Spirituality and Mental Health

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Presentation Objectives

- Common grounds for seeking help
- The pros and cons of spiritual healing of psychiatric issues
- Role of depression, anxiety, substance abuse and spirituality
Who am I?
Being and becoming
IDENTITY
SPIRITUALITY
What makes me tick?
Sources of inspiration

Family and family background (nearest and dearest)
Ethnicity and culture
Leisure and support
Social aspects
Poetry, music, nature, other interests
Pets
Spirituality and spiritual practices

Religion/faith
Life experience including childhood
Aspirations and opportunities
Occupation, vocation, employment, role, identity
Relationships
Responsibilities
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<th>MENTAL</th>
<th>EMOTIONAL</th>
<th>SOCIAL</th>
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<td></td>
<td>Knowing our interests</td>
<td>Expressing feelings positively</td>
<td>Respecting others</td>
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<td>Learning new things</td>
<td>Dealing with stress, anger</td>
<td>Accepting differences</td>
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<td>Taking responsibility</td>
<td>&amp; other emotions healthily</td>
<td>Giving &amp; asking for support</td>
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<td>Making good decisions</td>
<td>Respecting yourself</td>
<td>Listening &amp; bettering communication</td>
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<td>Setting &amp; achieving goals</td>
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<td>SPIRITUAL</td>
<td>Connected w/self &amp; world</td>
<td>Eating healthily</td>
<td>Our relationship with surroundings...</td>
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<td>Sense of peace</td>
<td>Exercising</td>
<td>air, water, land, scenery, noise, etc.</td>
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<td>Awareness of purpose</td>
<td>Getting enough sleep</td>
<td>Taking care of our world</td>
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<td>Unconditional Love</td>
<td>Caring for our bodies</td>
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<td>Making a difference</td>
<td>Avoiding “risky” behaviors</td>
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Spirituality
Religiousness

• Religiousness is a complex multidimensional phenomenon

• Psychiatry is the study of the mind
Hope

• Definition: Feeling of meaningful future despite obstacles

• Perseveration of hope
  - Improves adjustment to severe diagnosis
  - Changes focus to “thankful for things I have.”
Prayer

- Latin word “Precari”
- “To entreat”
- Ask earnestly
- Pray
  - Because of routine
  - When feeling of loss of control occurs
  - Fear of future
  - Just grateful
Childhood Experiences

Faith And Family

Adult Beliefs

Social Influences
Self awareness

Self

Mental Health

Religion
Why is it relevant?

Spirituality has implications for
- Personal belief system -healing
- Deserving of healing
- Power of the Faith
- Mental Health: a young field with many unknowns
Why do we seek help?

- Rediscover the meaning of life
- Deal with the Struggle of life
- Hope in difficult situations
Why Faith?

• Lack of assertiveness
• Self doubt
• Perceived Powerlessness
• Lack of understanding of the situation
Religion and Psychological help

• Helpful
• Harmful
• Irrelevant
Changes in Psychiatry

- More science based
- More pharmacologically based
- New diagnosis: ADHD and Autism
Stigma of Mental Health

- Severe
- Crosses the barriers of education and money
- Religion can help or hurt the access to Mental Health
The Mental Health Arena

- Psychiatrists are generally more religious than their patients.
- Religious teaching plays little part in psychiatric training.
- There is some evidence that religious patients prefer religious therapists.
- A significantly greater number of mental health professionals undergo religious conversion compared with the general population.
- Hospital chaplains in the UK have no training in mental health problems.
Faith and Therapy

- Freud held a negative view of religion
- Jung held a positive view of religion
- Perceptions of God derive from early childhood relationships
- Perceptions of God never change during psychotherapy
- The addition of religious components to cognitive therapy may enhance efficacy for religious patients.
Religious Traditions

• Fasting rituals to create sacrifice in Hindu faith
• Animal sacrifice
• Asian culture: deprivation
Religious Traditions

• Provide self interpretations

• Provide coping strategies in new severe diagnosis
Official Links: Faith and Mental Health

- **The Mental Health and Faith Community Partnership**: Collaboration between psychiatrists and clergy aimed at fostering a dialogue between two fields
  - reducing stigma
  - accounting for medical and spiritual dimensions as people seek care.
  - The collaborating organizations are APA, the APA Foundation and the Interfaith the American Association of People with Disabilities.
Disease and Spirituality

- Become more involved or less involved
- Creates hope or become angry
- Higher power need to ‘cure and save’
- Frequency of attendance of religious services
Morality

- Moral resilience important in Mental Health providers
- Faith leaders encourage morality
- Sincerity encourages patient engagement
Spirituality and Chronic Illness

• Hard to accept chronic illness
• Wearing down feeling due to lack of hope
  - Mourn the loss of old abilities
  - Do not accept the new self
Depression and Spirituality

• Depression is not a sin
• Getting help from the church
  - Important but not exclusive
  - Working with mental health providers essential
  - Hope and optimism increase with spiritual support
  - Better outcomes in patients with spiritual support
Suicide and Spirituality

- Suicide: protective in some religions
- Some cults support suicide
- Faith leaders in general provide excellent support to prevent suicide
- Faith-based counseling lasts longer in people who believe
Psychosis and Spirituality

• Concept of Heaven and Hell
• Delusions of persecution by devil
• Spiritual relief with faith leaders
Spirituality and Resistance to Treatment

- Religious patients’ reluctance to engage in psychiatric treatment may be overcome by:
  - Using a culture broker
  - Using religious symbols
  - Antipsychotic administration
  - Brief cognitive therapy
  - Using the Mental Health Act
We yell at the addict and alcoholic for not caring about what they are doing to themselves, while being upset that they don't care about what they are doing to us.

You see the problem there right?

Addictioninthefamily.com
Substance abuse and Spirituality

• Substance abuse and Mental Health Administration (SAMHSA) began an initiative with faith leaders
• Faith based Coalitions and collaborative partnerships (FBCI)
The Interdisciplinary Approach

- Include Faith Leaders in consultations
- Physicians should offer themselves to attend faith related meetings to understand the patients better
A Step Forward

• Include faith leaders in Mental Health
• Psychiatrist exposure to various faiths
• Collaborative model to integrate care with other specialty physicians
Conclusions

- Religious faith increases optimism
- Delegates responsibility to faith leaders to help patients
- Helps collaborate together with physicians
- Decreases stigma