WEBVTT

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00:00:11.400 --> 00:00:20.130
Katty Rivera: Hello everyone. So welcome to today's webinar on the role of religion and spirituality and recovery from serious mental illnesses.

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00:00:21.210 --> 00:00:29.400
Katty Rivera: This webinar is sponsored by the northeast and Caribbean Mental Health Technology Transfer Center or image TTC house at Rutgers

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00:00:29.970 --> 00:00:40.590
Katty Rivera: School of Health Professions and the Department of psychiatric rehabilitation. My name is Kathleen data and I'm the project coordinator of the center and will be facilitating the webinar today.

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00:00:42.510 --> 00:00:51.060
Katty Rivera: The image TTC is funded by SAMHSA the Substance Abuse and Mental Health Services Administration to enhance the capacity of the behavioral health

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00:00:51.630 --> 00:01:08.070
Katty Rivera: And other related workforces to deliver evidence based and empirically supported practices to individuals with mental illnesses, please visit the image TTC network website for additional information at MH TTC network work.

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00:01:10.170 --> 00:01:25.920
Katty Rivera: If you're interested in staying up to date with the events and products, the northeast and Caribbean image etc is providing please sign up to receive our email communications. You can sign up at the bitly link that will be provided on the screen, or I will include it in the chat box.

7
00:01:27.150 --> 00:01:35.550
Katty Rivera: Following the webinar, you'll be asked to complete a brief survey we value this feedback and use it to improve our activities and inform future activities.

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00:01:36.210 --> 00:01:43.560
Katty Rivera: The surveys are also important because our continued

funding is linked to the completion of these surveys. So we thank you in advance for your feedback.

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00:01:45.030 --> 00:01:52.620
Katty Rivera: We also want to let you know that this webinar is being recorded and will be posted to our website, along with the PowerPoint slides in the next couple of days.

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00:01:54.810 --> 00:02:00.360
Katty Rivera: Also, we encourage you to interact with our presenters during the webinar by using the chat feature.

11
00:02:00.840 --> 00:02:10.680
Katty Rivera: Please post any comments or questions you have in the chat and I will collect your questions as we go and ask them over the presenter during the Q AMP a time towards the end of the presentation.

12
00:02:11.580 --> 00:02:18.150
Katty Rivera: During the webinar presenter may pose questions to you, please use the chat feature to answer these questions.

13
00:02:19.530 --> 00:02:23.310
Katty Rivera: This presentation was prepared for the M HTC network.

14
00:02:24.510 --> 00:02:30.660
Katty Rivera: Under a cooperative agreement from the substance abuse Mental Health Services Administration or SAMHSA.

15
00:02:31.290 --> 00:02:46.110
Katty Rivera: All material appearing in this presentation, except that taken directly from copyrights sources is in public domain and maybe reproduce or copies without permission from SAMHSA or the authors citation at the source is appreciated.

16
00:02:47.160 --> 00:02:50.040
Katty Rivera: This presentation will be recorded and posted on our website.

17
00:02:51.180 --> 00:02:57.600
Katty Rivera: At the time of this presentation, Eleanor if McCann's cats. The serving a Samsung Assistant Secretary

18
00:02:58.140 --> 00:03:05.940
Katty Rivera: The opinions expressed here in are the views of the presenters and do not reflect the official position of the Department of Health and Human Services.

19
00:03:06.570 --> 00:03:18.540
Katty Rivera: D. H. H S or SAMHSA no official support or endorsement of the Hs HS SAMHSA or the opinions described in this presentation is intended or should be inferred

20
00:03:19.620 --> 00:03:31.650
Katty Rivera: Now let's be in our webinar. We have two presenters with us today. We have Dr. And Murphy was an associate professor and CO director of the northeast and Caribbean Mental Health Technology Transfer Center.

21
00:03:32.490 --> 00:03:38.190
Katty Rivera: In the Department of psychiatric rehabilitation and counseling professions at Rutgers School of Health Professions

22
00:03:39.270 --> 00:03:48.960
Katty Rivera: Dr. Murphy conducts research focused on interventions to improve the lives of people with mental illnesses and previously provide a psychiatric rehabilitation services.

23
00:03:49.590 --> 00:03:58.950
Katty Rivera: She also teaches within the masters and science in rehabilitation counseling and PhD in psychiatric rehabilitation program at Rutgers

24
00:04:00.150 --> 00:04:16.620
Katty Rivera: As co director of the MSG etc a federally funded center. Dr. Murphy works to enhance the capacity of the behavioral health workforce to provide evidence based mental health interventions, Dr. Murphy's work is informed by her lived experience and recovery from mental illness.

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00:04:18.000 --> 00:04:27.360
Katty Rivera: We also have Dr. Mark Salter who is a psychologist and professor of social and behavioral sciences in the College of Public Health at Temple University.

26
00:04:28.050 --> 00:04:37.230
Katty Rivera: Is also the principal investigator and director of the Temple University collaborative on Community inclusion of individuals with psychiatric disabilities.

27
00:04:37.830 --> 00:04:48.030
Katty Rivera: A Rehabilitation Research and Training Center that has been funded by the National Institute on Disability, Independent Living, and Rehabilitation Research since 2003

28
00:04:49.110 --> 00:04:52.500
Katty Rivera: So we welcome you and going hand it over to our presenters.

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00:04:59.490 --> 00:05:16.740
Ann Murphy: I have to remember to unmute myself. Thank you. Scotty, and thank you to everyone who's joined us today. We're really happy to have you. And we're happy to be able to present on this topic and have a discussion around this important topic I wanted to start by asking

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00:05:18.360 --> 00:05:31.170
Ann Murphy: A quick question just to get a sense of who is with us today. So a poll should have popped up on your screen. So if you can just quickly indicate your professional role.

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00:05:32.190 --> 00:05:43.020
Ann Murphy: This doesn't encapsulate everybody but it does give us a general sense of who's with us. So I'm just going to wait 30 seconds or so for people to be able to vote.

32
00:05:48.450 --> 00:05:50.400
Ann Murphy: Okay, so it's looking so far.

33
00:05:51.840 --> 00:05:52.440
Ann Murphy: Like

34
00:05:55.590 --> 00:05:58.920
Ann Murphy: We go. I'll share it with everybody, so everybody can see

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00:06:00.690 --> 00:06:14.910
Ann Murphy: We have about 30 around a third mental health clinicians little under a third peer supporters, that's great about 14% addictions 7% clergy 20% other and

36
00:06:15.720 --> 00:06:32.850
Ann Murphy: And one psychiatrist with us. So welcome to everybody. And I see some people chatting typing in the chat box, some of the options that I didn't list. So thank you for your understanding there. So that's great. That just gives us a little bit of a sense

37
00:06:34.470 --> 00:06:47.220
Ann Murphy: So I wanted to start today, just with this quote that I found in an article written by someone who's relied on his spirituality and faith as he's lived with his mental health condition.

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00:06:48.060 --> 00:06:51.660
Ann Murphy: It says after living with a psychiatric illness for the last 17 years

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00:06:52.230 --> 00:07:00.030
Ann Murphy: I feel that I now know who I am, where I'm going and who I've become during this long journey spirituality has given me the resilience

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00:07:00.330 --> 00:07:10.500
Ann Murphy: And the capacity to bear and live with personal pain to accept difficulties and to find meaning in my experiences prayer has led me to this acceptance in my life.

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00:07:10.830 --> 00:07:20.160
Ann Murphy: And there's not a day that goes by without prayer and a strong spiritual connection with God. This isn't everyone's experience. But I did want to just start us off by highlighting

42
00:07:20.760 --> 00:07:37.740
Ann Murphy: Some of the ways that religion and spiritually spirituality can serve as a support to those who are experiencing psychiatric conditions and I thought it was a good place to start. As we talk about the role of religion and spirituality in recovery from mental illnesses.

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00:07:41.190 --> 00:07:50.310
Ann Murphy: So it's likely not news to focus on this call that religion and spirituality or a significant part of many people's lives.

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00:07:50.820 --> 00:07:59.730
Ann Murphy: According to Pew Research at least the, the latest findings. I could find about two thirds or more of the US population have a belief in God.

45
00:08:00.090 --> 00:08:12.720
Ann Murphy: View religion as important in their lives and attend religious services, pray and or meditate on a regular or semi regular basis. And while this percentages come down over time.

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00:08:13.770 --> 00:08:26.730
Ann Murphy: In in recent years, it still remains relatively high additionally among people with medical conditions. A very high percentage 90% report using religious coping in

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00:08:27.090 --> 00:08:37.350
Ann Murphy: Relation to their condition with more than 40% of those indicating that religion was the most important factor, keeping them going. So there's a there's a

48
00:08:38.160 --> 00:08:49.860
Ann Murphy: a wealth of research that really suggests that for the general population and for people with medical conditions that religion and spirituality serves as a great support to them.

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00:08:51.450 --> 00:08:58.740
Ann Murphy: So this webinar today though is focused on people living with psychiatric conditions and particularly

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00:08:59.760 --> 00:09:11.850
Ann Murphy: Recovering from psychiatric conditions. So I wondered what you thought about what these percentages look like among people living with psychiatric conditions. So I'm gonna just put up one more poll

51
00:09:13.020 --> 00:09:15.000
Ann Murphy: Let's see here.

52
00:09:16.830 --> 00:09:25.200
Ann Murphy: And ask you, do you think that people with psychiatric conditions look similar in terms of their endorsement of

53
00:09:26.250 --> 00:09:37.470
Ann Murphy: religion and spirituality, as the general population, less than about the same as or more than the general population. So again, I'm just gonna hang in

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00:09:39.030 --> 00:09:41.700
Ann Murphy: In for a second so people can respond

55
00:09:50.190 --> 00:09:54.870
Ann Murphy: So it looks like we've got the majority saying about the same.

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00:09:57.120 --> 00:09:59.010
Ann Murphy: Next is

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00:10:00.990 --> 00:10:11.160
Ann Murphy: So about 50% saying about the same as the general population 37% more than the general population and 13% saying less than the general population.

58
00:10:14.100 --> 00:10:16.440
Ann Murphy: Drumroll so yes

59
00:10:17.550 --> 00:10:26.160
Ann Murphy: Individuals with psychiatric conditions do have about the same or more depending on the statistics. We look at

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00:10:27.270 --> 00:10:36.270
Ann Murphy: Endorsement around religion and spirituality and the use of religion and spirituality to cope with the symptoms of mental illness. So

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00:10:37.380 --> 00:10:46.500
Ann Murphy: In various studies across various studies, a majority of people living with mental illnesses indicated that religion and spirituality are important to them.

62
00:10:46.860 --> 00:10:51.750
Ann Murphy: Approximately 90% of people say religion plays an important role in their lives.

63
00:10:52.290 --> 00:11:03.270
Ann Murphy: 80% or more utilized spirituality and religion to cope with those symptoms and people reported spending as much as one half of their total coping time

64
00:11:03.720 --> 00:11:12.870
Ann Murphy: In religious practices, including things like prayer. Interestingly, even among young adults who generally speaking

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00:11:13.260 --> 00:11:23.250
Ann Murphy: Are less religiously affiliated 62% and in a in one study 62% mentioned religion and spirituality in the context of their mental illness.

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00:11:23.880 --> 00:11:34.560
Ann Murphy: with little to no prompting. So even without being directly asked about it they identified that religion and spirituality was an important component in their lives.

67
00:11:37.800 --> 00:11:42.870
Ann Murphy: So who's using religious and spiritual coping strategies.

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00:11:43.980 --> 00:11:51.630
Ann Murphy: In a study of individuals living in this study was about it with was with individuals living with psychotic conditions.

69
00:11:52.470 --> 00:12:03.000
Ann Murphy: 53% indicated that they had a moderate or greater belief in God 21% of them said religion was moderately are very important in their life.

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00:12:03.390 --> 00:12:17.700
Ann Murphy: And 15% said that they had weekly or greater attendance at public religious services and lastly 17% said they engaged in daily or more frequent private prayer or other religious practices.

71
00:12:19.320 --> 00:12:26.070
Ann Murphy: Additional additionally 85% reported that they use at least some religious coping strategies.

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00:12:27.480 --> 00:12:44.610
Ann Murphy: So I thought this was particularly interesting because you've got 53% of people who are reporting a moderate or greater belief in God and 85% of people saying they use at least some religious coping strategies. So what does that 85% tell us

73
00:12:45.810 --> 00:12:57.270
Ann Murphy: What I think it tells us is that people don't have to identify as religious or even have a belief in God or in order to use religious coping strategies.

74
00:12:57.540 --> 00:13:07.620
Ann Murphy: These strategies aren't limited just to people who identify as religious and I think this is particularly important for us to keep in mind as we think about

75
00:13:08.940 --> 00:13:21.480
Ann Murphy: Providing supports to people in our services and how we approach, whether or not to inquire about religious or spiritual affiliation and

76
00:13:22.620 --> 00:13:23.490
Ann Murphy: Strategies.

77
00:13:33.150 --> 00:13:37.740
Ann Murphy: So in terms of the role that religion and spirituality can play in recovery.

78
00:13:39.210 --> 00:13:47.790
Ann Murphy: We can ask why individuals with psychiatric conditions might engage in spiritual and religious activities and practice practices and how these might

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00:13:48.240 --> 00:13:56.040
Ann Murphy: Relate to their recovery, we've already mentioned that for some people, religion and spirituality can offer positive coping support.

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00:13:56.790 --> 00:14:13.590
Ann Murphy: spiritual practices can do this, including specific religious and spiritual practices like we mentioned prayer, meditation, mindfulness attending a place of worship or a quiet space or reading religious or spiritual texts.

81
00:14:14.310 --> 00:14:30.870
Ann Murphy: Additionally, having a spiritual relationship with God or a higher power is also an important aspect of coping with this relationship, providing a sense of comfort reassurance protection guidance and strength.

82
00:14:32.250 --> 00:14:50.700
Ann Murphy: religion and spirituality can also provide a framework for making sense of one's experience of mental illness, providing some of that meaning making people may be able to interpret or understand unusual experiences they may have related to some of their symptoms.

83
00:14:52.740 --> 00:15:00.930
Ann Murphy: Through the lens of religion and spirituality, potentially, making it feel less threatening or overwhelming.

84
00:15:04.260 --> 00:15:14.580
Ann Murphy: Additionally, they offer a community of support both human and divine support to help reduce isolation and loneliness.

85
00:15:18.870 --> 00:15:28.740
Ann Murphy: Many people provide opportunities within religious and spiritual communities for value driven rewarding role and activities.

86
00:15:29.400 --> 00:15:42.060
Ann Murphy: In which the individual have seen and valued beyond the the confines of their mental health condition to what they're able to offer and bring in terms of their gifts and their relationships.

87
00:15:43.320 --> 00:15:50.730
Ann Murphy: religious and spiritual acts may also impart a sense of control and meaning by providing a perspective beyond oneself.

88
00:15:51.930 --> 00:15:57.510

Ann Murphy: And a sense of control over things that they may otherwise feel out of control around

89
00:15:59.340 --> 00:16:05.460
Ann Murphy: People also report that religious beliefs help to keep them going. And in a

90
00:16:07.950 --> 00:16:19.530
Ann Murphy: Systematic Review a qualitative systematic review of many of the studies on religion and spirituality and mental health. It was also highlighted that

91
00:16:20.610 --> 00:16:34.350
Ann Murphy: Their religious and spiritual beliefs also include keeping them alive from the perspective of reducing their likelihood to hurt themselves or die by suicide. So

92
00:16:35.340 --> 00:16:45.510
Ann Murphy: All of this suggests that for some people, religion and spirituality really help to aid in moving them forward in their recovery process.

93
00:16:49.650 --> 00:16:58.380
Ann Murphy: This is a an interesting something that I found particularly interesting in what exists in the literature.

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00:16:59.700 --> 00:17:07.350
Ann Murphy: Clients and providers have different views on how spirituality and religion can be helpful.

95
00:17:08.040 --> 00:17:33.210
Ann Murphy: So clients reported regarding spirituality as a source of giving and receiving love and care. So a mutuality of relationship there in which they both have an active role in providing love support care to others and also in receiving similarly that love support and care from the community.

96
00:17:34.320 --> 00:17:48.090
Ann Murphy: Alternatively providers professionals regarded connection with religion and spirituality as a means of receiving support and managing symptoms. And so while

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00:17:49.020 --> 00:17:59.100
Ann Murphy: I just mentioned in the previous slide that that religion and spirituality can provide support and may help some people with coping around their symptoms. I thought it was sort of notable

98
00:17:59.850 --> 00:18:07.860
Ann Murphy: The difference here that the the view from individuals with a lived experience of mental illness was really around that mutual

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00:18:08.880 --> 00:18:19.590
Ann Murphy: Relationship the giving and receiving the action oriented relationship within the community, but that providers were viewing it more as

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00:18:20.130 --> 00:18:31.380
Ann Murphy: The person being in in a recipient role that their activities in religious and spiritual communities and other practices would be a way of receiving support.

101
00:18:32.640 --> 00:18:35.820
Ann Murphy: So I just, again, I just think it's important to highlight here.

102
00:18:36.330 --> 00:18:55.260
Ann Murphy: That it's important for us as providers to try to assess and keep in mind the the reciprocal nature of what at least in this particular study what individuals with lived experience shared as the benefit of participating in these communities.

103
00:19:00.120 --> 00:19:13.770
Ann Murphy: So I think it's important for me to also acknowledge in this discussion that some people have concerns and have had negative experiences and even traumas.

104
00:19:14.100 --> 00:19:24.360
Ann Murphy: Related to religion and spirituality. I think it's important for us to name these things and consider strategies to address them. So, for example,

105
00:19:25.140 --> 00:19:33.660

Ann Murphy: Some people experience spiritual struggles with the divine as it relates to their life experiences or their mental health conditions.

106
00:19:34.530 --> 00:19:44.820
Ann Murphy: They may feel anger towards God and feel that they're being punished by God, that the the mental health condition itself is a punishment for

107
00:19:45.450 --> 00:19:58.170
Ann Murphy: Something they've done wrong or for not being faithful enough, they may interpret their experience with the mental health condition and their challenges around it as feeling abandoned by God.

108
00:19:59.880 --> 00:20:00.900
Ann Murphy: And these are all

109
00:20:02.040 --> 00:20:13.800
Ann Murphy: Understandable reactions and things that we need to acknowledge, sometimes the same individuals who are experiencing this struggle.

110
00:20:15.240 --> 00:20:17.250
Ann Murphy: Are the same people for whom

111
00:20:18.330 --> 00:20:30.810
Ann Murphy: They really desire a relationship and a connection. So I think we, we, again, just need to keep in mind that just because there is a challenge or someone may feel

112
00:20:31.350 --> 00:20:46.470
Ann Murphy: Some of these feelings anger abandonment punishment. It doesn't necessarily mean that they want to to reject that connection, it may be something that they want to process and and work through

113
00:20:47.790 --> 00:20:51.720
Ann Murphy: Or they may not, they may want to move away from it. So, and that's acceptable as well.

114
00:20:53.250 --> 00:21:07.920
Ann Murphy: Sometimes religious and spiritual communities and this can

also extend sometimes to family members or other supporters. Sometimes their view is that mental health conditions are moral or spiritual failures.

115
00:21:09.120 --> 00:21:21.270
Ann Murphy: For example, people have talked about receiving the message that if they only prayed more air if they only believed more fully more committed Lee that

116
00:21:22.020 --> 00:21:30.210
Ann Murphy: That they wouldn't experience the mental health condition and this can be this can be a negative experience for people. It can be traumatizing for people

117
00:21:32.310 --> 00:21:35.880
Ann Murphy: So in a little bit here. When doctors all souls are speaks

118
00:21:37.020 --> 00:21:38.970
Ann Murphy: I think he may touch on

119
00:21:40.110 --> 00:21:55.530
Ann Murphy: The importance of educating the spiritual communities as well so that they can be welcoming to individuals who have mental health conditions so that some of these messages might be able to be adapted

120
00:21:57.390 --> 00:22:14.250
Ann Murphy: negative experiences with religious services or communities in which people have felt rejected or stigmatized or discriminated against also happen sometimes this can look like gossip, or it can look like lack of inclusion.

121
00:22:15.420 --> 00:22:21.000
Ann Murphy: But it can also go beyond that to look at rejection and look like rejection and discrimination.

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00:22:22.380 --> 00:22:33.840
Ann Murphy: In the form of religious and spiritual groups responses to certain communities, including the LGBT q plus community some racial and ethnic

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00:22:34.350 --> 00:22:44.070
Ann Murphy: Communities and others. So it's important to again recognize that for some people. That's their experience with religion and spirituality

124
00:22:45.060 --> 00:22:59.190
Ann Murphy: And lastly of course they're the traumas that have incurred through actions by religious leaders or advocates, including spiritual emotional and sexual abuse that have to be acknowledged and worked with

125
00:23:04.230 --> 00:23:13.830
Ann Murphy: Another point that I think is important to address in the discussion is that sometimes mental health providers have concerns regarding

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00:23:15.060 --> 00:23:26.940
Ann Murphy: Incorporating religion and spirituality into mental health services they may be concerned about a potential link between psychiatric symptoms and religion or spirituality

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00:23:27.480 --> 00:23:35.940
Ann Murphy: So I just want to be clear that the research has failed to support a relationship between psychopathology and religion.

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00:23:36.660 --> 00:23:48.870
Ann Murphy: Specifically, some research with people with psychosis and in an analysis systematic review of studies on individuals with psychosis across 10 studies that they looked at

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00:23:50.610 --> 00:24:04.020
Ann Murphy: Four of those studies found less psychosis among people who were more religiously involved three studies found no association at all and two studies found some mixed results but

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00:24:05.550 --> 00:24:17.790
Ann Murphy: Within that they didn't necessarily find a causal relationship there so often, people are particularly concerned about individuals who are

131
00:24:18.420 --> 00:24:31.470
Ann Murphy: Experiencing psychosis and the connection between religion

and spirituality and psychosis. So I think that's particularly important to highlight there is some research that suggests that people with religious delusions.

132
00:24:32.550 --> 00:24:41.490
Ann Murphy: may experience more severe illness, but it doesn't assess the link between religion and spirituality beliefs and

133
00:24:42.510 --> 00:24:47.880
Ann Murphy: Or practice and and those delusions or the severity of those delusions, so

134
00:24:49.380 --> 00:25:03.450
Ann Murphy: Some research suggests that religious activities not associated with symptoms among people with psychosis may actually improve long term prognosis. So there's some some evidence to suggest that, again, that

135
00:25:04.020 --> 00:25:10.500
Ann Murphy: Religion at those religious and spiritual practices may be effective at coping with some of those

136
00:25:11.820 --> 00:25:12.690
Ann Murphy: Symptoms.

137
00:25:13.740 --> 00:25:24.810
Ann Murphy: In considering the connection between an individual symptoms and their religious or spiritual beliefs. It can also be helpful to recognize that what might look like.

138
00:25:27.900 --> 00:25:32.010
Ann Murphy: A Religious. I'm going to say problem in quotes here.

139
00:25:33.120 --> 00:25:46.110
Ann Murphy: May just be the language or lens through which a particular symptom is being conveyed. So what I mean by that is if someone has a religious delusion.

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00:25:47.310 --> 00:25:55.350
Ann Murphy: And they're a religious and spiritual person their religious beliefs are not likely to have been the cause of that

delusion.

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00:25:55.890 --> 00:26:06.900
Ann Murphy: They likely would have experienced that delusion. Regardless, but the content of that solution might have been different if they weren't religious or spiritual similarly

142
00:26:08.190 --> 00:26:21.030
Ann Murphy: Some people have concerns around obsessive compulsive disorder with scrupulosity which is a type of OCD that has religious and moral obsessions and related compulsions

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00:26:21.780 --> 00:26:33.390
Ann Murphy: Again, the obsessions aren't caused by the person being religious but the specific content of those obsessions may be related to that, if they hadn't been religious or spiritual it's likely that the content of the obsessions.

144
00:26:34.140 --> 00:26:45.840
Ann Murphy: Would just be different content, but they would still experience, experience those obsessions and compulsions so I just want to point all of that out to say that

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00:26:46.560 --> 00:27:04.230
Ann Murphy: There really is an evidence that religion and spirituality exacerbate symptoms or contributes to the exacerbation of symptoms. Rather, it may just provide the specific content of those symptoms are the association of those symptoms.

146
00:27:07.440 --> 00:27:08.070
Ann Murphy: So,

147
00:27:09.390 --> 00:27:10.230
Ann Murphy: We have

148
00:27:11.820 --> 00:27:25.980
Ann Murphy: Identified that religion and spirituality can be helpful for many people living with mental health conditions to cope with their experiences to find meaning in their lives to connect with communities that are supportive

149

00:27:26.850 --> 00:27:44.430
Ann Murphy: And establish realists reciprocal relationships within those relationships. We've also identified some concerns that clinicians sometimes have around pursuing discussions about spirituality and religion with people that they're working with

150
00:27:45.660 --> 00:28:00.720
Ann Murphy: I just, I'm catching myself here. I'm saying clinicians, but I, I, meaning that to be a very broad term to include anyone who's working to support someone with mental health condition. So, including peers and others.

151
00:28:01.860 --> 00:28:03.600
Ann Murphy: But what we also know

152
00:28:04.650 --> 00:28:23.970
Ann Murphy: Is that many people with serious mental illnesses would like religion and spirituality incorporated into their mental health services and supports 58% expressed interest in including spirituality in their mental health services.

153
00:28:25.860 --> 00:28:35.490
Ann Murphy: And while religious affiliation and general spirituality and religion was associated with this effort with this interest.

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00:28:36.060 --> 00:28:53.100
Ann Murphy: over a third of people who expressed interest in having spirituality and religion incorporated into their services have no religious affiliation. So this interest goes beyond just to those who identify with a specific religious affiliation.

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00:28:54.630 --> 00:29:11.160
Ann Murphy: This being said, Many find that clinicians. Providers Peers ignore dismiss or otherwise pathologies this interest and this disconnect leads to what's been termed in the literature.

156
00:29:11.970 --> 00:29:25.410
Ann Murphy: A spirituality gap or a failure on the part of mental health services to include or dress spirituality and religion with service participants who are interested

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00:29:27.360 --> 00:29:41.550

Ann Murphy: And there are several reasons for this spirituality gap, including that there's little a professional development and training around how to integrate religion and spirituality and mental health services.

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00:29:42.480 --> 00:29:53.550
Ann Murphy: Without training many mental health practitioners lack the ability the comfort the efficacy to engage in spiritual spiritually competent care.

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00:29:56.310 --> 00:29:56.790
wintley

160
00:29:59.850 --> 00:30:10.170
Ann Murphy: Mental health providers as a whole have tended to ignore or undervalue the role of clients spirituality and religion in treatment.

161
00:30:11.400 --> 00:30:19.110
Ann Murphy: That comes from a study that's a little older. And so it that may be improving somewhat, but

162
00:30:20.130 --> 00:30:31.020
Ann Murphy: What the research also tells us is the strongest predictor of whether a practitioner a clinician appear supporter

163
00:30:32.160 --> 00:30:45.510
Ann Murphy: Incorporates integrates clients spirituality and religion into services and supports the biggest predictor of that is their own spirituality and religious views and behavior.

164
00:30:47.340 --> 00:31:01.710
Ann Murphy: And mental health providers as a whole in general tend to be less religious than the general population. And we saw before that people with mental health conditions are similarly, if not more.

165
00:31:02.190 --> 00:31:19.110
Ann Murphy: religious and spiritual. So we have a group of individuals within mental health clinicians who are less spiritual on again, on average, as a whole, then the people that they're providing services and supports too.

166
00:31:21.450 --> 00:31:30.090
Ann Murphy: So there's a mismatch there potentially I've also heard from clinicians. I did a presentation on this. Not too long ago and some of the

167
00:31:30.570 --> 00:31:47.220
Ann Murphy: folks in the room said, I'm happy to talk about religion and spirituality. But I want to wait until the individual that I'm working with brings it up because I don't want to seem like I'm imposing my values.

168
00:31:48.510 --> 00:32:08.370
Ann Murphy: Unfortunately, what the, what the research shows on this is that individuals would prefer that the practitioner initiate that discussion. Individuals may not bring it up because they're concerned that it may be a taboo subject, and of course we know that often.

169
00:32:09.480 --> 00:32:12.240
Ann Murphy: You know, because of the dynamic of

170
00:32:13.350 --> 00:32:28.800
Ann Murphy: These kinds of relationships with mental health professionals. Sometimes that sometimes there is a power differential. And so the the individual engaged in services may not feel comfortable doing that and so

171
00:32:30.030 --> 00:32:36.030
Ann Murphy: It may be important for the clinician. The supporter to raise this

172
00:32:37.470 --> 00:32:45.330
Ann Murphy: With the individual to assess whether it's something that they want incorporated into their services and supports.

173
00:32:45.570 --> 00:33:02.340
Ann Murphy: And in fact, many organizations are beginning to integrate into their intake assessments questions around spirituality and religion so that they have a better sense of this. And the individual's needs and desires as they come into the program.

174
00:33:03.570 --> 00:33:17.190

Ann Murphy: So there are many reasons to work towards addressing the spirituality gap, including those that I've covered as well as our ethical obligations to provide person centered care.

175
00:33:18.150 --> 00:33:27.810
Ann Murphy: And to address the things that are most supportive of the individual and and what might help move them forward in their recovery.

176
00:33:29.160 --> 00:33:38.310
Ann Murphy: So how do we know how to do that. I just kind of reviewed, most of us haven't received training on that we might feel uncomfortable. We may not know what to say.

177
00:33:39.030 --> 00:33:44.700
Ann Murphy: And so there are a few different strategies I do see here just

178
00:33:45.630 --> 00:33:55.560
Ann Murphy: Glancing at the chat that someone's brought up Sam says eight Dimensions of Wellness which cover spirituality and I do have a slide. Oh, I might have taken out, taking it out of this. Actually, but

179
00:33:56.040 --> 00:34:01.950
Ann Murphy: Certainly one of the strategies is to utilize a holistic approach to

180
00:34:02.610 --> 00:34:19.920
Ann Murphy: Working with somebody and having them identify their strengths, their areas of need and their areas of support in all of the eight dimensions and by doing that you include spirituality in that, but don't focus exclusively on spirituality and that may be more comfortable for some people.

181
00:34:21.870 --> 00:34:41.340
Ann Murphy: In order to provide some additional concrete actionable steps that providers and faith communities as well can take to work to bridge this gap. I'm going to turn it over now to Dr. Mark saucer. And he's going to share with us some of the work that he and his Center have been doing

182

00:34:43.350 --> 00:34:51.180
Mark Salzer: Great, thank you. And I'm also not sure I'm able to forward the slides. So I might have to ask you to do that.

183
00:34:51.570 --> 00:35:00.330
Mark Salzer: Um, first of all, I just wanted to say thank you for your great overview of everything. And I'll just let everybody know that whenever and

184
00:35:01.050 --> 00:35:08.250
Mark Salzer: Dr. Murphy wants to do anything that involves me. I'm always happy to do it. She's been a terrific colleague for a long time.

185
00:35:08.670 --> 00:35:15.990
Mark Salzer: I also want to welcome everybody to this webinar. I've been following the chat pretty closely and love the kind of comments and

186
00:35:16.350 --> 00:35:19.800
Mark Salzer: Dialogue that are happening there. I would like to encourage you to

187
00:35:20.190 --> 00:35:32.160
Mark Salzer: Make sure in the to button that you send your messages to all panelists and attendees. So the comments. Don't just go to the panelists. Unless you want them to just go to the panelists. So

188
00:35:33.060 --> 00:35:39.840
Mark Salzer: It's a little zoom thing that we all need to get to know. So it's great to be with everybody today.

189
00:35:40.380 --> 00:35:50.460
Mark Salzer: I direct a center that we call the Temple University collaborative on Community inclusion and I didn't include the rest of individuals with

190
00:35:51.030 --> 00:36:02.910
Mark Salzer: serious mental illnesses significant mental illnesses were funded by which is the National Institute on Disability, Independent Living, and Rehabilitation Research and we have a very similar

191
00:36:03.480 --> 00:36:16.500
Mark Salzer: Disclaimer while we're federally funded the contents do not necessarily represent the policy of US Department of Health and Human Services Administration on Community Living night lawyer and we shouldn't assume

192
00:36:17.190 --> 00:36:27.450
Mark Salzer: endorsement by the federal government on the work that we do in our center is around inclusion trying to raise awareness about what inclusion is

193
00:36:28.140 --> 00:36:37.020
Mark Salzer: What it means, what the current state of inclusion is for people with significant mental health issues and interventions for promoting inclusion.

194
00:36:37.380 --> 00:36:49.410
Mark Salzer: Our focus on inclusion really takes a both a legal and a human rights orientation, the legal orientation is based on the Americans with Disabilities Act that gives

195
00:36:49.830 --> 00:37:01.260
Mark Salzer: Individuals who experienced disabilities on the right to the opportunity to basically live in the community like everyone else. That means work going to school.

196
00:37:02.040 --> 00:37:11.850
Mark Salzer: Parenting leisure recreation and in some cases faith as well. It's also a human right, based on the declaration.

197
00:37:12.690 --> 00:37:25.860
Mark Salzer: On human rights, signed by the United Nations in 2006 that also talked about inclusion and the opportunity to live in the community like everyone else is a human rights for all people.

198
00:37:26.310 --> 00:37:33.960
Mark Salzer: Who experienced disabilities, and that includes people who experienced significant mental health issues. So that's really the orientation that

199

00:37:34.350 --> 00:37:48.120
Mark Salzer: I take with this kind of work and what I'll be talking about in the next maybe 25 or 30 minutes or so, are some of the strategies that we pulled together for promoting inclusion of

200
00:37:48.540 --> 00:38:04.590
Mark Salzer: Individuals in faith community, not necessarily just for their mental health benefit, even though we do talk about that, but mostly from the rights perspective that people should have the opportunity to do things just like everyone else. Next slide. In

201
00:38:05.640 --> 00:38:14.280
Mark Salzer: Great, thank you. So one reference. I'd like to point you to we created a document, a few years ago called well together.

202
00:38:14.550 --> 00:38:20.520
Mark Salzer: This document really lays out a number of things that I'll be talking about about the importance of inclusion.

203
00:38:20.790 --> 00:38:28.200
Mark Salzer: And different strategies or fundamentals for promoting inclusion of people with lived experience of mental health issues.

204
00:38:28.440 --> 00:38:38.400
Mark Salzer: I'd encourage you to take a look at it. It's got a lot of information in there. You can basically Google well together. And my last name saucer. That's one way to get it.

205
00:38:38.910 --> 00:38:46.440
Mark Salzer: If you have trouble. Go ahead and send me an email and I'll be happy to send it your way. One of the things that we focus on

206
00:38:46.830 --> 00:39:02.580
Mark Salzer: In regards to inclusion and participation in faith communities is the need to expand the paradigm, a little bit and how these conversations are happening especially within faith communities on one thing.

207
00:39:03.120 --> 00:39:15.210
Mark Salzer: Where there's a lot of conversation happening right now is faith communities serving or supporting the mental health needs of their congregants and this is particularly important these days.

208
00:39:15.750 --> 00:39:25.410
Mark Salzer: Where depression, anxiety, suicide, substance use is a major issue that's happening right now and faith communities are actively

209
00:39:26.040 --> 00:39:37.530
Mark Salzer: Involved in those conversations and I'd really encourage you to check out the partnership center which is part of Health and Human Services and the federal government. They've got a lot of resources in this area.

210
00:39:38.100 --> 00:39:44.070
Mark Salzer: The work that our center does is we talk about not necessarily how faith communities.

211
00:39:44.580 --> 00:39:53.610
Mark Salzer: Can actively get people mental health services. But instead what faith communities and what provider community can do

212
00:39:54.060 --> 00:40:01.140
Mark Salzer: To support people in being engaged in faith communities, to the extent that they'd like to participate.

213
00:40:01.770 --> 00:40:06.720
Mark Salzer: In the faith community. So it's really expanding the paradigm, a little bit from

214
00:40:07.200 --> 00:40:16.140
Mark Salzer: faith communities referring people to mental health services instead to faith communities being available and welcoming and embracing

215
00:40:16.380 --> 00:40:26.430
Mark Salzer: Of people who experienced mental health issues for some of the reasons that and mentioned in her presentation that they have not always been welcoming and embracing next slide in.

216
00:40:28.590 --> 00:40:36.210
Mark Salzer: So we've developed a couple of documents that you might be interested in looking at and again we will be sending out the

PowerPoint, so you'll be able to see

217
00:40:37.260 --> 00:40:57.720
Mark Salzer: Look at this. Not so user friendly web link. But you can also find this on our website as well. One of our documents is about how to develop welcoming faith communities and especially the role that providers can take in promoting engagement in faith communities. Next slide.

218
00:40:59.250 --> 00:41:06.450
Mark Salzer: And here are five of things that we talked about that strategies can do for promoting inclusion, we don't

219
00:41:07.710 --> 00:41:16.710
Mark Salzer: mean for this to be viewed as an exhaustive list. There are a lot of things that mental health providers are doing currently to support

220
00:41:17.250 --> 00:41:24.930
Mark Salzer: People being engaged in faith communities, but these are just some of the more common ones that we've been coming across in our conversations with people.

221
00:41:25.170 --> 00:41:41.160
Mark Salzer: The first one from a very basic standpoint is for the provider community and the faith communities to develop formal relationships or formal connections that means programs or agencies reaching out to faith communities to

222
00:41:41.850 --> 00:41:49.680
Mark Salzer: establish a dialogue and talk about how they can support one another in in supporting people

223
00:41:50.310 --> 00:42:01.110
Mark Salzer: Who are in their congregations. Currently, or who might feel excluded from their congregations in being included and welcomed and embraced like other congregants

224
00:42:01.590 --> 00:42:14.730
Mark Salzer: It's also supporting faith communities in reaching out to the behavioral health system as well related to that is, is point number two. And that's really promoting or encouraging outreach and in

reach

225
00:42:15.900 --> 00:42:26.880
Mark Salzer: The outreach is the behavioral health system and behavioral health providers reaching out to faith communities to see what resources are available. What opportunities are there for

226
00:42:27.480 --> 00:42:35.940
Mark Salzer: For individuals to participate in their communities and also provide opportunities for faith communities to be engaged.

227
00:42:36.270 --> 00:42:48.030
Mark Salzer: In behavioral health programs and in agencies, and I must say I have seen some of the chat messages that people have written. I'm not sure if they went out to all panelists and attendees.

228
00:42:48.450 --> 00:42:55.560
Mark Salzer: But some people have clearly heard the message from supervisors and from other people in their organizations that

229
00:42:56.640 --> 00:43:08.520
Mark Salzer: We can't do these kinds of things that it's illegal, or it's forbidden based on Medicaid funding or those kinds of things. And on it's actually not act completely accurate.

230
00:43:09.060 --> 00:43:15.750
Mark Salzer: We certainly can't proselytize but we can support engagement and interaction.

231
00:43:16.170 --> 00:43:25.500
Mark Salzer: Between faith communities and the behavioral health community. So I think it's important for all of us to learn more about this relationship and really question these messages.

232
00:43:25.920 --> 00:43:28.920
Mark Salzer: That we might be hearing from people who might not know

233
00:43:29.460 --> 00:43:41.880
Mark Salzer: Enough about this topic. I'm not going to go into that in a lot more detail. That's probably a whole separate webinar by itself, but it's a I would challenge that for those who are hearing those

messages.

234
00:43:42.780 --> 00:43:52.620
Mark Salzer: The third thing that providers can do and I'm sure a lot of you who are part of this webinar today do this already, is to really follow up on

235
00:43:53.190 --> 00:44:06.270
Mark Salzer: On questions we often ask people, an intake, whether or not they're a person of faith on what their faith might be. And then we leave that in a document somewhere and really don't follow up.

236
00:44:06.630 --> 00:44:19.230
Mark Salzer: With people about that. And the issue is, we do need to follow up on that and ask people if they want support in being engaged in their, in their faith communities and support their engagement.

237
00:44:20.340 --> 00:44:30.000
Mark Salzer: If somebody has a goal of attending a community, a certain day during the week we can help them with Calendar reminders help them figure out how to get there.

238
00:44:30.900 --> 00:44:39.030
Mark Salzer: So transportation is a major issue that limits people's participation in faith communities and these are the kinds of things that we can do to support

239
00:44:39.480 --> 00:44:46.080
Mark Salzer: Individuals on number four is supporting that participation, especially

240
00:44:46.740 --> 00:45:02.130
Mark Salzer: With natural supporters unpaid people who might be available to go with them to participate in their faith. A lot of times when I've talked to individuals who have not been is engaged in their faith.

241
00:45:02.520 --> 00:45:07.890
Mark Salzer: They've said that they have nobody to go with. They don't know anybody, they're embarrassed. They're concerned about

242

00:45:08.490 --> 00:45:18.960
Mark Salzer: Not be being fully welcomed and establishing those natural support somebody to go with them, somebody who might encourage them to attend with them.

243
00:45:19.560 --> 00:45:30.390
Mark Salzer: This might be somebody from that particular congregation and we'll talk a little bit about this later, but really looking looking for those natural supporters who can help somebody be engaged.

244
00:45:31.320 --> 00:45:38.370
Mark Salzer: The last thing that I'll mention that providers can do and it's really more related to developing those formal connections as well.

245
00:45:38.640 --> 00:45:49.920
Mark Salzer: It's just find out what resources are available, what faith resources are available in your community, again, get to know the congregations, get to know the leadership.

246
00:45:51.060 --> 00:45:58.020
Mark Salzer: It's really important for behavioral health providers to be connected to the larger faith community.

247
00:45:58.350 --> 00:46:12.150
Mark Salzer: There are lots of resources. There are lots of opportunities for connection. And I would say the faith community is very most people are very interested in in establishing these relationships. Next slide. And

248
00:46:13.470 --> 00:46:21.600
Mark Salzer: We've developed a another document about the role that peers can play peer specialist can play in supporting faith.

249
00:46:21.960 --> 00:46:27.600
Mark Salzer: And based on the poll that ended earlier, it looks like we've got a number of people with lived experience and

250
00:46:28.110 --> 00:46:37.650
Mark Salzer: peer support roles, who are part of the webinar. It's great to see you today. And some folks have been chatting about where they're from, and their background as well. Um,

251
00:46:38.100 --> 00:46:49.410
Mark Salzer: So this document really describes some of the things that peers are talking about in terms of supporting faith. This is an area that I become increasingly interested in

252
00:46:49.920 --> 00:46:57.540
Mark Salzer: Because spirituality is for many people at a an aspect of their recovery.

253
00:46:58.080 --> 00:47:12.300
Mark Salzer: It really makes sense for spirituality to be part of the work that peers are engaged with because that's part of recovery for many individuals. And this is really one unique area where peers can play a particularly

254
00:47:12.840 --> 00:47:19.980
Mark Salzer: vital role in promoting engagement in faith and spirituality for individuals. Next slide. And

255
00:47:20.970 --> 00:47:28.860
Mark Salzer: Some of the things we heard from some conversations we were having with peer specialist is again, many people many peers reported

256
00:47:29.490 --> 00:47:41.760
Mark Salzer: The faith was important to their recovery faith was critical to their recovery and in terms of giving back to their peers, the opportunity to talk about their faith.

257
00:47:42.300 --> 00:47:47.430
Mark Salzer: Not necessarily proselytize proselytize is but the opportunity to talk about it.

258
00:47:48.090 --> 00:48:01.020
Mark Salzer: Was expressed by many people. We talked about. But the second finding that we heard from peer specialist is that they often received messages from others, especially their supervisors that

259
00:48:01.440 --> 00:48:11.400
Mark Salzer: It might be safer or more prudent for legal to not talk

about these kinds of things and not have these types of conversations

260
00:48:11.820 --> 00:48:18.090
Mark Salzer: And again, I think that these are some of the things that I've seen on on some of the chat messages that people have been writing

261
00:48:18.750 --> 00:48:27.660
Mark Salzer: People are being told that they're concerned about the possibility of having competing religious or spiritual beliefs and how that might be divisive

262
00:48:28.230 --> 00:48:41.070
Mark Salzer: And of course, with some training and understanding about how to promote religion and spirituality or engagement in faith, certainly being able to talk about differences is

263
00:48:41.490 --> 00:48:56.700
Mark Salzer: The approach that is most recommended arm and not allow it to be a divisive interaction, um, sometimes and I think Dan mentioned this, there's concern about promoting unhealthy religious ideation.

264
00:48:57.570 --> 00:49:02.430
Mark Salzer: Faith may violate some funding rules. And again, I think that was mentioned in some of the chat.

265
00:49:02.820 --> 00:49:18.540
Mark Salzer: And again, as I mentioned, some peer specialist may have already or also had their own negative experiences with faith and faith communities and they might be uncomfortable talking about this on with peers that they're supporting next slide in.

266
00:49:22.950 --> 00:49:25.380
Mark Salzer: Oops, I don't see them up. There we go. Thank you.

267
00:49:26.250 --> 00:49:38.970
Mark Salzer: So, um, some of the recommendations in these conversations that we've had with peer specialist and again we're I'm doing some more research with some colleagues in this area, actually, right now, I just had a meeting this morning about this.

268
00:49:39.510 --> 00:49:47.700
Mark Salzer: Here's some recommendations that that we heard from people. The first recommendation is to certainly talk with your supervisor.

269
00:49:48.390 --> 00:50:03.390
Mark Salzer: Within your program and agency about the role that you can play in supporting people's connection to religious or spiritual organizations to really make the point is, and pointed out that faith is important for many people.

270
00:50:03.930 --> 00:50:16.560
Mark Salzer: with lived experience. And this is not a pathological issue for most and it's really important for peers to be able to talk to their providers to their supervisors about

271
00:50:16.980 --> 00:50:27.210
Mark Salzer: How they can support people's engagement in faith on certainly talking with the people they're supporting about their goals, raising the issue about

272
00:50:27.540 --> 00:50:43.260
Mark Salzer: Possibly reconnecting or connecting with religious or spiritual communities. Is this something they want to pursue yes or no. If not, certainly, leave it and if this is something somebody wants to pursue then to take steps to support it as well.

273
00:50:43.920 --> 00:50:50.340
Mark Salzer: We also talk about the peers establishing relationship with communities of faith as well and

274
00:50:51.390 --> 00:51:01.620
Mark Salzer: discussing how with faith communities, how they can be more welcoming and embracing of people who experienced mental health issues into their congregations.

275
00:51:01.950 --> 00:51:14.670
Mark Salzer: On possibly getting talks to faith communities about what faith and spirituality has meant to them in order to help those congregations become more welcoming and embracing as well.

276

00:51:15.330 --> 00:51:27.960
Mark Salzer: Looking for opportunities for people to connect to faith communities beyond attendance at services or religious events is also another role that peer specialist can play and then

277
00:51:28.380 --> 00:51:42.630
Mark Salzer: Overall just working with your agency or program to to talk about religion and spirituality, probably even more than they do now could be a potential role that peer specialist could play as well.

278
00:51:43.080 --> 00:52:02.130
Mark Salzer: That's somewhat of an advocacy role within programs and agencies peers, possibly more than other non peer providers understand the importance of faith in recovery and it might be an important role for them to serve as advocates as well within their organizations. Next slide.

279
00:52:03.960 --> 00:52:10.290
Mark Salzer: So a lot of work that our center has been doing has actually not been within the provider community.

280
00:52:10.740 --> 00:52:21.420
Mark Salzer: Or with peers. We've been doing a lot of work with clergy and faith communities themselves in order to promote inclusion of individuals with mental health issues. The reason for this is

281
00:52:21.810 --> 00:52:28.830
Mark Salzer: We take what's called a social model of disability perspective where I'm where we've identified that

282
00:52:29.670 --> 00:52:41.670
Mark Salzer: While there are a lot of people who experience mental health issues, who are interested in being engaged in faith communities that the faith communities are not always welcoming and embracing and that this might be one of the reasons why people

283
00:52:41.910 --> 00:52:48.300
Mark Salzer: Are not as involved or as engaged as they would like to be prejudice and discrimination is

284
00:52:48.750 --> 00:53:03.120
Mark Salzer: Probably as strong and faith communities as it is in the

general population. And I will say it's a very powerful in the general population as well. And it's something we need to we need to address. Next slide.

285
00:53:04.800 --> 00:53:16.620
Mark Salzer: So there have been a number of activities that have gone on over the last decade or so about promoting inclusion of all individuals who experienced disabilities and faith communities. This has been an area that

286
00:53:17.400 --> 00:53:32.460
Mark Salzer: faith communities have been interested in for a little while, how to support people who experience physical impairment sensory impairment hearing impairments visual impairments cognitive impairment

287
00:53:33.930 --> 00:53:40.470
Mark Salzer: And more recently, autism as well. People who experienced a developmental disabilities.

288
00:53:41.130 --> 00:53:48.810
Mark Salzer: So there's been a lot of interest. And there's been a lot of work about how to promote inclusion of individuals with differences.

289
00:53:49.740 --> 00:53:56.190
Mark Salzer: In faith communities. So some of the strategies and you see the references here. And again, you'll be able to

290
00:53:56.700 --> 00:54:06.090
Mark Salzer: You'll get the PowerPoint and be able to access some of these resources, but there's been a lot of conversation and discussion about addressing the attitudinal barriers.

291
00:54:06.600 --> 00:54:12.030
Mark Salzer: This basically is prejudice and discrimination about people who experience disabilities.

292
00:54:12.750 --> 00:54:33.990
Mark Salzer: There are some congregations that are very that have historically been concerned about people with physical disabilities participating in their services or in their congregation or or a

sensory disabilities and obviously there's a lot of concern still about people with

293
00:54:35.040 --> 00:54:39.030
Mark Salzer: psychiatric disabilities as well, actually. Could you go back one slide and

294
00:54:41.430 --> 00:54:53.910
Mark Salzer: There's also programmatic barriers that have been addressed. And there's also some great information that we've been sharing with faith leaders from a great study that was done in two and published in 2012

295
00:54:54.390 --> 00:55:01.560
Mark Salzer: That it's really important to have faith leaders who are committed to inclusion and this is inclusion, broadly speaking,

296
00:55:02.100 --> 00:55:13.440
Mark Salzer: That are involved in educational activities for their congregations and themselves around inclusion of everyone who experiences disabilities on people with disabilities or impairments.

297
00:55:13.860 --> 00:55:20.550
Mark Salzer: Need to be discussed in positive ways. And this has not always been the case. Historically, in some faith communities.

298
00:55:20.880 --> 00:55:32.310
Mark Salzer: On having a faith communities that had strong ties with disability organizations and I would say with behavioral horde organizations have well have tended to be more inclusive.

299
00:55:33.000 --> 00:55:44.280
Mark Salzer: Of people who experienced those issues and faith communities that have a stronger orientation toward promoting social justice, have also been more inclusive as well. And I didn't say this at the beginning of

300
00:55:44.610 --> 00:55:58.800
Mark Salzer: My part of this webinar but inclusion as a social justice issue. This is an issue related to oppression that people have experience and it's something that we need to be addressing through

301
00:55:59.310 --> 00:56:11.040
Mark Salzer: Laws and paying attention to human rights, but also our practices and efforts to ensure that people have the opportunity to participate in the community like everyone else. Next slide.

302
00:56:13.500 --> 00:56:28.710
Mark Salzer: So there are some other steps. The congregation's can take learn more about the importance of inclusion as an aspect of celebrating diversity, broadly speaking in congregations. That's one strategy that people have taken addressing

303
00:56:29.340 --> 00:56:38.850
Mark Salzer: prejudice and discrimination that they have learning more about groups that have traditionally been marginalized, including being marginalized in faith communities.

304
00:56:39.420 --> 00:56:50.970
Mark Salzer: Is important to address negative attitudes and beliefs, people might have really reaching out to marginalized populations, including the disability population.

305
00:56:51.720 --> 00:57:06.240
Mark Salzer: And people with mental health issues is also important. And again, having an orientation that is more welcoming and accommodating and embracing difference, rather than seeing a difference or impairments as a hassle as

306
00:57:06.660 --> 00:57:17.460
Mark Salzer: Something you don't want to have to deal with as something ugly that you don't want to see when you're in a particular service or other type of activity. Next slide.

307
00:57:19.740 --> 00:57:25.410
Mark Salzer: So some general sample examples that faith communities have been involved with. And again, I'm talking here about

308
00:57:25.860 --> 00:57:32.280
Mark Salzer: Promotion promoting inclusion of all people who experienced disabilities including people with mental health issues.

309
00:57:32.550 --> 00:57:39.570

Mark Salzer: But it's really important for congregations to make it known that they're welcoming and embracing to people who experienced differences.

310
00:57:40.170 --> 00:57:49.650
Mark Salzer: And to make it known that there are an inclusive community for all people again. Many people, including those with lived experience of mental health issues have

311
00:57:50.100 --> 00:57:59.070
Mark Salzer: Not had good experiences in faith communities. And so for some of them, they might be interested in coming back.

312
00:57:59.520 --> 00:58:08.070
Mark Salzer: But they are unsure or unwilling to be hurt again. So it's really important for congregational messages on websites on newsletters.

313
00:58:08.280 --> 00:58:17.610
Mark Salzer: To say we welcome we're inclusive of all people and just specifically mentioned that don't there inclusive of people who experienced disabilities as well.

314
00:58:17.940 --> 00:58:28.740
Mark Salzer: Religious leaders making frequent statements about include inclusion this link to theology is incredibly important as well to talk about disability and impairment as part of

315
00:58:29.580 --> 00:58:42.420
Mark Salzer: Theology is critically important for lay leadership to also be involved in promoting inclusion as a priority to develop work groups around these issues is incredibly important.

316
00:58:42.990 --> 00:58:49.470
Mark Salzer: This is something that our centers been actively involved with in helping different faith communities. And I mentioned synagogues here.

317
00:58:49.770 --> 00:58:57.270
Mark Salzer: But help them establish these work groups to talk through how they can be become a more welcoming and embracing environment.

318
00:58:57.570 --> 00:59:13.740
Mark Salzer: And then really encouraging a frequent come conversations among congregants about inclusion and including fears of inclusion and one of those fears is a fears of violence, especially people with lived experience. Next slide. And

319
00:59:16.020 --> 00:59:25.650
Mark Salzer: This is just an example of the type of messaging, that's really important for people to to have out there really welcoming those

320
00:59:27.300 --> 00:59:41.130
Mark Salzer: People who may have been on welcomed in the past and faith communities, but this particular welcome message also includes messages about welcoming people who experienced disabilities as well. Next slide.

321
00:59:42.990 --> 00:59:48.900
Mark Salzer: Um, and then another strategy again general strategy, the faith communities can take as well.

322
00:59:49.590 --> 01:00:00.480
Mark Salzer: This was a campaign around creating accessible congregations. It's called the accessible congregation campaign. And basically, the idea was to

323
01:00:01.050 --> 01:00:12.300
Mark Salzer: Really publicize and all messaging why the particular congregation is welcoming and embracing of people with disabilities and talking about

324
01:00:12.990 --> 01:00:27.030
Mark Salzer: Talking about this from a liturgical standpoint or a theological standpoint as well as a rights and social justice standpoint as well so you can check out this resource. I think it's easily available on the Internet. Next slide.

325
01:00:29.160 --> 01:00:41.970
Mark Salzer: So I mentioned before that one of the major barriers that we're hearing and that many of you may have experienced as you've interacted with faith communities is, unfortunately, just like the general population.

326
01:00:43.320 --> 01:00:56.100
Mark Salzer: Leadership faith leadership and congregants on seem to have a similar attitudes and beliefs. This is my anecdotal observations as the general population.

327
01:00:57.090 --> 01:01:09.240
Mark Salzer: About people with lived experience people with mental health issues and this is concerning I've heard of faith communities talking about their need to do things to protect their children.

328
01:01:09.840 --> 01:01:21.570
Mark Salzer: From people with mental health issues, which is always disconcerting. When I hear these kinds of things. So obviously it's important for us as a behavioral health community to reach out

329
01:01:22.020 --> 01:01:32.550
Mark Salzer: To the faith community and share the information, not just in May, May as mental health month, not just in October, but all the time.

330
01:01:33.120 --> 01:01:37.650
Mark Salzer: Because unfortunately what we're doing right now is not having enough of an impact.

331
01:01:38.250 --> 01:01:47.010
Mark Salzer: And share the information about prejudice and discrimination and really counter some of the myths that people have talked about the fact that

332
01:01:47.970 --> 01:01:53.970
Mark Salzer: People are, in general, no more violent than the general population that's critically important.

333
01:01:54.420 --> 01:02:02.670
Mark Salzer: People with lived experience are no more likely to be involved in gun violence than the general population. And in fact, the connection between

334
01:02:03.300 --> 01:02:12.420
Mark Salzer: Mental health and violence is that people with lived

experience are much more likely to be the victims of violence and abuse than the general population.

335
01:02:12.780 --> 01:02:21.030
Mark Salzer: And people experience what a colleague and I call verbal violence. There are threatened. They're called names horrible.

336
01:02:21.690 --> 01:02:40.080
Mark Salzer: Things people are hearing. So it's really important for us to continue to get the message out to the broader faith community. So there they can become more welcoming and embracing but one shot trainings one shot presentations is probably not going to do it. It's going to take

337
01:02:41.130 --> 01:02:52.620
Mark Salzer: Long term conversations communications supporting clergy and talking about these things, it's going to take a lot of effort to address these things. Next slide.

338
01:02:55.830 --> 01:03:03.600
Mark Salzer: So some specific strategies that are being used in faith communities to become more welcoming and embracing

339
01:03:04.200 --> 01:03:11.370
Mark Salzer: There is a big movement around mental health first aid training and I think SAMHSA has been a supporter of this in the past.

340
01:03:11.760 --> 01:03:22.140
Mark Salzer: To support congregations in becoming more comfortable with mental health issues, talking about mental health issues and and responding. If somebody

341
01:03:23.010 --> 01:03:31.830
Mark Salzer: Might be in distress related to mental health issues. That is all. This is often one of the basic first request that faith communities.

342
01:03:32.670 --> 01:03:39.570
Mark Salzer: Asked for and we certainly think that this is a this is important. It's a way of starting the conversation.

343

01:03:40.350 --> 01:03:51.420
Mark Salzer: I'm somewhat uncomfortable with keeping the conversation about symptoms and impairment and really want to talk about the benefits to the congregation about inclusion of people

344
01:03:51.840 --> 01:03:57.990
Mark Salzer: Who experienced mental health issues in congregations are including them even more because they're already present

345
01:03:59.160 --> 01:04:17.010
Mark Salzer: But Mental Health First Aid is certainly one approach. I mentioned different strategies for addressing prejudice and discrimination, having conversations, having speakers bureaus Denver actually with their mental health system in the, the city of Denver. They have a great

346
01:04:18.270 --> 01:04:25.320
Mark Salzer: Dialogue and conversations between mental health community and the faith community where they're really trying to address these kinds of things.

347
01:04:25.710 --> 01:04:37.170
Mark Salzer: I'm supporting faith congregations and being engaged with consumer and family advocacy organizations is critically important that outreach and conversation is is important.

348
01:04:38.160 --> 01:04:44.880
Mark Salzer: And again connections with the mental health systems and agencies and really doing some work to understand that.

349
01:04:45.330 --> 01:04:52.590
Mark Salzer: Not only does this issue affect the, the person themselves the person themselves with lived experience.

350
01:04:52.950 --> 01:04:57.240
Mark Salzer: But that on the exclusion of people with mental health issues.

351
01:04:57.540 --> 01:05:07.200
Mark Salzer: Also leaves many family members feeling excluded as well. I've talked to many family members who say that they do not go to their congregation anymore.

352
01:05:07.470 --> 01:05:19.260
Mark Salzer: Because they don't feel welcome, because their loved one is not welcomed and it's really important for us to also think about this from a family perspective as well. Next slide.

353
01:05:20.670 --> 01:05:29.790
Mark Salzer: So I just have a couple more slides and then we're going to open it up, both to the Q AMP. A and in the chat as well for your questions and comments and

354
01:05:30.180 --> 01:05:43.170
Mark Salzer: There's again some good stuff going on. And in the chat. Um, I wanted to just specifically mentioned some other strategies that can be taken to especially promote these natural supports within

355
01:05:43.860 --> 01:05:56.400
Mark Salzer: To support participation and faith community. And again, most of this is based on conversations we've had with people where they feel like they don't know anybody in the congregation, they're worried about how they'll be treated.

356
01:05:57.210 --> 01:06:04.020
Mark Salzer: And congregations actually have developed what they call befrienders ministries. This is one example.

357
01:06:04.320 --> 01:06:17.880
Mark Salzer: Of developing natural supports within the faith community to really welcome all new members to that community. So really encouraging congregations to maybe take this approach and they'll serve as a resource.

358
01:06:18.360 --> 01:06:30.540
Mark Salzer: And a support for people with lived experience who might come to the congregation. Again, it doesn't require disclosure of having a mental health issue as well. We are not big supporters of that.

359
01:06:31.200 --> 01:06:42.930
Mark Salzer: But creating a just a typical befrienders ministry for anyone coming to the congregation, so they feel welcomed and embraced on. So next, next slide.

360
01:06:44.730 --> 01:06:52.140
Mark Salzer: Some other strategies that I'm that we also promote within the faith community, but also outside as well is

361
01:06:52.590 --> 01:07:03.480
Mark Salzer: Is to pursue some other types of programs or initiatives for developing natural supports it again natural supports are unpaid people that could be family members neighbors.

362
01:07:03.960 --> 01:07:23.940
Mark Salzer: congregants in a particular congregation. They could be distant cousins. They could be anybody and really developing strategies to to connect individuals with these natural supporters. And here are a couple different strategies. I'll talk about the compere program.

363
01:07:25.740 --> 01:07:33.300
Mark Salzer: As one example computer is a program that started many years ago in Rochester, New York, it basically connects people

364
01:07:33.570 --> 01:07:49.080
Mark Salzer: On an individual with lived experience with another individual from the community and they get to know each other and develop a relationship. It's not a mentoring program. It's not the natural supporter, the community person helping

365
01:07:50.070 --> 01:07:58.830
Mark Salzer: The individual with mental health issues they support one another. And we've been promoting this type of compere like an initiative.

366
01:07:59.160 --> 01:08:11.760
Mark Salzer: Within faith communities where they can support a congregant a member of a particular congregation, who's available to be a supporter of anybody

367
01:08:12.300 --> 01:08:27.480
Mark Salzer: Could be a person with lived experience or really anybody and help them feel more comfortable and welcomed in the in that particular congregation. So these are some strategies, you might want to take a look at. Next slide.

368
01:08:28.650 --> 01:08:41.760
Mark Salzer: And obviously I mentioned some of the befrienders ministry. There's also an approach called family helpers. So this is really moving from that compare model, which is a one to one model to

369
01:08:42.120 --> 01:08:51.060
Mark Salzer: More of a model where families in a congregation are supporting the one another in engagement in the faith community.

370
01:08:51.510 --> 01:09:04.800
Mark Salzer: So this is another type of approach that could be used as well. Circles of Support is where a group of individuals agree to support and somebody who'd like to be more active in a faith community.

371
01:09:05.760 --> 01:09:16.950
Mark Salzer: It's run or yeah it's run by the person with lived experience they choose who's in their circle. They choose what the goal of the circle is so I want to

372
01:09:17.580 --> 01:09:28.080
Mark Salzer: Go to a church, synagogue or mosque more often and the, the members of the circle agree to support that individual in

373
01:09:28.620 --> 01:09:38.760
Mark Salzer: In engaging in that activity as much as they would like. So one person might be available to all. I'll give you arrived, the other person might

374
01:09:39.690 --> 01:09:50.280
Mark Salzer: You know, call them up to remind them that there's something going on that they might want to attend that day each person takes a different role to support that individual.

375
01:09:51.000 --> 01:10:00.690
Mark Salzer: In achieving the goal that they've identified behavioral contracting is the idea that some individuals have

376
01:10:01.560 --> 01:10:08.010
Mark Salzer: Have experienced some challenges during services where

they've engaged in behaviors that

377
01:10:08.550 --> 01:10:21.690
Mark Salzer: The rest of the congregation and the leadership of that a faith community. Find a distracting or not conducive to the service or the activity that they're involved with and

378
01:10:22.140 --> 01:10:33.060
Mark Salzer: This is a strategy that we've encouraged faith communities to use instead of just kicking that person out and saying, you can no longer. Come, come back, having a conversation with the person

379
01:10:33.600 --> 01:10:42.270
Mark Salzer: To talk about what's happened and how they can develop a plan for how to deal with this situation if it happens in the future.

380
01:10:42.690 --> 01:10:52.470
Mark Salzer: So that's what behavioral contracting is about. And I'd be happy to talk with you more about that. Next slide. Um, and I think this might be

381
01:10:53.040 --> 01:11:03.240
Mark Salzer: My last slide, but, um, these are. Oh, it's not my last slide. These are just some additional conversations that

382
01:11:04.020 --> 01:11:20.010
Mark Salzer: That particular faith community in Lancaster, Pennsylvania has been talking about, again, mostly having conversations about being welcoming and embracing of people with Lyft experience on how to overcome resistance that people may have

383
01:11:20.490 --> 01:11:31.050
Mark Salzer: They've talked about making their services available online. And this is interesting. Given the recent covert experience that we're all going through

384
01:11:31.440 --> 01:11:41.700
Mark Salzer: On for a long time, or we know that many people aren't participating because transportations an issue or they're having. It's, it's hard to get out of bed to make it to

385
01:11:42.150 --> 01:11:50.250
Mark Salzer: Service in the morning or in the evening and we've really been encouraging congregations to make services available online.

386
01:11:50.820 --> 01:12:01.980
Mark Salzer: To increase access to many people, including those people who may have challenges because of mental health issues. And for a long time. We heard that this was not possible.

387
01:12:02.670 --> 01:12:15.300
Mark Salzer: That this would undermine their mission and what they're about, or even their, their spirituality, but thankfully almost every congregation. I know has gone online during

388
01:12:16.860 --> 01:12:25.500
Mark Salzer: During this pandemic and found that it's not completely horrible, and I hope that most most keep it going. Next slide.

389
01:12:27.630 --> 01:12:30.300
Mark Salzer: Um, so I'm just going to go through these.

390
01:12:31.650 --> 01:12:42.720
Mark Salzer: Very briefly, I mentioned the creating alternative settings using video cameras are other ways for people to participate as being one strategy for promoting inclusion.

391
01:12:43.410 --> 01:13:01.170
Mark Salzer: If somebody if there's a challenge during the middle of a service or an event. In fact, a service or event was online or made available. The person could watch it out in the lobby or in another room or something like that.

392
01:13:02.400 --> 01:13:12.720
Mark Salzer: Somebody said correction to therapeutic. I'll have to look at that. There's also a bait mid Rosh in Jerusalem. This is a place where on more

393
01:13:13.440 --> 01:13:33.750
Mark Salzer: Orthodox Jews in this case study Torah, which is one of the most important things in the Jewish religion to do and what's happened because many individuals were not welcomed in individuals

with lived experience. We're not welcomed in typical bait mid rushes they developed

394
01:13:35.040 --> 01:13:55.800
Mark Salzer: A bait mid rush that was welcoming for anyone, including individuals with mental health issues with different behaviors and ways of thinking and communicating. So this was one way of creating a welcoming environment where they were unwelcome in other environments. And then the last slide.

395
01:13:57.150 --> 01:14:02.010
Mark Salzer: And these are just some other strategies that congregations are using so

396
01:14:03.060 --> 01:14:14.850
Mark Salzer: One is there's a congregation in in Tulsa, Oklahoma, that's developed a bakery that involves people with lived experience and congregational members and they work together in this business.

397
01:14:15.630 --> 01:14:21.990
Mark Salzer: And also in Tulsa. There was a consortium of faith communities that was working together to address homelessness.

398
01:14:22.740 --> 01:14:33.900
Mark Salzer: Especially for people with lived experience as well. Um, so I did notice that there were a number of people there were only a few people, I think, who were a clergy and

399
01:14:34.530 --> 01:14:50.070
Mark Salzer: So I hope that some of this information is of interest for those who aren't for the peer specialist and the other non peer professionals who are on this webinar. I hope that some of these ideas might be useful to you as you

400
01:14:51.660 --> 01:14:59.460
Mark Salzer: Start having more of a dialogue with faith communities and explore ideas for how you can support them, or how they can support.

401
01:15:00.630 --> 01:15:08.940
Mark Salzer: individuals with mental health issues to be more involved. So thank you for your time and I've left a little bit of

time for us to have a conversation

402
01:15:11.670 --> 01:15:24.270
Ann Murphy: Thanks so much, Mark, that was really great. And we have about 15 minutes or so if people have questions. I see there. There's been quite a robust discussion in the chat, which I'm thrilled about

403
01:15:25.290 --> 01:15:33.450
Ann Murphy: And I think some of what's been there is painful things. And so I'm glad that people are having

404
01:15:34.650 --> 01:15:53.910
Ann Murphy: The opportunity to voice those and to also acknowledge that that hasn't necessarily led them to not want to be a part of faith communities, but to work to improve those relationships and those connections. And I also appreciate the support you're offering to each other.

405
01:15:55.470 --> 01:15:59.010
Ann Murphy: I saw as Mark had seen quite a few comments about

406
01:16:00.660 --> 01:16:17.910
Ann Murphy: Not being allowed to provide support around spirituality and religion. And so, and while I don't know all of the billing regulations and all of those sorts of things, I think, with most of these things. There are ways to do them.

407
01:16:19.320 --> 01:16:35.640
Ann Murphy: It's a matter of what you call it, and how you frame it and so I would encourage people to continue to think and speak with their leadership about the information that that Mark has shared about around strategies and some of the information I've provided around

408
01:16:37.140 --> 01:16:42.570
Ann Murphy: You know, the, the, the statistics about the importance of this and the benefits

409
01:16:43.920 --> 01:16:52.020
Ann Murphy: Okay, so let me see. I'm looking in the Q AMP. A please feel free. If you have questions to type them in the chat box or

410

01:16:53.670 --> 01:16:57.750
Ann Murphy: Or in the Q AMP. A. Let me see here.

411
01:17:00.210 --> 01:17:04.920
Ann Murphy: So there's a question and there were a couple comments around 12 step.

412
01:17:06.060 --> 01:17:06.930
Ann Murphy: Approaches

413
01:17:08.370 --> 01:17:20.820
Ann Murphy: And their use in in substance use treatment, although they're certainly used with other things as well. And a question about mandating 12 step participation and whether that could be harmful.

414
01:17:22.560 --> 01:17:31.560
Ann Murphy: I don't know if Mark has any thoughts on those. But you know, I know that 12 step programs are are helpful for many people, and they do try to

415
01:17:33.870 --> 01:17:43.830
Ann Murphy: Utilize a broad conceptualization of a higher power so that it's not requiring faith or religious

416
01:17:45.030 --> 01:17:52.320
Ann Murphy: Association. But I think, I think there's a challenge with mandating anything so

417
01:17:54.540 --> 01:18:04.200
Ann Murphy: So that's my comment as as it sort of tangentially relates to what we're talking about today. I don't know. Mark, if you have anything else you want to say about that as I look at some additional questions.

418
01:18:04.740 --> 01:18:16.590
Mark Salzer: Yeah, no, I, I missed that. In chat, but I would definitely I would agree with that. Also, I do know that some especially more national 12 step oriented groups have

419
01:18:17.550 --> 01:18:30.150
Mark Salzer: Developed language around these issues that that is more

welcoming people from a broad range of faiths and and and or an orientation to spirituality as well, so I'm

420
01:18:30.600 --> 01:18:44.160
Mark Salzer: Not all 12 step groups are the same, even if they're using the same model you've seen one a group, you've seen one a group and matters on the people how they're interpreting things so

421
01:18:45.240 --> 01:18:57.330
Mark Salzer: If that's what you're interested in. And that's an approach. I am a fan a fan of 12 step approaches, but um but yeah there's a whole range for for a lot of different people.

422
01:18:59.130 --> 01:19:03.150
Ann Murphy: Thank you. We had a question or a comment slash question.

423
01:19:04.290 --> 01:19:16.140
Ann Murphy: About I mentioned that utilizing Sam says eight Dimensions of Wellness might be a strategy for for discussing introducing a discussion around spirituality

424
01:19:17.280 --> 01:19:25.980
Ann Murphy: The question is how does one more specifically bring this up and there's a suggestion that self care might be another way to

425
01:19:27.060 --> 01:19:36.600
Ann Murphy: Get at a question around spirituality and faith practices as it may relate to one self care so i mean i think i think

426
01:19:37.770 --> 01:19:40.290
Ann Murphy: I think there are countless ways that you can

427
01:19:40.800 --> 01:19:55.080
Ann Murphy: initiate a conversation about one's spirituality and religion and Mark mentioned, you know, that all too often it is included in an intake, but then that gets put on the shelf and never addressed again. And so I think

428
01:19:55.710 --> 01:20:09.120
Ann Murphy: Almost. More importantly, then how to initiate a conversation about it is how to maintain a conversation about it

again. If the person is interested. So I think trying to look at ways

429
01:20:10.560 --> 01:20:25.020
Ann Murphy: To incorporate faith and spirituality in one's you know in one's overall interests and goals. Mark talks a lot about different ways to help people engaged in their community and actively participate in that community.

430
01:20:25.590 --> 01:20:38.700
Ann Murphy: And those are often pieces that are connected to what someone's your goals might be whether their goal is to, you know, to work or to be in a relationship or to

431
01:20:40.170 --> 01:20:51.810
Ann Murphy: Buy a house, you know, whatever it might be connecting with those broader communities and being actively engaged in their community with spirituality and religion being one of those

432
01:20:52.740 --> 01:21:07.170
Ann Murphy: I think is, is a way to have it really come to life, not just through kind of naming it in an assessment and identifying that someone's interested in it, but actually sort of infusing it into all the work that you're doing with someone

433
01:21:09.030 --> 01:21:12.300
Ann Murphy: Mark Do if you if you want to add no obligation.

434
01:21:12.840 --> 01:21:25.350
Mark Salzer: No, I thought that was great. Yeah, I was looking at some of the Q AMP. A topics, please. Oh, yeah. Thanks. So a couple of great comments and questions and Q AMP. A as well.

435
01:21:26.010 --> 01:21:37.980
Mark Salzer: So Jennifer road. What can we do as a peer with the mental health lived experience to encourage our church to be involved in more accepting of people with mental illnesses with mental health issues and

436
01:21:38.850 --> 01:21:55.290
Mark Salzer: I mean, that's probably where a lot of people are starting and the first thing I would say is I do want to recognize something Beth put in chat about her experience and talking about her

recovery and the silence, we'd heard and Beth. I also i i hear you and

437
01:21:56.490 --> 01:22:03.870
Mark Salzer: I unfortunately hear this from many people, and there's a lot of discomfort out there and faith communities and outside and

438
01:22:04.950 --> 01:22:14.670
Mark Salzer: And I think it's, it's very difficult and challenging there. There are lots of people who are rightly concerned about disclosure in there, even in their faith communities.

439
01:22:15.060 --> 01:22:26.010
Mark Salzer: On I think I'm finding allies is really important and starting to have these types of conversations, hopefully with a committed group of individuals.

440
01:22:26.400 --> 01:22:41.820
Mark Salzer: Is a one way to do it on. I know some people have worked with their clergy and sometimes clergy also have experienced their own lived experience and more and more clergy are talking about their own lived experience as well.

441
01:22:42.960 --> 01:22:50.430
Mark Salzer: So, possibly going to leadership in your congregation and and talking about

442
01:22:51.030 --> 01:23:00.960
Mark Salzer: Asking about ways that the congregation can talk more about these issues and be more welcoming and embracing, but it is tough. It'll take a while.

443
01:23:01.380 --> 01:23:10.800
Mark Salzer: The again the the prejudice and discrimination, the perspectives are very well ingrained in the faith community as much as it is in the general population.

444
01:23:11.250 --> 01:23:20.220
Mark Salzer: On related to that actually is. There was a question about whether there's an assessment tool, one can use to get a feel about how congregants

445

01:23:20.580 --> 01:23:30.360
Mark Salzer: Or if you have a program to get about I imagine how congregants on. Think about where they're at in terms of supporting

446
01:23:30.810 --> 01:23:38.580
Mark Salzer: Um, I imagine being welcoming and embracing or attitudes and beliefs about mental health issues if I'm reading that correctly and

447
01:23:39.120 --> 01:23:48.000
Mark Salzer: I actually do. I do like the thought of one way of starting a conversation in a congregation is to use one of the many

448
01:23:48.570 --> 01:23:57.030
Mark Salzer: Measures that are out there about prejudice and discrimination related to mental health issues and

449
01:23:57.810 --> 01:24:06.870
Mark Salzer: Seeing if the congregation is willing to do a survey of the congregation on these issues to see where the congregation is that and

450
01:24:07.410 --> 01:24:15.810
Mark Salzer: I'm a big fan of it because unfortunately I suspect that will see some things that some people might not be so happy about.

451
01:24:16.410 --> 01:24:28.200
Mark Salzer: But that'll be a great way to start a conversation or if everybody says great things. Maybe it's a good way to start a conversation about what what what we can do, then, to put these attitudes and beliefs.

452
01:24:28.620 --> 01:24:37.230
Mark Salzer: Into action to really more actively support and welcome people with mental health issues. So those are two topics. And I don't know if you have any thoughts on those

453
01:24:38.040 --> 01:24:44.610
Ann Murphy: No, I think that was good. I, I see, I see a push in the Q AMP. A to address.

454

01:24:46.140 --> 01:24:53.130
Ann Murphy: To address a question that someone else asked, so about about Medicaid and

455
01:24:54.210 --> 01:25:07.500
Ann Murphy: Can you expound on what Medicaid allows as far as including spirituality religion in our programs. I have to admit that I do not have expertise in that area. And so I'm I'm reticent to

456
01:25:08.040 --> 01:25:18.390
Ann Murphy: To offer too many suggestions Medicaid is also very stable state to state and what it, what it will cover. There was a comment.

457
01:25:19.110 --> 01:25:32.130
Ann Murphy: I didn't note, who made it, but someone from Illinois. That was talking about. They have a fairly simple, structured way of including spirituality as part of self determination and

458
01:25:32.640 --> 01:25:45.300
Ann Murphy: Self definition of goals and an aspect of wellness that allows it to be covered within Medicaid, I don't know, Mark. If you have any additional information about that.

459
01:25:46.440 --> 01:25:54.990
Mark Salzer: Yeah, I'm so I don't have, you know, first of all, Medicaid language as Dan mentioned is different in different states, but the the general

460
01:25:55.770 --> 01:26:08.340
Mark Salzer: The issue is what do we mean about talking about faith and spirituality. Right. So no, I've not seen any Medicaid guidelines or say you can't talk about faith and spirituality

461
01:26:08.760 --> 01:26:18.090
Mark Salzer: Um, so I would really question. Those of you who are hearing that this is actually a pretty old myth that's been out there for a long, long time.

462
01:26:18.570 --> 01:26:30.480
Mark Salzer: Um, but we can't proselytize we can't say you need to do this or if you don't find this there are definitely issues there. That's probably more of a legal liability issue.

463
01:26:31.440 --> 01:26:36.570
Mark Salzer: Rather than a Medicaid funding issue, I would encourage those of you who are running into this

464
01:26:36.960 --> 01:26:49.830
Mark Salzer: To to do surveys to look up information that's available online to try to identify this language that people are mentioning or asking them what this languages.

465
01:26:50.520 --> 01:26:59.670
Mark Salzer: And and also be very clear about how you want to talk about spirituality and faith on what I would say is, um, there is a

466
01:27:00.120 --> 01:27:10.350
Mark Salzer: Pretty strong movement in every healthcare discipline around doing a better job of including faith and spirituality in their

467
01:27:11.190 --> 01:27:23.580
Mark Salzer: In their conversations with patients clients consumers. So that leads me to believe that it's absolutely not the case that you can't talk about this in healthcare.

468
01:27:24.090 --> 01:27:31.830
Mark Salzer: Because every discipline. I know of has a policy or is developing something. And so, so take a look at it.

469
01:27:32.610 --> 01:27:49.440
Mark Salzer: There are experts. Actually, there are have been presentations conversations about this, but I know the bottom line is, it matters on what you're talking about. But in general, sure you can talk about faith and support people's faith and spirituality. I would go even that far.

470
01:27:51.000 --> 01:27:57.060
Ann Murphy: Thanks, Mark. And there's some other we're just oh that we're really just about out of time. You know there's there's

471
01:27:57.690 --> 01:28:12.870
Ann Murphy: Something in the chat and there's a question, too, about, you know, if your client is is presenting or holds different beliefs.

And I think the thing to remember, there is that this is really about the person you're working with, and you're supporting and what's important to them.

472
01:28:14.160 --> 01:28:28.410
Ann Murphy: So just like we do with most things in working with other individuals. It's not about our personal belief systems, our values. It's about their beliefs, their values, what's important to them, their goals. And I think as long as we stay grounded in that

473
01:28:28.800 --> 01:28:45.690
Ann Murphy: And make sure to focus on them, you know, we reduce conflict, you know, a concern around any conflict because we're they were were with them. We're walking with them and supporting them and it's not really about us. So I think trying to approach it, you know.

474
01:28:47.220 --> 01:28:56.100
Ann Murphy: Quite, quite simply, as a person centered approach will help you to stay focused on what's important to the individual.

475
01:28:58.200 --> 01:29:08.970
Ann Murphy: We are just at the end of our time here. So thank you all for the the active participation, the very many interesting and helpful questions and

476
01:29:10.020 --> 01:29:19.920
Ann Murphy: The support and and conversation that you all have had with each other. It's been wonderful to to get to just see it out of the corner of my eye as it speeds by

477
01:29:20.760 --> 01:29:33.600
Ann Murphy: As was mentioned at the beginning, we do ask that you complete a survey, you'll receive a link to the survey in your email so you don't have to worry about the QR code here, but it's there. If you'd like to

478
01:29:34.530 --> 01:29:44.700
Ann Murphy: Use it, and in the slides. You'll receive our contact information, as well as all of the references and we'll also send out to you links to the tools that

479
01:29:45.060 --> 01:29:56.670

Ann Murphy: Mark was was referring to in his slides. So you have easy access to them on his site. So I want to thank Dr souls or again for his willingness to participate in this. I really appreciate

480
01:29:57.240 --> 01:30:04.020
Ann Murphy: Both his participation and all of the incredible work that he and his center. Do not only around

481
01:30:04.770 --> 01:30:20.970
Ann Murphy: Inclusion around spirituality and religion, but all of the all of the inclusion and participation work that you've done over the years. Thank you very much. And thank you to everyone who's attended and participated be well and thank you again.