

Spiritual or Religious Interests in Mental Health Recovery

1. Does religion or spirituality affect client wellness and recovery?

Yes, for many people and for some significantly. According to the Los Angeles County Department of Mental Health, spirituality and religion can be important to a person's mental health. Faith, a belief in something greater than one's present self and circumstance, can be a powerful tool to inspire hope, create motivation and promote healing.¹

2. Should staff ask about religious or spiritual needs?

It depends. The service provider should use his/her training and experienced judgment in asking about a person's spirituality and/or religion. This is part of an overall assessment in order to discover if it may contribute to a person's wellness and recovery. Overall, this information may help identify a person's strengths, challenges and natural resources for improving their mental health. Inquiries about faith/spiritual preference are a part of professional standards for intake, as well as a part of commitment to cultural responsiveness.

¹ This fact sheet is based on the County of Los Angeles – Department of Mental Health, Office of the Medical Director, 4.15 Assessment and Integration of Spiritual Interests of Clients in their Wellness and Recovery” (Revised May 24, 2012), available at:

http://file.lacounty.gov/dmh/cms1_178944.pdf. For more information, see:
<http://www.mhspirit.org/uploads/CONCEPTPAPERMHspirit.pdf>

3. How can staff act in a sensitive and respectful way?

It may be easier than you think. Or it's easier than one may think. Service providers can discuss how spirituality and/or religion may help some people in their healing and wellness. This may be important for providing culturally appropriate services. However, such discussion is a matter of a client's choice—it is not the role of providers to encourage or dissuade clients' spiritual or religious beliefs, nor is it required in order for clients to receive services. Body language can be viewed as a source of discouragement just as words can.

What spiritual or religious preferences can be assessed?

There are key components to the discussion of spiritual or religious practices, including but not limited to:

- a. The purpose for including such information as part of a client's mental health services.
- b. The meaning to the person, including any particular affiliation.
- c. Any spiritual or religious concerns or conflicts in the person's life.
- d. The role of spirituality or religion currently as it relates to coping skills and daily living.
- e. The role of spirituality or religion as it relates historically to hope and resiliency.
- f. Current sources of spiritual or religious comfort or guidance.

4. Can spiritual or religious interests be part of mental health services?

Yes. If requested by the client, service providers can include spiritual or religious interests as part of the client-driven care plan. This could include culturally relevant spiritual and religious support, resources and goals. It could also include coordination of contact with faith leaders, spiritual counselors or advisors chosen by the client and with the client's informed consent.

5. Are there relevant provider standards?

Yes. Providers must use sound ethical judgment. Information about a person's spiritual or religious preferences must be kept confidential. Under no circumstances should a provider act in a way that appears to direct someone towards the provider's own beliefs. All providers must comply with existing governmental regulations and recognized ethical and professional standards.

6. Should staff receive training?

Yes. Service provision and cultural competence training on spiritual and religious assessment and service care planning should be provided on an ongoing basis.

7. Can providers work with faith leaders, spiritual and religious communities?

Yes. Providers can receive referrals from local faith leaders, spiritual and religious resources. Further, they can help clients and families connect with resources of the client's choice. Mental health service providers can also distribute information to spiritual and religious communities about available mental health services. This can build partnerships to best meet the spiritual interests and mental health needs of individuals and family members being served across California.

We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.

English version: <http://fs12.formsite.com/disabilityrightsca/form54/index.html>

Spanish version: <http://fs12.formsite.com/disabilityrightsca/form55/index.html>

The Stigma, Discrimination, Reduction and Advancing Policy to Eliminate Discrimination Program (APEDP), is funded by the voter approved Mental Health Services Act (Prop. 63) and administered by the California Mental Health Services Authority (CalMHSA). County MHSAs fund support CalMHSA, which is an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA operates services and education programs on a statewide, regional and local basis. For more information, visit <http://www.calmhsa.org>.

