Transforming Mental Health Care Integrating Spirituality into Wellness and Recovery

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Why Spirituality in Mental Health

Spirituality is a core component of culture.

- Understanding diverse world views
- Cultural milestones and rites of passage
- Identification of Gender roles
- How loss, illness and death are understood and managed

“Spirituality is a process of pursuing meaning and purpose in life”

( Marvin J. Southard, DSW, 2009)
Workshop Objectives

- **Recognize** factors that drive the evolution of a public mental health system to innovate and develop staff competency for supporting the spiritual interests of individuals and families receiving mental health services.

- **Summarize** components required for an active partnership between county mental health and CIMH to create a project from scratch and tailored to the needs of the department and its service communities.
Workshop Objectives ---cont.

• **Distinguish** spirituality as a core component of culture and describe the potential impact of spiritual values, practices and beliefs for whole health - including mental health wellness and recovery.
PRESENTATION FLOW

• Provide contextual framework within which this work evolved.

• Creating a foundation

• The process and content

• Perceived impact

• Relevance to physical health and substance abuse
Creating a Foundation

The contextual Framework from which this work evolved.
California Mental Health and Spirituality Initiative

- Results from the Individual and Family Survey

- LACDMH Outreach Efforts to faith community launched in 2002

- LACDMH Annual Spirituality Conference
POLICY DEVELOPMENT

• Parameters Document
• Integration of Spiritual Interests of Clients in the Provision of Mental Health Services and Support
• Mental Health and Spirituality Training Plan
Dr. Marvin Southard Video Clip
The Process and Content
Scope of Work and Implementation Plan
Two and a Half Years Span
CIMH Approach to the Project

• Built upon the foundation established by the California Mental Health and Spirituality Initiative and LAC DMH Policies
• Established a Local Advisory Team Within LAC DMH
• Conducted Dialogue Sessions with Consumers, families and communities to assess needs, desires, priorities (TOOLKIT)
• Contracted with content experts to inform and develop specific components of the scope of work (training curriculum, toolkit, vignettes).
Scope of Work

Professional Development: Staff Training curriculum were developed and Implemented

• Introductory Training- All Staff
• Intermediate Training- Clinicians, clinical staff
• Advanced Training – Continuation of Intermediate Training

Resource Materials

• Set of Practice Vignettes
• Spiritual Self-Care Manual and Toolkit
LAC DMH Mental Health and Spirituality

MH and Spirituality

- Training Vignettes
- Spiritual Care Tool Kit and Manual - wellness centers support services
- Parameters Document - core training
- Intermediate Training - non clinical providers
- Advanced Training - Clinical Providers
- Introductory Training - All Staff
TRAINING

- Introductory - 12 Sessions
- Intermediate - 3 Sessions - One demonstration
- Advanced - 3 Sessions - One Demonstration
- Toolkit Training - 4 Sessions
Mental Health and Spirituality – Introductory Training

- Developed by Jim Hurley, CIMH and LAC DMH Advisory Team
- One Day Training Adapted from Spirituality and Wisdom Curriculum
- "Generalist" orientation, increase in knowledge and understanding of the basic tenets of spirituality and mental health including when or how spirituality is appropriate to discuss in treatment settings
- Participants included clinicians, nurses, para-professionals, physicians, and individuals from faith communities
- Convened 12 one day trainings in all 8 service areas
- 800 + participants
Training Aim: Introductory Level

• Mental health staff to *learn* about the potential roles spirituality and religion can plan in mental health recovery and wellness.
• *Increase* knowledge, confidence and comfort level of staff in addressing spiritual interest of clients and families.
• *Explore* personal, cultural and diversity aspects of spirituality and religion and the impact on overall health and wellness.
Mental Health And Spirituality Intermediate Training

- Developers: David Lukoff, Ph.D, Diane Grieder, Francis Lu MD, CIMH and LAC DMH Training Advisory Team
- Spiritual Assessment and Cultural Formulation
- Children and TAY Track, Adult and Older Adult Track
- Convened Demonstration Training for LAC DMH Leadership and Advisory Team
- Clinical staff, Direct Service providers
- Convened 3 one day sessions
- Approx. 60 participants
Training AIM: Intermediate

• Broaden competency of mental health staff to Inquire about- assess and include spiritual interest of clients as a resource for their wellness and recovery.

• Ethical and culturally responsive approach.
Advanced Level Training

- Developers: David Lukoff, Ph.D, Diane Grieder, Francis Lu MD, CIMH and LAC DMH Training Advisory Team
- Cultural Formulation Care Plan Document
- Children and TAY Track, Adult and Older Adult Track
- Convened Demonstration Training for LAC DMH Leadership and Advisory Team
- Clinical staff, Direct Service providers
- Convened 3 one day sessions
- Approx. 45 participants
Training AIM: Advanced Level

• Teach specific tools and techniques to utilize information gleaned during in the assessment phase to formulate cases and document information into care coordination and recovery plans.

• Ongoing culturally appropriate and holistic support for clients.

• Enhance staff skills to distinguish spiritual strengths and spiritual and religious problems that impact mental health.
Vignettes

- Engaged professional script writers to develop vignettes, relevant to ethnic and cultural populations in Los Angeles County.
- The vignettes were designed to enhance experiential learning through staged “real time” interactions between staff and clients to address:
  - Spiritual coping
  - Disclosure of staff’s spiritual orientation to client
  - Responding to request by client to help with or participate in the client's spiritual practice or ceremony
  - Responding to a need to refer client to a spiritual resource in the community
Vignettes- cont.

• Developed 12 vignettes.
• Ethnically and culturally diverse including age, gender, spiritual, religious practices and situation.
Dialogue Sessions

• Directed by Khani Gustafson, MSW in collaboration with Kumar Menon, MSPA

• Dialogue Sessions were facilitated by:
  o Karen Gunn, Ph.D.
  o Rev. Laura Mancuso
  o Matthew Brensilver, Ph.D.
  o Charles Suhayda, Ph.D.
Dialogue Sessions

- The purpose of the dialogue sessions was to inform the development of the spiritual self care toolkit:
  - Ascertain the level and nature of need for self help activities.
  - Poll clients and families for preferred strategies to integrate spirituality into recovery and wellness activities.
- Conducted eight (8) dialogue sessions at wellness centers in each of the 8 service areas.
- Approx. 134 participants including mental health clients and wellness center staff.
- Conducted a needs assessment survey.
Results

- Gratitude was consistently expressed for the opportunity to discuss the role of spirituality in recovery
- Nature was a consistent theme
- Request for Chaplin type support services available
- Request for groups to be both staff and peer led
- Spirituality should be included in care plans
- Identify strong support services outside of wellness center community
Toolkit

• Informed by the dialogue session feedback and recommendations
• Principal author: Dr. Charles Suhayda, Ph.D.
• Contributors
  o Belanie Brown, BS B. Min.
  o Raquel Roller, MPS
  o Leticia Ximenez, PsyD
Components of the Toolkit

- Spiritual Self Help Actualization Pyramid
- Spirituality and Religion: Definitions and Concepts
- Key Considerations
- The Approach: A Facilitated, Exploratory and Developmental Spirituality Group
- Eight Sessions for closed Group Process
- Resource List
- References
Timeline

- **Introductory Training**
  - 12 sessions
  - August 2011-September 2012
  - 800+ participants

- **Intermediate Training**
  - 4 sessions
  - August 2012-June 2013

- **Advanced Training**
  - 4 sessions
  - August 2012-June 2013

- **Toolkit Development and Training**
  - 4 regional trainings
  - August 2012-June 2013
Perceived Impact
Lessons Learned
Outcomes and Relevance to Health Care Reform
Lessons Learned

- Pilot Training- Number of participants vs. learning potential
- Pre-requisites, Readiness training and streamline timelines
- Webinars
- Application of new skills in daily work
- Evaluation and outcome measures
Relevance to Health Care Reform

- Spirituality is an important factor in the lives of all of our clients
- Resonates with physical health and substance abuse intervention
- Toolkit can be applied across disciplines
UNEXPECTED OUTCOMES

Products (training and resource materials) can be applied in other disciplines:

- Primary Care
- Substance Abuse
- Community
- Include advanced training course for paraprofessional.
Next Steps

- Expand Training Series
- Train facilitators to implement Toolkit
- Establish outcome measures
- Monitor Progress
Thank You

- Questions
- Comments
- Evaluation

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