Letter to editor

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Spirituality, Religiosity and Mental Health: A Clinical-care Approach

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Dear Editor,

Currently, in the mental health field, we have multiple well-defined and integrated therapeutic strategies—psychopharmacological, psychotherapeutic, rehabilitative, occupational—to improve the evolution of mental health conditions and the quality of life of people who suffer from them. For a comprehensive approach, the spiritual dimension should be added to these.

While there is no consensus on a single definition of spirituality, it is often related to a person's beliefs, meaning, purpose and values. Religion is frequently conceived as a common institutional aspect of spirituality with specific individual and social rituals Regardless of precise definitions, spirituality (S) and religion (R) deal with human beings' core beliefs, values, and experiences.

In the last two decades, the relationship between S/R and mental health has been extensively studied, revealing the high intensity of S/R as a protective factor in depressive syndrome [1,2], substance use disorders [3], suicide attempts and completed suicides [4]. Studies related to other disorders such as Bipolar Disorder [5,6], Obsessive Compulsive Disorder [7] or Post-Traumatic Stress Disorder [8] offer less solid but promising results.

Numerous studies have analyzed the mechanisms of action between the S/R relationship and mental health outcomes. Associations have been found between high S/R and biological factors such as an increase in Brain-derived neurotrophic factor (BDNF) [9], serotonin transporter (SERT) concentrations, the expression of genes related to dopamine, serotonin and oxytocin [10], as well as psychological traits such as gratitude, altruism and forgiveness [11]; the mechanisms involved are still under study.

The WHO has recognized spirituality as a dimension of quality of life [12] and the World Psychiatric Association (WPA) not only advises including the spiritual dimension in mental health evaluation and treatment, but together with several national psychiatric associations—for example Brazil, India, South Africa, United Kingdom and the United States—have created specific sections on S/R [13].

The Spirituality Commission of the Parc Sanitari Sant Joan de Déu (PSSJD) and the Spiritual and Religious Care Service (SAER) of the PSSJD have decided to work on the proposal of an improvement project, following the PDSA methodology (Plan, Do, Study, Act) to implement a new standardized assessment model of spirituality in the PSSJD.

A pilot test consisting of applying the Brief Initial Spirituality Assessment questionnaire—Spanish version (EBI-esp) has been carried out at the PSSJD Acute Day Hospital. The evaluation aims to detect whether the person being treated has spiritual beliefs, carries out spiritually significant practices, belongs to a specific faith tradition or has a spiritual community of reference. If positive, a referral was made to the SAER, the exclusion criteria being having previously received care from the SAER and altered reality judgment due to psychopathological instability at the time of the evaluation.

A total of 21 questionnaires were administered (12 women, 9 men), with 15 referrals carried out, of which 12 led to regular therapeutic appointments. We found a high prevalence of spiritual beliefs and willingness to work on

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spiritual aspects among the participants (13/21) and a relatively low religious prevalence in this sample (3/21), with the female gender being the most predisposed to share and work on these aspects.

These preliminary results will be explored more in-depth in the following phases of the project, which for the moment include the application of the same model in the Internal Medicine Unit of the General Hospital of Sant Boi and the Specialized Hospitalization Unit for Intellectual Disability (UHEDI) of the PSSJD, with the possibility of scaling up to more healthcare services shortly.

At PSSJD we are committed to a person-centred care model and to this end we consider it essential to include spiritual and religious care in regular clinical activity, adapting to the needs of patients. New advances in research and evaluation of clinical outcomes will help parameterize and systematize spiritual and religious intervention in routine clinical practice.

Availability of Data and Materials

Not applicable.

Author Contributions

VC, J.AB and CP designed the research study, VC performed the research, J.AB and CP analyzed the data. VC wrote the original draft. BD, LG, CP-S, IG, J.MH and AS-B helped to write the subsequents and final manuscript draft. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript. All authors have participated sufficiently in the work and agreed to be accountable for all aspects of the work.

Ethics Approval and Consent to Participate

Not applicable.

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Conflict of Interest

The authors declare no conflict of interest.

References

[1] Smith TB, McCullough ME, Poll J. Religiousness and depression: evidence for a main effect and the moderating influence of stressful life events. Psychological Bulletin. 2003; 129: 614–636.

[2] Balbuena L, Baetz M, Bowen R. Religious attendance, spirituality, and major depression in Canada: a 14-year follow-up study. Canadian Journal of Psychiatry. Revue Canadienne De Psychiatrie. 2013; 58: 225–232.

[3] Walton-Moss B, Ray EM, Woodruff K. Relationship of spirituality or religion to recovery from substance abuse: a systematic review. Journal of Addictions Nursing. 2013; 24: 217–217–26; quiz 227–8.

[4] Lawrence RE, Oquendo MA, Stanley B. Religion and Suicide Risk: A Systematic Review. Archives of Suicide Research: Official Journal of the International Academy for Suicide Research. 2016; 20: 1–21.

[5] Stroppa A, Moreira-Almeida A. Religiosity, mood symptoms, and quality of life in bipolar disorder. Bipolar Disorders. 2013; 15: 385–393.

[6] Stroppa A, Colugnati FA, Koenig HG, Moreira-Almeida A. Religiosity, depression, and quality of life in bipolar disorder: a two-year prospective study. Revista Brasileira De Psiquiatria (Sao Paulo, Brazil: 1999). 2018; 40: 238–243.

[7] Buchholz JL, Abramowitz JS, Riemann BC, Reuman L, Blakey SM, Leonard RC, *et al.* Scrupulosity, Religious Affiliation and Symptom Presentation in Obsessive Compulsive Disorder. Behavioural and Cognitive Psychotherapy. 2019; 47: 478–492.

[8] Prieto-Ursúa M, Jódar R. Finding Meaning in Hell. The Role of Meaning, Religiosity and Spirituality in Posttraumatic Growth During the Coronavirus Crisis in Spain. Frontiers in Psychology. 2020; 11: 567836.

[9] Mosqueiro BP, Fleck MP, da Rocha NS. Increased Levels of Brain-Derived Neurotrophic Factor Are Associated With High Intrinsic Religiosity Among Depressed Inpatients. Frontiers in Psychiatry. 2019; 10: 671.

[10] Anderson MR, Miller L, Wickramaratne P, Svob C, Odgerel Z, Zhao R, *et al.* Genetic Correlates of Spirituality/Religion and Depression: A Study in Offspring and Grandchildren at High and Low Familial Risk for Depression. Spirituality in Clinical Practice (Washington, D.C.). 2017; 4: 43–63.

[11] Koenig HG. Religion, spirituality, and health: the research and clinical implications. ISRN Psychiatry. 2012; 2012: 278730.

[12] WHOQOL SRPB Group. A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. Social Science & Medicine (1982). 2006; 62: 1486–1497.

[13] Moreira-Almeida A, Sharma A, Van Rensburg BJ, Verhagen PJ, Cook CCH. WPA Position Statement on Spirituality and Religion in Psychiatry. Actas Espanolas De Psiquiatria. 2018; 46: 242–248.

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