

Evidence base for consideration of patient's spirituality in their mental health care

Research base • Policy • Training

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declaration of no competing interests

Why Spirituality Matters in Psychiatry



- Many patients see spirituality/religion as central to identity
- Influences coping, meaning, and resilience
- Can be protective or a source of distress
- Ignoring it risks incomplete, less person-centred care

Worldwide Religious / Spiritual Identity



- 80% of the global population identify with an established religion [Pew Research Center, 2012].
- United Kingdom (2021 census)
 - 60% identifying as Christian,
 - 37% with no religion
 - 5% as Muslim,
 - 1.5% Hindu,
 - 0.5% Jewish

Research Base: Koenig's Handbooks



2001	1,200 studies	Legitimized the field
2012	+2,000 studies	stronger evidence, mechanisms
2024	>5,000 studies	global perspective, clinical application

Evidence Highlights

BJPsych Advances (2020), vol. 26, 262–272 doi:
10.1192/bja.2019.81 Koenig, Al-Zaben &
VanderWeele



Disorder	Number of studies included	Research studies showing +ve effect of religiosity (more easily measured than spirituality)	
Depression	444	61%	(272)
Suicide risk	141	75%	(106)
Alcohol & drug misuse	280	86%	(240)
	185	84%	(155)
Anxiety	299	49%	(147)
Schizophrenia, bipolar		Mixed results	

Positive vs Negative Religious Coping



- Positive coping:
 - Spiritual support (prayer, community)
 - Collaborative problem-solving with God
 - Forgiveness & benevolent meaning-making
- Negative coping:
 - Feeling punished/abandoned by God
 - Religious conflict, guilt, struggles
 - Attributing illness to evil forces

Kenneth Pargament, Psychology of Religion and Coping 1997

C.C.H. Cook in Spirituality and Psychiatry, 2nd ed 2022

God Images & Attachment



- God images (Davis et al., 2013)
- Perception of God, and attachment to God is related to mental health
(Bradshaw et al., 2008 & 2010)
- Relationship with God can repair attachment
(Landscapes of the Soul Cyd & Geoff Holsclaw, 2025)

How Does Spirituality Help Mental Health?



- Genetic associations
- Biological processes
- Psychological factors
- Social factors
- Environment
- Personal choice

Integrating Spirituality into Interventions



- Incorporate spirituality into therapy
- Bridge psychiatrist–clergy knowledge gaps
- Chaplaincy and faith leaders can support care

Rosmarin, 2018

Leavey & King, 2007

Global Perspectives



- Southeast Asia – illness linked to karma, spirits, possession
- Traditional healers often first contact
- Risk: harmful practices, abuse
- Opportunity: shared-care with healers

Mental health recovery for people with schizophrenia in Southeast Asia: A systematic review

Murwasuminar et al, J Psychiatr Ment Health Nurs. 2023

Implementing early intervention in psychosis in Indonesia: A scoping review

Asian Journal of Psychiatry, Theodoridou et al, 2024

Policy: GMC & RCPsych



GMC:

- May ask about beliefs if relevant
- Must not impose personal beliefs
- Maintain professional boundaries

[Good medical practice - professional standards – GMC](#)
[Personal beliefs and medical practice - professional standards](#)

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RCPsych:

- Sensitive exploration encouraged
- Respect beliefs or lack thereof
- Work with chaplains/faith leaders

[recommendations-spirituality-and-religion.pdf](#)

Psychiatric Training



- Core Curriculum:
 - Holistic approach – bio-psycho-social-spiritual
 - Assess cultural, spiritual, religious backgrounds

[core-psychiatry-curriculum-final-17-august-2022.pdf](#)

- Silver Guide:
 - Holistic model – body, mind, spirit
 - Spiritual context central to person-centred care

[silver-guide-version-august-2024.pdf](#)

Take-Home Messages



- Spirituality matters to many patients
- Often protective, sometimes risky
- Explore sensitively, respect boundaries
- Training embeds spirituality in care
- Aim: holistic, person-centred psychiatry