

Response to Reviewers:

1 Peer-review report

Reviewer #1: Spirituality/religiousness (S/R) being consistently related to both physical and mental health, but the effects of S/R on mental health are likely bidirectional . This article provided an updated review of the current scientific evidence on the relationship between S/R and mental health, and the mechanisms that explain this relationship and the interventions that utilize this information in treating mental disorders was discussed . It is usefull to clinical practice that the findings reveal a large body of evidence across numerous psychiatric disorders. The mechanisms that explain these associations and the role of S/R interventions need further study.

RESP: Thank you for your positive comments.

2 Editorial Office's comments

1) Science Editor: 1 Scientific quality: The manuscript describes a review of the spirituality, religiousness and mental health. The topic is within the scope of the WJP. (1) Classification: Grade C; (2) Summary of the Peer-Review Report: The authors provided an updated review of the current scientific evidence on the relationship between S/R and mental health, and the mechanisms that explain this relationship and the interventions that utilize this information in treating mental disorders was discussed. It is usefully to clinical practice that the findings reveal a large body of evidence across numerous psychiatric disorders. However, the mechanisms that explain these associations and the role of S/R interventions need further study; and

RESP: Thank you for revising our manuscript and providing constructive comments.

(3) Format: There are no tables and figures.

RESP: Thank you for your suggestion. We have now included a table summarizing our results as requested. See table 1 below and included in the manuscript.

(4) References: A total of 114 references are cited, including 21 references published in the last 3 years; (5) Self-cited references: There are 21 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated;

RESP: We thank the science editor for this important comment. We have now reduced the number of self-citations to 10% as suggested. Now the manuscript has 10 self-citations in 101 references.

Issues raised:

(1) The “Author Contributions” section is missing. Please provide the author contributions;

RESP: We have now included the “Author Contributions” as requested.

(2) The authors should add some figures or tables;

RESP: Thank you for your suggestion. We have now included a table summarizing our results as requested. See table 1 below and included in the manuscript.

and (3) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout.

RESP: We have revised the references and incorporated all PMID and DOI numbers available.

3) Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Clinical Cases. Before final acceptance, the author(s) must add a table/figure to the manuscript.

RESP: Thank you for evaluating our manuscript. We have now included a table summarizing our results as requested. See table 1 below and included in the manuscript.

Table 1: Summary of the results of the studies included in this review

Mental Health problem		Studies included in this review	Summary of Results
Depression		[15-26]	Higher levels of S/R are generally associated with lower depressive symptoms
Anxiety		[27-31]	Mixed findings with both positive and negative relationships
Suicide		[32-39]	Higher levels of S/R are generally associated with lower suicidality
Substance Use Disorder		[40-48]	Higher levels of S/R are generally associated with lower substance use

Psychotic Disorder	[49-58]	Religious delusions are associated with a poor prognosis. Nonpsychotic religious beliefs are generally associated with better outcomes
Obsessive Compulsive Disorder	[59-61]	Few studies with mixed results - both positive and negative relationships
Bipolar Disorder	[62-65]	Few studies, higher levels of S/R are generally associated with better outcomes
Post-Traumatic Stress Disorder	[66-70]	S/R may serve to buffer against post-traumatic stress, generally increasing the psychological growth
Eating Disorders	[71-75]	Few studies with mixed results - both positive and negative relationships

S/R: Spirituality/Religiousness