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NIH and NIMH Research and Strategic Planning Must Address Religion and Spirituality

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The PHRS Bulletin publishes a wide range of articles, including advocacy-focused articles that may alert readers to opportunities to support expanded funding, empirical study, or educational initiatives at the intersections of religion, spirituality, and public health. In this piece, Oman, Rosmarin, and Vaidyanathan describe their recent advocacy for the inclusion of religion and spirituality within the strategic plan at the National Institute of Mental Health. The appendices in particular offer a window into what this sort of advocacy looks like in practice along with compelling statistics about the relative lack of attention to religion and spirituality within the National Institutes of Health.

It seems amazing that in 2021 the strategic plans of the National Institutes of Health (NIH) and National Institutes of Mental Health (NIMH) still hardly recognize the relevance of religion and spirituality to health, allowing far too much ongoing federal-funded research to remain oblivious to religious/spiritual (R/S) influences. Such outdated underfunding arguably contributes to many unfavorable outcomes, ranging from poorer clinical care to poorer governmental and health-system responses to the current coronavirus pandemic.

Yet change can happen, and will happen, if those of us who are knowledgeable and concerned put in the needed effort. Small individual efforts can help (see below). Of course, overnight updates are not possible to how the NIH and NIMH approach religious/spiritual factors, because these are enormous organizations with many established procedures. Perhaps progress will only come through sustained and savvy lobbying by organized networks of citizens and health professionals who develop collective advocacy and partnering skills. Perhaps such networks could be informed by, or partner with, a new NIH-wide scientific interest group on religion and spirituality[4] that was launched in October 2020, with an inaugural talk by NIH director Francis Collins (RSHSIG, 2021).

Will such inputs generate the needed change? By themselves, probably not. Current NIH and NIMH strategic plans still fail to even acknowledge religion and spirituality as factors (NIH, 2021; NIMH, 2021). More generally, the NIH still has a very long way to go (for some stark statistics, see below, Appendix B). But if adequate numbers of concerned professionals each give helpful inputs when opportunities arise, and alert each other to these opportunities, such efforts can support and synergize with other needed steps. And there are precedents for recognition, even within NIH. For example, in the early 2000s, the NIH publicized two program announcements (PAs) and a request for applications (RFA) focused on religion and/or spirituality – see below, Appendix C. And in the intervening years, the evidence base has grown more massive, progress has been made in understanding clinical relevance (e.g., Balboni & Peteet, 2017; Rosmarin et al, 2021; Vieten & Lukoff, 2021), some facets of the topic have received unprecedented attention in the public health literature (e.g., Idler et al., 2019), and potential new collaborators and sites for networking have emerged, such as the NIH's new scientific interest group, the Religion, Spirituality, and Health Scientific Interest Group (RSHSIG, 2021).

What efforts, and what progress, will emerge? Watch this space – the PHRS *Bulletin* – but also watch elsewhere. Consider pitching in to support

such efforts, in a manner and scale that is comfortable for you. And consider telling us about your observations and/or efforts. We should alert each other to information and opportunities. Together, inch by inch, we can bring about the needed rebalancing.

Appendix A: Submitted Comments

Here are three types of comments – short, medium, and long – that were submitted through the NIMH website as part of public input to inform the current NIMH strategic plan (NIMH, 2021):

David Rosmarin submitted a brief comment:

> I was disappointed to not see any mention (at all) of spirituality or religion in the strategic plan. The vast majority of Americans in general, and mental health patients in particular, profess spiritual/religious beliefs and engage in regular practices that have been clearly linked to many facets of mental health and wellbeing, and the statistical majority of mental health patients report a desire to address spiritual/religious life in treatment. NIMH should be addressing spirituality as an important and clinically relevant facet of human diversity. It's time for an RFA.

Brandon Vaidyanathan submitted a slightly longer, medium-length comment:

> While I commend you on the development of a strong strategic plan, I notice there is no mention of religion, spirituality, or faith-based communities. This is a serious oversight given that (1) a large proportion of Americans maintains strong religious/spiritual commitments, (2) an overwhelming body of research establishes relationships between religiosity and mental health outcomes, and (3) faith leaders are often the first recourse for many Americans facing mental health challenges. I strongly urge you to consider expanding your strategies under objectives 3.3, 4.1, and 4.2 to include dialogue and partnerships with faith communities, especially among racial/ethnic minorities, and potentially testing collaborative interventions in these communities. Also, as part of your goal of improving inclusivity and diversity in workforce development, it is important to invest in developing cultural competencies of mental health professionals in matters of religion and spirituality to better engage with clients and their faith communities.

Doug Oman and Katelyn Long submitted a longer, more expanded comment that identified specific places in the draft plan where text might be modified to include mention of religion/spirituality:

> As co-leaders of a national network on public health, religion, and spirituality (publichealthrs.org), and co-editors of a public health, religion, and spirituality bi-annual bulletin (http://www.publichealthrs.org/bulletin/) we strongly urge the NIMH to include religious and spiritual (R/S) factors in its forthcoming strategic research agenda. Religion and spirituality are not fringe issues; they are issues of central importance in the lives of the majority of Americans and issues of essential interest to public health given their vast influence on mental health, meaning making, and conceptualization of the self. Additionally R/S factors facilitate or hinder various forms of mental health promotion and treatment. To ignore or exclude R/S factors blinds researchers and policy makers to critical dynamics impacting mental health in America. It also notably undermines the ability of NIMH to beneficially inform the activities of other NIH institutes focused on physical health, for which religious/spiritual measures have been linked to longevity differentials of approximately 7 years in the US general population, and nearly 14 years in some minority populations (i.e., African Americans). For more background on the interaction between R/S and public health, please see Oman, D. (Ed.). (2018). Why religion and spirituality matter for public health: Evidence, implications, and resources. Cham, Switzerland: Springer International. https://doi.org/10.1007/978-3-319-73966-3. (for longevity see pp. 31, 55-58)
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> The draft plan contains numerous text locations where religious/spiritual factors could cogently be mentioned without constructing additional

objectives or strategies (which should also be considered for this or subsequent strategic plans). For simple ways to start revising the present draft plan, we encourage you to mention religious/spiritual factors in multiple locations, perhaps all locations suggested below. Failure to include any mention/acknowledgement of religion/spirituality as factors of influence risks conveying the impression that in this respect the plan is intentionally or unintentionally prioritizing an outmoded and prejudicially narrow scientism over evidence-based science that recognizes the power and importance of these factors, recognized as influential since the time of Emile Durkheim, and now investigated in more than 3000 empirical studies, 120 systematic reviews, and 30 meta-analyses (see Oman & Syme, 2018, https://doi.org/10.1007/978-3-319-73966-3_15). Some textual locations for appropriate inclusion within the draft plan (possible insertions in CAPS):

- Page 12, section on "A Comprehensive Research Agenda": "In addition, studies should include participants from diverse racial and ethnic backgrounds, and across gender identities, RELIGIOUS AND/OR SPIRITUAL IDENTITIES, socioeconomic status, neurotype, and age – offering the best possible representation"
- Page 12, section on "Prevention": "…and in different settings (e.g., families, schools, healthcare, WORKPLACES, RELIGIOUS communities, OTHER COMMUNITY ORGANIZATIONS)."
- Page 13, section on "Environmental Influences": "The environment includes natural and built components, individual factors, such as the microbiome, and social factors, such as cultural/RELIGIOUS milieu, family structure, poverty, and neglect."
- Page 22, section on "Goal 2: Examine Mental Illness Trajectories Across the Lifespan": "Further, to provide new therapeutic avenues to prevent and treat mental illnesses we must identify factors, such as social, CULTURAL/RELIGIOUS and environmental (including trauma), and molecular-, cellular-, and system-level mechanisms affecting typical and atypical development."
- Page 23, section on "Strategy 2.1.A: Elucidating the mechanisms contributing to the trajectories of brain development and behavior": "Examining individual differences and biological, behavioral, and environmental (including social, and cultural AND RELIGIOUS/SPIRITUAL) contributors to heterogeneity in risk for and resilience from mental illnesses across the lifespan, trajectories of illnesses, prevention and treatment interventions."

Appendix B: Overview Statistics on NIH Funding of Religion and/or Spirituality Research

Across 27 institutes and centers, the NIH currently funds over 100,000 grants. Various descriptor fields of these grant projects, such as their titles and abstracts, are freely searchable online (go to https://reporter.nih.gov/). Searches conducted on 7 October 2021 reveal that among 100,424 active projects:

- "Spirituality" or "spiritual" as words appear ANYWHERE in the abstracts of only 0.06% of active projects (62, link), and only 0.003% of titles (3 active projects, link);
- "Religion," "religious," or "religiosity" as words appear ANYWHERE in the abstracts of only 0.10% of active projects (96, link) and only 0.004% of titles (4 active projects, link).

Similarly, searching the total database of 2,579,882 project records for the past 36 years – since 1985 – reveals that recognition of these terms in active projects hardly surpasses and sometimes falls below the historical baseline: Spirituality-related words historically appeared in 0.05% of abstracts, link, and 0.006% of titles, link; religion-related words have appeared in 0.09% of abstracts, link, and 0.009% of titles, link.

Yet the vast majority of tax paying US adults – who effectively fund the NIH – profess spiritual/religious beliefs, engage in regular spiritual and/or religious practices, and value spirituality and/or religion to a moderate or greater extent (e.g., Newport, 2012, 2016), and all of these – as well as nonbelievers – can benefit from the better practice that would flow from better comprehension of spiritual and religious factors.

Appendix C: NIH Funding Initiatives with Titles that Mention Religion and/or Spirituality

- RFA (February 7, 2000): AA-00-002: "Studying Spirituality and Alcohol" – "Commit up to $1 million in FY 2000 to fund 7 to 10 new grants in response to this RFA"
- PA (June 22, 2004): PA-04-115: "Religious Organizations and HIV."
- PA (May 9, 2006): PA-06-401: "The Influence of Religiosity and Spirituality on Health Risk Behaviors in Children and Adolescents (R01)."

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[4]^Individuals without an NIH affiliation may subscribe to the Religion, Spirituality and Health Scientific Interest Group's external email list by signing up here: https://list.nih.gov/cgi-bin/wa.exe?A0=RELIGION-SPIRITUALITY-HEALTH-EXT