

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

Question

“In adults with depression, how effective is faith or religious-based therapy, compared to any other intervention, in improving patient outcomes?”

Clarification of question using PICO structure

Patients: Adults with depression

Intervention: Faith or religious based therapy

Comparator: Any other intervention

Outcome: Improving patient outcomes

Clinical and research implications

No definite clinical implications can be made from the available evidence. There is some research to suggest that further consideration of religious psychotherapy in adults with depression and/or anxiety is warranted, but the reliability of current evidence is uncertain.

Study authors of two different systematic reviews both stated that more high quality studies with larger sample sizes are needed. Future studies need to consider a number of issues including an evaluation of what types of methods work best with different types of clients/faiths, variations in length and intensity of treatment, and other factors such as the relationship between the therapist and the religious client.

What does the evidence say?

Number of included studies/reviews (number of participants)

Two systematic reviews (SRs) met the inclusion criteria for this BEST summary (Berry 2002; Smith et al. 2007). Both aimed to evaluate the effectiveness of religious (and/or spiritual) psychotherapy on adults with depression and/or anxiety.

Main Findings

One of the SRs was published in 2002 with a search date up to that year (Berry 2002). The author of this review only included randomised controlled trials (RCTs) and did not conduct a meta-analysis. Four RCTs were described and the author found that religious psychotherapy was consistently significantly more effective than controls (as evaluated using HRSD and/or HRS scores), but that this significant difference was not observed between groups at follow-up (i.e. six months and later).

The authors of the more recent systematic review (with a search date up to 2005) included 31 studies with different study designs (Smith et al. 2007). We note that this later SR also included the four RCTs reported in Berry (2002). The authors conducted a meta-analysis of all 31 included studies and reported that the 'weighted effect size was 0.56 (95% CI: 0.43 to 0.70)' in favour of spiritually oriented psychotherapy.

Authors Conclusions

The author of the earlier review concluded that consideration of religious psychotherapy is warranted for depressed and anxious clients in outpatient settings (Berry 2002).

The authors of the other review concluded that spiritual approaches to psychotherapy were effective (Smith et al. 2007). They also stated that clinicians appear justified in using spiritual interventions, such as encouraging client prayer or reading sacred texts, following proper assessment of client spiritual beliefs and practices and client informed consent.

Reliability of conclusions/Strength of evidence

The review by Berry (2002) was well-conducted in many aspects, but it appears that only one reviewer was involved in the systematic review process, thus introducing the potential for reviewer bias. The author did conduct a quality assessment of the included studies, and found that the studies included in their review varied in quality.

The review by Smith et al. (2007) is considered to have a high risk of bias. This study inappropriately pooled data with different study designs, interventions and outcomes. Moreover, the authors did not fully assess the quality of the included studies, so that the reliability of the studies, and hence any conclusions made from them, are uncertain.

What do guidelines say?

Neither NICE nor SIGN guidelines discuss the use of faith or religious based therapy as an intervention for adults with depression.

Date question received: 19/11/2013

Date searches conducted: 19/11/2013

Date answer completed: 23/01/2014

References

SRs

Berry, D. (2002) Does Religious Psychotherapy Improve Anxiety and Depression in Religious Adults? A Review of Randomized Controlled Studies. *The International Journal of Psychiatric Nursing Research* 8 (1) pp. 875-890.











Smith, T.B., Bartz, J. and Richards, S. (2007) Outcomes of religious and spiritual adaptations to psychotherapy: A meta-analytic review. *Psychotherapy Research* 17 (6) pp.643-655.

Results
Systematic Reviews


Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Berry (2002)	Unclear, search dates 1992-2002.	<p>P: Adults populations with depressive and anxiety disorders according to DSM-III-R and measured by HRSD or HARS.</p> <p>I: Religious psychotherapy, defined as an approach to therapy that attempts to recognise and utilise the religious beliefs of clients in treatment for the purposes of reducing mental health difficulties.</p> <p>C: Any form of standard treatment, described as support and reassurance, reinforcement of adaptive behaviour and improving coping mechanisms, such as supportive psychotherapy or cognitive behavioural therapy.</p> <p>O: Changes in anxiety or depression according to HRSD or HARS.</p> <p>S: Randomised controlled studies.</p>	4 RCTs	The authors reported that results were consistent across the included studies: religious participants in the religious psychotherapy group improved more quickly than participants in supportive psychotherapy or non-religious CBT. At 6 months or later, treatment groups were not significantly different from comparison groups (study results were presented separately for each study in tables).	Moderate
Smith et al. (2007)	Unclear, search dates 1981-2005.	<p>P: A total of 1,845 service users with anxiety and/or depression, with a mean age of 37.4 years were included in the systematic review. 73% of clients were female. Religious affiliation was as follows; Christian (unspecified denominations) 35%, Muslim 24%, Protestant 17%, Catholic 12%, Latter-day Saints 9%, Jewish 1%, other 2%.</p> <p>I: Mental health interventions with a spiritual or</p>	31 (18 RCTs, 6 quasi-experimental designs, and 7 were	When all studies were pooled, the mean effect size was 0.56 (95% CI: 0.43 to 0.70), $p < 0.001$, in favour of spiritual or religious adaptations to psychotherapy (the authors do not specify the specific outcome assessed in this analysis). There was, however, statistically significant heterogeneity ($Q=58.2$, $p=0.002$).	High


	<p>religious component or adaptation. The majority (52%) of the interventions evaluated were based on cognitive or cognitive behavioural therapy, 13% were based on humanistic therapy, 22% on non-psychological religious teachings, and 13% on a combination of these approaches. The average number of sessions provided was 10.3 (range 1 to 26).</p> <p>C: Any other therapy. Twenty-two of the 24 experimental and quasi-experimental studies included in the review involved at least one control group with an equivalent therapeutic intervention (i.e., cognitive therapy without spiritual components), but in two studies the control groups were non-equivalent conditions (i.e., wait list).</p> <p>O: Well-being, mental health symptoms, multidimensional assessments. The outcome data had to be measured quantitatively.</p> <p>S: Study design was not specified, although qualitative studies and case studies were excluded.</p>	<p>single group pre-post designs)</p>	<p>Effect sizes of the individual studies ranged from -0.55 to 1.63.</p> <p>A number of analyses of potential moderators were conducted.</p>	
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Risk of Bias: SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Berry (2002)					
Smith et al. (2007)					

 Low Risk

 High Risk

 Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>SRs and Guidelines</i>			
NICE	depression AND (relig* OR faith* ADJ2 therap*) relig* OR faith* ADJ3 therap*	270	0
DARE	(religious OR religion* Or spirit* OR soul* OR religiosity) IN DARE 143 Delete 2 (deity OR divinity OR divine) IN DARE 0 Delete 3 (faith* Or hope OR connect* OR identity) IN DARE 358 Delete 4 (church* OR cleric OR clergyman OR priest OR preacher) IN DARE 87 Delete 5 (church* OR cleric OR clergyman OR priest OR preacher) IN DARE 87 Delete 6 (christian*) IN DARE 121 Delete 7 (god OR 'supreme being' OR 'higher being') IN DARE 2 Delete 8 ('laying on of hands') IN DARE 0 Delete 9 (pray* OR anoint*) IN DARE 15 Delete 10 (pastoral adj3 (care or caring)) IN DARE 2 Delete 11 MeSH DESCRIPTOR Religion EXPLODE ALL TREES 62 Delete 12 MeSH DESCRIPTOR Religion and Psychology EXPLODE ALL TREES 7 Delete 13 MeSH DESCRIPTOR Religion and Medicine EXPLODE ALL TREES 1 Delete 14 MeSH DESCRIPTOR Hospitals, Religious EXPLODE ALL TREES 0 Delete 15 MeSH DESCRIPTOR Christianity EXPLODE ALL TREES 1 Delete 16 MeSH DESCRIPTOR Protestantism EXPLODE ALL TREES 0 Delete 17 MeSH DESCRIPTOR Clergy EXPLODE ALL TREES 1 Delete 18 MeSH DESCRIPTOR Spiritual Therapies EXPLODE ALL TREES 126 Delete 19 MeSH DESCRIPTOR Faith Healing EXPLODE ALL TREES 2 Delete 20 (depress*) IN DARE 1878 Delete 21 MeSH DESCRIPTOR Depression EXPLODE ALL TREES 454 Delete 22 MeSH DESCRIPTOR Depressive Disorder EXPLODE ALL TREES 846 Delete		

	<p>23 MeSH DESCRIPTOR Depressive Disorder, Major EXPLODE ALL TREES 263 Delete</p> <p>24 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 821 Delete</p> <p>25 #20 OR #21 OR #22 OR #23 2292 Delete</p> <p>26 #24 AND #25</p>		
CENTRAL	<p>#1 depression:ti,ab,kw (Word variations have been searched) 27086</p> <p>#2 MeSH descriptor: [Depressive Disorder] explode all trees 6916</p> <p>#3 Enter terms for search #1 or #228531</p> <p>#4 Enter terms for search spiritual* or religio* 832</p> <p>#5 Enter terms for search faith or pray* or god 325</p> <p>#6 Enter terms for search pastoral or chaplain 66</p> <p>#7 Enter terms for search #4 or #5 or #6 1065</p> <p>#8 Enter terms for search #3 and #7 147</p>	92	
PsycINFO	<ol style="list-style-type: none"> 1. PsycINFO; MAJOR DEPRESSION/; 83294 results. 2. PsycINFO; depression.ti,ab; 163157 results. 3. PsycINFO; "depressive disorder".ti,ab; 19102 results. 4. PsycINFO; 1 OR 2 OR 3; 179303 results. 5. PsycINFO; spiritual*.ti,ab; 23900 results. 6. PsycINFO; (religious* OR religion).ti,ab; 48634 results. 7. PsycINFO; faith.ti,ab; 8960 results. 8. PsycINFO; pray*.ti,ab; 2707 results. 9. PsycINFO; pastoral.ti,ab; 2952 results. 10. PsycINFO; SPIRITUALITY/; 11906 results. 11. PsycINFO; RELIGION/; 13466 results. 12. PsycINFO; PASTORAL COUNSELING/; 2021 results. 13. PsycINFO; "MINISTERS (RELIGION)"/; 968 results. 14. PsycINFO; CHAPLAINS/; 185 results. 15. PsycINFO; chaplain*.ti,ab; 664 results. 16. PsycINFO; religiosity.ti,ab; 5396 results. 17. PsycINFO; RELIGIOSITY/; 5459 results. 18. PsycINFO; 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17; 77545 results. 	37	

	<p>19. PsycINFO; 4 AND 18; 3239 results.</p> <p>20. PsycINFO; 19 [Limit to: (Methodology 2000 Treatment Outcome/Clinical Trial)]; 37 results.</p>		
Embase	<p>21. EMBASE; MAJOR DEPRESSION/; 34722 results.</p> <p>22. EMBASE; depression.ti,ab; 268105 results.</p> <p>23. EMBASE; "depressive disorder".ti,ab; 26999 results.</p> <p>24. EMBASE; DEPRESSION/; 238157 results.</p> <p>25. EMBASE; 21 OR 22 OR 23 OR 24; 385335 results.</p> <p>26. EMBASE; spiritual*.ti,ab; 12916 results.</p> <p>27. EMBASE; (religious* OR religion).ti,ab; 23406 results.</p> <p>28. EMBASE; faith.ti,ab; 4839 results.</p> <p>29. EMBASE; pray*.ti,ab; 2473 results.</p> <p>30. EMBASE; pastoral.ti,ab; 1901 results.</p> <p>31. EMBASE; chaplain*.ti,ab; 1216 results.</p> <p>32. EMBASE; religiosity.ti,ab; 2214 results.</p> <p>33. EMBASE; RELIGION/ OR RELIGION AND MEDICINE/ OR RELIGION AND PSYCHOLOGY/; 54476 results.</p> <p>34. EMBASE; CLERGY/; 3393 results.</p> <p>35. EMBASE; SPIRITUAL HEALING/; 1022 results.</p> <p>36. EMBASE; 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35; 75711 results.</p> <p>37. EMBASE; 25 AND 36; 3840 results.</p> <p>38. EMBASE; 37 [Limit to: (Clinical Trials Randomized Controlled Trial or Controlled Clinical Trial)]; 112 results.</p>	112	
Medline	<p>56. MEDLINE; DEPRESSION/; 77169 results.</p> <p>57. MEDLINE; DEPRESSIVE DISORDER/; 59483 results.</p> <p>58. MEDLINE; depression.ti,ab; 221436 results.</p> <p>59. MEDLINE; "depressive disorder".ti,ab; 16006 results.</p> <p>60. MEDLINE; 56 OR 57 OR 58 OR 59; 275054 results.</p> <p>61. MEDLINE; spiritual*.ti,ab; 10831 results.</p> <p>62. MEDLINE; (religious* OR religion).ti,ab; 21527 results.</p> <p>63. MEDLINE; faith.ti,ab; 4337 results.</p> <p>64. MEDLINE; pray*.ti,ab; 2155 results.</p> <p>65. MEDLINE; pastoral.ti,ab; 1880 results.</p>	164	

	66. MEDLINE; chaplain*.ti,ab; 1109 results. 67. MEDLINE; religiosity.ti,ab; 2025 results. 68. MEDLINE; RELIGION/ OR RELIGION AND MEDICINE/ OR RELIGION AND PSYCHOLOGY/; 26708 results. 69. MEDLINE; PASTORAL CARE/ OR SPIRITUALITY/; 7602 results. 70. MEDLINE; SPIRITUAL THERAPIES/; 464 results. 71. MEDLINE; 61 OR 62 OR 63 OR 64 OR 65 OR 66 OR 67 OR 68 OR 69 OR 70; 54074 results. 72. MEDLINE; 60 AND 71; 2475 results. 73. MEDLINE; 72 [Limit to: (Publication Types Clinical Trial, All or Randomized Controlled Trial)]; 164 results.		
Summary	NA	NA	

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