

# Addressing the spiritual needs of patients with chronic psychiatric disorders

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# Program of the presentation

1. **S/R coping of people with psychosis**
2. Spiritual Assessment
3. S/R needs
4. Conclusions



## **S/R coping of people with psychosis**

Spirituality and religious coping practices are encouraged by religions all over the world, including non-theistic religions.

The relevance of R/S to people with severe mental disorders is even greater.

276 out patients:

- 92 in Switzerland, 121 in Québec, and 63 in USA
- Gender: 59% males, 41% females
- Mean age: 45 (+/- 13)
- Mean length of the illness: 19 (+/- 12)
- Diagnosis:
  - 75% schizophrenia
  - 25% schizo-affective disorder
- Substances misuses: 22%
- Without remunerated work: 90%
- Living in a halfway house: 28%



- Religious preferences:

- Christians: 78%
- Judaism, Islam, Buddhism: 3%
- Minority religious movements: 6%
- Without religious preference: 13%

- Spirituality and religiousness are **essential** in their day-to-day life: **38%**

- S/R is very important to cope with symptoms: 30%

- S/R is very **essential** to cope with symptoms: **25%**

- Religious practices alone at least once a day : 52%

- Religious practices with other people at least once a month : 37%



# S/R coping and schizophrenia

- **Positive: 80%**
- **Absent: 7%**
- **Negative: 13%**

# Positive S/R coping

- hope, comfort, meaning of life, enjoyment of life, love, compassion, self-respect, and self-confidence.
- fostered an acceptance of the illness.
- mobilization of religious resources to cope with their symptoms that lessened them.
- social support from a religious community.
- to deal with their substance abuse.
- protection against suicidal attempts



# Negative S/R coping

- contributed to a negative sense of self, in terms of despair and suffering as well as feelings of fear, anger or guilt.
- despair after the failure of the spiritual healing
- rejection by religious communities
- increased delusions, depression, suicide risk, and substance use.





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# How to assess spirituality and religiousness in schizophrenia ?

## **Spiritual and religious background**

### **Spiritual beliefs**

### **Religious activities alone and with other people**

### **Subjective importance of spirituality**

#### **In your day-to-day life**

**To give meaning to your life**

**To give meaning to your illness**

**To cope with your illness**

**To gain control of your illness**

**To gain comfort**

**To get support from community**

### **Relationships with psychiatric treatment**

- **Antagonism with medication**

- **Antagonism with consultation with psychiatrist**

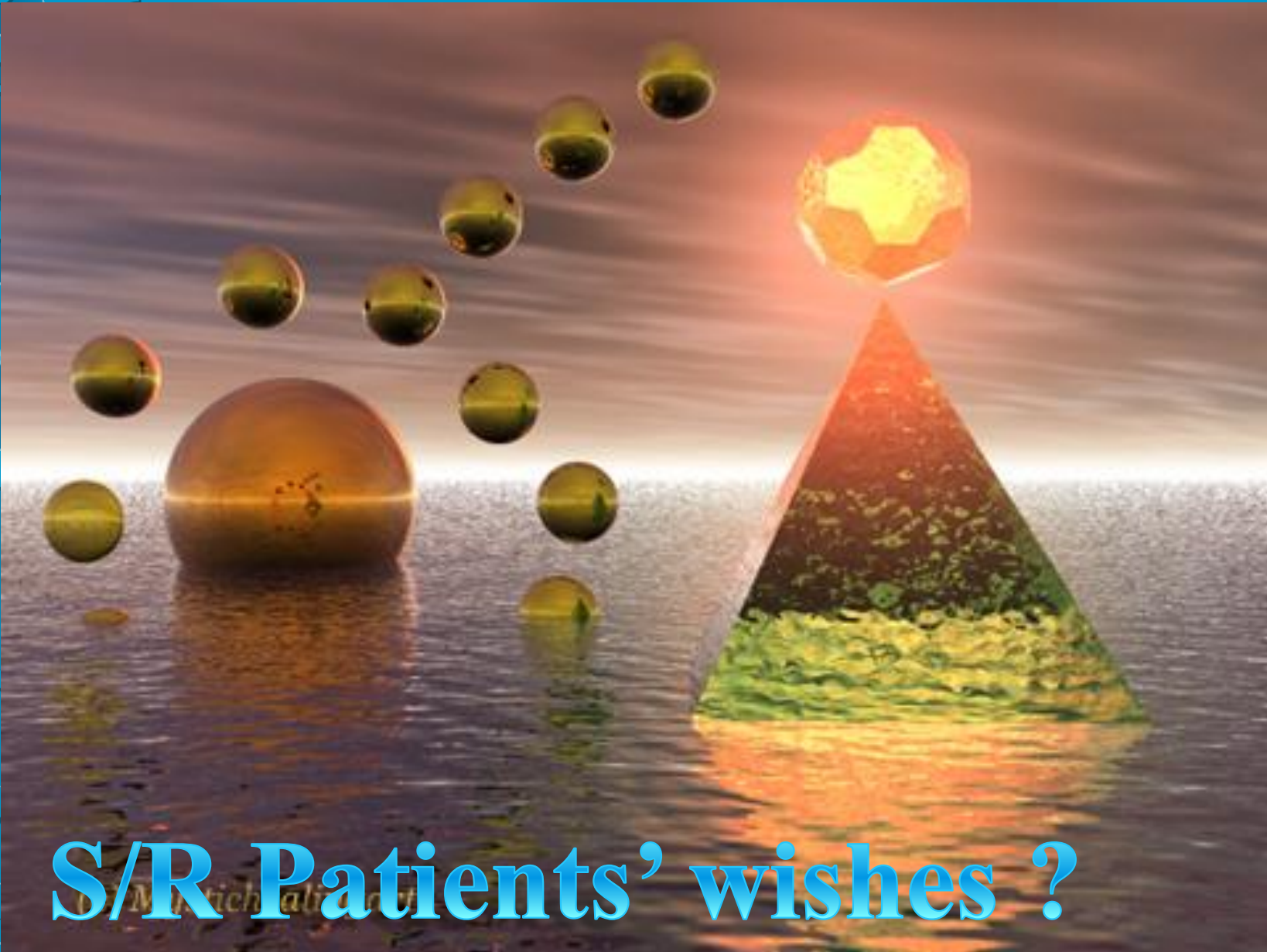
- **Ease at speaking with psychiatrist about spirituality and religiousness**

Mohr, S., Gillieron, C., Borrás, L., Brandt, P.-Y., & Huguelet, P. (2007). The assessment of spirituality and religiousness in schizophrenia. *Journal of Nervous and Mental Disease*, 195, 247-53.

# S/R assessment by psychiatrists\*

- supporting of positive coping.
- working on identity and values.
- differentiating delusions from faith.
- linking the patient with clergy, chaplains, or a religious community.
- addressing negative religious coping.
- representations of psychiatric disorder and treatment from a religious perspective.

\* Huguelet P, Mohr S, Betrisey C, et al. (2010). A randomized trial of spiritual assessment of outpatients with schizophrenia: patients' and clinicians' experience. *Psychiatry*, 62(1), 79-86



**S/R Patients' wishes ?**



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# Prospective study on spiritual needs in an ambulatory psychiatric clinic in Geneva

1. Some patients wish to address spiritual or religious issues in their care at the clinic.  
Is it your case ?
2. Do you talk with someone about spiritual or religious issues?  
If yes, to whom.
3. Do you wish to meet the psychologist who conduct the « spirituality and recovery » group at the clinic?

# Results: 5 psychiatrists, 147 out patients

- Gender: 55% males, 45% females
- Mean age: 46 (+/- 10)
- Mean length of the illness: 16 (+/- 12)
- Diagnosis:
  - 61% psychosis
  - 25% depression and anxiety disorders
  - 8% personality disorders
  - 6% mental disorders due to an organic cause
- With disability insurance: 70%

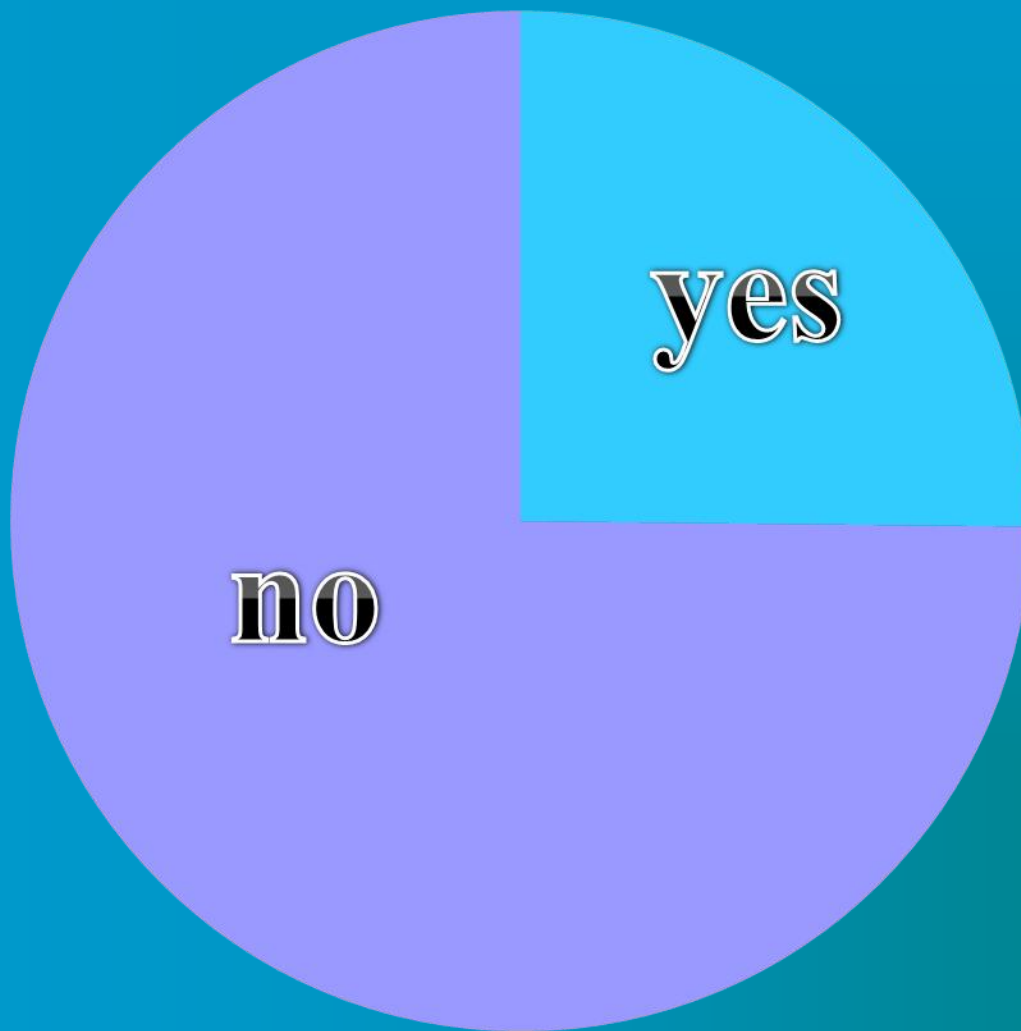


## Religious preference according to medical chart

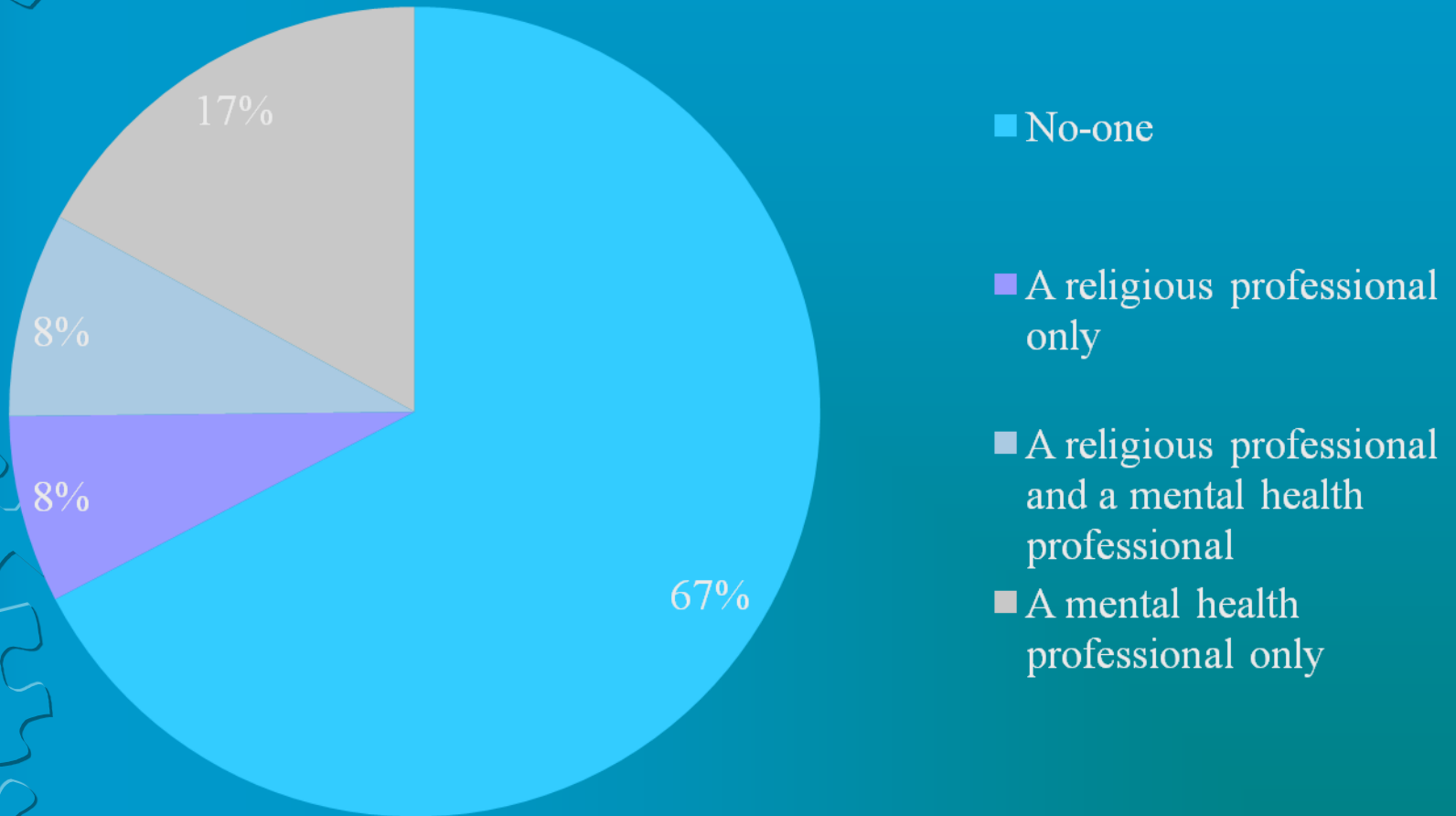
- **Christians: 51%**
- **Judaism, Islam, Buddhism, Hinduism: 17%**
- **Not recorded: 33%**



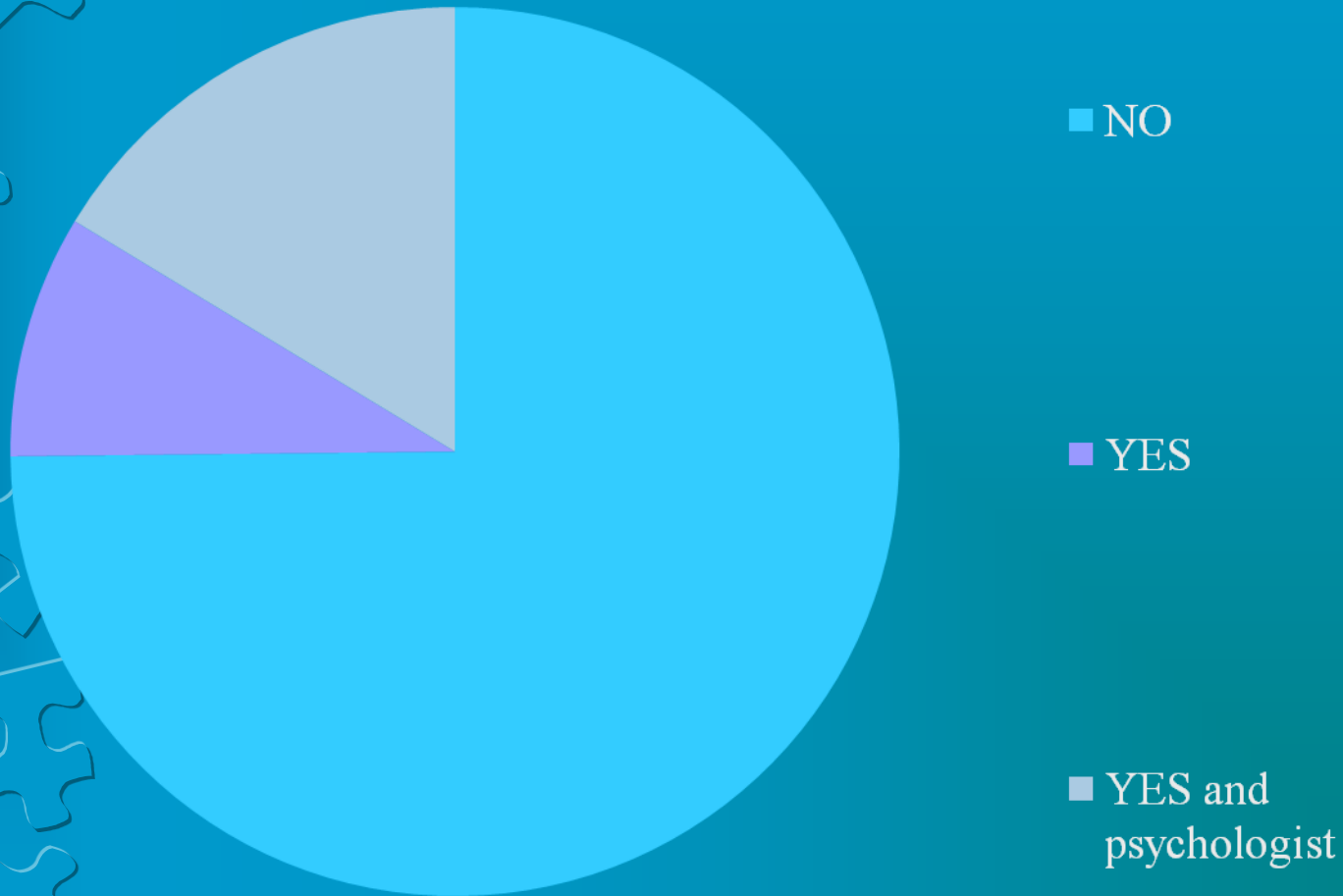
Q 1: Wish to address spiritual or religious issues in their care:



# Wish addressing spiritual or religious in their care by:




# Q 2: Do you talk about spiritual or religious issues with someone?



# Spiritual Assessment by the psychologist (24 patients)

- 16 patients: psychotherapeutic indication for the « spirituality and recovery group »
- 3 patients dropped-out
- 5 patients: not an indication



**For 11% of patients, an integration of S/R issues in their care by a mental health professional was a psychotherapeutic indication**



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# Integration of S/R issues into mental health care

1. Systematic inclusion of a S/R assessment into the diagnostic process, treatment and case management.
2. Various models of Integration of Spirituality and Religion into Psychiatric Care
  - referral to chaplain
  - exploration of spirituality in individual and group psychotherapies
  - bringing in spiritual concepts and practices into psychotherapies
  - holistic care programs

# Key S/R issues from the «Spirituality and Recovery» group

- disentangling R/S from psychotic symptoms
- discerning the spiritual meaning of the illness and psychiatric care
- understanding the interrelations between spiritual history and mental illness
- identifying helpful and harmful forms of R/S coping with the symptoms of the illness
- addressing supportive vs. harmful relationships with religious community members and religious professionals
- considering the relationships between R/S and self-identity
- recognizing and dealing with stigmatization due to R/S and mental illness
- articulating representations and emotional relationships with God and other spiritual figures
- identifying existential issues about the meaning of life and death, sexuality, suffering, theodicy, forgiveness, sin and guilt.



**Thank you for your attention !**