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Role of Religion and Spirituality in Recovery from Serious Mental Illnesses

Ann Murphy, PhD, CPRP

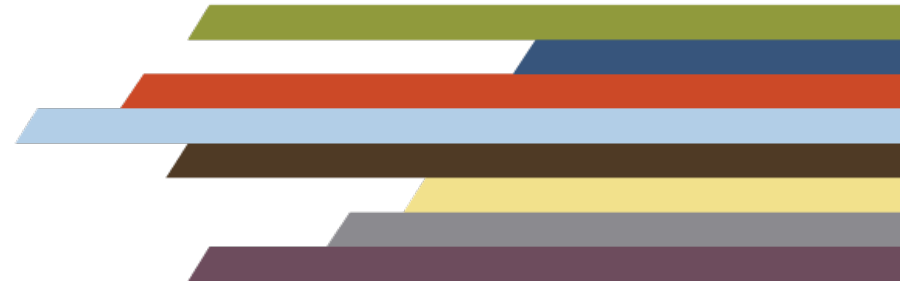
Rutgers, School of Health Professions

Co-Director Northeast & Caribbean MHTTC

Mark S. Salzer, Ph.D.

Professor of Social and Behavioral Sciences, Temple University

Director, Temple University Collaborative on Community Inclusion



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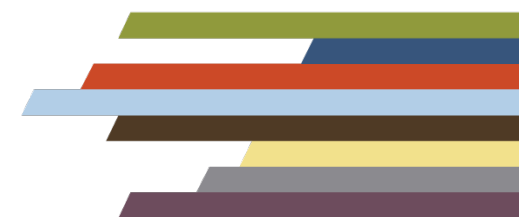
- Provides 5 years (2018 – 2023) of funding to:
 - Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses
 - Address full continuum of services spanning mental illness prevention, treatment, and recovery supports
 - Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses
- Supplemental funding to work with school teachers and staff to address student mental health



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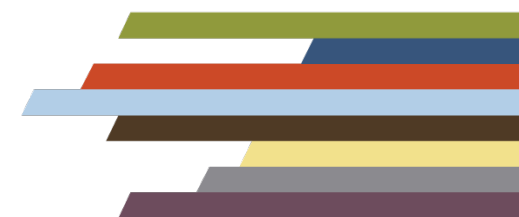
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Feedback

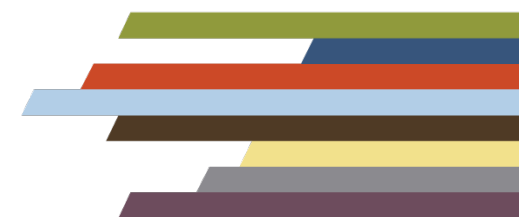
- Our funding comes from the Substance Abuse and Mental Health Services Administration (SAMHSA), which requires us to evaluate our services. We appreciate your honest, ANONYMOUS feedback about this event, which will provide information to SAMHSA, AND assist us in planning future meetings and programs. Feedback about this training will assist us in developing trainings that are relevant to your current professional needs. **Therefore, your feedback counts!**



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Video Recording Information

- Please note that we will be recording this webinar and posting it to our website. Any information and input you provide during today's call will be recorded and posted on our website.

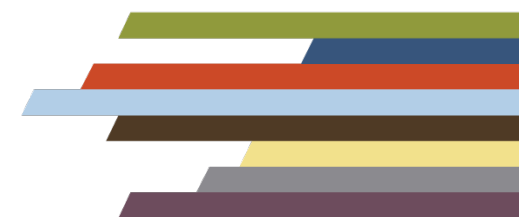
THANKS!



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Your Interactions With Us

- **Question and Answers**

- Q & A will occur at the end of the call.
- Please type your questions in the Q & A feature in Zoom located on the task bar (hover over task bar).

- **Chat and Polls**

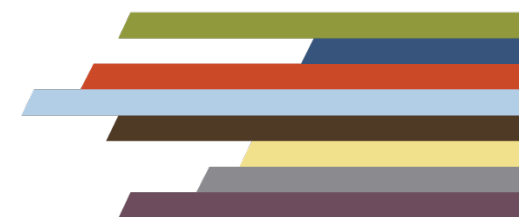
- Throughout the webinar, we will be asking for your input.
- Please use the Chat or Poll features in Zoom located on the task bar.



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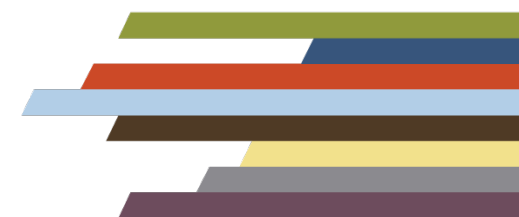
This presentation will be recorded and posted on our website. At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



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Today's Presenters

Ann Murphy, Ph.D., CPRP



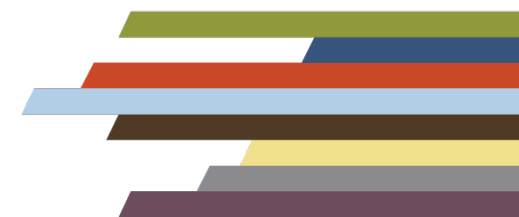
Mark Salzer, Ph.D.



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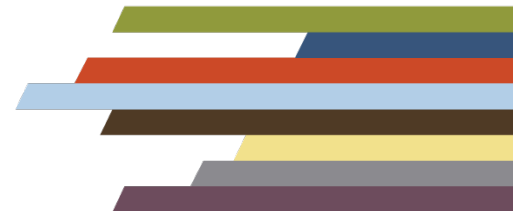
Who's with us today?



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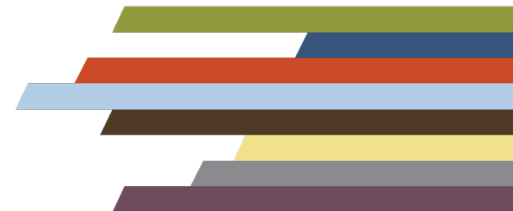
“After living with a psychiatric illness for the last 17 years, I feel that I now know who I am, where I am going, and who I have become... During this long journey, spirituality has given me the resilience and the capacity to bear and live with personal pain, to accept difficulties and to find meaning in my experiences. Prayer has led me to this acceptance in my life and there is not a day that goes by without prayer and a strong spiritual connection with God”
(Mulcahy, 2007).



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R/S is a significant part of life

90% with medical conditions use religious coping



67% in US believe in a god



40+% say religion keeps them going

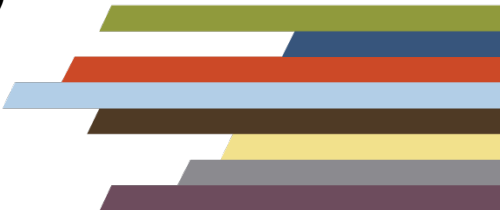
(www.pewforum.org/religious-landscape-study/; Koenig, 2009)



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Poll Question

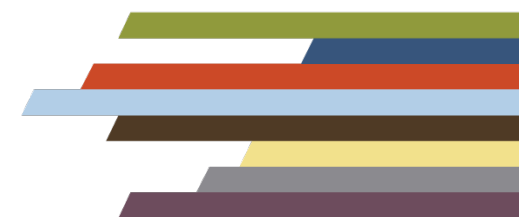
What do you think these percentages look like among people living with psychiatric conditions?



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Yes and possibly more...

- 90% religion has an important role in their lives
- 80% utilize R/S to cope with symptoms of MI
 - $\frac{1}{2}$ of total coping time in religious practices
- Young adults - 62% mentioned R/S in the context of their mental health

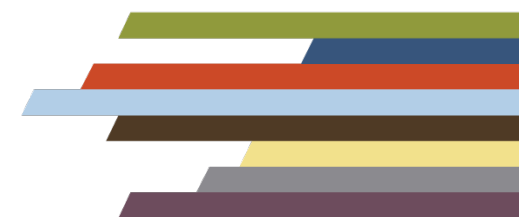
(Corrigan, McCorkle, Schell, & Kidder, 2003; Rosmarin, Bigda-Peyton, Ongur, Pargament, & Bjorgvinsson, 2013; Tepper, Rogers, Coleman, & Malony, 2001; Oxhandler, Narendorf, & Moffatt, 2018)



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Who uses R/S coping?

Moderate or
greater belief in
God

53%

At least some use
of religious coping
strategies

85%

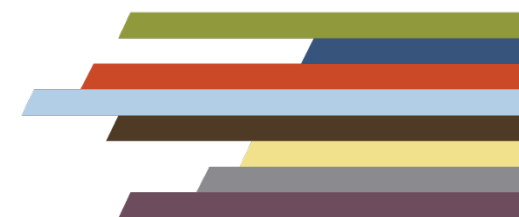
(Rosmarin, Bigda-Peyton, Ongur, Pargament, & Bjorgvinsson, 2013)



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Role in Recovery

Coping

Valued Roles

Meaning
Making

Sense of
Control

Community of
Support

Perseverance

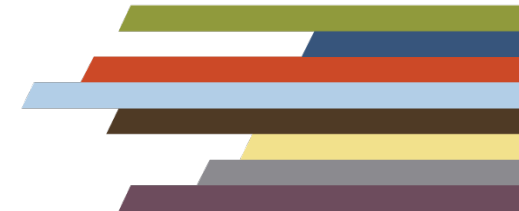
(Milner et al., 2020; Koenig, 2009; Tepper et al., 2001; Pirutinsky et al., 2011; Nolen-Hoeksema, 2000; Russinova, Wewiorski, & Cash, 2002; Armento, McNulty, & Hopko, 2012)



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Different Views

Individuals with Lived Experience

- Source of giving and receiving love and care

Providers

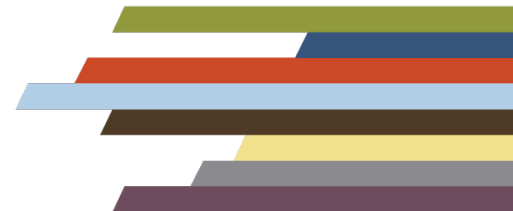
- Means of receiving support and managing symptoms



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Individuals' Concerns, Negative Experiences, Traumas

- Struggles with the divine
 - Anger toward God
 - Feel abandoned by God
 - Feel punished by God
- View as moral or spiritual failures
- Rejection, stigma, discrimination
- Traumas, abuse

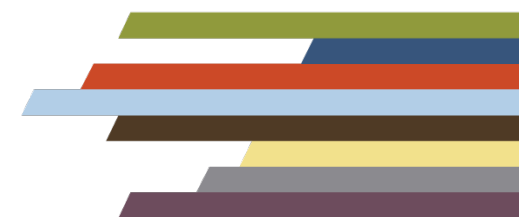
(Exline, 2013; Starnino, 2014; Oxhandler et al., 2018; Pargament, 2001; Agishtein et al., 2013; Rosmarin et al., 2013)



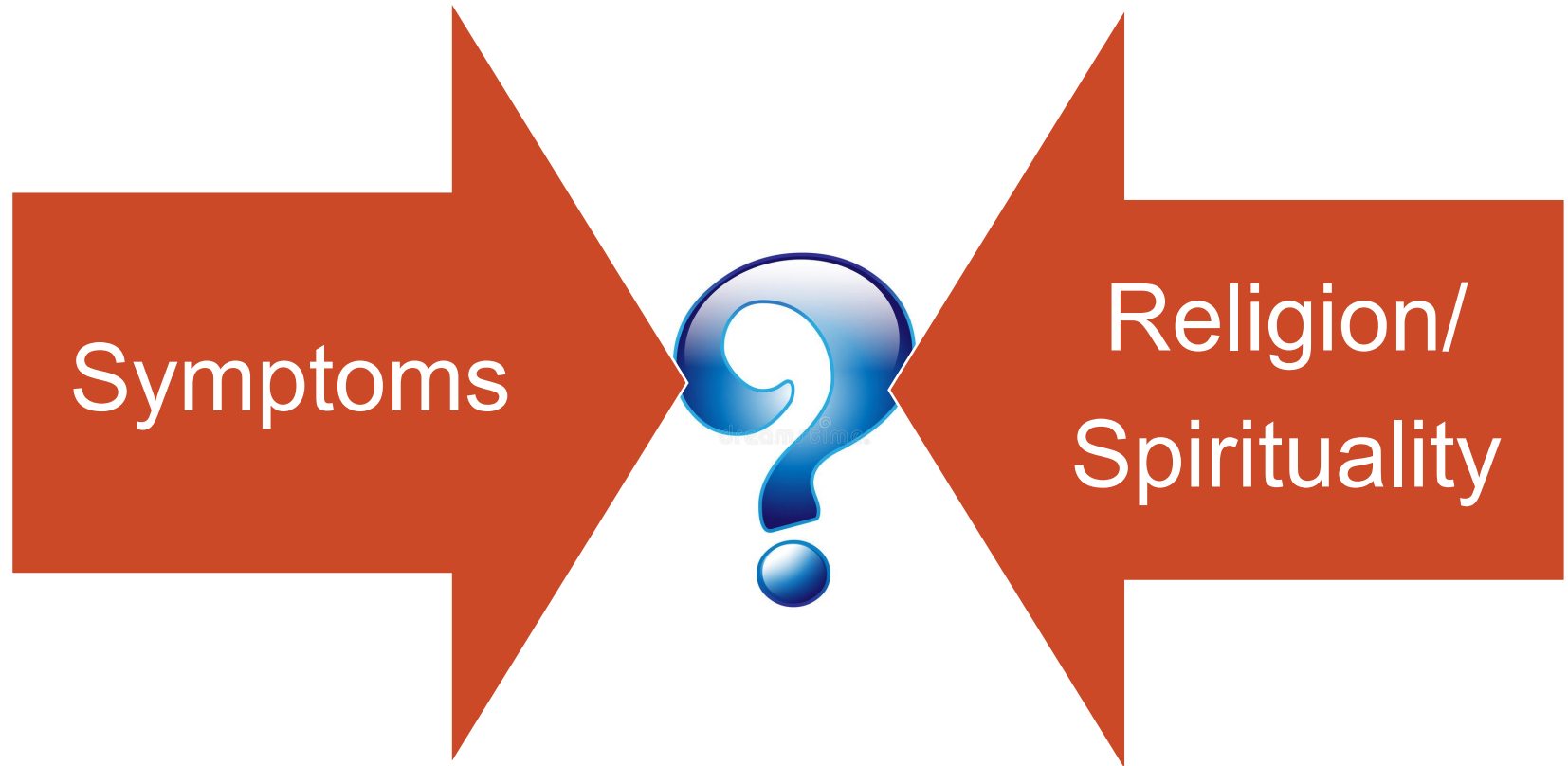
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Clinician Concerns



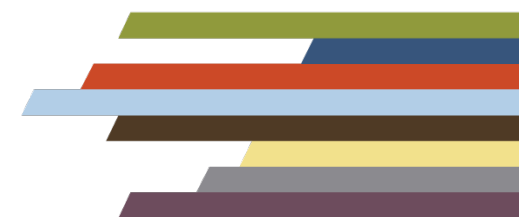
(Gartner, 1996; Schumaker, 1992; Koenig et al., 2001; Mohr et al., 2010)



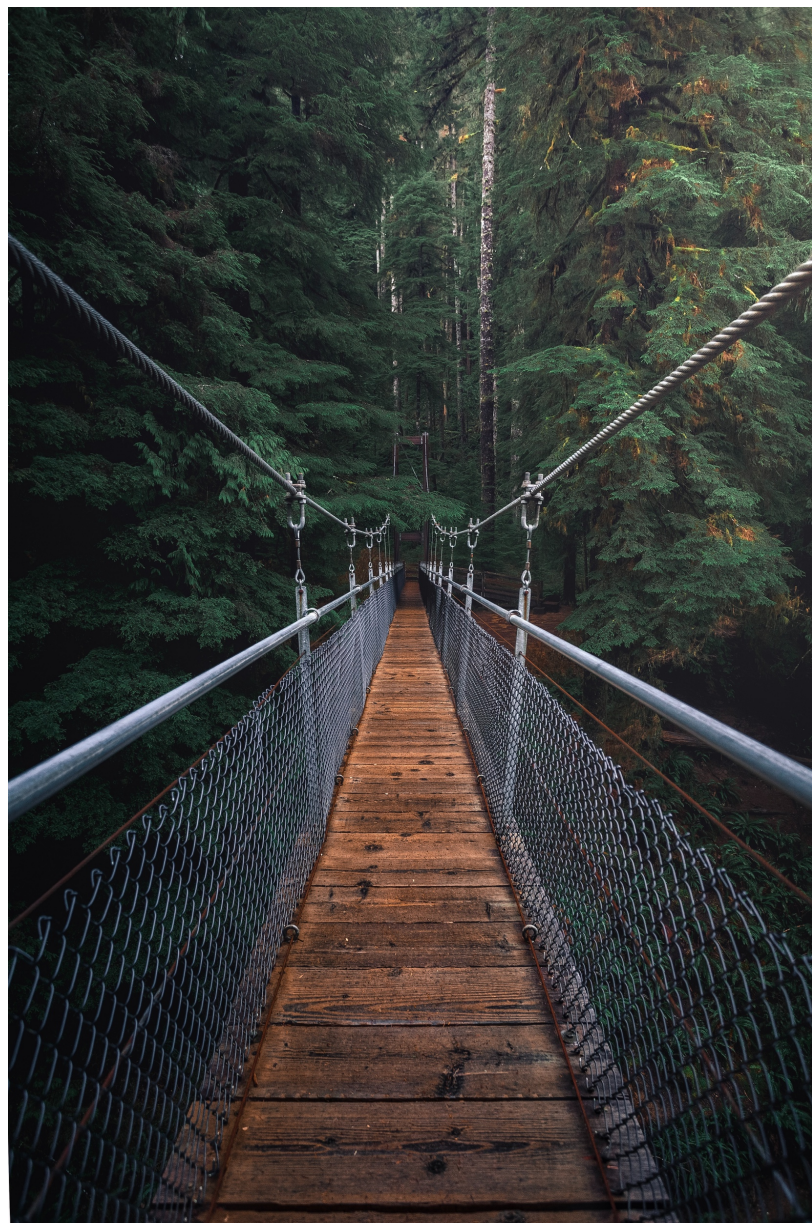
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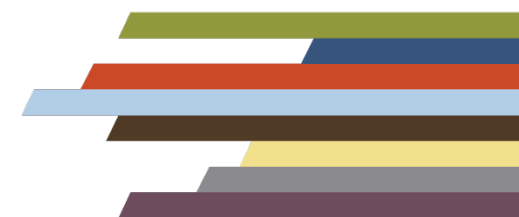
Spirituality Gap



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Supporting Inclusion in Faith Communities

Mark S. Salzer, Ph.D.

**Professor of Social and Behavioral Sciences, Temple University
Director, Temple University Collaborative on Community Inclusion**

For more information about these issues please go to www.tucollaborative.org or send an email to msalzer@temple.edu

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Well Together

A blueprint for community inclusion:
fundamental concepts, theoretical
frameworks and evidence

Prepared for Wellways Australia Limited by Mark S. Salzer and
Richard C. Baron from the Temple University Collaborative on
Community Inclusion of Individuals with Psychiatric Disabilities
(Philadelphia, PA, USA)

WELLWAYS AUSTRALIA



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On Community Inclusion of Individuals with Psychiatric Disabilities

Expanding the Paradigm

Faith communities
addressing the mental
health needs of congregants

And

Promoting participation in
faith communities just like
everyone else, and also
promoting health



THE TEMPLE UNIVERSITY COLLABORATIVE ON
COMMUNITY INCLUSION
of Individuals with Psychiatric Disabilities

Developing Welcoming Faith Communities

Inspiring Examples of Faith-Based Initiatives
to Help Individuals with Mental Health
Conditions Participate Fully in the
Life of Religious Congregations

by **Christa Andrade**

*Technical Assistance Coordinator
National Mental Health
Consumers' Self-Help
Clearinghouse*



<http://tucollaborative.org/wp-content/uploads/2017/04/Developing-Welcoming-Faith-Communities.pdf>



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Provider Strategies for Promoting Inclusion

1. Establish formal connections between faith communities and behavioral health providers for mutual support
2. Individual agencies get connected to faith communities: Engage in Outreach and Promote Inreach
3. Follow-up on questions about faith and develop support plans to assist the person in being more engaged (develop a calendar with reminders, finding the best route to the location, identifying potential groups/supports within the religious/spiritual organization to help sustain participation, among others).
4. Support participation: Enhance natural supports to assist in engaging in faith communities (lack of encouragement, getting to activities, and not knowing anyone are barriers to engagement)
5. Get to know all of the faith resources and activities that are going on in your community and make them know to participants: Religious organizations often times have many groups, events, and activities for enhancing community among its members. Providers can ask about various activities consumer could be involved with at a religious organization.



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Helping People to
Connect to the Religious
Congregations and
Spiritual Groups of
Their Choice



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Peer Support Roles in Supporting
Faith

<http://tucollaborative.org/wp-content/uploads/2017/04/Helping-People-to-Connect-to-the-Religious-Congregations-and-Spiritual-Groups-of-Their-Choice.pdf>



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“Helping People” Findings from Conversations with Peer Specialists and Others

- Finding one: Many reported on the importance of faith to recovery
- Finding two: Peer specialists received messages from others that “it was “safer” and more “prudent” for them to avoid any sort of religious-themed conversations with those they served.” Why?
 - Avoid possibility of having competing religious/spiritual belief systems with participant that could be divisive
 - Do not promote “unhealthy religious ideation”
 - Discussion faith may violate some funding rule
 - Peer specialists may have had their own negative experiences with their own faith and faith communities that they might pass along to peers



Recommendations for Peers (and non-peer providers) in Supporting Engagement in faith Communities

1. Discuss with your supervisor and within your agency the role that you can/should play as a peer specialist in helping the people you serve connect to mainstream religious/spiritual organizations.
2. Discuss with the people you serve their goals for reconnecting to mainstream community religious/spiritual groups. The most important thing is to emphasize that reconnecting with religious groups is entirely their choice.
3. Develop relationships with communities of faith and discuss their attitudes and experiences in welcoming people with mental health conditions into their congregations.
4. Identify a variety of opportunities to help the people you serve to connect to the religious/spiritual groups of their choice. Relying upon family and friends, other peers and yourself, and volunteers from the religious group are all possibilities.
5. Look for opportunities – beyond attendance at services – for the people you work with to participate in the services and social life of faith congregations.
6. Encourage and support your agency in working more productively with the religious and spiritual groups in their community in order to broaden the impact of your work.



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What Can Faith Communities Do to Promote Inclusion of Individuals with Mental Illnesses?



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General Strategies: Inclusion of All People with Disabilities

- Addressing barriers (Carter, 2007), especially
 - Attitudinal barriers include stigmatizations and negative stereotyping of individuals with disabilities.
 - Programmatic barriers: Increasing access to programs where behavioral issues affect participation or anxiety/depression exists where getting to programs is an issue (Temple Shalom puts services online)
- Having Characteristics of Inclusive Faith Communities (Griffin et al., 2012)
 - Had faith leaders who were more committed
 - Used educational resources to address disability-related issues
 - Portrayed people with disabilities positively in their religious teachings
 - Had stronger ties to disability organizations
 - had a stronger orientation towards promoting social justice.

Carter, E. W. (2007). *Including people with disabilities in faith communities: A guide for service providers, families, and congregation*. Baltimore, MD: Brookes.

Griffin et al., (2012). Characteristics of Inclusive Faith Communities: A Preliminary Survey of Inclusive Practices in the United States. *Journal of Applied Research in Intellectual Disabilities*.



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Develop Steps That Fit Your Congregations Culture to Create A Welcoming Communities

- Celebrate diversity as bringing strength to the community itself
- Challenging traditional prejudices and the exclusion they foster
- Actively seek out those who have been marginalized
- Warmly welcoming, accommodating, and embracing difference



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Some General Examples

- Making sure that all outward facing congregational messages (i.e., About Us section on website, newsletters, etc.) mention being an inclusive community of all people, including those with disabilities
- Religious leaders make frequent statements about inclusion that is linked to theology
- Lay leadership also establish inclusion as a priority, including public statements and establishment of workgroups to let people know that the synagogue welcomes people with mental illnesses.
- Frequent conversations among congregants about the importance of inclusion and addressing whatever concerns (i.e., fear of violence, how do people respond to people with mental illnesses) people may have



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A CATHEDRAL WELCOME



We extend a special welcome to those who are single, married, divorced, widowed, gay, confused, filthy rich, comfortable, or dirt poor.

We extend a special welcome to wailing babies and excited toddlers.

We welcome you whether you can sing like Pavarotti or just growl quietly to yourself. You're welcome here if you're 'just browsing,' just woken up or just got out of prison. We don't care if you're more Christian than the Archbishop of Canterbury, or haven't been to church since Christmas ten years ago.

We extend a special welcome to those who are over 60 but not grown up yet, and to teenagers who are growing up too fast. We welcome keep-fit mums, football dads, starving artists, tree-huggers, latte-sippers, vegetarians, junk-food eaters. We welcome those who are in recovery or still addicted. We welcome you if you're having problems, are down in the dumps or don't like 'organised religion.'
(We're not that keen on it either!)

We offer a welcome to those who think the earth is flat, work too hard, don't work, can't spell, or are here because granny is visiting and wanted to come to the Cathedral.

We welcome those who are inked, pierced, both or neither. We offer a special welcome to those who could use a prayer right now, had religion shoved down their throat as kids or got lost in the city centre and wound up here by mistake. We welcome pilgrims, tourists, seekers, doubters...and YOU!

With kind permission of Coventry Cathedral



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Make an Inclusion-Oriented Policy that is Widely Disseminated (e.g., Accessible Congregations Campaign (ACC) Sponsored by National Organization on Disabilities

The basic principles and values of the campaign itself included:

- (1) people with disabilities are valued as individuals, having been created in the image of G-d;
- (2) the congregation is endeavoring to identify and remove barriers of architecture, communications, and attitudes that exclude people with disabilities from full and active participation; and
- (3) people, with or without disabilities, are encouraged to practice their faith and use their gifts in worship, service, study, and leadership (U.S. Catholic, 1998).

Amado, A.N., DeGrande, M., Boice, C., & Hutcheson, S. (2011) Impact of two national congregational programs on the social inclusion of individuals with intellectual/developmental disabilities. Minneapolis, MN: University of Minnesota, Institute on Community Integration.



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Equating Violence and Harms to Mental Illness (“How do we protect our children?”)

- As violent as the general population
 - Limited exceptions
 - Substance use
 - Acute psychosis and agitation
 - Interfamilial violence
- No more likely to be involved in gun violence than the general population
- 4-7 times more likely to be VICTIMS of abuse
- Approximately 75% report experiences verbal violence in the last 12 months



Psychiatric Disability-Specific Inclusion Strategies: Awareness and Support

- Increase Awareness and Comfort in Discussing Issues: Mental health first aid training
- Reducing prejudice through contact and conversation
 - Speakers and routine conversations about mental health issues (Work with mental health agencies – e.g. mental health network in Denver)
- Engagement with consumer and family advocacy organizations
- Outreach to mental health systems and agencies, and the people they serve
- Families feel excluded: Promote family inclusion and support
 - Lorna Bradley's work promoting family support groups



Creating a Natural Supports Structure: “Befrienders Ministry”

- National effort (25 states as of 2011) to “...train interested parishioners to respond to the emotional and spiritual needs of other congregation members. “ (Amado et al., 2011, p. 18)
- Process for developing these folks includes:
 - Interviews
 - Two-week training program with a set curriculum
 - Internship
 - Approval from a supervisor

Amado, A.N., DeGrande, M., Boice, C., & Hutcheson, S. (2011) Impact of two national congregational programs on the social inclusion of individuals with intellectual/developmental disabilities. Minneapolis, MN: University of Minnesota, Institute on Community Integration.



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Natural Support and Peer Support For Inclusion

- Club 21 (Alternatives Inc.)
- Create a one-to-one buddy program that I would base on something called COMPEER (<http://compeer.org/>).



Individual and Family Supports

- “Family helper” to support individual and their family around engagement in various aspects of congregational life
 - Universal design: Friendly helpers who welcome all new and current members
- Behavioral contracting
- Circles of Support



Put Together a Workgroup and Establish Your Congregation's Priorities in Terms of Promoting Inclusion?

- Congregation Shaarai Shomayim (Lancaster, PA) is considering these:
 - Be supportive of congregants who have a mental illness
 - Help them feel comfortable being with others at the Temple
 - Help them believe that the synagogue is a safe place to be
 - Help them feel comfortable participating in programs and events
 - Help them to overcome resistance to coming (they may be afraid to leave home, or of crowds)
 - Help those who are home-bound feel part of the congregation



Create Alternative Forms of Participation (Be Careful of Segregation, however)

- Create alternative settings (e.g., use video cameras and broadcast events in quiet spaces) for participation when stimulation or behavioral issues affect participation
- Create a New Setting: Beit Midrash in Jerusalem



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Inclusion Through Other Congregational Efforts

- Abba's Family and Housing Faith Alliance (Tulsa, OK): Consortium of faith communities who address homelessness among individuals with mental illnesses
- Altamont Bakery (Congregation B'Nai Emunah in Tulsa)



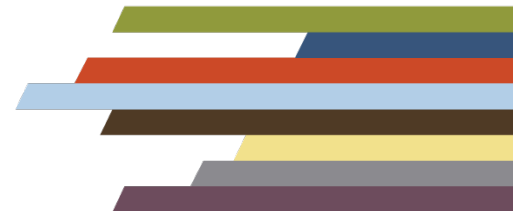
Q & A



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We Need Your Input!

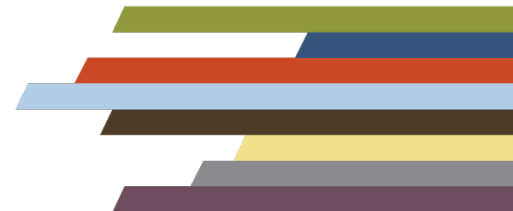
Please take a moment to complete this brief survey. We appreciate your feedback.



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Contact us!

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Website:

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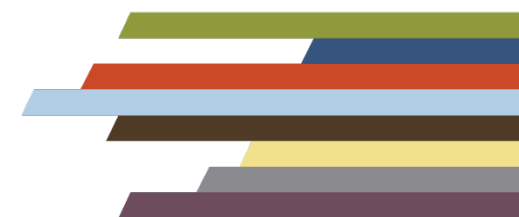
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Professional Development

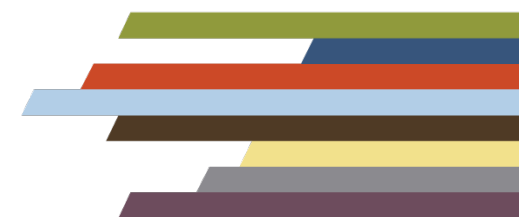
- Spiritual Competency Training in Mental Health (SCT-MH)
 - <https://www.edx.org/course/spiritual-competency-training-in-mental-health>
- Religiously-Integrated CBT Manuals and Workbooks
 - <https://spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>
 - Christian, Jewish, Muslim, Hindu, Buddhist versions



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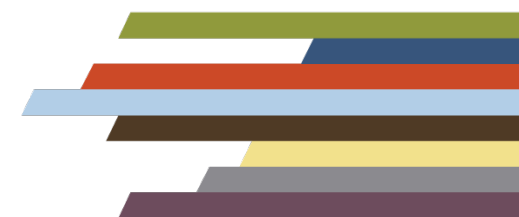
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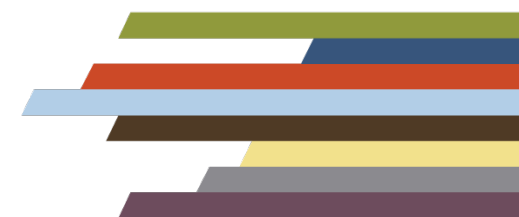


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