SUICIDE](#)

[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](#)

[GRIEF SUPPORT AND RESOURCES](#)

[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**

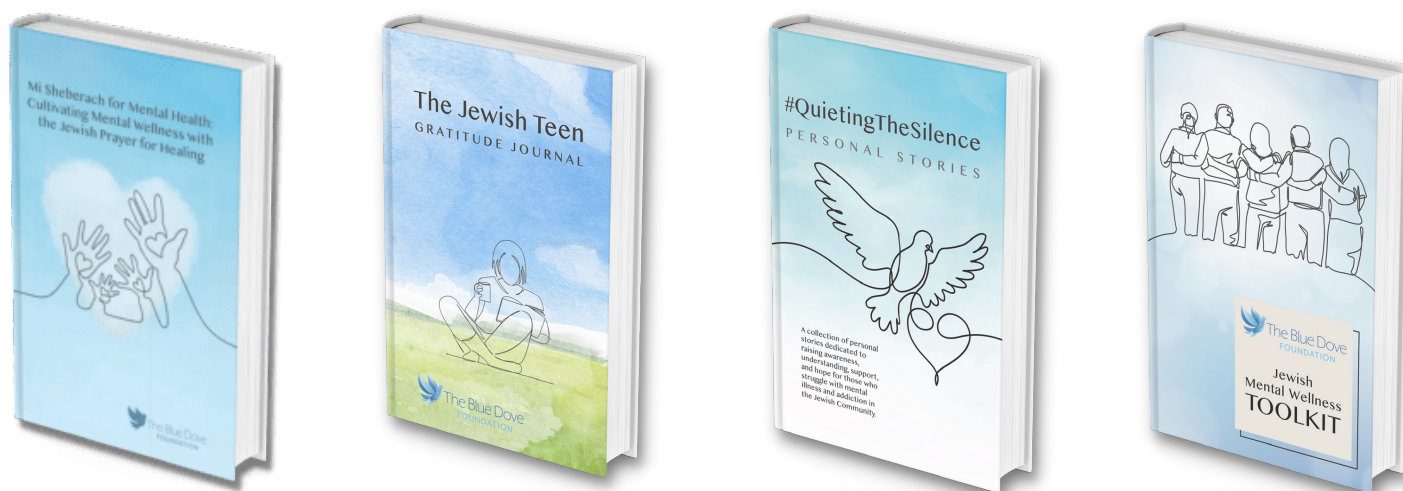
A rabbi whose brother took his own life challenges us to support those in a mental health crisis the same way we do with those battling cancer: **Lessons from Loss**



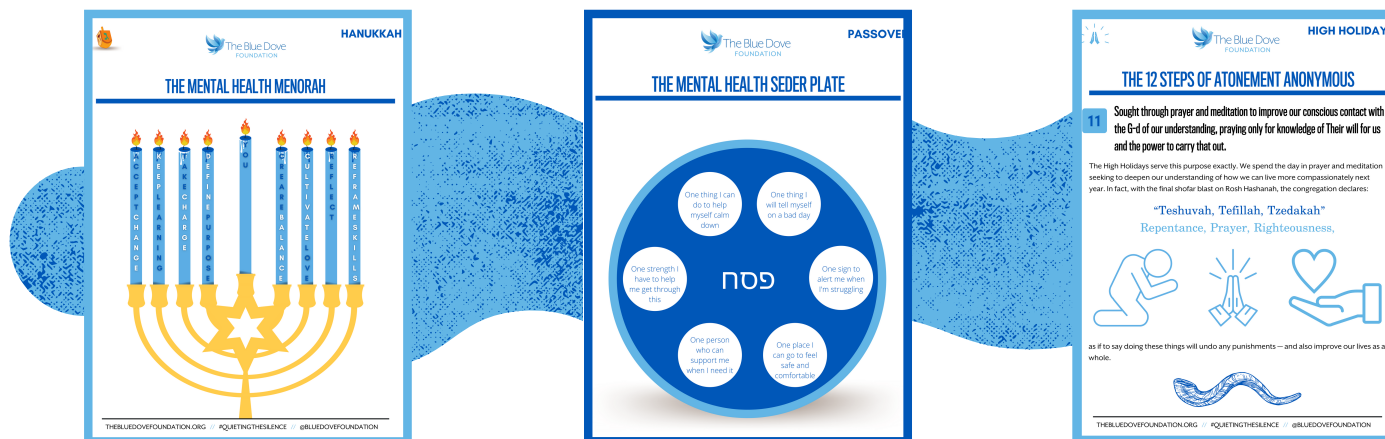
Read the full stories, and support our work in preventing stories like these, consider purchasing your own copy of our book, **[#QuietTheSilence: Personal Stories here.](#)**

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.