



## Mental Health, Clinical Practice and COVID-19

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### Abstract

Three topics are explored in this first issue of the *Journal of Religion and Health* for 2022, namely: (1) mental health and religion, (2) clinical practice issues and the relevance of religion/spirituality, and finally (3) the continuing and expanding public health crisis of COVID-19 and the associated religious/spiritual impact and response.

**Keywords** Religion · Spirituality · Mental Health · Clinical Practice · Medical Practice · COVID-19

### Introduction

This issue of *JORH* commences by revisiting the topic of mental health. The *JORH* Editors consider that mental health care is critical to ensure the health and well-being of all people—irrespective of their religious/spiritual beliefs. Two previous issues of *JORH* have included mental health as specific sections, namely *JORH* 59 (6) ‘COVID-19, Aged Care, Cancer, Medical Research and Mental Health’ (Carey, 2020), and then subsequently *JORH* 60 (4) ‘COVID-19, Mental Health and Cancer’ (Carey et al., 2021). Likewise, *JORH* 60 (1) continues to acknowledge the importance of mental health care by collating 24 articles from different countries with a particular focus upon Christian and Islamic faiths. This issue, places mental health at the forefront of topics.

Also, in this issue, twelve different clinical concerns are considered—so varied that it is difficult to bring these together under any particular theme, as their topics range from heart surgery to dengue fever! However, this eclectic collection indicates the breadth of clinical issues that are being addressed by researchers and/or clinicians—all focussing upon religion, spirituality and health. This also reflects the increasing

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acknowledgment among researchers and clinicians of the relevance of religion/spirituality to clinical and medical practice. Finally, this *JORH* issue contains articles examining COVID-19 as it relates to religion and health—a pandemic that seems to be taking an increasing and never-ending biopsychosocial and spiritual toll upon humanity.

## Mental Health

This mental health section commences with (i) an overview of the international prevalence of schizophrenia and its relationship to national levels of religiosity. This article is then followed by a number of studies exploring mental health among Muslims, namely (ii) a concept map and a theoretical framework for Muslim mental health services to improve services among Muslim clients, (iii) the effect of religiosity on medication adherence among individuals diagnosed with mental illness in Turkey, (iv) the relationship of gratitude and religious coping styles to depression in caregivers of children with special needs in Turkey, (v) the effect of an Islamic-based intervention on depression and anxiety in Malaysia, (vi) the mediated associations between religious coping, self-regulation, and psychological distress among young Muslim men and women in Lahore, Pakistan, (vii) subjective experiences of Alzheimer's disease in the Pakistan context, (viii) an Islamic form of Logotherapy for treating tertiary students with depression and anxiety, (ix) the associations between religion and the trait of emotional intelligence and health-related quality of life in Pakistan and Germany, and finally, (x) the effect of a spirituality-based program on stress, anxiety, and depression in caregivers of patients with mental disorders in Iran.

A shift in emphasis in this section are articles relating predominantly to Western society, namely (xi) whether belief in biblical literalism in the US matters for mental health, (xii) spirituality of the traumatized child and Christian faith community participation, (xiii) the effect of spirituality on mood among Australian undergraduate students, (xiv) depression and the black Christian community, (xv) the impact of religion, superstition, and professional cultural competence on access to HIV and mental health treatment among black sub-Saharan African communities in Birmingham (UK), (xvi) mental health and religiosity among Marialionceros in Venezuela, (xvii) a qualitative study of religion and spirituality in a perinatal psychiatry inpatient unit in the US, (xviii) explaining US adolescent depressive symptom trends by the decline in religious beliefs and service attendance, (xix) perceptions of accountability to God and psychological well-being among US adults, and (xx) religious and spiritual practices in an underprivileged population in Lascano, Uruguay. Three articles present research conducted in Canada, namely: (xxi) the influence of religiosity and spirituality on health in Canada, (xxii) the health of Canadian atheists and (xxiii) women's spiritual intelligence and depressive symptoms in Canada. Finally, this section concludes with (xxiv) a very helpful review of techniques regarding religion-adapted cognitive behavioural therapy and (xxv) research regarding the perceptions of God and psychological well-being among adults in the US.

## Clinical Practice

This issue considers a wide variety of clinical cases demonstrating a growing and broader understanding by clinicians and researchers of the relevance and potential impact of religious and/or spiritual beliefs affecting medical treatment and outcomes. Topics covered in this issue include: (i) coronary artery disease, (ii) open heart surgery, (iii) stroke, (iv) insomnia, (v) fibromyalgia syndrome, (vi) blood donations, (vii) tropical spastic paraparesis, (viii) tooth loss, (ix) chronic pain and (x) dengue fever. This section also includes two articles on (xi) clinical thinking in psychology and (xii) complementary and alternative medicine.

## COVID-19

COVID-19 continues to plague our planet, with both delta and omicron variants challenging all communities in one way or another. At the time of this writing (7th January 2022), the number of confirmed cases worldwide totals 298,915,721, with 5,469,303 deaths (WHO, 2022). The number of cases and deaths is increasing exponentially as many nations strive to keep their economies open, yet by doing so expose their populations to greater risk of the disease spreading. Some may have anticipated that India would become the nation with the most infections (due to comorbid and resourcing issues), however the US continues to have the largest number of infections ( $n = 57,535,858$ ) and deaths ( $n = 826,822$ ) (WHO, 2022).

While many questions are being asked about COVID-19, one question appropriate for this journal is simply, '*What is the relevance of religion/spirituality in response to this COVID-19 global crises?*' From numerous countries, the various articles within this issue of *JORH* (similar to the previous seven issues of *JORH*) are addressing this very question.

Fourteen articles on COVID-19 in this *JORH* issue include the consideration of (i) college students in the Philippines, (ii) spirituality, personality, and emotional distress in Croatia, (iii) sociodemographic differences, effects of belief in an engaged God and mistrust of the COVID-19 vaccine in the US, (iv) the role of religious leaders in COVID-19 prevention in Sri Lanka, (v) illness and death in Spain, (vi) social networks, loneliness and religious attendance in young Polish adults, and (vii) loss of faith and decrease of trust in a higher source within Germany.

These are followed by a number of articles from Turkey: (viii) the relationship among spirituality, self-efficacy, COVID-19 anxiety, and hopelessness in Turkey, (ix) the spiritual care requirements and death anxiety levels of patients diagnosed with COVID-19 in Turkey, (x) the relationship between the fear of COVID-19, depression, and spiritual well-being in pregnant women in Turkey, (xi) the effect of nurses' death anxiety on life satisfaction during the pandemic in Turkey, (xii) being a nurse at the ground zero of care in Turkey during pandemic, (xiii) and the effect of COVID-19 outbreak on older adults' hopelessness, loneliness and spiritual well-being in Turkey. Finally, in answer to the question posed earlier, this section on COVID-19 concludes with (xiv) a summary and a very thorough systematic review on the roles of religious communities during the early stage of the pandemic.

## Call for Papers

Three topics are being considered for special sections within *JORH*. The *JORH* editors would welcome submissions regarding ‘Judaism’ and/or ‘Chaplaincy’ and/or ‘Suicide’. Researchers who would like to make submissions with regard to these topics, please email one of the Editors as soon as possible. Submissions are made through the Editorial Manager on the *JORH* web site: <https://www.springer.com/journal/10943/submission-guidelines>.

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