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

Mental Health & Spirituality – The LA Project

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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 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

• LA County Dept. of Mental Health’s mental health and spirituality initiative
  ○ Executive Leadership
  ○ Historical interest in working with faith community and supporting individuals
  ○ Annual Mental Health and Spirituality Conference
  ○ Clergy Advisory Committee
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.
  o 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.
  o 63% by service recipients and 18% by family members
  o 48% identified as spiritual but not religious
  o 79% agreed or strongly agree spirituality is important to health
  o 46% had consulted a faith-based community or spiritual advisor about mental health issues
The Context – cont.

- California Mental Health and Spirituality Initiative (CMHSI) and the results from its Individual and Family Survey.
  - 45% had talked with a provider about spirituality
  - 58% agreed or strongly agreed on 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.

- CiMH’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.
  o Personal – any concerns raised by personal values, viewpoints or traditions
  o Professional – any concerns raised by your professional values, scope or training
  o 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
  o Premise & Definitions
  o Assessment & Treatment Planning
  o Boundary & Administrative Issues
  o Staff Training
  o 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
  
  o Introductory Level
    • #1 – Awareness of rationale & guidelines, #2 – Awareness of concepts, diversity & mediating factors
  
  o Intermediate Level
    • #3 – Engaging and interacting with individuals regarding their spiritual interests, #4 – Assess their spiritual interests, #5 – Incorporate spiritual considerations into care provision
  
  o 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
  o Introductory Training- All Staff
  o Intermediate Training- Clinical Staff
  o Advanced Training – Clinical Staff

• Resource materials
  o 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
Introductory Training – cont.

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

<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>
Overall Training: Please rate 5 - high or 1 - low to rate the following statements.

<table>
<thead>
<tr>
<th>Statement</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>456</td>
<td>4.1</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</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</td>
<td>647</td>
<td>4.2</td>
</tr>
<tr>
<td>How likely are you to attend future trainings on spiritual assessment &amp;</td>
<td>648</td>
<td>4.4</td>
</tr>
<tr>
<td>documentation?</td>
<td></td>
<td></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
  o Broaden competency of mental health staff to Inquire about-assess and include spiritual interest of clients as a resource for their wellness and recovery.
  o Ethical and culturally responsive approach.
Intermediate Training – cont.

<table>
<thead>
<tr>
<th>I am able to:</th>
<th>3 One-Day Sessions</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre (n=66)</td>
<td>Post (n=71)</td>
<td>Change</td>
</tr>
<tr>
<td>a. Conduct a religious and spiritual assessment</td>
<td>3.1</td>
<td>4.6</td>
<td>46%</td>
</tr>
<tr>
<td>b. Describe 2 findings from the empirical research literature on spirituality/religion in recovery and wellness</td>
<td>2.6</td>
<td>4.0</td>
<td>56%</td>
</tr>
<tr>
<td>c. Describe 2 ways that spirituality can be a coping resource for mental health consumers</td>
<td>3.9</td>
<td>4.7</td>
<td>22%</td>
</tr>
<tr>
<td>d. Identify 2 specific religious and spiritual problems</td>
<td>3.4</td>
<td>4.4</td>
<td>28%</td>
</tr>
<tr>
<td>e. Give 2 examples of how spiritual competency is part of multicultural competency</td>
<td>3.3</td>
<td>4.4</td>
<td>33%</td>
</tr>
<tr>
<td>f. Give 2 examples of how I can more effectively use my spiritual competencies</td>
<td>3.4</td>
<td>4.5</td>
<td>34%</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
  o 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.
  o Ongoing culturally appropriate and holistic support for clients.
  o 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>I am able to:</th>
<th>3 One-day Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
</tr>
<tr>
<td></td>
<td>(n=36)</td>
</tr>
<tr>
<td>a. Utilize the findings from the spiritual assessment to incorporate into the diagnostic summary.</td>
<td>3.1</td>
</tr>
<tr>
<td>b. Describe at least 3 components of a diagnostic summary</td>
<td>3.2</td>
</tr>
<tr>
<td>c. Identify 3 elements of a care coordination plan</td>
<td>3.6</td>
</tr>
<tr>
<td>d. Give 2 examples of how spiritual/cultural formulation can inform the diagnostic summary and client care coordination plan.</td>
<td>3.1</td>
</tr>
<tr>
<td>e. Give 2 examples of objectives and/or interventions on a client care coordination plan that address spiritual strengths</td>
<td>3.3</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:
  o **S - Religious/Spiritual Strengths:** What role does spirituality or religion play in your life?
  o **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 **O - Organized Religion/Spirituality:** Do you belong to a religious/spiritual community? If so, how are you involved?
  o **P - Religious/Spiritual Problems:** What aspects of your religious community and their beliefs are helpful to you?

• **Open Discussion:**
  o 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 clients 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:
  o Ascertain the level and nature of need for self help activities.
  o 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
  o Gratitude was consistently expressed for the opportunity to discuss the role of spirituality in recovery
  o Nature was a consistent theme
  o Request for Chaplin type support services available
  o Request for groups to be both staff and peer led
  o Spirituality should be included in care plans
  o 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 on 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:
  o What is the most important thing that you learned about yourself?
  o What is the most important thing you learned from the material covered or from others?

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

• Possible spirituality goals:
  o Based on what you learned, discussed, and experienced today, can you list two possible goals that will help you in your spirituality?
  o 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

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

April 9, 2014 Mental Health & Spirituality – The LA Project
Timeline

- Introductory Training 12 sessions (April 2011 - Sept 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 training (August 2012 - June 2013)
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

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