

# The role of spirituality in managing mental health

APPROXIMATELY ONE IN FIVE U.S. adults lives with a mental illness. According to surveys of 14 countries, United States has the highest rates of mental illness, which include anxiety, mood disorders, impulse-control and substance abuse. In 2018, 43.4 million Americans over the age of 18 experienced mental illness. According to the Centers for Disease Control and Prevention, suicide rates have increased by 30 percent since 1999. There were approximately 45,000 suicides in 2016. Many programs are available in the U.S. to cope with mental health and suicide, but the Mental Health First Aid (MHFA) educational program is used globally and aims to prevent suicide and provide support

systems for mental health victims. MHFA is an educational intervention program developed by the U.S. National Council of Behavioral Health for family members and health professionals working with mental health victims to reduce the risk of suicide. It was originally developed in Austria and

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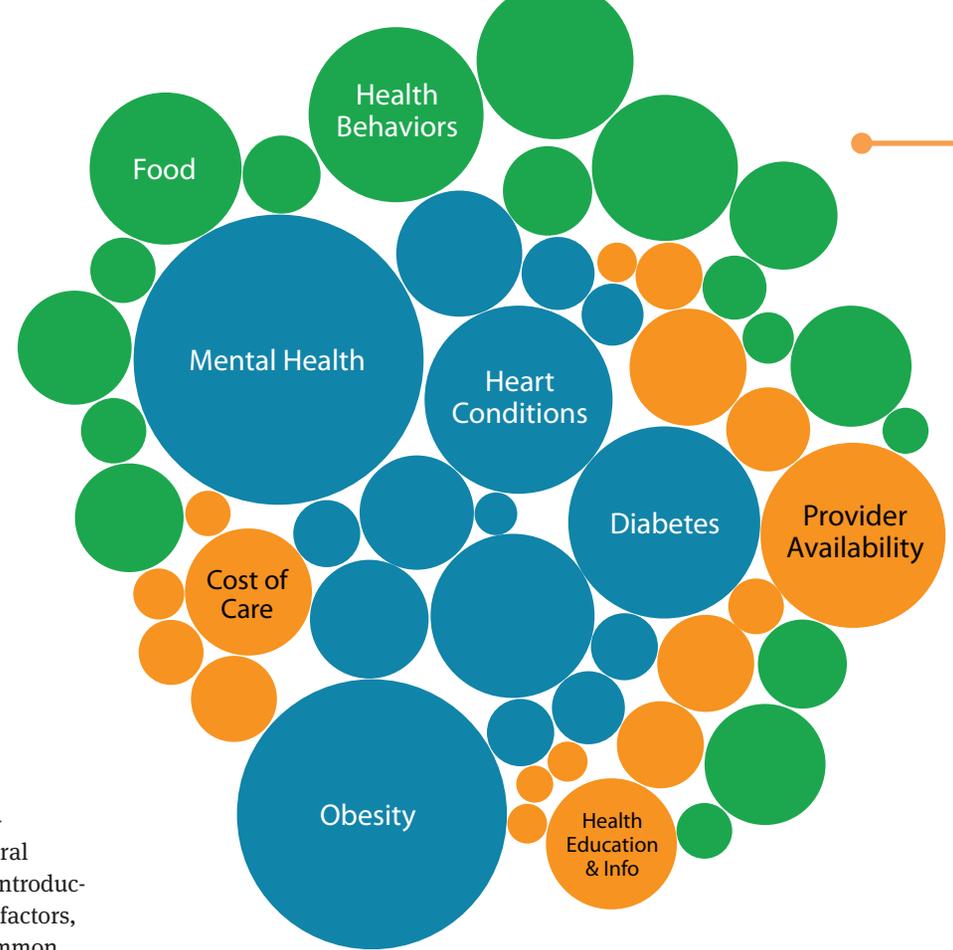
launched in the U.S. in 2008 by the National Council for Behavioral Health. The program introduces participants to risk factors, warning signs and common treatments for mental health. MHFA’s action plan, abbreviated as ALGEE, stands for (1) Assess for risk of suicide or harm; (2) Listen non-judgmentally; (3) Give reassurance and information; (4) Encourage appropriate professional help; and (5) Encourage self-help and other support strategies. The curriculum includes a review of normal adolescent development and intensive guidance through the ALGEE action plan for both crisis and non-crisis situations. Although the ALGEE action plan views spirituality as a

negative factor in coping with mental health, scientific literature indicates that spiritual wellbeing is associated with a decreased risk of mental illness.

The objective of our study was to critically analyze the MHFA curriculum in which spirituality was deemed a negative factor for coping with mental health. Our study was conducted in Berrien County where Youth Mental Health First Aid (YMHFA) training was delivered to health professionals, parents and guardians of mental-

ly ill children. In Berrien County, Michigan, the priority health need among students was mental health. Youth expressed concerns about being overwhelmed with schoolwork, social acceptance, and being bullied. Berrien County ranks 66th in health behaviors among Michigan’s 83 counties. In Michigan, the rate of suicide attempts by adolescents in grades 9–12 increased from 2.7 percent to 3 percent between 2001 and 2013.

A validated “Youth Mental Health Opinions Quiz” survey and



### Priority Health Needs of Berrien County.

The bubbles represent the priority health needs of the community served by Lakeland Health and the Berrien County Health Department. The following health conditions: mental health, obesity, diabetes, and cardiovascular conditions; the following health system issues: provider availability, cost of care, and health education and information; and the following social determinants of health: health behaviors and the food environment have been prioritized. The larger the bubble, the higher the identified priority.



Excerpted from a research study conducted by Padma P. Tadi Uppala\*†, PhD, MPH, Sherine Brown-Fraser\* PhD, RD, CPT, Liezel Bibit\* MPH, Sozina Katuli\* DrPH, Dixon Anjejo\*, DrPH. Department of Public Health, Nutrition & Wellness, \*Andrews University, Michigan and †Loma Linda University

“Youth Mental Health First Aid” course evaluation form developed by the National Council for Behavioral Health was used to assess knowledge, attitudes and perceptions of health professionals and families of mental health victims. This study uses pre-intervention and post-intervention tests to observe the responses of the participants. In Berrien County, 14 YMHA classes were conducted in various locations in Niles, Waterliet, Berrien Springs, Southwest Michigan, Benton Harbor and Saint Joseph between June 2017 to February 2018. Among the 14 classes held, 146 individuals participated. Surveys completed by 136 participants were used to evaluate the knowledge, attitudes and perceptions of mental health.

The focus of our research was on the spiritual component of MHFA. In our study, in the pre-test 59.9 percent disagreed that spirituality was a negative factor, however, in the post-test 74.6 percent agreed that spirituality was a negative factor affecting mental health. The curriculum was quite effective in convincing the individuals that spirituality was a negative factor in coping with mental health. We argue that this is a misconception. There is mounting scientific evidence that spirituality and lifestyle factors play a positive factor in health and healing. The rationale behind the role of spirituality as a negative coping factor for mental health suggests that life events can shake and shatter a person

spiritually as well as psychologically, emotionally, socially and physically. These spiritual struggles and perhaps even guilt, have been linked to a higher level of psychological distress. The evidence suggests that spirituality can be a vital resource for health and wellbeing, but it can also be a source of distress. However, emerging research is showing that spiritually integrated lifestyle approaches to treatment are very effective in coping with mental illness. The National Cancer Institute reports that spiritual and religious wellbeing can improve health and quality of life in the following ways: decreased alcohol and drug abuse; lower anxiety, depression and anger; decreased blood pressure and risk of heart

disease; and an increased ability to enjoy life during illness.

Adventist philosophy posits that the true science of healing for the body and soul comes from the power of God. Many testify that the power of God has rescued them from death and destruction. Addictions are broken and the mind and body are healed. The following quotations are taken from the “The Ministry of Healing” by E.G. White:

*“In Jesus Christ, there is life which He imparts to all those who believe in Him and have faith in Him.”*

*“Grief, anxiety, discontent, remorse and distrust tend to break down life forces and give rise to destruction and*

*death while courage, hope, faith, sympathy and love promote health and prolong life.”*  
*“A contented mind, and a cheerful spirit, is health to the body and strength to the soul.”*

It is important for mental health professionals and physicians to acknowledge the protective role of spirituality in coping with mental illness. Spiritual needs of the subjects must be incorporated into conventional treatments. Researchers must be proactive in developing mental health first-aid curriculum and educational interventions based on compassion and tact.