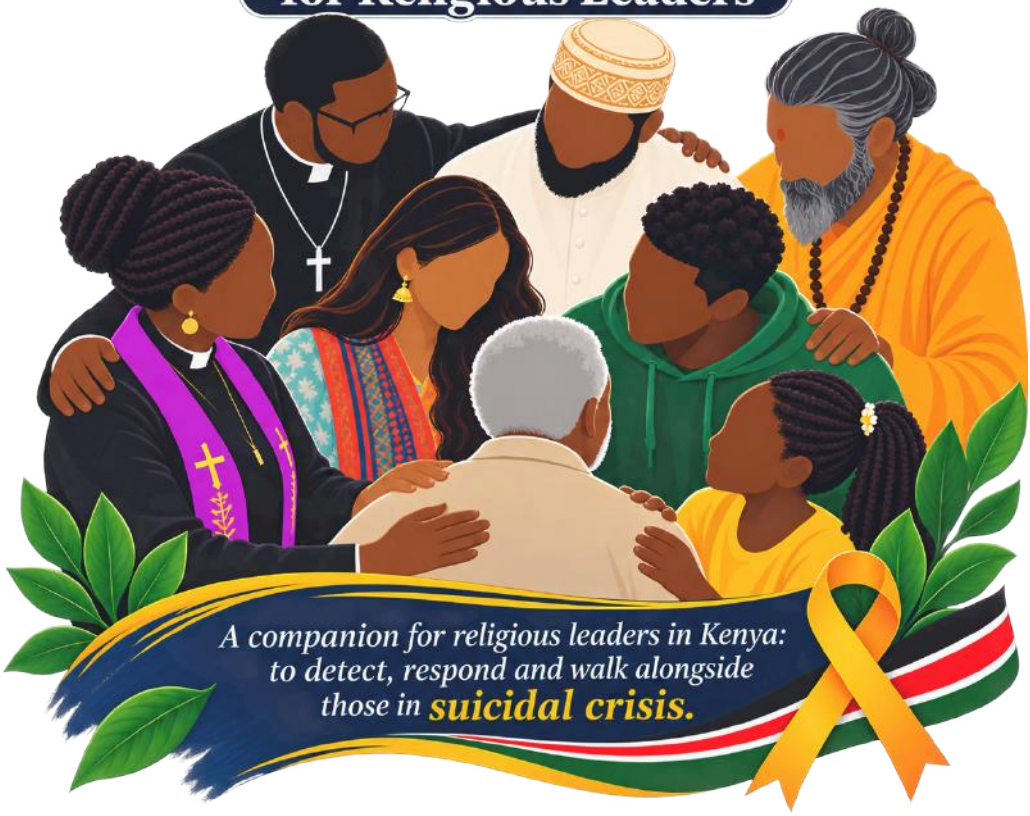
Suicide Prevention
— Handbook —
for Religious Leaders



REPUBLIC OF KENYA

MINISTRY OF HEALTH

INTER-RELIGIOUS COUNCIL *of* KENYA

Kenya, 2026

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Suicide Prevention Handbook for Religious Leaders

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Contents

Foreword
Executive Summary
Glossary of Terms

01 Understand 01

1.1 Understanding Mental Wellness 01
1.2 What Influences Mental Wellness 04
1.3 Understanding Suicide 10
1.4 A Bridge to Care 21

02 Recognise 28

2.1 Warning Signs 28
2.2 Warning Signs at a Glance 29
2.4 A Story 30
2.5 Reflections on Jane Doe's Story 32

03 Respond 34

3.1 Someone Who Is Suicidal 34
3.2 Families After Loss 50

04 Refer 53

4.1 Kenya 24/7 Helplines 53
4.2 Referral Facilities 54

05 Rest & Renewal 55

5.1 Know the Difference 55
5.2 Pillars of Self-Care 56
5.3 Healthy Boundaries 57

Foreword

A word to those who carry others.

Every day, across Kenya, people in despair walk through the doors of churches, mosques, temples and shrines before they walk through the doors of a clinic. They come with grief in their pockets and questions no textbook can answer. They come to you.

This handbook is written for the religious leaders of Kenya: pastors, imams, priests, gurus, elders and chaplains, who are first responders in a quiet public health crisis. Over 700,000 people die by suicide globally each year. Many more attempt it, and many more carry thoughts of ending their lives in silence.

You are not being asked to become a psychiatrist. You are asked to become skilled: to notice, to listen without judgement, to keep someone safe and to connect them with care. Alongside your spiritual vocation, these skills save lives.

The pages that follow are practical. Some may feel uncomfortable. You will be asked to say the word suicide out loud, to sit with grief without rushing to explanation, and to set boundaries even when your congregation expects you to be endlessly available. These are not failures of faith. They are its deepest expressions.

May this handbook be a companion on your walk.



Dr Mercy Karanja
AG Head, Division of Mental Health
Ministry of Health, Kenya

Executive Summary

Every faith represented in Kenya teaches, in its own language, one shared truth: life is sacred. Whether we speak of the breath of God, the divine spark, the soul entrusted to us or the dignity woven into every human being, our traditions agree that each life carries a worth that cannot be measured and must not be surrendered to despair. It is from this conviction that the Inter-Religious Council of Kenya joins the Ministry of Health in presenting this handbook.

Suicide is not a distant statistic. It reaches our worshipers and our homes. And when it does, the first person called is rarely a doctor. It is a religious leader. That trust is a sacred responsibility, and it deserves preparation equal to its weight.

This handbook offers that preparation in five movements. The opening chapters give leaders the language and the facts, and train the ear to hear verbal, behavioural and situational warning signs. The heart of the book walks through crisis response and the accompaniment of families after loss. The closing chapters map Kenya's helplines, facilities and referral pathways, and finally turn to the carer: protecting the person behind the calling through rest and renewal.

No leader is asked to become a clinician. Each is asked to become ready: to see, to listen, to act and to refer. In doing so, we honour the sanctity of life not only in our teaching but in our practice.

I commend this handbook to every religious leader in Kenya. May it strengthen your hands for the holy work of keeping hope alive.



Mr. Linus Nthigai
Executive Director
Inter-Religious Council of Kenya

Glossary of Terms

Mental Health
A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Mental Illness
Health conditions that affect a person's thinking, emotions, behaviour or relationships and significantly interfere with daily functioning. Like physical illnesses, they vary in severity and are usually manageable. Examples include depression, anxiety disorders, bipolar disorder, schizophrenia and substance use disorders.

> REMEMBER · Mental illness is not a sign of weak faith, personal failure or character flaw. It results from a mix of biological, psychological, social and environmental factors.

Mental Distress
The emotional or psychological discomfort that affects how a person feels, thinks or behaves. Often a response to difficult life events such as the loss of a spouse, failed examinations or lost employment. With support, many recover without developing a mental illness.

Mental Health Crisis
A moment when a person's thoughts, feelings or behaviours become so overwhelming that they cannot cope in their usual ways, often creating significant risk of harm to self or others. Crises require timely support and, in many cases, urgent professional assessment.

Suicide, Attempt, Ideation
Suicide is the act of intentionally ending one's own life. A suicide attempt is a self-directed action taken with the intent to end life, from which the person survives. Suicidal ideation refers to thoughts about ending one's life, ranging from wishing not to wake up to detailed plans.

> EVERY MENTION MATTERS - Every expression of suicidal thought should be taken seriously. Anyone who has attempted suicide needs urgent medical assessment and ongoing support.

Suicidal Crisis
When suicidal thoughts become intense and immediate, and the person feels unable to keep themselves safe without help. This is a medical and psychological emergency.

ABOUT THIS HANDBOOK

How to use these pages.

This handbook is designed as a companion — not a textbook. Read it in order the first time, then let it sit on your desk as a reference for the moments when someone walks in needing more than a prayer.

ITS STRUCTURE

1. **Understand.** Chapter 1 gives you the language and the facts.
2. **Recognise.** Chapter 2 trains you to hear the warning signs.
3. **Respond.** Chapter 3: crisis support and life after loss.
4. **Refer.** Chapter 4: Kenyan helplines, facilities and pathways.
5. **Rest & Renewal.** Chapter 5 protects the person behind it all: you.

HOW TO READ THE ICONS



Scripture
Sacred text pertinent to the theme.



Reflection
A question to sit with.



Case
A real story to learn from.



Emergency
Act now — someone's life is at risk.

A NOTE ON SCRIPTURE

Scriptural references appear throughout to anchor the material in your faith tradition. Where you see [SCRIPTURE], use the passage most familiar to your community. This edition is designed to travel across faiths.

Acknowledgement

This handbook is the work of many hands.

It is the product of a partnership between mental-health researchers, clergy of multiple faiths, families bereaved by suicide, and survivors of suicidal crisis who trusted us with their stories.

WITH GRATITUDE TO

Ministry of Health
Division of Mental Health

Kenya Medical Research Institute
Centre for Clinical Research

Inter-Religious Council of Kenya

Befrienders Kenya
Suicide-prevention volunteers & helpline

Kenya Psychiatric Association
Clinical review panel

Aga Khan University
Brain & Mind Institute · Medical College, East Africa

Faith Communities
Across the 47 counties of Kenya

Chiromo Hospital Group
Specialist mental-health care

Basic Needs Basic Rights Kenya
Community mental health and development

Kenya Red Cross

Sketchbook Communications

Centre for Environment Justice and Development

And most of all to the families who allowed their loss to become a lesson so that other families would not have to grieve the same way. Your courage runs through every page of this book.



01 Understand.

1.1 Understanding Mental Wellness
1.2 What Influences Mental Wellness
1.3 Understanding Suicide

Before we can help someone else, we need a shared vocabulary. What we call "mental illness" is not weak faith or moral failure — it is a health condition, as real as any other.



1.1 Understanding Mental Wellness.

Before we can walk with anyone, we need to know what wellbeing looks like. This part maps mental health: what shapes it, what sustains it and how faith holds it.

1.1.1 · THE WELLBEING CONTINUUM

Mental health is a continuum, not a category.

Nobody is permanently "well" or "unwell." Everyone moves along this line through life — up, back, forward again — depending on circumstances, health, and support.

THE MENTAL WELLBEING CONTINUUM



WELL · DISTRESSED · STRUGGLING · IN CRISIS

Recognising where someone is *right now* helps you decide how to respond. A "well" congregant may only need a warm greeting. A person "in crisis" may need immediate professional help within the hour.

A NOTE FOR RELIGIOUS LEADERS

People rarely move from "well" straight to "in crisis." There are usually months of gradual movement in between — and you are often the first to see it. This handbook trains you to notice, respond, and act at each stage.

KEY MESSAGE

Notice the movement, not just the destination.

1.1.2 · WHAT INFLUENCES MENTAL WELLNESS

Many factors influence mental wellness.

Mental health is never one thing. Six areas of life shape each other, and a leader who sees all six sees the person.

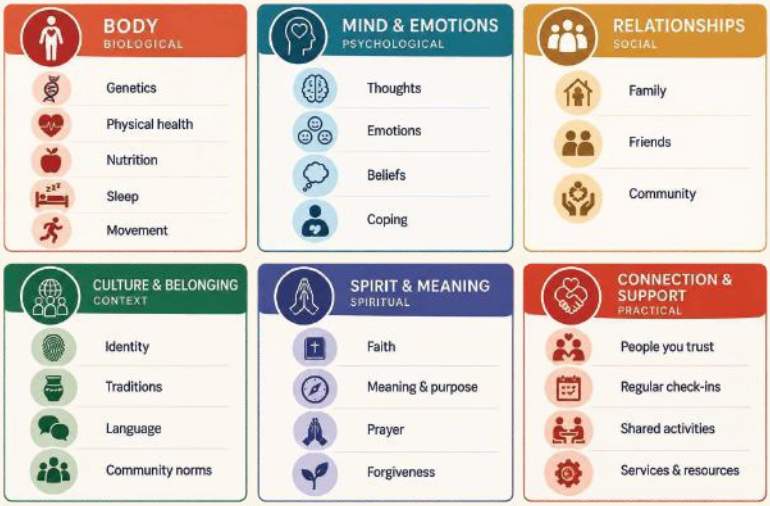


FIG 1.1 · WHAT SHAPES MENTAL HEALTH. MANY FORCES, ONE PERSON.

WHAT THIS MEANS FOR RELIGIOUS LEADERS



KEY MESSAGE

When one part of life is struggling, other parts can be affected too. See the whole person, not just the problem.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

1.1.4 · A MENTALLY HEALTHY PERSON CAN…

Four practical signs of a well life.

Well-being is visible in what a person can do. Watch for these four capacities in the people you serve, and in yourself.



FIG 1.3 · FOUR PRACTICAL SIGNS OF A WELL LIFE.

A NOTE ON WELLBEING

Mental wellbeing is not static. It shifts from day to day with life events, relationships and health. Hopeful one day, overwhelmed the next, then steady again: all a normal part of being human.

KEY MESSAGE

Do not ask “Are they sick?”
Instead ask “Can they still do these fvour things?”



1.2 What influences Mental Wellness.

Mental illness rarely announces itself. It shows up in the small changes — the missed prayer meeting, the withdrawn smile, the change in appetite that no-one names.

1.2.1 · A SPECTRUM, NOT A SWITCH

Mental health lives on a spectrum.

This spectrum is the wellbeing continuum from 1.1 seen in close-up. Everyone moves along it over a lifetime. Learning to place someone — including yourself — helps you decide how to respond.

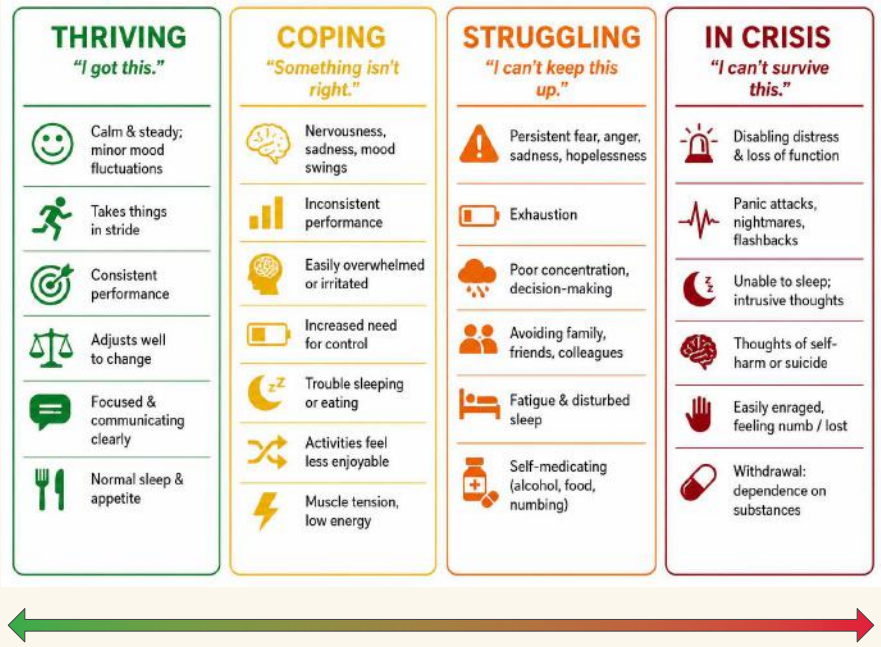


FIG 1.4 · THE WELLBEING SPECTRUM · FROM THRIVING TO CRISIS.

THE RELIGIOUS LEADER'S RESPONSE

THRIVING · SUSTAIN	COPING · NOTICE	STRUGGLING · WALK ALONGSIDE	CRISIS · ACT NOW
Affirm strengths. Encourage service, mentorship, community life.	Check in gently. *"How are you really doing?"* Normalise stress.	Listen without solving. Encourage professional help. Follow up.	Do not leave alone. Call for help. Ensure safety. Refer immediately.

Adapted from Watson et al. (2013), Stress First Aid. See also Aga Khan University, Brain & Mind Institute.

1.2.2 · SIGNS YOU CAN SEE IN ADULTS

Visible signs.

Behaviour and appearance shift before words do. Track the change from early → declining → crisis.

	EARLY SIGNS	DECLINING SIGNS	CRISIS
Behavioural	• Consistently late or cancelling commitments • Missing worship, meetings, or usual activities	• Isolating and withdrawing from family & friends • Out-of-character or erratic behaviour • Absenteeism or presenteeism	• Risky behaviour — alcohol / drug abuse • Engaging in self-harm • Threats or gestures toward ending life
Appearance	• Looking tired or depleted • Little effort in dressing; clothes unironed	• Declining personal hygiene • Preferring isolation; visibly agitated	• Signs of overdose (drugs / alcohol) • Difficulty breathing; vomiting • Unresponsive or severely disoriented

KEY MESSAGE

You see people at their most vulnerable. Trust the small changes: the untucked shirt, the missed gathering, the tears held back.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

1.2.3 · SIGNS YOU CAN SEE IN CHILDREN

Visible signs in children.

A child's distress often shows in behaviour and development before it shows in words. Track the change from early → declining → crisis.

	EARLY SIGNS	DECLINING SIGNS	CRISIS
Behaviour & Functioning	• Becoming unusually withdrawn, clingy or irritable • Changes in school performance or concentration • Changes in sleep or appetite	• Persistent school avoidance or withdrawal from usual activities • Frequent anger outbursts, aggression or marked behaviour change • Difficulty managing normal daily routines	• Hurting themselves or attempting to do so • Talking about dying, disappearing or suicide • Severe aggression or behaviour putting themselves or others in danger
Developmental Changes	• Returning to younger behaviours • Occasional bedwetting after previously being dry • Needing much more reassurance than usual	• Persistent developmental regression • Recurrent bedwetting • Noticeable loss of independence	• Sudden or major loss of functioning • Unable to manage basic age-appropriate activities • Extreme distress, agitation or shutdown

KEY MESSAGE

A child rarely names what they feel. Trust the change you see — not the label 'difficult.'

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

1.2.4 · SIGNS YOU HAVE TO ASK ABOUT IN ADULTS

Invisible signs.

Feelings and thoughts don't show on the outside. These signs emerge only when you sit down, ask carefully, and listen.

	EARLY SIGNS	DECLINING SIGNS	CRISIS
Feelings	• Not interested in work or activities • Feeling sad, worrying often	• Heightened sadness, helplessness, worry • Hopelessness with uncontrollable anger • Risky behaviour that's out of character	• Feeling of no strength to keep going • No desire to keep going • Feeling trapped, with no way out
Thoughts	• Difficulty staying focused • Struggling to make decisions	• Racing thoughts, or blank mind • Self-blame and self-criticism increasing • Distorted body image	• Thoughts of self-harm or suicide • Hopelessness that will not lift • Irrational thinking or delusions

RELIGIOUS-LEADER LENS

You cannot see these signs. You have to ask. Gentle openers work best: "You haven't seemed like yourself lately. Can we talk about what is going on?"

ANY CRISIS-COLUMN SIGN — ACT NOW

A single sign in the red Crisis column warrants immediate response: sit with the person, call trusted family, and connect them to professional care the same day. Chapter 3 walks you through the four steps of response.

1.2.5 · SIGNS YOU HAVE TO ASK ABOUT IN CHILDREN

Invisible signs in children.

A child's feelings and thoughts don't show on the outside. These signs emerge only when you sit with them, ask gently, and listen.

	EARLY SIGNS	DECLINING SIGNS	CRISIS
Feelings & Thoughts	• Worry or fear • Feeling unsettled or unsafe • Feeling overwhelmed	• Persistent sadness, fear or anxiety • Feeling isolated, ashamed or unable to cope • Increasingly negative thoughts about themselves	• Feeling hopeless or trapped • Feeling there is no way out • Thoughts of self-harm, suicide or not wanting to be alive

RELIGIOUS-LEADER LENS

Children rarely name their pain directly. Ask through play, drawing, or gentle side-by-side conversation: *"What's the hardest part of your day been lately?"*

ANY CRISIS-COLUMN SIGN — ACT NOW

A single sign in the red Crisis column warrants immediate response: stay with the child, involve a trusted parent or guardian, and connect them to professional care the same day. Chapter 3 walks you through the four steps of response.

1.2.6 · WHEN TO BE CONCERNED

Occasional stress is normal. Persistent change is not.

Encourage a professional assessment when any of the following are true.

01

Persists for weeks

Symptoms have not improved despite time and normal supports.

02

Becomes more severe

The intensity of distress is increasing, not settling.

03

Disrupts daily life

Work, school, family, or worship are affected.

04

Causes significant distress

The person themselves feels overwhelmed or unable to cope.

05

Thoughts of suicide or self-harm

Any expression of this — take seriously and act.

06

Severe confusion, hallucinations, or risk-taking

Behaviour that puts the person or others in danger.

Recognising these changes early allows you to provide compassionate support and encourage timely professional care. The next two pages carry a summary of this chapter — and the message to take with you.



1.3 Understanding Suicide.

Globally, more than 700,000 people die by suicide each year, equivalent to approximately one death every 40 seconds. For every suicide death, an estimated 20 suicide attempts occur.

In Kenya, suicide remains a significant public health concern and is the third leading cause of death among young people.

1.3.1 · TRUE OR FALSE

Myths and Facts.

People have different ideas and beliefs about suicide. For the following statements, please mark true or false.

1 "People who talk about suicide are just seeking attention."

☐ TRUE ☐ FALSE

2 "Asking someone directly about suicide will put the idea in their head."

☐ TRUE ☐ FALSE

3 "Once someone starts feeling better, the risk of suicide is gone."

☐ TRUE ☐ FALSE

4 "Suicide happens without warning."

☐ TRUE ☐ FALSE

Sit with your answers before turning the page. The next page gives you space to write; the one after gives you the evidence.

A PAGE FOR YOU

Your reflection.

Before we discuss the answers, take a few quiet minutes with the four questions on the previous page.



WHERE DID YOU LEARN THESE IDEAS?



WHICH ONE FELT HARDEST TO ANSWER HONESTLY? WHY?

NOTE

These beliefs are common — even among faith leaders. Naming what you were taught is the first step to teaching your community something more helpful.

1.3.2 · WHAT THE EVIDENCE SAYS



FIG 1.6 · FACTS SAVE LIVES. COMPASSION CONNECTS US. LISTEN · CARE · CONNECT · REFER.

1.3.2 · WHAT THE EVIDENCE SAYS

The correct answer to each question in 1.3.1 is False. Here is what the evidence shows — for those beliefs, and three more you will meet in your community.

MYTH 1	*"People who talk about suicide are just seeking attention."*
FACT	Talking about suicide is often **a cry for help** and should always be taken seriously. Many people who express suicidal thoughts are communicating distress, and dismissing them can delay help-seeking. (WHO, 2014)
MYTH 2	*"Suicide happens without warning."*
FACT	Most people show **warning signs** through words and actions, but the signs can sometimes be subtle, such as increased alcohol use or quiet resignation. (WHO, 2014; Rudd et al., 2006)
MYTH 3	*"Asking someone about suicide will put the idea in their head."*
FACT	It may feel uncomfortable to ask directly, but research shows that asking about suicide **does not put the idea in someone's head** or increase their risk. Be clear: try "Are you thinking about suicide?" or "Are you thinking about killing yourself?", then "Have you thought about how you might do it?" Asking directly reduces misunderstanding and helps the person feel seen and supported, and opens the door for you to connect them with appropriate help. (Dazzi et al., 2014)
MYTH 4	*"Only people with mental illness die by suicide."*
FACT	Suicidal thoughts **can affect anyone**, regardless of mental-health history. While mental illnesses are a risk factor, life stressors and circumstances also play a major role. (WHO, 2014; WHO, 2021)

1.3.2 · WHAT THE EVIDENCE SAYS · CONTINUED

MYTH 5	*"People who want to die will always find a way — once someone decides to die, nothing can stop them."*
FACT	Suicide is **preventable**; suicidal thoughts can pass, and timely support can save lives. Suicidal crises are often temporary and fluctuating, and many people experiencing them want both relief from pain *and* reasons to live. Support, connection, and reducing access to lethal means save lives. (Zalsman et al., 2016; WHO, 2021)

MYTH 6	*"Improvement — once someone feels better after a crisis — means the risk is gone."*
FACT	Sudden calm or improvement may reflect **a decision being made** rather than recovery: the person may finally see a path to end their suffering, and the lift in mood comes from seeing an end to it. Stay close in the weeks after a crisis. (WHO, 2014; Chung et al., 2017)

MYTH 7	*"People who attempt suicide are selfish or weak."*
FACT	Suicide is not about weakness or character flaws. It is usually driven by **overwhelming distress and a perceived lack of options** — not selfishness. (WHO, 2014)



A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

1.3.3 · LANGUAGE MATTERS

Our words can make it harder, or safer, for a worshiper in crisis to speak.

Respectful, non-stigmatising language reduces shame, fosters compassion, and encourages open conversations.

PROBLEMATIC	PREFERRED
"Committed suicide" *Implies crime or sin*	"Died by suicide" · "Took their own life" · "Suicide death"
"Failed" or "unsuccessful suicide"	"Suicide attempt" · "Non-fatal suicide attempt"
"Successful suicide"	"A fatal suicide attempt"
"Suicide victim"	"Those who died by suicide"
Details of method or location	Never share method or location — anywhere.
Sharing suicide notes	Do not share or sensationalise notes.

KEY MESSAGE

Language is the first act of care.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

1.3.4 · A STORY · JOHN DOE

Meet John Doe



"I'm John Doe, the eldest of three children. I've always felt responsible for supporting my family and being the person others can depend on. But lately, I've started wondering who would be there for me if I needed help.

My father lost his job after becoming ill, my mother earns a small salary, and I help support my younger brother's education. I changed careers hoping to earn more, but my company is now closing and I don't know what comes next.

I've also become increasingly isolated. My sister lives abroad, many of my close friends have moved on, and my relationship with my fiancée is struggling because of mistakes I made. My colleagues say I seem different, but I tell them I'm fine.

The truth is, I feel like my life has lost its meaning. My faith no longer grounds me the way it used to, and I'm beginning to understand why my cousin ended his life. Sometimes I think it might be easier if I just ended mine too.

I don't know who to talk to. I've always been the strong one, and I don't want to burden anyone. Lately, alcohol has become a way of numbing the pain."

REFLECTION QUESTIONS

What do you think are some things that may have put John Doe at risk of suicide? What do you think protected him against suicide?

A PAGE FOR YOU

Your reflection.

WHAT MAY HAVE PUT JOHN DOE AT RISK OF SUICIDE?

WHAT MIGHT HAVE PROTECTED HIM AGAINST SUICIDE?

1.3.5 · RISK FACTORS

What increases suicide risk.

Having one risk factor does not mean someone will attempt suicide. When several occur together, risk rises.

LEVEL	EXAMPLES
Individual	Previous attempt · Bereavement · Family history of suicide · Job or financial loss · Chronic illness · Mental illness · Substance use
Relational	Discrimination · Trauma or abuse · Relationship conflict, breakup, divorce · Isolation · Disaster or conflict
Societal	Stigma · Norms discouraging open discussion · Beliefs framing suicide as noble · Access to lethal means

By age group

Under 12	Parental disconnect · Bullying · Trauma · Lack of emotional support
13–24	Mental-health conditions · Peer pressure · Academic stress · Family conflict
25–39	Financial stress · Job loss · Substance use · Relationship breakdown
40–59	Caregiver stress · Mid-life crisis · Chronic health decline
60+	Loneliness · Grief · Chronic illness · Post-retirement identity loss

By gender

Males	Less likely to seek help · More likely to use more lethal means · High expectations of masculinity · Financial burdens
Females	Higher rates of suicidal thoughts · Emotional distress · Intimate partner violence · Caregiving stress

Gender data: Suicide Worldwide in 2021 · WHO, 2025.

1.3.6 · PROTECTIVE FACTORS

What reduces suicide risk.

These are the traits, circumstances, and connections that reduce the likelihood of suicidal thoughts or attempts.

AGE GROUP	KEY PROTECTIVE FACTORS
Children	Supportive parenting · Early emotional education · Stable home · School safety
Youth	Strong friendships · Mentorship · Positive engagement · Mental-health awareness
Adults	Secure employment · Family support · Problem-solving skills · Access to therapy
Older Adults	Community involvement · Faith-based support · Meaning & purpose · Healthcare access

By gender

Males	Encouraging open emotional expression · Normalising help-seeking · Financial planning support
Females	Building safe spaces for support · Promoting mental wellness · Addressing intimate partner violence

Gender data: Suicide Worldwide in 2021 · WHO, 2025.

FAITH AS A PROTECTIVE FACTOR

Belonging to a faith community, prayer, ritual, and spiritual meaning can all reduce suicide risk — when the community responds with compassion rather than *condemnation*.

1.3.7 · REFLECTIONS ON JOHN DOE'S STORY

Factors that increase risk: John Doe's Story



WHAT JOHN DOE SAID	WHAT THIS HANDBOOK SAYS
"My company will be closing... I don't know where to go from there."	Financial stress and job loss are leading risk factors for men aged 25–39 (3.5).
"I can begin to understand why my cousin chose to end his life."	A family history of suicide — and being bereaved by suicide — raises risk (3.5).
"Maybe it would be better if I just ended it."	Talking about suicide is a cry for help. Never dismiss it — ask directly (3.2).
"My workmates keep telling me I seem off, but I tell them I'm fine."	Warning signs are usually present but can be masked or subtle (3.2).
"Alcohol has been my faithful companion."	Increased alcohol use is both a risk factor and a quiet warning sign (3.5).
"My sister moved... my friends have drifted apart."	Isolation strips away the protective power of connection (1.3.5, 1.3.6).
"My faith... has faded, and I no longer see a path back to it."	Belonging to a compassionate faith community is protective — a door that can reopen (3.6).
"I've always been the strong one... I don't want to burden anyone."	Feeling like a burden is a recognised warning sign — and distress is not weakness (1.3.2, Ch. 2).

WHAT MIGHT HAVE PROTECTED HIM

Workmates who noticed. A fiancée and family he loves. A history of resilience, and a faith he once had. Each is a thread a religious leader can help him take hold of again — because crises pass, and support, connection, and reduced access to means save lives (3.2, 3.6).

1.4 · A BRIDGE TO CARE

People in distress often reach a religious leader long before they reach a clinic. Standing between distress and help, you can **listen, care, encourage, and refer** — connecting people to hope and healing.

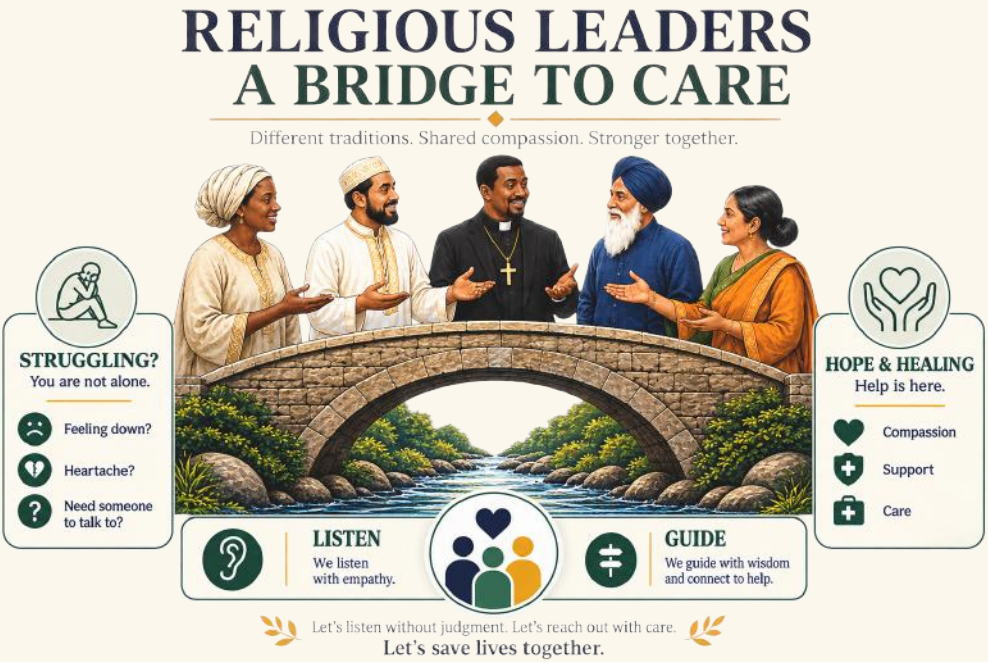


FIG 1.2 · RELIGIOUS LEADERS · A BRIDGE TO CARE. MANY FAITHS, ONE HUMAN FAMILY.

"You are not expected to have all the answers, but you can connect people to help."

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

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02
Recognise.

WARNING SIGNS

Verbal · Behavioural · Situational

Warning signs are like a fire alarm. When it sounds, something needs to be done. Learn to hear the three kinds of sign: verbal, behavioural and situational.

2.1 · WARNING SIGNS

Three pillars of warning.

Warning signs are clues that someone may be at immediate risk. They come in three broad forms.

1

Verbal

- "I can't go on anymore."
- "There's no point in living."
- "Everyone would be better off without me."
- "I want to go to sleep and not wake up."
- Talking about being a burden.
- Preoccupation with death.
- Indirect goodbyes.

2

Behavioural

- Withdrawing from loved ones.
- Out-of-character actions.
- Sudden calm after distress.
- Persistent low mood or agitation.
- Extreme mood swings.
- New or increased substance use.
- Giving away possessions.
- Neglecting personal care.
- Seeking means to end life.

3

Situational

- Recent trauma or violence.
- Recent loss — especially by suicide.
- Financial hardship, unemployment.
- Relationship crisis, separation.
- Chronic or terminal illness.
- Academic or work failure.
- Loss of social role or status.



When a fire alarm goes off, action is required. When these signs appear — **check in, listen, and support.**

2.2 · WARNING SIGNS AT A GLANCE

Hear it. See it.

Verbal cues are what a person *says*; *behavioural signs* are what a person *does*. Either one, on its own, is enough of a reason to check in.

VERBAL CUES

what they say

1. Expressing hopelessness or pain
2. Feeling like a burden to others
3. Direct statements about wanting to die
4. Final-sounding goodbyes
5. Preoccupation with death and dying

BEHAVIOURAL SIGNS

what they do

1. Withdrawing from people or activities
2. Sudden calm after deep distress
3. Increased risk-taking or substance use
4. Giving away treasured belongings
5. Neglecting self-care and appearance

YOUR REFLECTION

Think of the people you serve. Which of these signs have you seen or heard recently — and what might gently checking in look like this week?

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

2.4 · A STORY

Meet Jane Doe.

Jane Doe (not her real name)



Jane Doe, a 42-year-old mother, has recently lost her 18-year-old son, Arjun, in a tragic accident. Overwhelmed with grief, she stopped saying her daily prayers (puja) or attending temple services. She struggles to care for herself and has become more withdrawn. Her husband is also deeply affected and is struggling to support her or express how he feels. She has mentioned severally that she feels like a burden, and says she would prefer to join her son.

Her older brother died by suicide 15 years ago after living with severe depression. Jane Doe's family rarely spoke about this loss, leaving her with unresolved feelings of guilt and confusion. Now, with the loss of her son, those memories have come back, worsening her grief and deepening her feelings of hopelessness.

Jane Doe tells her spiritual leader that she knows that in Hinduism, death is a part of life's cycle (samsara), but she is having difficulty accepting that her son is gone. She feels like she has been abandoned by the divine, and is struggling to find peace in the belief of reincarnation and that Arjun's soul has moved on.

Jane Doe's religious leader encourages her to attend a grief support group, where she can connect with others who have experienced similar losses. Additionally, he suggests she volunteers at a local charity that serves children in need, reminding Jane Doe that acts of selfless service (seva) can be a way to honour Arjun's memory and bring healing to her heart.

REFLECTION QUESTIONS

What do you think suggests Jane Doe could be at risk of suicide?

A PAGE FOR YOU

Your reflection.

WHAT SUGGESTS JANE DOE COULD BE AT RISK OF SUICIDE?

WHICH WARNING SIGNS — VERBAL, BEHAVIOURAL, SITUATIONAL — DO YOU NOTICE?

2.5 · REFLECTIONS ON JANE DOE'S STOR

The signs were all there.



WHAT WE SAW AND HEARD	WHAT THIS HANDBOOK SAYS
"She would prefer to join her son."	A direct statement of wanting to die — a verbal warning sign. Act on it (2.1, 1.3.2).
"She feels like a burden."	Burden-talk is a red-flag verbal cue that should always be taken seriously (2.1, 2.2).
She stopped puja and temple, is withdrawn, and struggles with self-care.	Behavioural signs: withdrawal from people, activities, and faith practice; neglecting self-care (2.1, 2.2).
She has just lost her son in a tragic accident.	Recent bereavement is a situational trigger — grief and risk can travel together (4.1).
Her brother died by suicide; the family rarely spoke of it.	Family history of suicide and silence around the loss both deepen risk (1.3.5, Ch. 3).
"She feels abandoned by the divine."	Spiritual struggle and loss of meaning are a genuine domain of risk (1.2).
Her husband is also affected, and struggling to support her.	The safety net itself is strained — widen it with trusted people (5.6a).
Her leader suggests a grief group and seva.	Connection and renewed purpose are protective; timely support saves lives (1.3.6, 1.3.2)

WHEN SIGNS CLUSTER, RISK RISES

Jane Doe shows verbal, behavioural, and situational signs at once — the moment to check in, ask directly, and stay close (1.3.5, Ch. 3). Her leader's response models the path: keep her connected, restore meaning, and walk with her toward professional and community support.



03
Respond.

Supporting

3.1 SOMEONE WHO IS SUICIDAL
3.2 FAMILIES AFTER LOSS

Your presence, words, and actions can save a life. This chapter walks you through the four-step crisis intervention model — Recognise, Engage, Ensure Safety, Refer — the way religious leaders in Kenya have practised it.

3.1.1 · VOICES OF LIVED EXPERIENCE

Three people who have lived through suicidal crisis share what they needed — and did not receive — from religious leaders. Sit with these words before reading further.



A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

SIT WITH THESE WORDS

Read all three voices once more — slowly. The next page is yours.

REFLECTION

What did the voices ask of you?



REFLECT

What insights can we take from these two voices? What are they asking of us?



ONE COMMITMENT

Name one thing you will do differently the next time someone in distress comes to you.

3 1 2 · UNDERSTANDING A SUICIDAL CRISIS



FIG 3 1 WHAT A SUICIDAL CRISIS CAN FEEL LIKE FROM THE INSIDE.

A suicidal crisis is a period when someone is actively contemplating, planning, or attempting suicide. It may be brief — but during it, urgent support is needed to prevent harm.

WATCH FOR WITHDRAWAL FROM FAITH

People in crisis may pull away from religious settings and see themselves as ***failing in their faith***. Do not read that withdrawal as backsliding — read it as a signal. Reach out.

KEY MESSAGE

Your presence, words, and actions can save a life.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.3 · THE 4-STEP CRISIS INTERVENTION MODEL

These four (4) steps can make a difference.

Faith leaders in Kenya use four steps when supporting someone in a suicidal crisis. The rest of this chapter unpacks each on



FIG 3.2 · A CARING RESPONSE CAN CHANGE EVERYTHING. COMPASSION + CONNECTION + CARE = HOPE.

KEY PRINCIPLE

Faith and professional support should work together, not in isolation.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.4 · STEP 1

Recognise the signs of suicide.

Warning signs come in three categories. Learn to notice each one. If someone shows several, **do not ignore — ask directly.**

✓ VERBAL SIGNS

1. "I feel hopeless."
2. "I have nothing to lose."
3. "Everyone would be better off without me."

✓ BEHAVIOURAL SIGNS

1. Social withdrawal from religious group, community and family.
2. Extreme mood swings; reckless behaviour (driving, sex, drug use).
3. Giving away possessions; saying goodbye unexpectedly.

✓ SITUATIONAL TRIGGERS

1. Personal losses; relationship crisis; financial stress; severe illness.
2. Family conflict; sudden shift to radical religious views.

KEY MESSAGE

When someone shows several signs, do not ignore them. Ask directly.

YOUR REFLECTION · WHICH OF THESE SIGNS HAVE YOU SEEN IN YOUR COMMUNITY?

3.1.5 · STEP 2

Respond with compassion and active listening.

A non-judgemental, calm, caring presence is often the first thing that helps. What you say — and what you avoid saying — matters.

✓ DO

- Ask directly: *"Are you thinking about suicide?"*
- Listen without judgement: *"I'm here to support you, not to judge you."*
- Reflect feelings: *"It sounds like you're feeling hopeless. I want to understand more."*
- Offer hope: *"You are not alone. We will walk through this together."*

✕ DON'T

- Dismiss their pain: *"You just need to pray more."*
- Argue or preach: *"Suicide is a sin; you must not even think about it."*
- Guilt them: *"Think about how this will hurt your family."*

✦ FAITH-BASED APPROACH

Show unconditional love. Remind them that seeking help is a sign of strength, not weakness.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.5A · ACTIVE LISTENING

Listen to understand.

✓ DO

- Use phrases like *"It sounds like you feel…"* or *"You seem to be saying…"*
- Validate emotions: *"That sounds really tough, and I can see why you feel that way."*
- Show empathy: *"It must be really painful to go through this."*

✕ DON'T

- Interrupt or rush: *"Let's get to the point."*
- Minimise: *"It's not that bad; others have it worse."*
- Offer quick solutions: *"Have you tried just staying positive?"*

✦ FAITH-BASED APPROACH

Be present in the moment. Full attention is itself an act of care and compassion.

YOUR REFLECTION — WHAT WOULD ACTIVE LISTENING SOUND LIKE IN YOUR SETTING?

3.1.5B · REFLECT FEELINGS & BE NON-JUDGEMENTAL

Acknowledge emotions. Withhold judgement.

Reflect Feelings

✓ DO

- Listen without judgement.
- Reflect feelings: *"It sounds like you're feeling hopeless."*
- Offer hope: *"You are not alone."*

× DON'T

- Assume: *"You're probably just tired."*
- Downplay: *"Don't be so sensitive."*
- Compare: *"At least you have a job / family."*

Being Non-Judgemental

✓ DO

- Accept without criticism: *"I appreciate you trusting me."*
- Reassure: *"It's understandable to feel overwhelmed."*
- Encourage openness: *"I'm here to listen, no matter what."*

× DON'T

- Express shock: *"I can't believe you'd think that!"*
- Blame or guilt: *"You shouldn't feel this way."*
- Dismiss: *"You just need to be stronger."*

YOUR REFLECTION — WHICH RESPONSES COME NATURALLY? WHICH FEEL HARDEST?

KEY MESSAGE

Speak gently. Stay present. Calm words and quiet company do more than any verdict.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.5C · OFFERING HOPE & ENCOURAGEMENT

Hope must be honest to be helpful.

Real hope names the pain, then points beyond it. False hope skips the pain — and skips the person too.

✓ DO

- Highlight strengths: *"You have got through tough times before."*
- Affirm: *"You are not alone in this."*
- Encourage small steps: *"Let's think about what we can do together."*
- Offer practical support: *"Would it help if we found someone who can guide you?"*

✕ DON'T

- Give false hope: *"Everything will be perfect soon."*
- Pressure positivity: *"Just stop thinking negatively."*
- Ignore their current pain: *"You should just move on."*

✦ FAITH BASED APPROACH

Remind them that hope and healing are possible — and that seeking help is a sign of strength.



A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.6 · COPING STRATEGIES & SOCIAL SUPPORT

Give them tools they can use tomorrow.

Coping strategies manage overwhelming emotions. Social support reduces isolation. Together, they promote hope, resilience, and safety.



FIG 3.3 · FOUR PILLARS OF COPING: EVERYDAY FOUNDATIONS, STRENGTHEN YOUR COPING, KNOW YOUR WARNING SIGNS, BUILD & USE SUPPORT.



FIG 3 4 · KEY PHRASES FOR COPING SUPPORT

3.1.6A · CREATING A SAFETY NET

No one heals alone. Weave the net together.

CREATING A SAFETY NET THROUGH SOCIAL SUPPORT

Help them **name people they trust**. Suggest small social interactions. Offer consistent presence. Let them know you will check in regularly.

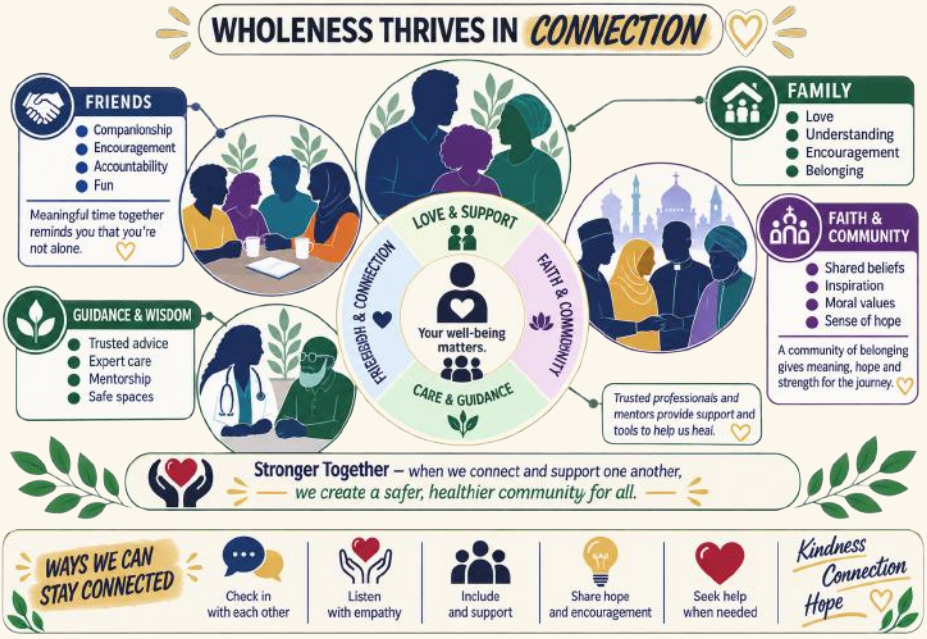


FIG 3.5 · WHOLENESS THRIVES IN CONNECTION — NO ONE HEALS ALONE.

MAP THE NET — AND YOUR PART

Think of someone you are walking with now. Who are the three people they trust most — and when, and how, will you check in? Write it down — a promise on paper is easier to keep.

3.1.7 · STEP 3

Ensure immediate safety.

When someone is in immediate danger and you are with them, act. Do not wait for a better time.



IF RISK IS IMMEDIATE

Stay with them — do **not** leave them alone. Remove access to lethal means (knives, ropes, medications). Mobilise a trusted support network — family, friends, faith community. If risk is high, **call for emergency help**.

1. **Stay with them.** Presence itself reduces immediate risk.
2. **Remove access to means.** Lock away sharps, ropes, medications, firearms.
3. **Mobilise trusted people.** Family, friends, or faith community members you both trust.
4. **Call for help if risk is high.** Crisis helpline or medical services — without hesitation.



EMERGENCY ACTION

If you believe the person might act soon, do not hesitate to seek **urgent intervention**. Kenya emergency: **999 / 112**. Befrienders Kenya (weekdays, 9:00 a.m.–5:00 p.m., not toll-free): **0722 178 177**. For alcohol or drug-related crises, NACADA: **1192**. Civil servants can reach free counselling via Huduma Centre: **1919**.

3.1.8 · STEP 4

Refer — and continue faith-based support.

Religious leaders provide invaluable spiritual care. Suicidal crises also require professional assessment and treatment. Both, together, save lives.

Link to Professional Help

1. Assist in finding **affordable, accessible care** — health facilities, verified helplines and apps.
2. After intervening, encourage them to **speak to a mental-health professional**.
3. Gently and compassionately share the importance of referral for *collaborative care*.

Provide Continued Spiritual Support

1. Offer to pray with them — and also encourage professional intervention.
2. Create a safe space where they can talk freely.
3. Stay connected through regular follow-ups.

KEY MESSAGE

Faith and professional support should work together, not in isolation.

3.1.9 · FAITH LEADERS' ROLE BEYOND THE CRISIS

The work of preventing the next crisis is done in ordinary time — in Friday sermons, Sunday prayers, home visits, and conversations after service.

PREVENTIVE ROLE
Encourage mental-wellness discussions in faith settings.

COMMUNITY ENGAGEMENT
Foster peer support groups for mental health.

ADDRESSING STIGMA
Teach communities that seeking help is not weakness.

SELF-CARE
You must also care for your own well-being. Build a support system for the weight you carry.

REFLECTION

What can you do to create a faith-based environment that prevents future crises?

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.10 · WHAT DO I DO?

When you are not sure what to do next, follow the arrows.



FIG 3.6 · WHAT DO I DO? A STEP-BY-STEP DECISION FLOWCHART FOR RESPONDING TO CRISIS.

EMERGENCY · KENYA

If life is at immediate risk, call **Kenya Red Cross 1199** first (free, 24/7). **999 / 112** may not always connect. Befrienders Kenya (weekdays 9 a.m.– 5 p.m., not toll-free): **0722 178 177**. For alcohol or drug-related crises, NACADA: **1192**. Civil servants can reach free counselling via Huduma Centre: **1919**.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.1.11 · ACTION STEPS FOR RELIGIOUS LEADERS

Three commitments to carry from this chapter.

1 **Commit to learning and practising these crisis response steps** — not once, but again, and again, until they are second nature.

2 **Identify referral resources in your community** — before you need them. Write them on the inside back cover of this book.

3 **Encourage open conversations about mental health in faith spaces** — from the pulpit, in prayer groups, in youth meetings.



A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.



3.2 Walking with Families After Loss.

Your response after a suicide shapes how families grieve, how communities respond, and whether people feel safe seeking help next time.

3.2.1 · WHAT MAKES THIS HARD

Four honest challenges.

01 · STIGMA

Families may feel judged and avoid help. Hurtful comments like "Hiyo ni familia ya watu wa suicide" ("the apple does not fall far from the tree") deepen isolation.

02 · UNRESOLVED QUESTIONS

Families struggle to reconcile mental illness, suffering, and faith. Some questions may never have clear answers.

03 · FEAR OF "CONTAGION"

Some fear that talking about suicide will encourage others. In fact, open, careful conversation reduces stigma and encourages help-seeking.

04 · CONFLICTING TEACHINGS

Some doctrines associate suicide with sin. In grief, emphasising condemnation increases shame. Compassion must come first.

> *"Compassion should come before condemnation. Religious leaders should offer healing, not guilt."*



A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

YOUR REFLECTION — WHERE HAVE YOU SEEN COMPASSION CHANGE AN OUTCOME?



3.2.2 · IMMEDIATE SUPPORT

Presence, not just words.

In the hours and days after a suicide loss, families are often in shock. Silent support is more powerful than rushed advice.

✓ SAY

- "I am so sorry for your loss."
- "I am here with you."
- "You do not have to go through this alone."
- "This must be incredibly painful."
- "Take all the time you need."
- "Your feelings are understandable."

✕ AVOID

- "Everything happens for a reason."
- "You should be strong."
- "Don't cry."
- "It is time to move on."
- Speculating about why they died.
- Blaming the deceased or family.

A healing-centred funeral

1. Acknowledge the person's life and struggles — not just their manner of passing.
2. Emphasise hope, love, compassion, and the value of seeking help.
3. Do not use the funeral to condemn suicide or create fear.
4. If stigma exists in local tradition, work with the family for an inclusive ceremony.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

3.2.3 · LONG-TERM SUPPORT

For many families, the hardest period begins after everyone else returns to their normal lives.



KEY MESSAGE

Supporting families after suicide is not only about responding to loss. It fosters healing, breaks stigma and prevents future tragedies.

A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.



04 Refer.

RESOURCES & REFERRALS

You are not alone. These Kenyan services are here to walk alongside you and those you serve. Keep this page close.

4.1 · KENYA · 24/7 HELPLINES

If it is now, call.

Kenya Red Cross — 1199
Psychosocial support · Free · 24/7 · First contact (verified Aug 2026)

Chiromo Hospital Group Helpline — 020 3971000
Specialist mental-health support · 24/7 · Standard call rates

National Emergency Number — 999 / 112
Police, ambulance, fire · If unreachable, call 1199

Befrienders Kenya — 0722 178 177
Emotional support · Weekdays 9 a.m.–5 p.m. · Not toll-free

Centre for Suicide Research and Intervention — +254 703 388 130

NACADA Helpline — 1192
Alcohol and drug abuse support

Huduma Centre — 1919
Free counselling line for civil servants

MY REFERRAL PATHWAYS

Record the routes that work for your organisation — who you call first, which facilities you trust, and how people reach you.



PLEASE NOTE

Always verify current helpline numbers with the Ministry of Health or KEMRI before distribution.

4.2 · REFERRAL FACILITIES

Where to refer people.

Mental health services are integrated across major facilities countrywide, providing assessment, counselling, and treatment.

FACILITY	SERVICES
Mathari National Teaching & Referral Hospital	National psychiatric referral · Nairobi · Inpatient & outpatient
Kenyatta National Hospital · Mental Health Unit	Assessment · treatment · crisis care · Nairobi
Moi Teaching & Referral Hospital	Mental-health services · Western Kenya · Eldoret
Coast General Teaching & Referral Hospital	Mental-health unit · Mombasa
County Level 4 & 5 Hospitals	Basic mental-health screening & referral · County-wide
Chiromo Hospital Group	Private psychiatric care · Multiple branches
Kenya Counsellors and Psychologists Board	Maintains the directory of licensed sychologists and counsellors
Kenya Medical Practitioners and Dentists Council	Maintains the directory of licensed psychiatrists

DIRECTORY TEMPLATE

Add your county's mental-health focal person, nearest Level 4 hospital, community counsellor, and local NGOs on the inside back cover.



05
Rest & Renewal.

SELF-CARE FOR RELIGIOUS LEADERS

You carry the hopes, fears and pain of many people. A burnt-out leader cannot bring light to others. Self-care is not luxury. It is responsibility.

5.1 · KNOW THE DIFFERENCE

Burnout & compassion fatigue.

Burnout

The emotional, physical, or mental exhaustion from prolonged stress and excessive demand. Develops gradually. Affects motivation, energy, and sense of purpose.

Compassion Fatigue

The strain from continually caring for people in trauma. Over time, empathy becomes harder to sustain. Includes secondary trauma — absorbing others' pain.

Warning signs in yourself

1. Feeling emotionally drained and exhausted.
2. Decreased motivation or feeling disconnected from purpose.
3. Struggling to empathise or feeling numb.
4. Increased irritability, anxiety or sadness.
5. Neglecting personal needs such as sleep, exercise and social life.
6. Over-identifying with those you're trying to help.
7. Guilt or helplessness about those you couldn't help.
8. Avoiding suicide conversations because they feel too heavy.
9. Using alcohol, food or overwork to cope with the weight of ministry.
10. Feeling that no one supports or understands your role.
11. Losing joy in worship or in leading others.
12. Feeling distant from God or from your own faith.



REFLECTION

How often do you prioritise your own well-being while helping others?

5.2 · PILLARS OF SELF-CARE

Five pillars to hold you up.

01 · EMOTIONAL

Identify triggers. Process emotions (journaling, therapy, peer support). Step back from overwhelming cases.

02 · SPIRITUAL

Maintain personal faith practices outside crisis work. Prayer, meditation, scripture. Seek fellow leaders.

03 · PHYSICAL

Sleep, balanced diet, regular activity. Notice when stress shows up in the body.

04 · PROFESSIONAL

Seek supervision on complex cases. Build mentor relationships. Debrief after intense support.

05 · SOCIAL

Quality time with family and friends. Set healthy boundaries. Engage in community outside ministry: hobbies, friendships, shared life.

YOUR REFLECTION — WHICH PILLAR NEEDS YOUR ATTENTION FIRST?





A WORD FROM YOUR FAITH

[SCRIPTURE] This space is reserved for a passage on seeing and caring for one another, chosen and approved by each faith for its own edition.

"You cannot pour from an empty cup."

5.3 · VOICES OF LIVED EXPERIENCE

Boundaries let you keep serving.

Trying to meet every need alone leads to exhaustion. Boundaries are the way you stay present for the long run.

1. Recognise your emotional limits — you are not a crisis helpline.
2. Know when to refer — connect people with trained experts.
3. Separate personal emotions from your role.
4. Take breaks. Rest is part of ministry.

Common barriers & healthy responses

BARRIER	HEALTHY RESPONSE
"I don't have time."	Schedule self-care as ministry. Even short daily periods matter.
"I feel guilty taking a break."	Rest allows you to serve better.
"My faith should sustain me."	Faith is strength, but mental well-being needs active care too.
"There's no support system for me."	Build peer networks with fellow leaders and counsellors.



SEEK PROFESSIONAL HELP FOR YOURSELF IF

Persistent burnout · Difficulty processing grief · Loss of motivation · Over-identification with those in crisis · Thoughts of hopelessness, suicidality, or withdrawal.

YOUR REFLECTION - ADDITIONAL SPACE FOR YOUR THOUGHTS



KEEP THIS PAGE CLOSE

If it is now, call.

These are the same numbers from Chapter 4, gathered here for the moment you need them fastest.

Kenya Red Cross — **1199**
Psychosocial support · Free · 24/7 · First contact

Chiromo Hospital Group Helpline — **020 3971000**
Specialist mental-health support · 24/7 · Standard call rates

National Emergency Number — **999 / 112**
Police, ambulance, fire · If unreachable, call 1199

Centre for Suicide Research and Intervention — **+254 703 388 130**
Clinical referral and consultation

NACADA Helpline — **1192**
Alcohol and drug abuse support

Huduma Centre — **1919**
Free counselling line for civil servants

PLEASE NOTE

Always verify current helpline numbers with the Ministry of Health or KEMRI before distribution.

MINISTRY OF HEALTH

REPUBLIC OF KENYA

INTER-RELIGIOUS COUNCIL *of* KENYA

KENYA MEDICAL RESEARCH INSTITUTE
KEMRI
In Search of Better Health

Brain & Mind Institute
from neuron to neighbourhood
Kenya | Pakistan

THE AGA KHAN UNIVERSITY

CEJAD
Centre for Environment Justice and Development

KENYA PSYCHIATRIC ASSOCIATION

Kenya Red Cross

BasicNeeds
Better Mental Health, Better Lives

CHIROMO HOSPITAL GROUP
Recovery In Dignity

Our Collaborators

Developed under the leadership of the Ministry of Health, Kenya and the Inter-Religious Council of Kenya, through the Suicide Prevention Working Group, with contributions from partner organisations, religious leaders, mental health professionals, and people with lived experience of suicide.

REPUBLIC OF KENYA

MINISTRY OF HEALTH

INTER-RELIGIOUS COUNCIL *of* KENYA

A LAST WORD

Sometimes, being there is where hope begins.

Notice. Listen. Respond. Walk alongside.
Your presence may be the bridge that helps someone reach safety.

FIRST EDITION · 2026 · KENYA

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KENYA PSYCHIATRIC ASSOCIATION

Kenya Red Cross

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