Mental Health & Spirituality
– The LA Project

Kumar Menon, MSPA, Los Angeles County Dept. of Mental Health
Khani Gustafson, MSW, California Institute for Mental Health

The Fourth Annual CIMH Evidence-Based Practice Symposium
April 9, 2014

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 drove the Los Angeles County Department of Mental Health to pursue the promising practice of supporting the spiritual interests of individuals and families.
- Identify the critical considerations that should guide mental health staff in applying the promising practice in their service provision.
- Describe at least three components of the curriculum used to train mental health staff on the promising practice.
PRESENTATION FLOW

• Provide the context for the development of the promising practice.
• Describe the components of the promising practice and their development process.
• Discuss perceived impact, lessons learned and improvements sought.

The Context

• LA County Dept. of Mental Health's mental health and spirituality initiative.
• Supporting Body of Literature
• California Mental Health and Spirituality Initiative's Individual and Family Survey.
• CiMH’s involvement in the California initiative and access to training expertise
The Context – cont.

- Supporting body of literature

The Context – cont.

- California Mental Health and Spirituality Initiative (CMHSI) and the results from its Individual and Family Survey.
  - 8 languages, but 90% in English, 9% in Spanish and 1%> in Russian, Vietnamese, Tagalog and Hmong. Yet, ethnic representation in line with CA makeup except for minor underrepresentation for White.
  - 63% by service recipients and 18% by family members
  - 48% identified as spiritual but not religious
  - 79% agreed or strongly agree spirituality is important to health
  - 46% had consulted a faith-based community or spiritual advisor about mental health issues

The Context – cont.

- 45% had talked with a provider about spirituality
- 58% agreed or strongly agreed providers showing respect for their spirituality
- 66% agreed or strongly agreed California MH system should do more
- 74% agreed or strongly agreed providers should be open to discussing spirituality
- 66% agreed or strongly agreed that it is appropriate for the public mental health system to address spirituality as a part of mental health care. 12% disagreed.
The Context – cont.

- CIHH’s Strengths
  - Traditional role in program and policy implementation
  - Organizational capacity for contracting and project management
  - Involvement in CMHSI
  - Access to expertise in spiritual/cultural assessments

Exercise 1: Your Concerns
(based on exercise designed for Introductory Course)

- Take 5 minutes to brainstorm personal, professional or situational concerns each of you may have when addressing spirituality and/or religion as part of your provision of care/support.
  - Personal – any concerns raised by personal values, viewpoints or traditions
  - Professional – any concerns raised by your professional values, scope or training
  - Situational – any concerns raised by situations such as particular workplace, populations served, staffing resources or focus of service
- Report out briefly some of the salient concerns discussed.

The Components

- Guidelines
- Mental health and spirituality training plan
- Introduction to 10 belief systems
- Tri-level training with case vignettes on integrating support for spirituality in the provision of care
- Spiritual Self-Care Manual and Toolkit
Guidelines

- Parameters for Spiritual Support
  - Premise & Definitions
  - Assessment & Treatment Planning
  - Boundary & Administrative Issues
  - Staff Training
  - Relationships with Spiritual and Religious Communities

Mental Health and Spirituality Training Plan

- Objectives (abbreviated)
  - Educate staff on the impact of spirituality on mental health.
  - Educate staff on the diverse spiritual perspectives and worldviews of identified cultural population groups in Los Angeles County.
  - Train staff to competently assess the spiritual interests of clients.
  - Train staff on adhering to practice boundaries.
  - Train to conduct culturally competent therapeutic interactions with clients regarding their spiritual interests.
  - Train staff to incorporate clients' spiritual interests into care provision and support.
  - Train staff on assisting clients to engage in self-help spirituality activities.

Training Plan – cont.

- 6 Competencies
  - Introductory Level
    - #1 – Awareness of rationale & guidelines, #2 – Awareness of concepts, diversity & mediating factors
  - Intermediate Level
    - #3 – Engaging and interacting with individuals regarding their spiritual interests, #4 – Assess their spiritual interests, #5 – Incorporate spiritual considerations into care provision
  - Advanced Level
    - #6 – Supporting people's spiritual interests as part of their ongoing wellness and recovery
Introduction to 10 belief systems

- Connections Between Mental Health, Spirituality, Religion and Cultural Competency
- Includes a desk reference on 10 belief systems
- Day long training includes rationale, church and state, diversity in the US, cultural relevance, primer on 10 belief systems, stigma and discrimination, and social inclusion.

Tri-Level Training with Case Vignettes

- Developed by CIMH as part of a contract with LA County Dept. of Mental Health
- CIMH Approach to the Project
  - Built upon the foundation established by the California Mental Health and Spirituality Initiative and LACDMH policies
  - Established a local advisory team within LACDMH
  - 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).

Tri-Level Training - cont.

- Staff training curriculum were developed and implemented
  - Introductory Training - All Staff
  - Intermediate Training - Clinical Staff
  - Advanced Training - Clinical Staff
- Resource materials
  - Practice Vignettes
Introductory Training – All Staff

- 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

Objectives

- Mental health staff to learn about the potential roles spirituality and religion can play 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.

As a result of attending this training, how well are you able to (5 = highest):

<table>
<thead>
<tr>
<th>As a result of attending this training, how well are you able to: (5 – highest)</th>
<th>Respondents</th>
<th>Avg. Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarize definitions distinguishing spirituality and religion.</td>
<td>628</td>
<td>4.3</td>
</tr>
<tr>
<td>Explain how spirituality offers comfort or value for individuals diagnosed with mental illness.</td>
<td>628</td>
<td>4.3</td>
</tr>
<tr>
<td>Articulate the interconnectedness of culture, spirituality and religion as part of cultural competency and wellness/recovery.</td>
<td>628</td>
<td>4.3</td>
</tr>
<tr>
<td>Describe concerns that may arise when addressing spirituality &amp; demonstrate strategies to move past concerns when appropriate.</td>
<td>623</td>
<td>4.0</td>
</tr>
<tr>
<td>Integrate the client’s spirituality into recovery support services.</td>
<td>621</td>
<td>4.1</td>
</tr>
<tr>
<td>Interpret the LACDMH 4.15 Parameters for Spirituality.</td>
<td>591</td>
<td>4.1</td>
</tr>
</tbody>
</table>
Introductory Training – cont.

<table>
<thead>
<tr>
<th>Overall Training: Please rate 5 - high or 1 - low to rate the following statements.</th>
<th>Respondents</th>
<th>Avg. Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training addressed cultural responsiveness and diversity</td>
<td>459</td>
<td>4.3</td>
</tr>
<tr>
<td>The length of time was appropriate</td>
<td>459</td>
<td>4.3</td>
</tr>
<tr>
<td>Training is important and useful to my professional growth</td>
<td>459</td>
<td>4.4</td>
</tr>
<tr>
<td>Given the costs, in terms of time &amp; money, rate the value of this event to you &amp; your organization.</td>
<td>199</td>
<td>4.4</td>
</tr>
<tr>
<td>How likely are you to initiate change in your work based on the knowledge &amp; skills gained today?</td>
<td>647</td>
<td>4.2</td>
</tr>
<tr>
<td>How likely are you to attend future trainings on spiritual assessment &amp; documentation?</td>
<td>648</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Intermediate Training – Clinical Staff

- 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 one demonstration + 3 one day sessions
- Approx. 60 participants

Intermediate Training – cont.

- Objectives
  - Broaden competency of mental health staff to inquire about and include spiritual interest of clients as a resource for their wellness and recovery.
  - Ethical and culturally responsive approach.
Intermediate Training – cont.

Please rate from 1-5, with 1 = “Strongly Disagree” and 5 = “Strongly Agree”

<table>
<thead>
<tr>
<th>Item</th>
<th>Pre</th>
<th>Post</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct a religious and spiritual assessment</td>
<td>3.1</td>
<td>4.6</td>
<td>45%</td>
</tr>
<tr>
<td>2. Describe 2 findings from the empirical research literature on</td>
<td>2.6</td>
<td>4.0</td>
<td>56%</td>
</tr>
<tr>
<td>spirituality/religion in recovery and wellness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Describe 2 ways that spirituality can be a coping resource for</td>
<td>3.9</td>
<td>4.7</td>
<td>22%</td>
</tr>
<tr>
<td>mental health consumers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identify 2 specific religious and spiritual problems</td>
<td>3.4</td>
<td>4.4</td>
<td>28%</td>
</tr>
<tr>
<td>5. Give 2 examples of how spiritual competency is part of</td>
<td>3.4</td>
<td>4.4</td>
<td>28%</td>
</tr>
<tr>
<td>multicultural competency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Give 2 examples of how I can more effectively use my spiritual</td>
<td>3.4</td>
<td>4.5</td>
<td>34%</td>
</tr>
<tr>
<td>competencies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Advanced Training – Clinical Staff

• 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 one demonstration + 3 one day sessions
  • Approx. 45 participants

Advanced Training – cont.

• Objectives
  • 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.
Advanced Training – cont.

Please rate from 1-5, with 1 = “Strongly Disagree” and 5 = “Strongly Agree”

<table>
<thead>
<tr>
<th>3 One-day Sessions</th>
<th>Pre</th>
<th>Post</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Utilize the findings from the spiritual assessment to incorporate into the diagnostic summary.</td>
<td>3.4</td>
<td>4.5</td>
<td>44%</td>
</tr>
<tr>
<td>b. Identify at least 3 components of a diagnostic summary.</td>
<td>2.8</td>
<td>4.5</td>
<td>46%</td>
</tr>
<tr>
<td>c. Give at least 3 examples of how spiritual/cultural formulation can inform the diagnostic summary and client care coordination plan.</td>
<td>3.3</td>
<td>4.5</td>
<td>74%</td>
</tr>
<tr>
<td>d. Give at least 3 examples of how spiritual/cultural formulation can inform the diagnostic summary and client care coordination plan.</td>
<td>3.3</td>
<td>4.3</td>
<td>39%</td>
</tr>
</tbody>
</table>

Exercise 2: SPOP
(based on assessment questions developed for the Intermediate Course)

- Take 5 minutes to pair up and ask each other about:
  - S - Religious/Spiritual Strengths: What role does spirituality or religion play in your life?
  - P - Personal Religious/Spirituality Practices: Do you have personal religious or spiritual practices that you use often? When do you use them? How are they helpful?
  - O - Organized Religion/Spirituality: Do you belong to a religious/spiritual community? If so, how are you involved?
  - P - Religious/Spiritual Problems: What aspects of your religious community and their beliefs are helpful to you?

- Open Discussion:
  - What was your experience asking the questions and being asked the questions.

Case 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
Case Vignettes - cont.

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

Preparatory Work: 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
Spiritual Self-Care Manual and Toolkit

- Informed by the dialogue session feedback and recommendations
- Components of the Toolkit
  - Spirituality and Religion: Definitions and Concepts
  - Key Considerations
  - Spiritual Self-Help Actualization Pyramid
  - The Approach: A Facilitated, Exploratory and Developmental Spirituality Group
  - Eight Sessions
  - Resource List
  - References


- A Facilitated Exploratory and Developmental Group
  - 1 orientation session that includes an opportunity to sign up for the remaining sessions
  - 7 closed sessions: Understanding The Whole Person; Coping with Life’s Challenges; The Spirituality of Hope, Love, Compassion, Faith and Service; Connectedness and Healthy Relationships; Establishing Spiritual Self-Care Goals; Self-Help Group and Spiritual Practices; Spiritual Self-Care Action Plan.
  - Structure of Sessions
    - Each Session has stated goals
    - Each Session is organized into sections; each section includes explanations, illustrative stories and poems, questions for reflection and discussion, and a resource list
    - At end of each Session, participants complete a Personal Evaluation Worksheet that covers the following:
      - Learning about yourself and others
      - Learning about spirituality and recovery
      - Possible spirituality goals

Exercise 3: Spiritual Goals

(Based on the Personal Evaluation Worksheet in the Spiritual Self-Care Manual and Toolkit)

- Learning about yourself and others:
  - What is the most important thing you learned about yourself?
  - What is the most important thing you learned from the material covered or from others?

- Learning about spirituality and recovery:
  - What are the two most important things you learned about spirituality today?
  - What are the two most important things you learned today about how your spirituality could impact your well-being?

- Possible spirituality goals:
  - Based on what you learned, discussed, and experienced today, can you list two possible goals that will help you in your spirituality?
  - Based on what you learned, discussed, and experienced today, can you list two possible goals that will help you use your spirituality in your well-being?
LACDMH Mental Health and Spirituality Resources

- Parameters & Diversity Training
- MH and Spirituality
- Introductory Training for All Staff
- Training Vignettes
- Intermediate Training for Clinical Staff
- Advanced Training for Clinical Staff
- Spiritual Self-Care Manual & Toolkit

Timeline

- Introductory Training 12 sessions: 6 participants
  - April 2013 – Sept 2013
- Intermediate Training 4 sessions
- Advanced Training 4 sessions
  - August 2015 – June 2017
- Toolkit Development and Training 4 sessions
  - August 2017 – June 2019

Lessons Learned

Improvements Sought
Lessons Learned

- Number of participants vs. learning potential
- Pre-requisites, readiness training and streamline timelines
- Role of paraprofessionals in spiritual support
- Modes of training delivery to expand reach
- Application of new skills in daily work
- Evaluation and outcome measures

Improvements Sought

- Re-structure curriculum for improved learning
- Expand training series to include advanced course for paraprofessionals
- Train facilitators to implement Toolkit
- Create in-house capacity to sustain training delivery
- Establish and measure project outcomes
- Monitor progress
- Examine potential for applying the training and resource materials for primary care and substance use service staff.

Thank You

- Questions
- Comments
- Evaluation

Kumar Menon, MSPA  
kmennon@dmh.lacounty.gov  
(213) 738-4258

Khani Gustafson, MSW  
kgustafson@cimh.org  
(916) 556-3480 ext. 146