

Religion, Spirituality, Mental Illness and Suicidal Behavior in a Large Community Sample



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Objectives

- ▲ Examine the relationship between frequency of religious worship and self-reported spirituality to suicidal ideation and suicide attempts in the general population
- ▲ Examine the relationship between frequency of religious worship and self-reported spirituality to suicidal ideation and suicide attempts in those with a mental illness

Background

- ▲ A distinction between spirituality and religion is recognized in the literature
- ▲ Religiosity is associated with decreased odds of mental illness¹
- ▲ Reports on the relationship between spirituality and mental illness are conflicting
- ▲ 90% of completed suicides occur in those with mental illness²
- ▲ Nationally representative data on the relationship between religiosity, spirituality and suicide are lacking

Methods

- ▲ Dataset: 2001-2 Canadian Community Health Survey 1.2 (CCHS 1.2; N=36,984)
- ▲ Analyses: Multiple logistic regression
- ▲ Spirituality was assessed using a questions about about self perceived spirituality
- ▲ Religiosity was assessed using a question about religious worship attendance - those who attended at least once/year were considered at least somewhat religious

			Suicidal Ideation			Suicide Attempt						
			No	Yes	OR	AOR-1	AOR-2	No	Yes	OR	AOR-1	AOR-2
General Population	Spiritual	Yes	22820 (63.2%)	742 (62.1%)	0.95 (0.79-1.15)	1.01 (0.82-1.24)	1.05 (0.69-1.61)	23562 (63.2%)	125 (49.2%)	0.57* (0.39-0.81)	0.65* (0.44-0.96)	0.65 (0.31-1.35)
		No	12288 (36.8%)	476 (37.9%)	1.00	1.00	1.00	12764 (36.8%)	102 (50.8%)	1.00	1.00	1.00
Any Mental Disorder	Spiritual	Yes	2934 (59.6%)	434 (58.6%)	0.96 (0.75-1.24)	1.02 (0.77-1.35)	1.10 (0.59-2.02)	3368 (59.4%)	94 (50.1%)	0.69 (0.44-1.06)	0.79 (0.48-1.28)	0.82 (0.35-1.95)
		No	1894 (40.4%)	281 (41.4%)	1.00	1.00	1.00	2175 (40.6%)	75 (49.9%)	1.00	1.00	1.00

			Suicidal Ideation			Suicide Attempt						
			No	Yes	OR	AOR-1	AOR-2	No	Yes	OR	AOR-1	AOR-2
General Population	Religious Attendance	Yes	20323 (56.6%)	562 (44.2%)	0.61* (0.50-0.73)	0.63* (0.52-0.76)	0.67 (0.44-1.02)	20885 (56.2%)	99 (40.6%)	0.53* (0.37-0.77)	0.63* (0.42-0.94)	0.39* (0.17-0.89)
		No	14624 (43.4%)	650 (55.8%)	1.00	1.00	1.00	15274 (43.8%)	127 (59.4%)	1.00	1.00	1.00
Any Mental Disorder	Religious Attendance	Yes	2415 (49.4%)	320 (40.1%)	0.69* (0.54-0.87)	0.72* (0.55-0.92)	0.99 (0.54-1.84)	2735 (48.2%)	68 (38.3%)	0.66 (0.42-1.04)	0.81 (0.50-1.32)	0.81 (0.29-2.30)
		No	2386 (50.6%)	392 (59.9%)	1.00	1.00	1.00	2778 (51.8%)	100 (61.8%)	1.00	1.00	1.00

Results

- ▲ Spirituality was significantly associated with decreased odds of suicide attempts (SA) in general population but was not significant after adjusting for social supports (SS)
- ▲ Religious attendance was associated with decreased odds of Suicidal Ideation (SI) and SA in the general population even after adjusting for social supports
- ▲ Among people with a mental illness, religious attendance was significantly associated with decreased odds of SI but was not significant after adjusting for SS

Discussion

- ▲ Religious attendance is associated with decreased odd of SI or SA in the general population
- ▲ Social supports may mediate this relationship
- ▲ There was no significant relationship between spirituality and SI or SA after adjusting for social supports

References

1. Baetz M, Bowen R, et al: How spiritual values relate to psychiatric disorders in the Canadian population. Can J Psych 2006;51:654-661.
2. Mann JJ: A current perspective of suicide and suicide attempts. Ann Int Med 2002;136:302-311.