

Spirituality & Mental Health Workgroup CONCEPT PAPER

Mission Statement

The Spirituality & Mental Health Core Workgroup formed in late 2006 to find effective, collaborative means to lead the public mental health system in California to inquire about, embrace, and support the spiritual lives of the people it serves or desires to serve. This includes individuals from diverse, multicultural communities, and people who are bilingual and monolingual. Spirituality and religion can be important components of recovery, and they have too often been overlooked, minimized, and many times labeled as pathology, leaving consumers with little hope for themselves and their futures. We acknowledge that there are numerous barriers – including political, legal, and cultural -- between the public mental health system and spirituality/religion which need to be addressed thoughtfully, systematically, and with great care¹.

Spirituality and faith communities are necessary elements in recovery for many persons who receive or are in need of mental health services.

- Spirituality can be a powerful tool to inspire hope, create motivation, and promote healing.
- Many persons from diverse, multicultural communities utilize spiritual and/or faith-based organizations as a source of social support and hope in their healing process.
- Spirituality is an essential part of how people understand themselves and their world; it is not something separate.
- 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 symptoms.

¹ For purposes of this concept paper, we utilize the following definitions. ***Spirituality*** is a person's deepest sense of belonging and connection to a higher power or life philosophy which may not necessarily be related to an organized church or religious institution. A ***religion*** is 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. Many people in the United States describe themselves as "spiritual but not religious." This may include and is not limited to atheists, agnostics, and humanists. ***Faith*** refers to 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 organizations***, including places of worship and nonprofit organizations, have a long tradition of helping people in need and are an integral part of the social service network. We use the term ***practice-based organizations*** in order to be inclusive of traditions that do not include elements of faith or doctrine, but share a commitment to cultivating certain practices, such as meditation.

- Faith communities and spirituality can be a source of coping and social support for those struggling with the impact of mental health issues: poverty, homelessness, loss of meaning and purpose, stigma, isolation, etc.

We also understand that some individuals and families have experienced traumatic interactions with religious communities. In these instances, it is important to provide a safe environment for talking about these experiences in an open and accepting way.

Spirituality is a core value of multicultural sensitivity, which asks practitioners in the mental health care system to be able to understand different worldviews. By integrating spirituality and multicultural factors into treatment, a greater appreciation for the “whole person” is emerging in the mental health field.

Understanding spirituality as an element in mental health recovery brings us closer to dealing with the whole person. We know that physical health can influence an individual’s mental health. The same is true for spirituality.

We are also attentive to the spiritual needs of those who provide services. They may need spiritual support to avoid, or cope with, burnout and to continue to bring their best selves to their work, year after year.

Proposed Actions

1. Policy Development: Formalize the creation of the statewide **Spirituality & Mental Health Core Workgroup** dedicated to leading the public mental health system in California to inquire about, embrace, and support the spiritual lives of the people it serves or desires to serve.

Recruit members for the **Advisory Group** and **Task Forces** to address specific issues or projects. Membership would be made up of individuals from mental health and faith-based communities representing the multi-cultural diversity of the state.

Sample activities:

- Develop an ongoing conversation with our statewide client organization (CNMHC) to see if there is interest in developing a policy position statement regarding the role of spirituality in recovery and wellness.
- Develop an ongoing conversation with our statewide family advocacy organizations to see if there is interest in developing a policy position statement regarding the role of spirituality in recovery and wellness.
- Initiate a conversation with our association of County Mental Health Directors (CMHDA) to see if there is interest in developing a policy

position statement regarding the role of spirituality in recovery and wellness.

- Develop an ongoing conversation with CCCMHA to see if there is interest in spirituality and recovery.
- Help the mental system to transform its stance toward spirituality and spiritual experiences, creating an open environment for service recipients and providers to talk openly about their spiritual experiences.
- Help everyone to understand how acceptance and inclusion of people in mental health recovery is key to addressing stigma and discrimination, both internal and external.
- Inform the mental health system of mandates to assess and respond to the spiritual needs of the individuals and families it serves (e.g., JCAHO, CARF, etc.).

2. Gathering information: Serve as a focal point for collection, synthesis, and dissemination of information about spirituality and mental health, especially as it relates to culturally competent outreach, engagement, service provision, peer supports, and recovery.

Sample activities:

- Collect and publish information from each California county, and state-wide initiatives, regarding: current activities related to the intersection of spirituality or religion and mental health; city or county mental health systems, community-based organizations, or advocacy networks that engage faith/practice based communities in recovery-oriented activities; and if faith/practice-based communities include people with mental health issues in their programs. Ask persons throughout the state what coping strategies work for them in their communities.
- Research and create a comprehensive annotated bibliography of references, articles, books, papers, and websites that support the integration of spirituality in recovery.
- Identify, describe, and disseminate examples of mental health programs and service systems that have embraced spirituality, utilized a body-mind-spirit approach to recovery, created healing environments, etc. – including examples in addiction recovery services.

- Identify “best practice” spiritual or faith based organizations that welcome and provide a healing environment for individuals in mental health recovery.

3. Training & Curriculum Development: Utilizing the resources from the training and education component of the Mental Health Services Act, train mental health professionals and peer support providers on effective ways of engaging, assessing, and supporting persons in their spiritual journey.

Utilizing the resources from the prevention and early intervention component of the Mental Health Services Act to combat stigma and discrimination and improve opportunities for community integration into social networks, we propose to develop resources for faith communities to engage individuals with mental health issues by.

Sample activities:

- Develop a training curriculum on spirituality and mental health.
- Train individuals, groups, and programs to engage faith-based organizations and to discern whether they provide healing environments for people in mental health recovery.
- Prepare individuals to self-advocate for social justice and promote systemic change that increases community acceptance and inclusion of people with mental health issues. Encourage peer support and social connections. Facilitate an individual’s choice about using the faith/practice-based organizations by, for example, offering to provide support as they visit the organizations, helping people to become educated about these organizations, and educating the organizations about mental health issues.
- Provide voluntary assistance for people who may choose to join faith/practice based organizations.
- Respect and honor an individual’s right to determine what is relevant to them in relation to participating in a faith and/or service based organization, including leaving an organization that does not “fit” for them.

4. Outreach & Engagement: Develop collaborative relationships with mental health, faith-based, advocacy, and research organizations. Equip individuals and organizations with tools and processes to utilize at the local level in developing linkages among mental health, advocacy, and faith-based organizations.

Sample activities:

- Develop a plan for local and statewide dialogues, using outreach and engagement to invite mental health, multi-ethnic, and faith based communities, and others to be able to hear the voices and choices of individual community members, particularly from diverse communities.
- Consensus-building, coalition-building on statewide and local levels
- Review various survey forms that could be sent on a local level to faith and practice based communities
- Reach out to organizations that have model programs and work with them on developing training for others
- Empower individuals to make informed choices about spirituality practices in order to promote recovery.

5. Evaluation & Research: Conduct an ongoing evaluation of project activities and engage in process improvement. Analyze and publish findings about the impact of our outreach and training. Collaborate with research universities to conduct research in the area of spirituality & mental health.

Sample activities:

- Compile published evaluation, research and case studies
- In partnership with a research university, conduct surveys and prepare case studies with mental health, advocacy, and faith-based organizations.
- Publish reports and findings
- Provide feedback and dialogue with partners in mental health, research, and faith communities about findings
- Develop a network and an online resource for mental health and faith community groups and researchers that want to conduct evaluations of their work

6. Products/Resources/Communications: Produce resource materials that make it easier for others working on a local or state-wide level to create connections between mental health, advocacy, and faith-based organizations.

Sample activities:

- Provide factual information to clarify facts and dispel myths about restrictions on public agencies collaborating with religious organizations (separation of church and state) and the ethics codes of licensing boards.
- Plan and hold conferences promoting spirituality in wellness and recovery.
- Create and disseminate a resource list and case studies of mental health programs, addiction recovery services, peer support programs, and faith-based organizations that are engaged in innovative practices regarding spirituality & mental health.
- Develop a website that provides a continuously updated resource list including websites, books, journal articles, newsletters, CDs, videos, etc.
- Disseminate the policy statement.
- Distribute training curricula.

Funding request

The Spirituality & Mental Health Core Group recommends that this effort be located in the Center for Multicultural Development at CIMH, with ongoing involvement of Core Group members in planning, overseeing, and conducting the work.

We request that CIMH submit a budget request for the funds to support and operate this initiative.

Proposed elements of the budget request include:

- Project Coordination
- Research/Data Collection
- Facilitation of community dialogues
- Preparation of written reports
- Development of training materials
- Consultation from specialists as needed – including fees and travel expenses
- Support for meetings of the Core Workgroup, Advisory Group and Task Forces, including stipends for low-income participants

- Ongoing project and process improvement

Values

It is our intention that our work together will embody the following values, to the best of our abilities:

- An appreciation for the significance of spirituality in personal growth, recovery and wellness
- A desire to reduce the suffering of people in recovery whose spiritual experiences have been denied and whose spiritual journeys have been impeded by their interactions with service systems
- An open, welcoming, and non-judgmental stance toward spiritual, religious, and cultural beliefs, practices, rituals, values, theologies, and philosophies – including non-belief or non-practice -- that may be different from one's own
- A clear commitment to the inclusion of voices that reflect the diversity of our state – including racial/ethnic diversity and a wide variety of faith traditions or practices
- A passion for choice – including the choice by individuals not to engage with spirituality and/or religion
- Respect in all forms of interpersonal communication, especially in moments of conflict
- Sensitivity to individuals who have experienced trauma
- The humble desire to be enriched by the wisdom that others have gleaned from their own spiritual path and/or life experience.
- A holistic view of recovery that includes mind, body, and spirit

Participants to date

This Concept Paper was prepared by the Spirituality & Mental Health Core Workgroup. We look forward to identifying additional collaborators from diverse backgrounds to serve as part of the Advisory Group and Task Forces.

The current members of the Spirituality & Mental Health Core Group are:

- Jay Mahler (Chair), Alameda County Behavioral Healthcare Services
- Patricia Blum, PhD, Crestwood Behavioral Health and Dreamcatchers Empowerment Network
- C. Rocco Cheng, PhD, Asian Pacific Family Center East, Pacific Clinics, Los Angeles County, CA
- Barbara Farr, Wellness Recovery Center, Stanislaus County Behavioral Health and Recovery Services
- Janet King, Native American Health Center, Oakland, CA
- Kathy Cramer, Berkeley Mental Health
- Rachel Guerrero, LCSW, Office of Multicultural Services, California DMH
- Babalwa Kwanele, MS, Berkeley Mental Health
- Anna Lubarov, Office of Consumer Empowerment, Contra Costa County Mental Health
- David Lukoff, Ph.D., Spiritual Competency Resource Center and Saybrook Graduate School, San Francisco
- Maria Maceira-Lessley, Stanislaus Chapter of Mental Health Consumers, long-time member, Salida, CA
- Laura L. Mancuso, MS, CRC – Independent Consultant based in Goleta, CA and Student, The Chaplaincy Institute for Arts & Interfaith Ministries, Berkeley, CA
- Z. Macchell Reeves, Mental Health Advocate & Consultant based in Contra Costa
- Priscilla Ridgway, Yale University Program for Recovery & Community Health, Yale University School of Medicine
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