Survey of california county behaviorial health directors regarding spirituality

This survey was conducted by the California Mental Health & Spirituality Initiative to gather the opinions of the County Behavioral Health Directors about spirituality as a potential resource in mental health wellness, recovery, and multicultural competence.

MENTAL HEALTH & SPIRITUALITY INITIATIVE
Center for Multicultural Development
California Institute for Mental Health

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OVERVIEW OF MAJOR FINDINGS

1) There is broad support among County Behavioral Health Directors for the inclusion of spirituality in mental health services in California – in prevention, treatment, and as part of multicultural competency. This support is broad, but not unanimous.

2) There is a sense among the County Behavioral Health Directors that we are not yet doing a good job in this area.

3) We must proceed carefully as we try to bridge that gap. Major concerns are:

- Separation of church and state. Lack of clarity on what it really means, what's OK and what's not OK.
- Lack of clarity on distinction between "spirituality" and "religion."
- Discomfort on the part of staff in talking with clients about spirituality and religion.
- Disagreement on the proper **role** of public mental health agencies – e.g., should we talk about spirituality with our clients, or refer them out?
- Concern that staff who are not properly trained in this area will cause harm to clients.
- Lack of competency to understand the significance of spirituality and religion for people from various ethnic and cultural groups, despite its importance.
- Strong feeling by some that any sort of initiative in the area of spirituality needs to be "grass roots", "from the ground up" and NOT top down.

FURTHER DISCUSSION OF SURVEY FINDINGS

More than 90% of the County Behavioral Health Directors said "strongly agree" or "agree" in response to the following three statements.

Q1. "Spirituality is an important recovery resource in mental health treatment." (92%)

Q2. "Spirituality is an important wellness resource in mental health prevention." (94%)

Q3. "Spirituality is an important element of multicultural competency for mental health providers." (98%)

The 98% agreement with Question 3 was the strongest among all nine fixed-choice survey questions. Some Directors expressed the view that spirituality and religion are so important that it would be difficult to be culturally competent **without** being prepared to address these issues with clients. For those clients for whom their religion or spirituality is highly important, it may even become a barrier if the provider does **not** engage them in this area. Other comments indicated that while spirituality may be tremendously important to some clients, that does not mean they want support in this area from the mental health system; they may turn instead exclusively to their own religious leaders or indigenous healers. Several respondents cautioned against generalizing too much about what someone from a particular ethnic or cultural background would want with respect to religion or spirituality. And finally, one respondent pointed out that some individuals or families be inhibited from seeking treatment for mental health issues because it is inconsistent with their faith.

> *"Spirituality is all about finding meaning in life...and for somebody who faces challenges in their life, assigning a meaning to those challenges they face is an important part of coping." --* Dr. Marv Southard, DSW, Director, Los Angeles County Department of Mental Health

> *"Strongly disagree: Who knows! It depends upon the individual. We need to discover with the client what will be helpful to them. It could be critical, might be totally unimportant or irrelevant to the person."* -- John Sebold, LCSW, Director, Plumas County Mental Health Services

"I strongly agree. Spirituality is a personal belief and practice, so it depends entirely on each individual and family. As for me, I STRONGLY AGREE. If I become a mental health consumer, spirituality would be an important wellness resource."

"Strongly agree: I would go further to say that, as we are defining spirituality, I don't think that you can be culturally competent without understanding a person's world view including their spirituality, community, and family." -- Mike Oprendek, Deputy Director, Mental Health Division, Health and Social Services, Solano County Health & Social Services

Spirituality is "part of a knowledge base of cultural competency…You need to observe and listen with all of the sensibilities you can bring." and further, it may be a barrier to engaging the client if you are NOT competent in this area……"With some cultural groups, if you don't give some acknowledgement of that part of their lives, you're not going to get very far at all; it's read as discounting, disrespect. Clinically, it's part of tact! Like other forms of cultural engagement." – Ed Walker, LCSW, Interim Director, Butte County Dept of Behavioral Health

"Strongly agree: We found when we went out to some of the rural communities, especially the Latino communities from south of the border, they would go to their indigenous healers before they'd ever go to a mental health center. I've worked with Native American populations for years. Medicine men and the sweat lodges and the kind of things they do – spirituality is a central part of their recovery." -- Wayne W. Clark, PhD, Director, Monterey County Behavioral Health

The vast majority (76%) of Directors agreed with **Question 4 – "It is appropriate for a public mental health system to address spirituality as a resource in mental health prevention and treatment"** – but the agreement was not as strong as the response to the first three questions. A few respondents noted that they train their staff to provide supports that could be considered "spiritual," but it's not helpful to label them as such. For example, some systems have embraced Dialectical Behavioral Therapy, which incorporates skills like cultivating mindfulness. But there would be more resistance if these same practices were to be labeled "spirituality." One Director's succinct comment in that regard was as follows, "I disagree with this statement. We should be instilling hope, connection to the community, and purpose in life. But not if labeling that as spirituality."

Virtually everyone we interviewed felt that staff should be responsive – at the very least, willing to listen attentively – if clients want to discuss their spiritual lives. There was also broad agreement, which is aligned with the values of the Califiornia Mental Health & Spirituality Initiative, that consumer choice is of the utmost importance. This conversation needs to be totally individualized.

A few Directors went further to say that it could actually be HARMFUL for a system to launch a spirituality initiative. How?

•   Some religious leaders advocate approaches that conflict with established methods of treatment, or blame the individual for being ill (e.g. as a result of sin). This concurs with what we have heard from consumers (as reflected in the Initiative's concept paper) that some have been damaged by their interactions with organized religion, and their recovery did not progress until they broke free of their former religion. The research literature has identified both positive and negative aspects of religious coping (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Some religious beliefs such as that illness is a punishment for sins are associated with lower levels of wellness (in research--mortality and morbidity) while beliefs in collaborative forgiving higher power is associated with positive outcomes.

  •   One Director is opposed to the Statewide Initiative….not because he doesn't think that spirituality should be addressed, but because he is concerned that some religious viewpoints are harmful to mental health recovery; and once a public agency steps into this area, it is illegal to pick and choose which religions are "OK" and "not OK."

  •   There are also concerns about people not grasping the difference between spirituality and religion, and lots of concerns about staff who have not had specialized training in this area slipping into proselytizing.

  •   A few Directors noted that their systems are already overwhelmed, and they're not prepared to take on another "initiative" or if they did, spirituality is not a high enough priority.

  •   One Director said she would prefer it if state or federal funders and policy-makers took the lead in the area of spirituality, rather than Counties. Others insisted that is had to be a totally grass roots movement, from the bottom up not top-down, or it would fail.

"Whether or not spirituality has a place in mental health treatment should be guided by the client. My concern is that, in thirty years of this work, I have seen terrible abuses over the years by people in mental health who felt a mandate to cure everyone with spirituality. Left unbridled, very bad things can happen. I certainly understand that some cultures are more involved with religions and not, and you cannot assume that everybody is, so you go to where the consumer wants to go, not where I think they should go. But I have seen it abused over and over again by people who push their own religion, and then clients are harmed, particularly those in recovery from substance abuse. That is why I have reservations." -- Rita Downs, Mental Health Director, Calaveras County Behavioral Health Services, Mental Health Programs

Question 5 tested the Directors' agreement with the following statement: **"Mental health care providers should be willing to discuss spiritual concerns if requested by the client."** Fifty-nine percent strongly agreed, and 33% agreed. Some agreed unconditionally, given that the wording assumed that the client had initiated the conversation:

"I strongly agree. Some will be uncomfortable with that, but we need to go where the client needs to go." -- Ann Houghtby, MFT, Mental Health Director, Tehama County Health Services Agency

This question seemed to pinpoint the moment of contact between a mental health provider and client regarding spirituality, and especially what level of preparation mental health providers have and need for this encounter. Ed Walker of Butte County put it this way:

"To acknowledge and try to validate a person's expressed interest or their own description of themselves?" Strongly agree. "Talking about spirituality?" Not sure. That implies a discussion, and I'm not sure, if I were the provider, for instance, it would be a very well-informed discussion on my part. "Open to listening?" Strongly agree. "Open and willing to engage in some proportional, appropriate manner?" Strongly agree. "Open to listening and engaging the client, rather than being avoidant, or putting off, or ignoring?" Strongly agree. -- Ed Walker, LCSW, Interim Director, Butte County Dept of Behavioral Health

Another Director would prefer that staff make a referral rather than discussing spirituality with clients, *"Disagree. Discussing spirituality would be outside their scope of practice. We would need to refer the consumer to someone outside our agency who can speak to that."*

The next three questions appraised the current and desired level of spiritual competence among mental health agencies in California:

Question 6: "The public mental health system in California demonstrates respect for the spiritual lives of clients and their families."

Question 7: "Mental health care providers in California demonstrate respect for the spirituality of clients and their families even when different from their own."

Question 8: "The public mental health system in California should do more to support clients and families in utilizing their spirituality as a wellness and recovery resource."

Responses here indicate widespread concern that the mental health system, at present, is not doing a very good job of addressing spirituality. Questions 6 & 7 registered the LOWEST levels of "strongly agree" or "agree" responses among all survey questions, as well as the highest frequency of "not sure" responses. Only 29% agreed with Question 6; 35% disagreed; and 37% said "not sure." In response to Question 7, the figures were: 58% agree; 10% disagree; and 32% not sure. Many respondents said they hoped that their own staff were respectful in this way, but that it was difficult to make an authoritative claim in response to such a general statement about the entire state. For the most part, Directors indicated that they felt the public mental health system **should do more** to support clients and families in utilizing their spirituality as a wellness and recovery resources – 88% agreed, and only 12% disagreed or were not sure. However, it led quickly to the question of what, exactly, is the "more" that should be done?

> *"What's the difference between supporting a client/family's spirituality and promoting spirituality or religion? That's where the discussion are going to have to occur...Promote and support are real close sometimes."*

> *"I'm not sure because as providers of the mental health system, we hardly ever address the spiritual lives of our clients. Is that lack of respect? Or is it being uncomfortable with bringing the topic to the session? By not talking about it, is that respectful? Your public mental health system is GOVERNMENT. Is it being respectful toward separation of church and state? But if the client brings it to the session or the meeting or the group...how respectful are we in talking about it?" -- Piedad Garcia, EdD, LCSW, Assistant Deputy Director, Systems of Care, Adult/Older Adult Mental Health Services, San Diego County Behavioral Health Division*

> *"I think there's a perception that embracing spirituality somehow implies religion and we want to make sure we're not crossing the line."*

Question 9 asked Directors if **"My County Mental Health Agency would benefit from technical assistance in the area of mental health and spirituality."** A small number of respondents did not want technical assistance. The

reasons given were that they probably could not afford it (one County); there are other more urgent needs for resources and attention (one County); or concerns that technical assistance would invariably involve a top-down approach by so-called "experts" rather than promoting a grass-roots movement (two Counties).

"We are running very hard and fast. It's difficult to find the time to take a deep breath and make use of technical assistance."

"Right now, we don't have the capacity to deal with spirituality...maybe in the future."

"As part of the transformation of the mental health system and the cultural competence movement, I think we need to integrate an element of spirituality. It would support the values of inclusion....It is part of a welcoming environment." -- Harvey Tureck, Manager of Mental Health, Berkeley Mental Health

"Some of the issues that apply to spirituality apply to just about every other life domain. For example, you can support clients in getting a job, but if they're working for you and your interests are being served above theirs, that's a violation. So in almost any domain you are trying to support a client in, you can do it right or wrong. So it's not that spirituality is taboo. There are right and wrong ways of doing anything." -- Dr. Marv Southard, DSW, Director, Los Angeles County Department of Mental Health

"Spirituality is an aspect of cultural competence, and appreciation and understanding of diversity. To work effectively with consumers and families of various backgrounds, we need to understand spirituality and spiritual beliefs within their culture." -- Leland Tom, Mental Health Director, Sacramento Health and Human Services, Mental Health Division

"It's more than just a bunch of topics. It's an agenda and an initiative that needs to be -- as we have begun -- put out on the table. We recognize that it has come up through the MHSA planning process -- in particular, the need for that spiritual support, development, and consideration in wellness. The focus on spirituality has come from CONSUMERS not from providers." -- Piedad Garcia, EdD, LCSW, Assistant Deputy Director, Systems of Care, Adult/Older Adult Mental Health Services, San Diego County Behavioral Health Division

"What would you do if a person said "I want to spend the next hour with you talking about spiritual concerns." I'm not sure would know what to do at all."

Other Counties (85%) were interested in technical assistance, and listed a vast array of topics to be addressed. See attached attachment three.

Questions 10 & 11 were open-ended inquiries as to the benefits or concerns that mental health agencies might experience by addressing spirituality:

Question 10: "In your opinion, what benefits does a mental health agency gain from addressing spirituality effectively?"

Question 11: "What are your concerns about mental health agencies addressing spirituality as a resource in mental health prevention and recovery?"

Benefits cited included:

- Better outcomes – i.e., a reduced need for intensive services; reduced length of stay on inpatient/locked facilities; and a general confidence that by agencies will achieve better outcomes by supporting anything that supports recovery in consumers' eyes
- Spirituality is part of a holistic (whole person) approach to wellness and recovery
- Addressing spirituality & religion helps to build natural community supports, which is a more normalized community experience…especially important in light of shrinking resources for a public system that can't do it all
- Reaching out to religious groups will help to reduce stigma and discrimination as we inform them about mental health issues
- Spirituality is an integral part of cultural competency
- The system achieves greater credibility with clients and families when we are more responsive to what service recipients say they want…and they have been asking for the inclusion of spirituality

Major concerns about mental health and spirituality included:

- Concern about the lack of comfort, experience, and adequate training of staff -- it's an area that makes staff uncomfortable and they don't feel prepared to deal with it; staff may be atheist and should not have to deal with this topic on the job; staff may proselytize (i.e. impose their own beliefs on their clients). The latter is especially harmful due to the inherent power imbalance between providers and service recipients. Peer workers may feel that "what helped me, will help everyone."
- There is a lack of evidence-based practices in this area.

- The definitions used in this survey say that, "every person has a spiritual dimension" – if a client doesn't belief that, will s/he be viewed as having a deficit?
- We would like to refer to interfaith clergy locally, but they are difficult to find or in short supply.
- Would want legal advice to make sure our agency will not run afoul of the separation of church and state before proceeding. E.g., even in making referrals out at the request of the client, could we be perceived as favoring one religion over another?

ATTACHMENT ONE: DEFINITIONS OF SPIRITUALITY & RELIGION

The following definitions were provided to respondents at the start of each phone interview.

***Spirituality** is an individual's internal sense of meaning, purpose, and connection to something greater than oneself (which could be, for example, family, community, humanity as a whole, or a higher power).*
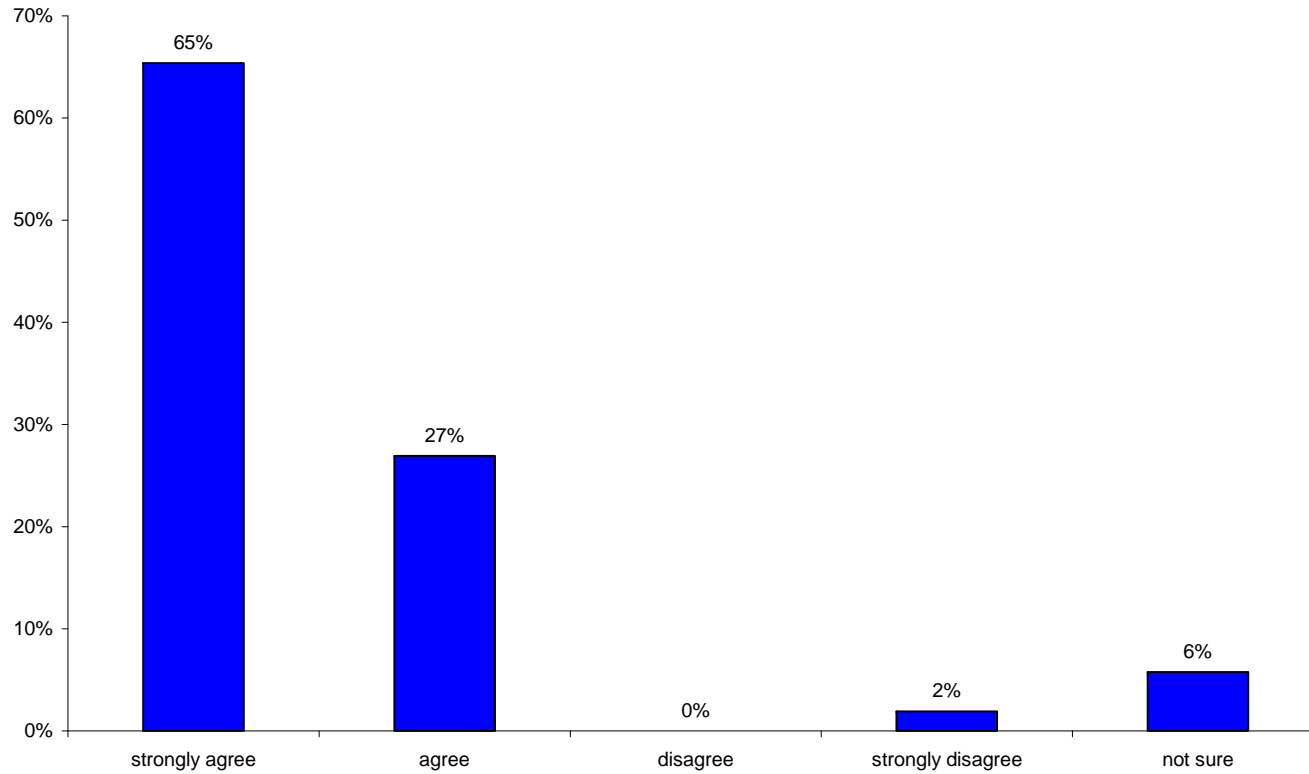
*A **religion** is an organization that is guided by shared beliefs and practices, whose members adhere to a particular understanding of the holy and participate in religious rituals.*

*Some people's **spirituality** is deeply informed by participation in organized **religion**, while others describe themselves as "spiritual but not religious."*
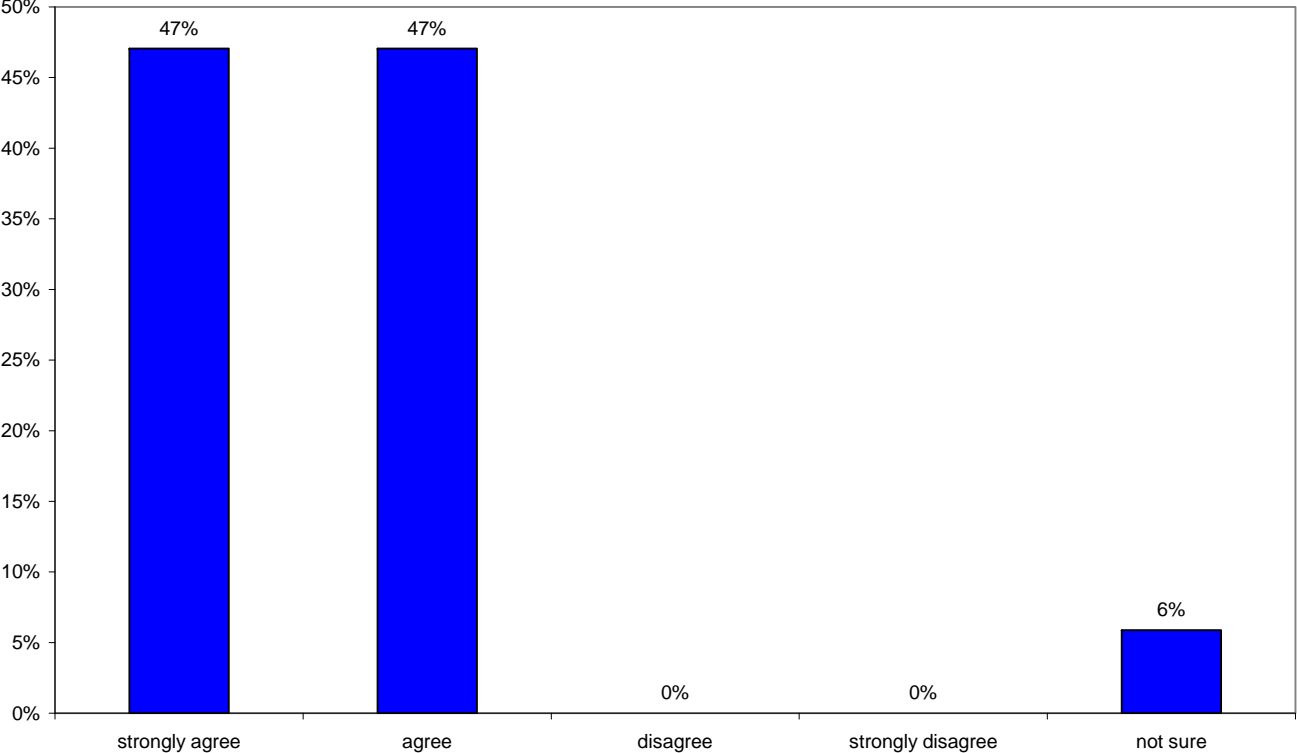
*So, **spirituality** is a broader term for this aspect of human beings. Every person has a spiritual dimension; however, not everyone takes part in organized **religion**. Most of the questions in this survey will pertain to spirituality.*
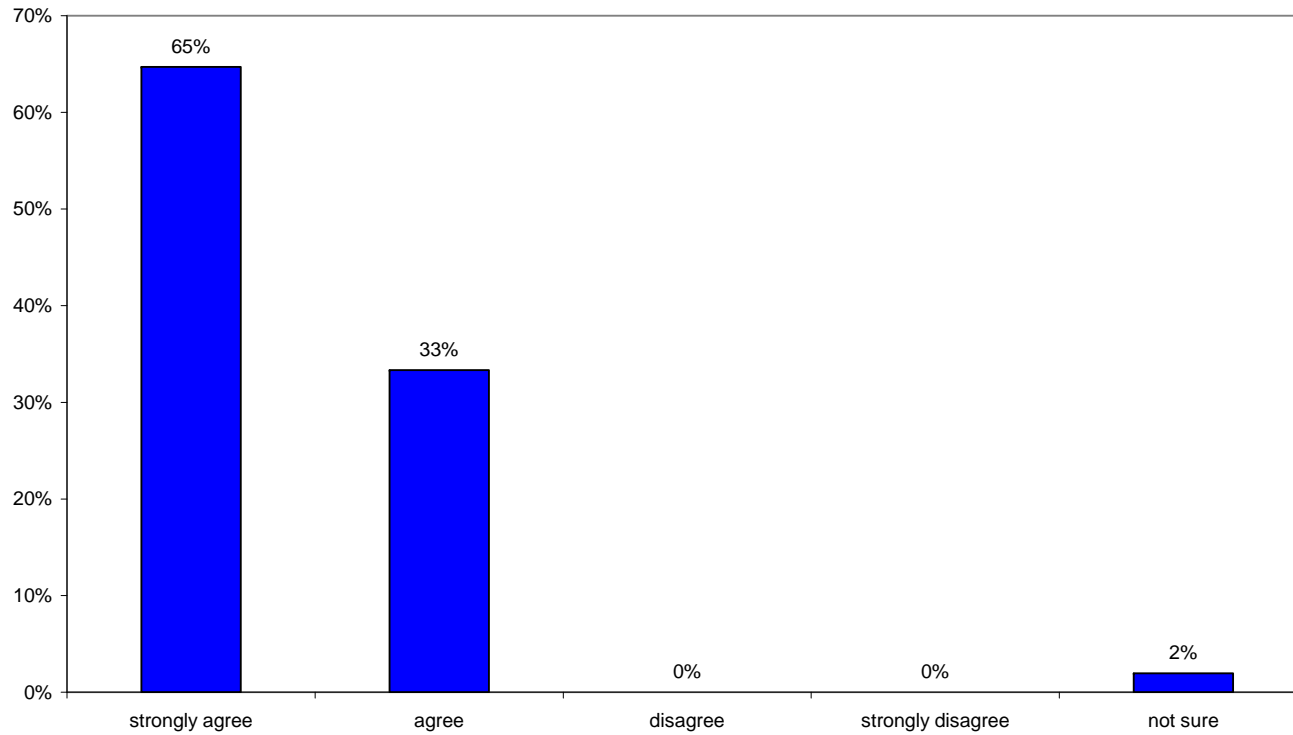
ATTACHMENT TWO: SURVEY DATA

Question 1: "Spirituality is an important recovery resource in mental health treatment."
(52 responses)

Response	Percentage
strongly agree	65%
agree	27%
disagree	0%
strongly disagree	2%
not sure	6%

Question 2: "Spirituality is an important wellness resource in mental health prevention."
(51 responses)

Bar chart showing survey responses:
- strongly agree: 47%
- agree: 47%
- disagree: 0%
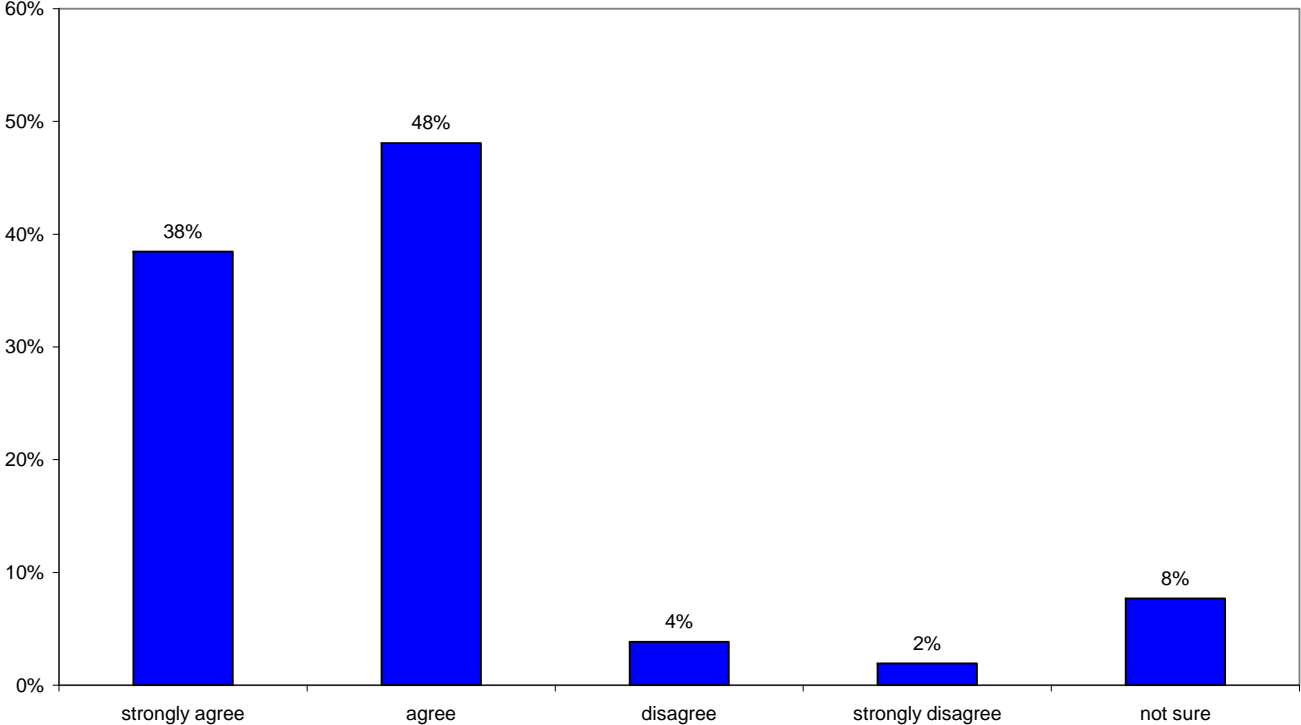- strongly disagree: 0%
- not sure: 6%

Question 3: "Spirituality is an important element of multicultural competency for mental health providers."
(51 responses)

Question 4: "It is appropriate for a public mental health system to address spirituality as a resource in mental health prevention and treatment."
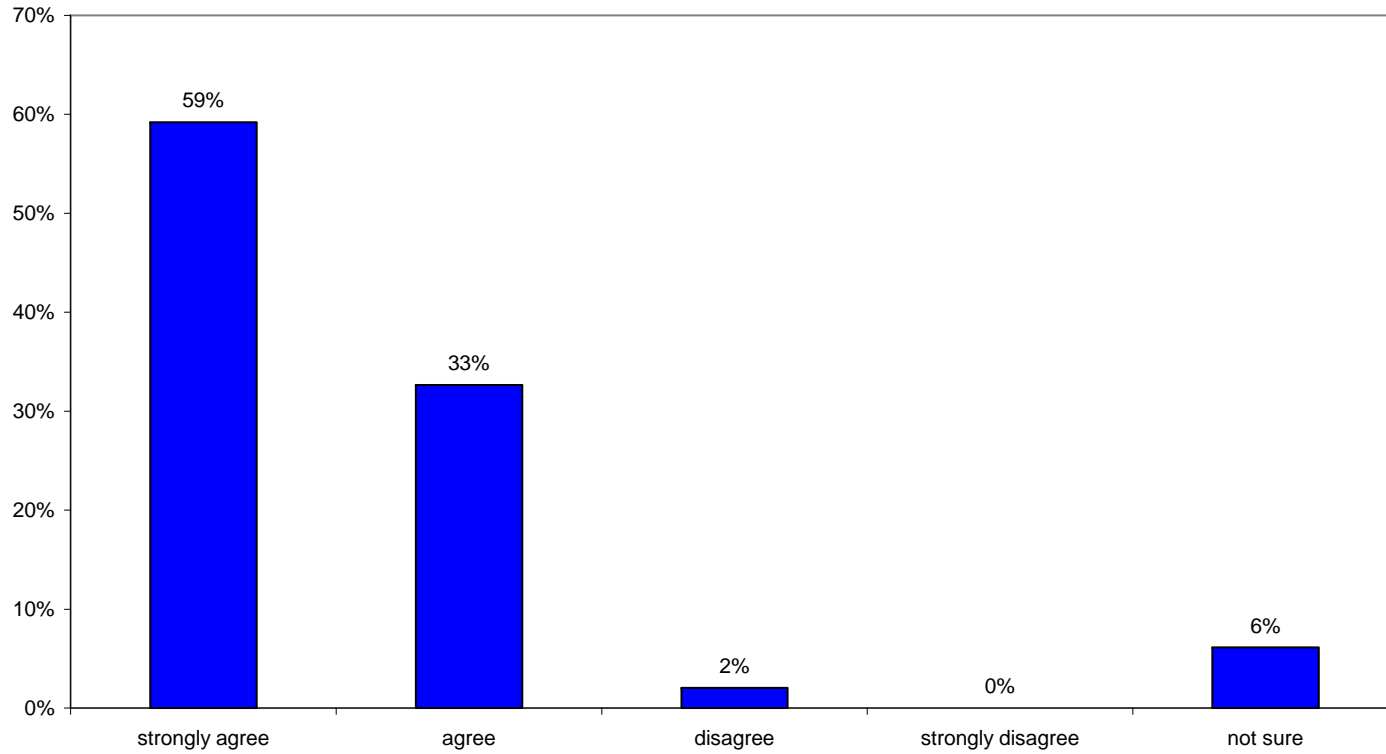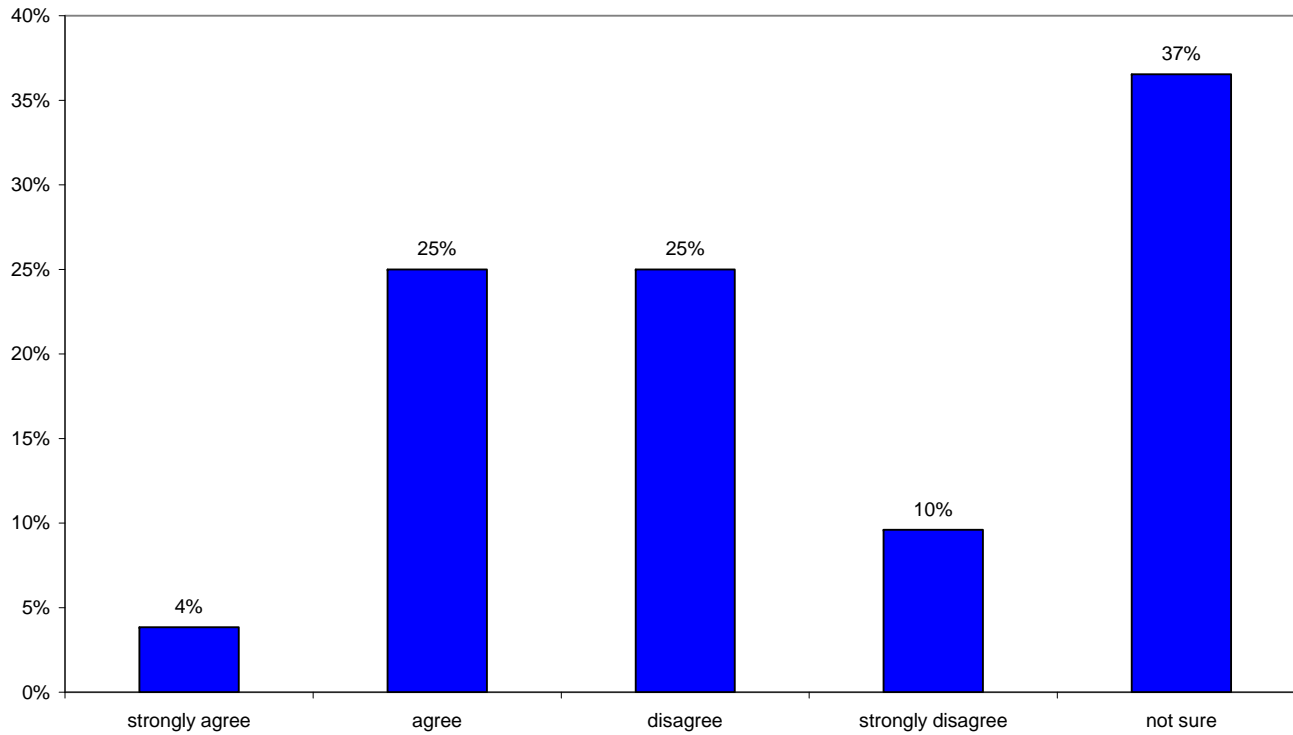
(52 responses)

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Question 5: "Mental health care providers should be willing to discuss spiritual concerns if requested by the client."
(49 responses)
NOTE: The number of responses is lower because the wording was changed after pilot testing.
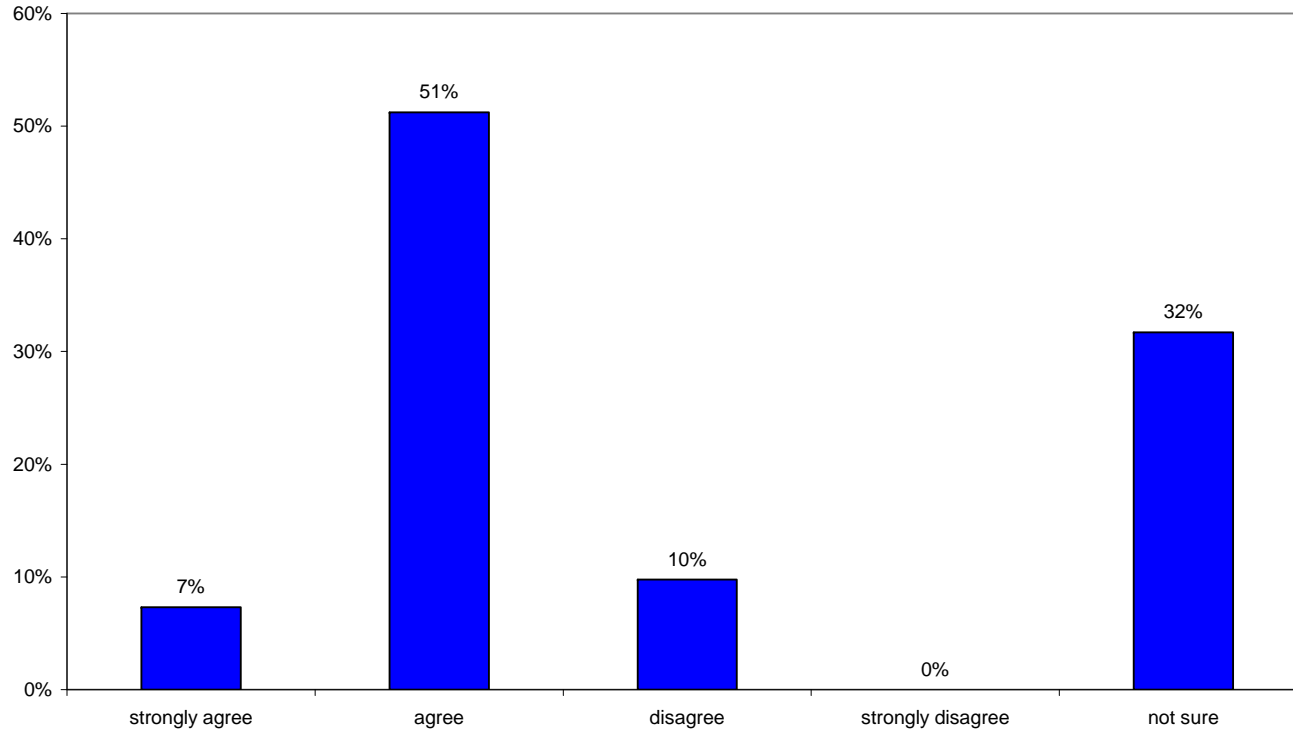
Question 6: "The public mental health system in California demonstrates respect for the spiritual lives of clients and their families."
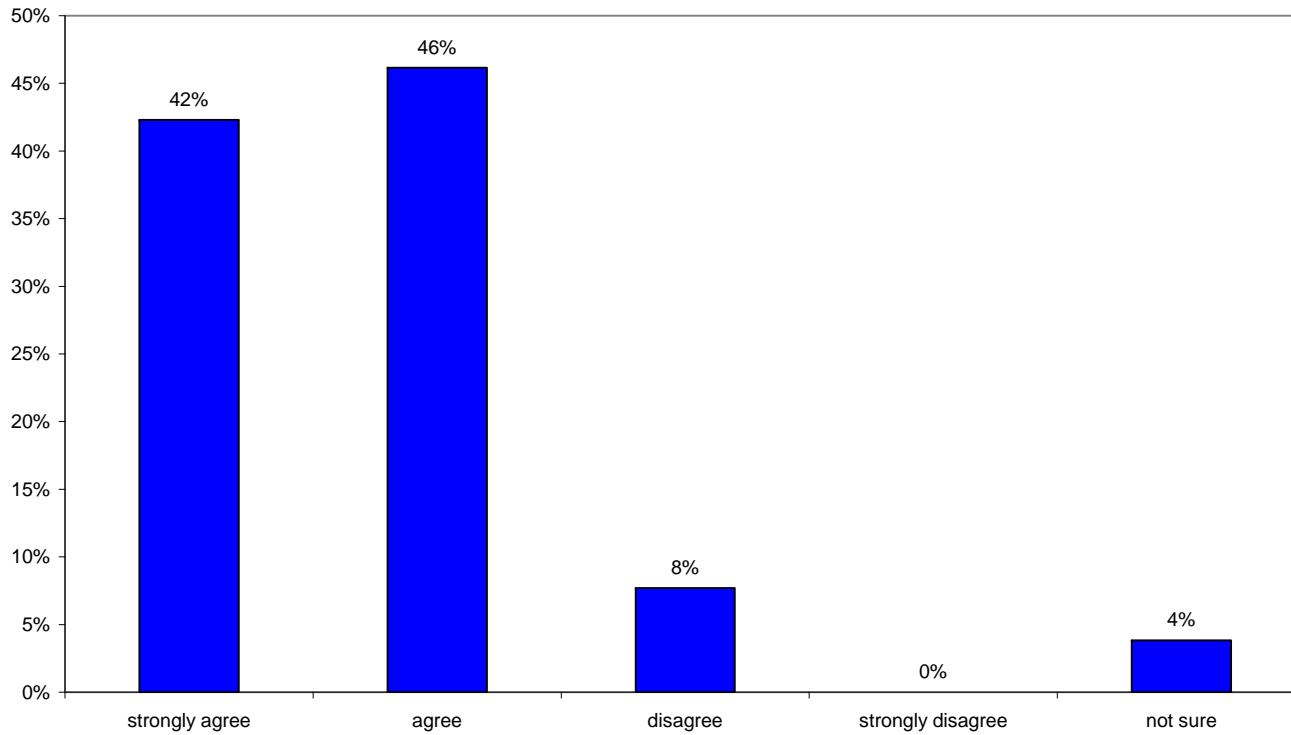
(52 responses)

Question 7: "Mental health care providers in California demonstrate respect for the spirituality of clients and their families even when different from their own." (41 responses)
NOTE: This question was added after the survey was underway.

Bar chart showing responses:
- strongly agree: 7%
- agree: 51%
- disagree: 10%
- strongly disagree: 0%
- not sure: 32%

Question 8: "The public mental health system in California should do more to support clients
and families in utilizing their spirituality as a wellness and recovery resource."
(52 responses)

Question 9: "My County Mental Health Agency would benefit from technical assistance in the area of mental health and spirituality."

(52 responses)

STRENGTH OF AGREEMENT WITH STATEMENTS

4 = "strongly agree"
3 = "agree"
2 = "disagree"
1 = "strongly disagree"

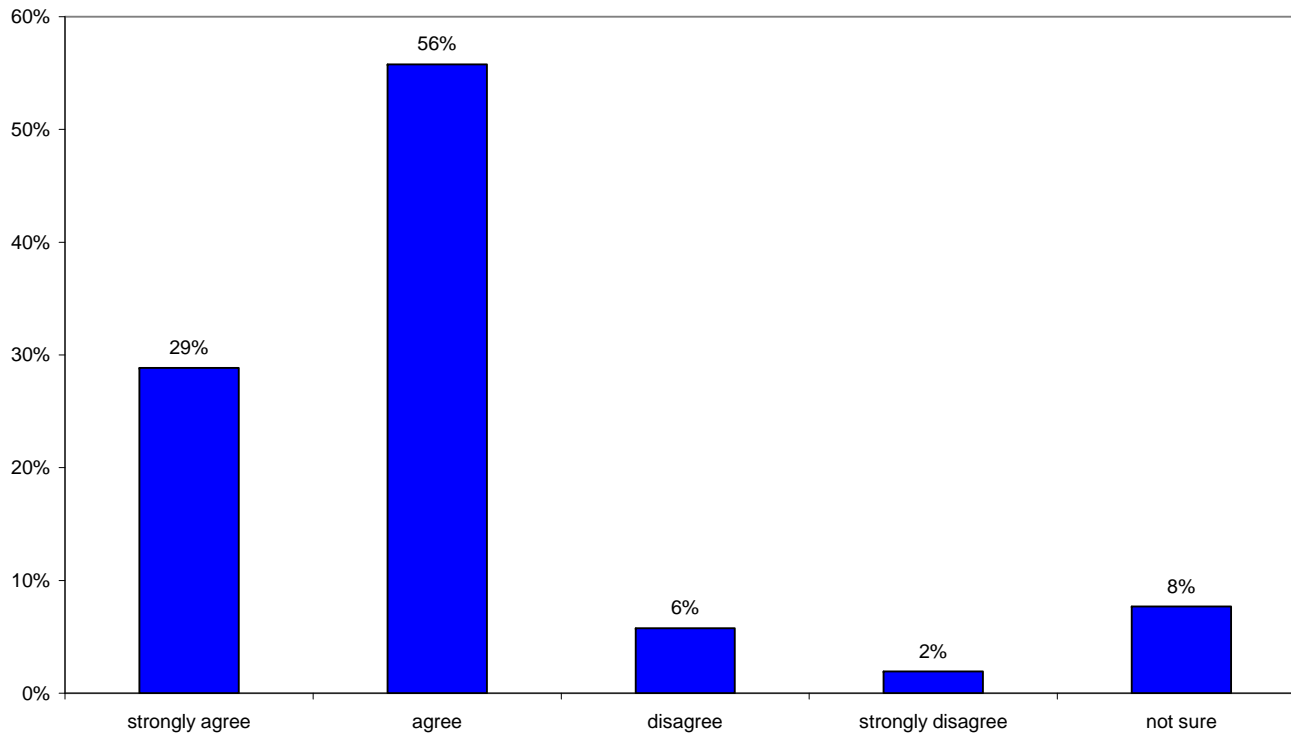|		
Question 3: "Spirituality is an important element of multicultural competency for mental health providers."	3.66	MOST AGREEMENT
Question 1: "Spirituality is an important recovery resource in mental health treatment."	3.65	|
Question 5: "Mental health care providers should be willing to discuss spiritual concerns if requested by the client."	3.61	|
Question 2: "Spirituality is an important wellness resource in mental health prevention."	3.50	v
Question 8: "The public mental health system in California should do more to support clients and families in utilizing their spirituality as a wellness and recovery resource."	3.36	
Question 4: "It is appropriate for a public mental health system to address spirituality as a resource in mental health prevention and treatment."	3.33	
Question 9: "My County Mental Health Agency would benefit from technical assistance in the area of mental health and spirituality."	3.21	
Question 7: "Mental health care providers in California demonstrate respect for the spirituality of clients and their families even when different from their own."	2.96	
Question 6: "The public mental health system in California demonstrates respect for the spiritual lives of clients and their families."	2.36	LEAST AGREEMENT

LEVEL OF UNCERTAINTY

Frequency with which respondents said "not sure" in response to each question

Question 6: "The public mental health system in California demonstrates respect for the spiritual lives of clients and their families."	19	MOST FREQUENT "NOT SURE" RESPONSES
Question 7: "Mental health care providers in California demonstrate respect for the spirituality of clients and their families even when different from their own."	13	|
Question 4: "It is appropriate for a public mental health system to address spirituality as a resource in mental health prevention and treatment."	4	| |
Question 9: "My County Mental Health Agency would benefit from technical assistance in the area of mental health and spirituality."	4	| v
Question 1: "Spirituality is an important recovery resource in mental health treatment."	3	
Question 2: "Spirituality is an important wellness resource in mental health prevention."	3	
Question 5: "Mental health care providers should be willing to discuss spiritual concerns if requested by the client."	3	
Question 8: "The public mental health system in California should do more to support clients and families in utilizing their spirituality as a wellness and recovery resource."	2	LEAST FREQUENT "NOT SURE" RESPONSES
Question 3: "Spirituality is an important element of multicultural competency for mental health providers."	1	

ATTACHMENT THREE: AREAS IDENTIFIED FOR TECHNICAL ASSISTANCE

. Clarify the difference between spirituality & religion

- Acknowledging the importance of valuing spirituality and learning how to incorporate it into treatment and recovery
- Helping staff to learn how to talk about spirituality without endorsing any particular religion
- Helping staff to learn how to assess whatever issues a client may bring into a treatment setting around spirituality
- How to discuss spirituality without getting into religious beliefs or dogma…for both staff and clients
- How to develop relationships with faith-based organizations
- Understanding the beliefs and practices of diverse cultural groups around spirituality – e.g., what they do, what meaning it has for those who participate in it, how that culture looks at mental illness, and its relationship to spirituality
- How to separate my own belief system from the client's; how to guard against discounting the client's belief system (which is a transference issue)
- The role of spirituality in recovery, as is done in alcohol & drug services – i.e., How to develop a sense of your spiritual self, get in touch with it, use it
- Technical assistance that would involve someone coming into our community and assisting us to do outreach to faith-based organizations to identify people we could make referrals to; this would expand people's thinking and help us build more resources
- Clarifying what would be a violation of the separation of church and state, and what would not
- Practical guidance on how to integrate spirituality into services
- How staff can integrate spirituality into services without violating their own beliefs
- How to strengthen alliances with the faith community
- Training to enable clinicians to listen and hear their clients more fully, more consistently
- Suggest following up the conferences with small regional training sessions – the ideal is to have the training in the county so the maximum number of staff can attend
- Staff training that address questions 1, 2, 7, and 8 of this survey (that is, spirituality as a recovery resource in treatment; spirituality as a wellness resource in prevention; how to demonstrate respect for the spirituality of clients & families even when different from your own; and how to support clients and families in utilizing their spirituality as a wellness and recovery resource). The training should address the practical application of spirituality through demonstrations of in-session techniques and role plays including case managers, therapists, and physicians.
- Information on how a County can launch its own grass roots spirituality initiative – e.g., who are the stakeholders you have to involve? It should NOT be technical assistance from anyone in Sacramento telling Counties that they must do spirituality.
- How to refer – e.g., where and to whom do you refer people who have questions or interests in spirituality? How to find those resources. How to develop a network of resources to use.

- Explore myths and perceptions regarding licensure and scope of practice issues
- What does it mean for a mh practitioner to demonstrate respect for the spiritual lives of clients and families? What exactly does that look like?
- What is the difference between spirituality and organized religion?
- Spirituality as part of cultural identity and cultural competency: Where do you go when life gives you such hard circumstances? What supports would a person need and how does this area coordinate with wellness/recovery?
- How to increase staff's comfort with spirituality to enable their ability to listen and accept clients' values and beliefs
- Assessing the importance of spirituality to each client upon access to services, and with each Plan/Assessment update
- Determining spiritual vs psychotic links
- Promoting and utilizing stories of spiritual journeys
- Promoting access to religious and spiritual resources, as well as to resources which remain open to choice without promoting their own agenda
- "Better language and explanations of spirituality and religion; help for people to bridge that; help them feel it's OK to practice yoga and still be Christian. Just because it's called yoga doesn't mean you're going to have to become an Eastern spiritualist. That kind of topic needs to be addressed."
- Additional sophistication in how to deal with spiritual issues without imposing the values of the staff member – analogous to how to deal with cultural issues.
- How to respect boundaries in the area of spirituality – how to respect what is going on with the other person and not impose the perspective of the staff
- Teach staff effective ways of supporting spirituality that does not diverge into things that look like support of organized religion.
- A sample county policy on spirituality and supported spirituality.
- Training on how the concepts of spirituality and recovery are inter-related
- Research findings on the role of spirituality in mental health treatment, recovery, and wellness
- How to utilize religious organizations as support groups and the how they might be part of wrap-around plans, using religious groups as resources.
- E-learning approach is helpful for smaller, more remote counties
- What is appropriate given that we are a government agency. For example, if we collocate services at a faith-based organization, will the organization try to promote religion to our clients? How do we prevent that?
- Resources for various spiritual approaches. How to integrate spirituality and practice; some of the things you can do with people that are seeking a theoretical framework that is supportive of their spiritual values and interests

- Training for mental health providers in how to discuss spirituality.
- Provide examples of how spirituality is applied in other communities
- How to utilize the mind-body connection for recovery
- How spirituality can be used as a tool to support recovery and wellness.
- Education about what various religious and ethnic groups believe about mental illness and its connection to one's soul. This ties in with stigma and education about chronic illness.
- Learning how to work with clients about spiritual or religious issues
- Spirituality as an aspect of cultural competence, and appreciation and understanding of diversity….To work effectively with clients and families, we need to understand spirituality and spiritual beliefs within their culture.
- Separation of church and state
- Boundary issues
- Assistance in developing a clear understanding of how spirituality fits in a county-governed organization to include: 1) a non partisan definition of spirituality; 2) an agreement that demonstrates separation of church and state, county and spirituality. How to integrate spirituality while maintaining the separation of county and state.
- How to arrange for focus groups or presentations by spiritual counselors in your community to explain what they do
- How to involve the public mental health system in the community, and how to involve the faith community with the public mental health system. In other words, are people really aware of what the Vietnamese Catholic Church does, and the Jewish synagogue does, and what their ministries are?
- Overview of the literature on mental health, recovery, and spirituality in order to become better informed about what individuals with psychiatric disabilities want in this area. Also, review some of the literature from the Alcohol & Drug field on spirituality that we can learn from.
- Information about what other counties and programs are doing in the area of mental health, recovery, and spirituality
- A deeper discussion of the difference between religion and spirituality. A fuller discussion of spirituality as a core concept of self and part of recovery.
- A comparison of 12-step and other programs in the substance abuse field and parallel them with mental health recovery.
- Training that would help staff be more comfortable discussing spirituality with clients
- Technical assistance on this topic needs to be different from the usual format of sustained consultation or training. What we have been able to do locally around spirituality is very local—it has to do with local relationships that have been nurtured and evolved and now we are in dialogue and so now we are learning.
- The cultural aspects of spirituality

- The faith community as a support system
- The relationship between spirituality and recovery, as well as resiliency, as defined in MHSA
- Training for staff on how to build spirituality into the assessment, care planning and discharge planning for everybody that comes into our system as part of natural and community supports. How to identify which spiritual avenues are meaningful for the individual and incorporating that into the care and ongoing life that this person is going to have once they exit the system.
- Start at the very beginning with staff training: How would you respond if a client says, "I want to spend the next hour with you talking about spiritual concerns?"
- Training in how to understand spirituality within different cultures, such as Hmong or Native American, so that we can address recovery and support families.
- Helping staff feel comfortable talking about spirituality as part of treatment
- Clarification of the difference between religion and spirituality, what it means to integrate spirituality into their work, and what are some of the things we can do now. It's very important that this be done by someone from outside the agency.
- Acceptance of multiple faiths different from one's own in recovery oriented treatment
- Working with faith based agencies
- Provide us with materials that address spirituality and religion as part of cultural competency
- Help with understanding where the line is between PROMOTION and SUPPORT. What can mental health workers do well within the confines of what's appropriate?