The Spiritual and Religious Beliefs of Adolescents

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As a Child and Adolescent Psychiatrist I was interested in looking at the spiritual and religious beliefs of adolescents, and so conducted this study in 2010. Spirituality is a much broader concept than religion. All people are spiritual beings and those moments when someone feels connected to something larger and beyond themselves are what gives meaning and purpose in life. This is often but not always expressed through religious practice and beliefs. The way in which people cope with stress, illness and difficulty is intrinsically bound up with their core spirituality and religious beliefs. We as psychiatrists should be aware of this in our dealings with clients.

Background

Religion has been seen as the last taboo in psychiatry. It is often not spoken about, or only in the context of psychopathology. Historically within psychiatric circles there has been a lack of attention to the religious and spiritual needs of service users. The opinions of mental health professionals have been divided as to whether spirituality and religion are a cause of mental health problems, or of benefit to those with mental health problems. However, recent research has evidenced statistically positive associations between mental health issues and religious involvement. A user led survey indicated that 50% of mental health service users questioned had some form of spiritual belief that was of benefit to their mental health. (Faulkner 1997).

Harold Koenig (2001) has produced a comprehensive analysis of research examining the relationship between religion and/or spirituality and many physical and mental health conditions. Of 724 qualitative studies, 476 reported statistically positive associations between religious involvement and a wide range of mental health disorders. More recent studies have confirmed these findings (Koenig 2008).

These research findings are reflected in legislation. The National Service Framework provides standards for respect of people's religious beliefs and spirituality, and the Human Rights Act (2000) enshrines the right to religious observance. The recent document, Refocusing CPA (2008), mentions 'personalised' healthcare, which should include taking into account an individual's spiritual and religious beliefs. Many local Trust documents support this as part of their Equality and Diversity strategy, and have begun to adopt practices for Adult Mental Health Users, including providing helpful leaflets, available chaplaincy services and an increased awareness of spiritual and religious matters amongst their staff.

In non-western cultures, there is more overlap between spiritual interventions and medical interventions as part of the healing process (King U, 1998). The Mental Health Foundation cites many studies suggesting a positive relationship between mental well-being and spirituality (Cornah 2006). She writes that the core beliefs

affect the locus of control or attribution for illness, the social support systems available, and the psychological impact of the illness.

Introduction

My particular interest lies in Child and Adolescent Mental Health services (CAMHS) and the picture there is very different from Adult Mental Health. The emphasis on recognizing and incorporating personal spirituality into healthcare is much less marked. CAMHS differs from Adult mental health in that the client group (young people and adolescents) are frequently brought to services, and normally because others (adults – their parents, teachers, and social workers) have decided that there is a problem. So they do not always come willingly. Also, the religious and spiritual views of the parents/carers may well impact on the acceptability of or compliance to treatment offered. I witnessed this influence at first hand as a trainee when the various multi-disciplinary approaches to a complex case failed to take into account the spiritual and religious beliefs of the parents (Procter and Loader 2000).

The inner core beliefs of the adolescent will influence how they themselves approach treatment, and what support systems they are able to use. Adolescence is a time of individuation and development of one's own identity and values and beliefs, a time of exploration and risk taking.

There have been very few pieces of research looking at the religious and spiritual beliefs of adolescent mental health service users. Silber and Reilly (1985) examined the spiritual and religious concerns of hospitalised adolescents, concluding that those with more serious physical diseases experienced intensified spiritual and religious concerns. Brown (2001) found that adolescents with spiritual beliefs and values engaged less in risk-taking behaviours. Grossoehme et al. (2007) looked at the spiritual and religious experiences of adolescent psychiatric inpatients with depressive disorders as compared with their healthy peers, and found that healthy adolescents reported a greater frequency of spiritual experiences and a more positive impact of them than did the in-patients with depressive disorders. Desrosiers' study (2007) suggested that daily spiritual experiences were associated with less depressive symptomatology in girls. Dew et al. (2008) looked at the relationship between spirituality and depression and concluded that clinicians should assess religious beliefs and be sensitive to the adolescents' and family's religious values and beliefs. In a later study (2010), Dew et al. investigated the mechanisms through which spiritual and religious beliefs might influence depression.

No studies have looked specifically at out-patient Child and Adolescent Mental Health Service (CAMHS) users. I wanted to study this group in an attempt to obtain some baseline measures for adolescent service users. The aims of the study were to ascertain:

> 1. Are Spiritual and Religious Beliefs important to adolescents?
> 2. Do CAMHS out-patient services ask about these beliefs?
> 3. Do adolescents want their spiritual and religious beliefs taken into account when their treatment and care is planned?

Method

The four CAMHS teams within the Kent and Medway Partnership Trust Directorate were approached to participate in the study. All young people aged between 12 and 17 years, attending CAMHS for follow-up appointments were invited to participate in the study. Adolescents attending for an initial appointment were excluded.

Prior to the study, an anonymous self-report questionnaire was generated by adapting the Royal Free Interview for Spiritual and Religious Beliefs, an interview schedule for adults (King 1995) and making it user-friendly for adolescents. This was done in consultation with all four CAMHS teams. Certain topics and questions that clinicians were unhappy about were removed, and the layout was changed and simplified to make it more accessible to young people.

The study took place over a six-week period from late April until the beginning of June 2010. During that time, the CAMHS receptionists handed out information about the study to young people and to their carers as they arrived, and those who were willing to participate completed the questionnaire in the waiting room and returned it to reception. It did not form any part of their treatment.

Completed questionnaires were analysed using Excel.

Results

Forty questionnaires were completed. Twenty seven participants were female (67%) and 13 were male (33%). Thirty nine put White British and one Asian as their ethnic origin. The average age of participants was 14 years and nine months.

Over a third of the adolescents (36%) held a medium, fairly strong or strong religious/spiritual view of life. Almost half of the adolescents completing the questionnaire held spiritual or religious beliefs, for example 48% thought that a spiritual power or force could influence their personal lives, and 30% felt that a spiritual power helped them cope with day-to-day events. Answers to question 4 'Can you briefly explain the form your belief has taken?' were diverse and ranged from 'I believe in God but do not follow any religion', 'Christian', 'spiritual and gothic', 'prayers' to 'I believe in luck and superstition', 'I believe in ghosts and demons' to 'nothing' and 'science'.

For the majority (53%), practicing their beliefs was not important, although there were 13% for whom it felt necessary and 3% for whom it was essential.

Prayer was the most common practice (28%) and for 10% this was with other people. Reading and studying came next (10%) with both ceremonies and meditation being important for 5%.

Although 25% thought that their spiritual needs had been met in the CAMHS clinics, only 5% had been asked about their beliefs, and 5% would have liked to have been asked more.

Discussion

Whilst carrying out this study I have had to reflect on several things. When the study was first mooted, there was extreme reluctance on the part of several teams to get involved. A variety of reasons were given such as they were already too busy, or that it was unethical to ask questions about spirituality and religion. The initial questionnaire had to have several questions removed before people would consider using it. There were fears that asking about spiritual powers, or belief in a hereafter, would unsettle young people or make them ask questions that the clinicians felt unable to answer. There were fears that the questionnaire might exacerbate psychotic symptoms. This was despite the fact that the proposal had been seen and accepted on two occasions by the Trust Audit committee, and that the Equality and Diversity lead was very supportive of the study.

I wondered whether these anxieties were really highlighting the lack of skill in talking about spiritual matters in a humanistic and secular society. I was reminded of how often similar questions arise when someone is for the first time given the task to ask about suicidal ideation, the fear being that 'you might put ideas into someone's mind'.

Although the numbers in the study are small, the study does show that spiritual and religious beliefs are important to a significant number of adolescents, even though only a minority practice their beliefs. However, beliefs have a great impact on thinking, on behaviour and on making meaning of life's experiences whether or not they are linked to practice. It is also clear from the study that CAMHS clinicians rarely ask about spiritual and religious beliefs and could remain ignorant of the importance of them to their clients. Whilst this may not concern the majority of adolescents, there is a minority who would like to be asked more and for whom it is very important that their belief system is understood. This would have a real impact on the way in which they engage with services and comply with treatment recommendations, and would give staff a greater understanding of the various support systems which might be available to them.

Since completing the study I have been in touch with the Trust chaplaincy and asked for their help in producing suitable resources which could be available to young people coming to our clinics. We are thinking in terms of posters and leaflets to be available in waiting areas. I have also spoken with the Equality and Diversity department to see if the training offered on spirituality could be offered specifically to CAMHS staff. I hope over the coming year to present the findings of the study to all the CAMHS teams in the Directorate and to encourage them to at the very least include a screening question in the assessment, such as 'Are you particularly religious or spiritual?', and if appropriate 'Would you value talking more about this with someone?'. There will also be a place to record answers on the electronic assessment form which is shortly to be introduced in our Trust.

Young people and adolescents are not always very forthcoming about their spiritual and religious beliefs. They may need to know that it is permissible to talk about these things. They do think about and feel very strongly about many things and it is vital that when they have mental health problems they are supported in every possible way to recover. If this means that the clinicians have to learn to move beyond their

comfort zone into the territory of spirituality, they too will need support and encouragement to do so, and to appreciate the value for their clients of supporting them in this way.

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