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GUEST EDITORIAL:

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

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ABSTRACT
Negative outcomes are linked to longer period of untreated illness. Stigma and its perceived consequences may cause a delay in seeking help for mental health conditions. There is no health without mental health and spirituality is integral to biopsychosocial model of care. Seeking help from faith healers and alternative practitioners maybe the initial step for mental health symptoms. Correct early intervention can influence overall prognosis. Hence, there is a need to bridge the gap between clinical approaches with traditional non-medical practices including spirituality. Collaboration between respected qualified knowledgeable religious scholars and trained mental healthcare professionals is essential for better outcomes. This will aid in the early detection of symptoms within the general population, leading to prompt diagnosis and treatment. Informing the public through places of worship and social media, equipped with trustworthy information, will help shorten the duration of untreated illness.

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

INTRODUCTION

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

Importance of duration of untreated illness

The duration of untreated psychiatric illness (DUI) is associated with poor mental health outcomes[1]. Even for physical health conditions, such as epilepsy, there are global disparities in the treatment gap[2]. 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[3]. 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 a significant proportion of the patients. It impacts on the overall prognosis of patients in any culture but more so in low and middle-income countries. Hence there is a need to bridge the gap between clinical and traditional non-medical practices[4].

Role of Biopsychosocial spiritual model

Biopsychosocial (BPS) model of management of health and wellbeing is a dynamic paradigm for better understanding of an individual. It promotes identification and exploration of circumstances and aetiological factors across biological, psychological, social, and spiritual domains[5]. A detailed assessment based on a complete psychiatric history using principles of BPS helps arrive on a diagnosis in a collaborative manner. The same model can be used to engage the individual, and if required their family, in an evidence-based management plan which is much wider than prescribing medications. Reliance solely on medication is a common public misperception for psychiatric treatment[6].

Many mental health professionals would encourage spiritual and prayer-based approach alongside medical treatment. Similarly, many learned religious scholar will admit to giving an importance to familiarity with common clinical symptoms and would promote and encourage seeking medical and psychiatric help alongside spiritual and religious practices. Inevitably there will be a wide variation in practices on a spectrum of conventional evidence-based management to esoteric, cryptic, and lacking evidence. Some practices can be unconventional and not in line with the medical model that promotes reducing the duration of untreated illness. These mysterious, wizard-like, abstruse, enigmatic, and unethical practices need a joint collaborative challenge from both the religious scholars and medical academics.

Understanding the symptoms

A thorough history and a comprehensive mental state examination is crucial for considering a spectrum of psychiatric diagnoses based on an international classification system, such as the Diagnostic and Statistical Manual (DSM)[7] or the International Classification of Diseases (ICD).[8] Replacing a knee or putting a stent without training is not possible. Treating mental health symptoms without training is not possible either. 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 several psychiatric diagnoses. People with mental health concerns can present with a wide range of symptoms, ranging from normal day worry and anguish to signs and symptoms of serious mental disorders which might include a variety of symptoms of coping strategies, personality traits, anxiety, mood disorders or psychosis. Sometimes they present in a complex combination that require a good understanding of phenomenology to tease one symptom from another. These symptoms could include changes in behaviour, mood alterations (extreme elation and mania to extremely low or depressed mood), thoughts process (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 to a comprehensive psychiatric assessment along with assessment of other symptoms.

Guidance to seek help from mental health trained doctors and clinicians should be integrated in 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 misconception that increases 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 oneness of Allah and the Prophet Muhammed (PBUH) being the last messenger of Allah with the message conveyed through the miracle of Holy Quran. Evil eye is described in the Holy scriptures and are part of belief system in Abrahamic religions. Matt (6:22-23) and Luke (11:33-36) in Christianity. Surah Al-Qalam (verse 51), Surah Al-Falaq (verses 4 & 5) and Surah An-Nas in Islam talk of evil eye. The word magic has been mentioned in Quran multiple times. Despite magic being declared as an evil practice (Surah Al-Baqra, verse 102), and sin there are widespread contradictory, dichotomous and erroneous beliefs, and perceptions on practice of magic in various faiths. Not to commit suicide and not to harm others is also in Quran (Sura An-Nisa verses 29 & 30). Hence the psychiatric symptoms can be attributed to sin and a taboo 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 and to counter the spells and to find a route to repentance and recovery.

Therefore, the scale tips in favour of bridging the gap between clergy and medical profession for a rational biopsychosocial and spiritual approach in helping those needing help.

In clinically based and scientific approach, those who claim to use magic or power of jinns are unscrupulously profiting from vulnerable without any basis of empirical evidence for their unethical practices. Some hide behind invincible cloak of religion to manipulate the defenceless by not seeking advice from those who know better about clinical matters. Islam is common person's religion and should not be complicated by beliefs and practices that are

not based on Holy scripture or religion. It is everyone's duty to seek correct information and knowledge to identify mistakes in practice of faith-based lifestyle and to seek help for clinical matters on evidence-based approaches whilst incorporating spirituality.

Collaboration to bridge the gap

Passion, time, and effort drives dedication to train in theology, Quran, and Sunna for Islamic scholars. Similarly, psychiatry is a clinical science. It takes many years of post-graduate training to establish an understanding of complex psychiatric disorders which can have lifelong consequences. Training can combine biopsychosocial model including spiritual approach, where needed. Therefore, both disciplines can collaborate for a wholistic approach for best 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[9]. The missing link in many cultures with predominance of religion is the collaboration between psychiatrists and clergy to promote destigmatising practices by breaking the barriers for better outcomes for physical, mental, and spiritual health. This can facilitate early entry into a collaborative treatment pathway.

For anyone practicing a faith, prayers are very important, and spirituality is extremely important. It is important 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 of faith has a direct line to the Almighty Creator and there is no middleman for prayers to be accepted. Hence reliance on fake faith healers or those who claim to know who is casting magic spells can be inappropriately placed. Practicing prayers, such as Ruqiya (رقيه), is simple and can be learnt and practiced by any Muslim as part of prayers. It is important to propagate that prayers are not a domain of selected few who sit in shrines and claim to have special divine powers. At the same time, learned clergy will agree that anyone who claim to have the ability to predict future or unknown is in fact pursuing polytheism and idolatry (shirk شرک). Polytheism and idolatry are major sins in Islam (Sura An-Nisa verses 48, Sura Al-Tawba verses 1-7, Sura Al-Maeda verses 72 & 73). Therefore, it is imperative to correct misperceptions and malpractices. Those who claim to have an ability to see through inner or hidden matters (kashf کشف) should be exposed for unethical practice 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 those so-called scholars or faith healers in society tend to claim the power of religious knowledge for their

practice. Some also claim to be in possession of jinns who can be activated through fraudulently unethical practices such as rolling of stones, drawing pictures, squares or squiggly lines on paper or sand, exorcism, giving religious charms and amulets.

CONCLUSION

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

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