

Spirituality and Mental Health; an Unbreakable Interface

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Spirituality is broadly defined as something which everyone can experience, that helps us to find meaning and purpose in the things we value, brings hope and healing in times of suffering and loss and encourages us to seek a better relationship with ourselves (1). Spirituality often becomes more important in times of emotional stress, physical and mental illness, loss, bereavement and the approach of death. Religion, though contains individual spirituality and is universal in nature but has its own distinct community-based worship, beliefs, sacred texts and traditions and methods (1).

Spirituality alters the individual through his coping styles, locus of control, social support and social networks, physiological mechanisms and the built environment within the person (2). Studies indicate that religion and spirituality can promote mental health through positive religious coping, community and support, and positive beliefs (2,3). Anecdotal, quantitative and qualitative evidence all point to a positive (although often modest) relationship between spirituality and mental health in relation to a number of mental health problems.

Depression has become a big challenge in modern life. The evidence shows a positive association between church attendance and lower levels of depression amongst adults, children and young people. The belief in a transcendent being is associated with reduced depressive symptoms (2,3). High religiosity is a protective factor against suicide (4).

Religious beliefs and practices have long been linked to diminishing of hysteria, neurosis, and psychotic delusions. However, recent studies have identified another side of religion that may serve as a psychological and social resource for coping with stress (5). Quantitative research demonstrates reduced levels of anxiety about the future in a number of populations, including medical patients (3).

The studies on Post Traumatic Stress Disorder (PTSD) show that positive religious coping, religious openness, readiness to face existential questions, participation in religious activities, and intrinsic religiousness are typically associated with improved post-traumatic recovery (2).

The studies on schizophrenia, though few, show that for individuals who share the same religious values as their family, religiosity can be a cohesive and supporting factor and these patients find hope, meaning and comfort in spiritual beliefs and practices (2,3).

It is recommended that those working in mental health services should ask service users about their spiritual and religious needs upon entry to the service and throughout their care and treatment and help service users to identify those aspects of life that provide them with meaning, hope, value and purpose. All service users must be provided with good access to relevant and appropriate religious and spiritual resources. The service providers should offer or make available safe spaces where users can pray, meditate, worship or exercise.

Spiritual history should be considered as part of every mental health assessment. Depression or substance misuse, for example, can sometimes reflect a spiritual void in a person's life. Mental health professionals also need to be able to distinguish between a spiritual crisis and a mental illness,

particularly when these overlap (2, 3). Qualitative research demonstrates that yoga and meditation are also associated with improvements in mental health and reduced stress and anxiety (2, 3). In addition to established 12-step programs for alcohol and substance misuse, new studies are also being conducted on such approaches as mindfulness-based cognitive therapy for

the treatment of stress, anxiety and depression (MBCT), compassion-focused therapy and forgiveness therapy are now being actively researched. The traditional methods of psychotherapy should incorporate spiritual principles to become acceptable, effective and successful.

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