

WPA Position Statement on Spirituality and Religion in Psychiatry

The WPA and the World Health Organization (WHO) have worked hard to assure that comprehensive mental health promotion and care are scientifically based and, at the same time, compassionate and culturally sensitive^{1,2}. In recent decades, there has been increasing public and academic awareness of the relevance of spirituality and religion to health issues. Systematic reviews of the academic literature have identified more than 3,000 empirical studies investigating the relationship between religion/spirituality (R/S) and health^{3,4}.

In the field of mental disorders, it has been shown that R/S has significant implications for prevalence (especially depressive and substance use disorders), diagnosis (e.g., differentiation between spiritual experiences and mental disorders), treatment (e.g., help seeking behavior, compliance, mindfulness, complementary therapies), outcomes (e.g., recovering and suicide) and prevention, as well as for quality of life and wellbeing^{3,4}. The WHO has now included R/S as a dimension of quality of life⁵. Although there is evidence to show that R/S is usually associated with better health outcomes, it may also cause harm (e.g., treatment refusal, intolerance, negative religious coping). Surveys have shown that R/S values, beliefs and practices remain relevant to most of the world population and that patients would like to have their R/S concerns addressed in health care⁶⁻⁸.

Psychiatrists need to take into account all factors impacting on mental health. Evidence shows that R/S should be included among these, irrespective of psychiatrists' spiritual, religious or philosophical orientation. However, few medical schools or specialist curricula provide any formal training for psychiatrists to learn about the evidence available, or how to properly address R/S in research and clinical practice^{7,9}. In order to fill this gap, the WPA and several national psychiatric associations (e.g., Brazil, India, South Africa, UK, and USA) have created sections on R/S. WPA has included "religion and spiritu-

ality" as a part of the "Core Training Curriculum for Psychiatry"¹⁰.

Both terms, religion and spirituality, lack a universally agreed definition. Definitions of spirituality usually refer to a dimension of human experience related to the transcendent, the sacred, or to ultimate reality. Spirituality is closely related to values, meaning and purpose in life. Spirituality may develop individually or in communities and traditions. Religion is often seen as the institutional aspect of spirituality, usually defined more in terms of systems of beliefs and practices related to the sacred or divine, as held by a community or social group^{3,8}.

Regardless of precise definitions, spirituality and religion are concerned with the core beliefs, values and experiences of human beings. A consideration of their relevance to the origins, understanding and treatment of psychiatric disorders and the patient's attitude toward illness should therefore be central to clinical and academic psychiatry. Spiritual and religious considerations also have important ethical implications for the clinical practice of psychiatry¹¹. In particular, the WPA proposes that:

1. A tactful consideration of patients' religious beliefs and practices as well as their spirituality should routinely be considered and will sometimes be an essential component of psychiatric history taking.
2. An understanding of religion and spirituality and their relationship to the diagnosis, etiology and treatment of psychiatric disorders should be considered as essential components of both psychiatric training and continuing professional development.
3. There is a need for more research on both religion and spirituality in psychiatry, especially on their clinical applications. These studies should cover a wide diversity of cultural and geographical backgrounds.
4. The approach to religion and spirituality should be person-centered. Psychia-

trists should not use their professional position for proselytizing for spiritual or secular worldviews. Psychiatrists should be expected always to respect and be sensitive to the spiritual/religious beliefs and practices of their patients, and of the families and carers of their patients.

5. Psychiatrists, whatever their personal beliefs, should be willing to work with leaders/members of faith communities, chaplains and pastoral workers, and others in the community, in support of the well-being of their patients, and should encourage their multidisciplinary colleagues to do likewise.
6. Psychiatrists should demonstrate awareness, respect and sensitivity to the important part that spirituality and religion play for many staff and volunteers in forming a vocation to work in the field of mental health care.
7. Psychiatrists should be knowledgeable concerning the potential for both benefit and harm of religious, spiritual and secular worldviews and practices and be willing to share this information in a critical but impartial way with the wider community in support of the promotion of health and well-being.

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Update on WPA scientific publications

The WPA continues to help support, mentor and encourage member societies and colleagues to use their considerable expertise to publish their work, in order to disseminate knowledge across the world.

To that end, President D. Bhugra has appointed a highly qualified and representative group of experts to lead the publications program through the Operating Council. They are: M. Riba and D. Lecic-Tosevski (co-chairs); P. Chandra, C. Szabo and R. Heun (members); P. Tyrer and A. Cia (consultants); and J. Castaldelli-Maia (observer). The Council brings together a diverse and balanced set of publication experiences that will help shape the future directions of the portfolio of WPA scientific publications. Future meetings of the Council will be held in conjunction with WPA International Congress in Istanbul, Turkey in July 2016 and at the World Congress in Berlin, Germany in September 2017.

The WPA official journal, *World Psychiatry*, has now reached an impact factor of 14.225, ranking no. 3 among psychiatric journals (only *Molecular Psychiatry* and the *Archives of General Psychiatry* have a slightly higher impact factor, 14.496 and 14.480 respectively). In addition to a variety of scholarly papers, the journal regularly publishes news about the WPA initiatives¹⁻⁶ as well as information relevant

to the WPA partnership with the World Health Organization⁷⁻¹⁸.

In addition, the WPA publication programme benefits from the important and significant work of WPA Scientific Sections, coordinated by Secretary A. Javed. An excellent example of publications emanating from the Sections is *World Child and Adolescent Psychiatry*, edited by N. Skokauskas, which is the official journal of the WPA Section on Child and Adolescent Psychiatry¹⁹. The journal features editorials, in-depth perspectives, interviews, conference summaries, updates, and provides information on programs from around the world, as well as including a trainees' forum. Prof. Skokauskas and the editorial board have noted their appreciation for contributors who have made the journal possible, and so successful.

Other initiatives underway include a series of books on Psychiatry and Primary Care, with D. Bhugra and M. Riba as editors, that will be published by Springer. Plans are underway to work with editors and authors on such topics as physician wellness and interaction between psychiatry and primary care. H. Herrman, P. Chandra and others are also working on a book related to women's mental health. We very much look forward to these contributions.

Finally, we are investigating ways to use the updated WPA website, developed

by WPA Secretary General R.A. Kallivayalil and colleagues, for disseminating and publishing materials such as course work and other educational tools that at some point may be collated into books, either in print or online. Secretary E. Belfort has led efforts for such materials to be available through a growing number of conferences and meetings with WPA support and investment.

Michelle Riba

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