



September 17, 2009

TO: Peter W. Best. Staff Mental Health Specialist
Consumer & Family Leadership Committee
MHSOAC

FROM: Rev. Laura L Mancuso, MS, CRC, Director
California Mental Health & Spirituality Initiative
www.mhspirit.org

RE: Response to question from the CFLC in follow up to our
Presentation

Thank you for making it possible for the California Mental Health & Spirituality Initiative to make a presentation to the MHSOAC's Consumer & Family Leadership Committee on 8/28/09, and to respond to these follow-up inquiries from two of your members.

The written inquiries are attached to this memo, for reference. I call them "inquiries" because they are articulate, thoughtfully crafted statements and recommendations more so than direct questions. The intersection of mental health and spirituality raises many important issues and questions, and the committee members' questions – both orally during the presentation and in writing afterwards – enrich our thinking.

A lot of what we are addressing here centers on how we define "client-driven" – a value that we all share. Some of the components of a client-driven service encounter include respecting the client's freedom to define what gives meaning to his or her life, and complying with the client's preferences about

the extent to which issues such as spirituality or religion are addressed, if at all, within their mental health services. It has been our observation that many mental health providers, at present, are so cautious in this area that they diminish the opportunity for clients who choose to integrate spirituality into their wellness and recovery process.

As our Values Statement (attached) indicates, the Initiative developed out of a grassroots movement founded in 2006 by Jay Mahler and other consumers, family members, and service providers. In our first year of meetings, and in our activities since, we have heard repeatedly from clients whose spiritual lives were disregarded or discounted by their mental health providers. And yet, as Jay Mahler stated in his presentation to the Committee, many consumers have identified spirituality as tremendously important to their wellness and recovery.

The written comments by Mr. Krzyzanowski and Mr. Weikel express their concerns that the power imbalance between mental health providers and service recipients – especially when the provider is a branch of government – amplifies the impact of the providers' words and actions. If the provider implies that spirituality *should* be part of a person's recovery, it could convey the message that a person cannot recover unless they adopt a certain stance toward spirituality. This power imbalance is well-documented and is addressed extensively in the ethical codes of all of the professional guilds (Psychiatrists, Social Workers, MFTs, Psychologist, Nurses, etc.) in other domains (e.g., the handling of money, sexual relations, dual roles, etc.) and we agree that it applies to spirituality and religion as well.

Our concern is that providers have gone too far in their efforts to avoid treading on this ground. Too many consumers have gotten the message that it's "not OK" to talk about spirituality at all in mental health settings. How can providers signal that it is OK? We believe that spirituality can be included in a strengths-based assessment without implying that consumers who answer a certain way are better off than others. We believe that mental

health providers need to delve into the area of spirituality enough to know what their own biases and sensitivities are, enough to have a conversation with a client or family member about spirituality or religion that does not promote their own belief system, and to be prepared to help clients and families access community resources of their choice.

We have heard anecdotal evidence from mental health consumers that providers have implied or directly stated that they would recover (better, faster, or at all) only if they dedicate themselves to a particular religious path. This is a blatant violation of the ethical guidelines of all of the major professional organizations, and in direct contradiction to our own Values Statement.

We have heard, too, that consumers have approached religious organizations and been damaged by their subsequent interactions. We understand that there is the potential for harm in this area, as well as support and empowerment.

We have heard from consumers that they have attempted to gain support from their mental health providers regarding spiritual experiences, and have had their experiences discounted, demeaned, or misunderstood.

We are concerned that many mental health providers are unprepared to have such conversations with their clients. There is a lot of fear on the part of providers about violating the separation of church and state, which is constructive and necessary, but too often leads them to attempt to avoid the subject altogether.

To this end, I wish to share some observations by Kumar Menon, MSPA, Chief of Community & Government Relations in the Office of the Director, Los Angeles County Department of Mental Health, and a member of our statewide Work Group (Steering Committee). Mr. Menon writes,

"The public mental health system is there to *support* the recovery of anyone who receives services. Our effort is focused on preparing public mental health systems to include *support* for clients who are want to explore their spirituality as part of their recovery process. *Support* in this context does not mean we are asking providers to promote spirituality. We are asking providers to take an inventory of the interests clients have and not exclude spirituality as one of them. We are asking providers to be willing listeners, to encourage clients to explore things that clients identify are important and helpful to them and not exclude spirituality if clients identify it as one of those things. We are asking providers to help clients explore resources in the community that support their recovery and not exclude spiritual resources if clients wants to know about them. We are asking providers to not let personal bias on matters, including spirituality, color the support they are providing.

We understand that referring a client to a resource the client has requested always raises the question of choice. Our effort is focused on helping the public mental health system understand the difference between *directing* clients to a particular resource with regards to their spiritual interests and *helping* clients find it on their own. We are encouraging providers to have knowledge of spiritually-oriented resources available in the community and to help clients access that information to make their own choices.

We understand that the public mental health system is not in the business of providing spiritual advice, but we can encourage clients to explore aspects of their lives that they find helpful and healing. The system does not prescribe "spirituality" or "spiritual advice" or "spiritual practices," but we can be welcoming and supportive of safe, peer-led activities in those areas."

We also were fortunate to receive input from Dr. Marv Southard, Director of the L.A. County DMH, explaining how his system envisions the support of consumers and families in the area of spirituality:

“We do not intend to foster either religion or spirituality, but merely to increase the capacity of our system to engage those issues positively *when* clients bring them up. More specifically we would expect these activities to happen in the context (primarily) of wellness and client-run centers where they are a part of the menu of self-help activities available; even there proper boundaries must be maintained, but proper boundaries does not mean absolute exclusion.”

Spirituality is inseparable from wellness and resiliency for people from some ethnic and cultural backgrounds, and is increasingly considered a valid part of health care provision. For example, the Joint Commission (formerly called The Joint Commission on Accreditation of Healthcare Organizations) revised its accreditation standards in 2001 to require the administration of a spiritual assessment for each patient. Their rationale is as follows:

“The commission considers that the spiritual component of a person’s life must be considered in health care. They evaluate how the spiritual needs are being assessed, how the patient’s spirituality helps him or her undergo suffering, how a person's prayer life and religious practices give meaning to life. Spirituality continues to be a standard of significant importance to the welfare of the clients and outcome of the patient care. Today, a patient's spiritual needs are considered an indispensable factor in providing total health care to patients.”

Health care organizations are left to determine *how* they will conduct the assessment. One of our aims is to clarify for providers how to go about this while respecting client choice. A provider that is reluctant to venture into the area of spirituality at all will not be well-prepared for these conversations, and will not appear to the client to be receptive to his/her initiating such conversations. There is a delicate balance to be found here, to be sure, about how this conversation begins, who initiates it, and how it transpires.

Mr. Weitzel recommends providing “community education to individuals and groups about what we call mental illness and mental health services....incorporating knowledge about mental illness, mental health services and wellness into community organizations and allowing the individuals that are a part of these groups to make use of this information as they choose.” Educating the faith-based and practice-based communities about mental health is a major part of our effort: to fight stigma, to encourage service access, to overcome cultural barriers, to create supportive communities, to improve crisis response and to champion mental health. However, for the reasons stated above, we do not view this as being *in lieu of* working with mental health organizations regarding spirituality.

Mr. Krzyzanowski referenced a lawsuit filed by the Freedom From Religion Foundation regarding the chaplaincy program at the Veterans Administration. The Initiative’s Work Group is comprised of consumers, family members, and providers; we do not have legal expertise that would enable us to comment specifically on this case. However, from my preliminary review of the current status of the lawsuit, it appears that the case was eventually dismissed. This does not mean that the Freedom From Religion Foundation did not have valid concerns about the role of the chaplaincy program at the V.A., and I trust this is why Mr. Krzyzanowski referenced the case. It raises many valid and complex questions about whether a chaplaincy program and the practice of spiritual assessments imposes spirituality on clients, family members, and staff. As stated above, we find that

spirituality is a natural and inseparable part of wellness, resiliency, and health care for many service recipients, and that mental health providers would benefit from guidance on how to utilize spirituality as a potential resource without violating the principles and values of client choice. As to specific legal issues in the separation of church and state, we would welcome the opportunity to work with constitutional law experts to fully explore the case law in this area and provide guidance to public, private, and individual mental health providers in California on this topic. We have developed a proposal for such a legal briefing, but it remains unfunded.

I wish to comment here that we benefited greatly from the dialogue with the MHSOAC Consumer & Family Leadership Committee on 8/28/09 about the negative implications of the term "spiritual assessment" and how that may be perceived by some consumers. We are offering a free training teleconference entitled, "Ethical Considerations in Spiritual Assessment" on October 1st where we will explore these issues further. Please invite committee members to join the training by contacting May Chan at CiMH's Center for Multicultural Development at mchan@cimh.org.

We are presently conducting a Survey of Individuals and Families Receiving Mental Health Services. We estimate that we have received well over 1,000 responses. Although this is not rigorous research, we are hopeful that this data will expand our understanding of the experiences that consumers and families have had with mental health providers in California. We will certainly know more than we do now! In particular, we will be better informed about consumer and family member perceptions regarding:

- the importance of spirituality to them personally;
- the importance of spirituality to their mental health;
- their level of interested in discussing spiritual concerns with mental health providers;
- how helpful it has been to talk to mental health providers about spirituality;

- the extent to which mental health providers have demonstrated respect for the client's/family's spiritual life; and
- whether it is appropriate for the public mental health system to address spirituality as part of mental health care;
- whether the public mental health system in California should do more to support clients in utilizing spirituality as a resource in wellness and recovery.

Mr. Krzyzanowski's final recommendation is that, "Regardless of how much one understands or values spirituality, these waters are murky enough that I would prefer that our publicly funded mental health systems don't go there. I think this territory is more safely left to private providers, and to consumer, family-member and community organizations." We would like to see mental health providers be equipped with knowledge, awareness, and tools to venture into these murky waters with both eyes open and clarity about their own biases, sensitivities, and intentions. That is the reason that we launched the Initiative. We certainly do not have all of the answers, and we will surely learn a lot along the way. But it is our intention to approach this matter with humility, clear goals, and an open mind and heart.

Thank you for the opportunity both to speak to your committee in person, and to respond to these written remarks/questions. We look forward to an ongoing dialogue.

Submitted on behalf of the Statewide Work Group (Steering Committee) of the California Mental Health & Spirituality Committee

- Patty Blum, PhD, CPRP, Crestwood & Dreamcatchers
- C. Rocco Cheng, Ph.D., Corporate Director of Prevention and Early Intervention Services, Pacific Clinics

- David Lukoff, PhD, Professor of Psychology, Institute for Transpersonal Psychology and Founder, Spiritual Competency Resource Center
- Jay Mahler, Consumer Relations Manager, Alameda County Behavioral Healthcare Services
- Kumar Menon, MSPA, Chief, Community & Government Relations, Office of the Director, Los Angeles County Department of Mental Health
- Alice J. Washington, Training, Policy, and Research Associate, California Institute for Mental Health
- Khani Gustafson, MSW, Center for Multicultural Development, California Institute for Mental Health (Project Manager)
- Rev. Laura Mancuso, MS, CRC, Goleta, CA (Director).

QUESTIONS FROM MHSOAC CONSUMER & FAMILY LEADERSHIP COMMITTEE MEMBERS IN FOLLOW-UP TO PRESENTATION BY THE CALIFORNIA MENTAL HEALTH & SPIRITUALITY INITIATIVE

From: Peter.Best@dmh.ca.gov [mailto:Peter.Best@dmh.ca.gov]

Sent: Thursday, September 10, 2009 1:36 PM

To: Khani Gustafson

Subject: Fwd: Questions form CFLC regarding the MH and Spirituality presentation

Re-sending

>>> Peter Best 09/10/2009 1:13 PM >>>

Hi Khani,

I am enclosing the comments/questions form the CFLC. I recieved only one questions and comment. Please provide and answer to me by noon 9-15-09. In your respoce, please restate the question.

Thanks

On 9/3/09 3:24 PM, "Krzyzanowski, Richard" <RKrzyzanowski@ochca.com> wrote:

Hello Peter:

I hope all is well with you!

I appreciate this opportunity to raise a couple of issues which time did not allow for at our last meeting. My thoughts are these:

If we are considering "incorporating" spirituality into the delivery of mental health services, I think great care needs to be taken, given that the traditional client-provider relationship has a built-in, unequal power relationship that empowers the provider -- as an authority figure, expert and representative of his or her organization, which may be local government -- over the client.

If the provider is suggesting the use of spiritual resources as a possible component of a treatment strategy, or that spirituality is an attribute of a healthy, "normal" life, the power of even a suggestion can be magnified by the perceived status of the provider as a mental health expert and professional.

There is an inherent, structural danger of leading the client to the "spiritual trough," even in cases in which spirituality has not been a significant factor in the client's life and thought up until that point. "Promoting" spirituality may not have been the intention, but it may well be the outcome, and I think that would be very inappropriate – and unethical -- especially in publically funded mental health systems.

This would be very different from a client informing the provider of the importance of spirituality in his or her life, and different from the provider taking note of the relevance of spiritual factors in the course of treatment and conversation. In such situations, it would be quite appropriate to explore possible spiritual contributions to a client's treatment strategy.

Also, anything resembling a "referral" by a public MH service provider to a "faith-based" agency should also be handled with care, if at all.

I do not think that stressing the differences between "religion" and "spirituality" is enough

of a safeguard against potential violations of the church-state “wall of separation” when we are discussing publically funded mental health agencies.

Relevant to all this is a recently upheld challenge in the Federal Courts to a Veteran's Administration program that used a “spiritual assessment tool.”

Citing the Supreme Court's decisions in *Agostini v. Felton* (1997) and *Mitchell v. Helms* (2000)[3

<http://www.religionandsocialpolicy.org/legal/legal_update_display.cfm?id=50#3#3>], the court determined that the Establishment Clause of the Federal Constitution bars any governmental action that has the "primary effect" of advancing religion, even if the action is not coercive. In this case, the court ruled that the VA's program advances religion "**because it tends to send a message to non-religious veterans that they may be unable to completely heal if they do not believe that spirituality plays an important role in their recovery**" (Opinion, at 11). Rather than simply accommodating patients' free exercise rights, the VA has taken an active role in promoting religion and spirituality. The court found this allegation to be sufficient to state a claim that the VA is responsible for religious indoctrination of patients (and perhaps staff and patients' families), in violation of the Establishment Clause.

The court also suggested that VA's integration of spirituality into its health care might result in "excessive entanglement" of government and religion (Opinion, at 11-12). Regardless of how much one understands or values spirituality, these waters are murky enough that I would prefer that our publically funded mental health systems don't go there. I think this territory is more safely left to private providers, and to consumer, family-member and community organizations.

Thanks for this opportunity to more fully express my concerns,

-- Richard

Hi Peter:

I 100% support Richard. Any conversation about spirituality and/or religion should only be initiated by the client or family member. This is the whole idea behind “client and family driven.” Spirituality and religion is so unique to each individual that it is not something that should be implemented in a broad policy statewide. Within each religious group or spiritual group there are countless variations of interpretations of spiritual understanding, which make it impossible to standardize some sort of policy statement. In addition, there is a lot of emotion tied to spirituality and this often makes it very difficult for a person to remain objective in the pursuit or promotion of any spiritual practice or resource access.

I do believe an individual's spirituality is important in a person's recovery, but any pursuit of any spiritual practice or religion should only come from inside an individual not from a public policy or practice.

It is true that many of the faith organizations provide many social services to the community. However, it has been my experience that there is a huge variation between each individual organizations interpretation of the particular spiritual belief system or religion that they follow.

My recommendation would be to provide community education to individuals and groups about what we call mental illness and mental health services. This would include providing educating to those faith groups and organizations that are willing to allow us a venue to do this. This is incorporating knowledge about mental illness, mental health services and wellness into community organizations and allowing the individuals that are a part of these groups to make use of this information as they choose.

This is my two cents. I hope it is helpful.

Dave



VALUES STATEMENT

“...a greater appreciation of the whole person is emerging in the mental health field...”

The California Mental Health & Spirituality Initiative was established in June 2008 at the Center for Multicultural Development of the California Institute for Mental Health. It developed out of a grassroots movement founded in 2006 by Jay Mahler and other consumers, family members, and service providers. The purpose of this document is to state the values that guided the formation, and now operation, of this initiative.

RESPECT FOR ETHICAL AND LEGAL BOUNDARIES. We advocate for the inclusion of spirituality as a potential resource in mental health services. None of our work should be construed as advocating that mental health providers should “push religion” on the people they serve. There are barriers (including political, legal, and cultural) between the public mental health system and spirituality/religion that need to be addressed carefully and respectfully. We are committed to helping service providers understand these barriers so that they can make informed choices about policy and practice. In particular, we believe that mental health providers should never promote a particular religion or proselytize. They should, however, be receptive and responsive to the expressed interests of their clients and potential clients, including their requests for support with the spiritual aspects of their wellness and recovery.

SPIRITUALITY INCLUDES, BUT IS NOT LIMITED TO, RELIGION – There are many ways to define “spirituality” and “religion.” 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 a 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.

SPIRITUALITY IS A CORE COMPONENT OF CULTURAL COMPETENCY – The public/private mental health system in California recognizes that cultural competency, including the ability to understand different worldviews, is necessary for effective practice. Spirituality represents a core value within many ethnic and cultural communities and is often considered a primary resource. Faith-based organizations are a vital source of community leadership for individuals, families, and neighborhoods. Therefore, spirituality can be regarded as an essential connector for ethnic and cultural communities and for understanding wellness, illness, intervention, and recovery. We are committed to the inclusion of multicultural voices that represent California’s broad array of faith traditions and practices.

SPIRITUALITY IS PART OF A HOLISTIC APPROACH TO MENTAL HEALTH -- We know that physical health can influence an individual’s mental health. The same is true for spirituality. Understanding spirituality as an element in wellness promotion and mental health recovery brings us closer to dealing with the whole person. Many persons from diverse, multicultural communities utilize spiritual and/or faith-based organizations as a source of social support and hope in their wellness promotion and healing process. Spirituality can be a powerful tool to inspire hope, create motivation, and promote healing. By integrating spirituality and multicultural factors into prevention and treatment, a greater appreciation of the “whole person” is emerging in the mental health field.

SPIRITUAL EXPERIENCES CAN OCCUR DURING ALTERED STATES -- Some people experience altered states with a spiritual component that can support the journey toward wellness and recovery. For some, this

can be a life-changing event. Too often, this spiritual component has been ignored, labeled, or confused with delusions or other symptoms. Providers should respond respectfully and appropriately when clients ask for assistance with these experiences.

ENGAGEMENT OF FAITH-BASED ORGANIZATIONS – 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. Some faith communities have become “welcoming congregations” to people with mental health issues, and others have adopted mental health advocacy as part of their social justice agendas. Mental health agencies are better able to reach unserved, underserved, and inappropriately served populations when they invite collaboration with local faith-based organizations.

We acknowledge 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.

THE PARAMOUNT IMPORTANCE OF CLIENT CHOICE – We are passionate about choice – including individuals’ and families’ choice *not* to engage with spirituality and/or religion. Mental health services are enriched by 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. We welcome the opportunity to be enriched by the wisdom that others have gleaned from their own spiritual path and/or life experience.

NEED FOR NETWORKING AND TECHNICAL ASSISTANCE -- County mental health authorities and community-based organizations already interact with spirituality and faith-based organizations in numerous ways. We believe they can benefit from knowing more about what other individuals, agencies, and systems are already doing and what results they have had. It is the role of the California Mental Health & Spirituality Initiative to facilitate this technical assistance.

This values statement was revised and adopted by the Work Group on January 20, 2009. Because we are always learning, this values statement will be updated over time as needed.

WORK GROUP OF THE CALIFORNIA MENTAL HEALTH & SPIRITUALITY INITIATIVE:

- Rev. Laura L. Mancuso, MS, CRC, Project Director, California Mental Health & Spirituality Initiative, Center for Multicultural Development, California Institute for Mental Health, 805-886-9193, mancuso@west.net,
- Khani Gustafson, MSW, Project Manager, California Mental Health & Spirituality Initiative, Center for Multicultural Development, California Institute for Mental Health, 916-317-6230, kgustafson@cimh.org
- Patty Blum, PhD, CPRP, Crestwood & Dreamcatchers, Sacramento, CA, 209-481-8203, pblum@cbhi.net
- C. Rocco Cheng, Ph.D., Corporate Director of Prevention and Early Intervention Services, Pacific Clinics, Irwindale, CA, 626/960-4020 x 208, rcheng@pacificclinics.org
- David Lukoff, PhD, Professor of Psychology, Institute for Transpersonal Psychology & Founder, Spiritual Competency Resource Center, 707-763-3576, david.lukoff@gmail.com
- Jay Mahler, Consumer Relations Manager, Alameda County Behavioral Healthcare Services, Oakland, CA, 510-567-8135, jmahler@acbhcs.org
- Kumar Menon, MSPA, Chief, Community & Government Relations, Office of the Director, Los Angeles County Department of Mental Health, Los Angeles, CA, (213) 639-6757, KMenon@dmh.lacounty.gov
- Alice J. Washington, Training, Policy, and Research Associate, California Institute for Mental Health, Sacramento, CA, 916-556-3480, Ext. 139, awashington@cimh.org