

# BRIDGING THE GAP TO REDUCE THE DURATION OF UNTREATED ILLNESS – SPIRITUALITY AND MENTAL HEALTH

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## ABSTRACT

Delays in accessing mental health care remain a critical challenge globally, which is often deepened by stigma, spiritual misinterpretations, and reliance on non-medical interventions. In several culturally rooted societies, individuals may first consult faith healers or traditional practices, unintentionally prolonging the Duration of Untreated Illness (DUI). This editorial explores the intersection of spirituality and psychiatry by emphasising the value of integrating faith-informed perspectives within the biopsychosocial model of care. It invites a dialogue between mental health professionals and religious scholars to foster mutual understanding and collaborative approaches that respect belief systems while addressing clinical needs. Without compromising either, such partnerships offer a constructive approach to bridging longstanding gaps in understanding and access to care. This discussion prompts clinicians, scholars, and community leaders to align spiritual values with clinical pathways, fostering environments where mental health is both respected and effectively addressed.

## KEYWORDS

Mental Health; Mental Health Services; Models, Biopsychosocial; Prognosis; Social-Media; Spirituality.

## INTRODUCTION

Research shows that the longer the duration of untreated illness (DUI), the worse the outcomes for mental illnesses. It is therefore crucial to reduce the duration of untreated illness. Doctors and health professionals in general and mental health professionals in particular need to disseminate information on the biopsychosocial (BPS) model and work across their traditional professional boundaries for the sake of better prognoses. Spirituality is integral to the BPS model. Hence, collaboration with learned religious scholars becomes essential for early assessment and collaborative management.

### Importance of Reducing the Duration of Untreated Illness (DUI)

Long durations of untreated psychiatric illness are associated with poor mental health outcomes.<sup>1</sup> Even for physical health conditions, such as epilepsy, there are global disparities in the treatment gap.<sup>2</sup> Social stigma and its perceived effects may contribute to delay in seeking treatment for mental health-related illnesses such as first-episode psychosis. This delay impacts psychological functioning.<sup>3</sup> In many cultures and societies seeking help from faith healers and alternate systems of practitioners may be the first point of contact for psychiatric care. This might be the case in a significant proportion of the patients. It impacts the overall prognosis of patients in any culture but more so in low- and middle-income countries. Thus, there is a need to bridge the gap between qualified clinical and traditional non-medical practitioners.<sup>4</sup>

### Role of the Biopsychosocial Spiritual Model

The Biopsychosocial (BPS) model of management of health and wellbeing is a dynamic paradigm for better understanding of an individual's mental condition. It promotes identification and exploration of circumstances and aetiological factors

across biological, psychological, social, and spiritual domains.<sup>5</sup> A detailed assessment based on a complete psychiatric history using principles of BPS helps arrive at a diagnosis in a collaborative manner. The same model can be used to engage the individual and, if required, their family, resulting in an evidence-based management plan which is much more than just prescribing medications. Reliance solely on medication is a common public and professional misperception regarding psychiatric treatment.<sup>6</sup>

Many mental health professionals would encourage a spiritual and prayer-based approach alongside medical treatment. Similarly, many learned religious scholars will admit to giving importance to familiarity with common clinical symptoms and would promote and encourage seeking medical and psychiatric help alongside indulgence in spiritual and religious practices. Inevitably there will be a wide variation in practices with respect to conventional evidence-based management and that related to esoteric, cryptic practices that are lacking in evidence. Some practices can be considered unconventional and not in line with the medical model that promotes reduction in the duration of untreated illness. These practices that appear mysterious, abstruse, enigmatic, and unethical because they are not easily understood need a joint collaborative approach by both the religious scholars and medical academics.

### Understanding the Symptoms

A thorough history and a comprehensive mental state examination are crucial for considering a spectrum of psychiatric diagnoses based on an international classification system, such as the Diagnostic and Statistical Manual (DSM)<sup>7</sup> or the International Classification of Diseases (ICD).<sup>8</sup> Replacing a knee or putting in a stent without training is not possible;

neither is treating mental health issues. Those who think that they can identify clinical psychiatric symptoms without training in psychiatry need to connect with those who can advise on clinical symptoms of mental illnesses.

As in other branches of medicine, there are multiple psychiatric diagnoses with subtle differences. People with mental health concerns can present with a wide range of symptoms, ranging from normal daily worries and anguish to signs and symptoms of serious mental disorders which might include a variety of symptoms related to coping strategies, personality traits, anxiety, mood disorders or psychosis. Sometimes they present in a complex combination that requires a good understanding of phenomenology to tease away one symptom from another. These symptoms that need to be understood could include changes in behaviour, mood alterations (extreme elation and mania to an extremely low or depressed mood), thought processes (delusions, preoccupations, overvalued ideas, obsessions, inappropriate guilt, altered form and content and thoughts of harm to self or others), abnormal perceptions (hallucinations and illusions) and lack of insight. Evaluation of thoughts of harm to self or others is integral and essential in a comprehensive psychiatric assessment, besides evaluation of other symptoms.

Guidance to seek help from mental health-trained doctors and clinicians should be integrated into training for clergy to promote engagement and early collaborative management. A suboptimal evaluation of mental health symptoms and an incorrect initial label or diagnosis can be detrimental for poor prognosis. Any incorrect diagnosis delays initiation of evidence-based treatment. Instead of psychotic illness, a label of magic or sorcery (Sehr سحر, jadoo جادو), evil eye (nazar نظر) or possession by spirits (asaib آسیب) can be crucial misconceptions that increase the duration of untreated illness. Lessons can be learnt from those successfully managed with psychiatric treatment to help understand the role of spirituality and prayer.

A Muslim has a firm belief in the oneness of Allah and the Prophet Muhammed (PBUH) being the last messenger of Allah with the message conveyed through the miracle of the Holy Quran. The 'evil eye' is described in the Holy scriptures and is part of the belief system of Abrahamic religions as discussed in Matt (6:22-23) and Luke (11:33-36) in Christianity.<sup>9,10</sup> Surah Al-Qalam (verse 51), Surah Al-Falaq (verses 4 & 5) and Surah An-Nas in Islam talk of the evil eye.<sup>11-13</sup> The word magic has been mentioned in the Quran multiple times. Despite magic being declared as an evil and sinful practice (Surah Al-Baqra, verse 102),<sup>14</sup> as well as in other faiths, there are widespread contradictory, dichotomous and erroneous beliefs and perceptions on the practice of magic. Not to commit suicide and not to harm others is also emphatically stated in the Quran (Surah An-Nisa verses 29 & 30).<sup>15</sup> The occurrence of many psychiatric symptoms can be attributed to an understanding of sin and taboos, thus preventing many from seeking help from doctors in general and mental health professionals in particular.

### **Bridging the Gap between Mental Health and Spirituality**

Islam is a practical way of life. As a solution and norm in society, inevitably, in desperation, some seek help from faith healers for a faith-based antidote in the form of prayers to counter spells and to find a route to repentance and recovery. The scale therefore tips in favour of bridging the gap between clergy and the medical profession for a rational biopsychosocial and spiritual approach in helping those needing help.

In a clinically based and scientific approach, those who claim to use magic or the power of jinns are unscrupulously profiting from the vulnerable without any basis of empirical evidence for their unethical practices. Some hide behind the invincible cloak of religion to manipulate the defenceless by not seeking advice from those who know better about clinical matters. Islam is a common person's religion and should not be complicated by beliefs and practices that are not based on religious scriptures or thought. It is everyone's duty to seek correct information and knowledge to identify mistakes in the practice of a faith-based lifestyle and to seek help for clinical matters on evidence-based approaches whilst incorporating spiritual understanding.

### **Collaboration to Bridge the Gap**

Passion, time, and effort drive dedication to training in theology, the Quran, and Sunnah for Islamic scholars. Similarly, psychiatry is a clinical science. It takes many years of postgraduate training to establish an understanding of complex psychiatric disorders which can have lifelong consequences. Training can combine the biopsychosocial model, including the spiritual approach, where needed. Therefore, both disciplines can collaborate for a holistic approach for better outcomes in mental health in particular and medicine in general. Mental illnesses are treatable with medication and therapeutic intervention by trained therapists familiar with mental health, well-being, and psychiatric diagnoses.

To bridge the gap to reduce the duration of untreated illness, there is a need to educate the masses in general.<sup>16</sup> The missing link in many predominantly religious cultures is the collaboration between psychiatrists and clergy to promote destigmatising practices, thus promoting better outcomes for physical, mental, and spiritual health. Such an association can facilitate early entry into a collaborative treatment pathway.

For anyone practising a faith, prayers are very imperative, and spirituality is extremely important. It is vital to pray for Allah's mercy and for cure (shifa شفاء). Undoubtedly, for any individual patient, it is important to acknowledge their belief system for divine protection. It is also a firm belief that every believer with faith has direct access to the Almighty Creator, and there is no middleman required for prayers to be accepted. Hence, reliance on fake faith healers or those who claim to know who is casting magic spells is inappropriately placed.

Practising prayers, such as Ruqiyah (رقية), is simple and can be learnt and performed by any Muslim as part of prayers. It is important to propagate those prayers are not a domain of selected few who sit in shrines and claim to have special connections that are divine. At the same time, learned clergy will agree that anyone who claims to have the ability to predict the future or the unknown is in fact pursuing polytheism and idolatry (shirk شرك). Polytheism and idolatry are major sins in Islam (Surah An-Nisa verses 48, Surah Al-Tawba verses 1-7, Sura Al-Maeda verses 72 & 73).<sup>17-19</sup> Therefore, it is imperative to correct misconceptions and resultant malpractices. Those who claim to have an ability to see through inner or hidden matters (kashf كشف) should be exposed for unethical practices that border on criminality.

There are numerous anecdotes of innocent and vulnerable people who were taken advantage of by criminals impersonating as faith healers. There are some in the community who have nothing but an evil intent to benefit from the desperate, vulnerable, helpless and needy. Many of these so-called scholars or faith healers in society tend to claim the power derived from religious knowledge for their practice. Some also claim to be in possession of jinns who can be activated through fraudulent and unethical practices (essentially sleight of hand), such as rolling of stones, drawing pictures, squares or squiggly lines on paper or sand, exorcism, and giving religious charms and amulets.

## CONCLUSION

It is crucial to promote that there is no health without mental health. Listening to incorrect information and guidance/advice will do more damage than good. It is time for the learned religious scholars and medical practitioners to collaborate to excommunicate those with evil intent and sinful practices. This will help in the early identification of symptoms in the general public with resultant early diagnosis and treatment. Educating the masses through mosques and social media armed with reliable information in collaboration with respectable religious figures will reduce the duration of untreated illness.

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