Integrating Discussions of Spirituality Into Suicide Risk Assessment: A Brief Guide for Behavioral Health Providers

Purpose

This resource offers introductory guidance on how behavioral health providers (BHPs) can ethically address spirituality and religion in comprehensive suicide risk assessment. This guidance includes recommendations on how to improve client-centered care, reduce discomfort, and increase confidence when addressing spiritual and religious factors associated with suicide risk.[1, 2]

Background

While spirituality and religion are often associated with protective factors for suicide, some studies suggest they can also be associated with risk factors for suicide attempts and death.[3] Despite the effects spirituality and religion may have on suicide risk, many BHPs reported feeling unprepared to address clients' spiritual and religious concerns due to limited education and training on these topics.[4]

Spirituality: The human search for meaning and purpose in life, or a quest for transcendent truth.

Religion: An organized set of beliefs and values shared by a group of people related to sacred things, such as a higher power. These beliefs and values are usually institutionalized in practices, rituals, and often places of worship.[5]

Enhance Clinical Understanding

Client's perspective

BHPs should understand that a client's beliefs (or absence of beliefs) about spirituality and religion are central to his or her worldview and can influence psychosocial functioning.[4, 6]

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Expand Self-Awareness

Behavioral health provider self-knowledge

BHPs should work to understand their own spiritual and religious identity, beliefs, and biases, as well as the limits of their knowledge related to these topics.[4] Structured trainings or guidance from a peer or supervisor can help BHPs understand how their beliefs and biases may influence their interactions with clients.

Develop Clinical Skills

Understand protective and risk factors

Learn about the ways spirituality and religion can affect suicide protective and risk factors and integrate this knowledge into suicide risk assessments.

Identify protective factors associated with spirituality and religion

Research has demonstrated that a person's spiritual and religious beliefs and connections can contribute to protective factors that include positive coping skills for trauma, better treatment outcomes, hope, meaning, personal beliefs about suicide, and connection to supportive community.[1, 2, 5, 7]

Identify risk factors associated with spirituality and religion

Spiritual struggles (experiences of conflict or distress that center on religious or spiritual issues[2]) are known to be correlated with greater emotional distress and greater intensity and frequency of suicidal ideation and behavior among people with depression and other acute psychiatric conditions.[3, 7] However, the presence of suicidal ideation can also precipitate spiritual crises as people can perceive the presence of suicidal thoughts as a crisis of faith, leading them to question their beliefs, purpose, or sense of meaning. For some individuals, spiritual and religious conflicts may intensify suicidal ideation and may contribute to increased suicide risk.[2, 3, 8]

Improve Person-Centered Care

Incorporate discussion of spirituality and religion into suicide risk assessments

- Recognize the importance of religion and spirituality as central to identity for some clients.[9]
- Identify and respond to protective and risk factors related to spirituality and religion and assess how they may influence a client's overall well-being.[4]
- Provide interventions tailored to the client's situation, paying attention to how spirituality and religion may influence their suicidal ideation and behaviors.[2, 5]

Increase Behavioral Health Provider Confidence

Seek clinical clarity to improve confidence

- Be willing to ask open-ended questions about spirituality and religion as a part of a comprehensive suicide risk assessment.[2, 10]
- Explore the client's connection to faith, God, prayer, meaning, purpose, and/or spiritual or religious struggles.[1]
- Support and encourage the client if they identify spirituality or religion as a coping strategy.[11]
- Assess how spiritual and religious beliefs and practices influence the client's daily functioning.[5]
- Normalize the client's experience when they express spiritual or religious conflict about suicide.[10]

Explore research-informed practices

- With proper training, utilize spiritually-based assessment tools (FICA, HOPE) and adapt as appropriate.
- Consider attending a training (Soul Shop, Duke University, etc.) in applying spirituality to clinical practice.

Reduce Behavioral Health Provider Discomfort

Connect with community networks

- Seek guidance through supervision, consultation with a trusted colleague, or collaboration with an external community partner or member of a faith community to support your own clinical insight and the person's safety.

Conclusion

Integrating discussions of spirituality and religion into comprehensive risk assessment is a part of clinical competency.[2] This can be accomplished by strengthening clinical knowledge of the role of spirituality and religion in suicide risk and ways to effectively address these issues in a therapeutic setting. To provide meaningful client-centered care, BHPs should consider seeking out support, training opportunities, and interdisciplinary materials to reduce potential discomfort. This approach can increase the BHP's confidence and ultimately, client safety.[6]

Discussions of spirituality and religion can be thoughtfully and successfully integrated into suicide risk assessments while addressing all core domains of a comprehensive risk assessment. The following brief example demonstrates how a BHP can incorporate spirituality and religion into risk formulation.

Sample prompt: Are you connected to a spiritual community?

Sample prompt: When you experience thoughts of suicide, are there any spiritual or religious practices such as prayer, meditation, worship, or connecting to a spiritual leader that help you feel connected or supported?

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