Collaborations

1. Module 3

1.1 Title Slide

Notes:

Religion, Spirituality and Mental Health
Collaborations between Mental Health and Religious Professionals

Northeast and Caribbean MHTTC at Rutgers University and Central East MHTTC

2022

1.2 About the Series

Notes:

Welcome to the third module on Religion, Spirituality and Mental Health! I am glad you could join as we continue to talk about the role that religion and

spirituality play in mental health.

There are three modules in this series, each taking approximately thirty minutes to complete. The modules contain content that focuses on different areas to consider, along with resources, multimedia, reflective opportunities and assessments.

In this third and final module we will discuss ways that mental health professionals can collaborate with faith communities, and in particular, examine approaches to mental health concerns related to religious problems, including recognizing the impact that mental illness may have on religious beliefs and activities, identifying and addressing spiritual struggles that individuals often experience, distinguishing unhealthy uses of religion from healthy religious practices, and separating out religious-community sanctioned beliefs from religious delusions/hallucinations in religious individuals.

Progressing through the modules is straightforward. There are links at the top of the screen for resources and a transcript. You can pause the audio at any time.

1.3 Objectives

Notes:

At the completion of this module, users will be able to:

1. Describe the importance of collaborations between mental health professionals and clergy
2. Discuss the role mental health professionals have in educating members of faith communities about mental illnesses
3. Describe the role religious professionals have in educating mental health professionals on the resources they have to offer

4. Identify when to refer clients to clergy or faith communities for support
5. Address mental health concerns in religious clients, including spiritual struggles
6. Distinguish mental illness symptoms from healthy community-sanctioned religious beliefs/experiences

1.4 Your Guide

Notes:

The creator of this course is Dr. Harold G. Koenig.

Dr. Koenig completed his undergraduate education at Stanford University, his medical school training at the University of California at San Francisco, and his geriatric medicine, psychiatry, and biostatistics training at Duke University. He is board certified in general psychiatry, and formerly boarded in family medicine, geriatric medicine, and geriatric psychiatry.

Dr. Koenig is on the faculty at Duke University Medical Center as Professor of Psychiatry and Associate Professor of Medicine. He is also an Adjunct Professor in the Department of Medicine at King Abdulaziz University, Jeddah, Saudi Arabia, and is Adjunct Professor in the School of Public Health at Ningxia Medical University, Yinchuan, China. In addition, he is a Visiting

Professor at Shiraz University of Medical Sciences in Shiraz, Iran.

Dr. Koenig has over 550 scientific peer-reviewed academic publications, nearly 100 book chapters, and 55 books. His research has been featured on many national and international TV programs, including ABC's World News Tonight, The Today Show, Good Morning America, Dr. Oz Show, NBC Nightly News, and in hundreds of national and international radio programs and newspapers and magazines, including Reader's Digest, Parade Magazine, Newsweek, and Time.

Dr. Koenig has given testimony before the U.S. Senate and U.S. House of Representatives concerning the benefits that religious involvement has on public health. He is the recipient of the 2012 Oskar Pfister Award from the American Psychiatric Association, and the 2013 Gary Collins award and the 2021 Frank Minirth Award for Excellence in Christian Psychiatry and Behavioral Medicine from the American Association of Christian Counselors. He is the former editor-in-chief of the International Journal of Psychiatry in Medicine and is now an Associate Editor of the Journal of Religion and Health.

You can find his CV in the Resource section of this module.
https://spiritualityandhealth.duke.edu/index.php/harold-g-koenig-m-d/

1.5 Introduction

Notes:

We'll begin by exploring the importance of mental health professionals and clergy collaborating with each other to best support individuals in a

comprehensive and holistic way.

1.6 Importance of Collaboration

Notes:

Let's start our discussion by looking at how mental health and religious professionals have interacted in the past. Our premise in this module is that mental health and religious professionals serve roles that complement each other, providing pathways to partner together to address the needs of those with mental health conditions. Click on the tabs to explore.

Complementary

Mental health and religious professionals serve roles that can complement each other. Both are needed to provide whole-person care. Mental health professionals see only a fraction of people who need help, usually only those who seek help or those referred to them. Religious professionals, in contrast, have connections with large communities of people that include those without mental health conditions as well as those with mental health conditions who have mild to significant symptoms. The U.S. Department of Health and Human Services (DHHS) and the American Psychiatric Association have recognized the importance of engaging clergy and faith communities to identify those with mental health conditions within the community who may not seek mental health care and, therefore, may experience greater distress and worse consequences.

History

Historically there has been antagonism and competition between mental health and religious professionals. Freud and many of his followers argued

that religion was neurotic, involved an unhealthy repression of natural desires, and adversely affected mental health. Not surprisingly, this resulted in some religious individuals and religious professionals being suspicious of mental health professionals, sometimes to the point of obstructing mental health care by discouraging treatment or the use of psychotropic medications. The result of this bidirectional hostility has been an incomplete addressing of the holistic needs of people such that their mind's, body's, and spirit's are not tended to.

Roles

The roles of each of these professionals are distinct and help to address the whole person. Mental health professionals can address the psychological and biological needs of individuals with **serious** emotional and mental illnesses, whereas religious professionals can address the psychological needs of those with **milder** emotional or mental health problems, the spiritual needs of all persons, and the need to belong to a supportive community. Working together these two professions address the biological, psychological, social, and spiritual needs of individuals. This follows the biopsychosocial-spiritual model of care.

Complementary (Slide Layer)

History (Slide Layer)

Roles (Slide Layer)

1.7 Education

Notes:

Educating the faith community about mental health conditions and educating the mental health community about religion and spirituality are both important elements to facilitating collaboration.

1.8 Educating the Faith Community

Notes:

Mental health professionals have unique knowledge about mental health conditions that can adversely affect a person's ability to function in life, and treatments and services for these conditions. They are in a unique position to educate members of faith communities about mental illnesses, their causes, and treatments. Educating faith communities in this manner will increase the likelihood of connecting people to services and supports, thereby reducing distress and increasing well-being.

Healthy members of the faith community represent an army of potential helpers to support those with emotional and mental health problems. Teaching members of the faith community about the causes and treatments for various mental health conditions will help to decrease the stigma associated with these conditions. This may also dispel myths about mental illnesses, e.g., that they are caused by a lack of religious faith or even by demonic possession, justifying the exclusion of such individuals from the community.

1.9 Mental Health Professionals

Notes:

Religious professionals also play an important role in educating mental health care professionals about the roles religious professionals can play in community, outpatient, and inpatient mental health care.

These contributions can improve outcomes for people with mental health conditions and maintain the mental health of those without such needs. Religious professionals can help educate mental health professionals on: The effects of religious belief and practice on mental health; the roles that clergy and members of faith communities play in the identification and support of people with mental health conditions; the co-occurrence of spiritual needs and struggles among people with mental health conditions that can affect their mental health; and the importance of collaboration.

Religious professionals, for example mental health chaplains, pastoral counselors, and community clergy, can help to educate mental health professionals during their initial training and credentialing, and during continuing education programs once they are in practice. This is particularly important given the increasing volume of scientific research showing the benefits of religious faith and involvement in religious communities.

1.10 Making Referrals

Notes:

Mental health professionals have not traditionally referred clients to religious professionals for counseling or support. However, if a client wants their religious needs addressed or if spiritual needs are present, referral is often necessary. Support for a higher level of collaboration is also being advocated by both the U.S. government and professional mental health organizations based on the evidence supporting such integration. You are likely to continue to hear more about this in the future. Let's spend some time learning more about who you as a mental health professional can consider when thinking about a referral.

1.11 Religious Professionals

Notes:

Religious professionals include healthcare or workplace chaplains, licensed pastoral or religious counselors, and community clergy. Naturally, unless an individual specifically asks for a referral to a religious professional, only individuals whose spiritual history indicates they are religious would be considered for referral. In the majority of cases, the mental health care

professional will continue their work with the individual at the same time the individual is being seen by the religious professional. As noted earlier, each of these components complement the other. Click on the tabs below to learn more about these religious professionals and indications for referral to them.

Chaplains.

Mental health professionals, as well as health professionals from all disciplines, should consider referring any individual with spiritual needs identified during the spiritual history to a chaplain. Board-certified chaplains undergo extensive training to address the spiritual needs of individuals regardless of religious tradition. Spiritual needs include struggles with religious beliefs, concerns about the meaning and purpose of life, existential issues related to life after death, the need to love and be loved, the need to feel that one belongs, struggles with forgiveness, and the desire to experience hope, peace, and gratitude. These are issues that chaplains are specifically trained to address. Chaplains do a lot of listening and supporting, rather than giving advice, allowing individuals to work through these needs at their own pace. Chaplains do not usually charge for their services, since the hospital or organization that hires them typically covers the costs.

Licensed counselors.

Pastoral counselors and religious counselors are licensed by the state in which they practice to provide counseling. They have the same training as secular counselors, but specialize in counseling religious individuals utilizing the religious beliefs and practices of the client to help them deal with a variety of needs. Pastoral counselors see individuals from a wide range of faith traditions. Religious counselors, in turn, see individuals from specific religions. For example, there are Christian counselors who counsel using the Bible, Jewish counselors who rely on Jewish teachings, Muslim counselors who emphasize teachings in the Qur'an, and so forth. The American Association of Christian Counselors is a large international organization that is equivalent in size to the membership of the American Psychological Association and larger than the American Psychiatric Association. Religious counselors see individuals with a wide variety of personal, marital, or family concerns. Pastoral and religious counselors charge for their services just as

secular counselors do.

Community clergy.
As noted in the second module, community clergy are at the front lines of mental health service delivery, providing informal counsel and care for a wide variety of situations that members of their faith community face. These include relationship and marital counseling, family counseling, and individual counseling. There is no charge for such services. Religious individuals may or may not be open to referral to their community clergy for counseling, depending on how concerned they are about confidentiality. In those situations, referral to a pastoral counselor or licensed religious counselor of the person's faith tradition may be preferable.

Chaplains (Slide Layer)

Licensed Counselors (Slide Layer)

Community Clergy (Slide Layer)

1.12 Religious Beliefs as Resources

Notes:

Although covered to some extent in the first module from a research perspective, we want to emphasize here again the mental and social health benefits of religious belief and practice. Click the tabs below to explore.

Religious Beliefs

Religious beliefs provide meaning and purpose to difficult life events and circumstances, helping individuals to psychologically integrate them. When bad and good things happen, people need to be able to “fit them” into their world view. When negative events occur, people often experience a loss of control and predictability that can create anxiety and stress. Religious beliefs help to make sense of negative life events in ways that believers for thousands of years have found helpful. These beliefs would not have persisted so long in our society unless they served some kind of purpose, and one of those purposes is enhancing health and perhaps improving survival.

Personal religious practices such as prayer and meditation often help to relieve anxiety and stress in ways that are culturally and community-

sanctioned. Mental health professionals may encourage individuals to engage in such practices, if previously found helpful, although whatever is recommended should be consistent with the individual's faith tradition (for example, praying to God for monotheists, mindfulness meditation for Buddhists, transcendental meditation for Hindus, etc.).

Scriptures

Religious scriptures or inspirational religious books may provide hope during dark times or guidance for making healthy decisions. Religious scriptures often provide instructions on how to behave in various situations, how to react to various temptations that may be harmful, and how to respond to stressors in a way that is ultimately health enhancing. Having such guidance for daily living can help to reduce stressful life events.

Religious Practices

Religious practices such as attending religious services and engaging in religious social events have been shown to improve mental health by increasing social support. Religious communities often serve as an extended family, providing supportive social contacts that can support coping. Having support of this type will also enhance positive emotions. Feeling like you belong to a group of people with similar beliefs concerning the Transcendent and similar values can enhance mental health. Singing together, praying together, and socializing together all help to build a sense of being included and part of something greater than oneself. Such religious community engagement helps to reduce loneliness and decrease social isolation, factors that are known to adversely affect mental health, particularly for those with serious mental illnesses who can often feel disconnected from others, lonely, and isolated.

Thus, for the most people, religious beliefs and practices are positive resources, resources that mental health professionals can utilize to help address mental health needs or at least improve coping skills.

Religious Beliefs (Slide Layer)

Scriptures (Slide Layer)

Religious Practices (Slide Layer)

1.13 Treating Mental Health Problems in Religious Individuals

Notes:

As you learned in Module 1, research has found that religious and spiritual beliefs and practices are often positive resources to help people cope with challenges and derive meaning from traumatic events and circumstances. This can then help to relieve symptoms and/or facilitate growth. However, for some people, they can also experience difficulties related to their faith. Click on the tabs to explore.

Religious and Spiritual Beliefs

Not only does religious belief and practice affect mental health, but mental health can also influence religious belief and practice. The symptoms of mental illnesses can make religious belief and practice difficult to engage in and can interfere with the person's ability to use their religious faith to cope. For example, depression may adversely affect concentration and make it difficult to pray or read religious scriptures. Likewise, the social withdrawal associated with depression or significant anxiety can make it difficult to attend religious services.

Address Religious or Spiritual Struggles

Both mental health and religious professions should identify religious or spiritual struggles a person may be experiencing. Religious or spiritual struggles can include feeling punished by, angry at, or unloved by God; feeling that God cannot make a difference or doesn't care; feeling angry at God for allowing one's suffering; feeling deserted by one's faith community; or feeling that demonic forces are involved.

These struggles can also include feeling they've transgressed their moral standards in some way. These issues are often complex, requiring referral to someone trained to address these issues as we discussed just a few minutes ago. Research has shown that religious and spiritual struggles are consistently related to poorer mental health, relationship problems, and have negative effects on physical health. Religious and spiritual struggles cannot be ignored or neglected in the client's mental health care.

Healthy and Unhealthy Beliefs

Mental health professionals need to distinguish healthy mental health enhancing religious beliefs and practices from those that are unhealthy and dysfunctional. This is not an easy task, but taking a detailed spiritual history from the individual will help, and if the individual allows, obtaining collateral information from family, friends, and/or clergy.

Mental health professionals will also need to distinguish devout religious beliefs from symptoms of serious mental illnesses. This may involve, for example, religious delusions and hallucinations, which often exist on a continuum between normal cultural and religious community-sanctioned experiences and a disabling and distressing symptom that needs treatment.

In the next few slides, we will address each of these topics in greater detail.

Religious and Spiritual Beliefs (Slide Layer)

Addressing Struggles (Slide Layer)

Healthy and Unhealthy Beliefs (Slide Layer)

1.14 Religious Struggles

Notes:

Religious and spiritual struggles are common among people with mental health conditions, especially those who experience serious distress and suffering. Remember that religious and spiritual struggles include feeling punished or unloved by God, feeling deserted by one's faith community, or other struggles with one's faith. Explore this topic by clicking on the tabs below.

Self-Administered Screens

There are simple self-administered screening tests that can be given to individuals to identify such struggles. Many individuals are embarrassed or guilty that they feel this way and may not readily admit to such struggles. Self-administered questions, rather than direct in-person questions from a clinician, may be more likely to elicit such feelings. The most common way of assessing religious and spiritual struggles is a 7-item measure called the Brief RCOPE. There is also a longer more comprehensive measure of religious and spiritual struggles, the 26-item Religious and Spiritual Struggles Scale.

Pain and Distress

Although religious and spiritual struggles may worsen mental health problems, they often result from the pain and distress caused by difficult circumstances that religious individuals may have difficulty understanding. This is especially true for those who believe that people of faith should not have to go through pain and suffering. In trying to make sense of their pain, they may attribute their suffering to sins that they have committed in the past. They may believe that God is punishing them for those sins. To the religious person, this may provide an explanation that gives meaning to their suffering and pain. Difficult experiences that have meaning or purpose are more easily handled psychologically than is suffering and pain that has no meaning or purpose and is totally random and senseless. As part of this, though, persons may express anger at God for having allowed the events that have caused their pain and suffering, or anger at their faith community for not responding as they had expected or hoped.

Who Can Help

As mentioned previously, religious and spiritual struggles can be difficult for mental health professionals to address and therefore referral to a chaplain or pastoral counselor may be necessary. However, the mental health professional will continue to work with the individual on other mental health needs along with the religious professional. In addition, there are things that mental health professionals can do to help the individual work through these religious or spiritual struggles. Often the best approach to addressing religious or spiritual struggles is simply to listen non-judgmentally, try to clarify, and try to understand what the individual is experiencing and why. This is how chaplains and pastoral counselors address these issues. Trying to provide answers or solutions typically does not help. Having someone listen to and accept the person for having these doubts and questions is often therapeutic by itself, as the individual works through these struggles.

Self-Administered Surveys (Slide Layer)

Pain and Distress (Slide Layer)

Who Can Help (Slide Layer)

1.15 Mental Health Problems

Notes:

While religious beliefs and practices can negatively impact mental health, mental health conditions can also interfere with the use of religious beliefs and practices as resources to cope with mental distress. Explore this topic using the tabs below.

Religious Doubt

For religious persons, the experience of mental health problems may be deeply troubling. It may cause them to question their religious beliefs and begin feeling distant from God or lead to questioning God's existence. This is particularly true in monotheistic traditions such as Christianity, Judaism, and Islam, and to some extent in Hinduism as well. Religious beliefs that previously provided comfort and hope, may feel hollow and meaningless. On top of that, some individuals may feel guilt and shame for not praying enough, not reading or reciting their scriptures enough, or having difficulty being grateful or forgiving, leading to self-condemnation.

Serious Mental Illnesses

This can be especially true for those with depression or PTSD following severe trauma. As noted previously, religious practices may become more difficult to engage in due to reduced interest and concentration, which may interfere with praying, meditating, reading scriptures, or engaging in other religious or spiritual rituals. For Buddhists, this may cause difficulty engaging in mindfulness-based practices. The social withdrawal that frequently accompanies depression can make it difficult to attend religious services or engage in other social religious functions, leading to isolation and loss of connection with others, which can further deepen depression.

Those with other serious mental illnesses may struggle to engage in religious activities for similar reasons. For example, people with schizophrenia can experience negative effects that impact both the ability and the desire to engage with others. Thus, participation in the faith community may require considerable encouragement, support, and outreach by others in the community. Additionally, people who experience psychotic symptoms may

experience religious delusions or hallucinations and have difficulty differentiating between these symptoms and true religious experiences.

Inquiry and Normalization

Mental health professionals should inquire about such changes in religious faith and practice, and emphasize how frequent and normal these are for people with mental health conditions. Some attempt should be made to explain the cause for these feelings. For example, biological effects of the mental illness on religious experiences may cause the person to feel distant from God or be unable to feel God's love. These biological changes may also affect the ability to engage in religious practices. Individuals must realize that changes like these are not due to the person's lack of faith or lack of adherence to religious teachings. This will help to normalize these experiences and thereby reduce the guilt and self-condemnation that often add to the burden of the mental health condition itself.

Religious Doubt (Slide Layer)

Serious Mental Illness (Slide Layer)

Inquiry and Normalization (Slide Layer)

1.16 Religion-Specific

Notes:

Religion-specific approaches are often most effective when addressing a religious client's mental health needs and their religious and spiritual struggles. The healing power of faith lies in the specific beliefs and practices of each tradition. Unfortunately, one-size-fits-all approaches have frequently been used by both secular and religious professionals. Attempts have often been made to address religious issues among those of different religions through superficial spiritual approaches that focus primarily on psychological issues, rather than on anything distinctively religious. Religious problems, however, need religion-specific solutions. Explore this topic below.

Identify Core Beliefs

Utilizing religion-specific approaches in treatment, such as religiously-integrated psychotherapy for depression and anxiety, requires that mental health professionals have some familiarity with the core religious beliefs and practices of the individual, particularly those that relate to mental health. This applies to each of the five major religions of Christianity, Judaism, Islam,

Hinduism, and Buddhism.

Get the Details

Being familiar with the specific religious beliefs and practices of the individual will help the clinician better understand the impact the mental health condition is having on these religious beliefs and practices. As part of the spiritual history, the clinician will want to ask the individual specifically what their religious beliefs are, since religious beliefs can vary widely within a specific tradition. Clinicians should not assume anything.

Make a Referral

What the clinician does with the information obtained from the spiritual history will depend on the degree to which the mental health professional plans to integrate the individual's religious beliefs into their treatment. If the clinician is not comfortable integrating the religious beliefs, then a referral to a pastoral counselor, religious counselor, or chaplain should be considered. Remember that even if a referral is made, the clinician would likely continue to provide services and work collaboratively with the religious professional.

identify Core Beliefs (Slide Layer)

Get the Details (Slide Layer)

Make a Referral (Slide Layer)

1.17 Symptoms and Religion

Notes:

We mentioned briefly earlier that sometimes the symptoms of serious mental illnesses and religious beliefs and practices can be difficult to distinguish. We'll talk a bit more now about ways to recognize the differences.

1.18 Religious Experiences vs Mental Illness Symptoms

Notes:

In many religious traditions, members believe that God, or the devil, speaks to them. Sometimes this communication is in the form of audible voices. Some traditions believe that certain people are given spiritual gifts that enable them to perform miracles, detect and cure physical illness, or predict the future. How can you tell the difference between these religious experiences and the symptoms of serious mental health conditions? Learn more by exploring this topic in the tabs below.

Normative Religious Experiences

Some religions believe that individuals are visited by angels who appear and speak to them. For example, 1.8 billion Muslims believe that the Prophet Mohammed was visited by the angel Gabriel who verbally transmitted the text of the Holy Qur'an to him. Likewise, Jews and Christians believe that Moses audibly heard God speaking to him and responded to God.

Such beliefs often exist on a continuum with psychotic symptoms, making healthy religious community-sanctioned beliefs difficult to distinguish from symptoms of a mental illness or medical condition.

Making Distinctions

There are ways to distinguish healthy religious beliefs from psychotic symptoms. Making this distinction will help determine what is most helpful in supporting the person going forward. If the person is suspected of experiencing a mental health condition, referral for professional mental health treatment should be sought.

Here are some considerations for making this distinction:

Certain fundamentalist religious traditions, sometimes called “charismatic,” may encourage “speaking in tongues,” “being slain in the spirit,” and personal communication with God. That communication may at times involve audibly hearing God speaking to them. The voice that they hear, is usually one of advice and direction, often expressed in a kind and loving manner. Alternatively, if the voice that is heard is condemning, threatening, or demeaning, then this is more likely to be an auditory hallucination.

Having visions of angels, God, demons or the Devil, may also be religiously sanctioned depending on the faith tradition and culture from which the individual comes. However, true visual hallucinations of this type are more likely to be symptoms of a serious mental health condition. Note that members of the person’s family or religious community, particularly their clergy, will probably be able to tell whether the person’s religious experiences are normative in the context of their faith tradition. Thus, having collateral information from these sources is very helpful.

In general, religiously sanctioned beliefs and experiences should be mental health enhancing, improving the person’s ability to function at their job, in their relationship with family and loved ones, and in their relationships with other members of their faith community, not harmful. Sometimes, though, this may be difficult to determine, in that there may be some overlap between community-sanctioned experiences and symptoms of mental illnesses.

Delusional Experiences

Some people experience delusions that have religious content. Religious delusions are fixed false beliefs that the person adheres to intensely and believes despite evidence to the contrary. Individuals with delusions often have little to no understanding that their beliefs are not grounded in reality. This lack of insight, in fact, is what characterizes delusions of this type.

Interestingly, someone with a delusional disorder of a religious nature may have no other symptoms of a mental illness. They may not experience distress or functional impairment in any areas of their life, except for the

religious delusion. As a result, religious delusions may be difficult to distinguish from community-sanctioned beliefs. As noted earlier, community-sanctioned religious beliefs may lie on a continuous spectrum with religious delusions, where healthy religious beliefs are at one end and delusions are at the other end.

Normative Religious Experiences (Slide Layer)

Making Distinctions (Slide Layer)

Delusional Experiences (Slide Layer)

1.19 Psychotic Symptoms

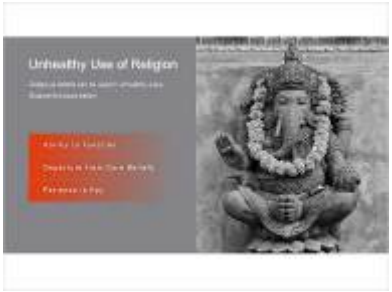
Notes:

Other than people with a delusional disorder, as we just discussed, most people who experience religious manifestations of a psychotic disorder also experience other symptoms of mental illness that accompany the religious ones. In other words, the person will not likely be having religious manifestations of the illness alone, but other symptoms as well.

These symptoms may include disorganized or strange behavior or speech, flat affect, lack of energy or interest, impaired functioning, challenges with self-care, agitation, hyperactivity, hypervigilance, repetitive movements, restlessness, self-harm, social isolation, belief that an ordinary event has special and personal meaning, belief that thoughts are not their own, racing thoughts, unwanted thoughts, thoughts of special superiority or inferiority, and not needing to sleep or sleeping a lot. When any of these symptoms are present along with religiously-oriented symptoms it is a good indication that there is an underlying mental health condition.

The presence of these types of symptoms are most frequently recognized by people who know the individual and recognize the beliefs and behaviors as abnormal or representing a change from the person's normal. Thus, as noted earlier, collateral information from clergy, family, and close friends is crucial.

1.20 Unhealthy Use of Religion



Notes:

Despite the many benefits of religious faith, as emphasized previously, it is important to recognize that religion and spirituality can be used in unhealthy ways that can contribute to mental health problems. Explore this topic below.

The Ability to Function

Distinguishing between healthy and unhealthy uses of religion and spirituality is essential, but not easy. A simple way to identify whether religious beliefs are being used in an unhealthy way is to look at the effect they're having on a person's ability to function at work, in relationships with family members and friends, and in recreational activities. If you see the use of religious beliefs and practices leading to impairment and challenges in their functioning, then they should be considered unhealthy.

The key to helping an individual using religion in an unhealthy way is to maintain the therapeutic relationship and continue to build trust. Remember, even unhealthy religious and spiritual beliefs serve a purpose. Therefore, encouraging someone to let go of those beliefs prematurely before they feel safe, accepted, and in a trusting relationship with the clinician, is likely to lead to distress and not be effective. After establishing a therapeutic relationship, you can help the person understand the ways in which their use of religion is negatively impacting them and support them to change the way they see and use religious beliefs and practices in a manner that is healthy.

Departure from Core Beliefs

The unhealthy use of religion usually involves departure from or distortion of the core beliefs of one's religious tradition. With the client's consent, bringing their clergy or religious professional into the clinical encounter may help to clarify whether the individual's beliefs and practices conform to what their religion actually teaches. Again, this should only be done after a solid therapeutic relationship has been developed, and after the individual understands how their unhealthy use of religion negatively impacts their mental health and well-being.

Patience is Key

One thing is clear, identifying and addressing unhealthy religious beliefs and practices is a delicate and often extended process, one that cannot be rushed. Trying to convince the individual prematurely that their beliefs are unhealthy is seldom effective, and may result in religious arguments or the client simply dropping out of treatment.

Ability to Function (Slide Layer)

Departure from Core Beliefs (Slide Layer)

Patience is Key (Slide Layer)

1.21 Module Summary

Notes:

In summary, let's review some important points we have made in this third module.

Mental health professionals need to make efforts (sometimes considerable efforts) to collaborate with religious professionals, and vice-versa.

This involves mental health professionals educating members of faith communities about mental illnesses, and religious professionals educating mental health professionals about the resources they can provide.

Mental health professionals need to recognize when to refer clients to religious professionals for care and support, when to address spiritual struggles in individuals, and how to distinguish symptoms of mental illness from community-sanctioned religious beliefs and practices.

1.22 Summary and Conclusions

Notes:

As our time together is wrapping up, let us summarize what we have covered. Click on the boxes to explore.

Religious Involvement

Research indicates that religious involvement is often related to better mental health, including less depression, suicide, anxiety, and substance use, and greater psychological well-being. Religious involvement is also related to more social connections, greater social support, and better relational and family health, which are important for maintaining mental health, particularly during times of stress and loss. Greater religiosity is also associated with healthier attitudes and behaviors, particularly prosocial attitudes and altruistic behaviors, which often positively impact mental health.

Religious Interventions

Religious and spiritually-integrated interventions have been shown to improve mental health, particularly in those with depression and/or anxiety. These interventions should only be delivered by those with training and to individuals who consider themselves religious and/or spiritual.

Clinical Applications

There are numerous clinical applications that mental health providers should consider, beginning with and guided by the client's spiritual history. Mental health professionals should be supportive of healthy religious beliefs and practices, doing so in a person-centered manner. They should also learn to distinguish between the healthy and unhealthy uses of religion, remaining neutral and inquisitive with regard to unhealthy religious beliefs and practices until a therapeutic relationship has been firmly established. The same is true for religious professionals.

Role of Clergy

Clergy serve as frontline mental health providers providing marital, family, and individual counseling for mild to moderate mental health and relationship problems. Clergy should be alert for those with mental health conditions in their congregation, know the kinds of mental health needs they can address, and recognize when referral to mental health professionals is needed. In addition, clergy should support the inclusion of people with serious mental illnesses in their congregations by helping to educate their congregation, reduce stigma, and be welcoming and supportive of such individuals.

Faith Community

The faith community can serve as a tremendous resource in terms of providing support, mentorship, and social connection to people with mental health conditions in their congregations and their communities.

Collaboration

Collaboration between mental health professionals, religious professionals, and faith communities is essential for meeting the biopsychosocial-spiritual needs of people with mental health conditions.

The roles that mental health and religious professionals play complement each other. There is no room and no necessity for conflict or competition.

Mental health professionals play an important role in educating congregations about mental health conditions, and religious professionals play an important role in educating mental health professionals about the resources that they can provide.

Mental health professionals should be aware that mental health conditions can adversely affect people's religious beliefs and activities, help to normalize such effects, and then support and encourage healthy religious beliefs and practices. Spiritual and religious struggles often develop among people with mental health conditions. These should be identified and then referred to religious professionals who are trained to address them. Mental health professionals and clergy also need to learn to distinguish religious community-sanctioned religious experiences from symptoms of a mental illness.

Religious Involvement (Slide Layer)

Religious Interventions (Slide Layer)

Clinical Applications (Slide Layer)

Faith Community (Slide Layer)

Role of Clergy (Slide Layer)

Collaboration (Slide Layer)

1.23 Final Take Aways

Notes:

As we draw to a close, please remember these critical points.

Religious beliefs and practices have an impact on the mental health and well-being of people with and without mental health conditions. In most cases (but not all), that impact is a positive one.

Identifying and addressing the spiritual needs of individuals is key to providing whole-person mental health care and will almost certainly have a

positive impact on the person's mental health.

For this to occur, collaboration between mental health professionals and religious professionals is essential. Considerable efforts on both sides are needed for this to occur. At stake, though, is the mental, spiritual, social, and physical health of the clients that we support, and the health of the congregations that religious professionals serve.

1.24 End

Notes:

Thank you for joining us for this important topic. In closing, we hope you will now take this information and put it into practice!