

Annotated Bibliography: The Evidence-Based Importance of Integrating Spiritual Care and Mental Health Responses

Common evidence-based themes from the research:

- Chaplains are trained in trauma, crisis intervention, and work in spaces of high acuity: hospital chaplains work in ICU's, in-patient psychiatric units, emergency departments; disaster chaplains respond to mass casualty events and natural disaster scenes; police chaplains respond to community crises; and prison chaplaincy confront systemic injustice and ongoing trauma.
- There is prolific literature on the relationship between mental health and spirituality, the importance and ethical necessity of integrating spiritual care with traditional mental health approaches, the physical and psychological benefits of R/S, and pilot programs that have successfully built collaborative and interdisciplinary models of clinical care.
- Mental health crises and issues are often inextricably intertwined with spiritual issues yet they are often neglected as part of "whole person care" and mental health providers are often ill-equipped to recognize, validate, and respond to the spiritual issues due to the limited and prejudiced lens offered by the traditional psychiatric diagnostic model.
- Benefits of integration involve providing truly holistic care, reduced stigma around mental health care, improved access to care, better mental health outcomes, and improved physical health.
- Barriers to integration involve difficulty establishing trust, familiarity, and confidence between spiritual care and mental health providers, an imbalance in perceived understanding and value especially by mental health providers, and "turf" concerns by mental health providers.
- Healthcare systems and community programs can learn a lot from the VA and DoD who are innovative leaders when it comes to addressing mental health issues due to high rates of PTSD, suicidality, and mental health issues among veterans and service members; being the nation's largest fully integrated healthcare system with experience advancing models of integrated care; and the military's familiarity with spirituality due to chaplains having been integrated in the armed forces for centuries
- Notable examples of successful integration: Bridging Chaplaincy and Mental Health Care Conferences hosted by the VA and DoD, the creation and implementation of the Mental Health Integration for Chaplain Services Certification program, VA and DoD Integrated Mental Health Strategy in 2010, The VA Mental Health and Chaplaincy Forum, Warrior to Soul Mate Program, an LGBTQ care case study, an exploratory study from New Zealand, and a national quality improvement initiative all detailed below.
- Overall: It is important to more effectively integrate chaplaincy with mental health care services.

1. [Nieuwsma, Jason A., et al. "Role of Chaplains and Community Clergy in VA Mental Healthcare" or "The intersection of chaplaincy and mental health care in VA and DoD: Expanded report on VA / DoD Integrated Mental Health Strategy, Strategic Action #23." 2013.](#)

This article discusses multiple advantages to integrating chaplaincy and mental health task group members including the provision of more holistic care, reduced stigma in receiving mental health care because chaplains tend to be more trusted and therefore first approached and can then encourage and refer to mental health treatment, and improved access to care because of chaplaincy referrals. Other advantages exist not just for veterans and service members but for the mental health providers and chaplains, the healthcare delivery system, family members and community. It advocates for chaplains to be more "intentionally integrated into the mental health treatment system" and made key partners in addressing social issues such as reducing homelessness, preventing suicide, and caring for female veterans because they are already very engaged with these populations. That said, suboptimal integration frequently appears due to difficulty establishing trust and confidence between chaplains and mental health providers, an imbalance in perceived understanding and valuing between disciplines, and lack of familiarity between disciplines. Integration tends to rely on chaplains taking the initiative to form relationships with mental health providers as they feel they understand and value the latter's roles more than the latter understands and values the chaplain's role. Conclusions: 1) When chaplain-mental health relations are not strong, Veterans and Service members may not receive the spiritual or mental health care services they most need; 2) The primary solution to suboptimal chaplain-mental health integration is to provide cross-disciplinary opportunities for interaction and training among chaplains and mental health care providers; 3) The VA has an obligation to provide the highest possible health care and this requires providing a treatment team that includes appropriate chaplain and mental health expertise.

2. [Kopacz, Marek S., and April L. Connery. "The veteran spiritual struggle." *Spirituality in Clinical Practice* 2.1 \(2015\): 61.](#)

Although a considerable body of literature has been devoted to examining the physical, psychological, and social needs of veterans after their return from deployment, relatively little is known about the spiritual struggles some veterans face. This article reviews what we know about this spiritual struggle, highlights the relevance of spirituality in clinical practice, and shows examples of how a veteran's spiritual struggle may simultaneously present alongside different suicide risk factors. Suggestions for handling this spiritual struggle are then made.

3. [Wortmann, Jennifer H., et al. "Spiritual features of war-related moral injury: A primer for clinicians." *Spirituality in Clinical Practice* 4.4 \(2017\): 249.](#)

This article illustrates the core spiritual features of moral injury and advocates for increasing the understanding of and empathy for the spiritual dimensions of moral injury and advocates for treatment to involve collaboration between psychologists and chaplains.

4. [Nieuwsma, Jason A., et al. "Chaplaincy and mental health in the Department of Veterans Affairs and Department of Defense." *Journal of Health Care Chaplaincy* 19.1 \(2013\): 3-21.](#)
This article describes how chaplains are extensively involved in and integral to caring for individuals with mental health problems yet notes that integration between mental health and chaplaincy is frequently limited due to difficulties between the disciplines in establishing familiarity, trust, and confidence. Yet it affirms the importance of chaplains playing a crucial role in relation to mental health and outlines the VA and DoD's joint initiative entitled "Integrated Mental Health Strategy" and the VA Mental Health and Chaplaincy Forum that focused on examining the relationships between these disciplines and providing input on how to more optimally integrate chaplains into a public health model to better address the complex and holistic needs of veterans and service members. It concludes by noting that quality care relies on strong and intentional integration of chaplaincy with mental health care services.
5. [Nieuwsma, Jason A., et al. "Improving Patient-Centered Care via Integration of Chaplains with Mental Health Care." \(2015\).](#)
Health sciences research robustly suggests dynamic interrelationships between the biological, psychological, social, and spiritual aspects of persons and this article advocates for health systems to be correspondingly dynamic with respect to structuring the interrelationships between their care professionals and equipping these professionals to care for the full person. This most notably involves affirming the role of chaplains in providing mental health care and improving training and systemic integration of chaplains with mental health care.
6. [Nieuwsma, Jason A., et al. "Pastoral care use among post-9/11 veterans who screen positive for mental health problems." *Psychological services* 11.3 \(2014\): 300.](#)
This article underscores how pastoral and mental health care services complement one another and strongly advocates for the importance of enhancing understanding and collaboration between these disciplines so as to meet the holistic needs of the veterans they serve.
7. [Wortmann, Jennifer H., et al. "Collaborative spiritual care for moral injury in the veterans Affairs Healthcare System \(VA\): Results from a national survey of VA chaplains." *Journal of health care chaplaincy* 28.sup1 \(2022\): S9-S24.](#)
This article examines and strongly advocates for collaborative care between chaplains and mental health providers to holistically respond to moral injury in veterans and service members.
8. [Kopacz, Marek S., Eric Silver, and Robert M. Bossarte. "A position article for applying spirituality to suicide prevention." *Journal of Spirituality in Mental Health* 16.2 \(2014\): 133-146.](#)

Suicide is a major public health concern in the United States and halting the rising trend of suicides requires that new options be identified and implemented so as to achieve the overarching goal of reducing the total number of suicide deaths and attempts in America. This article reviews constructs and outlines a proposed operational framework for incorporating spiritual well-being into suicide prevention efforts.

9. [Nieuwsma, Jason A., et al. "VA/DoD Integrated Mental Health Strategy." January 2011.](#) In this joint VA and DoD presentation on creating an integrated mental health strategy, the fourth strategic goal is to promote resilience and build better behavioral health care systems and one of the strategic actions identified towards actualizing this goal is to “include input and expertise from DoD Chaplains in defining the role of VA Chaplain Services and community clergy in mental health care at VA medical centers and clinics.”
10. [Nieuwsma, Jason A., et al. "Collaborating across the Departments of Veterans Affairs and Defense to integrate mental health and chaplaincy services." *Journal of general internal medicine* 29.4 \(2014\): 885-894.](#)

This article outlines the key role chaplains have in caring for veterans and service members with mental health challenges particularly insofar as chaplains are able to address salient spiritual dynamics related to depression, PTSD, and other common psychiatric problems such as guilt, forgiveness, meaning, purpose, and moral injury. It also examines barriers between the disciplines such as limited familiarity, confidence, and trust, and offers actionable recommendations for improving the integration of chaplaincy and mental health care services.
11. [Sharma, Vanshdeep, et al. "Religion, spirituality, and mental health of US military veterans: Results from the National Health and Resilience in Veterans Study." *Journal of affective disorders* 217 \(2017\): 197-204.](#)

This study investigates the relationship between religion/spirituality (R/S) and mental health in a nationally representative sample of U.S. military veterans. The findings suggest that R/S may serve to buffer risk for some disorders such as PTSD, major depressive disorder, alcohol use disorder, and suicidal ideation and increase dispositional gratitude, purpose in life, resilience, optimism, and posttraumatic growth. A number of mechanisms may explain this association between R/S and mental health outcomes including that R/S may foster greater feelings of self-efficacy, behavioral restraint and self-regulation, encourage more active attempts to solve problems, and enhance perceived and received social support. It therefore recommends assessing and monitoring R/S levels in treatment settings which is something chaplains are uniquely equipped to do.
12. [Smigelsky, Melissa A., et al. "Religion, spirituality, and suicide risk in Iraq and Afghanistan era veterans." *Depression and anxiety* 37.8 \(2020\): 728-737.](#)

United States military veterans experience disproportionate rates of suicide relative to the general population. Evidence suggests religion and spirituality may impact suicide risk, but less is known about which religious/spiritual factors are most salient. The

present study sought to identify the religious/spiritual factors most associated with the likelihood of having experienced suicidal ideation and attempting suicide in a sample of recent veterans. Conclusions of this study were: 1) Clinical screening for spiritual difficulties may improve detection of suicidality risk factors and refine treatment planning and 2) Collaboration with spiritual care providers, such as chaplains, may enhance suicide prevention efforts.

13. [Kopacz, Marek S., et al. "Suicidal behavior and spiritual functioning in a sample of veterans diagnosed with PTSD." *Journal of Injury and Violence research* 8.1 \(2016\): 6.](#)
An often overlooked dimension of both suicide risk and treatment for at-risk populations is spiritual distress and this article advocates for this to be given clinical attention, screening for and addressing it as part of formal suicide risk assessments, and incorporating interventions that support spiritual well-being in suicide prevention and treatment efforts. It notes that collaborating with chaplains would be one beneficial strategy.
14. [Stolldorf, Deonni P., et al. "Measuring sustainability of a grassroots program in a large integrated health care delivery system: the Warrior to Soul Mate Program." *Journal of military, veteran and family health* 4.2 \(2018\): 81-90.](#)
This article describes the "Warrior to Soul Mate Program" (W2SM) program that involved 83 personnel across 23 facilities including chaplains, social workers, nurses, and other mental health providers who conducted the weekend retreats. This is an example of successful collaboration and integration of disciplines and services.
15. [Kopacz, Marek S., et al. "Chaplains' engagement with suicidality among their service users: Findings from the VA/DoD integrated mental health strategy." *Suicide and Life-Threatening Behavior* 46.2 \(2016\): 206-212.](#)
Chaplains play an important role in supporting the mental health of current and former military personnel. In this study, the engagement of Department of Veterans Affairs (VA), Army, Navy, and Air Force chaplains with suicidality among their service users were examined.
16. [Kopacz, Marek S., et al. "Understanding the role of chaplains in veteran suicide prevention efforts: A discussion paper." *Sage Open* 4.4 \(2014\): 2158244014553589.](#)
This article examines how suicide is much more than just a mental health issue and therefore requires novel support options not limited only to formal mental health services. Specifically, religious and/or spiritual well-being is of practical significance to suicide prevention efforts as these domains cut across the various behavioral, physical, psychological, and social factors which might lead one to suicidal behavior. Chaplaincy services can therefore be instrumental in this effort with their ability to develop a sense of trust, safety, rapport, and consistency and help people develop a sense of meaning and purpose which are vital for dealing with turbulent emotions, affirming one's understanding of self/personhood, increasing social support, decreasing loneliness, fostering gratitude and compassion, strengthening self-acceptance, and ensuring a

variety of positive physical and psychological health outcomes. With their experience assisting individuals with PTSD, grief, and exploring existential questions and morality, clinical chaplains are a professional group qualified to collaborate with other health care providers especially as research examines the different correlates of suicidal behavior with increasing attention being drawn to the spiritual and pastoral needs of those most at-risk.

17. [Smigelsky, Melissa A., et al. "Dynamic Diffusion Network: Advancing moral injury care and suicide prevention using an innovative model." *Healthcare*. Vol. 8. No. 3. Elsevier, 2020.](#)

"Dynamic diffusion" is an innovative approach to intervention improvement and the pilot Mental Health and Chaplaincy DDN was developed to advance suicide prevention efforts and moral injury care practices by establishing 13 chaplain-mental health professional teams across the Veterans Health Administration (VHA) and the Mental Health Integration for Chaplain Services (MHICS). These teams were designed to address the dynamically interconnected psychological, emotional, and spiritual needs of veterans via a more collaborative system of mental health and chaplaincy care. It especially focused on the importance of understanding and treating spiritual distress which is associated with hopelessness and mental health problems in veterans including PTSD, MDD, moral injury, and suicidality. Spiritual distress can overlap with and be distinct from mental distress and clinical chaplains as the subject matter experts on assessing and treating it. Overall it advocated for diverse collaboration between mental health and spiritual care providers to more optimally address the holistic needs of patients and identified this pilot program as "advancing moral injury care and suicide prevention much more rapidly than would be possible if only one practice was prioritized at a time."

18. [Kopacz, Marek S., and Michael J. Pollitt. "Delivering chaplaincy services to veterans at increased risk of suicide." *Journal of health care chaplaincy* 21.1 \(2015\): 1-13.](#)

This study quantitatively examines the delivery of chaplaincy services to veterans at increased risk of suicide as well as how chaplains collaborate with other healthcare providers, most often psychologists, social workers, and counselors. It is an example of collaborative care and offers a model for replication.

19. [Cone, Pamela, and Tove Giske. "Mental Health Staff Perspectives on Spiritual Care Competencies in Norway: A Pilot Study." *Frontiers in Psychology* 12 \(2021\): 794165-794165.](#)

Spirituality and spiritual care are identified as centrally important to mental health but this study notes that it has not yet been legitimated; instead, it has long been neglected and kept separate from patient care in mental health, primarily because it has been associated with psycho-pathology and arises fears of activating religion-related psychosis. This has resulted in healthcare personnel working in mental health institutions being unprepared and ill equipped to address the spiritual concerns and needs of their patients even though a person-centered and whole person approach is promoted. A mixed-method pilot study was therefore conducted that revealed the multidimensionality of the spiritual domain insofar as it is an umbrella term that includes far more than

religion such as existential, values-based, and transcendent concerns and phenomena such as love and connectedness, meaning and purpose, and hope. It concludes that “There is a demonstrable need for more professional education on spirituality and spiritual care in mental health care” and that healthcare staff in mental health hospitals have an “ethical and professional duty to develop knowledge, skills, and attitudes to assess and address their patients also in the area of spirituality; this domain is an aspect of whole person patient-centered care.”

20. [Forrester-Jones, Rachel, et al. "Including the 'spiritual' within mental health care in the UK, from the experiences of people with mental health problems." *Journal of religion and health* 57.1 \(2018\): 384-407.](#)

Strong evidence has shown spirituality is an important component in the recovery of severe mental illness and the past two decades of research has connected spirituality to a variety of benefits, including increased hope, well-being, self-esteem, social supports, motivation towards growth, as well as decreased depression, anxiety, and substance abuse. It is also overall positively correlated with psychological adjustment.

Unfortunately, in line with the medical model, psychiatrists are likely to pathologize a patient's spiritual experience, not take spiritual needs into account during treatment, and treat mental health problems primarily with medication. Yet practitioners and academics are increasingly recognising spirituality as a relevant dimension of recovery and are starting to view it as a vital dimension of holistic practice and person-centered care.

Recommendations made by participants of this study include calling for more understanding and integration of the spiritual dimensions of people's mental illnesses and continuity of accessible spiritual care once individuals have been discharged from treatment.

21. [VandeCreek, Larry, and Laurel Burton, eds. "Professional chaplaincy: Its role and importance in healthcare." *Journal of Pastoral Care* 55.1 \(2001\): 81-97.](#)

This study illuminates how existential needs and spiritual needs are connected with health care ethics and individuals' mental health and well-being yet are not holistically addressed in Western health care systems. This is because it's based on a biomedical model that focuses on physiological needs and tends to neglect psychosocial, existential, and spiritual needs. Similarly, mental health care, which is based on this same model, is criticized as “fragmentary and reductionistic” and is shown to inadequately and unsatisfactorily provide holistic care that responds to spiritual pain, alienation, anxiety, guilt, anger, despair, and suffering as it connects with the meaning of one's life. This delegitimization of spiritual needs occurs in spite of overwhelming evidence that addressing spirituality may speed recovery and that it has positive effects on mental well-being including attaining inner peace, emotional health, calmness and peace of mind, and finding meaning and purpose. The authors identify this as a “violation of human worth, dignity, and fundamental rights” and call for a more holistic provision of mental health care that takes spiritual and existential needs “into consideration more consistently and seriously.”

22. [Cornah, Deborah. *The impact of spirituality on mental health: A review of the literature*. Mental Health Foundation, 2006.](#)

This literature review explores how a range of disciplines, including psychology, psychiatry, theology, nursing and gerontology, are exploring the relationship between spirituality and mental health and how spirituality can positively contribute to mental health, wellbeing, illness, and recovery. For example, in 1997, the Mental Health Foundation conducted the first national user-led survey of its kind and found that over half of service users had some form of spiritual belief and that these beliefs were positive and important to them in terms of their mental health. Specific themes that emerged include the importance of guidance; a sense of purpose; comfort; grounding; the allowance of expression of personal pain and the development of an inner love and compassion for others. This study also explores the connection between spirituality and specific mental health diagnoses including depression, anxiety, PTSD, schizophrenia, and suffering. Finally, the physiological impact of spirituality is described as it can positively or negatively affect our neural pathways that connect to the endocrine and immune system, trigger the release of or reduce the release of the neurotransmitter norepinephrine and of the endocrine hormone cortisol which impact the immune system, blood pressure, and risk of infection, stroke and cardiovascular disease. The key implication from the research is that the benefits of spirituality for mental health that “cannot be accommodated within the model of the mind on which so much of psychiatry is founded one” should no longer be overlooked by those in mental health services and that the practice of pathologizing, ignoring, and dismissing must be remedied to remove the prejudice against spirituality. A specific recommendation was even made to ensure all patients, even those who do not regard themselves as spiritual or religious, are “offered the opportunity to speak with a chaplain or other spiritual leader if desired.”

23. [Thompson, Ian. "Mental health and spiritual care." *Nursing Standard \(through 2013\)* 17.9 \(2002\): 33.](#)

This study explores how the bio-psychosocial model of holistic care reflects the allopathic bias inherent in the Western medical model and neglects the issue of spirituality. It aims to “raise awareness among community mental health nurses of the need to address clients' spiritual needs” and advocates for truly holistic care to address not only biological, psychological and sociological issues, but spiritual issues as well.

24. [Van Nieuw Amerongen-Meeuse, Joke C., et al. "Religious/spiritual care needs and treatment alliance among clinical mental health patients." *Journal of Psychiatric and Mental Health Nursing* 28.3 \(2021\): 370-383.](#)

This article explores how attention to religion and spirituality (R/S) in mental health care has increased and may benefit treatment alliance.

25. [Culliford, Larry. "Spiritual care and psychiatric treatment: an introduction." *Advances in psychiatric treatment* 8.4 \(2002\): 249-258.](#)

Religion and spirituality are emerging as relevant factors in research and clinical care with studies showing that they can positively impact patients with serious diagnoses

such as schizophrenia, bipolar disorder, unipolar depression, schizoaffective disorder and personality disorder. Yet it notes that spirituality does not easily fit within our understanding of science and there has been a tendency for psychiatry to exclude the significance of spirituality, other than as a form of pathology or pathological response. In this way, spirituality remains a “peripheral issue for many mental health professionals” who consider it “unworthy or serious consideration with regard to the therapeutic process” even though it is “of central importance to many people who are struggling with the pain and confusion of mental health problems.” It is therefore recommended mental health professionals find ways to self-educate or collaborate to acknowledge and provide for this “forgotten dimension.”

26. [Lee, Eunmi, Anne Zahn, and Klaus Baumann. "How do psychiatric staffs approach religiosity/spirituality in clinical practice? Differing perceptions among psychiatric staff members and clinical chaplains." *Religions* 6.3 \(2015\): 930-947.](#)

In the field of mental health, there are ambivalent attitudes regarding whether and how religion and/or spirituality should become a standard aspect of mental health care rather than being restricted to religious pastoral care. Yet there is a growing body of research and publications exploring the actual and potential role of religion and/or religiosity/spirituality in psychiatry and psychotherapy. Research also shows that patients want their religious and spiritual needs to be considered during therapy instead of feeling like they encounter prejudice. The authors therefore recommend that “psychiatric staff and clinical chaplains should be provided with more opportunities to participate in interdisciplinary teamwork on religious/spiritual issues in therapeutic settings.”

27. [El-Nimr, George, Laura L. Green, and Emad Salib. "Spiritual care in psychiatry: Professionals' views." *Mental Health, Religion & Culture* 7.2 \(2004\): 165-170.](#)

This study explores the views of mental health professionals and general practitioners regarding spiritual care and the effect of personal and cultural background on their views. It was found that many doctors do not consider spiritual care to be something for them to get involved in while nurses are more inclined to take a holistic approach to care in this respect. It recommends affirming the spiritual care needs of those struggling with mental health problems and making it an “important facet to therapy.”

28. [Mendenhall, Marty. "Chaplains in Mental Health." *Annals of the American Psychotherapy Association* 12.1 \(2009\).](#)

While mental health professionals assist soldiers in processing thoughts and feelings around their experiences of the trauma of combat, chaplains also offer a level of comfort, a means of grace, and a touch of the divine in the midst of the struggle to cope with incomprehensible tragedy. In fact, it's been found that people often first turn to clergy and chaplains in times of trauma and only later, if at all, to mental health workers. This may be due in part to the fact that the field of counseling and psychotherapy have been slow to recognize spiritual and religious concerns. As the literature continues to grow on the topic of spirituality and trauma, chaplains can be especially helpful in responding to soldiers who often place great importance on spirituality.

29. [Jones, Kimberley A., et al. "Moral Injury, Chaplaincy and Mental Health Provider Approaches to Treatment: A Scoping Review." *Journal of religion and health* \(2022\): 1-44.](#)

This scoping review provides an overview of the literature describing the approaches taken by mental health practitioners and chaplains in addressing moral injury (MI) and the psychosocial and spiritual impacts of it suggest a combined approach may be optimal. Yet it is recommended that future research should prioritize the development and testing of a multidisciplinary psychosocial spiritual model of care.

30. [Bulling, Denise, et al. "Confidentiality and mental health/chaplaincy collaboration." *Military Psychology* 25.6 \(2013\): 557-567.](#)

Chaplains are increasingly being asked to participate in multidisciplinary teams that include psychologists, psychiatrists, social workers, substance abuse treatment professionals, and nurses in the provision of mental health support to service members and veterans. This integration of chaplaincy with mental health services in military and VA environments provides an important opportunity to improve care and the study advocates for further improving collaboration.

31. [Adelson, Stewart L., Emilee Walker-Cornetta, and Naomi Kalish. "LGBT youth, mental health, and spiritual care: Psychiatric collaboration with health care chaplains." *Journal of the American Academy of Child & Adolescent Psychiatry* 58.7 \(2019\): 651-655.](#)

This article discusses professional aspects of health care chaplaincy and ways in which health care chaplains can work with psychiatrists and other clinicians to support LGBT youth mental health, including case vignettes that illustrate chaplains' collaboration with mental health clinicians and the unique contributions they can make to the multidisciplinary care of LGBT adolescent patients and families whose religious/spiritual needs can vary widely.

32. [Pyne, Jeffrey M., Aline Rabalais, and Steve Sullivan. "Mental health clinician and community clergy collaboration to address moral injury in veterans and the role of the Veterans Affairs chaplain." *Journal of health care chaplaincy* 25.1 \(2019\): 1-19.](#)

The study gathered qualitative interview data from relevant stakeholders regarding whether and how VA mental health clinicians and community clergy could collaborate to address moral injury issues such as guilt and shame in veterans being treated for posttraumatic stress disorder as it is not often responsive to evidence-based mental health treatments. While clergy and chaplains can provide a pathway for relieving the guilt and shame, there is a long history of mistrust between clergy and mental health clinicians and not enough Veterans Health Administration chaplains to meet this need. The data was then used to develop a new intervention for moral injury that includes a central role for chaplains.

33. [Morgan, Geoff. "Independent advocacy and the "rise of spirituality": Views from advocates, service users and chaplains." *Mental Health, Religion & Culture* 13.6 \(2010\): 625-636.](#)
Data provides strong evidence for the importance of considering the cultural, social and spiritual needs of individuals when advocating and the authors call for greater collaboration between advocacy training initiatives and spiritual and pastoral care departments. This will "introduce a holistic, transformational and transcendent dimension to the process."
34. [Rattray, Lorna H. "Significance of the chaplain within the mental health care team." *Psychiatric Bulletin* 26.5 \(2002\): 190-191.](#)
The author argues that acceptance of the chaplain within the mental health care team contributes significantly to holistic care. She concludes: "Where the chaplain is part of the mental health care team, it becomes possible to discuss the spiritual dimension of caring in a more informed way. With the meeting of spiritual needs recognized as part of the necessarily holistic care offered to patients, such working and sharing together within the multi-disciplinary team should be welcomed and encouraged."
35. [Everly, G. S. "The role of pastoral crisis intervention in disasters, terrorism, violence, and other community crises." *International Journal of Emergency Mental Health* 2.3 \(2000\): 139-142.](#)
The goal of this paper is to encourage the integration of pastoral crisis intervention as a formalized resource within a larger community crisis intervention/emergency mental health model. It offers one model of how such an integration may be functionally structured and notes that effective use of pastoral crisis intervention as a general community resource is predicated upon integration with traditional community mental health resources.
36. [Frøkedal, Hilde, et al. "Addressing the existential dimension in treatment settings: Mental health professionals' and healthcare chaplains' attitudes, practices, understanding and perceptions of value." *Archive for the Psychology of Religion* 41.3 \(2019\): 253-276.](#)
This article discusses how research has shown that addressing and integrating the existential dimension in treatment settings reduce symptoms like anxiety, depression and substance abuse and that healthcare chaplains are key personnel in this practice.
37. [Yamada, Ann-Marie, et al. "Integrating spirituality and mental health: Perspectives of adults receiving public mental health services in California." *Psychology of Religion and Spirituality* 12.3 \(2020\): 276.](#)
Psychology has a long history of ignoring and pathologizing religion. Freud described religion as an obsessional neurosis and Albert Ellis asserted, "The less religious [patients] are, the more emotionally healthy they will tend to be." Yet interest in the role of spirituality in public mental health settings has recently increased. Although religion has been conceptually broadened to add or incorporate the notion of spirituality, both constructs are generally associated with positive mental health among people who

receive mental health services and studies have found that adults receiving mental health services value spirituality and frequently turn to spirituality during crises. The authors advocate for further training and education around spirituality for mental health providers.

38. [Carey, Lindsay B., et al. "Moral injury, spiritual care and the role of chaplains: An exploratory scoping review of literature and resources." *Journal of religion and health* 55.4 \(2016\): 1218-1245.](#)

This review explores the considerable literature on the role of chaplains involved in mental health care specifically looking at moral injury (MI). It notes that chaplains have been caring for soldiers for over a millenia, long before other contemporary allied health professions were even conceived let alone formalized, and therefore have the longest institutional memory related to caring for soul wounds, spiritual injury, spiritual distress and moral pain and are uniquely able to provide specialist support to those dealing with MI. It argues that this is especially important because “those affected by MI may benefit from more than just conventional mental health services’ and that “the cure for MI requires a different set of counseling skills from that which is provided by mental health professionals.” It then posits that complementary and alternative medicines such as spiritual care have some distinct advantages in their attention towards existential concerns such as meaning and purpose. It concludes by stating that “standard psychological/psychiatric services and treatment may not be as effective as most healthcare professionals would desire—and that perhaps spiritual and pastoral care services as implemented by chaplaincy departments should no longer be marginalized” and calls for “the creation and implementation of integrated models of care that will more optimally address the interrelations of spirituality with mental and physical health.”

39. [Carey, Lindsay B., and Laura Del Medico. "Chaplaincy and mental health care in Aotearoa New Zealand: An exploratory study." *Journal of Religion and Health* 52.1 \(2013\): 46-65.](#)

Over recent decades, renewed attention and enthusiasm has been given to studying the contribution of religion and spirituality to mental health care. Much of the literature acknowledges religion and spirituality as potentially significant mechanisms that can affect the well-being of service users in mental health care facilities. The authors therefore argue that chaplains in mental health care have a vital role to play in spite of currently being undervalued and underutilized.

40. [Chumley, Steven L. *The best approach to crisis intervention*. NAVAL POSTGRADUATE SCHOOL MONTEREY CA DEPT OF NATIONAL SECURITY AFFAIRS. 2012.](#)

Based on the author’s extensive personal experience, he notes that chaplains providing care are often passed over as a resource because management in many public safety agencies and authorities at critical incidents are afraid, or do not understand how to use chaplains when a traumatic event occurs. Additionally, agencies may steer away from chaplains because of the perceived connection with a religion and are not viewed as a

valuable resource in crisis management. However growing evidence shows that trained chaplains can be a valuable resource in situations of trauma, crisis, and disaster.

41. [Galek, Kathleen, et al. "Referrals to chaplains: The role of religion and spirituality in healthcare settings." *Mental health, religion and culture* 10.4 \(2007\): 363-377.](#)
In the U.K., the National Health Service has encouraged hospitals to appoint chaplains for over 50 years. By contrast, in the U.S., the value of spirituality in healthcare has only recently been formally acknowledged through the mandates of the Joint Commission on Accreditation for Health Care Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF). These U.S. accreditation organizations have established only minimal standards that hospitals conduct spiritual assessments and make “arrangements” for meeting patients’ spiritual needs. This is also due to how discredited and denigrated religion and spirituality have historically been in the field of psychiatry and result in most health care professionals making very few referrals to spiritual care, failing to connect issues like grief and anxiety with spiritual issues, and patients being left frustrated that their spirituality is ignored or viewed as a symptom of their illness. To improve overall healthcare, the authors recommend making other professions aware of the comprehensive, clinical, and graduate-level training required to become a qualified chaplain; further exploring how spirituality can be a resource towards the exploration of meaning and purpose in one’s life; combating the historic discreditation and denigration of religion and spirituality within the field of psychiatry; and having “healthcare professionals to seek the advice of chaplains.”
42. [Nieuwsma, Jason A., et al. "Implementing integrated mental health and chaplain care in a national quality improvement initiative." *Psychiatric Services* 68.12 \(2017\): 1213-1215.](#)
Health care organizations have increasingly emphasized the importance of patient-centered care, or care that the Institute of Medicine has defined as “respectful of and responsive to individual patient preferences, needs, and values” and that ensures that “patient values guide all clinical decisions.” For many patients experiencing illness, these individualized values are strongly influenced by religious and spiritual considerations and the professionals most specialized to attend to patients’ religious and spiritual needs are chaplains. Given the growing scientific literature demonstrating significant, meaningful, and complex interrelationships among religion, spirituality, and mental health functioning, the further development and improvement of integrated systems of mental health and chaplain care that can be dynamically responsive to patients’ diverse needs is clinically and ethically important.
43. [Devenish-Meares, Peter. "Chaplaincy in mental health treatment." *Australian Defence Force Journal* 196 \(2015\): 44-50.](#)
Integrating spirituality into mental health treatment reflects a broader and more inclusive view of mental health treatment and care but few programs actively incorporate such multi-disciplinary thinking or interventions. For example, the author notes that at a recent mental health conference there was no mention of meaning, compassion, values, beliefs, or spirituality. This makes “mental health strategy far less effective than [they]

could otherwise be" and "unnecessary suffering may be exacerbated if underlying spiritual, values based or meaning-oriented causes are not addressed." To improve care for PTSD and other mental health illness, a multidisciplinary approach needs to be taken that includes spiritual care as "[psychological therapy] cannot [alone] deal with the ontological, metaphysical and theological self."

44. [Budd, Frank C. "An Air Force model of psychologist–chaplain collaboration." *Professional Psychology: Research and Practice* 30.6 \(1999\): 552.](#)

In the United States Air Force, chaplains have a lot of experience in crisis counseling and are part of interdisciplinary teams that respond to mass casualty events and critical incident stress responses. They also visit families of fallen soldiers to give notification along with a commanding officer and mental health practitioner who provide collaborative grief support and counseling on scene. This is just one example of how, within military settings, the cutting edge of prevention services and the safety net for resolution of more complex psychiatric disorders involves mental health therapy providers and the clergy, operating conjointly, collaboratively, and synergistically to provide optimal services.

45. [Koenig, Harold G. "Religion, spirituality, and health: The research and clinical implications." *International Scholarly Research Notices* 2012 \(2012\).](#)

Religion, medicine, and healthcare have been related since the beginning of recorded history and that it is only in recent modern times that these systems of healing have been separated, especially in highly developed countries. This conflict has manifested in the clinical work of many mental health professionals, who have generally ignored the religious resources of patients or viewed them as pathological. Yet despite the negative views and opinions held by many mental health professionals, research examining religion/spirituality (R/S) and health has been rapidly expanding and there is prolific qualitative and quantitative research that describes the causal and correlative relationships between R/S and both mental and physical health. This paper provides a concise but comprehensive review of this research and its findings and advocates for spiritual issues to be addressed in clinical practice, especially by utilizing chaplains who have extensive training and years of education and experience addressing spiritual issues.

Books:

Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension
By John Swinton

Spirituality in Patient Care: Why, How, When, and What
By Harold G. Koenig

What Do I Say?: Talking with Patients about Spirituality
By Elizabeth Johnston Taylor