

Engage360 Episode 98 | Frank Conversations: The Church and Suicide Prevention; Michelle Gonzales and Adam Wilson

Intro Welcome to Engage360, Denver Seminary's Podcast. Join us as we explore the redemptive power of the Gospel and the life changing truth of Scripture at work in our culture today.

Don Payne Hello, friends. This is Engage 360 again. We're glad you have found us. We're coming to you from Denver Seminary. My name is Don Payne, your host. And we're grateful to have a chance to engage in another conversation of significance in lots of ways societal, personal, certainly redemptive significance. We have a heavy but a crucial topic to consider in this episode. And among the personal and societal tragedies that are in our faces relentlessly in recent years is a rise in suicide. And I want to let you know that up front as listeners, because in the event that this might trigger trauma of any sort for you, we want to be sensitive to that. And I want to say upfront that if you or anybody you know is in crisis or at risk, you can call the 988 Suicide and Crisis Prevention Lifeline. It's just a three-digit call. 988. Or you can go to [988Lifeline.org](https://988lifeline.org), if you want to chat online. Now, some studies connect this rise in suicide, either directly or indirectly, to the effects of the pandemic. But we all know that there are a lot of other factors involved as well. It seems increasingly difficult to find someone who has not been affected by the loss of a friend or a family member to suicide, myself included. Increasingly, also, it seems, is the number of people who admit to having seriously considered taking their own lives at some point. So, it's kind of difficult even to know where to begin a conversation about this, but we have to start somewhere. So, we're really honored to welcome back to the podcast, Dr. Adam Wilson from our counseling faculty. I think you may be; you may have the record for the most appearances on this podcast, or coming close.

Adam Wilson I'm sorry.

Don Payne Well, I won't say that I am because, because I'm not, but you're coming close to that record, Adam.

Adam Wilson Great to be here.

Don Payne Yeah. Thanks for being back even though this is a heavy topic. I want to welcome also Michelle Gonzales. Michelle is an adjunct professor in our school counseling program and is a crisis recovery and suicide prevention counselor in local school systems. Michelle, welcome.

Michelle Gonzales Thank you. Thank you for having me.

Don Payne Give us maybe just a little bit about your own background and involvement in this. What do you bring to this conversation?

Michelle Gonzales Sure. Well, I've been involved with public education for 18 years now, started as a school counselor, working mostly with middle school age students, and then about a decade ago started working more at the central level for a very, very large school district. And so, for the past 8 to 10 years have really spent time working in crisis recovery and response in our schools when we do lose a student or a staff member for any reason. And most recently, for about the last 4 to 5 years have been leading our efforts in really building a comprehensive suicide prevention model across our K-12 system.

Don Payne Well, just thanks. As one who is in your school district, thanks for that. Thanks for all the work you do and for the work you do with us as well. This has got to be just a really agonizing work in some ways. Even if you sense a call of God to it, it's just going to be really taxing and I hope meaningful.

Michelle Gonzales It is meaningful, and as much as it is taxing, it is giving me and those I work with a fresh perspective and honestly a hope because there is so much that we can do in the realm of prevention with suicide, especially youth suicide. And so, it's really filled with hope as well.

Don Payne Yeah, I'm glad to hear that. And really that's where I'd like to start our considerations about all of this because as I mentioned a moment ago, you know, my own life has been impacted by this. I lost my younger brother some years back to suicide and to this day can hardly envision how hopeless he must have felt or what it was like to feel that he had no hope. So, anything we can do to bring a legitimate and valid sense of hope into people's lives is just worth gold. And so maybe the first thing to emphasize is that as hopeless as this trend may seem and as hopeless as life may seem to some, it is preventable. As you as you mentioned. So, we start from there. What is it overall that people need to know about suicide, about this this horrible phenomenon that maybe they don't know? What have you observed?

Michelle Gonzales I would say, and you touched on this earlier, it's not that uncommon for people to consider suicide. Resilience and overcoming that is more common than not. But it's not that uncommon to think about it and to consider it. And the vast majority of people who make a suicide attempt don't want to die. They want whatever pain it is they're experiencing to end.

Don Payne And they see that as the only way, just to make the pain end.

Michelle Gonzales They see that as the way to make the pain end, as the answer. And so, it's really important that we as a society begin reducing stigma, normalizing the conversation, talking about it, opening up lines of communication. That alone significantly reduces risk for somebody who's thinking about it. And oftentimes people think, gosh, if I say it, I might put the idea into their head.

Don Payne Yeah, that's got to be a pretty common fear.

Michelle Gonzales A very common myth. But just talking about it reduces risk, opens up opportunity for connecting somebody to help and support. And you're right, it is one of the most preventable kinds of death. Period.

Don Payne I wonder whether people really know that. I know a broad brushing here, but to say that it's one of the most preventable kinds of deaths feels kind of counterintuitive because it seems, I think people feel very helpless as well as hopeless.

Adam Wilson I think a part of what, as a clinician, so, I worked with child adolescent population for my career. And a part of what I've recognized is that the people, when they lose their perspective, when suicidality comes up, it's a cognitive kind of a neurological tunnel that they get into where they lose that broader kind of peripheral vision of what's possible and what's true about them or what's true about life. And so, when someone engages with them, just by that simple question, it immediately counters some of the falsehoods that their mind has been kind of stuck in, the idea that I'm fully alone. No one understands. No one else can help. No one else

cares. It's not that everybody has those exact same thoughts, but those kind of isolating thoughts to have anybody see you and truly, like, see you and see you well enough to ask that question means that they push through that sense of isolation and they're immediately not alone. And so, I think that idea of reducing stigma is connected very much to the fact that when we see something as shameful or weak or something, I shouldn't have these thoughts. I shouldn't be in this place. I just have nothing left, to have somebody come alongside and show that you're valued and that I care enough that I would ask an awkward question because everybody knows it's an awkward question. And yet you saw through everything to that reality in my life, and that instantly reduces the risk because one of the core drivers is this sense of isolation and the sense of hopelessness. Right. And if you care about me enough to ask that question, that counters what my mind was thinking is true about myself in life.

Don Payne Now, I know both of you work, particularly with younger people, students, adolescents. Are there particular groups that statistically seem more at risk or where suicide is more prevalent?

Michelle Gonzales Yeah, great question. It's a good question because, you know, if you were to walk down a street and ask anybody, what age group do you think has the highest rate of suicide? Most people would say teenagers, because oftentimes the media sensationalizes that, or it spreads on social media. But really, our white middle-aged males are dying at far greater rates by suicide than any other demographic group in our nation. Dying by suicide.

Don Payne Yeah, that was my brother.

Michelle Gonzales Yeah. And females are attempting at far greater rates than males. Males are oftentimes using more lethal means. Our American Indian and Alaska Native youth in particular have high rates of ideation. Students who identify as LGBTQ have high rates of ideation and attempts. Our Hispanic females have higher rates of ideation. But all in all, it's typically our white males who are dying at greater rates by suicide.

Don Payne Are the rates rising among younger adults, adolescents?

Michelle Gonzales The rates are rising around that college age. So about 19 to 24 is seeing a pretty significant increase in rates.

Don Payne Okay. So, I would guess then in your work specializing with, or maybe is that the right word, specializing or focusing primarily on teenagers, younger people, is much of your work than as preventative as it is palliative?

Michelle Gonzales Most of it is preventative. Yes. And that's a new thing because it's, you know, the good that has come out of the pandemic is that people and institutions and agencies and organizations and communities and families are now being willing to talk about it and to have open eyes to what is preventative. So that's where a lot of my work is.

Adam Wilson And I think this is a topic that has crossed or maybe blown through political lines or ideological lines. Historically, things like mental health and particularly mental health in education would have been tied directly to some of the political battles back and forth on funding that would have, you know, in some ways been along those party lines. And I think this issue and I'd say mental health among youth, but suicidality, being a driver of that, has really broken through those

lines because it doesn't matter what your ideology is. If your kiddo is suicidal or has attempted suicide, you are going to do whatever you can to get resources and support for that, kiddo. So, I think what we're seeing now is even in conservative districts, you see a big push towards how do we get ahead of these kind of statistics, these crises, because there isn't a single human, regardless of their political persuasions, that wants to see youth struggling in this way. So, I think that's something we've been seeing is systems are getting proactive about these topics.

Don Payne Good, good. Well, since this is kind of your wheelhouse, this demographic, let's talk a little bit more about what you see going on, like warning signs or whether we want to speak to younger adults themselves or their parents and friends. What are some of the risk factors and the warning signs that you're picking up on?

Michelle Gonzales Well, let's start with warning signs. And I usually like to sort of distinguish between the two when I talk about warning signs and risk factors, because oftentimes people will use those terms interchangeably, but they're very different. And so, you know, a warning sign is kind of what we would call a behavioral clue or a verbal clue, something that we can observe from the outside. Oftentimes, a risk factor would be more of a situational clue. So, something that somebody is experiencing, maybe something that's going on internally. And so oftentimes, you know, suicide ideation can be episodic. It can come and go. It can lessen. It can worsen. Sometimes it goes away for a while. But when you have this collision of an external factor, something that can be quite distressing, that collides with an existing risk factor, such as struggling with a mental health condition, anxiety, depression. When you have that collision, you have potentially a pretty scary situation. So, some of those things that we're watching for around warning signs would be, obviously, you know what most people know a marked change in behavior. So, a teenager or a young person's sleep habits completely changing. The friend group that they're hanging around with completely changing. Things that they were engaging in and that brought them joy and fulfillment, now all of the sudden, they don't want to do it. And it can be hard with young people because they're going through puberty, their adolescence. They're supposed to be moody.

Don Payne There's a lot of stuff going on anyway.

Michelle Gonzales Right. And up and down. And how do I know?

Don Payne Right, how do you know.

Michelle Gonzales So if those things continue for, I mean, the sort of the general rule is two weeks or longer, then we need to start looking at it a little bit more closely, asking some different questions. When we talk about those risk factors, there are some things that are particular to youth, such as humiliation, embarrassment, a recent breakup. And we as adults oftentimes dismiss those things, thinking, you'll go through this a lot in life, you'll be fine. Tomorrow will come. But for that young person, it feels like their whole world might be crushed.

Don Payne Yeah, they don't have that broader perspective of life to draw upon, do they?

Michelle Gonzales No. And so, we've got to step into their shoes and try to experience it the way that they are and to take it seriously. One other warning sign that I want to mention that I think oftentimes gets overlooked, especially in our young males, is an increase or unexplained anger or irritability or aggression. And oftentimes we just chalk that up to, well, he's just a teenage boy and

boys have permission to act out in aggression and anger. And so, we miss that. And we don't see it as a warning sign, but I mean it is one of the number one symptoms of adolescent depression is anger. And so especially with our males, if we see an increase in that and it seems unexplained and out of the blue, that's something we really want to pay attention to.

Adam Wilson And I do want to say that that's one of the key factors, is it's developmentally abnormal for that person, whatever it is. So, it's like whatever is normative for that kid. And all the sudden you see a significant change, and not generally for the better, but you see a significant change for them. That's something to pay attention to. It may not be something is high risk is suicidality, but something changed. And if you see your kiddo, sleep patterns change very quickly, that's typically not going to be normative in adolescence. You'd see a pattern over time of increasing, you know, staying up late or going to bed, you know, at ungodly hours. Yeah, eventually. But if they go from a norm, you know, kind of like going to bed at 10:00 pattern to all sudden they're staying up till three every night or every morning. That's not normal for that kid. And so, you want to pay attention to those red flags of quick changes that don't fit with their normal patterns.

Don Payne Do you have any advice for parents who are concerned. They want to be attentive. They don't want to turn a blind eye to this, but they're also a little bit maybe hesitant or paranoid about not wanting to jump on everything, you know, when do I say something? I don't want to come across as that helicopter parent who's just suffocating my children and seeing everything as a red flag. I'm not even sure if that question makes sense. But I think, as a parent, though, my kids are grown, but I recall just a constant struggle with not knowing, when do I say something? When do I not? Is this a big enough deal or am I just paranoid? Am I kind of projecting my own paranoia onto them by seeing everything as a big deal?

Michelle Gonzales I would answer that first by going back to being proactive or preventative. And, you know, you think about the birds and the bees talk, right when we have that with our kids. It's an awkward conversation to just pull out of the blue. If we think about talking about mental health in general and just how we're navigating and doing in life, the earlier we can start weaving those conversations into our everyday life, the better. Because when the stakes get higher and when real concern presents itself for parents, it's not the first time that that child's hearing their mom or their dad or whomever, it might be asking them about that. Now, some people might be listening, saying, well, that would have been nice if I started that five years ago, but here I am now. And so, you know, I tend to lean into just being respectfully curious and non-judgmental. And I have to check myself as a parent all the time because a little word here like should or a word that is attached to a judgment statement or my tone or the way I ask the question speaks volumes and oftentimes suggests I know what the answer really is or I've got an ulterior motive, or what do you really trying to get at? And so, I think when we can just be curious about, hey, on the big stuff and the little stuff. You know, how's that going? And I kind of heard you not getting along with so-and-so. And how did you guys work that out? And we're modeling, gosh, at work today, I really struggled with one of my coworkers, and I lost it. I started crying, but I decided to go for a walk, put in some music, got myself together and went back into the office. What works for you when you're feeling that way? So just to normalize it, let them know, you know, we all kind of struggle and just having a conversation without an end goal necessarily.

Don Payne Okay.

Adam Wilson I'm going to say kids and teenagers have a sharp radar for authenticity. And so, I mean, every teacher or, you know, youth pastor knows this, if you come at him with something that isn't authentic, like they're done. Like they can, even they don't know why, they just aren't going to connect with you. And so I think for parents, and this goes to the idea of what if you haven't up till now or maybe there hasn't been a level of intimacy with your kid to have that kind of conversation, maybe in a while, maybe there's been like divorce or just conflicts or who knows what that's blocked that, I'm a big fan of starting from where you are and being authentic and saying, Hey, this is something that I haven't ever really brought up before, and that's just something I should have done but I maybe didn't know to do it or I wasn't sure how to do it, but I really want to know how you're doing at this point. And I know I haven't really done this before, so I feel weird, but just know that I really care about this. I want to know about this. You can start at any point, but be authentic about it. Don't come in with some kind of, like, sly type of parenting move, trying to get them to get tricked into talking to you because they won't. Instead, just own it. Like, we haven't talked about this before, but I'd really love to know where you're at and just kind of start from where you are.

Don Payne I appreciate that on both, just from both of you, that's very inviting and it just feels like a safe and doable way to enter conversations that are otherwise kind of tricky and intimidating.

Michelle Gonzales Yeah. And I would add to that when they do respond, bite your tongue as a parent, because we want to give advice.

Don Payne Yeah. My kids were experts at picking up on when I said something that was to them a clear set up for a lecture. They could sniff it a block away.

Michelle Gonzales That's right. And sometimes I find myself in and I'm like, I've done it again, you know. If we're not really intentional, because what that does is it shuts them down. And it's harder the next time. So just listening.

Adam Wilson Just so you know, my daughter calls them LBLs. Long, boring lectures.

Don Payne Your kids too, huh? Yeah. Even you.

Adam Wilson Oh, yes definitely.

Don Payne This is perversely comforting to me. You know, recently, I think with the, well I don't know how recent is recent, but with the increase in school shootings, that has been a source of trauma for a lot of kids. Going back to school, just the fear of all of that. Does that in any way factor into these conversations? Is that a source of trauma? I don't mean that as a leading question, because I don't know. But is that a source of suicidality, trauma, or risk for kids not feeling safe at school? Or are we talking about two different things really there?

Adam Wilson I think in some ways they're separate in that they are very different forms of emotional instability, what drives a school shooting versus suicidality? They can overlap. Absolutely. But I think in a lot of ways what you would look at is trauma. So having been the victim of a circumstance like that or being in a context where something terrifying like that occurred is a developmental destabilizer, if that makes sense. And so, in the same way, other things like breakups could be like a seemingly smaller scale destabilizer. But for a teenager, it's massive. Divorce, loss of a parent or a friend or sibling. And I think when you look at it from the perspective

of what's going to destabilize their ability to cope or their sense of security, their sense of well-being overall. I think in that case, you could look at something like a school shooting or the threat, even if it happened at another school in another city. But, you know, all of a sudden, the teachers are doing things they don't normally do. And there's, you know, armed security guards around. Or, you know, when you look at that as a destabilizer or I think it can feed into what might already be within a person. So like Michelle said, you can have those risk factors that a person carries around within them or in their life. And then these external events will place pressure on certain things like that. So, I think connected but not the same.

Don Payne Okay. That's helpful to know. Let's talk about the church a little bit and the church's involvement in all of this. There was a churchleaders.com article that gave some statistics like only 14% of churchgoers reported that their church provided training and resources to identify signs of somebody struggling with suicidal ideation. 65% of pastors speak to their churches in sermons or large groups about mental illness only once a year, rarely or never. 26% speak about it several times a year. Now I know it's really easy to always bag on the church, you know, about what the church is doing wrong, what the church isn't doing. And I don't want to go there. But, you know, at the same time, we've got to look at how the church can be a meaningful, helpful resource and community in all of this. Assuming that pastoral leaders don't talk about suicide as much as they should, why is that the case? And how do our churches begin to do more in a realistic way to prevent this, if they can?

Adam Wilson I think I would, so I've spent some time speaking in churches, often to youth groups, but not just youth groups, kind of some classes around mental health and suicidality is, you know, almost always a part of that conversation, and I think part of it comes down to there are some old models within the church that I wouldn't say are as mainstream as maybe they were at one point in time, the idea of having to be put together, have yourself kind of buttoned up for church, I don't know that that's necessarily a main stream theme in church, but I think it's still a cultural undertone, that if you are a believer, you should have wellbeing, that you should be healthier than fill in the blank. And I don't know that that's an overt message so much as maybe an underlying sense of, I come here, and I read Scripture and it talks about me being a new creation. And, you know, I'm supposed have these fruits of the spirit, this joy and love. And the idea of being hopeless and feeling like your life is meaningless. And I think there is a stigma that, it does exist there still. I'd say in most churches that wouldn't be something that is promoted from the pulpit, that concept. But I think the lack of communication about mental health perpetuates the idea that it's not okay.

Don Payne It allows people to kind of bring those assumptions or those projections into church.

Adam Wilson Or the fear that I will be something other than what I'm supposed to be if I'm if I'm struggling that deeply.

Don Payne Okay.

Adam Wilson I think another thing is pastors don't get trained in it. And I think a lot of folks in ministry, they just have no background. You know, that's not going to be a standard seminary course for most pastors to have suicide prevention or even to a degree, mental health training. So, I think some of it is just not knowing what to say, not knowing how to say it, maybe not realizing what resources are available. So, I think a part of what it comes down to is, I mean, a call to us in a

seminary, you know, how are we training the ministry leaders of the future around these kinds of things? How do we have podcasts about it for example.

Don Payne Well, there you go. Let's do that.

Adam Wilson Let's do that. But I think also there's an element of pastors themselves being afraid to admit their own emotional and mental health struggles or the ones within their family. Because there is that idea of my family is supposed to be above reproach and my kids are supposed to be balanced and I'm supposed to be healthy.

Don Payne Yeah, or at the least, as Michelle mentioned earlier, maybe the fear that as a pastor, if I say something about this, that might really rattle and jostle the foundations that everybody else is standing on because they'll think if you as a spiritual leader are struggling with this, then what hope do I have? So, it could, you know, plant the seeds. As you mentioned earlier, the fear that it could. And, you know, I want to be really both sensitive and supportive of pastors, because I know from my own experience that pastors get a lot of expectations put on them to be so many things and to do so much and to know so much about so much that nobody could ever do. So constructively, you know, I want to give a shout out to pastors who are doing whatever they do and can do. And at the same time, you know, point the way to some resources for how, without trying to be, you know, the super pastor, they can really help on that preventative spectrum.

Michelle Gonzales And right now especially, I think we have a unique opportunity, you know, for such a time as this, really, we have a world, a nation for sure, that's willing to think about mental health differently and talk about it differently. And so, I think a super pastor is a real pastor, and there's so much opportunity to model what's real. And hope. And hope, I hope, of course, we have, you know, hope in the Lord. We have prayer. And we also have trainings. And we have mental health professionals. And, you know, there's so much that we can leverage that's tangible right there in our congregations and in our communities to support one another in very real and practical ways. And people look to their pastor in their church, I think, is the barometer for what's okay and what's not okay and what's right and what's wrong. So, if that's the space where we're having honest conversations and we're connecting to hope and to help and to support, that's hundreds of thousands of people, who now may have been suffering in silence or in shame, who now feel okay to talk and connect and hope and live.

Adam Wilson I would add in there too, I think that when you look at the idea of leadership and leadership around a difficult topic or a sensitive topic and certainly a very personal topic, I think you can look at the idea of modeling. It can be a very subtle thing just through even the books that a pastor references that they've been reading or even referencing counseling in a sermon as a thing, but just nonchalantly that this is just normal. It is normal.

Don Payne Yeah, normalize and validate.

Adam Wilson Yeah. Because it is. And then I think also another part is, any leader worth anything knows that you are not the expert on everything and if you try, you will be pretty miserable and so will your group of people you're leading. So, in a lot of ways, I think it's kind of nudging those initiatives forward of like how do we have this conversation, you know, as a leadership team? How do we facilitate this? What's the best way for our congregation to have a conversation like that? Is it bringing in, you know, an expert of some sort? Is it bringing in trainers? Is it just having kind of small group discussions around the topic? You know, just I think beginning the conversations or

bringing in the folks who can is often where it is. It's not always about what comes from the pulpit. I think it's often what happens behind closed doors to start developing, you know, initiatives and what is kind of normal programming.

Don Payne Yeah, right, right. Well, what about for those, well, let me back up. I feel like we could have like two more podcasts on aspects of this that we can barely touch on now. One of those would be how the gospel fits into this conversation because we certainly don't want to kind of glibly or simplistically just throw gospel language at people who are struggling deeply as if the gospel is, you know, some kind of a magic bullet to make everything better instantaneously, which is probably, that may be a bit of a caricature, but that's probably something like what some people feel the gospel ought to be. If I've really embraced the gospel, then I wouldn't have these struggles. But we do have the redemptive power of the gospel and the hope of the gospel. But I think we've got to drill a good bit deeper into what that hope looks like on a practical level and how the gospel is transformative. Even if I continue to struggle with something deeply, that's another conversation that I'd love to have. The other one would be, what about those who have to live with the fact that a suicide already has occurred, which is I mean, that's another whole dimension to all this. And I can only imagine some thinking, well, I wish the preventative stuff had been there for, you know, my friend, my family member, but didn't happen for whatever reasons. And now I live with the aftermath of that. I don't know if you all work in that domain as much, if you have any suggestions or input for folks who are walking that path.

Michelle Gonzales Yeah. That's a real path that a lot of people walk. Sometimes it feels it's hard to say that suicide is one of the most preventable kinds of death, because with that, I think, can come a heaviness, a guilt that people carry with them who've lost a loved one to suicide and I would say to anybody who's listening, if you've ever lost somebody to suicide, it is never, ever your fault. It is never your fault. And you could take every training out there. You could know every warning sign and risk factor and how to intervene and exactly what to say and do all the things right. And you still may not prevent a suicide. I think of suicide training similar to CPR. CPR teaches somebody how to recognize when somebody is in medical distress, how to intervene and keep them alive until a medical professional is on scene and can provide ongoing treatment. Right. Training is very similar to that suicide prevention training. But it doesn't mean we'll save every single person. It does mean we have a far better chance of recognizing when somebody's struggling and knowing how to quickly connect and intervene and get that person to the right kind of help and support. And so, you know, most people who attempt suicide do give some sort of warning sign the week prior, 60 to 75% of people give some sort of sign. So, these trainings are great and helpful and lifesaving. And you may see one clue. Somebody else might see another clue and somebody at work might see another clue. But unless those three clues were put together, we may not see it for what it is.

Don Payne So you can't really live with the weight of, I should have seen this. I should have, I should have known.

Michelle Gonzales Right?

Don Payne Yeah. Well, thanks for that.

Michelle Gonzales Even if you know everything, we still can't guarantee that no one will ever die.

Adam Wilson There's a question as a clinician that I've asked people who have been in that situation before that has helped some, maybe not all, but it's helped some is, if you had known, is there anything you wouldn't have done to stop it? They say, of course not. It's like, okay, you did everything you knew to do at the time with what you knew. If you had known anymore, you would have done everything possible. You would have tackled them and has held them down. You would have done anything. But you didn't know. And that some, for some, allows a perspective of it wasn't because you failed that it happened, but you can't not regret that they're gone. That's normal to feel that way. But it doesn't mean it's your fault.

Don Payne Yeah. Well, I appreciate that. Those are good, wise, caring words. As we wrap up, if you had to just give a listener one most important thing you've said, even if you want to review or summarize something you've already covered, what's the what's the one takeaway you'd want people to have?

Adam Wilson I guess I would say, there was that poster after 911 is see something, say something. But for me, it'd be more see something, do something in the sense of if you see anything that you're not sure if that's what's going on for that person, ask. Just engage.

Don Payne Take the risk on that end rather than the other.

Adam Wilson Yeah. The risk of ruffling their feathers by asking a question that wasn't where they were at is far less than what happens if you don't ask.

Don Payne Okay. Michelle?

Michelle Gonzales I would say suicide is everybody's business. We can't leave it up to mental health professionals. Anybody from any walk of life, from any age, from any education level, from any demographic group, can save a life and can prevent suicide. So, take a training. I don't know if I can advertise specific trainings here.

Don Payne Sure, go ahead.

Michelle Gonzales I mean, probably the most common well-known training is called QPR, stands for Question, Persuade, Refer, and it is a training for the layperson. It's about an hour and a half long. They happen everywhere and they're reasonably priced. There should be no reason why somebody could not access a training like that. And it teaches it teaches you exactly what to watch for and exactly what to do.

Don Payne Good. Good. Well, thanks again to both of you for all of your involvement in this and for taking some time with us to talk about this really hard topic. And we were hopeful and prayerful that the Lord will use this to bring just the right amount of hope at the right place for lots of people. Friends, this again has been engage360 from Denver Seminary. As I said at the outset, if you or someone you know is in crisis or at some risk, we encourage you to call that three-digit lifeline. It's 988. That's the suicide crisis prevention hotline or Lifeline or go to 988Lifeline.org to chat online. You can communicate with us. Email us at podcast@DenverSeminary.edu. And if you are in need of other resources, we would be happy to try to connect you with those as best we can. So please do that. And we look forward to talking with you again very soon. Take care.