

## S31-03

### RELIGION AND SPIRITUAL ADVICE AS SURROGATE CARE PROVISION FOR MENTAL HEALTH PROBLEMS IN THE ESEMED SURVEY

V. Kovess<sup>1</sup>, R. de Graaf<sup>2</sup>, J.M. Haro<sup>3</sup>, R. Bruffaerts<sup>4</sup>, F. Gilbert<sup>5</sup>, X. Briffault<sup>5</sup>, J. Coldony<sup>6</sup>, J. Alonso<sup>7</sup>

<sup>1</sup>Fondation MGEN pour la Santé Publique, EA 4069 Université Paris Descartes, Paris, France, <sup>2</sup>Netherlands Institute of Mental Health and Addiction, Amsterdam, The Netherlands, <sup>3</sup>Fundació Sant Joan de Déu, CIBER Salud Mental, Barcelona, Spain, <sup>4</sup>Dept. of Neurosciences and Psychiatry, University Hospital Gasthuisberg, Leuven, Belgium, <sup>5</sup>EA 4069 Université Paris Descartes, Paris, France, <sup>6</sup>Institut Municipal d'Assistència Sanitària/Institut Municipal d'Investigació Mèdica, IMAS-IMIM, <sup>7</sup>Health Services Research Unit, Institut Municipal d'Investigació Mèdica (IMIM-Hospital del Mar), Barcelona, Spain

**Objective:** To complete missing information on the influence of spiritual and religious advisors as informal providers for mental health problems in Europe.

**Methods:** Recourse to religious practice or belief when coping with mental health problems was evaluated using data from the ESEMED survey. This was a stratified, multistage, clustered-area probability sample survey of mental health carried out in six European countries which included 8796 subjects. Between countries differences in sociodemographic characteristics, religious affiliation, and prevalence of mental disorders and management of mental disorders were evaluated.

**Results:** Religion appears to play a limited role in coping with mental health problems in Europe. Only 7.9% of individuals seeking help for such problems turned to a religious advisor. This proportion differed between countries from 13% in Italy, 12.5% in Germany, 10.5% in the Netherlands, 5.8% in France, 4.7% in Belgium to 4% in Spain. In addition, seeking help exclusively from religion was reported by only 1.3% of subjects. Practicing religion at least once a week and considering religion as important in daily life were predictors of using religion versus conventional health care only. Use of religion was not influenced by gender and age. Non-Christian respondents and individuals with alcohol disorders were more likely to use religion. In Spain, the use of religion is much lower than average.

**Conclusions:** Unlike the situation in the United States, organised religion does not provide alternative informal mental health care in Europe. At best, it could be considered as an adjunct to conventional care.