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Considering Religion and Spirituality in Mental Health Care...
How Are We Doing?



Religion, spirituality, and mental health: In a nutshell...



- In *general*, identifying as religious/spiritual is associated with better psychological adjustment and physical health outcomes¹
- Effect sizes in meta-analyses tend to be small ($\sim .10$)² ... why?
- The picture isn't complete without acknowledging that people experience and utilise their faith in ways that lead to both positive *and* negative outcomes
- Research on religious/spiritual coping amongst older adults is consistent with this³



The study

- Two primary research questions:
 - 1) To what extent do New Zealand clients perceive that religion/spirituality is [satisfactorily] considered in their care?
 - 2) What factors predict whether religion/spirituality is considered [in a satisfactory manner]?
- 725 mental health clients identifying as religious/spiritual
- Recruited from public advertising: a range of services
- From New Zealand (454), United States (112), England (57), Australia (71) and elsewhere (31)
- Questionnaire covering participants' experiences of religion/spirituality being considered in their care
- Mostly female, Caucasian, Christian
- 7 NZ participants were 65 or older (14 international sample, similar results)





Considering religion/spirituality in mental health care... why bother?



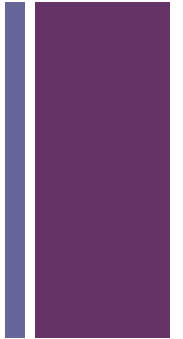
- Consideration = “To think carefully about how R/S might be relevant to one’s work with a client, and to take necessary action”.
- Religion/spirituality is sometimes relevant to the outcomes of clients we see in mental health care
- Many religious/spiritual clients:
 - 1) Utilise their faith in their efforts to recover from mental health difficulties⁴
 - 2) Would like mental health practitioners to consider their beliefs (includes those in NZ – 77%)⁵

+ In the clients' words...

“My spiritual and religious beliefs are such a big part of my life and who I am. It is really important to me that my mental health practitioner take them into account. I have however, been to practitioners that have not done so and, after weeks of therapy, walked away feeling dissatisfied and misunderstood.”

However, this is not important to all clients...

“I feel that my beliefs are mine alone and are of no concern to anybody else.”



+ So, how are we doing?

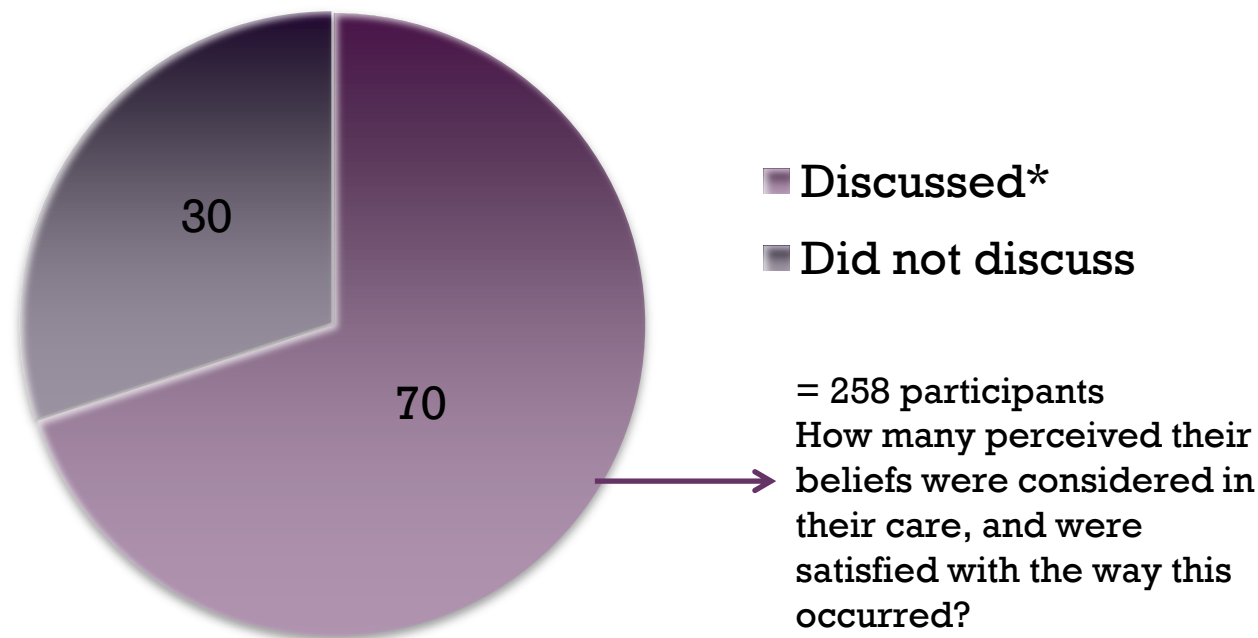
- Should we believe conjecture that clients' religion and spirituality are neglected and minimised by mental health practitioners?
- New Zealand research already conducted:
 - Chris Perkin's file review⁶: 13/30 mentioned R/S (intake form), 0/23 mentioned R/S in care plan
 - First (and only?) mental health client-perspective study: de Beer's 1998 dissertation⁸. 11% (of 43) asked about R/S



+ Findings

From the 352 who stated it was important for their practitioner to consider R/S...

Discussion of religion/spirituality



Adjusted for gender and ethnicity

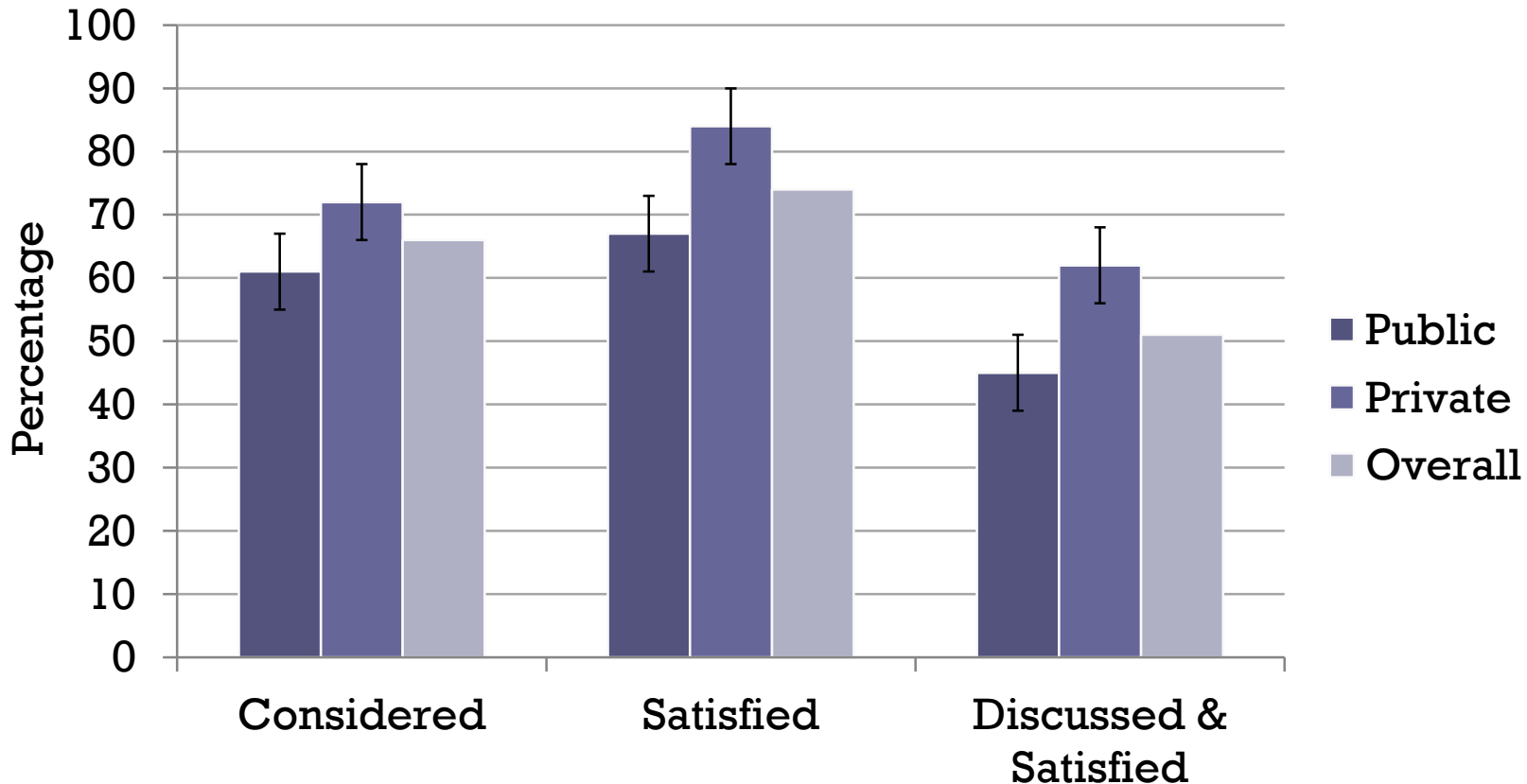
Older adults (≥ 65): Discussed = 100%

*Significant difference between sectors: 69% (public) vs. 79% (private) (unadjusted)



Findings

'Consideration important' clients who discussed R/S (258)...



Adjusted for gender and ethnicity

*Significant difference between sectors (Satisfied; Discussed & Satisfied)

Older adults (≥65): Considered = 50% Satisfied = 60%, D&S = 60%

+ Conclusions



- Future research with a larger group of older adults?
- In general, findings are not as 'dire' as stated in the literature
- Important to consider what mental health practitioners do well
- Is it okay to stop there? Not likely.
- Overall conclusion of the thesis:

**“Strive to be aware, to understand,
and to take collaborative action”**



References



1. Koenig, H. G. (2007). Religion and remission of depression in medical inpatients with heart failure/pulmonary disease. *The Journal of Nervous & Mental Disease*, 195, 389-395.
2. Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, 129, 614-636. doi: 10.1037/0033-2909.129.4.614
2. Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42, 43-55. doi: 0.1111/1468-5906.t01-1-00160
3. Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-year longitudinal study. *Archives of Internal Medicine*, 161, 1881-1885.
3. Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9, 713-730. doi: 10.1177/1359105304045366



References



1. Koenig, H. G. (2007). Religion and remission of depression in medical inpatients with heart failure/pulmonary disease. *The Journal of Nervous & Mental Disease, 195*, 389-395.
2. Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin, 129*, 614-636. doi: 10.1037/0033-2909.129.4.614
2. Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion, 42*, 43-55. doi: 0.1111/1468-5906.t01-1-00160
3. Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-year longitudinal study. *Archives of Internal Medicine, 161*, 1881-1885.
3. Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology, 9*, 713-730. doi: 10.1177/1359105304045366



References



4. Tepper, L., Rogers, S. A., Coleman, E. M., & Malony, H. N. (2001). The prevalence of religious coping among persons with persistent mental illness. *Psychiatric Services, 52*, 660-665. doi: 10.1176/appi.ps.52.5.660
4. Russinova, Z., Wewiorski, N. J., & Cash, D. (2002). Use of alternative health care practices by persons with serious mental illness: Perceived benefits. *American Journal of Public Health, 92*, 1600-1603. doi: 10.2105/AJPH.92.10.1600
5. Rose, E. M., Westefeld, J. S., & Ansley, T. N. (2001). Spiritual issues in counseling: Clients' beliefs and preferences. *Journal of Counseling Psychology, 48*, 61-71. doi: 10.1037//0022-0167.48.1.61
5. D'Souza, R. (2002). Do patients expect psychiatrists to be interested in spiritual issues? *Australasian Psychiatry, 10*, 44-47. doi: 10.1046/j.1440-1665.2002.00391.x
5. Swift, J. K., Callahan, J. L., & Vollmer, B. M. (2011). Preferences. *Journal of Clinical Psychology, 67*, 155-165. doi: 10.1002/jclp.20759
6. Perkins, C. (2009). *Spirituality and mental health: An audit of a mental health service for older people*. Paper presented at the 4th International Conference on Ageing and Spirituality, Auckland.
http://www.selwyncare.org.nz/Resources/library/PDFs/SCAS/Perkins_Dr_Chris_-_Presentation.pdf



References



7. Egan, R. (2009). *Spirituality in New Zealand hospice care*. (Doctor of Philosophy), Otago University, Dunedin, New Zealand.
8. de Beer, W. A. (1998). *The 'religiosity gap': A New Zealand perspective*. (Royal Australian & New Zealand College of Psychiatrists, Section II Dissertation), Health Waikato, Hamilton, New Zealand.