

Talking Faith in Suicide Prevention: A Case Study

Impact area

1. Promotion of equality
2. Reduced health inequalities
3. Maintained and improved wellbeing

Outcomes

Short term

1. **Improved knowledge of barriers and enablers to accessing services:** our co-production process and wider engagement added to knowledge about the intersection of faith and suicidality, and barriers and enablers to accessing services and supports.
2. **Increased sharing of lived experience with VCSE, system partners and providers:** the project was built upon lived-experience involvement and shared widely within the VCFSE and statutory sectors.
3. **Increased sharing of knowledge and expertise between VCSE, system partners and local stakeholders:** The Talking Faith in Suicide Prevention resource was shared through NSPA networks and blog platforms to amplify its reach and impact. These efforts have helped extend the conversation beyond the workplace, into wider communities and faith settings at all levels.

Long-term

1. **Increased evidence base of sustainable, scalable solutions to reduce and prevent health inequalities:** Specifically, inequalities around experiences of mental health/suicidality. Seeking to understand relationship between faith/belief and suicide. Enabling more holistic front-line conversations acknowledging faith identity.
2. **Reduced barriers and improved access to care, including via digital:** We co-produced and rolled out a digital faith literacy tool in the form of a microwebsite designed to upskill front-line workers in having faith informed conversations.
3. **More opportunity for voices of lived experience to shape policy making and service delivery:** We involved our network of grassroots faith-based organisations and people with lived experience, and collaborated with people with lived experience of faith and suicidality who were members of National Suicide Prevention Alliance Lived Experience Influencers.
4. **Increased co-production of person-centred, community-based health and care.**

Glossary

Suicidality: refers to the presence of suicidal thoughts, behaviors, or intentions, and encompasses a wide range of self-destructive tendencies that may lead to suicide attempts or completion of the act.

Organisations involved

VCFSE sector:

- The Suicide Prevention Consortium, specifically National Suicide Prevention Alliance (NSPA) Lived Experience Influencers
- Samaritans provided advice and support throughout
- Taraki, The Buddhist Society, Hindu Council UK, Sikh Your Mind, Jami, British Islamic Medical Association (BIMA), AtALoss, Mind and Soul Foundation.

Public sector:

- The Royal Borough of Kensington and Chelsea and Westminster City Council public health team
- The Suicide Prevention Team at the Department of Health and Social Care

Summary

This project sought to better understand the relationship of faith and belief in relation to suicidality and suicide prevention, and to raise awareness across sectors on the frontline, such as healthcare, of the value of incorporating faith within approaches to suicide prevention.

Following engagement across 6 different faiths (Christianity, Islam, Sikhi, Buddhism, Judaism, and Hinduism), and involving people with lived experience of faith and suicidality, we co-produced and rolled out a faith literacy tool designed to upskill front-line workers in having faith informed conversations: *Talking Faith in Suicide Prevention*.

The resource itself includes accessible content on:

- Understanding stigma and differing faith/cultural approaches to suicide prevention;
- Information on local faith/community assets;
- Why and how to work with faith and community groups in suicide prevention.

What was the problem?

We don't fully understand the data, or lived experience, around faith and suicidality

There is a need for more research and understanding around the relationship between faith and suicidality, including suicide prevention.

Studies suggests that religion on the whole acts as a protective factor when it comes to suicide.[1] This is reinforced by ONS data demonstrating generally lower rates of suicide for people belonging to a religious group.[2]

But the picture is complex: data on suicide rates across religious and ethnic groups may be affected by issues in recording and categorisation, including underreporting.

In addition, qualitative evidence[3] suggests complicating factors that need further investigation. These included the stigma around suicide within faith traditions, and the presence of myths and misconceptions within faith traditions that could affect how communities think about suicide.

Faith is often absent in approaches to suicide prevention

It was identified that faith is often omitted entirely from approaches to suicide prevention and clinical interventions. Given that evidence suggests that faith-informed practice can improve communication and lead to better outcomes, this was seen as something that needed addressing.

What action was taken?

Working together with the public health team at The Royal Borough of Kensington and Chelsea and Westminster City Council (RBKWCW) ...

What value was added by the Health and Wellbeing Alliance?

Undertaking this project through the Health and Wellbeing Alliance meant we were able to work collaboratively with the Suicide Prevention Consortium, in particular drawing upon the National Suicide Prevention Alliance (NSPA) lived experience influencers.

NSPA announced the opportunity to contribute to the project through their network, and we had three influencers respond, each of which had lived experience the intersection of faith and suicidality. These influencers greatly supported the project, informing our co-production session, and helping shape the final tool. One influencer in particular provided in-depth support throughout, and has subsequently helped promote the tool through their networks, leading to four additional partnership projects/promotional opportunities.

This speed and depth of collaboration would not have been possible without the Alliance supporting collaboration.

“My experience supporting the development of the Talking Faith in Suicide Prevention tool was both enriching and deeply collaborative ... I played a key role in shaping the Sikhi representation within the resource, offering insights, suggestions, and reflections drawn from my lived and living experience. Sharing my personal story helped foster a safe and open environment for interfaith dialogue, and the resource itself brought together six faith groups to create a powerful platform for inclusive and meaningful conversation.”

- Sandeep Saib, Lived Experience Influencer, NSPA, and Mental Health Advocate

What was the result?

The outcome of our engagement resulted in the creation of the Talking Faith in Suicide Prevention resource: a digital tool which serves as a primer to support faith-informed conversations about suicide prevention/postvention with public-facing services. The aim of the tool is to support general conversations, rather than crisis presentations, and to encourage faith-based and culturally-aware approaches to suicide prevention.

[Explore the tool here](#)

The development of the Talking Faith in Suicide Prevention resource generated meaningful impact and opened up new opportunities. Feedback was overwhelmingly positive, with many expressing a desire for similar initiatives in the future.

"I think it is a wonderful resource and brings together so much useful context and principles to support and engage with faith communities."

- Suicide Prevention Manager at national mental health organisation

"I think it is a fabulous resource and I have shared it with our chaplaincy team, who agree. They have asked if you will be running any further events or workshops on this topic..."

- Suicide Prevention and Bereavement Lead at an NHS Trust

"...it's so beautifully written. Congratulations to you, the rest of the team and everyone involved because even from just that first reading I can see what a fabulous resource it is. I feel like I understand its positioning a lot better now and I personally learnt an awful lot."

- Training Delivery Manager at national suicide prevention charity

Ongoing partnership

Externally, the project has strengthened relationships with organisations such as the OLLIE Foundation (a suicide prevention and well-being charity). This paves the way for future collaborations and contributes to raising awareness of how faith interacts with suicide/suicidality.

The resource itself has become a kitemark for inclusive practice, and it has been shared through NSPA networks and blog platforms to amplify its reach and impact. These efforts have helped extend the conversation beyond the workplace, into wider communities and faith settings at all levels.

We've had ongoing engagement with 2 local authorities, 3 ICBs, and 3 NHS Trusts about use of the resource within frontline teams.

[1] <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/suicide-and-religion/043882DA1BA91B7EACA132C84A5B6F6E>

[2] <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/sociodemographicinequalitiesinsuicidesinenglandandwales/2011to2021>

[3] From a 2023 engagement workshop on faith and suicide conducted by The Royal Borough of Kensington and Chelsea and Westminster City Council public health.

Q&A with Sandeep Saib, Lived Experience Influencer

How and why did you get involved in the Talking Faith in Suicide Prevention design process?

I became involved in July 2023 through my role as an National Suicide Prevention Alliance (NSPA) Lived Experience Influencer, which complements my work as a Mental Health Advocate. My ongoing personal recovery journey—living with Anorexia Nervosa, Body Dysmorphic Disorder (BDD), Obsessive Compulsive Disorder (OCD), and surviving suicide—has profoundly shaped my commitment to inclusive and compassionate mental health advocacy.

Coming from a Sikh faith background, I approached the design process with humility and a deep desire to listen, learn, and contribute meaningfully to conversations around the role of faith and belief in suicide prevention from all parties involved. I wanted my voice to be heard, seen, and respected—especially in spaces where these discussions are very often stigmatised or overlooked.

Suicide does not discriminate. I felt it was essential to help create a safe and empathetic space where these conversations could take place. My passion for this work is reflected in the blogs I've written for organisations such as the NSPA, Jonathan's Voice, The Faith & Belief Forum, and The OLLIE Foundation—and in my contribution to co-producing the Sikhi element of the Talking Faith in Suicide Prevention resource. A very proud moment.

What was your experience of supporting the development of the Talking Faith in Suicide Prevention tool?

My experience supporting the development of the Talking Faith in Suicide Prevention tool was both enriching and deeply collaborative. I co-produced the resource in partnership with FaithAction, the Royal Borough of Kensington and Chelsea, and the City of Westminster—contributing in my capacity as a Lived Experience Influencer for the National Suicide Prevention Alliance (NSPA), and as a mental health advocate from the Sikhi faith community.

I played a key role in shaping the Sikhi representation within the resource, offering insights, suggestions, and reflections drawn from my lived and living experience. Sharing my personal story helped foster a safe and open environment for interfaith dialogue, and the resource itself brought together six faith groups to create a powerful platform for inclusive and meaningful conversation.

Beyond the development phase, I actively supported the ongoing promotion of the resource to ensure its continued visibility and impact. I spoke at the OLLIE Foundation's online Q&A panel session on 19 March 2025, and at the in-person panel during the IGPP Conference on 17 September 2024—both of which helped amplify the resource's reach across wider communities. I also organised a roundtable event at my workplace on the same theme, which was well-received and prompted reflection on why such conversations hadn't been explored earlier.

In your view, why is it important to consider faith and belief in the context of suicide prevention?

Faith and belief systems play a profound role in shaping how individuals understand, experience, and respond to mental health challenges. They can offer comfort, connection, and a sense of purpose—but they can also contribute to stigma, silence, or feelings of isolation. Recognising the influence of faith in suicide prevention allows us to offer more compassionate, culturally sensitive support that honours the whole person, including their spiritual identity.

By creating space for conversations that may otherwise feel taboo, we help break down barriers to help-seeking and healing. In my blog for the Faith & Belief Forum, I shared how my Sikh faith was

pivotal in my recovery—how I was saved by my mum, my family, and my faith after a suicide attempt in a Gurdwara. That deeply personal experience reinforced my belief in the power of faith-informed support and the importance of inclusive, interfaith dialogue in suicide prevention.

What did you learn or discover through being involved?

Through my involvement, I discovered the profound impact of creating safe, open spaces for interfaith dialogue around suicide prevention. The experience highlighted the importance of leadership—both within organisations and faith communities—in fostering non-judgmental conversations that allow individuals to speak openly about their mental health and spiritual identity. It is important to see the person, the individual, the human as a non-dimensional being – we really are more than the sum of our parts.

I also learned how deeply people value the opportunity to bring their whole selves to work, including their faith and lived experiences with mental health. The live workplace roundtable whiteboards captured a rich tapestry of insights, from intergenerational challenges to the urgent need for more training and support for faith leaders navigating these sensitive topics.

Through my blogs and ongoing advocacy, I've seen how stigma—whether rooted in caste systems, cultural expectations, or fear of judgement—can silence those who are struggling. This project reaffirmed the importance of inclusive, faith-informed approaches to suicide prevention that honour the complexity of individual experiences.

Can you describe any impacts, or opportunities, that have arisen through the development of the Talking Faith in Suicide Prevention resource?

The development of the Talking Faith in Suicide Prevention resource has already generated meaningful impact and opened up new opportunities—both in/within internal and external networks. Internally, it has helped inform DEIB goals and wellbeing programmes, encouraging more inclusive practices and conversations around faith and mental health. Feedback was overwhelmingly positive, with many expressing a desire for similar initiatives in the future.

Externally, the initiative has strengthened relationships with organisations such as FaithAction and the OLLIE Foundation, paving the way for future collaborations. It has also positioned my legal workplace as a leader in interfaith mental health dialogue, demonstrating our commitment to inclusive, faith-informed approaches to suicide prevention and mental health and wellbeing.

The resource itself has become a kitemark for inclusive practice, and I've been proud to share it through my NSPA networks and blog platforms to amplify its reach and impact. These efforts have helped extend the conversation beyond the workplace, into wider communities and faith settings at all levels.