

PSYCHE AND SPIRIT: connecting psychiatry and spirituality

Newsletter of the Section on Religion, Spirituality & Psychiatry Vol. 4 Issue 2 December 2015

Editorial Board: Nahla Nagy, Simon Dein, and Peter J. Verhagen

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WORLD PSYCHIATRIC ASSOCIATION

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After the memorable international conference on Psychiatry and Religious Experience in Ávila, Spain (November 2010) we were waiting for a worthy follow up. The leadership of the Section managed to organize a two and a half days symposium as a special track on Spirituality and Mental Health during the annual meeting of the Brazilian Congress of Psychiatry. A report on this major event is published here. And a new event is coming up: A WPA international congress in Cape Town (ZA), November 2106, with a special track on Religion, Spirituality and Psychiatry!

On behalf of the Section board and editors:

Merry Christmas and a Very Happy and Prosperous 2016!

Position statement accepted!!

Alexander Moreira- Almeida et al.

This September (2015) the WPA Executive Committee approved the WPA Position Statement on Spirituality and Religion in Psychiatry. This position statement was proposed by the Section on Religion, Spirituality and Psychiatry and is the result of years of work of its members.

Based on surveys showing the relevance of religion/spirituality (R/S) to most of world's population and on more than 3,000 empirical studies investigating the relationship between R/S and health, it is now well established that R/S have significant implications for prevalence, diagnosis, treatment, outcomes and prevention, as well as for quality of life and wellbeing. The statement stresses that, for a comprehensive and person-centered approach, R/S should be considered in research, training and clinical care in psychiatry.

Editorial Peter J. Verhagen

In this edition of our Newsletter Psyche and Spirit several important issues are presented. Most important, the Executive committee of the WPA accepted the latest proposal for a Position Statement on Spirituality and Religion in Psychiatry. This is really a great accomplishment. In other editions of this Newsletter the course of the discussion has been explained. The accepted text will be published in the next issue of *World Psychiatry* (February 2016). You will find the text in the next paragraph of this Newsletter.

The position statement is available at Section's website. <http://religionandpsychiatry.org/main/wpa-position-statement-on-spirituality-and-religion-in-psychiatry/>

Please, help us to spread the good news about it around the world!

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 have 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 are usually associated with better health outcomes, they may also cause harm (e.g., treatment refusal, intolerance, negative religious coping, etc.). 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 healthcare⁶⁻⁸.

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 spirituality" 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. Psychiatrists 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 multi-disciplinary 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.
3. Koenig H, King D, Carson VB. Handbook of religion and health, 2nd ed. New York: Oxford University Press, 2012.
 4. Koenig HG, McCullough ME, Larson DB. Handbook of religion and health, 1st ed. New York: Oxford University Press, 2001.
 5. WHOQOL SRPB Group. Soc Sci Med 2006;62:1486-97.
 6. Pargament KI, Lomax JW. World Psychiatry 2013;12:26-32.
 7. Moreira-Almeida A, Koenig HG, Lucchetti G. Rev Bras Psiquiatr 2014;36:176-82.
 8. Verhagen PJ, Van Praag HM, Lopez-Ibor JJ et al (eds). Religion and psychiatry: beyond boundaries. Chichester: Wiley, 2010.
 9. Cloninger CR. Mens Sana Monographs 2013;11:16-24.
 10. World Psychiatric Association. Institutional program on the core training curriculum for psychiatry. Yokohama: WPA, 2002. www.wpanet.org.
 11. Cook CCH. Recommendations for psychiatrists on spirituality and religion. Position Statement PS03/2011. London: Royal College of Psychiatrists, 2011. www.rcpsych.ac.uk.

Alexander Moreira-Almeida^{1,2}, Avdesh Sharma^{1,3}, Bernard Janse van Rensburg^{1,4}, Peter J. Verhagen^{1,5}, Christopher C.H. Cook^{1,6}

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The authors thank all who contributed during the process of developing this position statement, and especially D. Bhugra, R. Cloninger, J. Cox, V. DeMarinis, J.J. Lopez-Ibor (*in memoriam*), D. Moussaoui, N. Nagy, A. Powell, and H.M. van Praag. This position statement has drawn on some of the text of recommendations already published in the Royal College of Psychiatrists position statement¹¹.

1. Bhugra D. World Psychiatry 2014;13:328.
2. Saxena S, Funk M, Chisholm D. World Psychiatry 2014;13:107-9.

1st Global Meeting on Spirituality and Mental Health

Alexander Moreira-Almeida

Reported by Alexander Moreira-Almeida, chair of the WPA Section on Religion, Spirituality and Psychiatry



1st Global Meeting on Spirituality and Mental Health

This major meeting took place last November, in Brazil, during the 2015 Brazilian Congress of Psychiatry, which had around 7,000 participants. It was a special track on spirituality and mental health that covered two and a half days. It was organized by the Committee of Studies and Research on Spirituality and Mental Health in the Brazilian Association of Psychiatry and supported by the WPA Section on

Spirituality and Mental Health. The large room (600 seats) devoted to the 1st Global Meeting was usually full and often crowded with people standing.



Prof. Pargament's conference: Spiritual and religious coping: implications to mental health



Symposium: Spirituality in Clinical Practice. Depression (John Peteet), Anxiety (Bernard van Rensburg) and Perinatal Mental Health (John Cox)

World leaders in the field of spirituality and mental health were on site discussing the findings and their implications for research, teaching and clinical practice. There were three conferences, seven symposia, two poster sessions, and a course on Spirituality in Clinical Practice. Seven international and sixteen Brazilian psychiatrists and psychologists were involved in the program and speakers and discussants.



Some participants impressions:

“This was surely a ground breaking conference. Very well organized. Very big. (...) It was an energizing conference - thanks to our Brazilian colleagues.”

John Cox

Past President, Royal College of Psychiatrists - UK
Former Secretary General, WPA



Symposium: Sections in Spirituality and Psychiatry around the globe: John Cox (Royal College of Psychiatrists- UK), Alexander Moreira-Almeida (WPA), John Peteet (APA-USA), Bernard van Rensburg (South African Society of Psychiatrists - SASOP), Jair Mari (discussant), and Quirino Cordeiro (Brazilian Psychiatric Association)

"I much enjoyed and appreciated being part of this event (...)hearing what other groups are doing around the world; a balance between research and clinically based presentations; and opportunities for Q/A after each presentation."

John Peteet, MD

Associate Professor of Psychiatry, Harvard Medical School, USA

President of the APA Caucus on Spirituality, Religion and Psychiatry

"Attending the Brazilian Psychiatric Association meetings was very stimulating and I enjoyed having the chance to spend time with John Peteet, Lionel Corbett, John Cox, Anahy and many other Brazilian psychiatrists. (...)

It was exciting and gratifying to hear about the advances that have been taking place in research and practice in spirituality and health in Brazil. I had wonderful interactions with psychiatrists, psychologists, residents, and graduate students at the BCP. Thus, I came away better informed and encouraged about the internationalization of this vital domain of study and practice."

Kenneth Pargament, PhD

Bowling Green State University e Texas Medical Center – USA



" An amazingly successful conference!

I was extremely impressed by the turnouts at the sessions and the place reached by spirituality and mental health at such a prominent position at the BCP!

I look forward to continuing our collaborations as well as look forward to contributing to the WPA Section on R/S and Psychiatry as well as future Global Meetings!"

Alan Fung, MD, Assistant Professor of Psychiatry, University of Toronto, Canada

Secretary of the APA Caucus on Spirituality, Religion and Psychiatry



Report from the participation of the APA Caucus on Spirituality, Religion and Psychiatry:

From the American Psychiatric Association (APA), invited speakers at the 1st Global Meeting in Spirituality and Health included Dr. John R. Peteet (Harvard Medical School, USA) and Dr. W.L. Alan Fung (University of Toronto, Canada).

Dr. Peteet is the President of the APA Caucus on Spirituality, Religion and Psychiatry. He presented on my presentations were on Spirituality and Depression; the APA Caucus on Spirituality, Religion and

Psychiatry; Spiritual Assessment; and Ethical Issues at the Spirituality/Psychiatry Interface.

Dr. Fung is the Secretary/Treasurer of the APA Caucus on Spirituality, Religion and Psychiatry. He presented on the Promotion of Interprofessional Collaborations (IPC) between Mental Health and Spiritual Care Professionals. He reviewed some underlying rationales of IPC from core bioethical principles as well as the perspective of patient- and family-centred care (PFCC). He then presented: i) an overview of the literature of IPC between mental health and spiritual care professionals; ii) examples of such collaborations in the United States and Canada; iii) positional statements on such collaborations from various national/international professional psychiatric associations. The Mental Health and Faith Community Partnership in the United States was highlighted as an example of such a collaboration at the national level - which has led to the publication of 'Mental Health: a Guide for Faith Leaders' and the accompanying 'Quick Reference Guide'. The work of the Partnership is now predominantly continued by the APA Caucus on Spirituality, Religion and Psychiatry, which has inaugurated the APA Conference on Mental Health for Faith Leaders in 2015. Some other examples of endeavors promoting such collaborations include the Pathways to Promise in the United States and the Working Group for the Promotion of Mental Health in Faith Communities in Canada. The TV NUPES in Brazil had also recorded a video with Dr. Fung on this topic. The APA Caucus looks forward to contributing to future Global Meetings in Spirituality and Health, including hosting such a meeting in North America in the near future.

Speakers:

Arjan W. Braam, M.D., Ph.D. head of the Psychiatric Residency Training, Altrecht Mental Health Care in Utrecht, and an endowed chair Religion and Psychiatry at the University for Humanistic Studies in Utrecht- Netherlands.

Lionel Corbett, MD – Professor at Pacifica Graduate Institute – USA. Founder of The Psyche and the Sacred Program.

John Cox, DM (Oxon), FRCPsych, FRCP - Past President of the Royal College of Psychiatrists, Secretary General of the WPA (2002-8) - UK



Front from left to right: John Cox, John Peteet, Frederico Leão, Homero Vallada, Quirino Cordeiro, Uriel Heckert, Alexander Moreira-Almeida, Alexandre Rezende, Giancarlo Lucchetti
 Back from left to right: Bernard van Rensburg, Alan Fung, Arjan Bram, Leticia Alminhana, Alessandra Lucchetti, Anahy Fonseca

Quirino Cordeiro MD, PhD – Associate Professor of Psychiatry, Faculdade de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP). Committee member of the Section on Religion, Spirituality and Psychiatry of the Brazilian Psychiatric Association (ABP) – Brazil

Anahy Fonseca MD – NUPE – APRS. Committee member of the Section on Religion, Spirituality and Psychiatry of the Brazilian Psychiatric Association (ABP) – Brazil

W.L. Alan Fung, MD, ScD, FRCPC – Assistant Professor of Psychiatry, University of Toronto Faculty of Medicine - Canada. Secretary/Treasurer of the Caucus on Spirituality, Religion and Psychiatry of the American Psychiatric Association (APA).

Alessandra Lucchetti MD, MSc – Assistant Professor of Geriatrics, School of Medicine, Federal University of Juiz de Fora (UFJF) – Brazil

Giancarlo Lucchetti MD, PhD – Associate Professor of Geriatrics, School of Medicine, Federal University of Juiz de Fora (UFJF) – Brazil

Alexander Moreira-Almeida MD, PhD - Associate Professor of Psychiatry, School of Medicine, Federal University of Juiz de Fora (UFJF). Chair of the Section on Religion, Spirituality and Psychiatry of the World Psychiatric Association (WPA) and of the Brazilian Psychiatric Association (ABP) – Brazil

Kenneth Pargament, PhD – Professor of clinical psychology at Bowling Green State University, editor-in-chief of the two-volume APA Handbook of Psychology, Religion, and Spirituality – USA

John Peteet, MD – Associate Professor of Psychiatry, Harvard Medical School. Chair of the Caucus on Spirituality, Religion and Psychiatry of the American Psychiatric Association (APA) – USA.

Bernard Janse van Rensburg MD, PhD – President-elect of the South African Society of Psychiatrists (SASOP), founder and director of SASOP's Spirituality and Psychiatry Special Interest Group (S&P SIG) - South Africa. Secretary of the WPA Section on Religion, Spirituality and Psychiatry.

Homero Vallada MD, PhD – Associate Professor of Psychiatry – Universidade de São Paulo (USP). Committee member of the Section on Religion, Spirituality and Psychiatry of the Brazilian Psychiatric Association (ABP) – Brazil



Congress report by John Cox

This was surely a ground breaking conference. Very well organized. The time keeping assisted by a large clock, and a committed clock watcher helped us to share our thoughts with a very large audience and yet have time for discussion ‘on and off the field’. *Kairos* was present as well as *Chronos*. We glimpsed a medical practice that routinely considered what Paul Tournier called the third dimension of medicine – the spiritual.

New research, which is so necessary to underpin this movement, was in evidence too. Did I hear that there were four or five research groups in Brazil - as well as the impressive educational and clinical initiatives in North America?

My talk on *Spirituality and Perinatal Mental Health* was somewhat novel for me. Yet in this subject area, which is of global importance, religion is often invoked at the creative moment of birth mostly to thank the deities, but also sometimes the gods are blamed when things go wrong. Religion and spirituality often mark the birth and the transition to adulthood, and bring comfort and hope in the event of death.

I was particularly interested to report new evidence that the offspring of mothers with perinatal depression commonly have problems in adolescence, and that the histories of perinatally depressed mothers may commonly contain evidence of adolescent mental health problems. These studies suggest cross-generational transmission of perinatal disadvantage, and uncertain cultural and religious identity - as well as of the impact of changing family structures.

Social support before and after childbirth is of particular importance. It is enhanced by meaningful spiritual practice and religious ritual. I suggested that prospective studies, which investigated perinatal mental disorder outcomes in religious and non-religious groups, could be most useful to determine the impact of R/S on perinatal mental health. Qualitative studies could also be considered of naming ceremonies and baptisms to test the hypothesis that these ceremonies increase the self-confidence of parents and allow the baby to be named and so placed within its family and kin.

My additional task was to represent the Royal College of Psychiatrist's Spirituality and Psychiatry Special Interest Group - and to celebrate its achievements culminating in the College's Position Statement. This Statement together with the WPA declaration requires personal and institutional advocacy for their messages to be understood and acted upon.

When I worked in Uganda, religion and spiritual forces were, as in Brazil, day to day realities for health professionals and our patients - and were frequently talked about. I returned from Brazil to a very secular country, with a wish to dig out what was below the surface in British society, where mindfulness derived

from Buddhism is a popular aid to health and wellbeing. Where, I wondered, in the mental health market place were the accessible Christian traditions of, for example, the Shared Journey, of the Compassion of the Stranger (Good Samaritan), or of Intercessory Prayer and Confession?

These unanswered questions could, I think, be answered without the need for large research funds. If readers of this piece know of researchers who are also curious about these issues, then please encourage them to make contact.

The second Global Conference on Spirituality and Health to be held in Cape Town in November 2016 may also allow some of these themes to be explored in greater detail.

The presentation with references is on the new Section website.

John Cox (e-mail john1.cox@virgin.net);
Past President, Royal College of Psychiatrists, UK.
Former Secretary General, WPA.

Summary paper and workshop presented by prof. Kenneth I. Pargament:

Sacred Matters: An Evidence-Based Rationale for Spiritually Integrated Psychotherapy

Historically, a schism has existed between the domains of religion, spirituality, and mental health, such as the "religiosity gap" between mental health professionals and the larger population, and the general lack of training in the area of religion and mental health. However, 35 years of empirical study suggest several reasons why spiritually integrated mental health care makes very good sense: (1) religion represents a potent mental health resource for many people; (2) religion can be a source of mental health problems; (3) many people would prefer spiritually integrated health care; (4) spiritually sensitive care is ethically mandated by most mental health professions; and (4) spiritually integrated treatments have shown promise in efficacy studies.

Advances in Studies of Religious/Spiritual Coping: Implications for Mental Health

Over the last 20 years, important advances have occurred in studies of religious/spiritual coping. Empirical investigations indicate that many people turn to religion/spirituality for support during times of trauma and major life crises. A number of religious/spiritual coping resources have been identified and linked to higher levels of mental health: benevolent religious reframing of negative events, seeking spiritual support, seeking religious support, religious rituals, and spiritual transformation. On the other hand, religion/spiritual can be a source of struggles about sacred matters, such as struggles with God, within oneself, and with other people. Spiritual struggles have been robustly tied to lower levels of mental health, physical health, and even greater risk of mortality. These findings point to the need for greater integration of spirituality into mental health care.

Integrating Spirituality into Psychotherapy

How do I integrate spirituality into psychotherapy? The most basic answer is I encourage a spiritual conversation. This involves: (a) understanding the meaning of the sacred and its many expressions (e.g., divinity, nature, work, loving relationships, arts); (b) listening for the sacred or the deeper dimension of meaning in conversation with the patient; (c) raising open-ended questions that invite the patient to talk about the role of the sacred in his/her life; and (d) integrating the sacred in the process of change by helping patients access spiritual resource and address spiritual problems as they affect their mental status.

Addressing Spirituality in Clinical Practice

In this workshop, spiritually integrated psychotherapy is described as holistic, integrative, pluralistic, and a form of treatment that can and should be integrated into other models of mental health care (e.g., psychodynamic, CBT, DBT, interpersonal). Several more specific issues are considered: how to distinguish normal from abnormal religious and spiritual experience, whether religion/spirituality are causes or effects psychopathology, how to normalize spiritual experience and expression, how to help patients access spiritual resources in treatment, and

how to help patients address spiritual problems in treatment.

The Section has a new website!

The new website of the WPA Section on Religion and Spirituality and Psychiatry is online

www.religionandpsychiatry.org

It informs about news, events, resources (papers, books, videos, groups, research tools, university groups) on spirituality and mental health.

In addition, it contains all issues of *Psyche & Spirit* (Section's newsletter) and the WPA Position Statement on Religion and Spirituality in Psychiatry.

If you have any suggestions to improve the website, please just let us know!

Training course

WPA Training Course for psychiatric Residents on Religion, Spirituality and Mental Health in clinical practice across cultures.

This program is designed to help in training psychiatric residents. The program is organized into several modules, the first of which is a core module which provides an overview of the importance of addressing religious and spirituality issues during patient management.

Each module contains:

- Pre and post test
- Slides
- Lecture notes for trainers
- Course syllabus and other handouts for participants
- Suggested reading list

Steering Committee:

Chairman: Peter Verhagen

Members: Prof. Nahla Nagy, Prof. John Cox, Prof. Simon Dein, Prof. Alexander Moreira-Almeida

Module 1: Overview of fundamental aspects of Religion and Spirituality in psychiatric practice.

Module 2: Addressing Religious and Spiritual

issues in patient interview.

Module 3: Integrating Religious and Spiritual

issues in different types of psychotherapy.

Module 4: Different practices across cultures.

Part I will be presented again at the WPA International Conference in Istanbul, July next year (2016).

Interesting Websites

Crossroads is the newsletter published by the Center for Spirituality, Theology and Health, Duke University: <http://www.spiritualityandhealth.duke.edu/index.php/publications/crossroads>

Institute for the Bio-Cultural Study of Religion: membership includes the Journal Religion, Brain & Behavior. <https://www.ibcsr.org/>

Calendar of events

5th European Conference on Religion, Spirituality and Health
Religion and Spirituality in Health Care:
Risk or Benefit for the Patient?
May 12-14, 2016 Gdansk, Poland.
<http://www.ecrsh.eu/ecrsh-2016>

WPA 2016 International Congress, July 6-10, Istanbul-Turkey.

A special Section symposium on the Position Statement is submitted. Module I of the course on Religion, Spirituality and Psychiatry is submitted as well.
<http://wpaistanbul2016.org/>

WPA 2016 International Congress, November 18-22, Cape Town (SA)
Psychiatry: Integrative Care for the Community.
www.wpacapetown2016.org.za

Meeting point

Dear Colleagues,

In the section of Religion, Spirituality & Psychiatry, we have great interest in communicating with our colleagues besides our website.

You are all invited to send your opinions about unmet needs in psychiatric teaching, training, and care concerning religion and spirituality, difficulties faced during practices, stories from different cultures and future research plans to improve our understanding of the links between psychiatry and spirituality as well as mental health care.

I am sure you will assist us in this coming effort by sending your contributions and comments at <http://religionandpsychiatry.org/main/contact/>

Prof. Nahla Nagy, Co-chair Section Religion, Spirituality & Psychiatry, nahlanagy64@yahoo.com

Join the Section

Join the WPA Section on Religion, Spirituality and Psychiatry!

If you are a clinician or researcher working with mental health and have an interest in spirituality, you can become a member of our section. It is free and would allow you to be in touch with peers that share your interests. Some benefits:

- You will be kept posted on the latest developments in Spirituality and Psychiatry around the globe!
- Possibility of contributing to the discussion and improvement of the understanding, scientific research, and clinical integration of spirituality in mental health care
- Networking with researchers and clinicians from all over the world

To join us it is free and easy, you just need to fill out the form [here](#).

www.wpanet.org/joinSection.php?section_id=11