

A close-up photograph of a person's hands clasped in prayer, resting on an open Bible. The person is wearing a light-colored sweater. The background is dark and out of focus. The text is overlaid on the right side of the image.

KATHERINE ALBRECHT, ED.D.

RELIGION IS BACK

CMHA SUMMER CONFERENCE

JUNE 2026

RELIGIONISBACK.COM

“RELIGION” IS NO LONGER A DIRTY WORD IN PSYCHOLOGY

In fact, it's become one of the hottest topics in modern psychological research. A robust body of scientific research, scanning decades, overwhelmingly shows that religious faith and spirituality are beneficial for both mental and physical health.





CORRELATES OF RELIGIOUS INVOLVEMENT KOENIG, KING, & CARSON (2012)

- Well-being, happiness and life satisfaction
 - Lower rates of depression and faster recovery
 - Lower rates of suicide
 - Less anxiety
 - Less psychosis
 - Lower rates of alcohol and drug use
 - Less delinquency and criminal activity
-

Positive Relationships of Religious Involvement with Mental, Social, and Behavioral Health

Mental Health Variable	Strength of the Evidence-Base	# of Research Studies	% Positive Outcomes
Less Depression	Strong	444	61%
Less Suicide, More Negative Attitudes Toward Suicide	Strong	141	75%
Less Alcohol Use and Abuse	Strong	299	86%
Less Drug Use and Abuse	Strong	185	84%
Less Anxiety and PTSD	Moderate	147	49%
More Psychological Well-Being	Strong	326	79%
More Meaning and Purpose in Life	Moderate	45	93%
More Optimism	Moderate	32	81%
More Hope	Moderate	40	73%
More Forgiving	Moderate	40	85%
More Altruistic	Moderate	47	70%
More Gratitude	Moderate	5	100%
Social Health Variable			
More Social Support	Strong	74	82%
More Marital Health and Stability	Strong	79	86%
Behavioral Health Variable			
Less Cigarette Smoking	Strong	135	90%
More Exercise and Physical Activity	Strong	37	68%
Less Extra-marital Sex, Safer Sexual Practices	Strong	95	86%
Less Drinking when Driving	Moderate	5	83%
Healthier Diet	Moderate	17	71%
Less Pornography Use	Moderate	4	80%

Religious Involvement and Mental Health Source: Adapted from Koenig, H. G. (March 19, 2020).

MICHIGAN MENTAL HEALTH CODE



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spiritual means

State Regulations

Compare

Rule 7135.

(1) A provider shall permit a recipient to have access to treatment by spiritual means upon the request of the recipient, a guardian, if any, or a parent of a minor recipient.

(2) A provider shall assure that the opportunity for contact with agencies providing treatment by spiritual means is provided in the same manner as recipients are permitted to see private mental health professionals.

(3) Requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance shall be honored and made available at the recipients expense.

(4) Treatment by spiritual means includes the right of recipients, guardians, or parents of a minor to refuse medication or other treatment on spiritual grounds that predate the current allegations of mental illness or disability, but does not



Professional, Corporate, and Continuing Education

Spirituality, Religion, and Mental Health

Continuing Education



Deadline Approaching Enroll now to secure your seat.

Engage with leading experts at a two-day continuing education conference that bridges spirituality, religion, and mental health care. Discover cutting-edge research, clinical skills, and cross-tradition insights that empower you to treat the whole person—mind, body, and spirit. Leave equipped with practical tools and cultural competence to integrate these dimensions into compassionate, evidence-based practice.

Day 1

Thursday, March 5, 2026

WELCOME: Foundations of Spirituality and Religion in Mental Health Christopher Palmer; David H. Rosmarin	10:00-10:15 am
Spirituality/Religion as a Public Health Matter Howard Koh	10:15-11:00 am
S/R as a Determinant of Health Tracy Ballboni	11:00 am-12:00 pm
Q&A Discussion Tracy Ballboni; Howard Koh; David H. Rosmarin	12:00-12:30 pm
Lunch Break	12:30-1:30 pm
Spiritual Assessment in Clinical Practice: RCOPE Kenneth Pargament	1:30-2:15 pm
The Neuroscience of Mindfulness Matthew Sacchet	2:15-3:00 pm
Break	3:00-3:15 pm
Arts Keynote: Gospel Music as Spiritual Care Theodore Hickman-Maynard	3:15-3:30 pm
Religion and Spirituality in Human Flourishing Tyler VanderWeele	3:30-4:15 pm
Moral Injury in Religious and Spiritual Communities Jennifer Wortham	4:15-5:00 pm
Break	5:00-5:15 pm
Q&A Discussion Kenneth Pargament; Matthew Sacchet; Tyler VanderWeele; Jennifer Wortham	5:15-5:45 pm
Closing Remarks	5:45-6:00 pm

Friday, 3/6/2026 →

Day 2

Friday, March 6, 2026

Integration of Spirituality and Religion in Clinical Care; WELCOME: Learnings from the SPIRIT Intervention David H. Rosmarin	10:00-10:30 am
The Awakened Brain Lisa Miller	10:30-11:15 am
R/S in Psychiatric Care John Peteet	11:15 am-12:00 pm
Q&A Discussion Lisa Miller; John Peteet; David H. Rosmarin	12:00-12:30 pm
Lunch Break	12:30-1:30 pm
Title TBA Harold Koenig	1:30-2:15 pm
Mindfulness and Meditation Interventions Susan M Pollak	2:15-3:00 pm
Q&A Discussion David H. Rosmarin; Harold Koenig; Susan M Pollak	3:00-3:30 pm
Clinical Care Across Traditions Panel Discussion Caroline Kaufman; Gloria White-Hammond; Rania Awaad; Angelika Zollfrank	3:30-4:15 pm
Psychedelics, Spirituality, and Clinical Care Franklin King	4:15-5:00 pm
Break	5:00-5:15 pm
Q&A Discussion Caroline Kaufman; Gloria White-Hammond; Rania Awaad; Angelika Zollfrank; Franklin King	5:15-5:45 pm
Closing Remarks	5:45-6:00 pm



Professional, Corporate,
and Continuing Education



**Spirituality, Religion,
and Mental Health**
Continuing Education

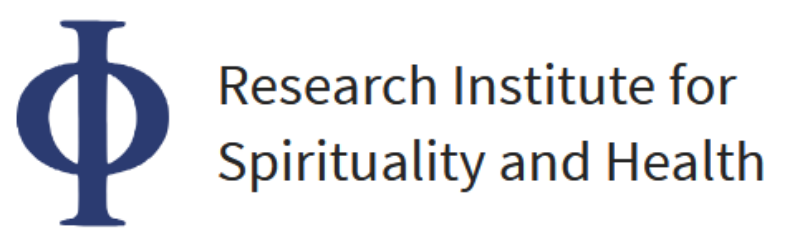
[Register Now](#)

THERE ARE CONFERENCES ALL OVER THE WORLD



10-09-2025 – Institute on Spirituality, Religion, and Mental Health Practice

SWITZERLAND



Religion and Spirituality are included in the Core Training Curriculum for Psychiatry by the national psychiatric associations US, UK, Brazil, India, and South Africa





HARVARD
MEDICAL SCHOOL

**Professional, Corporate,
and Continuing Education**

AND ACADEMIC PROGRAMS



The University of North Carolina at Chapel Hill

10-09-2025 – Institute on Spirituality, Religion, and Mental Health Practice

Duke
UNIVERSITY



CENTER FOR SPIRITUALITY,
THEOLOGY AND HEALTH



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Religion and Spirituality in Medicine Scholarly Concentration



WHY PSYCHOLOGY HAS BEEN SLOW TO INCORPORATE SPIRITUALITY AND RELIGION

Psychology education historically taught that religion and spirituality were “unscientific” and inappropriate to incorporate into therapy. In many professional and societal contexts, religion could not be discussed at all.

As a result...

Psychologists are substantially less religious than their clients.

	PUBLIC	PSYCHOLOGISTS
Percent who believe in God	95%	66%
Percent who agree “<i>My approach to life is based on my religion</i>”	75%	35%

Although academia now has decades of research showing that religion substantially benefits mental health, and they are urging it to be incorporated into practice, their work has been slow trickle down to the “real world”

ESTABLISHING SPIRITUAL AND RELIGIOUS COMPETENCIES

- A consensus set of spiritual and religious competencies should provide clearer guidelines.

	GENERAL PUBLIC	PSYCHOLOGISTS
Percent of the general public who believe in God	95%	66%
Percent that agree “ <i>My approach to life is based on my religion</i> ”	75%	35%

- Some things we should do , along with the metaphysical and supernatural domains of human existence,
- Psychologists do not know how to incorporate religion and spirituality into their training or practice
- (Resulting in “spiritually avoidant care”)



YOU'RE INVITED

6th Global Summit on Spirituality, Religion, and Mental Health

May 14-15, 2026
Boston (MA), USA



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Society for the
Psychology of Religion and Spirituality
Division 36



WORLD
PSYCHIATRIC
ASSOCIATION

PROGRAM ON HEALTH, SPIRITUALITY AND RELIGION



<https://www.psychiatrictimes.com/view/toward-a-spiritual-psychiatry-subspecialty>

Blog | Articles | November 18, 2025

Teach medical students and residents how to study the se
disciplined, evidence-based methodology that we use to s
traditional chaplains' "Principle of Healing") as the transcen

. Collaboration between psychiatry and pastoral caregivers to help c
psychiatrist, a "Healer of the Soul." Ethics rounds, reflective supervi



Toward a Spiritual Psychiatry Subspecialty

Explore the emerging field of spiritual psychiatry, addressing the intersection of mental health, ethics, and personal meaning in patient care.

MH Psychiatric Times / Nov 18, 2025



DEPRESSION



ANXIETY



SUBSTANCE
ABUSE
DISORDER



CRIMINAL BEHAVIOR



PSYCHOSIS & SCHIZOPHRENIA



HOMELESSNESS
&
UNEMPLOYMENT



SUICIDE

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

Systematic Review: A 25-Year Global Publication Analysis of the Role of Spirituality and Religiosity in Suicidal Risk Assessment in Adolescents

September 2025

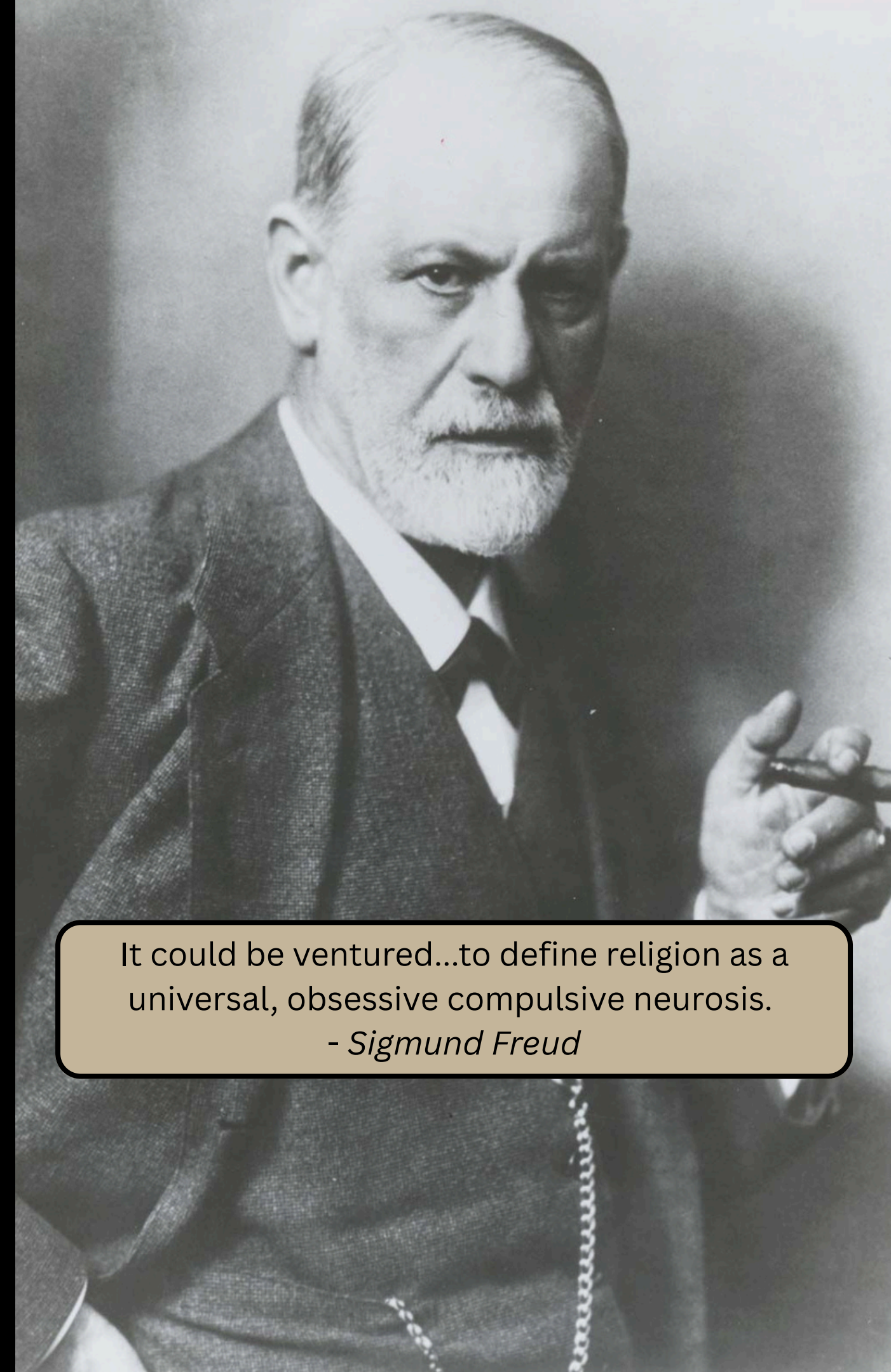
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PSYCHIATRY
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- Higher levels of religiosity and spirituality are associated with **lower rates of suicidal ideation** and behavior among adolescents globally.
- Religiosity and spirituality **moderated associations between** known risk factors (eg, **depression, trauma**) and **suicidality**.
- The protective effects of religiosity stems from the **social support** teens obtain through religious participation and from **teens' commitment to religious core beliefs**.
- Religion and spirituality can provide adolescents with **reasons for living**. **Clinicians should address these topics when working with teens**.
- **Partnerships between mental health care systems and religious organizations** could benefit at-risk teens by extending the reach of suicide prevention efforts worldwide.



FREUD'S ATHEIST LEGACY


Freud falsely believed that religion was associated with poor mental health and contributed to neuroses in society. His tireless efforts to promote atheism and eradicate religion from the modern world shaped the 20th century, with commentators calling him “_____”/

This had a tremendous negative impact on human flourishing in the twentieth century.

As society adopted the view that religion was incompatible with “modern, scientific” practice, the field of psychology followed suit, and taught that spirituality and religion were inappropriate to include in patient care

It could be ventured...to define religion as a universal, obsessive compulsive neurosis.

- Sigmund Freud



RESOURCES



Long Term Goal:

Every mental health professional in the U.S. will possess basic competencies to address religious and spiritual dimension of clients' lives.

Supported by a \$5.1 million grant from the John Templeton Foundation

Equipping mental health professionals with the competencies to address the religious and spiritual dimensions of people's lives

SpiritualAndReligiousCompetenciesProject.com



Sub-Project 1: Fostering the Integration of Spiritual Competency Training into Mental Health Graduate Education

University of Maryland, Baltimore



Sub-Project 2: Promoting Research in Spiritual and Religious Competencies in Clinical Training

Stetson University



Sub-Project 3: Understanding Faculty Views, Behaviors, and Needs Regarding Training in Religious and Spiritual Competencies

Baylor University



Sub-Project 4: Promoting Spiritual and Religious Competency Training for Mental Health Professionals: A Systems-Change Endeavor

University of California, San Diego

WHY PRAY?

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THANK YOU

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