

## **Spirituality Is the Missing Piece in Mental Health Care Effectiveness**

**By John R. Murphy,**

**Founder of Rock House Center and Creator of Motive Transition Therapy®**

America is experiencing a mental health crisis:

- Forty-five million adults in the US—nearly 20 percent of the total adult population—are afflicted by mental illness.<sup>1</sup>
- The annual “World Happiness Report,” citing substance abuse as a major contributing factor, has charted a multiyear decline in Americans’ overall happiness.<sup>2</sup>
- Suicide, a particularly grievous indicator of mental health, is on the rise. The suicide rate is at its highest level since World War II, and suicidal ideation (thoughts or planning) is also getting worse: “Over 10.3 million adults have serious thoughts of suicide in the United States—an increase of nearly 450,000 people from last year.”<sup>3</sup>

The cost of mental illness on all facets of American life is incalculable. From societal problems like crime and homelessness to workplace difficulties like lack of productivity and job loss, all of us—including the 80 percent who are not afflicted—suffer from its effects.

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<sup>1</sup> Maddy Reinert, Theresa Nguyen and Danielle Fritze, *The State of Mental Health in America 2020*, Mental Health America, Inc., [https://www.mhanational.org/sites/default/files/State of Mental Health in America - 2020.pdf](https://www.mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020.pdf), 2019

<sup>2</sup> John F. Helliwell, Richard Layard and Jeffrey D. Sachs, *World Happiness Report 2019*, New York: Sustainable Development Solutions Network, <https://worldhappiness.report/ed/2019/>

<sup>3</sup> Maddy Reinert, Theresa Nguyen and Danielle Fritze, *The State of Mental Health in America 2020*, Mental Health America, Inc., [https://www.mhanational.org/sites/default/files/State of Mental Health in America - 2020.pdf](https://www.mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020.pdf), 2019

Yet mental illness goes widely untreated in the US. Fifty-seven percent of adults with a mental illness receive no treatment,<sup>4</sup> often because therapy can be both expensive and logistically difficult, and because a stigma to mental illness continues to exist that leads to denial of the condition or a reluctance to seek care.

Moreover, even the 43 percent who do get treatment find far too often that their relief is only temporary or insufficient, because it has failed to address the underlying cause of their illness. It ignored the role of spirituality in healing.

The inescapable fact is that most people who are treated for mental illness are given the equivalent of a Band-Aid: therapeutic techniques, such as cognitive behavioral therapy, insight-oriented therapy, and psychoanalysis; and psychotropic drugs for depression and anxiety, such as NDRIs and SSRIs.

Sadly, these conventional modes of treatment are often ineffective, because they fail to reach the root cause of the illness, which is essential to fostering behavioral change. A spiritual approach is needed, but it is absent from conventional therapy.

*60% (of a clinical sample of “seriously ill” mental illness patients) reported that religion/spirituality, including transpersonal beliefs, had a significant positive impact on their illness. . . .*

*There is growing recognition that spirituality represents a central factor in individuals’ lives and of the need to take it into consideration in mental health interventions.”<sup>5</sup>*

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<sup>4</sup> Ibid.

<sup>5</sup> *The Role of Spirituality in Mental Health Intervention: A Developmental Perspective*, L. Birnbaum PhD, A.

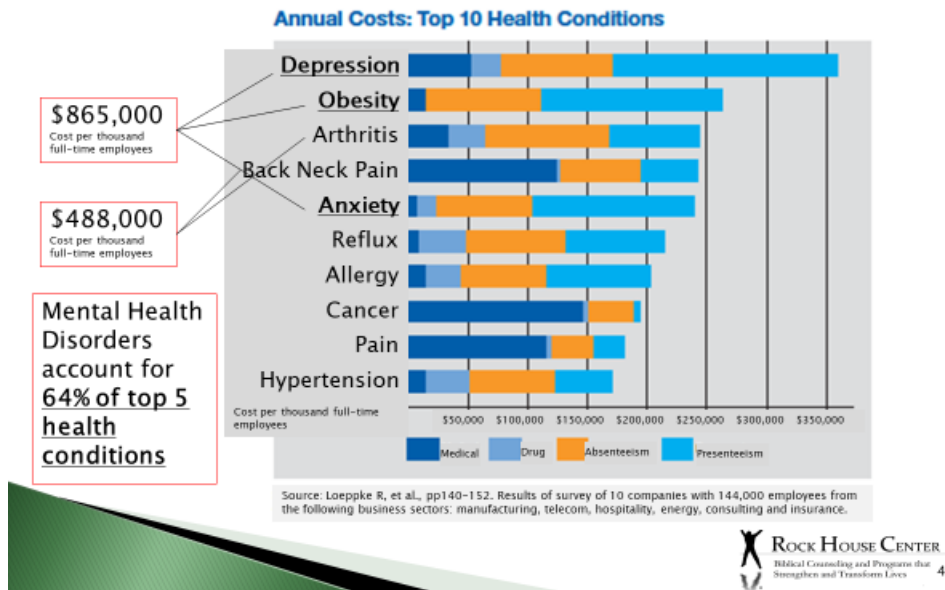
By targeting this major blind spot—patient spirituality—Rock House Center offers a revolutionary, Bible-oriented approach to behavioral health that has generated impressive results for hundreds of clients.

### The financial toll of the mental health crisis

Mental health disorders are emotionally devastating not only for patients and their family members, but for businesses, too. Reduced productivity, absence from work, and health care expenses arising from employee mental health issues cost businesses \$80 to \$100 billion annually, according to the Center for Workplace Mental Health.<sup>6</sup>

The chart below reveals the pervasiveness of mental health issues in the workplace, and the degree to which they affect every organization’s bottom line:

### Mental health disorders are the primary drivers of healthcare expense and productivity loss.



<sup>6</sup> Cynthia Koons, "Latest Suicide Data Show the Depth of U.S. Mental Health Crisis," Bloomberg, June 20, 2019, <https://www.bloomberg.com/news/articles/2019-06-20/latest-suicide-data-show-the-depth-of-u-s-mental-health-crisis>

The chart shows that three of the top five health conditions affecting American businesses are mental illnesses. Those three—depression, obesity, and anxiety—combined to cost businesses \$865 per full-time employee in one year. And it's nearly impossible to calculate the degree to which emotionally derived stress can cause the onset or worsen all other medical conditions.

Yet individuals with depression, anxiety, or substance abuse problems are often reluctant to seek help, especially if they fear that doing so may jeopardize their employment. And while suffering in silence only exacerbates the problem for both patients and their employers, there's a certain logic to it:

What's the point of seeking help when traditional mental health care practices are inadequate and unlikely to permanently solve the problem?

*"Patients who seek psychiatric help today for mood disorders stand a good chance of being diagnosed with a disease that does not exist and treated with a medication little more effective than a placebo."* —Edward Shorter, Ph.d.– Professor of the history of medicine and psychiatry in the Faculty of Medicine of the University of Toronto<sup>7</sup>

Business owners understand the link between employee well-being and performance; a happy, healthy workforce is a productive one. Therefore, mental health care should be seen as an investment that pays for itself.

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<sup>7</sup> "Why Psychiatry Needs Therapy" Shorter, Wall Street Journal, 2010

The question, then, is not whether help is needed. It's what sort of help. How does one obtain care that is more than a Band-Aid? Where can a patient with a mental illness find treatment that truly gets to the root of the problem?

### **The big challenge: finding treatment that works**

Current mental health care practices are often ineffective, or their effectiveness varies wildly from patient to patient, making it hard to find an approach that works consistently. In large part, this stems from the mental health field's focus on modifying behavior rather than rectifying the underlying spiritual cause of the disorder.

The mental health profession is starting to recognize the inadequacy of established practices. Dr. Leonard Bickman, professor of psychology, psychiatry and public policy at Vanderbilt University and editor-in-chief of *Administration and Policy in Mental Health Services Research*, has written that "ineffective treatment is a quieter and unacknowledged crisis that is more pervasive and insidious than insufficient access . . . The evidence reveals that we can no longer just assume psychotherapeutic services are successful, including those delivered by experienced licensed therapists who have earned graduate degrees from accredited educational institutions."<sup>8</sup>

Traditional counseling has many drawbacks that cast doubt on its efficacy, as highlighted in a Department of Health and Human Services white paper on the quality of psychotherapy.<sup>9</sup> Sixty-one percent of trial results cannot be replicated in a clinical setting,

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<sup>8</sup> Leonard Bickman, "Mental Healthcare Often Ineffective," *Tennessean*, Feb. 11, 2013

<sup>9</sup> Jonathan Brown, Sarah Hudson Scholle and Melissa Azur, "Strategies for Measuring the Quality of Psychotherapy," U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, May 2014, <https://aspe.hhs.gov/report/strategies-measuring-quality-psychotherapy-white-paper-inform-measure-development-and-implementation>

because many therapists do not ground their practice in an evidence-based approach, and few patients receive a course of psychotherapy that is consistent with clinical trials.

Patients themselves often feel discouraged from continuing therapy after their first session: “Forty percent of patients do not return for their second psychotherapy visit, and fewer than 25 percent complete five therapy sessions.”<sup>10</sup>

The heavy reliance on pharmaceutical treatment for mental illness is also flawed. Years ago scientists poked holes in the longstanding “biomedical model” that holds that “chemical imbalances” in the brain cause mental disorders.<sup>11</sup> And despite the widespread use of antidepressants (one in eight Americans are prescribed them),<sup>12</sup> there is a growing body of evidence that suggests they are no more effective than placebos (and also present a risk of harmful side effects).<sup>13</sup>

While established forms of talk therapy and drug regimens have had some success in a subset of patients, there is no concrete evidence that these methods are in fact more effective than foregoing treatment at all. As a result, the mental health field on the whole is still without answers.

The problem is that the mental health industry is preoccupied with *changing behavior* through secular talk therapy and medication, while overlooking the central role of client spirituality in resolving mood disorders. Even though many Americans recognize the

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<sup>10</sup> Ibid.

<sup>11</sup> Brett J. Deacon, "The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research," *Clinical Psychology Review*, Volume 33, Issue 7, November 2013, pp. 846-861, <https://www.sciencedirect.com/science/article/pii/S0272735813000482?via%3Dihub>

<sup>12</sup> Laura A. Pratt, Debra J. Brody, & Qiuping Gu, "Antidepressant Use Among Persons Aged 12 and Over: United States, 2011–2014", National Center for Health Statistics NCHS Data Brief No. 283, August 2017, <https://www.cdc.gov/nchs/products/databriefs/db283.htm>

<sup>13</sup> K. Munkholm, A.S. Paludan-Müller, & K Boesen, "Considering the methodological limitations in the evidence base of antidepressants for depression: a reanalysis of a network meta-analysis", *BMJ Open* 2019;9:e024886. doi: 10.1136/bmjopen-2018-024886, <https://bmjopen.bmj.com/content/9/6/e024886.info>

day-to-day impact of spirituality in their own lives—72 percent of the U.S. population says religion is important to them (and 56 percent describe it as “very important”) <sup>14</sup>—mental health practitioners have failed to integrate spirituality into their clinical practice. Although matters of the spirit may seem to be outside the purview of science, academic research demonstrates the link between spirituality and mental health, and it points to promising new avenues of patient healing.

“There is a large body of empirical evidence suggesting links between spiritual and religious experiences and health, thus underscoring the important role of patients’ spirituality in their mental health.” <sup>15</sup>

In a study of “seriously ill” patients afflicted with schizophrenia, bipolar disorder, personality disorder, and other acute mental illnesses, 60 percent reported that “religion/spirituality, including transpersonal beliefs, had a significant positive impact on their illness.” <sup>16</sup>

At Rock House Center, spirituality is the bedrock of practice. Rock House’s one-on-one counseling, based purely on Biblical truth, targets the root cause of the client’s problems—a proprietary approach called Motive Transition Therapy® (MTT), which Rock House has developed over the last fourteen years.

Traditional psychotherapy, Christian counseling, and psychiatry typically seek to change emotions and modify behavior through medications and talk therapy. These

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<sup>14</sup> Megan Brenan, “Religion Considered Important to 72% of Americans”, Gallup, Dec. 24, 2018, <https://news.gallup.com/poll/245651/religion-considered-important-americans.aspx>

<sup>15</sup> Liora Birnbaum, Ofra Mayseless, & Alton Birnbaum, “The Role of Spirituality in Mental Health Interventions: A Developmental Perspective,” *International Journal of Transpersonal Studies*, 27(1), January 2008, [https://www.researchgate.net/publication/41547208\\_The\\_Role\\_of\\_Spirituality\\_in\\_Mental\\_Health\\_Interventions\\_A\\_Developmental\\_Perspective](https://www.researchgate.net/publication/41547208_The_Role_of_Spirituality_in_Mental_Health_Interventions_A_Developmental_Perspective)

<sup>16</sup> Ibid.

approaches are more focused on controlling symptoms than resolving the underlying causes of emotional suffering, self-defeating behaviors, and troubled relationships.

While these methods sometimes produce desired results, consistent positive change rarely continues once medication or talk therapy is concluded. MTT, in contrast, identifies and resolves the root causes of mood disorders on a spiritual level and increases wellbeing through an effective, proprietary model that fully engages the client's spiritual and religious beliefs and practices. This has proven to be the best pathway to the long-term life change Rock House Center's clients experience.

*... the profusion of research [suggests] a positive association between measures of spiritual and religious beliefs and practices and measures of medical and psychological health . . . Psychologists hopefully recognize that spiritually avoidant care cannot be justified. . . .*

*Because competent attention to all factors that influence patients' lives requires exploration of the relevance of spiritual and religious issues, we suggest that spiritually avoidant care is inappropriate.<sup>17</sup>*

### **Motive Transition Therapy®: Methodology**

While other forms of counseling and treatment are open-ended, potentially continuing indefinitely, the Rock House Center process is typically limited to thirty-two hours of counseling over sixteen weeks. Clients may continue beyond thirty-two hours of counseling to address more acute issues, or they may compress the timeline into as little as

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<sup>17</sup> *Spiritually Conscious Psychological Care*, Saunders, PhD. et al, Professional Psychology: Research and Practice, 2010



eight weeks for situations requiring an intensive approach. The therapy is not designed to “journey through life” with clients and help them “cope with their struggles,” as may be the case with secular therapies. MTT is designed to apply Biblical truth to life challenges and launch clients on a new life trajectory, with minimal need for additional counseling.

Another difference is that Rock House Center does not formally label or diagnose clients, as it does not provide any form of traditional behavior health services. This frees patients of the stigma that often accompanies mental health disorders. Many clients who come to Rock House Center have not sought help before, because they refused to accept that there might be a secular solution to their suffering. Without the Biblically based MTT modality, these people have no access to healing.

The MTT program consists of three components:

1. One-on-one counseling with a Rock House Center counselor certified in MTT
2. Sixteen-section devotional guide, complete with 112+ days of content, providing a Biblical foundation the client can study at home between counseling sessions
3. Sixteen one-hour videos that correspond to the sixteen-section devotional guide, also viewed at home between sessions

As stated, MTT is based on addressing spiritual root causes rather than merely treating symptoms or focusing chiefly on behavior. As each cause is identified, therapists guide clients through healing at the source of their struggle in the context of Biblical truth and prayer. With MTT, there is a consistent daily focus on healing between each session, which accelerates the process of life improvement and change.

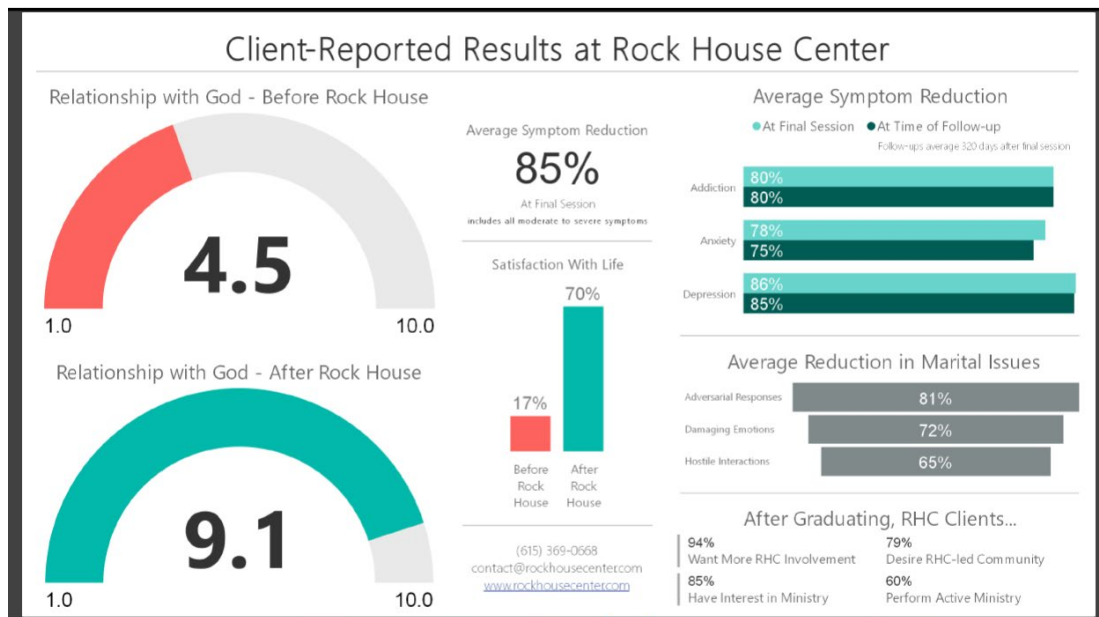
Although it is recommended that clients undergo the full program (consisting of sixteen sessions or 32 hours of counseling), clients are not required to commit to the entire

program. And clients are always welcome to return to Rock House Center for additional sessions if they feel the need.

Most clients receive direct counseling at Rock House Center’s facility in Nashville, Tennessee, but phone or video conference counseling is also available for remote clients. Treatment has been provided to clients in fifteen states and countries as distant as Russia and South Korea.

### Evidence of Motive Transition Therapy®’s efficacy

Rock House Center assiduously tracks client outcomes to evaluate the program’s efficacy and to explore ways of improving the program. Pre- and post- self-assessments are collected, analyzed, and added to a growing database of results.



The above graphic demonstrates the striking results that Rock House Center has achieved for its clients. For people struggling with addiction, anxiety, and depression, average symptom reduction (at the conclusion of counseling) is 80, 78, and 86 percent,

respectively. Clients also report a dramatically improved “satisfaction with life” (around 70 percent). Comparable results have also been documented in the thirty-four other mental, physical and spiritual health conditions MTT addresses.

For businesses who are shouldering the cost of employee health care, these outcomes translate into reduced long-term expenses and increased productivity. When provided as an employee benefit, access to these services provides not only great recruiting value, but a return on investment that is almost incalculable.

Despite the countless methods of psychotherapy and the myriad different psychotropic drugs now available, mental health remains one of the most critical and elusive health issues in America, one in which few people receive the care they need. Common drug and therapy regimens often fail to resolve the problem, or they resolve it only superficially, at the surface level rather than at the root.

Hurting people and their insurance companies and employers have spent a fortune on these therapies, but haven't seen the results. They try to talk us out of our problems, they pump us full of drugs to ease our pain—but the situation just keeps getting worse. Depression . . . anxiety . . . suicide . . . they are all inexorably rising.

Spiritual well-being isn't just a component of mental health. It *is* mental health. The highest state of well-being is achieved to the degree one trusts in a Supreme Being for assurance about life.

Rock House Center offers a proven alternative to conventional treatments that is cost-effective, relatively short in duration, and backed by a wealth of data. By drawing on Biblical truth and tapping into the restorative, transcendent power of spirituality, Rock

House Center guides people through an experience that is dramatic, sustainable and brings life-changing improvement.