Depression Recurrence Less Likely When Religion Is Important

Adults at high risk for developing major depression may benefit from a deep connection to their faith, particularly in reducing the risk of recurrent depressive episodes.

BY JONATHAN WOLFE

Having strong religious or spiritual beliefs may reduce the likelihood of experiencing a recurrence of depression, finds a new study published online August 24 in *American Journal of Psychiatry* (AJP).

The 10-year prospective study focused on the offspring of participants in an earlier decade-long study that found a link between religiosity/spirituality and a reduced risk of major depression in those with and without a history of the disorder.

“This well-designed study provides more striking results than previous research investigating the role that religion and spirituality can play in limiting depression,” said John Petrie, M.D., an associate professor of psychiatry at Harvard Medical School and fellowship site director at the Dana-Farber Cancer Institute’s Adult Psychosocial Oncology Program, who was not involved in the study.

“Hopefully, it will make some psychiatrists more aware of and open to exploring spiritual resources in meeting the needs of their patients.”

Lisa Miller, Ph.D., an associate professor of psychology and education at Columbia University Teachers College, led a team of researchers in assessing the influence of a strong connection to religion or spirituality on the mental health of 114 adult children of both depressed and nondepressed parents. The parents participating in the initial study were all white, working- or middle-class adults living in the northeastern United States.

For the new study, doctoral- and master’s-level professionals evaluated the mental health of the participants at the beginning and end of the research period, with no foreknowledge of their family’s history of depression or religious beliefs.

Participants’ religiosity was determined through the self-assessment of three measures: the importance of religion or spirituality in their lives, their frequency of attendance at religious services, and their current religious denomination. (The data used for analysis from both the initial study and the follow-up were limited to those of individuals identifying as either Catholic or Protestant because of the low number who identified as other religions.)

Miller and her team found that individuals reporting that they attached a high personal importance to religion or spirituality had approximately one-fourth the risk of other participants of experiencing major depression. Neither frequent attendance at religious services nor any particular denomination appeared to factor into participants’ likelihood of suffering from a major depressive episode.

The researchers also found that those with a strong connection to their faith who were identified as being at high risk for depression due to having a depressed parent were one-tenth as likely as other participants to experience major depression. However, they noted that self-reported religiosity/spirituality appeared to protect only high-risk individuals in significant numbers from the recurrence of depression, rather than from onset of the disorder.

The researchers concluded that spirituality may prove helpful for some patients when incorporated into psychotherapeutic approaches to treating depression, and they suggested that future research could use brain imaging to examine the potential biological underpinnings of this study’s findings. They also acknowledged that the participation of a more ethnically diverse population might yield different results.

This study was supported by the John Templeton Foundation. The data collection was funded by an NIMH grant, which includes a supplement from NIDA.


---

The U.N.’s Unfortunate Exclusion

BY ELIOT SOREL, M.D.

David Satcher, M.D., Ph.D.

For the first time in the United Nations’ history, noncommunicable diseases were on the United Nations General Assembly agenda in September. Regrettably, mental disorders were not included in this historic dialogue.

Mental health is essential to overall health and well-being. Without mental health, we cannot be considered healthy. Mental health affects the individual’s ability to function, to be productive, to establish and maintain positive relationships, and to experience a state of well-being.

Mental disorders, a highly prevalent group of noncommunicable diseases, affect the lives of 1 in 4 out of 5 to 4 people each year; they represent between 20 percent and 45 percent of the burden of disability. Factors related to mental illness can interfere with the treatment of other illnesses and frequently co-occur with cardiovascular disorders, diabetes, cancer, and other noncommunicable diseases. It is no surprise that in the face of this evidence, the Organization for Economic Cooperation and Development’s mental health project and a professor of global health and of psychiatry at George Washington University, David Satcher, M.D., Ph.D., was the 16th surgeon general of the United States and is president of the Satcher Health Leadership Institute at the Morehouse School of Medicine.

Eliot Sorel, M.D., is an expert advisor to the Organization for Economic Cooperation and Development’s mental health project and a professor of global health and of psychiatry at George Washington University. David Satcher, M.D., Ph.D., was the 16th surgeon general of the United States and is president of the Satcher Health Leadership Institute at the Morehouse School of Medicine.

A number of APAs’ recommendations have been incorporated into a newly released final rule on Medicare’s electronic prescribing (eRx) standards. The Centers for Medicare and Medicaid Services (CMS) has extended until November 1 the deadline by which physicians must either comply with the regulations or request a hardship exemption to avoid a 1 percent payment reduction in 2012. CMS added four new hardship exemption categories:

- Physicians who register to participate in the Medicare or Medicaid Electronic Health Record (EHR) Incentive Programs and adopt certified EHR technology.
- Physicians who are unable to prescribe electronically due to local, state, or federal laws or regulations. (APA made a concerted lobbying effort for this particular exemption, which is key for physicians practicing in states such as New York and Ohio, where regulations prohibit electronic prescribing of controlled substances.)
- Physicians who have limited prescribing activity.
- Physicians lacking sufficient opportunities to prescribe electronically due to patient interactions deemed ineligible for consultation under the program.

Additionally, physicians may request a hardship exemption under CMS’s two previously established exemption categories:

- Professionals practicing in rural areas with limited high-speed Internet access.
- Professionals practicing in areas with a limited number of pharmacies capable of receiving electronic prescriptions.