RESEARCH ARTICLE

Mental health workers' alignment to the WPA recommendations on spiritual and religious assessment: a cross-sectional study from Baghdad

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ABSTRACT

Introduction: The World Psychiatric Association (WPA) and the World Health Organisation (WHO) strive to make clinical practice based on evidence. So, they recommend that Psychiatrists should evaluate patients' religious and spiritual beliefs in their practice. Studies introduced strong evidence that religion/spirituality (R/S) is linked with the aetiology, diagnosis, and treatment of psychiatric disorders. This evidence turns a famed bio- psycho-social model of mental disorder aetiology into a revolutionary "holistic" bio-psycho-socio-spiritual model.

Objective: To assess the attitude of Psychiatrists and Mental Health Workers at the Children's Welfare Hospital in Baghdad toward the WPA recommendations on spiritual and religious assessment.

Methods: A cross-sectional study design was conducted with a sample of Iraqi psychiatrists, board students, and mental health workers at the outpatient clinic at the Children Welfare Hospital in Baghdad during December 2024. The tool was a 10-question test obtained from the WPA Position Statement on probing the religion/ spirituality (R/S) of patients in Psychiatry (2016). We used SPSS version 28 to analyse the data.

Results: Response rate was 95.83% (23 of 24 workers). The overall outcome of the positive attitude, according to the WPA statement on R/S assessment, was 89.37%. Findings revealed that 91.3% of the participants didn't receive training on the importance of religion/ spirituality and mental health services, 52.2% did not consider R/S in dealing with mental disorders, and (87%) agreed that studies for assessing the relationship between mental disorders and religious/spiritual beliefs are needed.

Conclusion: The participants have a positive attitude toward the WPA statement on R/S assessment. However, most participants didn't receive training on the importance of R/S in psychiatry, which makes its practice more subjective. More than half of the participants stated that R/S shouldn't be considered when dealing with mental disorders. Still, more than two-thirds of them agreed that studies to assess the relationship between mental disorders and R/S beliefs are needed.

Keywords: religion, spirituality, psychiatrists, mental health workers, Baghdad.

INTRODUCTION

Mental disorders are increasing all over the world.[1] For thousands of years till now, many cultures have believed in the link between mental disorders and religion/spirituality (R/S).[2] Different cultures use their beliefs and experiences to manage various mental and physical disorders, a practice called traditional or alternative medicine.[3] The WHO worked hard to ensure the scientific basis for mental health care and acknowledged the role of cultural background.[4] However, many people still hold the belief in using other ways for treating psychiatric problems by going to religious centres or seeking the help of faith healers.[5,6] Across different cultures, both R/S affect human behaviour and choices, and can lead to improvements in the quality of human life.[7] Although many studies show the positive impact of R/S on the individual's mental health,[8] others uncovered its negative

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effects due to its mystical explanations of the different complaints.[9] An effective approach in mental healthcare provision should include understanding the beliefs of that culture about mental disorders.[10] Very few authors in the Arabic regions studied the impact of religion/spirituality on different mental disorders despite the rich cultures with these beliefs. [11] The World Psychiatric Association (WPA) point to the important role of R/S in mental health well-being and their relationship to the diagnosis, aetiology, and treatment of psychiatric disorders.[12] Now, the new mental health care model, modified to a bio-psycho-social-spiritual model, with new training programs, is widely used in professional development for psychiatric field training programs.[13] In response, contemporary mental health care has increasingly adopted a bio-psycho-social-spiritual model, supported by the development of new training programs that are now widely used in professional education and psychiatric field training.[13] Within this framework, psychiatrists are encouraged to respect the spiritual and religious beliefs and practices of patients and their carers. This principle should be formally integrated into psychiatric training curricula. [12]

Iraq is one of the world's richest cultures and is well known for its oldest civilisations. It includes a variety of cultures and beliefs from many religions. During the previous years, Iraq witnessed continual conflicts, which is considered an unstable environment and increases the risk for mental health problems. Iraqi psychiatrists should be prepared to integrate the community's different beliefs in the diagnosis and management of mental disorders. This integration, which is scarcely studied, should be well addressed in many relevant studies. This study is designed to assess the attitudes of Psychiatrists and Mental Health Workers at the Children's Welfare Hospital in Baghdad toward the WPA recommendations on spiritual and religious assessment.

METHODS

Study Setting and design: A cross-sectional study with an analytic element was conducted at the Children's Welfare Hospital/child and adolescent psychiatric outpatient clinic in Baghdad. Data were collected over one month (December 2024)

Ethical considerations: Agreements were obtained from the relevant hospital authorities; participants were informed about the study objectives, assured of anonymity, and asked to provide verbal consent. The study adhered to ethical guidelines for research involving human participants, ensuring that responses were used solely for scientific purposes.

Study population: All workers at the outpatient psychiatric department in Children's Welfare Hospital during December 2024 were included in this study. These included 10 specialist psychiatrists, 9 board students, and 5 other staff members: one psychologist, one nurse, and 2 occupational therapists, and one Intelligence quotient (IQ) examiner. Workers in other hospital departments (other than the psychiatric department) were excluded from the study.

Tools and data collection: The tool was a 10-question questionnaire adopted from the World Psychiatric Association (WPA) Position Statement on Spirituality and Religion in Psychiatry (2016).[12] To ensure content validity, a panel of four independent Psychiatrists conducted a rigorous review of the questions. They also examined the Arabic translation to ensure face validity. The questionnaire consisted of two parts: the first covered participants' personal data, and the second included questions about the WPA's recommendations on religion/spirituality. Participants were asked to answer the first 9 questions with "yes" or "no" and to choose a "no role", "positive role", negative role, or both positive and negative roles for the 10th question. The data were collected during the activities at the scientific meetings. It took nearly 10 minutes to complete and collect the data, and to prevent colleagues from discussing the response before filling it out.

Standards: standards from which questions originated were recommendations taken from

Table 1 | Frequency and percentages of demographic characteristics of participants (n=23)

Variable	No.	%	
Age groups	≤ 30 Yr.	9	39.1
	31- ≤ 40 Yr.	7	30.4
	> 40 Yr.	7	30.4
Sex	Male	9	39.1
	Female	14	60.9
Job title	Board Student	9	39.1
	Specialist	9	39.1
	HCW*	5	21.8
Trainers in the mental health	No	16	69.6
	Yes	7	30.4
Yo and families visiting faith healers	No	18	78.3
	Yes	5	21.7
Trained on impact of religion/spirituality on mental health work	No	21	91.3
	Yes	2	8.7

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the WPA Position Statement on Spirituality and Religion in Psychiatry.[12] The recommendations we based our questions on are:

- A patient's religion/spirituality should be considered during psychiatric history-taking.
- The role of religion/spirituality in the management of psychiatric disorders should be considered as an essential part of psychiatric training.
- There is a need for more research on both R/S in the psychiatric field.
- The approach to R/S should be according to the case (person-centred).
- Psychiatrists and mental health workers should demonstrate respect for the variations in the beliefs of others, including those in the field of mental health care.
- Psychiatrists and mental health workers should know the benefits and harm of religious, spiritual and secular beliefs, and their impact on their clients' conditions.[12]

Outcomes and measurements: Overall response for each item in the Likert scale measured in a percentage as follows: (Number of specific responses / Total number of responses) x 100.[15] The overall attitude was categorised using Bloom's cutoff points as good (80-100%), moderate (60-79%), and poor (<60%).[15] All statistics were conducted after reversing the scores for questions 5, 6, and 8, as they are "Reverse-Worded Questions".

Statistical Analysis: Data were analysed using SPSS Version 28. Descriptive statistics (frequencies and percentages) were calculated for demographic variables and response patterns. Results were presented in tables and figures as appropriate. The association between the workers' responses and demographic factors was assessed using Fisher's exact test. The P-values considered significant were ≤ 0.05 and ≤ 0.001, which were highly significant.

RESULTS

We received 23 questionnaire forms out of 24; one psychiatrist declined to participate, resulting in a response rate of 95.83%. There were 9 (39.1%) specialists, 9 (39.1%) board

Table 2 | Answers about all questions (Dichotomous answer), apart from one question (which was answered by a 4-point scale)

Q	Question	No		Yes	
		Count	%	Count	%
1	Should we consider Religion/spirituality when dealing with mental disorders?	12	52.2	11	47.8
2	Accepting working with other religions/spirituality?	1	4.3	22	95.7
3	Accept treating people with different religions/spirituality?	1	4.3	22	95.7
4	Dealing with the same quality with different religions/spirituality?	1	4.3	22	95.7
5	Negatively affected by people with different Religion/Spirituality?	21	91.3	2	8.7
6	Encouraging peers not to work with people of different Religions/Spiritualities?	23	100	0	0
7	Respect other Religion/Spirituality?	0	0	23	100
8	Using your position to convince others with your Religion/Spirituality?	21	91.3	2	8.7
9	Need for studies on Religion/Spirituality?	3	13	20	87
	Total answers (Yes+ No)	207			

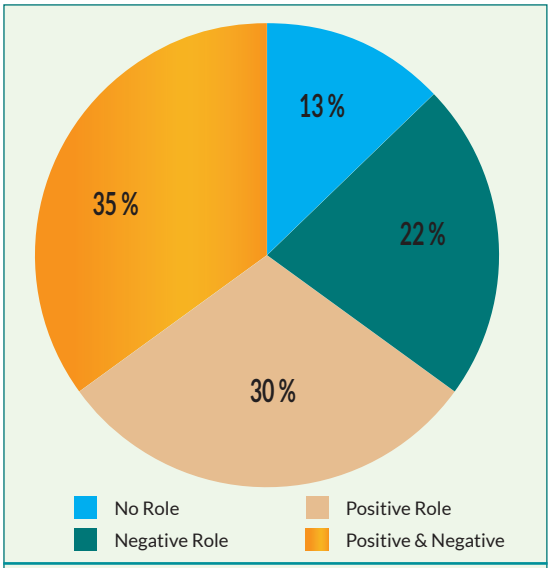

Figure 1 | Participants' answer about the Role of Religion/ Spirituality in psychiatry

students, and 5 (21.8%) mental health workers, including 1 psychologist, 1 nurse, 2 occupational therapists, and 1 IQ examiner. Seven of the participants (30.4%) are trainers in the mental health field. Most participants (91.3%) didn't receive training on the impact of religion/ spirituality on mental health work. Regarding whether participants or their families visited faith healers, 5 (21.7%) responded yes (Table 1).

Results showed that responses to the survey's first nine questions aligned with the World Psychiatric Association's (WPA) ethical standards (the overall outcome of a positive attitude was 89.37%, which is graded as "good" according to Bloom's cutoff point. Nonetheless, a notable disparity was observed concerning a fundamental question: 52.2% of participants gave a negative response when asked if "should we consider religion/spirituality when dealing with mental disorders?", as shown in Table 2.

Table 3 | Associations between demographic characteristics of participants with responses output of two point (dichotomous) scale by Fisher Exact test. (Association with mean cutoff of the first 9 questions)†

Variables		No (%)*	Yes (%)	P value
Age	**≤ 30 Yr.**	4 (44.4)	5 (55.6)	0.292
	31- ≤ 40 Yr.	1 (14.3)	6 (85.7%)	
	> 40 Yr.	1 (14.3)	6 (85.7%)	
Sex	**Male**	2 (22.2)	7 (77.8)	0.565
	Female	4 (28.6)	10 (71.4)	
Job title	**Board Student**	4 (44.4)	5 (55.6)	0.352
	Specialist	1 (11.1)	8 (88.9)	
	HCW**	1 (20)	4 (80)	
Mental Health Trainers	**Not Trainer**	6 (37.5)	10 (62.5)	0.079
	Trainer	0 (0)	7 (100)	

† mean cutoff was measured based on calculating the interval law of Likert scale.
*Percent within variable
**Health Care Worker

Overall outcome measurement: (Number of specific responses / Total Number of responses) x 100

For negative attitude= (22/ 207) x 100 = 10.63%

For positive attitude = (185/207)x100 = 89.37%

The response to the last question about the role of R/S in psychiatry is shown in Figure 1. Eight (35%) of the participants believe that R/S have both positive and negative roles in psychiatry.

The Fisher's exact test was used to examine associations between participants'

Table 4 | Associations between participants' demographic features and responses to the role of Religion/Spirituality in psychiatry.

Variables		No Role (%)*	Negative(%)	Positive (%)	Both	P value
Age	**≤ 30 Yr.**	2 (22.2)	2 (22.2)	4 (44.4)	1 (11.1)	0.515
	31- ≤ 40 Yr.	0 (0.0)	2 (28.6)	1 (14.3)	4 (57.1)	
	> 40 Yr.	1 (14.3)	1 (14.3)	2 (28.6)	3 (42.9)	
Sex	**Male**	1 (11.1)	3 (33.3)	3 (33.3)	2 (22.2)	0.743
	Female	2 (14.3)	2 (14.3)	4 (28.6)	6 (42.9)	
Job title	**Board Student**	2 (22.2)	2 (22.2)	3 (33.3)	2 (22.2)	0.251
	Specialist	0 (0.0)	3 (33.3)	1 (11.1)	5 (55.6)	
	HCW**	1 (20.0)	0 (0.0)	3 (60.0)	1 (20.0)	
Mental Health Trainers	**Not Trainer**	3 (18.8)	4 (25.0)	5 (31.1)	4 (25.0)	0.550
	Trainer	0 (0.0)	1 (14.3)	2 (28.6)	4 (57.1)	

*Percent within variable
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demographic characteristics and their responses. No significant associations were found, as shown in **Tables 3 and 4**.

DISCUSSION

Psychiatrists and other mental health workers need to keep in mind all the factors affecting the patients' mental health and well-being, including the impact of R/S, irrespective of the health provider's orientation. However, only a few programs provide training for mental health workers to learn how to deal clinically with R/S. For that, many psychiatric associations and the WPA have put sections on R/S to facilitate the understanding and treatment of the different mental disorders.[12] In this study (91.3%) of the participants didn't receive training about the relation of R/S and mental disorders, even though 7 (30.4%) of them are trainers to students of Psychiatry. This finding is similar to that of an article describing the relationship between religion and mental health in India. They found that Psychiatrists and Psychologists did not receive adequate training to deal with religious questions in clinical practice. So, they usually have difficulty understanding and empathising with patients' religious beliefs and behaviours.[16]

Despite the overall positive attitude in this study (89.37%), which is graded as "good" according to Bloom's cutoff point, more than half of participants (52.2%) stated that R/S shouldn't be considered in the treatment of mental disorders. This is expected because in Iraq, despite the rich culture with many religious beliefs, and despite the political impact of religion on the stability of this country, very little interest is paid to the importance of this subject. There has been no real effort by the authorities to incorporate the importance of R/S into mental health training programs. Lack of training might be due to the vague role of religion in the psychiatric field. A similar standpoint was found in a study published in The Lancet, which differentiated between two trends. They distinguished two extremes: first, rejection of the idea that religion and faith can bring comfort to some people coping with illness; and second, endorsement of the view that physicians should actively promote religious activity among patients. Between the previous two extremes lies a vast, uncharted territory that needs urgent guidelines for appropriate behaviour. According to The Lancet, this action should be done with caution.[17]

More than two-thirds of participants (87%) agreed that studies assessing the relationship between mental health and religious/spiritual beliefs are needed, as only a few articles were found in this field.[7] Although they are preliminary studies, authors have attempted to identify specific markers that may help to explain the relationship between R/S and mental health especially positive relation, e.g. higher levels of R/S have been associated with higher rates of brain-derived neurotropic factor, self-transcendence have been linked to serotonin transporter (SERT) availability in brainstem raphe nuclei, and correlations have been reported between R/S and genes for dopamine, serotonin, vesicular transporters, and oxytocin. They thought that future research would be needed to clarify how R/S influences mental health through these biological mechanisms.[18]

However, our study showed that only (30%) of the participants consider that R/S has a positive role in psychiatry, (22%) of them registered the negative role, (13%) considered no effect. In comparison (35%) of them thought R/S has both negative and positive effects in this field. This could be due to the fear of health workers from the rising role of faith healers in dealing with mental problems, as the study done by Younis et al. showed that 70% of the patients chose to seek help from a faith healer first before seeing psychiatrists.[1] Despite participants' educational levels, 5 (21.7%) visited faith healers at least once in their lifetimes, or had family members who did. Still, (78.3) did not. Again, a Younis et al. study [1] found a strong association between visiting faith healers and illiteracy rates.

No significant associations were found between participants' demographic variables and their responses. All participants agree to respect others' religious choices and to support

people from different religious backgrounds.

Limitations of this study included a small sample size within the target population and participants who were from the same religion and a narrow age range. We need to study different areas in Iraq with different beliefs.

CONCLUSION

Despite a good overall positive attitude of participants according to the WPA Position Statement on R/S in Psychiatry, very little or no attention is paid to the impact of R/S on mental health disorders. This was revealed by this study's findings, which showed that the majority of participants didn't receive training on the importance of R/S in psychiatry, thereby making its practice more subjective. More than half of the participants stated that R/S shouldn't be considered when dealing with mental disorders. More than two-thirds of them agreed that studies to assess the relationship between mental disorders and R/S beliefs are needed.

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Abbreviations list: Health Care Worker (HCW), Intelligence quotient (IQ), Religion/spirituality (R/S), Serotonin transporter (SERT), Statistical Package for the Social Sciences (SPSS), World Health Organisation (WHO), World Psychiatric Association (WPA).

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