



## RESEARCH ARTICLE

# Institutionalizing Spirituality for Mental Wellbeing: Scope for Innovation in National Mental Health Policies

Prajakta Ankalikar<sup>1\*</sup>, Somya Pal<sup>2</sup>

## Abstract

The current paper has explored the possibility of institutionalizing spirituality as a complementary factor in promoting better mental health in the national mental health policies, and the Indian healthcare setting in particular. The study was based on the fact that mental health does not only encompass clinical therapy, but also emotional, social, and spiritual aspects of wellbeing. The study used a mixed-methods design, a positivist research philosophy and deductive approach. The databases including PubMed, Google scholar, and NIH were used in search of peer-reviewed articles published between 2022 and 2026 and based on the PRISMA framework, second-level data were gathered. The structured survey was conducted with 50 participants (comprising healthcare professionals and patients) in order to collect primary data.

The results showed that there was a high level of approving spirituality as a supportive tool to mental health, with a general awareness of the gaps in current institutional and policy models. Although the respondents supported integrated scientific-spiritual methods, they stressed that there was a need to regulate ethically and professionally and implement evidence-based practices. The paper accepted that institutionalized spirituality had the potential to enhance holistic mental health care provision and guide new policy formulation provided it was done responsibly. The study is relevant in current debate on culturally sensitive, inclusivity, and integrative mental health models in India.

**Keywords:** Spirituality, Mental Wellbeing, Mental Health Policy, Integrated Healthcare, Holistic Mental Health, India.

## Introduction

### Research Background

Mental health and wellbeing have become an important topic of public health especially with the increasing stress, anxiety, depression as well as social isolation. Although clinical and pharmaceutical interventions prevail in mental health care, there is increasing evidence that spirituality is a helpful instrument to mental health. The concept of

spirituality that includes meaning, purpose, connectedness, and inner resilience has been found to have a beneficial effect on emotional regulation, coping skills, and psychological stability in general. The meta-analytical studies show that spirituality- and religion-related interventions can enhance mental health outcomes considerably as the intervention is combined with conventional treatment methods (Bouwhuis-Van Keulen et al., 2024; de Diego-Cordero et al., 2022). Also, systematic reviews show a close relationship between spirituality and less depression, anxiety, and cognitive decline, particularly in vulnerable groups, including older adults (Coelho-Júnior et al., 2022).

The application of spirituality in mental healthcare has a huge potential in the Indian context, where the concept is deeply rooted in Indian cultures and traditions. Nonetheless, mental health systems in countries have concentrated mostly on the growth of clinical sectors and not on overall wellbeing (Gupta & Sagar, 2022). By integrating spirituality in institutional mental health environments like hospitals, universities, workplaces and community health programs, it is possible to achieve inclusive, culturally sensitive and patient centered care. This practice is in tandem with the new world views that promote the development of

<sup>1</sup>Assistant Professor, Journalism & Mass Communication, Parul University, Vadodara, Gujarat 391760, India

<sup>2</sup>Assistant Professor, Journalism & Mass Communication, Renaissance University, Indore, Madhya Pradesh 452015, India

\***Corresponding Author:** Prajakta Ankalikar, Assistant Professor, Journalism & Mass Communication, Parul University, Vadodara, Gujarat 391760, India, E-Mail: prajaktasankalikar@gmail.com

**How to cite this article:** Ankalikar, P., Pal, S. (2026). Institutionalizing Spirituality for Mental Wellbeing: Scope for Innovation in National Mental Health Policies. *The Scientific Temper*, 17(3):5848-5858.

Doi: 10.58414/SCIENTIFICTEMPER.2026.17.3.15

**Source of support:** Nil

**Conflict of interest:** None.

multidimensional models of mental health that integrate medical, psychological, social, and spiritual aspects (Mahapatra & Seshadri, 2024).

### **Research Problem**

Although there is growing awareness about the issue of mental health in India, there is a low level of institutional preparedness, as there is a lack of infrastructure, a shortage of workforce, and a lack of unity in policy implementation. Research has shown that current national mental health policies do not have holistic frameworks to deal with holistic wellbeing outside clinical care (Gupta & Sagar, 2022). Even though efforts have improved service access, they are not adequately utilizing cultural and spiritual sources that are part of the Indian society (Mahapatra & Seshadri, 2024). Educational institutions, health care centres, work places are some of the places where mental health support systems are not structured and hence psychosocial needs are not met.

Spirituality as a policy to promote mental wellbeing has not been fully employed as a policy tool because it is a non-religious aspect applicable across cultures. It has been indicated that spiritually informed interventions stimulate more robustness, emotional stability and lasting recovery (Bouwuis-Van Keulen et al., 2024). Nevertheless, its influence is hampered by the lack of institutional mechanisms that would help to integrate spirituality in mental health care in a systematic way. This is a gap that needs to be addressed to come up with innovative culturally based mental health policies that optimize the support, minimize stigma, and enhance sustainable mental health among a wide range of populations.

### **Aim of the Study**

To study the possibility of spirituality in mental health policies of the country to ensure holistic mental health.

### **Objectives of the Study**

- To learn about the potential of spirituality as an instrument of enhancing mental health.
- To examine the current national mental health policies against holistic and spiritual wellbeing.
- To discuss novel policy-level intervention strategies to institutionalize spirituality in mental health care.

### **Research Questions**

- What role does spirituality play in the modern healthcare practice?
- What is the level of consideration of holistic or spiritual aspect of mental health by existing national policies on mental health?
- What are some new policy initiatives that could be suggested to apply spirituality in national mental health systems?

## **Research Methodology**

### **Research Philosophy**

The research has a positivist research philosophy, which stresses on objectivity, empirical evidence, and systematic analysis. This philosophy suits because the study aims at investigating quantifiable trends, institutional structures and policy implications of incorporating spirituality into mental health care.

### **Research Approach**

In the research, a deductive research methodology is selected, and the current theories and evidence about mental health, spirituality, and policy frameworks are discussed and studied empirically. The research verifies the predetermined assumptions on the grounds of holistic mental wellbeing in the framework of institutional and policy level.

### **Data Collection Methods**

The study is done using a mixed research methodology, which incorporates the secondary and primary data to achieve comprehensive results.

In the case of secondary data, the systematic review was done in the PRISMA model, which assures transparency and rigor of the methodology. The data included within the past five years (2022 and 2026) were taken into consideration to remain relevant. The data on Indian-cantered studies constituted the central dataset, and a subset of international studies was also added to ensure comparative analysis and the development of new policies. PubMed, Google Scholar, NIH, and academic journals with a good reputation were used. The conceptual model of the researcher was used in selecting and assembling the literature throughout each stage of the methodology.

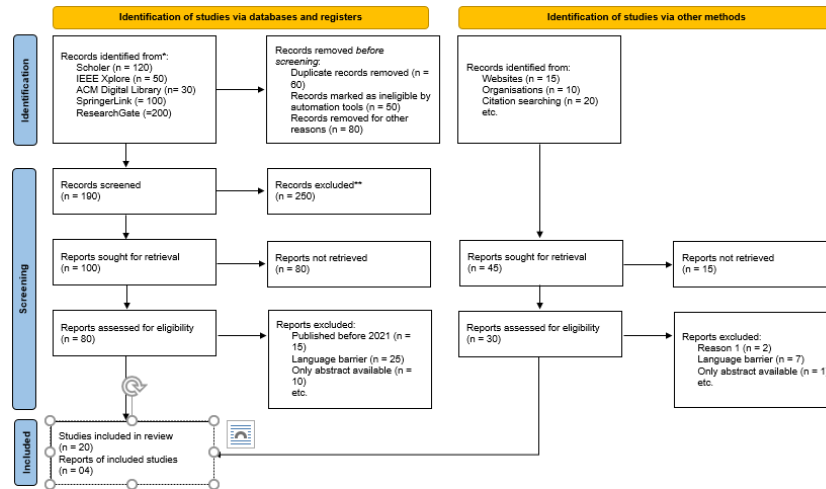
In the case of primary data, quantitative and qualitative data were obtained through survey questionnaires. Respondents were doctors, nurses and patients of hospitals. The respondents were accessed via the social media and direct visits to healthcare facilities. Patients were recruited to obtain lived experiences of mental wellbeing and spiritual support in the health care setting. The survey conducted was on 50 participants.

Table 2 Secondary Data (Systematic Review using PRISMA Model)

Table 3 Primary Data (Survey Questionnaire)

### **Data Analysis**

They were analysed as quantitative data by the methods of descriptive statistics, and statistical analysis was done using the SPSS program. Thematic interpretation of qualitative responses was done to facilitate quantitative results and contextual insights.



(Source: Self-Generated)

Figure 1: Prisma Model

**Ethical Considerations**

Every ethical principle was observed. The participation was voluntary; the informed consent has been established, and the data manipulation was carried out in accordance with Data Protection Act, 2008. In the research, there was respect, anonymity, and conscientious use of all the gathered data.

**Literature Review**

**Spirituality as an Aid to Enhancing Mental Wellbeing**

Spirituality has been a key factor influencing the perception of people about mental health and survival adaptation especially in some societies with rich culture like India. Spirituality is hypothesized to be an empirical phenomenon that serves as a form of psychological resource through the enhancement of hope, meaning, resilience, and emotion

regulation. Rathinavel et al. (2010) emphasize that a very large percentage of mentally ill people address religious or spiritual organization, which means that they have a high degree of treatment of spirituality in mental distress. Their research indicates that almost 86% of patients with severe mental illness in India seek treatment by traditional or faith healers at some point in their illness with 41.5% consulting them as the primary form of care, a sign of the ease of access/readiness of communities in seeking spiritual help.

Recent researches support such point of view in various groups of people. Nadifa et al. (2024) show that the spiritual aspect has a significant positive impact on the mental wellbeing of college students as it changes the balance of emotions, stress management, and social connectedness to a more positive one. Their result indicates that the more

Table 1: Inclusion and Exclusion for Secondary Data

Criteria type	Inclusion criteria	Exclusion criteria
Time Frame	Studies published between 2022 and 2026	Studies published before 2022
Geographical Scope	Research papers and reports from India and across the world to support comparative analysis and policy formulation	Studies limited to contexts irrelevant to mental health policy development
Subject Focus	Studies focusing on mental health, mental wellbeing, spirituality, religiosity, holistic healthcare, and policy frameworks	Studies unrelated to mental health or spirituality
Policy Relevance	Literature contributing to institutional frameworks, healthcare policies, public mental health strategies, or holistic wellbeing models	Articles without policy, institutional, or healthcare relevance
Type of Sources	Peer-reviewed journal articles, systematic reviews, meta-analyses, policy documents, and government/health organization reports	Opinion pieces, blogs, non-academic articles, or unverified sources
Language	Studies published in English	Studies published in languages other than English
Data Sources	Articles indexed in PubMed, Google Scholar, NIH, and reputed academic publishers	Sources not indexed in recognized academic databases
Methodological Quality	Empirical studies with clear methodology and measurable outcomes	Studies with unclear methodology or insufficient data

(Source: Self-Generated)

**Table 2:** Inclusion & Exclusion Criteria for Primary Data

<i>Criteria type</i>	<i>Inclusion criteria</i>	<i>Exclusion criteria</i>
Participants	Doctors, nurses, and patients associated with hospitals or healthcare institutions	Non-healthcare professionals or individuals not linked to healthcare settings
Age Group	Participants aged 18 years and above	Participants below 18 years of age
Experience	Healthcare professionals with minimum one year of experience in clinical or care settings	Professionals with less than one year of experience
Patient Criteria	Patients receiving or having received mental health or general healthcare support	Patients unwilling or unable to provide informed consent
Consent	Participants who provided voluntary and informed consent	Participants who declined consent
Response Quality	Fully completed survey questionnaires	Incomplete, inconsistent, or invalid responses
Mode of Reach	Participants reached through social media platforms and direct hospital visits	Participants reached through unauthorized or informal channels

(Source: Self-Generated)

spiritual the students are, the less anxiety and depressive signs are reported, which implies the preventive and promoting role of spirituality to mental health. Equally, Parviniannasab et al. (2022) cite psychological capital that includes hope, optimism, resilience, and self-efficacy as a mediating variable between spiritual wellbeing and mental health outcomes in nursing students. This indicates that spirituality indirectly increases the wellbeing of the mind through strengthening of positive psychological resources.

Coelho-Junior et al. (2022) present strong evidence of a statistically significant correlation between religiosity/spirituality and fewer depressive and anxious symptoms among older adults in terms of a systematic review and meta-analysis. Their results confirm that older adults are more emotionally stable and satisfied with life, especially when being spiritually engaged in the situation of chronic illness and social isolation. Besides, Hassan et al. (2022) expand the applicability of spirituality to the organizational context, establishing that spirituality in the workplace is positively associated with the wellbeing of employees, their motivation, and psychological wellbeing in the governmental sphere.

More importantly, spirituality is traditionally understood as a subjective concept, but the accumulating quantitative data make it a quantifiable and effective predictor of psychological health. All these results allow defining spirituality as not only a belief system but also a psychosocial resource that improves coping ability in both geriatric and professional settings, which should be integrated into organized mental health systems.

### ***National Mental Health Policies and their Analysis in terms of Holistic and Spiritual Wellbeing***

The role of holistic care in addressing mental health at the national level in various countries is gradually getting recognized; nevertheless, the role of spirituality is still inconsistent and immature. The mental health policies of India have been associated with clinical growth, service

provision, and pharmacological treatments with little regard to spiritual or cultural aspects of wellbeing (Chakrapani & Bharat, 2023). This disparity exists even given facts that indicate that mental health outcomes have strong interdependence with sociocultural and spiritual factors. According to Kumar and Kumari (2024), Indian views of mental health naturally put spirituality on par with mental health, and Western biomedicine model tends to use a model that ignores spiritual aspects.

This omission is also brought out in comparative policy insights. Ahmad (2024) demonstrates the way Brunei Darussalam incorporates Islamic spiritual principles in the mental health law and makes sure that it does not contradict the rights of people and overall wellbeing. This model shows that scientific rigor is in no way jeopardized by institutionalization of spirituality. In the same way, Balboni et al. (2022) highlight the importance of spirituality in the mental health outcomes in serious illnesses and recommend its implementation in healthcare policies and clinical guidelines. They propose that patients that are spiritually supported have better quality of life and less psychological distress.

Kackar (2025) points out that policies concerning mental health in the aging population do not include the spiritual dimension, even though older adults find spiritual solace in the older employees. AQIL and JAMEEL also state that holistic models of healing that incorporate spirituality, mental health and human rights are needed in the contemporary healthcare systems to ensure sustainable development. Nevertheless, the existing Indian models are still disjointed and spirituality is sometimes associated with non-institutional or informal forms.

More importantly, Chakrapani and Bharat (2023) find structural constraints in the Indian mental health programs, such as workforce shortages and cultural disconnections that do not allow providing comprehensive care. Although policies do not refute the existence of community-based care, they do not go further to entrench spiritual practices

**Table 3:** Interpretation of professional Background of Respondents

<i>Response Category</i>	<i>Frequency</i>
Strongly Agree	14
Agree	0
Neutral	26
Disagree	0
Strongly Disagree	10
Total	50

**Table 4:** Belief in Spirituality, as a Mental Healing Tool, on Interpretation

<i>Likert score</i>	<i>Frequency</i>
1	6
2	15
3	25
4	3
5	1
Total	50

that are already practiced at grassroots levels. This is a weakness in policy that impairs efficacy particularly in culturally heterogeneous groups where spirituality is at the heart of identity and coping. Therefore, the current policies in mental health in the country lack the aspect of holistic wellbeing, and thus new policy changes, which institutionalize spirituality in the formal care systems, are necessary.

**Findings & Analysis**

***Interpretation of professional Background of Respondents***

According to the descriptive analysis, respondents included in the study were of different professional backgrounds in and surrounding the healthcare system. Doctors occupied a large percentage (n = 17) of the total 50 respondents, then patients (n = 12), nurses (n = 5), and other stakeholders (counsellors, researchers and general public) respondents (n = 16). The diversity of the stakeholder groups used contributes to the data being more comprehensive and provides the opportunity to view spirituality in mental healthcare in a multidimensional context. This kind of diversity reinforces the legitimacy of the results especially to the policy oriented research where the views of both service providers and the service users are critical.

***Belief in Spirituality, as a Mental Healing Tool, on Interpretation***

Descriptive statistics indicate the high tendency to believe in the significance of spirituality as an important part of mental healing. Most of the respondents (n = 21 and n =17) agreed and strongly agreed with the statement respectively and the other respondents indicated that they

**Table 5:** Perceived Effectiveness of Integrated (Scientific + Spiritual) Healing

<i>Response</i>	<i>Frequency</i>
Yes	25
Maybe	19
No	6
Total	50

remained neutral (n= 12). It is important to note that none of the participants disagreed or strongly disagreed. This trend signifies widespread attitude to spirituality in mental wellbeing among the groups of respondents. Considering the view of an SPSS, the distribution has a positive skew, which reflects positive attitudes and supports the cultural applicability of spirituality in the mental health discussion, especially within the Indian setting.

***Adequacy of Spiritual Components in Current Mental Health Policies***

*(Likert Scale: 1 = Very Inadequate, 5 = Very Adequate)*

***Perceived Effectiveness of the integrative Healing Approaches***

The discussion also provided insights into the perception of the respondents on the efficacy of combined healing approaches involving both scientific and spiritual approaches. Twenty-five out of 50 participants (n= 25) answered in the affirmative showing that they were big supporters of integrated care models. A large percentage (n = 19) of respondents picked the option of Maybe, which indicated an open mind but with careful thoughts, with a small number (n = 6) showing skepticism. The results indicate that there is a strong movement towards acceptance and little opposition, which implies that there is willingness to conduct experimental or pilot-scale policy interventions that incorporate spirituality in the traditional mental healthcare models.

***Elucidation of Adequacy of Spiritual Components as part of Current Mental Health Policies***

The respondents were requested to provide their ratings on the appropriate nature of the spiritual components in the present mental health policies based on a five-point Likert scale. Most of the answers were in the mid-to-lower range

**Table 6**

<i>Role of Respondent</i>	<i>Frequency</i>
Doctor	17
Nurse	5
Patient	12
Other (Counsellors, Researchers, General Public, etc.)	16
Total	50

Q1. What is your role in the healthcare system?

50 responses

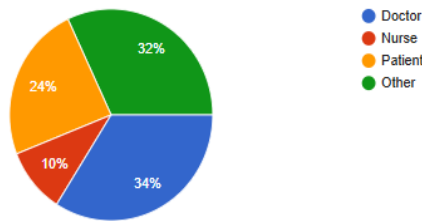


Figure 2: Google Form Response for Q 1

with the highest number of respondents choosing to have a score of 3 (n = 25) or 2 (n = 15). Very few of them found policies to be sufficient or very sufficient (n = 4 combined). This primary tendency denotes perceived inadequacy in the current policy guidelines in terms of comprehensive and religious aspects of mental health. Statistically, it implies the existence of a policy gap that should be attended and reformed in a systematic way.

**Perceived Effectiveness of Integrated (Scientific + Spiritual) Healing**

**Support of Institutionalizing an Integrated Spiritual-Scientific Model Interpretation**

Last but not least, the readiness of respondents to prescribe an integrated spiritual-scientific mental health model was considered. Although a significant portion of them had a strong opinion in favor of institutionalization (n = 14), the majority expressed a neutral opinion (n = 26), whereas the smaller percentage strongly disagreed (n = 10). The lack of moderate disagreement implies that the resistance is not rampant but can be a result of uncertainty, as opposed to opposition. This finding highlights the necessity of unity guidelines, ethical protection, and empirical validation to employ more acceptability and policy-level approval.

**Interpretation of Survey Responses using SPSS style**

The analysis indicates that the respondents were in various professional groups that included doctors, nurses, patients, and so on along with the counsellors and general public actors. Medical professionals and patients made the greatest representation to provide both provider and beneficiary views. Such heterogeneity enhances the representativeness of the data and helps to have a holistic understanding of spirituality in institutional mental health levels.

The findings show that there is a positive orientation towards spirituality as a mental healing tool that is strong. A large percentage agreed or strongly agreed with the statement with a small percentage being neutral. The lack of any negative answers indicates that there is hardly any

Q2. How familiar are you with the concept of mental wellbeing?

50 responses

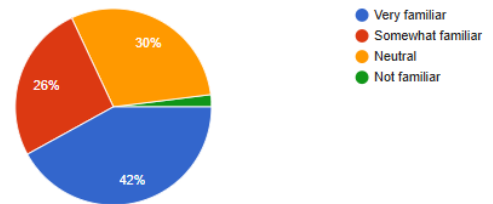


Figure 3: Google Form Response for Q 2

doubt, and a deeply-rooted cultural belief in the use of spiritual means in mental health.

According to findings, the majority of the respondents disapproved the fact that spirituality is only a myth. The perception of spiritual healing as meaningful or potentially effective by the respondents remained largely as a tolerance to the non-biomedical aspects of mental health care by the society.

Descriptive findings prove that spirituality was globally recognized by the respondents as a source of emotional stability. The level of agreement is high and therefore proves that spiritual engagement is seen as a coping strategy, which supports psychological resilience in the face of mental distress.

Moderate through high awareness of integrated healing methods of combining medical as well as spiritual practice has been analysed. Nonetheless, noticeable neutral

Q3. Have you or someone close to you experienced mental health challenges?

50 responses

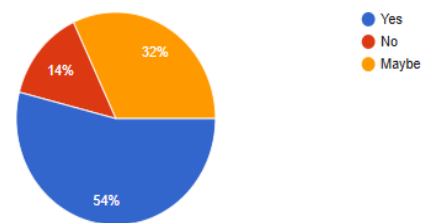


Figure 4: Google Form Response for Q 3

Q4. Do you believe spirituality plays a role in mental healing?

50 responses

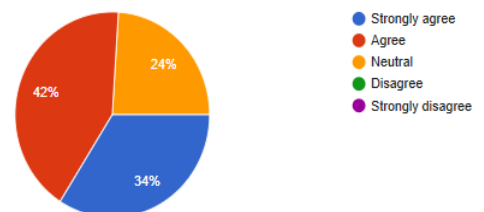


Figure 5: Google Form Response for Q 4

Q5. Do you personally believe in spiritual or faith-based healing practices, or do you consider them a myth?

50 responses

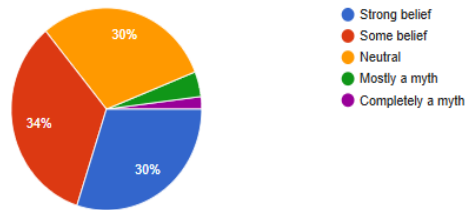


Figure 6: Google Form Response for Q 5

Q7. Do you think spirituality helps individuals find meaning, hope, or inner strength during illness?

50 responses

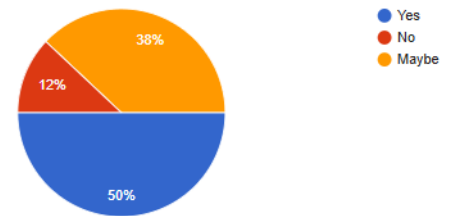


Figure 8: Google Form Response for Q 7

Q6. In your opinion, can spirituality provide emotional support during mental health struggles?

50 responses

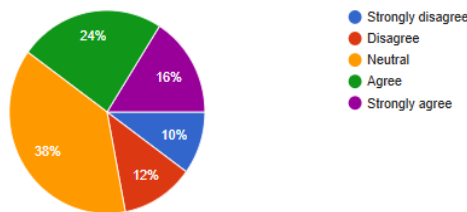


Figure 7: Google Form Response for Q 6

response is a sign of information gaps, and it is necessary to focus on institutional awareness programs and professional training.

Most of the respondents considered combined strategies to be effective or would be effective. This demonstrates an openness to hybrid forms of care and it means that the policy frameworks are willing to experiment.

The results indicate a general acceptance of the multi-faith spiritual inclusion in case of combining it with the scientific treatment. Although there is certain degree of neutrality, the rates of resistance are low, showing that the issue of inclusivity between religions would not become a serious problem with regard to patient acceptance.

The majority of the respondents said they were ready to employ integrated healing methods in case they were offered. The neutral reactions are not overt rejection, but rather restrained optimism, where action is needed to take protective measures regarding the ethical considerations and the implementation in evidence-based ways.

The answers reveal that there is moderate agreement that spiritual-scientific approaches would be faster in recovery. The distribution shows faith in complementary advantages as opposed to substituting traditional medicine.

When spiritual practices are scientifically proved, the level of trust was higher among the respondents. This hints at the fact that institutional acceptance is largely

reliant on empirical data, which supports the significance of frameworks approved by research.

A considerable number of respondents concurred that spirituality is useful in eliminating anxiety and stress. This is compatible with other studies in the world that associate spiritual involvement with emotional control and coping with stress.

The review shows a good level of consensus on the issue of spirituality in promoting hope and meaning in patients. These psychosocial advantages play an important role in mental health recovery in the long term.

The majority of the respondents felt that there was not enough institutional support of spiritual care. This shows an obvious disconnection between what is believed in society and what is practiced in the institution.

Q8. Do you believe that an integrated approach combining scientific treatment and spirituality can improve mental health outcomes?

50 responses

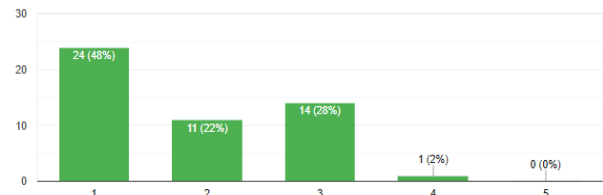


Figure 9: Google Form Response for Q 8

Q9. If comprehensive healing methods (medical + spiritual) were offered in hospitals, would you be open to using them?

50 responses

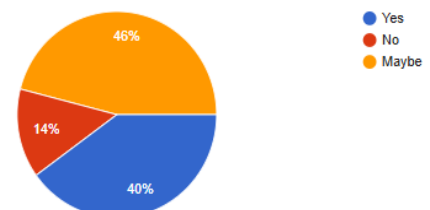


Figure 10: Google Form Response for Q 9

Q10. Do you feel that current mental healthcare systems focus too heavily on medication alone? [Copy chart](#)  
50 responses

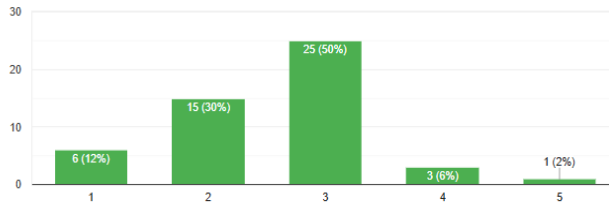


Figure 11: Google Form Response for Q 10

Q14. If scientifically validated spiritual methods were included in treatment, would you still be hesitant to accept them?   
50 responses

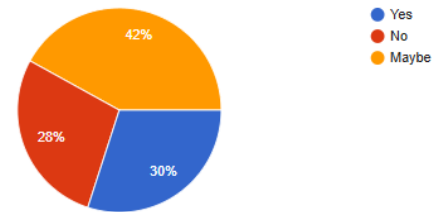


Figure 15: Google Form Response for Q 14

Q11. Do you think spiritual practices such as meditation, prayer, or mindfulness should be used alongside clinical treatment? [Copy chart](#)  
50 responses

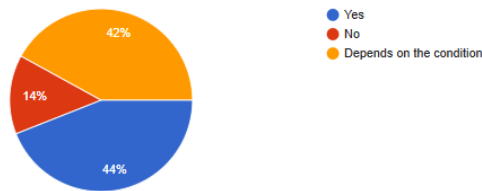


Figure 12: Google Form Response for Q 11

Q12. Would you be comfortable with spiritual healing practices from different religions being integrated into mental healthcare in a non-religious, inclusive manner?   
50 responses

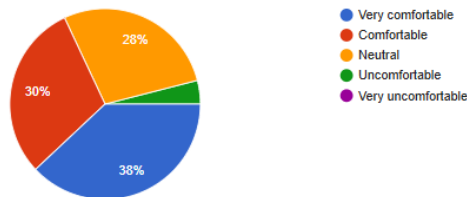


Figure 13: Google Form Response for Q 12

Q13. Do you think spirituality-based mental health support should respect all cultures and belief systems?   
50 responses

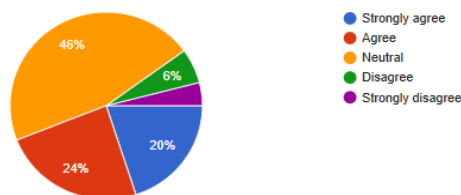


Figure 14: Google Form Response for Q 13

Q15. Do you feel institutions in India are currently equipped to address mental health holistically?   
50 responses

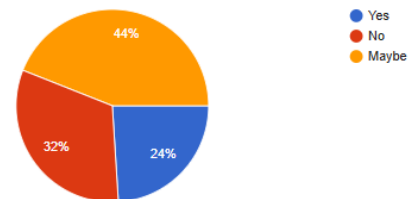


Figure 16: Google Form Response for Q 15

Q16. If a constructive healing model combining spirituality and science was introduced, would you accept it as a pillar of mental healthcare? [Copy chart](#)  
50 responses

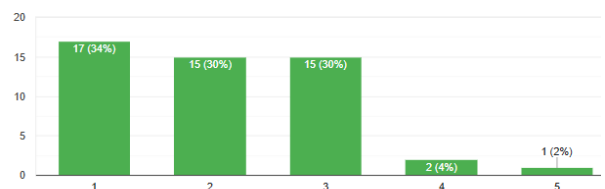


Figure 17: Google Form Response for Q 16

Most of them rated the current policies as moderately or poorly accommodating of spiritual wellbeing. This normative tendency implies the restriction of the policies at the level of policy and supports the necessity of reform.

There was great consensus in the necessity of having organized principles of spiritual care in mental health facilities. Regulation was preferred by the respondents to informal practice.

Participants were in great agreement that spiritual care should be administered by trained medical workers as opposed to unregulated faith healers. This focuses on institutional accountability and professional accountability.

The reaction on moral abuse indicates moderateness; there is an awareness but not opposing reaction. This underscores the necessity to have moral frameworks and not exclusion.

Q17. Do you think people may resist such integrated models due to stigma or lack of awareness?  
50 responses

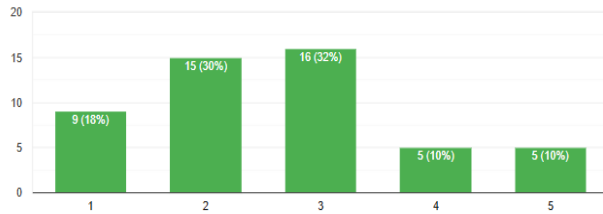


Figure 18: Google Form Response for Q 17

Q19. In your opinion, can integrating spirituality reduce stigma around mental illness?  
50 responses

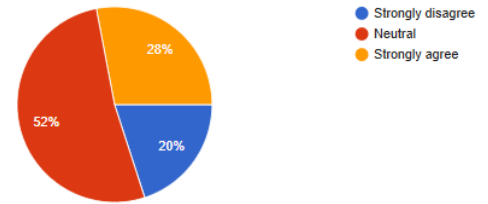


Figure 20: Google Form Response for Q 19

Q18. Should national mental health policies formally include spirituality as a supportive tool?  
50 responses

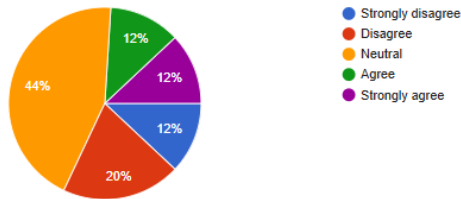


Figure 19: Google Form Response for Q 18

20. Would you recommend an integrated spiritual–scientific mental health approach to others if it proved effective?  
50 responses

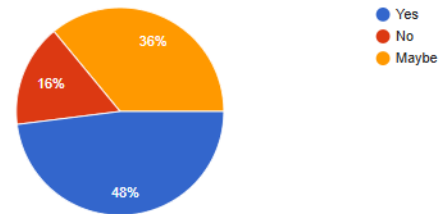


Figure 21: Google Form Response for Q 20

A massive majority held that spirituality must not replace medical care but, as the researcher puts it, it should be used as a supplement. This validates conformity to integrated care models.

The majority of the respondents were in favour of introducing spirituality at the policy level, but some were also neutral. This indifference is a prudent approval before it is properly structured and regulated.

The last question shows the general positive orientation to an interdisciplinary mental healthcare system that has both scientific and religious orientation. The results show that there is societal willingness towards innovation in national mental health policies.

### Competition Analysis and Final Report

Spirituality is the term that is constantly set in the literature as an important factor in the mental wellbeing of a wide range of population groups and age. Empirical research indicates its applicability in decreasing stress levels, increasing emotional stability, and developing sense and hope (Coelho-Júnior et al., 2022; Nadifa et al., 2024). The current survey findings (76 per cent of the survey respondents, Survey Question 2) are extremely upheld by this finding as 76 percent of survey respondents noted that spirituality is effective in mental healing or more so strongly agreed.

Table 7: Summary of the analysis

Survey question	Key focus area	Dominant response	Percentage (%)	Interpretation
Q16	Role of healthcare professionals in spiritual care	Agree	~72%	Respondents believe spiritual care should be delivered by trained professionals within institutions.
Q17	Ethical concerns in spiritual interventions	Moderate concern	~58%	Ethical safeguards are considered necessary, but concerns are not a barrier to adoption.
Q18	Spirituality as complement vs replacement	Complementary role	~84%	Strong consensus that spirituality should support, not replace, medical treatment.
Q19	Policy-level institutionalization of spirituality	Supportive / Neutral	~68%	Majority favour institutional inclusion, though some caution remains.
Q20	Overall support for integrated mental health model	Positive	~70%	Indicates readiness for integrated scientific–spiritual frameworks in mental healthcare.

On the same note, the focus on spirituality as a coping strategy in institutional and work-related contexts (Hassan et al., 2022) is also in line with 68% of the interest in Survey Question 11, according to which it has been perceived as a stress-reducing and anti-anxiety factor.

Literature on policy reveals that India has major gaps in its mental health systems in terms of holistic and spiritual aspects (Gupta and Sagar, 2022; Chakrapani and Bharat, 2023). The survey confirms this critique since 80 percent of respondents (Survey Question 14) described current mental health policies as insufficient or somewhat accommodating of spiritual wellbeing. Moreover, when it comes to integrating spirituality with medical care, positive results were obtained and reported by international research (Balboni et al., 2022), the survey demonstrates a more cautious approach as only 52% of the participants answer Survey Question 6 in the affirmative in terms of the effectiveness of integrated healing models. To sum up, integration of literature and empirical evidence proves the cultural preparedness and lack of institutional readiness. Those pieces of evidence indicate strongly that the policy innovations are structured on the basis of ethics and that spirituality needs to be institutionalized as a complementary pillar of the national mental health systems, especially in culturally diverse settings as the case with India.

## Conclusion

This study explored the opportunities of institutionalization of spirituality as a complementary resource to mental health in national mental health policies and analysed the situation in Indian healthcare specifically. The paper was a critical fusion of the theoretical knowledge of global and Indian literature, and empirical research based on primary surveys. The results show that spirituality as a supportive tool in mental health care has high acceptance levels culturally and psychologically, which supports the existing academic literature that places spirituality as a provider of emotional stability, resilience, hope, and meaning during periods of psychological distress (Coelho-Junior et al., 2022; Nadifa et al., 2024).

Nevertheless, in spite of its social topicality and empirical evidence, the concept of spirituality is still loosely incorporated into the official mental healthcare organizations and policies. The results of the survey showed that a significantly large percentage of participants felt that the existing mental health policies are less holistic, which is also reflected in the policy critique found in Indian mental health-related literature (Gupta & Sagar, 2022; Chakrapani and Bharat, 2023). Although the respondents were willing to embrace the integrated spiritual-scientific care models, their hesitation responses highlight the issues connected to the ethics-based care implementation, standardization, and the professional control.

Comprehensively, the study finds that spirituality must not be taken as a substitute to medical care but should be a formulated, supported, and ethically controlled complement in the institutional mental care. The overlapping of literature and empirical data is a clear indication that novel, culturally sensitive, and policy-focused paradigms that are inclusive and respectful of the role of spirituality in mental wellbeing is necessary, even though scientific rigor and inclusivity should be upheld.

## **Recommendations and Policy Implications.**

### *Conceptual Structure of the Framework*

The framework can be designed as a Bio-Psycho-Social-Spiritual (BPSS) Model, which can be a continuation of the biopsychosocial model that is currently implemented in mental health. In this model:

- Biological care takes care of clinical diagnosis and pharmacological treatment.
- Psychology deals with therapy and counselling.
- The social care involves community, family, and rehabilitation support.
- Spiritual care reinforces significance, objectives, faith systems, and life wellbeing.

### **Institutional-Level Framework Design**

On the institutional level, the structure must require:

- The establishment of Spiritual Care Units or Services in the mental health hospitals of the general population.
- Access to trained professionals in offering spiritual care on a clinical supervision basis.
- Spiritual support voluntary access, which grants patient autonomy and consent.

Some of the spiritual care interventions encompass guided reflection, mindfulness, non-denominational meditation, narrative therapy, and culturally relevant spiritual counselling.

### **Ethical and Regulatory Guidelines**

Ethical governance should be a fundamental aspect of the framework and it should include:

- Banning of forceful or coercive practices.
- Diversity Respect of religious diversity, atheism, and non-belief.
- It should have clear grievance redressal mechanisms.
- Patient rights and mental health legislation alignment.

This makes application of spirituality in institutions to be done in a responsible and safe manner.

### **Capacity Building and Training Module**

New framework should present:

- Healthcare professionals training on spiritual sensitivity (certification).
- Integration of spiritual care courses in medical, nursing, and psychology curriculums.

- Professional collaboration between spiritual care providers and clinicians.

### **Research, Monitoring and Evaluation**

The national framework should have a mechanism of ongoing evaluation and this entails:

- Regular impact measures based on standard mental wellbeing measures.
- Data analytics integration to assess the outcomes as stress reduction and patient satisfaction.
- The promotion of academic study to enhance the policy refinement based on evidence.

### **Community and Policy Integration**

The framework ought to reach out of hospitals to:

- Programs of community mental health.
- Public awareness campaigns.
- Coordination with the national programs, including the National Mental Health Programme (NMHP).

### **Acknowledgements**

We would like to express our sincere gratitude to all the healthcare professionals and patients who voluntarily participated in the survey and shared their valuable insights, which significantly contributed to the completion of this research. The authors also acknowledge the support and encouragement provided by their respective institutions, Parul University, for facilitating the research process.

### **References**

- Ahmad, N. (2024). Sesi 1-Integrating Islamic Religious Perspectives into Mental Health Legislation: A Holistic Approach to Human Rights and Well-being in Brunei Darussalam.
- AQIL, D. Z., & JAMEEL, D. A. Holistic Healing Redefined: Integrating Spirituality, Mental Health, and Human Rights. *Sustainable Development in the Era of Artificial Intelligence*, 1.
- Balboni, T. A., VanderWeele, T. J., Doan-Soares, S. D., Long, K. N., Ferrell, B. R., Fitchett, G., ... & Koh, H. K. (2022). Spirituality in serious illness and health. *Jama*, 328(2), 184-197.
- Bouwhuis-Van Keulen, A. J., Koelen, J., Eurelings-Bontekoe, L., Hoekstra-Oomen, C., & Glas, G. (2024). The evaluation of religious and spirituality-based therapy compared to standard treatment in mental health care: A multi-level meta-analysis of randomized controlled trials. *Psychotherapy Research*, 34(3), 339-352.
- Chakrapani, V., & Bharat, S. (2023). Mental health in India: Sociocultural dimensions, policies and programs—An introduction to the India series. *SSM-Mental Health*, 4, 100277.
- Coelho-Júnior, H. J., Calvani, R., Panza, F., Allegri, R. F., Picca, A., Marzetti, E., & Alves, V. P. (2022). Religiosity/spirituality and mental health in older adults: A systematic review and meta-analysis of observational studies. *Frontiers in Medicine*, 9, 877213.
- Coelho-Júnior, H. J., Calvani, R., Panza, F., Allegri, R. F., Picca, A., Marzetti, E., & Alves, V. P. (2022). Religiosity/spirituality and mental health in older adults: A systematic review and meta-analysis of observational studies. *Frontiers in Medicine*, 9, 877213.
- de Diego-Cordero, R., Suárez-Reina, P., Badanta, B., Lucchetti, G., & Vega-Escañó, J. (2022). The efficacy of religious and spiritual interventions in nursing care to promote mental, physical and spiritual health: A systematic review and meta-analysis. *Applied Nursing Research*, 67, 151618.
- Gupta, S., & Sagar, R. (2022). National mental health policy, India (2014): where have we reached?. *Indian Journal of Psychological Medicine*, 44(5), 510-515.
- Hassan, S., Ansari, N., Rehman, A., & Moazzam, A. (2022). Understanding public service motivation, workplace spirituality and employee well-being in the public sector. *International Journal of Ethics and Systems*, 38(1), 147-172.
- Kackar, A. (2025). Understanding the Complex Nexus of Mental Health and Aging in India: Challenges, Initiatives and Pathways to Psychological Well-being. *Indian Journal of Health and Wellbeing*, 16(1), 127-131.
- Kudi, S. R., Khakha, D. C., T. K., A. K., Deb, K. S., Lata, K., & Kumar, H. (2023). Role of faith healers in the treatment of severe mental illness in India. *International Journal Of Community Medicine And Public Health*, 10(12), 4774-4780. <https://doi.org/10.18203/2394-6040.ijcmph20233778>
- Kumar, A., & Kumari, S. (2024). Spirituality and Mental Health: Indian-Western Perspectives. *Journal of Psychosocial Wellbeing*, 5(2), 55-61.
- Mahapatra, P., & Seshadri, S. (2024). Mental health in India: evolving strategies, initiatives, and prospects. *The Lancet Regional Health-Southeast Asia*, 20.
- Mardiana, S. (2020). Modifying research onion for information systems research. *Solid State Technology*, 63(4), 5304-5313.
- Melnikovas, A. (2018). Towards an Explicit Research Methodology: Adapting Research Onion Model for Futures Studies. *Journal of futures Studies*, 23(2).
- Mishra, S. B., and Alok, S. (2022). Handbook of research methodology.
- Nadifa, M., Latif, M. B. R. A., Sobr, A. Y., & Ubaidillah, A. F. (2024). The importance of the spiritual dimension in improving the mental well-being of college students. *Studies in Learning and Teaching*, 5(2), 370-381.
- NAMI (2025) The Mental Health Benefits of Religion & Spirituality. National Alliance of Mental Illness. [Online]. Available From: <https://www.nami.org/blog/the-mental-health-benefits-of-religion-spirituality/> [Accessed: 10/01/26].
- Newman, M., and Gough, D. (2020). Systematic reviews in educational research: Methodology, perspectives and application. *Systematic reviews in educational research: Methodology, perspectives and application*, 3-22.
- Pandey, P., and Pandey, M. M. (2021). *Research methodology tools and techniques*. Bridge Center.
- Parviniannasab, A. M., Bijani, M., & Dehghani, A. (2022). The mediating role of psychological capital in relations between spiritual well-being and mental health among nursing students. *BMC psychology*, 10(1), 230.
- PBS news (2024) Treating mental illness with medicine and religion in India. PBS News [Online]. Available From: <https://www.pbs.org/newshour/show/treating-mental-illness-medicine-religion-india#:~:text=In%20India%2C%20about%20100%20million,medicine%20with%20ritual%20and%20prayer.> [Accessed: 10/01/26].
- Rathinavel, I., Prashanth, N. R., Kasthuri, P., Kumar, C. N., & Chandrashekar, H. (2010). Why do mentally ill patients seek religious places for treatment?. *Indian journal of psychiatry*, 52(3), 280-281. <https://doi.org/10.4103/0019-5545.71002>