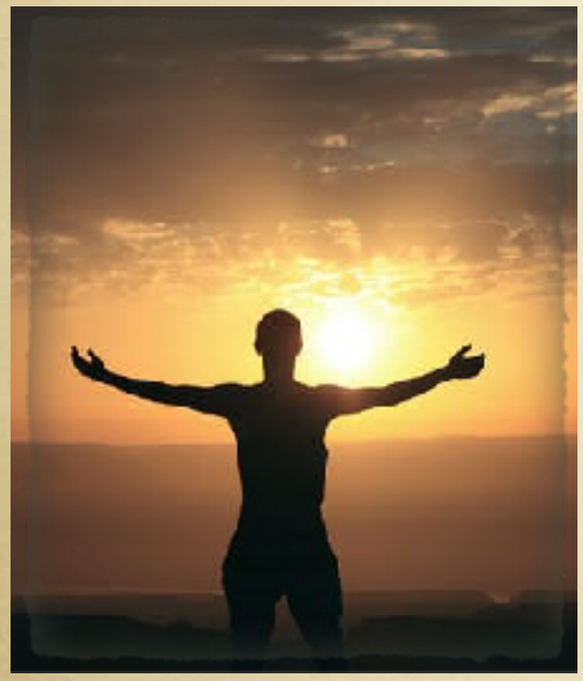
Making the Case for Spirituality in Mental Health

A Review of Current Literature



Safi Ahmed MPH MD

Family Physician & Psychiatrist

Integrative Medicine for the Underserved Fellow

Sutter Santa Rosa Family Medicine Residency

IM4US Conference, Santa Clara, August 23, 2019

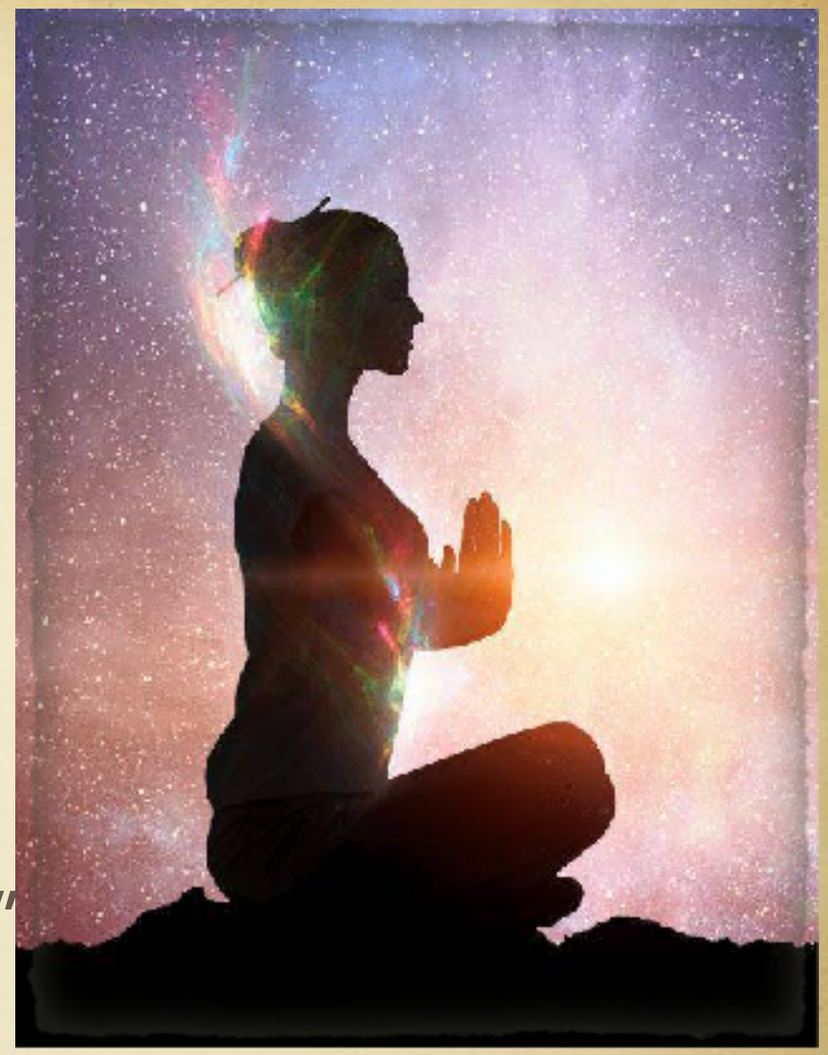
Disclosures

- No financial disclosures
- No Cochrane review, meta-analysis of RCTs, UpToDate topic review
- No clinical guidelines or instructions for what do after this talk
- No sage/guru advice. Maybe food for thought?
- Just one person's story and an attempt to prove my world view

Definitions

- **HEALTH** (WHO) - "a state of complete physical, mental and social ***well-being*** and not merely the absence of disease or infirmity"
- **RELIGION** - "an ***organized system*** of beliefs, practices, rituals and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality)"
  - Often an established tradition, practiced within a community
  - Currently often considered "divisive and associated with war, conflict and fanaticism"
- **RELIGIOSITY** - "the extent to which an individual believes, follows, and/or practices a religion"

Spirituality



- More popular expression today
- "considered more personal, something people define for themselves that is largely free of rules, regulations, and responsibilities associated with religion"
- **SPIRITUALITY** - "the ***personal quest*** for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community"

Why is this important for consideration?

- My journey

- Improved physical and mental health outcomes for patients

- Less burnout, more job satisfaction for doctors

- AAMC
- ACGME
- JCAHO

My Journey

- 7 - 31 yo: dysthymia
- MS1 (27) - now: imposter
- MS5 - now: Integrative Medicine, “spiritual path”
- PGY1: numb
- PGY2-3: burnt out and depressed
- PGY3 and beyond: self care
- Medical school - now: racism, Islamophobia

Why is this important for consideration?

- AAMC
- ACGME
- JCAHO

American Association of Medical Colleges (AAMC)

- Asks for schools to teach medical students how to "incorporate awareness of spirituality, and culture beliefs and practices, into the care of patients in a variety of clinical contexts…[and to] recognize that their own spirituality, and cultural beliefs and practices, might affect the way they relate to, and provide care to, patients."

- 80% of US medical schools offer training in spiritual care; mostly as elective training

ACGME
2017 Program Requirements for GME in Psychiatry

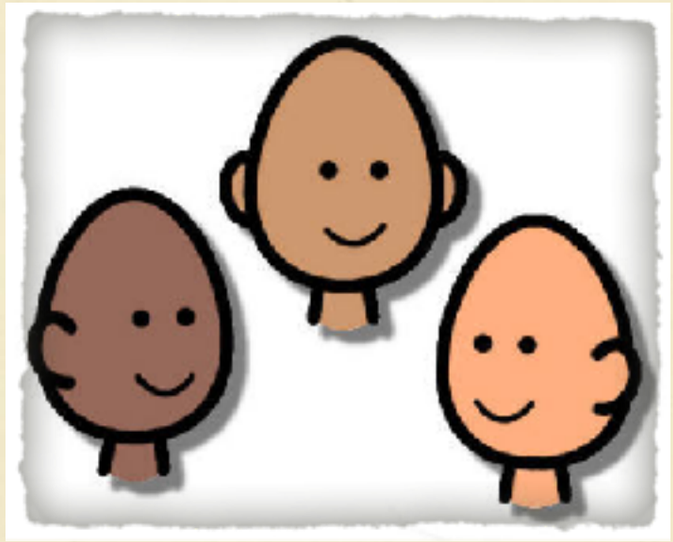
- "Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate competence in their knowledge of … biological, genetic, psychological, sociocultural, economic, ethnic, gender, **religious/ spiritual,** sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle…"

- Additionally under Professionalism requirements for psychiatry, "Residents are expected to demonstrate: … sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, **religion**, disabilities, and sexual orientation…"

JCAHO
2008 Accreditation Manual for Hospitals

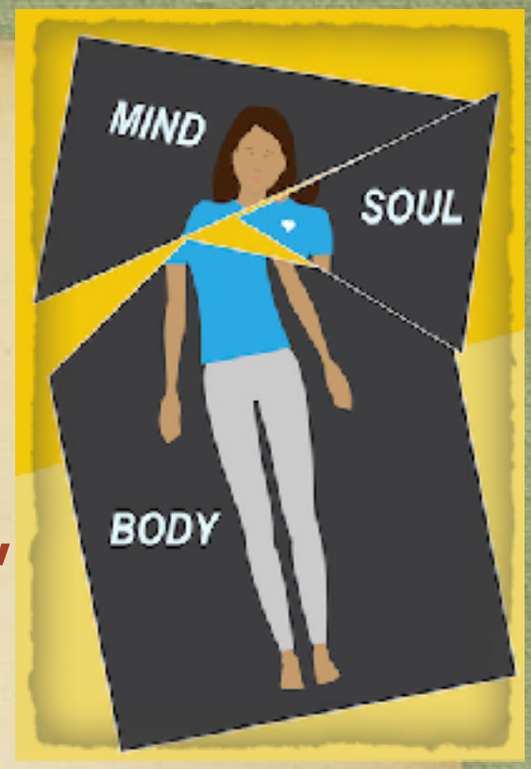
- "Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an **understanding and sensitivity to diversity*** and a responsible attitude toward their patients, their profession, and society"
    - "*diversity to include race, culture, gender, **religion**, ethnic background, sexual preference, language, mental capacity and physical disability"
- "Patients deserve care, treatment, and services that safeguard their personal dignity and respect their cultural, psychosocial, and **spiritual values.**
- In terms of addiction and mental health treatment, **"the psychosocial assessment** includes information about the following: ...The **patient's religion and spiritual orientation"**
- Requires a **spiritual history** be obtained for every patient admitted to an acute care hospital or nursing home, or observed by a home health care agency and that this must be documented in the medical record.

Discussion

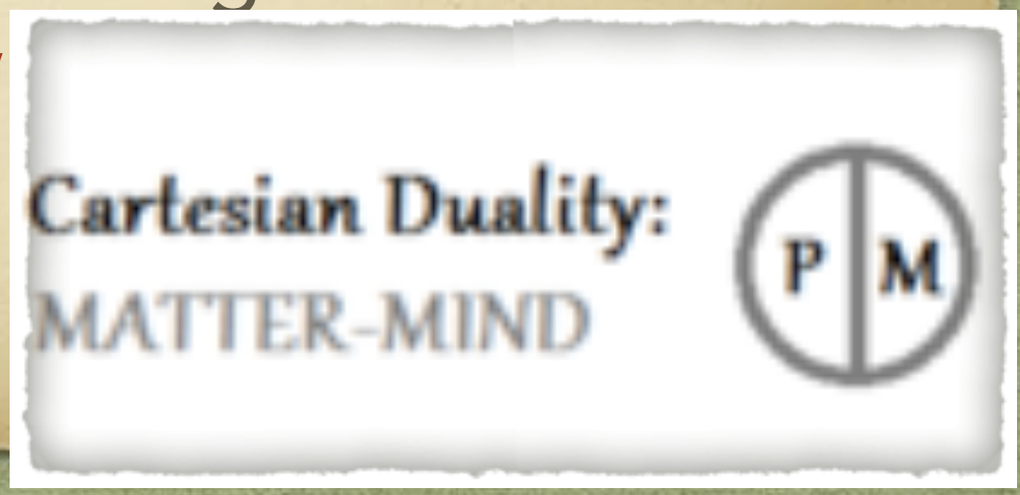


- Q: How has R/S influenced/shaped your practice of healthcare provision?
- Q: How has R/S influenced you personally?
- Q: What has your training been to date in R/S and health?

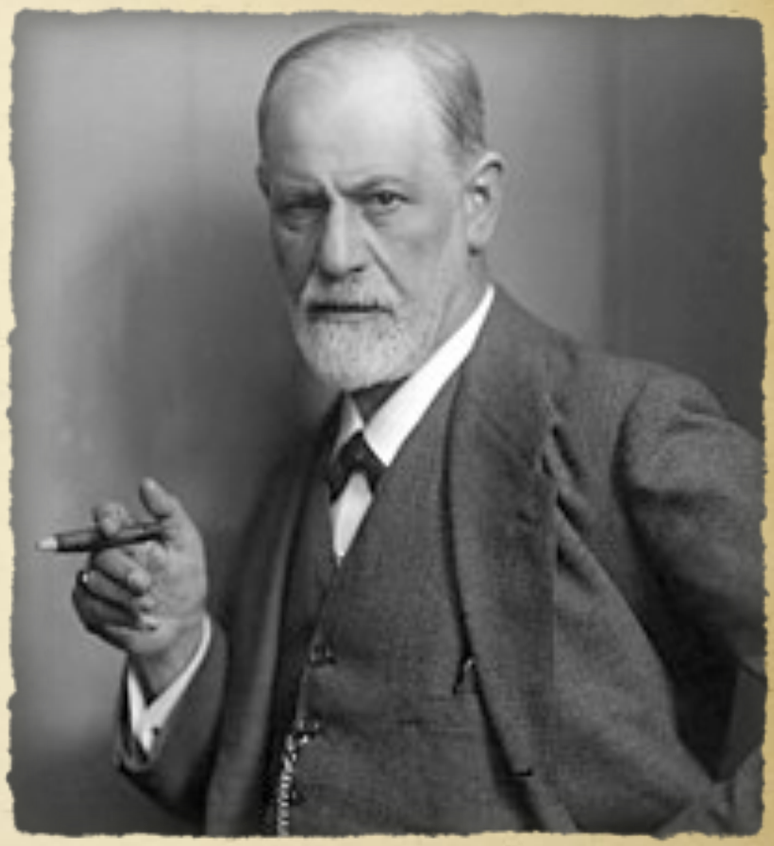
Brief History of R/S and MH



- 17th century Descartes - "mind-body split"
- Prior to 1800s - mental health and religion intimately connected, first mental hospitals run by monasteries/priests
- Late 1700s - "moral treatment" as first form of psychiatric care. Religion was thought to have "positive, civilizing influence"



Brief History of R/S and MH



- Early 1900s - Charcot and Freud linked hysteria and neurosis to religion, religion was "often either ignored or part of the pathology that had to be corrected with treatment"
- DSM-III-R (1993 review) ~1/4 of MH cases were described using religious persons or using religious illustrations

R/S Research

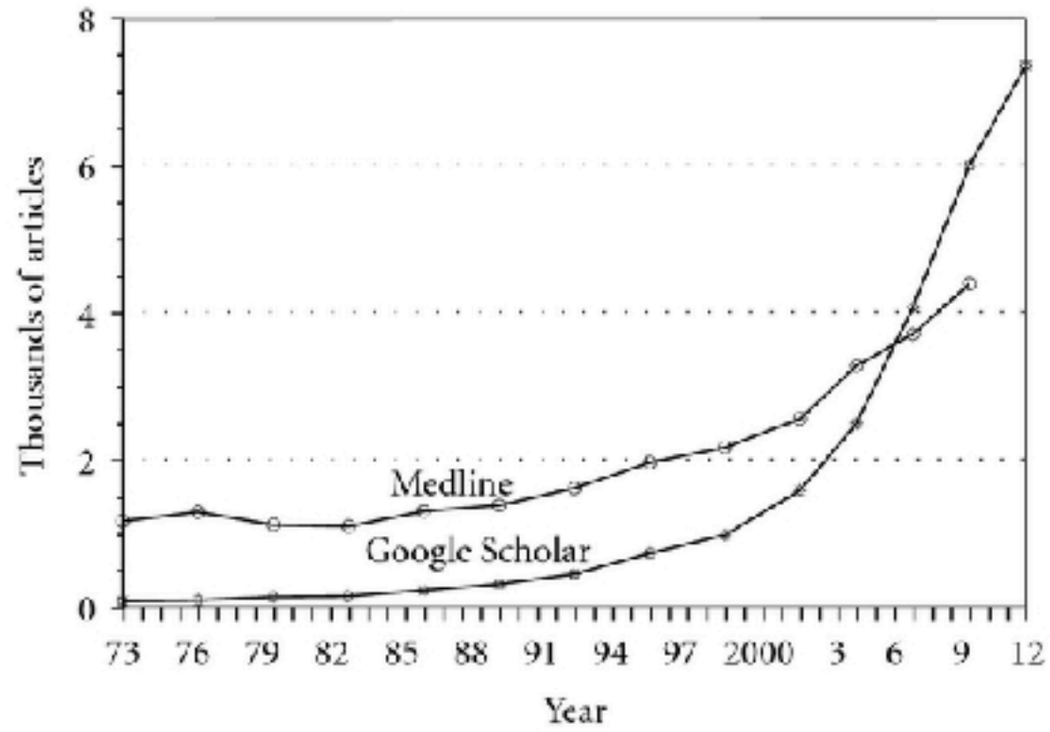


Figure 1: Religion spirituality and health articles published per 3-year period (noncumulative) Search terms: religion, religious, religiosity, religiousness, and spirituality (conducted on 8/11/12; projected to end of 2012).

- Before 2000 - 724 quantitative studies re: R/S and MH
- After 2000 - ~6000 articles
  - ~50% quantitative, 80% of R/S and health research involves MH

Methods

- PubMed literature review "spirituality mental health"
- Not systematic
- Review articles
- USA preferred
- Free

Results
General population

- Gallup 2016, American adults (N = 1025)
  - **89%** "believe in God or a universal spirit"
  - **75%** "consider religion of considerable importance"

Results

Physicians

- 1998 General Social Survey of physicians vs general US population
  - **76%** of US physicians believed in God

Results

	General Population	Physicians
“Atheist, agnostic, none”	13%	11%
“Religious AND spiritual”	53%	52%
“Spiritual but NOT religious”	9%	20%
“I try hard to carry my religious beliefs over into all my other dealings of life”	73%	58%
“Look to God for strength, support and guidance”	64%	48%
Cope with major life situations “without relying on God”	29%	61%

Results

Do patients want doctors to talk about spirituality?

- **Yes!!!**
- 54 studies with 12,327 patients, **30 of 38** studies found a majority of patients thought it was appropriate for doctors to ask about R/S needs
- *Occurs less than desired*
- "patients desire holistic care from their doctors and strong doctor-patient relationships. Physician involvement in R/S discussion enables the provision of better patient care, helps the patient cope with illness, and improves the level of understanding between patient and doctor, promoting trust"

Patients - Physical Health Outcomes

- Lower rates of
  - heart disease
  - myocardial infarctions
  - cirrhosis
  - stroke
  - kidney failure
  - cancer mortality
  - overall mortality
- SBP, DBP
- cholesterol levels
- chronic pain

Patients - Mental Health Outcomes (Koenig et al)

- Pre 2000, 476 of 724 (66%) quantitative studies: + associations
- 1200 studies (before 2000) and 2100 studies (2000-10)
  - Well being - 256 of 326 (79%) studies with only + associations
  - Hope - 29 of 40 (73%) studies
  - Optimism - 26 of 31 (81%) studies
  - Meaning and purpose - 42 of 45 (93%)
  - Self esteem - 42 of 69 (61%) studies
  - Sense of personal control - 13 of 21 (61%)

Patients - Mental Health Outcomes

- **Depression** - 272 of 444 (61%) studies improved vs 28 (6%) worsened
  - Prospective cohort studies - 39 of 70 (56%) studies - improved depression and faster remission vs 7 (10%) worsened vs 7 (10%) mixed results
  - RCTs - 19 of 30 (63%) studies - better outcomes vs standard Tx or control
- **Suicide** - 106 of 141 (75%) studies - decreased risk vs 4(3% increased risk

Patients - Mental Health Outcomes

- **Anxiety**
  - 147 of 299 (49%) studies - less anxiety
  - 33 of 299 (11%) studies - more anxiety
  - RCTs - 22 of 32 (69%) studies decreased anxiety vs standard vs control
- **AUD** - 240 of 278 (86%) studies improvements vs 4 (1%) worsening
- **Psychosis** - 43 studies, 14 (33%) positive, 10 (23%) negative, 8 (19%) mixed

Results - Providers

- Less data
- 1998 General Social Survey of physicians vs general US population.
  - Psychiatrists - least religious of medical specialists
  - Intrinsic religiosity (agree or strongly agree with “I try hard to carry my religious beliefs over into all my other dealings in life”)
    FM 70% vs psychiatry 49%, radiology 48%

Results - Psychiatrists and R/S Traits
(Curlin 2007)

	Psychiatrists (N=100)	Other Specialists (N=1044)
Jewish	**29%**	13%
Not have a religious affiliation	**17%**	10%
Believe in God	**65%**	77%
Attend religious services at least 2x/month	**29%**	47%
Rely on God for strength and support	**36%**	49%

Results - Psychiatrists' R/S Beliefs
(Curlin 2007)

	Psychiatrists (N=100)	Other Specialists (N=1044)
Agreed it was usually or always appropriate to ask about pt's R/S	**93%**	53%
Usually or always do	**87%**	49%
Pray with their patients	**6%**	20%

Results - Psychiatrists' R/S Beliefs
(Curlin 2007, N = 100 psychiatrists)

Religion's impact on health?	**Positive 76%**	Pos = Neg 21%	Negative 2% No impact 1%
Talking about their own R/S?	"Never appropriate" 20%	"Only when pt asks" 32%	**"When physician senses it to be appropriate" 48%**
Praying with pts?	"Never appropriate" 34%	**"Only when pt asks" 34%**	**"When physician senses it to be appropriate" 32%**

- Of 66% that thought it was appropriate to pray, 95% rarely/never did
  Reasons for not doing so: "fears of criticism" by peers (3%), "abuse of power differentials", concerns for proselytizing, "concerns about offending patients" (25%), "general discomfort (13%), time, knowledge/training

Results - Provider Outcomes

- Limited data
- Data suggests **lower levels of stress, emotional exhaustion, higher job satisfaction, better quality of patient care**
- Medscape Physician Lifestyle Report 2015
  - No protective association between spirituality and burnout
  - 77% of non-burned out physicians vs 75% burned out physicians noted they had any R/S belief

Limitations

- Not a systematic review
- Lack of consistent definitions of R/S
- Multidimensionality of R/S
- No standard method of measuring R/S
- Spirituality by it's nature implies meaning and purpose and thus can lead to positive outcomes when studied

Proposed Mechanisms

Positive effects

- Positive religious coping methods
- Social networks and community
- Religious beliefs regarding lifestyle (tobacco, ETOH, sex etc)
- Meaning, sense of control, hope, optimism

Negative Effects

- "Religious struggle" (ie difficulty with God, internal religious guilt, doubt and shame, negative encounters with leaders/members)
- Conflict between religious teachings and medical advice
- Theories of mental illness (evil spirits, God's punishment etc)
- Guilt and inadequacy living up to standards of religion/ community

Steps Forward

- Biopsychosocial formulation —> **BioPsychoSocio-Spiritual model**

- 2 Conferences: Creating More Compassionate Systems of Care (November 2012), On Improving the Spiritual Dimension of Whole Person Care: The Transformational Role of Compassion, Love, and Forgiveness in Health Care (January 2013)

- **Proposed Standards**

1. Spiritual care is integral to compassionate, person-centered health care and is a standard for all health settings.
2. Spiritual care is part of routine care and integrated into polices for intake and ongoing assessment of spiritual distress and well-being.
3. All healthcare providers are knowledgeable about options for addressing patients' spiritual distress and needs, including spiritual resources and information.
4. Development of spiritual care is supported by evidence-based research.
5. Spirituality in health care is developed in partnership with faith traditions and belief groups.
6. Throughout their training, health care providers are educated on spiritual aspects of health and how this relates to themselves, to others, and to the delivery of compassionate care.
7. Health care professionals are trained in conducting spiritual screening or spiritual history as part of routine patient assessment."

What can WE DO?

Start with a **Spiritual history!!**

CSI-MEMO

1. Do your religious/spiritual beliefs provide **C**omfort, or are they a source of **S**tress?

2. Do you have spiritual beliefs that might **I**nfluence your medical decisions?

3. Are you a **MEM**ber of a religious or spiritual community, and is it supportive to you?

4. Do you have any **O**ther spiritual needs that you would like someone to address?"

FICA Tool

FAITH, IMPORTANCE, COMMUNITY, ADDRESS

- **Faith:** What is your faith or belief?

(Do you consider yourself spiritual or religious? What things do you believe in that give meaning to your life?

- **Importance:** Is it important in your life?

(What influence does it have on how you take care of yourself? How have your beliefs influenced your behavior during this illness? What role do your beliefs play in regaining your health)

- **Community:** Are you part of a spiritual or religious community?

(Is this of support to you and how? Is there a person or group you really love or who are really important to you?)

- **Address:** How would you like me to address these issues in your health care?"

Potential Barriers

But I don't have enough time!
It's impossible in a 15 minute visit!
I don't want to offend anyone
I'm an atheist / not religious
I don't like talking about religion
I don't want to project my ideas onto them
We don't share the same belief system
It's uncomfortable
I don't want to get into an argument
I'm pro-life/choice
I don't want to proselytize

PRACTICE!!

Partner A = Provider

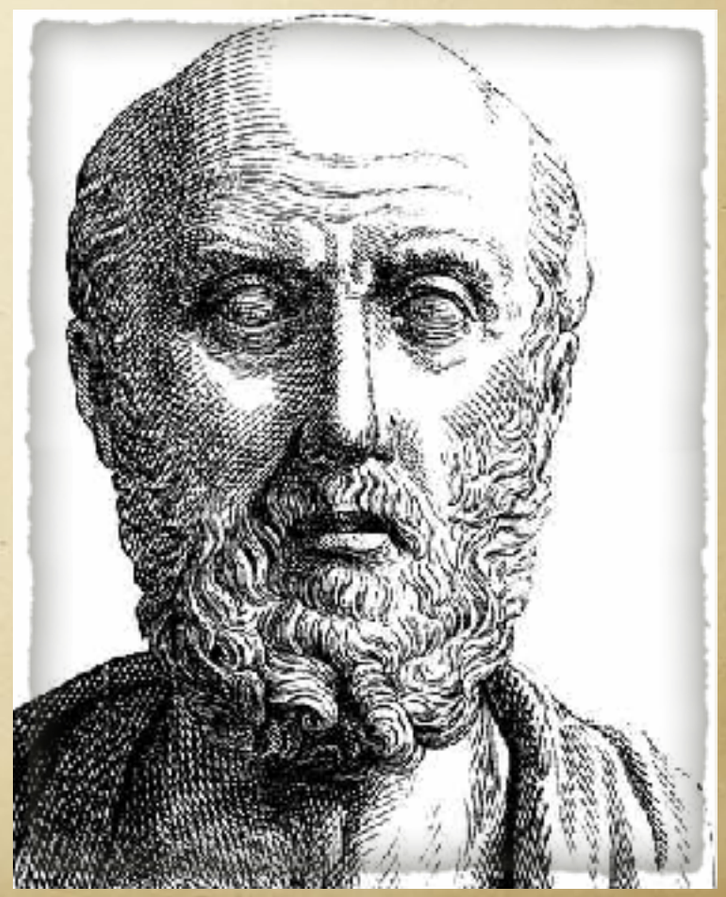
Partner B = Patient/client

Provider has ***2-5 minutes*** to practice using this tool!

"Prayer indeed is good"
"but while calling on the gods, a man should himself lend a hand"

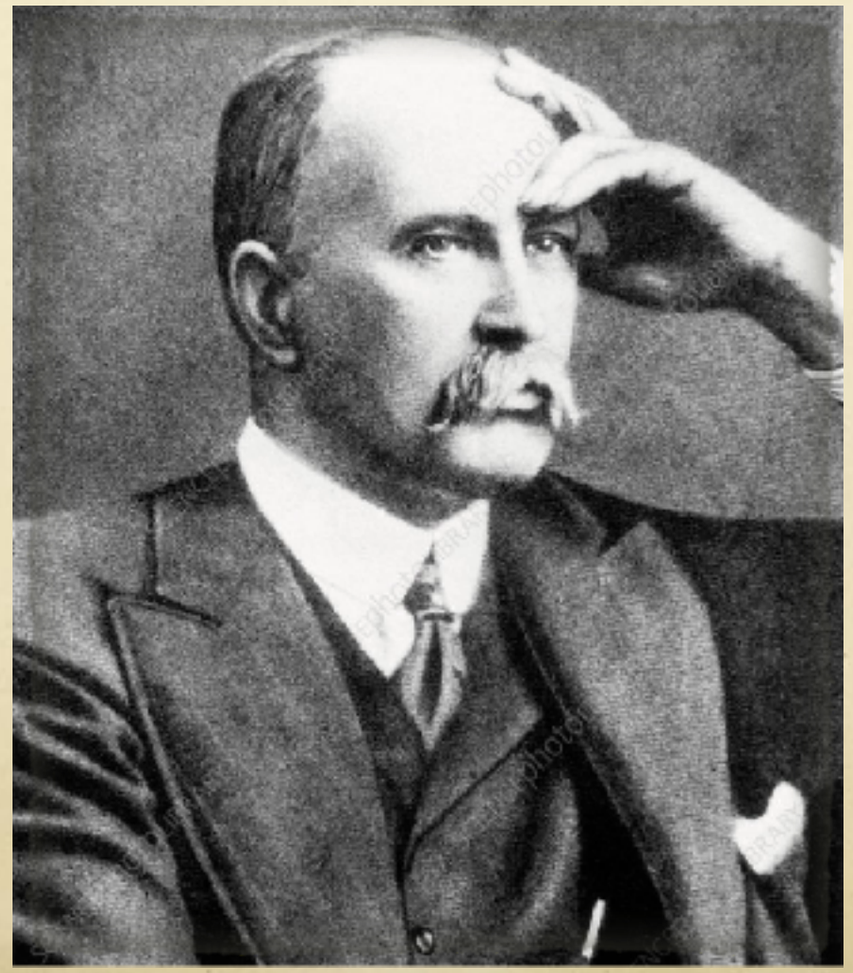
"It is more important to know what sort of person has a disease than to know what sort of disease a person has."

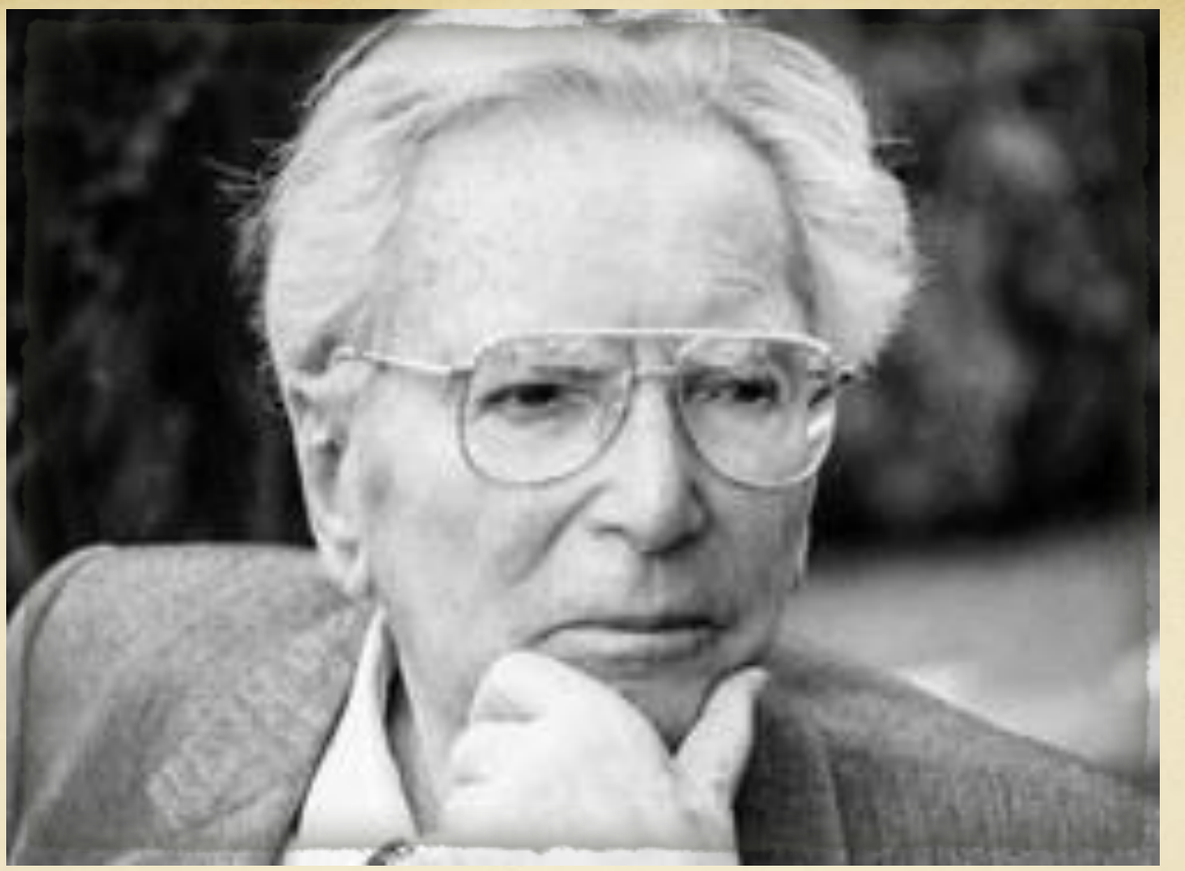
~Hippocrates



"Care more particularly for the individual patient than for the special features of the disease."

~Osler





"Man is not destroyed by suffering;
he is destroyed by suffering without meaning"

"Those who have a 'why' to live,
can bear with almost any 'how'"

~Victor Frankl

"Spirituality is a part of the human condition and, as such, is part of the healing art practiced by physicians. The practice of medicine, at its finest, involves far more than knowing the right science; it involves working with the whole person and not just a diseased body part."

~Pat Fosarelli MD
(theologian, physician, lay minister)

References

1. Accreditation Council of Graduate Medical Education. *ACGME Program Requirements for Graduate Medical Education in Psychiatry*. 2017.

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/400_psychiatry_2017-07-01.pdf

2. Best M, Butow P, and Olver I. Do patients want doctors to talk about spirituality? A systematic literature review. *Patient Education and Counseling*. 2015. http://dx.doi.org/10.1016/j.pec.2015.04.017

3. Ehman, J. References to Spirituality, Religion, Beliefs, and Cultural Diversity in the Joint Commission's Comprehensive Accreditation Manual for Hospitals. 2018.

http://www.uphs.upenn.edu/pastoral/resed/jcahorefs.html

4. Farr A et al. Religious characteristics of US physicians: A national survey. *Journal of General Internal Medicine*. 2005; 20: 629-634.

https://www.medscape.com/viewarticle/509044_3

5. Fosarelli P. Medicine, spirituality, and patient care. *Journal of the American Medical Association*. 2008; 300: 836-838.

6. Goncalves JPB et al. Religious and spiritual interventions in mental health care: A systematic review and meta-analysis of randomized controlled clinical trials. *Psychological Medicine*. 2015; 45: 2937-2949.

7. Koenig HG. Religion and mental health: What should psychiatrists do? *Psychiatric Bulletin*. 2008; 32: 201-203.

8. Koenig HG. Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Network Psychiatry*. 2012. doi: 10.5402/2012/278730

9. Koenig HG. Research on religion, spirituality, and mental health: A review. *Canadian Journal of Psychiatry*. 2009; 54: 283-291.

10. Mao M. Addressing spiritual issues in psychiatric treatment. 2009.

http://minyangmaomd.com/wordpress/wp-content/uploads/2009/09/addressing-spiritual-issues-in-psychiatric-treatment.pdf

11. Moreira-Almeida A, Koenig HG, Lucchetti G. Clinical implications of spirituality to mental health: Review of evidence and practice guidelines. *Revista Brasileira de Psiquiatria*. 2014; 36:176-182.

12. Seybold KS and Hill PC. The role of religion and spirituality in mental and physical health. *American Psychological Society*. 2001; 10: 21-24.

13. VanderWeele TJ, Balboni TA, Koh HW. Health and Spirituality. *Journal of the American Medical Association*. 2017. Published online July 27, 2017. doi:10.1001/jama.2017.8136

14. Weber SR and Pargament KI. The role of religion and spirituality in mental health. *Current Opinion Psychiatry*. 2014; 27: 358-363.

15. World Health Organization. Frequently asked questions. World Health Organization. 2018.

http://www.who.int/suggestions/faq/en/

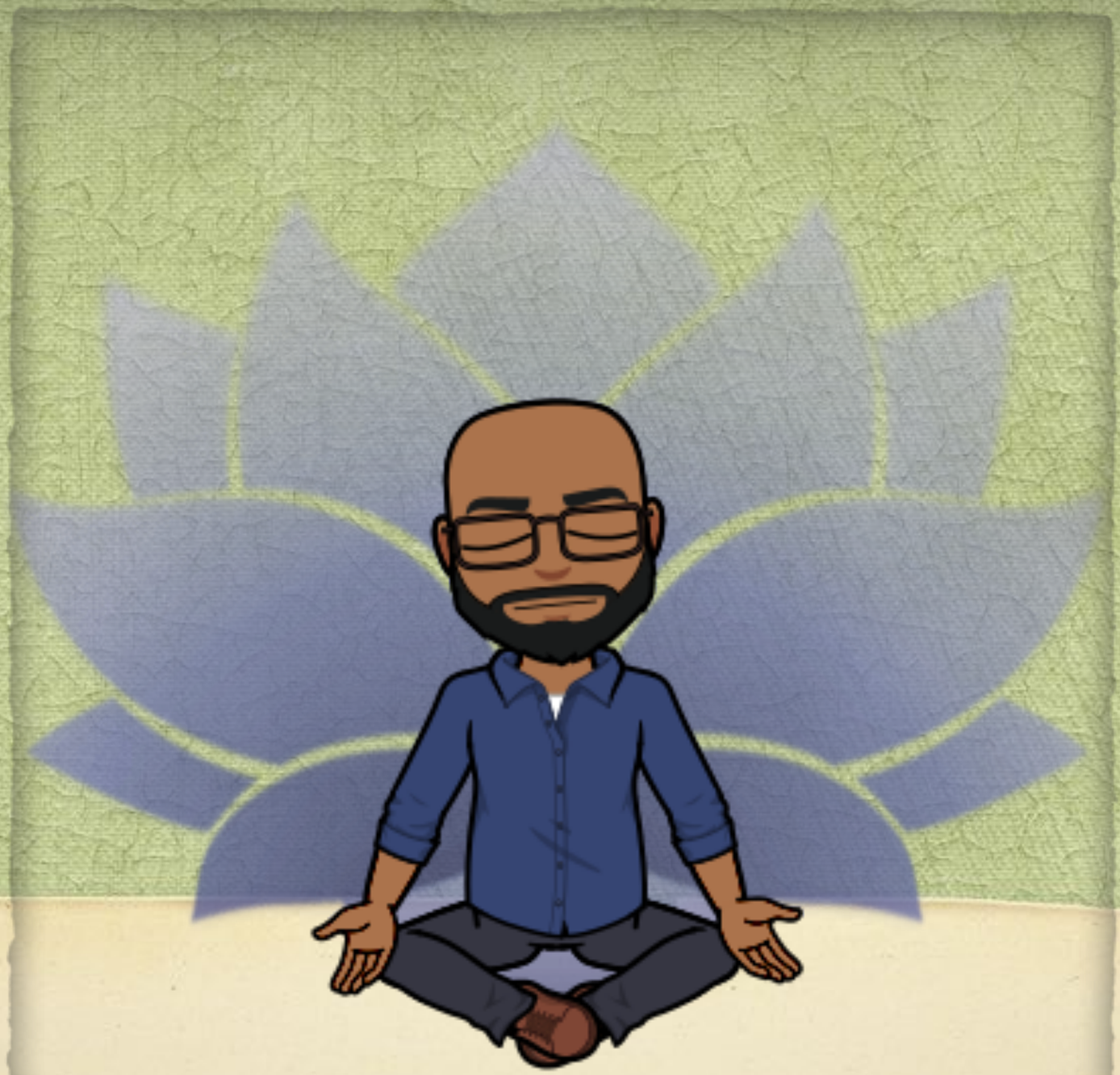
Thank you!!!

- UCSD Combined Residency in Family Medicine & Psychiatry
  UCSD Family Medicine Residency
  UCSD Psychiatry Residency

- UCSD Faculty Mentors:
  Polly Casmar PhD
  & Margaret McCahill MD MTS

- SSRFMR IM4US Fellowship:
  Wendy Kohatsu MD
  & Ben Brown MD

SUTTER SANTA ROSA
family medicine residency



Questions?
Reflections