AWAKENING
THE MENTAL HEALTH & SPIRITUALITY
INITIATIVE IN SONOMA COUNTY–
A Useful Template

Kalia Mussetter
Dr. Gary Bravo
Some Resonant Quotes

» People will forget what you say, and they will forget what you do, but they will never forget the way you make them feel. —Dr. Maya Angelou

» All things are expressions of the holy, some more rascally than others. 
   —Mary Oliver

» We live at the intersection of love and outrage. 
   —Dr. Pat Deegan; early leader and theorist in the MH Peer/Recovery Self-Help Movement

» My religion is kindness. —the Dalai Lama

» To know that one life has breathed easier because of you, that is success. 
   —Ralph Waldo Emerson

» Let me say, at the risk of seeming ridiculous, that the true revolutionary is guided by feelings of great love. —Che Guevara
Quick Introductions: Who’s in the room?

- Kalia and Dr. Bravo self-introduce, with a quick overview of what brings each of us to this work: how have our respective spiritual practices informed our personal healing and development, and also our work as frontline mental health providers?

- Each attendee state his or her name; Kalia and Gary will take turns greeting and welcoming
History of the MH&SI

- The California Mental Health & Spirituality Initiative (MH&SI) was the brainchild of psychiatric survivor, peer provider and system transformation activist Jay Mahler in Alameda County in 2006.

- Soon after, Dr. David Lukoff, a Sonoma County psychologist, theorist, and practitioner in spirituality and mental health, got involved at the state level and helped to develop a set of cultural competencies in the arena of spirituality and mental health.

- Gigi Crowder, formerly the Ethnic Services Manager for Alameda County Behavioral Health, got involved and began building bridges for the Initiative with mental health leaders all over CA—most notably with Dr. Marvin Southard, then the director of LA County Behavioral Health. Dr. Southard brought his long interest in holistic mental health care to the MH&SI, supporting its spread around CA.
Sonoma County’s Involvement

- Each county can have one or several representatives. These can be county staff, mental health peers, family members, or faith leaders, and they are called MH&SI Liaisons for their county.

- In Sonoma County, the two Liaisons are Dr. Gary Bravo, retired Medical Director of SCBH, who has longstanding interest in the psychology of religion, and Kalia Mussetter, founder of Living Bridges and a Sonoma County Mental Health Board member. We have been working to awaken the MH&SI in our county for the last two years.
Purpose of the MH&SI

- To create emotionally and spiritually safe space for the self-defined spirituality or faith belief/practice of any person receiving mental health care, so that if she wants to include this resource in her mental health recovery journey, she will be met with culturally competent understanding, respect, and practical help to do so.

- To train both secular and faith-based providers in cultural competency around spirituality and mental health, so that support in this arena will be emotionally safe, culturally attuned, appropriate and helpful.

- To utilize Mental Health Recovery and Trauma-Informed principles in all aspects of the MH&SI, with the recognition that these are at the heart of cultural competency in this area.
To build bridges of mutual understanding and trust among secular mental health providers and diverse faith leaders, so that if a client reaches out for help to include his spirituality in his mental health recovery journey:

- his mh providers will be able to assist him in doing so in an attuned, culturally competent way
- there will be trained, supportive faith-based leaders to call upon as a resource for him
- and conversely, if a congregant reaches to his faith leader for help with mental health challenge, that leader will be able to respond in an emotionally safe, culturally competent way, and offer useful mental health resources
To inform faith leaders of basic of mental health recovery principles, and bridge them, person to person, with a wide array of secular mental health providers and resources available in their area (County, CBO/Agency, and Peer-Run Self-Help)

To train faith leaders in mh recovery-based, trauma-informed principles, so that the support they offer to people reaching for help with mental health challenge is culturally attuned, emotionally safe, and helpful

To train both secular mental health providers and diverse faith leaders in the **MH&SI Interfaith Learning Agreements**, so that their support of those navigating mental health challenge is culturally competent, emotionally safe, and helpful to mental health healing and recovery
Self-chosen spirituality, and/or faith communities, are necessary elements in recovery for many persons who receive or are in need of mental health recovery and services.

Spirituality can be a powerful tool to protect hope, assist in healing, and support self-efficacy and self-empowerment.

Many persons navigating mh challenge, from diverse, multicultural communities, utilize spirituality and/or faith-based organizations as a source of social support, meaning and hope in their healing process.
Spirituality is an essential part of how people understand themselves and their world; it is not something separate from mental health.

Some people experience altered states of being with a spiritual component that can support the journey of recovery. For some, this can be a life-changing event.

Often this spiritual component is ignored, labeled, or confused with delusions or other mental health symptoms.
Mission Statement, cont.

- Faith communities and spirituality can also be a source of coping and social support for those struggling with the impact of issues often related to mental health vulnerability. These challenges include poverty, homelessness, hopelessness, loss of meaning and purpose, addiction, stigma, isolation, etc.

- It is understood that many individuals, and some families, have experienced trauma within spiritual or religious contexts. Awareness of trauma-informed care is thus very important for providing a safe environment for talking about these experiences in an open, accepting, healing way.
The Four Core Competencies of the Sonoma County MH&SI

1. Cultural Humility and Cultural Competency
2. Spirituality in Mental Health Care principles
3. Mental Health Recovery principles
4. Trauma-Informed Care principles
Diversity in Spirituality, Faith and Meaning-Making

- Participants in the MH&SI include people from a widely diverse collection of belief systems and faith traditions, including, among many others:

  - Jewish, Native American (Pomo, Koi, and Coast Miwok in this area), Muslim, Buddhist (Zen, Vipassana, etc.), Catholic, Hindu, Sufi, Eastern Orthodox, Christian (Protestant, Lutheran, Methodist, Baptist, etc.), Science-Based, Creativity-Based, New Age, Spiritual but Not Religious, Agnostic/Atheist, WICCAN, Pagan, Shinto, 12-Step, Baha’i, Hawaiian Spirituality...

- These are just a few of the diverse faith traditions and belief systems thriving in Sonoma County, for example.
Encouragement! 😊

- In our outreach and listening, we have found that secular providers in both county and agency services, and also family members, are as hungry for this holistic view of mental health care and recovery, and the MH&SI tool kit, as mental health peers are.

- Thus, in reaching to our county and agency providers, and family member partner, NAMI, we have been met with enthusiasm for Listening Meetings, focus groups and surveys—as well as our invitations to help co-create this Initiative in our community.

- We have also learned that faith leaders are ardent in their need for the supports that a robust MH&SI offers. It is common that the first place a person suffering with mental health challenge reaches for help is in their own faith community. Often faith leaders simply don’t know how to help, though, of course, they deeply want to. MH&SI assists, here.
The Four MH&SI Stakeholder Groups

1. Mental Health Peers—our valued neighbors who are navigating mental health challenge or vulnerability; who need or are receiving local mental health services

2. Family Members of individuals who are navigating mental health challenge or vulnerability

3. Secular Mental Health Providers, both County and Agency/CBO

4. Local Faith Leaders and Cultural Brokers across a widely diverse spectrum of beliefs and practices
Some Useful Definitions of Spirituality

- SPIRITUALITY - a person’s deepest sense of belonging and connection to a higher power or life philosophy, which may or may not be related to an organized church or religious institution.

- SPIRITUALITY—a way of making larger meaning of life and reality that offers a sense of safety, identity, gratitude, lifelong learning, community, purpose, hope, and/or support through both difficulty and success.

- SPIRITUALITY—a way to connect to beauty, the numinous, the Sacred, or the transcendent, in a way that feels joyful, or profound, or is life-affirming—can be grounded in nature, the arts, or science.
Other Helpful MH&SI Definitions

- **RELIGION** - an organization that is guided by a codified set of beliefs and practices held by a community, whose members adhere to a worldview of the holy and sacred that is supported by religious rituals.

- **FAITH** - refers to a confidence or trust in a set of religious principles or beliefs, including beliefs about the divine and beliefs that may not be based on proof.

- **FAITH-BASED ORGANIZATION** - includes places of worship and nonprofit organizations, which have a long tradition of helping people in need and are an integral part of the social service network.

- **PRACTICE-BASED ORGANIZATION** - traditions that do not include elements of faith or doctrine, but share a commitment to cultivating certain practices, such as meditation.
MHSI Values Statement

- Spirituality is a core component of cultural competency

- Spirituality is part of a holistic (“whole person”) approach to mental health recovery, which both peers and providers report as a vitally humane, respectful, and healing addition to the medical model.

- Client choice in all settings and opportunities for support is of paramount importance. The MH&SI is client-centered.

- Adherence to ethical and legal boundaries are as robust in this context as every other in mental health care and recovery

- Spiritual experiences and/or heightened consciousness, can occur during altered states, and can, when met with understanding and respect for a person’s own authentic process, sometimes lead to deep healing and personal development. These can be called “Spiritual Emergence.” (“birth labor” metaphor)
MHSI Values (cont.)

- Liaisons ought to focus much attention on engagement of diverse faith-based organizations and building warm relationships among all stakeholders. As we know, the four MH&SI Stakeholder Groups are generally quite siloed; to bridge among them requires commitment and skill.

- Excellent, multi-level training of all stakeholder groups is imperative to the success of integrating the Mental Health & Spirituality Initiative and its gifts and resources into a community. These happen through “MH&SI Round Tables.”

- Awakening the MH&SI needs networking, logistical and communications support from ones’ county
Five Steps to awakening and sustaining the MH&SI in a county (the beginning of cultural competency in this arena)

1. Diverse Outreach among all four Stakeholder Groups

2. Informing and Listening

3. Co-creating Round Tables for all four Stakeholder Groups, which offer:
   A. Multi-level training in the Four MH&SI Core Competencies
   B. Support for bridge-building and deep networking among stakeholder groups (which are often completely siloed)

4. Co-creation of large MH&SI Community Event, for all Stakeholders and interested community members

5. Ongoing Liaison support and consultation for MH&SI Stakeholders
Step 1: Diverse Outreach to all four stakeholder groups: Peers

- In Sonoma County, we were careful to begin our outreach with people who are navigating mental health challenge—that is, MH Peers.

- We recognize that the key wisdom, insights and ideas needed to make a thriving MH&SI that will serve Peers...comes from Peers.

- This awareness and respect is the heart of Cultural Humility and Competency in any area.

- We also recognize how important language is: for many, the old identifier, “Consumer,” objectifies people, while the new self-defined language, “Peer,” is respectful and accurate.

- Reach out widely in the Mental Health Peer/Consumer community, starting with your local Peer-Run Self-Help Centers and any other local Peer/Consumer organizations. (We are very fortunate in our 30 year old, very robust peer-recovery movement in Sonoma County.)

- For counties that do not yet have Peer/Recovery Self-Help groups or resources, reach to secular county and agency/CBO providers for access to bringing focus groups and surveys to peers regarding MH&SI.
Focus on outreach in the spirituality and faith community that is as widely diverse and inclusive as possible.

Research local faith traditions and organizations carefully for diverse inclusion.

Seek help, consultation, and also language translation for outreach as necessary, to include the widest diversity of local faith traditions and communities. Pay special attention to your local immigrant, amnesty and expat populations.

In Sonoma County, we reach out and meet with secular mh providers in their agency staff meetings, as well as having individual conversations and focus groups with providers. We do the same with family member groups (via NAMI).
I would like to tell you about the Mental Health & Spirituality Initiative (MH&SI). I need your help to know what you want, need, prefer and don’t prefer in our shared community on this topic. I would like to request a 90 minute meeting with you or your Peer/Self-Help or Peer Advocacy Group. Thank you.

Simply, the purpose of the MH&SI is to help create safe space for our own, self-defined spirituality, faith, and/or ways of making meaning of life as part of our mental health healing and recovery journey. Everything in the MH&SI is defined and created by us.

The MH&SI was created by a Peer Activist named Jay Mahler in Alameda in 2006, and has been spreading around California ever since. I am one of our two local Liaisons working to awaken the Initiative here in our shared community. We need your help to co-create this in our county. I will need about 30 minutes to explain the Purpose, Mission, Values, History of the MH&SI, and also what’s going on locally with it so far.

I will then spend the rest of our time together, an hour, listening deeply to any ideas, questions, concerns, objections, ideas, experiences you would like to share about the Initiative. I will listen carefully and take notes. All notes will remain anonymous. This meeting is a confidential safe space, and nothing we share together will be disclosed outside this room. I am very grateful for the time with you, and the opportunity to listen.

I would also like to know if you would be willing to help us to train the other Stakeholder Groups: county and agency Mental Health Providers, Faith Leaders and Family Member Groups?
Step 1 cont.—Helpful Outreach Questions: Family Members

I would like to tell you about the Mental Health & Spirituality Initiative (MH&SI).
The purpose of the MH&SI is to help create safe space for the self-defined spirituality, faith, and/or ways of making meaning of neighbors like your family member(s), who need or are utilizing mental health services, as part of their mental health recovery journey.

I am one of our two local MH&SI Liaisons working to awaken the Initiative here in our community. We need your help to co-create the MH&SI project in our county. I would like to meet with you to ask what you want, need, prefer and don’t prefer regarding your loved one, your family, and/or your faith community, on this topic.

I am requesting a 90 minute meeting. For the first 30 minutes, I will explain the Purpose, Mission, Values, History of the MH&SI, and what’s going on locally with it so far. For the remaining 60 minutes, I will listen deeply to your group’s members, and take careful notes. All notes will remain anonymous; all meeting sharing is confidential and will not be repeated.

I would like to listen deeply to you. What are you and your Family Support Groups’ ideas, questions, concerns, objections, ideas, experiences about the MH&SI? Is your family involved in a faith tradition? If so, what are your needs in the area of your loved one’s mental health, treatment and recovery? Are you being able to receive support in your faith community in this often very difficult life experience? If you or your family are not involved in a faith tradition or spiritual practice, is it OK with you for your loved one to seek or receive support in within their self-defined spiritual curiosity, beliefs or practices? Why or why not?

I would also like to know if you would be willing to help us to train and inform other Stakeholder Groups: County and Agency Mental Health Providers, Faith Leaders?
Step 1 cont.—Helpful Outreach Questions; Faith Leaders

- Are you aware of individuals and/or families in your congregation who are living with mental health challenge, and if so, are you providing any support or referrals to them to assist in their wellness?

- Are you aware of the secular mental health resources in our community? Would access to a resource list, and some respectful personal connections among mental health providers feel useful to you? Do you have concerns, questions or ideas about collaborating in this way?

- Is your faith community culturally diverse? If so, do you have the ability to address concerns as they arise by offering responses and approaches that meet the specific cultural needs of all your members?

- Are you aware of things that can feel helpful, or conversely, scary or overwhelming, for a person who is navigating mental health vulnerability or crisis? Would you be interested in training to help you know more?

- What additional information and resources do you feel might be helpful to you and your faith community from the MH&SI to support you in meeting the mental health needs of your congregants and their families?

- Would you be willing to assist in training local mh providers to have more knowledge of the basics of faith and spirituality? (AKA a kind of “Spirituality-101”)?
Step 1 cont.—Helpful Outreach Questions; Secular Mental Health Providers

How do you feel about the idea of supporting your clients in including their self-identified faith practices, spirituality or meaning-making in their mental health treatment plan and recovery?

Do you have concerns about this idea? Worry re. the separation of church and state? About how to hold your own spiritual beliefs fully, while not imposing them on your clients? About how to handle client beliefs or fears that might feel personally triggering or troubling to you?

Would you be interested in training to assist you in cultural competencies for how to offer support in this area? Do you have specific concerns, questions or ideas?

Would you be interested in, or open to, developing appropriate, mutually supportive relationships with trained local faith leaders, as a way to have additional resources in this area for your clients?

Would you be willing to assist in training local Faith Leaders to have more knowledge of the basics of mental health vulnerability and recovery? (AKA a kind of “MH-101”)?
**Begin by Listening to MH Peers**

- First, listen deeply to people navigating mental health challenge.

- Again, these valued community members were formerly known as “consumers,” and are now more accurately referred to as “peers.”

- This listening process honors *the most basic cultural competency* in the MH Recovery paradigm: “Nothing about us without us.”

- We listen so that their voices, needs, opinions, concerns, guidance, wisdom and priorities *animate* every stage of awakening the MH&SI Initiative.

- We utilize focus groups, surveys, and meetings in Peer-Run Self-Help Centers.

- Liaisons will be helped and enlivened by the profound contributions of this most important stakeholder group. Create your county project accordingly.
Continue Listening to the other three MH&SI stakeholder groups

- Create Listening Meetings with all stakeholder groups:
  - family members
  - secular providers (county and agency)
  - diverse faith leaders
in order that *their* needs and concerns animate all processes created in your county.

We meet one on one with faith leaders in a widely diverse array of traditions, organizations and practices. When we reach to these leaders with the MH&SI resources, most respond with enthusiastic interest. Some can participate in the larger interfaith dialog; some need Liaisons to meet with them in a separate, individual setting.
The purpose of a MH&SI Round Table is two-fold:

A. to train participants in each stakeholder group in the MH&SI purpose, mission, values, and its three cultural competencies—which include:
   1. Spirituality in Mental Health Care principles
   2. Mental Health Recovery principles
   3. Trauma-Informed Care principles

B. to facilitate deep networking among the participants; to help build bridges of warm acquaintance that will grow into trusting service relationships over time

We prefer 9AM to 3PM Round Tables, in a well-windowed training space, with lunch catered in at the noon hour. This allows for both transformational learning and for deep networking.
Ideally, each Round Table should be a richly diverse experience, facilitated by the Liaisons, who teach the basics of MH&SI, and also including experts from the other stakeholder areas to also teach, and/or offer experientials that expand attendee’s felt sense and awareness of different aspects of Mental Health & Spirituality. For example:

- County and Agency Mental Health Providers to teach Faith Leaders more about the basics of mental health care, recovery and local resources—sometimes known as “Mental Health 101”
- Faith leaders to offer stories and/or experientials about the ways that their traditions can assist vulnerable people in feeling safer, more whole, more included, sometimes AKA, “Faith-101”
- Peers who can speak to MH Providers and Faith Leaders about their own stories of mental health challenge, recovery, and empowerment, and ways that their own spiritual beliefs or practices supported this, sometimes AKA as “Recovery 101”
Counties can also draw on the immense experience and expertise of Gigi Crowder and Dr. David Lukoff to assist in the Round Table trainings. There are many Liaisons in CA who have been involved in awakening MH&SI for many years; we learn from them. The state level steering committee and web site are excellent resources.

The Round Tables will be attuned to the needs and requests for information and resources that the Liaisons have gathered by listening deeply to each stakeholder group.

The Peer Round Table ought to be *co-created* by the Liaisons and all interested local MH Peers and Peer Providers, and include a diverse array of teaching and experientials given by peers. Secular mh providers and diverse faith leaders can be included as the Peer and Liaison planning process decide.
Step 3—a MH&SI Community Event

- 3. After all four Stakeholder Round Tables have been facilitated, create a large community event in which all who have been involved—and also anyone interested from the community—are invited to attend.

- This is ideally held in a welcoming, beautiful public venue (we are honored to have the Glaser Center in our county). Snacks and drinks are important, so attendees feel honored and cared for.

- This event is also richly diverse, with one or more speaker panels from each of the four stakeholder groups, sharing their experience with the MH&SI process, and/or their personal experiences that support the awareness of spirituality as a valued element of mental health care and recovery.
Step 4—Creation of diverse MH&SI Support Groups, with ongoing Liaison support

- In Sonoma county, Peers have already begun to create Mental Health & Spirituality Support Groups—in Peer-Run Self-Help Centers, and in collaboration with local mental health service agencies. (example)

- Liaisons have met with these Peer Leaders and their Agency Leader partners to assist in learning and practicing the Interfaith Learning Agreements and other basic principles of safe groups in this arena.

- Liaisons make themselves available to all stakeholder members for ongoing support, collaboration and consultation.
As our Peer Listening Meetings—and any daily perusal of news media—reveal, spirituality can be a fraught topic. Secular mental health providers will need support, consult, and training as they begin to incorporate the acknowledgement and support of their client’s chosen spirituality into mh care plans and ongoing recovery.

Conversely, faith leaders and communities will also need ongoing support, training and safe learning experiences as they seek to offer attuned, helpful support to neighbors dealing with mental health challenge.

Peers can also benefit from support with MH&SI resources and/or debriefing with Liaisons as they create one on one peer/recovery support, and/or Support Groups that have a focus on spirituality and mental health.

Liaisons remain available to all stakeholders to assist as requested in the slow building of these competencies.
Liaisons need to keep learning! 😊

County Liaisons need to continue to learn about the inclusion of spirituality in mental health care and recovery by:

– Participating in ongoing training, research, reading and consultation in all four key MH&SI competencies:
  1. Cultural humility & competency
  2. Mental Health & Spirituality principles
  3. Mental Health Recovery principles
  4. Trauma-Informed Care principles

– Participating in our monthly statewide MH&SI Liaisons conference calls
– Attending regional MH&SI Conferences
Questions and Comments; whole group discussion (10 minutes)
“SIMPLY NOTICE”—An Experiential Breakout
(25 minutes)

1. Break into triads; we will practice and SIMPLY NOTICE

2. Someone read aloud (or take turns reading) the Interfaith Learning Agreements

3. Each participant take 7 minutes to talk, in whatever way feels comfortable, about his or her own faith, meaning or spirituality—and any ways this supports, or does not support, his or her own healing, recovery, development, work, or life journey.

4. Be aware of what emotions (gladness, joy, fear, shame, confusion, sorrow, anger, worry, embarrassment, discomfort, awareness of past trauma in this context) this process may bring up—both in your speaking and in your listening.

5. Be aware of any urge to proselytize, to “feel right” or “feel wrong”

Whole Group Discussion after (10 minutes)