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God and religion in mental health recovery: Perspectives of people with Schizophrenia and their family members, and mental health professionals in India and Australia

Srinivasan Tirupati* and Padmavati Ramachandran†

Abstract

Beliefs in God and religion and associated practices were related to recovery outcomes for people with mental illnesses like schizophrenia. Treatment programs for people with mental health issues must understand their orientation to God and religion. This paper reports a thematic analysis of individual in-depth interviews that explored the participants' experiences and opinions regarding the role of God and religion in the recovery of people with schizophrenia. The study involved 120 participants made up of People with Schizophrenia (PwS), their caregiving family members and mental health professionals living in India and Australia, the former predominantly Hindu and the latter predominantly Christian. Four themes emerged from the analysis. Two themes described the beneficial effects, and one related to the lack of relevance and harmful effects of God and religion on recovery. The fourth theme discussed the role of God, religious institutions, and the risks and benefits of religious or faith healing in the treatment. These themes featured the statements of participants from both countries. The Indian participants, in particular, discussed a model of care called the Dava (Medicines)-Dua (Prayer), where medical treatment is provided at the religious healing centres in an environment that facilitates the consumer's beliefs and practices related to God and religion. Such a collaborative model of care will provide a safe and effective culturally sensitive model of care, especially for people who have limited access to mental health services.

Keywords: Schizophrenia; Mental health recovery; God; Religion; Intersectoral Collaboration

* The University of Newcastle, Callaghan, Australia; tndhumma@gmail.com
† Schizophrenia Research Foundation (India), Chennai, India; padmavati@scarfindia.org

Introduction

God is defined as a spirit or being believed to control some part of the universe, life, or something representing this spirit or being. In contrast, religion is defined as a personal or institutional belief in and worship of a God or related systems of belief and worship (Cambridge University Press, 2025). When prompted to describe the relationship between God and religion, the ChatGPT text indicated in a summary note that God can be seen as independent of religion, although the two were deeply intertwined in most religious traditions (OpenAI, 2025).

God, religion, medicine, and healthcare have been related in one way or another in all population groups since the beginning of recorded history (Koenig et al., 2012). In religious discourses, God is viewed as the one who decides about health and illness (Krzysztofik, 2022). Several studies showed a relationship between belief in God and religion to mental wellness, a positive sense of self and recovery of people with mental health issues. (Mohr & Hugulet, 2004; Propst et al., 1992; Silton et al., 2014; Upenieks et al., 2024). Although the focus of the existing literature on religion and mental health is predominantly related to Christianity, recent work indicated that those who are religious have better indices of mental health irrespective of their religious affiliations (Dein, 2010). People's orientation to God and religion is culturally relevant to promoting mental health recovery since it could affect perceptions of health and illness and health-seeking behaviours (The Lancet Commissions, 2014; Gopalkrishnan, 2018).

Schizophrenia is a complex mental health disorder often viewed as a relentless, deteriorating, and hopeless condition with the affected people suffering considerable and enduring disabilities in several areas of functioning (Harvey & Bellack, 2009). The notions of mental health recovery as an achievable goal of living a satisfying and contributing life ushered in a contemporary empowering model of care to people with schizophrenia (Anthony, 1993). Religion was identified as a salient construct in the lives of many people who have schizophrenia that helped reduce pathology, enhance coping and foster recovery (Griffith et al., 2016; Mohr & Huguelet, 2004; Prout et al., 2016). A review of studies on the relationship between religion and schizophrenia suggested that religion, by itself, served as an effective method of coping with the illness and influenced the treatment adherence and outcome in people with schizophrenia (Grover et al., 2014).

Although clinical practice of psychiatry and religion have a problematic relationship, religious beliefs are not irrelevant to clinical psychiatric practice (Dein, 2010). At times, patients' religious views may conflict with the medical model, but mental health professionals must try to understand the patient's worldview in providing treatment and support. (Dein, 2010; Lucchetti et al.,

2021). This study aimed to explore the experiences and opinions of people with schizophrenia, their caregiving family members, and mental health professionals living in India and Australia on the role of God and religion in the recovery of the person affected by schizophrenia. Identification and understanding the perspectives of the three crucial stakeholders would inform the development of a model of mental health care and support processes that can provide a culturally validating and inclusive individual-centred care.

Method

The data for this study were sourced from a cross-cultural qualitative research on the experience of recovery of People with Schizophrenia (PwS) in Australia and India. The research methodology was described in detail in an earlier publication (Tirupati et al., 2022). Three groups of individuals, People with Schizophrenia (PwS), caregiving family members (FM) (parents, spouses, adult children) and mental health professionals (MHP) (psychiatrists, allied mental health professionals, welfare support workers) participated in the study. The participating PwS included both males and females, diagnosed with schizophrenia using DSM-5 criteria. The PwS were between 25 and 55 years of age, had an illness duration of at least 2 years, were clinically stable and lived in the community for at least six months before participation. All the PwS were on treatment with antipsychotic medications. The source study excluded Aboriginal and Torres Strait Islander People and Culturally and Linguistically Diverse people in Australia who differed from the dominant Anglo-Australian culture in terms of religion, ethnicity, language, and ancestry (Tirupati et al., 2022). The family members were directly involved in caring for the PwS. All the PwS from India and some PwS (12) from Australia lived with the FMs. The MHPs had at least 2 years of experience in providing clinical, welfare or support services to people with schizophrenia and their families. All the participants gave written informed consent. The Hunter Research Ethics Committee in Australia (Reference number 16/11/16/4.01 dated December 1, 2016) and the Institutional Research Ethics Committee of Schizophrenia Research Foundation (India) in India (Reference number SRF/CR-09/SEP 2016 dated September 22, 2016) approved the study.

Data was gathered through individual in-depth interviews using a semi-structured interview guide. The author ST conducted all the interviews. ST had roots in India but had lived experience for more than two decades at both the study sites. The other author was an Indian resident. Both authors followed the Hindu faith. The interview explored the participants' experiences of the impact of schizophrenia, their descriptions of recovery, the barriers to and facilitators of recovery, and their expectations on how recovery can be supported. During the interviews, the participants spontaneously discussed the issue of God, religion and related issues and

when probing facilitators and barriers to recovery. If references to God or religion did not emerge during the interview, the topic was probed later in the interview, after considering the participants' personal and cultural sensitivities on such issues.

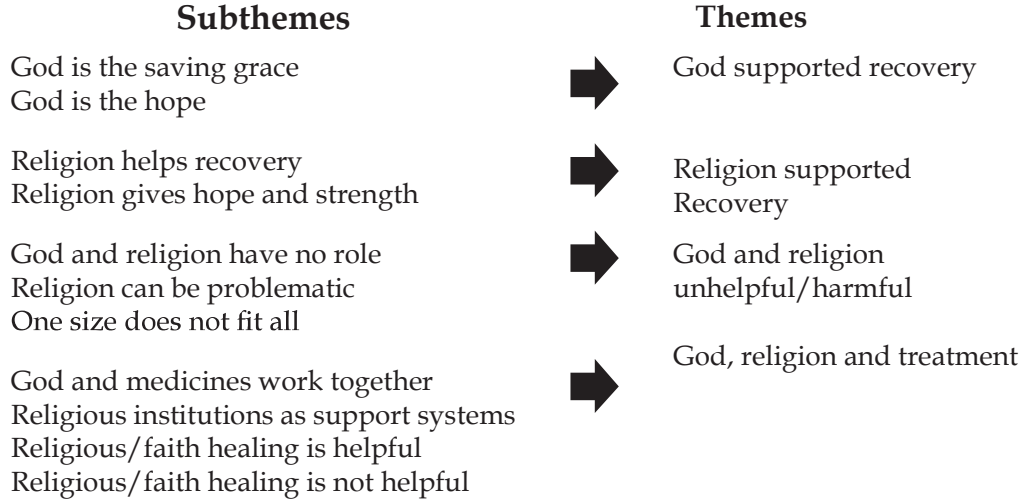
This study analysed interview transcripts of the interviews with 37 PwS (22 from Australia and 15 from India), 34 FMs (12 from Australia and 22 from India), and 49 MHPs (29 from Australia and 20 from India) using a computer-assisted qualitative data analysis software. Coding of the transcripts was done using inductive ground-up methodology in three progressive stages (Corbin & Strauss, 2008; Tirupati et al., 2022). The coding occurred while the data gathering progressed. This process facilitated the identification of new issues emerging from the data and the interview process. It also helped identify data saturation, when further data collection was ceased. The author ST coded all the transcripts. The co-author and two research associates coded 20% of the interviews independently. The authors and the two associates discussed and compared their coding to reach a consensus. For this study, participant statements involving references to the terms God and religion were subjected to thematic analysis to identify subthemes and themes. The two authors agreed on the identified quotations analysed and the subthemes, themes and meta-themes emerging from the data. Differences and similarities in respondents' perspectives from the two countries were examined.

Results

Eleven subthemes that comprised four themes emerged from the thematic analysis of the interview transcripts. The subthemes and themes are presented in Figure 1.

The first three themes described the experiences and opinions of participants from both countries on the role of God and religion in the recovery of PwS. The first theme, "God supported Recovery" (Table 1), contained statements that described God as the saving grace and a source of hope. In the second theme, "Religion supported recovery" (Table 2), religion was described as an agency that facilitated recovery, gave strength and support and promoted hope. The three subthemes grouped under the third theme "God and religion unhelpful/harmful" (Table 3) described: perceptions of participants of a lack of role for God and religion in the PwS recovery (all from Australia), or that they were harmful to them, and that the effect of God and religion was not the same for all. The fourth theme, "God, religion and treatment" (Table 4), described the participants' experiences and opinions on the role of God and religious institutions, and religious or faith healing practices at places of religious worship like temples and churches in treating PwS. The theme comprised four subthemes: two described God and religious institutions as a form of treatment and supporters of recovery that went hand-in-hand with medical treatment, and two polarised subthemes related to the religious or faith healing practices.

Figure 1. Subthemes and themes



The subtheme "Religious/faith healing is helpful" identified the relevance of such healing practices as relevant, culturally acceptable and less stigmatising than the medical model of care. The subtheme "Religious/faith healing is not helpful" described adverse outcomes of religious treatments.

Table 1. Theme: God supported recovery- subthemes and verbatim

Subtheme 1.1: God is the saving grace
"My progress to this state is just God's grace. Otherwise I would have become completely mad." (IND-PwS)
"I think God works in wonderful and mysterious ways. He's done things, you know. Like I said, I'll just take control of my life, you know. I'll do whatever I have to." (AUS-PwS)
"I will just pray to God and what he has written in our fate will happen. " (IND-FM)
"I will do my best and then whatever happens is up to the God- that kind of things kept things alive." (AUS-FM)
"...it comes to the God thing…the whole belief system, it gives them extra motivation and that's why they were protected." (AUS-MHP)
Subtheme 1.2 God is the hope
I believe in God and take medicines. I hope one day he will cure me." (IND-PwS)
"I have him [Jesus] now…one day there will be change and he will be moving my life - bring change in my life that I hope for" (AUS-PwS)
"Everyone is asking 'who will take care of him after your period?' God will show a way for everyone, is it not?" (IND-FM).
"So having that faith [in God], protected them from giving up too early - they had more resilience because of that." (AUS-MHP)

IND-India; AUS-Australia; PwS-Person with schizophrenia; FM-Family member; MHP-Mental health professional

Table 2. Religion supported recovery-Subthemes and verbatim

Subtheme 2.1 Religion helps recovery
"My religious side has helped me recover." (IND-PwS).
"…for dealing with schizophrenia it is the whole faith or religion can help you to overcome that difficulty." (AUS-MHP)
Subtheme 2.2 Religion gives hope and strength
"Belief [in religion] has a role in recovery. It makes you feel stronger. That's how religion gets its power, in a sense." (IND-PwS)
"It [religion]helps me heaps because I can rely on… I feel that I am not in that problem anymore- so that's what religion does to me." (AUS-PwS)
"…religion, that's a kind of hope factor for the family they hold on to it they say "okay his time is bad or her time is bad so, we are going to this temple. I think with that things will be fine." So, that kind of hope." (IND-MHP)
"…their [PwS and FM] religion is very important to them… that's where they get a sense of strength from, get a lot of comfort from, a lot of support from." (AUS-MHP)
"It [religion] is a bigger and stronger motivating factor compared to other things - it affects you deep down." (AUS-MHP)

IND-India; AUS-Australia; PwS-Person with schizophrenia; FM-Family member; MHP-Mental health professional

Table 3. Theme: God and religion unhelpful/harmful- Subthemes and verbatim

Subtheme 3.1 God and religion have no role *
"God has nothing to do with what happens to us but the love that we have for each other." (AUS-FM)
I don't think that religion would be helpful. If she was to join a religious group I don't think that would help her. (AUS-FM)
Subtheme 3.2 Religion can be problematic
"Psychiatric patient should not go to religion because it leads to more problems. They might get hallucination and they would say that this God told that and that God told that. If they don't go it is good for them." (IND-PwS)
"I don't really feel having religious texts in a mental health facility helped." (AUS-PwS)
Religion hasn't done anything to help… they tend to push people away." (AUS-FM)
"Sometimes the people's delusional beliefs can get enmeshed with religious beliefs as well. And it is hard…they have sometime to tell what's what..." (AUS-MHP).
"Religion can cause mental health issues and it can exacerbate ... make it worse for somebody with a mental health issue." (AUS-MHP)"

Subtheme 3.3 One size does not fit all
"…so I think it's [Religion] important for recovery, but there is another side, particularly with religions whereby you've got certain religious ministers who think that this person is being infected by the devil or whatever. I think that can be really damaging as well." (AUS-MHP)
"…lot of people may have come from a very religious background. There would be, I would imagine, comfort in ceremony and being connected to a place that they feel familiar with. That's not true for everybody." (I MHP)

IND-India; AUS-Australia; PwS-Person with schizophrenia; FM-Family member; MHP-Mental health professional.
*Eight AUS-PwS expressed that God had no role in their lives

Table 4. God, religion and treatment- Subthemes

Subtheme 4.1: God and medicines work together
"I should not give up on medication nor should I give up on God." (IND-PwS)
"While I believe in God, doctors play a vital role in my recovery… God, he heals and he works through the doctors and things like that." (AUS-PwS)
"I believe in God. But mere belief won't do. It has to be accompanied by medicines and treatment." (IND-FM).
"There is no need to stop going to the temple or lose faith in God when you are taking medical treatment. There is no need to antagonize one type of treatment with the other. Religious, spiritual, medical, pilgrimage… all those things go hand in hand. I say 'Have faith in God and keep your powders dry'. " IND-MHP
Subtheme 4.2 Religious communities as support systems
"It [church] is a very good support system for him. And he regards it as such. I think it has been a part of his coping mechanism.".(IND-FM)
"People in the Church are very friendly, they are very motivating, they are very nice and they are very charitable – the people that you –you hang around with people at Church - they'll give you support that you don't get anywhere else." (AUS-PwS)
"…the institution becomes the source of strength, the source of friendship, the source of acceptance of the individual." (IND-MHP)
"Church may or even the mosque may have slightly protective role there…. That may have profound impact on the person's self, recovery."(AUS-MHP)
"People who are religious and feel well supported by their Church; I think that helps in their recovery because they feel part of something bigger, I think that that helps in their recovery, gives them hope." (AUS-MHP)

Subtheme 4.3: Religious/faith healing is helpful
"Any mental health service should include the existing family and religious practices in its overall approach for it to be successful." (AUS-PwS)
"Several religious centres help with personal crises where the divine blessings are sought for any endeavor a person undertakes. This cuts across all religions as people of different faiths." (IND-MHP).
"Visiting religious centres is not stigmatizing unlike visiting a mental health care centre. So if the same religious centre can also provide medical mental health interventions, it is more acceptable and accessed as it does not contradict the people's deep faith in their religious beliefs." (IND-MHP).
Subtheme 4.4: Religious/faith healing is not helpful
"Initially there was hope. Used to go to temples and get talismans. I spent money for that. Treatment [with medicines] was the only thing that was useful. We don't believe in all those things now." (IND-FM)
"We kept her [PwS] in the temple for about 1 month. We visited so many places but there was no relief. As days passed things got worst…" (IND-FM).
"We have seen all the religious rituals, we went to many places, we didn't leave any of the place. I did everything but now I am frustrated." (IND-FM)
"…so, they go for black magic and those kinds of thing and they tend to delay the treatment." (IND-MHP)

IND-India; AUS-Australia; PWS-Person with schizophrenia; FM-Family member; MHP-Mental health professional

Discussion

Strengths and limitations of the study

The study involved individual in-depth interviews of a large number of participants and a wide range of stakeholders. A wide range of participants facilitated obtaining a comprehensive picture of the explored issue (Santos et al., 2018; Tirupati et al., 2022). While the narratives of people experiencing the illness and recovery are important, the perspectives of the family members who play a vital role in caring for the PwS and mental health professionals treating and supporting the PwS and their families are also relevant to get a comprehensive picture of the explored issue. The investigators' combined life experience in the two cultures was a potential strength of this study, as the researcher's cultural awareness played a critical role in research involving multiple cultures (Harvard Catalyst, 2010). A limitation of the study was that the source study was not conducted with a specific objective to explore the role of God and religion in the recovery of PwS. Focusing on God and religion could have yielded more varied subthemes and themes. The need to be culturally sensitive to the participants' personal beliefs and

comfort in discussing God and religion may have limited some participants' discussion on these issues. The study involved participants from two cultures, one predominantly Hindu and the other predominantly Christian. While the study of people from different religions gave more breadth to the data, the results need to be interpreted by considering the differences in the prevailing orientation of the people to God and religion in the two countries. Hinduism, followed by 80% of the Indian population, was considered an integral identity of most people and exerts considerable influence on India's societal structure, culture and way of life (Singh & Aktor, 2017). In Australia, 40% of the Australian population were noted not to identify with any religion (Australian Bureau of Statistics, 2022), and 42% did not believe in either God or a higher power (National Church Life Survey, 2024).

God, religion and recovery

The respondents across the three participating groups and in both countries identified God and religion as saving graces, protectors and motivators and a source of hope for recovery. Belief in God, religiosity, was noted as an important protective factor for mental health problems mediated by the constructs of resilience, meaningful life and hope (Aggarwal et al., 2023; Bonelli & Koenig, 2013; Dein, 2010; Garssen et al., 2021; Grover et al., 2014). The participants in this study felt God and religion as sources of hope towards recovery of the PwS, reflected by the quotations under the subtheme "God is the hope". Hope, defined as having trust and optimism in others and the future, zest for life associated with setting goals and mobilising energy, was central to mental health recovery (Leamy et al., 201). The endorsement of the role of God and religion in the recovery of PwS by the mental health professionals probably reflected their personal beliefs and practices in consonance with their socio-cultural backgrounds. This observation was relevant to the comment that mental health service providers should be encouraged to explore themes related to God and religion with their clientele to provide a holistic and person-centred care (Lucchetti et al., 2021). The statements under these three themes described God and religion as an external Locus of Control (LOC) that helped the PwS in the past and expected to support them in the future. People with an external LOC believe their decisions and life are controlled by environmental factors (Levenson & Miller, 1976). People with Schizophrenia were reported to show a stronger belief in an external LOC due to various factors, including the severity, chronicity and persistence of the major symptoms of the illness (Hoffman & Kupper, 2002).

In contrast to the attribution of the PwS's recovery to God and religion, the quotations grouped under the theme "God and religion unhelpful/ harmful" indicated that some respondents (all from Australia) did not see any role for God or religion, and others viewed religion as harmful. The

opinion that religion can be harmful was based on one common concern over the overlap between religious beliefs and schizophrenia symptoms involving religion-based themes (Gearing et al., 2011). The symptom of the psychosis overlap and other negative aspects of religiosity, like rejection by the faith community, burden of spiritual and religious practices, could delay or result in the denial of evidence-based medical treatment that may result in poor mental health outcomes (Aggarwal et al., 2023; Mohr & Huguelet, 2004; Moss et al., 2006). The perception of harm from beliefs in God and religion could emerge from the opposition to seeking medical intervention by many religious subgroups, like the Pentecostals and Church of Scientology, and other ethnic and cultural groups who believe that disease has a supernatural cause and rituals can heal it (Swan, 2020). The opinions of some of the MHPs included under the subtheme "One size does not fit all" related to the need to balance the two positions regarding God and religion, that they can be helpful or harmful. The effects of religion on mental health outcomes are negative or positive depending on how religious beliefs are used to cope with distress (Lucchetti et al., 2021; Rosmarin et al., 2013).

God, religion and treatment

The theme "God, religion and treatment" conveyed the interactions between God, religious institutions, and the role of religious or faith healing in the treatment of people with mental health disorders like schizophrenia. The seamless interaction between belief in God and medicines working as treatments for PwS and the supportive role of religious institutions and communities were brought out under this theme through the subthemes "God and medicines work together" and "Religious communities as support systems". The participants considered that belief in God and taking medical treatment were not contradictory but worked together. Although clinical practice of psychiatry and religion have a problematic relationship, religious beliefs were not seen as irrelevant to clinical psychiatric practice and mental health professionals were urged to strive to provide psychiatric care that is inclusive of their clients' beliefs in God and religion. (Curlin et al., 2007; Lucchetti et al., 2021; Dein, 2010). Studies demonstrated that engagement with the perspectives of people with mental illness, like Schizophrenia, on God and religion concerning their health and well-being will go beyond the traditional biomedical model of treatment and negotiate a shared plan for treatment (Shields et al., 2016). The positive influence of religion was described to occur at places of God worship like the temples, churches and through the communities in those places. Religious institutions were described as places of inclusiveness, sources of identity, strength, friendship, and support that gave a sense of belonging, capacity to cope, and hope, promoting PwS recovery. Ministries of churches, temples, mosques, and synagogues were identified as potential resources for individuals with chronic psychoses (Griffith et al., 2016; Lehmann et al., 2022).

Religious or faith healing and medical treatment

The role of religious or faith healing in promoting the recovery of people with mental illnesses like schizophrenia was discussed by the participants. Religious or faith healing is the unorthodox medical treatment of physical or psychological illness through religious practices, such as prayer, whose efficacy depends on the faith in the healer and the healing process (American Psychological Association, 2025). Traditional and faith healers remain very popular in India as well as other parts of the world, like the Eastern Mediterranean countries, and are often the first line of treatment for people presenting with mental illness (Ghuloum et al., 2024; Saha et al., 2021). Patients will continue to seek treatment from traditional and/or faith healers for mental illness if they perceive it to be effective, regardless of alternative biomedical evidence (Shields et al, 2016; Swan, 2020). The American Psychiatric Association had initiated efforts to foster partnerships between psychiatrists and religious groups (Griffiths et al., 2016). The subtheme "Religious healing is helpful" under the theme God, religion and treatment identified the participants' views on collaboration between religious healing and the medical model of care. The Indian participants discussed the collaborative care in India occurring on-site at the religious healing centres like Hindu temples and Islamic dargahs. The "Dava Dua" program was initiated in India in 2008, which combines treatment with medications (Dava) with prayers and other religious rituals (Dua) at places of worship like temples, churches and dargahs (Sharma et al., 2021; Saha et al., 2021). It is supported by the state governments in India (as in Gujarat and Tamil Nadu), mental health services, research institutions, and non-governmental organisations (Mind and Brain Hospital, 2025; Saha et al., 2021). Such services brought together medical services and the faith healing sectors, addressed mental health service scarcity in low to middle-income countries, and provided opportunities for effective treatment with positive health outcomes (Griffiths et al, 2016; van der Watt et al, 2018; Peprah et al, 2018). Participants from Australia did not comment on this issue, probably because of the absence of experience with such faith healing centres in that country.

The negative aspects of faith healing in terms of ineffectiveness, cost and delay in seeking medical treatment were also described by the participants, who were all Indian participants and mostly family members. Delays in or denial of evidence-based medical treatments due to the beliefs in the efficacy of faith healing is of concern that can potentially cause serious harm and even death (Charatan, 2001; Flamm, 2004). The fire at a religious treatment centre at Erawadi in southern India in 2001 that killed 28 mentally ill people shackled with chains was an extreme example (Murthy, 2001). Collaborative programs like the Dava-Dua program provided the necessary medical treatments without compromising the religious beliefs and practices of

the people seeking mental health care. Also, they addressed the risks from potentially harmful and often costly practices at the poorly regulated faith healing centres.

Belief in God and religion and mental health services working together

The variability within psychiatric syndromes and the inability to predict individual trajectories of illness support cultural beliefs about uncertainties of life identified by cultures through constructs like God, fate, evil spirits, and black magic (Jacob, 2017). Prevailing medical models for understanding mental ill health do not include the individual's existential experiences influenced by their view of God and religion (Lilja et al., 2016). Deeply held religious beliefs, practices, and trust in God give people structure, meaning, purpose, and hope towards recovery (Griffiths et al., 2016). In addition, the frustrating clinical experiences within formal mental health care settings result in people simultaneously holding multiple and contradictory illness beliefs and seeking help from diverse sources of cure and healing (Jacob, 2017). There is emerging evidence of the relevance of incorporating the individual's and the society's orientation to and beliefs in God and religion as resources for recovery, highlighted by the Position Statement of the World Psychiatric Association (Moreira-Almeida et al., 2016; Stege & Godinez, 2022).

The experiences and opinions narrated by the participants in this study endorsed the need for a balanced amalgamation of the medical model of psychiatric treatment and the process of healing through people's beliefs in God and religion. The collaborative model of care should be religiously and culturally competent, considering the needs, sensitivities, and beliefs of the people seeking mental health care and their families in God and religion (Reich et al., 2024; Stege & Godinez, 2022). Since traditional and faith healers are often sought out for treating people with mental illness in some regions of the world (Ghuloum et al., 2024), building trust and respect between faith healers and service providers is essential for developing and sustaining collaborative initiatives. The Dava-Dua model of care, becoming increasingly prevalent in India, is a working example of such collaborative care. (Saha et al., 2021). Such care should aim for a positive balance between benefits and risks, an issue common to all medical interventions.

Conclusion

God and religion were viewed both as helpful and inimical to mental health recovery by people with schizophrenia, their family members and mental health professionals in both Australia and India. Treatment based on beliefs in God and religion, and the role of religious institutions, was

perceived both positively and negatively by the participants. Religious treatments in combination with medical treatment were described in a positive light, particularly by the mental health professionals in India. Culturally sensitive incorporation of individuals' beliefs and reliance on God and religion into the overall management of people with schizophrenia and supporting their caregiving family members can promote mental health recovery, while being aware of the potential adverse effects (Swihart et al., 2023). Co-constructed models of community-based mental health service delivery, where communities, medical professionals, religious leaders and traditional/spiritual healers are engaged in designing, implementing and evaluating service delivery to inform public mental health programs and policies are needed (Housen et al., 2019).

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