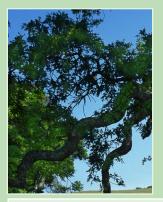
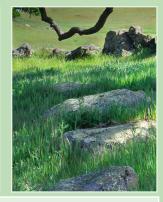
# Survey of Individuals Receiving Mental Health Services and Their Families







This survey was conducted by the California Mental Health & Spirituality Initiative at the California Institute for Mental Health. The purpose of the survey was to document the interests, needs, and experiences of service recipients of the mental health system in California regarding spirituality.





The survey was refined with extensive input and assistance from a dedicated group of individuals from our network, including consumers, service providers, and County Liaisons. Key contributors included: JoAnn Johnson(Sacramento County), Gigi Crowder (Alameda County), Kumar Menon (Los Angeles County), Heila Yuter (Santa Clara County), Myriam Aragon and Moises Ponce (Riverside County), Jesse Herrera (Monterey County), Sharon Jones (Merced County), David Miller (San Bernardino), Lidia Gamulin (Los Angeles County & National Latino Behavioral Health Association), Susann Reed (San Mateo), and Gilda Zárate-Gonzalez (Fresno), Patricia Blum, Crestwood Behavioral Health (Sacramento)

The survey was translated from English into seven key statewide threshold languages (Spanish, Vietnamese, Hmong, Tagalog, Chinese (Cantonese), Farsi, and Russian). We are especially grateful to Alameda, Los Angeles, Riverside, Butte, and Santa Clara Counties for providing the translation services. Khani Gustafson, CiMH was instrumental in coordinating the diverse effort involved in conducting this survey with limited funding.

#### OVERVIEW OF SURVEY FINDINGS

#### **Demographics**

Although the survey was available in 8 languages, 90% were filled out in English, 9% in Spanish, and under 1% in Russian, Vietnamese, Tagalog, and Hmong. So we learned that making a survey both in hard copy and online was not enough to get participation from many language groups. It would seem to require a significant outreach effort. Yet the ethnicity data (Q28) shows that there was good representation by minority ethnic groups. Ethnicity was in line with ethnicity representation within the state of California which is very diverse. But Caucasians appear to be slightly underrepresented (39%) relative to the state level of around 50%.

Most of the participants said they took the survey as someone receiving mental health services themselves (63%) and 18% identified themselves as family members (Q2).

There was a wide range of ages represented in this survey. About 90% of the responders said they were receiving or had previously received mental health services (Q31). Most have been diagnosed with a mental disorder although 14% said they had not been (Q26). The most common reported diagnosis was depression with 42% but there were a range of diagnoses including 6% with diagnoses of childhood and adolescent problems (Q27).

Q30 is a table of surveys received by County, from most frequent to least frequent. Riverside and Los Angeles County had the most participants.

#### Religious/Spiritual Identification

On Q12: Do you consider yourself: (1) religious but not spiritual, (2) both spiritual and religious, (3) spiritual but not religious, (4) neither spiritual or religious, a surprisingly high 48% identified themselves as spiritual but not religious, This is substantially higher than national surveys such as Gallup and Pew have reported of around 30%. Even though this group has been growing substantially from around 10% ten years ago, 48% puts the survey respondents far ahead of this trend.

The distribution on Q13: Do you identify with any of the following? seems to be along the lines of the Pew results in the table below but with Buddhism, shamanism and paganism perhaps a little higher than national averages.

#### Major Religious Traditions in the U.S. Among all adults... % Christian 78.4 Protestant 51.3 Evangelical churches 26.3 Mainline churches Hist, black churches 6.9 Catholic 23.9 Mormon 1.7 Jehovah's Witness 0.7 Orthodox 0.6 Greek Orthodox < 0.3 Russian Orthodox < 0.3 Other < 0.3 Other Christian 0.3 Other Religions 4.7 Jewish 1.7 0.7 Reform Conservative 0.5 Orthodox < 0.3 Other 0.3 Buddhist 0.7 Zen Buddhist < 0.3 Theravada Buddhist < 0.3 Tibetan Buddhist < 0.3 Other 0.3 Muslim\* 0.6 Sunni 0.3 Shia < 0.3 Other < 0.3 Hindu 0.4 Other world relia. < 0.3 Other faiths 1.2 Unitarians and other 0.7 liberal faiths New Age Native American relig. <0.3 Unaffiliated 16.1 Atheist 1.6 Agnostic 2.4 Nothing in particular 12.1 Secular unaffiliated Religious unaffiliated Don't Know/Refused 0.8

#### Values and Experience Question Ratings

Overall there was very high agreement by mental health consumers and their families that that spirituality is important to their mental health. On Q4: Spirituality is important to my health/family member's health-over 75% agreed.

#### Perceived Spiritual Competency

Q9: The mental health care providers I/my family have seen have demonstrated respect for my spiritual life even if it is different from theirs. This question assesses respondents' perceptions of spiritual competence at the programmatic level. Specifically this question addresses the foundational beliefs or values dimension of spiritual competency as delineated by Sue et al. (1992) who describe cultural competency as an interrelated set of beliefs, knowledge, and skills. The beliefs or values dimension is the most important element in cultural competence since this provides the foundation on which the other dimensions of cultural competence rest. "Shortcomings in skill sets and knowledge of other cultural worldviews are likely to overlooked if the appropriate attitudes exist, but the converse is less likely to occur" (Hodge, 2007, p. 289)

The responses suggest an overall positive evaluation of mental health providers' spiritual competency. But it is noteworthy that the responses were less positive on this question than for questions about whether spirituality is important. The Agree and Strongly Agree totaled 79% for Q4 on importance but only 58% for Q8 & Q9 on perceived respect.

#### Spiritual Needs and Practices

Q11: The public mental health system in California should do more to support clients and families in utilizing their spirituality as a wellness and recovery resource. Two thirds of participants agreed or strongly agreed that public mental health system in California should do more to utilize spirituality. Most also agreed that on Q5: Mental Health care providers should be willing to discuss spiritual concerns with me or my family if I request it—74%. A similar number, 66%, agreed on Q10: It is appropriate for the public mental health system to address spirituality as part of my/my family's mental health care. However it is important to note that 12% disagreed with this statement suggesting that around 1 in 8 service users in California do not want spirituality to be a part of their recovery program. This is in line with other surveys of patient preference which have showed around 10-15% do not welcome spiritual discussions or input from their healthcare providers.

Q17: Have you ever turned to a faith-based community or spiritual advisor for help with mental health concerns (e.g., a minister, pastor, rabbi, imam, shaman, elder, spiritual teacher, guru, etc.)? Almost half (46%) had consulted a faith-based community or spiritual advisor about mental health issues.

Q6: Have you or your family member ever talked to a mental health care provider about spirituality? Similarly, 45% reported they had talked with a mental health care provider about spirituality.

On Q21, participants reported a wide range of spiritual practices with prayer being the most popular, which is consistent with national surveys (e.g., Pew). The variety of spiritual and religious practices used was striking including many practices with research-demonstrated associations with well-being and happiness (e.g., yoga and dancing).

#### Ethnicity Breakdown of Responses (see second set of graphs)

The breakdown of responses by ethnicity did not reveal many striking differences. Overwhelmingly, all of the major ethnicity groups were solidly in favor of spirituality as a source of support and well-being. Some small differences were noted although the statistical significance of these differences was not tested. For example, on Q8: The mental health care providers I/my family have seen have demonstrated respect for my spiritual life. Asian Pacific Islanders strongly disagreed or disagreed with this statement the most—around 10% versus 5% for the other groups. Hispanic/Latino respondents reported the highest level of agreement—almost 80%.

On Q 15: How often do you practice spirituality in a group setting, on average? it appears American Indians and Caucasians practiced less in group settings than the other ethnic groups.

#### References

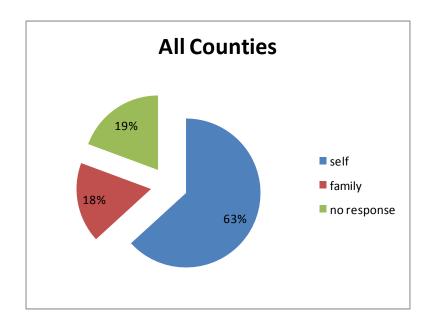
Hodge, D. (2007). The Spiritual Competence Scale: A New Instrument for Assessing Spiritual Competence at the Programmatic Level. Research on Social Work Practice, 17(2), 287-295.

U.S. Religious Landscape Survey (2007). Pew Forum on Religion & Public Life, http://religions.pewforum.org/reports, accessed February 2010.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477-486.

For further information, please visit the website of the California Mental Health & Spirituality Initiative at www. mhspirit.org, or contact us at mentalhealthandspirituality@gmail.com.

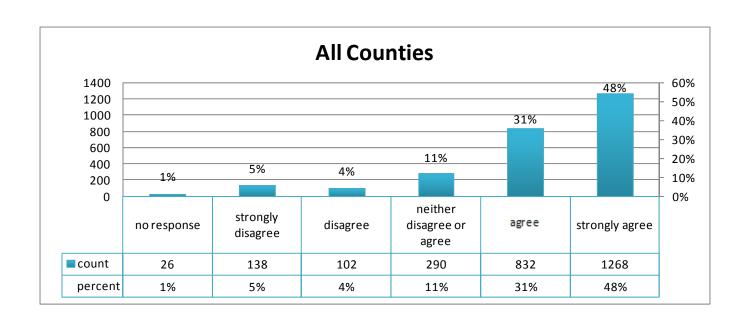
# Q2 – I AM TAKING THIS SURVEY AS A PERSON WHO RECEIVES MENTAL HEALTH SERVICES DIRECTLY OR AS A FAMILY MEMBER OF A PERSON WHO RECEIVES MENTAL HEALTH SERVICES.



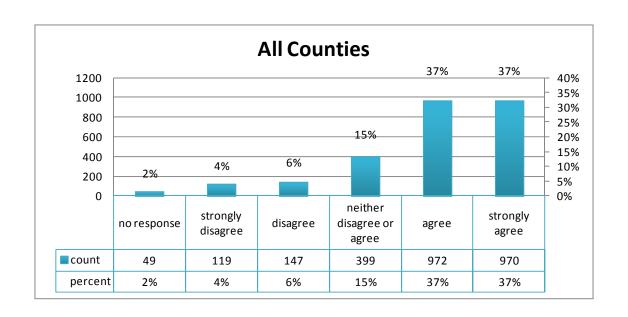
Self: 1679

Family Member: 463 No Response: 514 Total Responses: 2656

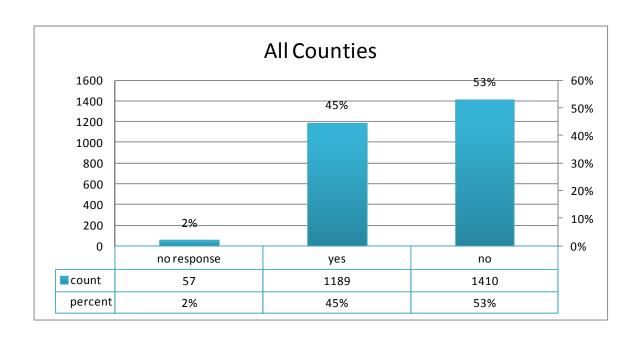
### Q4 - Spirituality is important to my mental health/spirituality is Important to my family member's mental health.



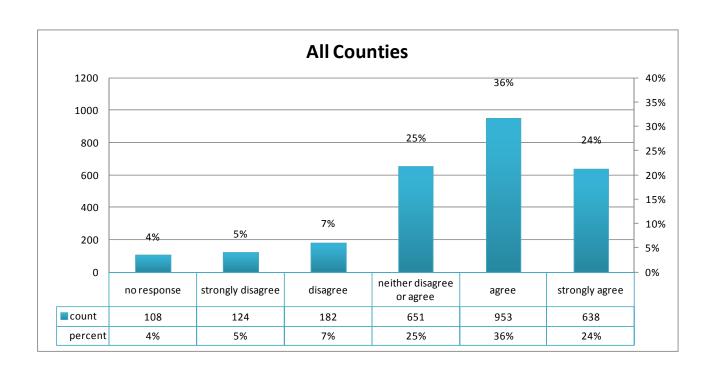
## Q5: MENTAL HEALTH CARE PROVIDERS SHOULD BE WILLING TO DISCUSS SPIRITUAL CONCERNS WITH ME OR MY FAMILY IF I REQUEST IT.



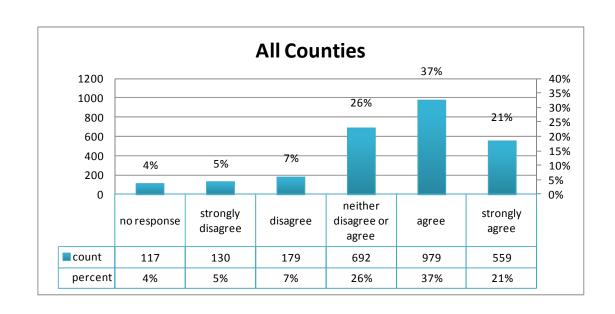
### Q6: HAVE YOU OR YOUR FAMILY MEMBER EVER TALKED TO A MENTAL HEALTH CARE PROVIDER ABOUT SPIRITUALITY?



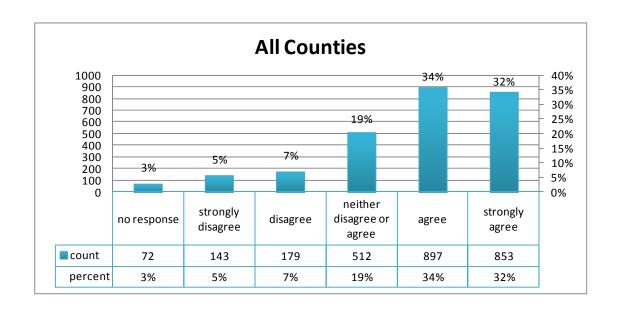
## Q8: THE MENTAL HEALTH CARE PROVIDERS I/MY FAMILY HAVE SEEN HAVE DEMONSTRATED RESPECT FOR MY SPIRITUAL LIFE.



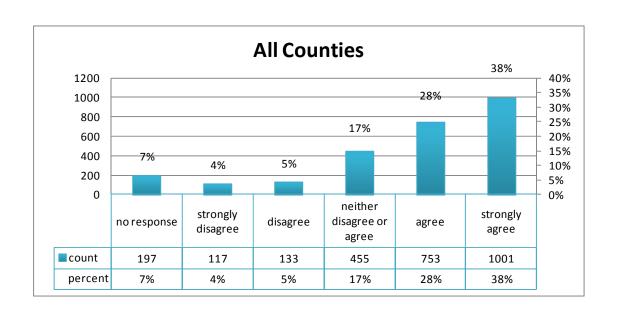
# Q9: THE MENTAL HEALTH CARE PROVIDERS I/MY FAMILY HAVE SEEN HAVE DEMONSTRATED RESPECT FOR MY SPIRITUAL LIFE EVEN IF IT IS DIFFERENT FROM THEIRS



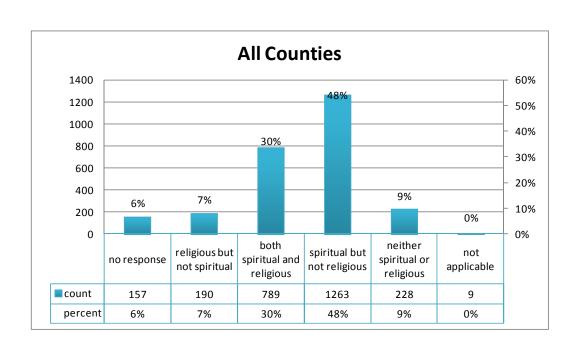
### Q10: It is appropriate for the public mental health system to address spirituality as part of My/My family's mental health care.



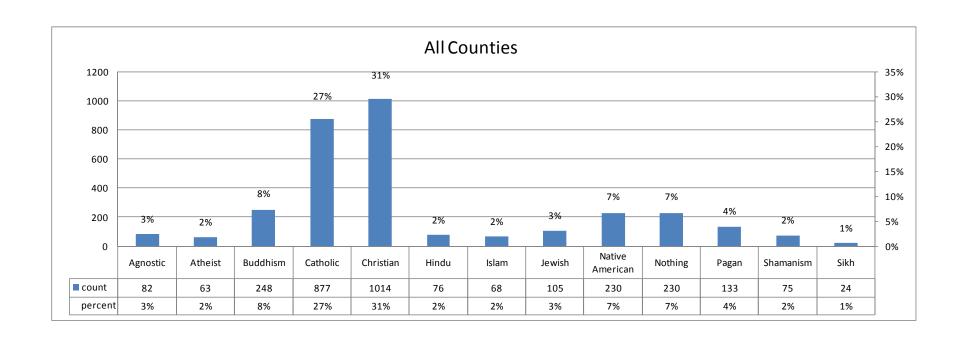
# Q11: THE PUBLIC MENTAL HEALTH SYSTEM IN CALIFORNIA SHOULD DO MORE TO SUPPORT CLIENTS AND FAMILIES IN UTILIZING THEIR SPIRITUALITY AS A WELLNESS AND RECOVERY ISSUE.



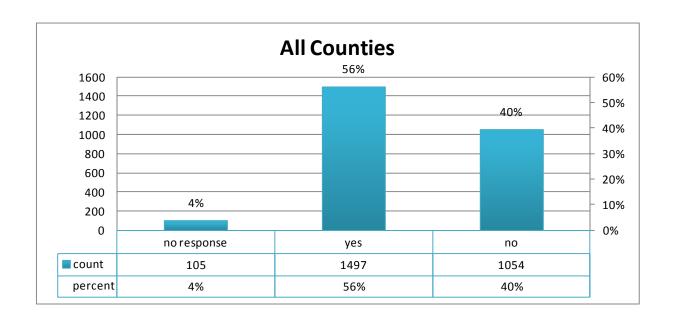
Q12: DO YOU CONSIDER YOURSELF: (1) RELIGIOUS BUT NOT SPIRITUAL, (2) BOTH SPIRITUAL AND RELIGIOUS, (3) SPIRITUAL BUT NOT RELIGIOUS, (4) NEITHER SPIRITUAL OR RELIGIOUS, (5) NOT APPLICABLE, (6) OTHER



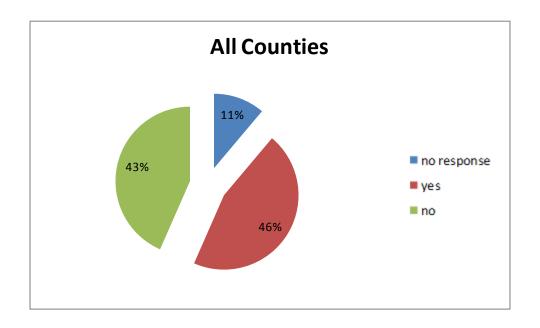
### Q13: DO YOU IDENTIFY WITH ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)



Q14: DO YOU PRACTICE YOUR SPIRITUALITY IN A GROUP SETTING (E.G. CHURCH, TEMPLE, SYNAGOGUE, MOSQUE, SANGHA, MEDITATION CENTER, ETC.)?



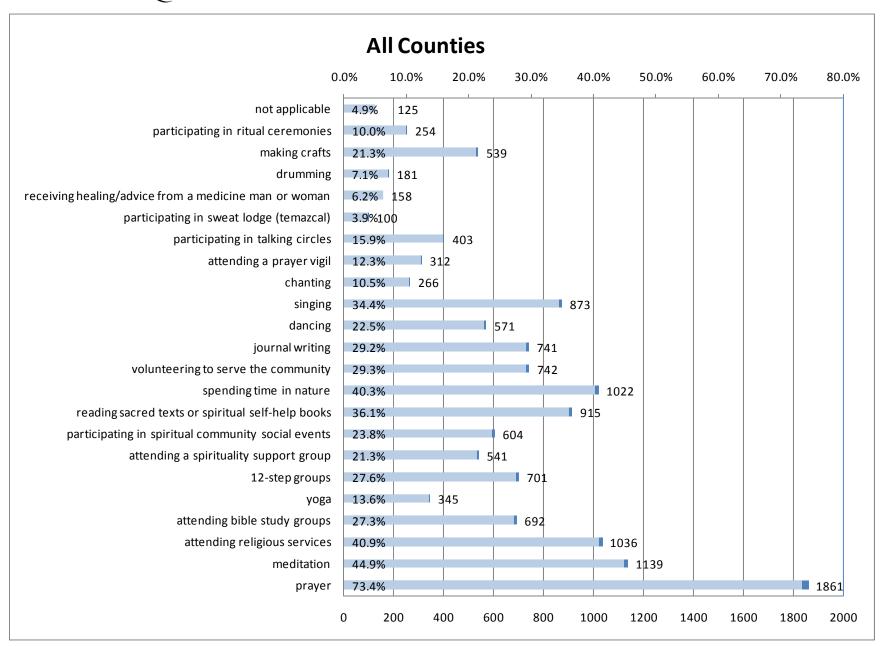
Q17: HAVE YOU EVER TURNED TO A FAITH-BASED COMMUNITY OR SPIRITUAL ADVISOR FOR HELP WITH MENTAL HEALTH CONCERNS (E.G., A MINISTER, PASTOR, RABBI, IMAM, SHAMAN, ELDER, SPIRITUAL TEACHER, GURU, ETC.)?



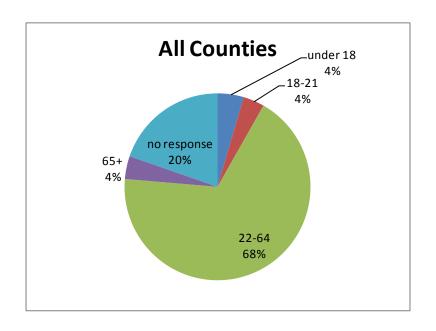
No response: 296

Yes: 1207 No: 1153

### Q21: Spiritual practices helpful to mental health



### Q25: What year were you born (calculated by age)?



Age under 18 - 115

Age 18-21 - 93

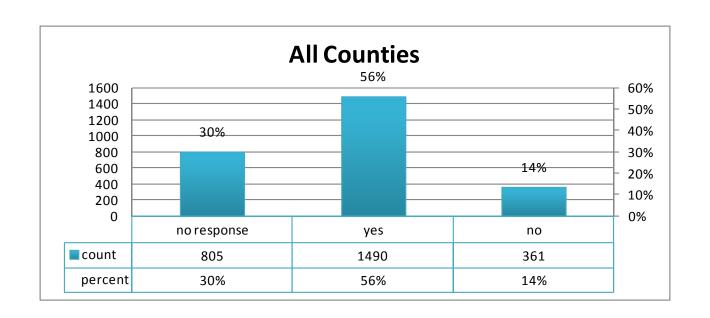
Age 22-64 - 1728

Age 65+ - 101

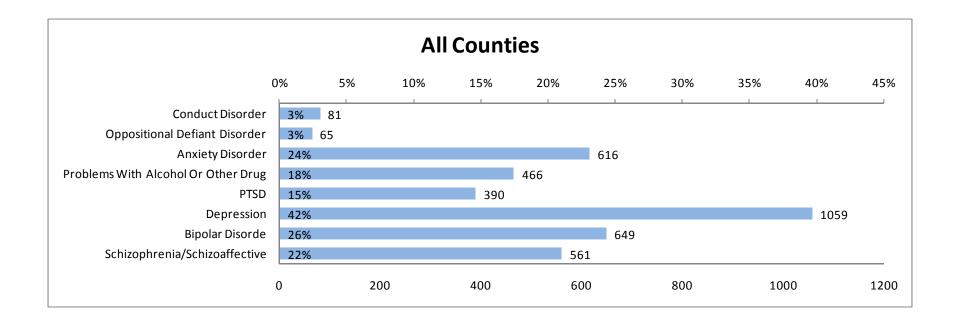
No response - 499

Total responses - 2037

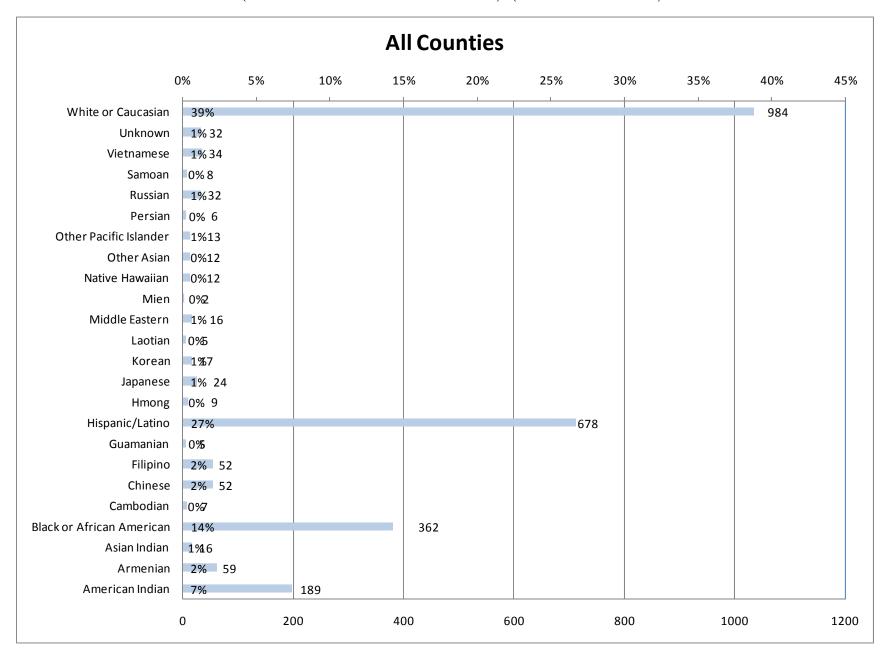
## Q26: HAVE YOU OR YOUR FAMILY MEMBER EVER BEEN DIAGNOSED WITH A PSYCHIATRIC CONDITION?



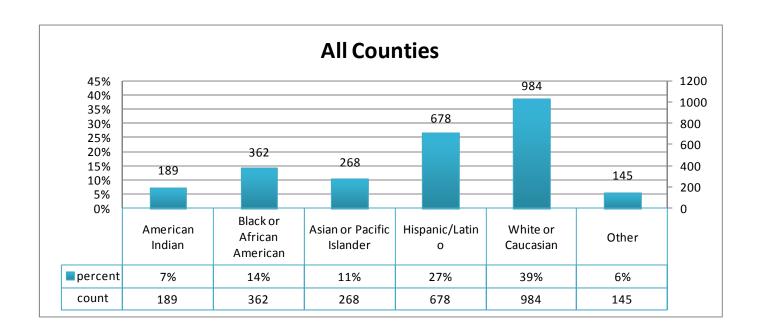
### Q27: HAVE YOU OR YOUR FAMILY MEMBER EVER BEEN DIAGNOSED WITH A PSYCHIATRIC CONDITION (LIST WHICH ONE)?



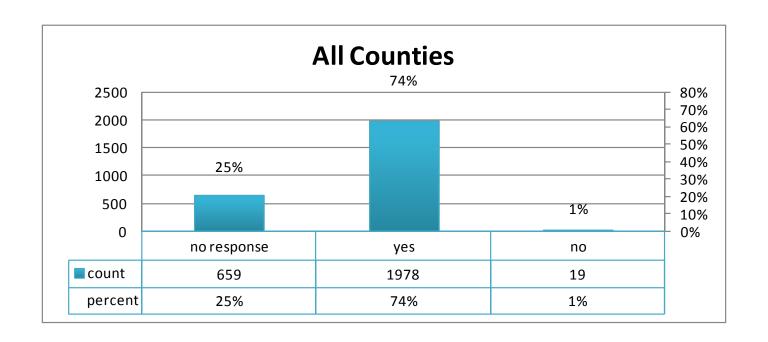
Q28 - HOW DO YOU DESCRIBE YOUR/YOUR FAMILY MEMBER'S RACE/ETHNICITY? (CHECK ALL THAT APPLY) (ALL CHOICES)



Q28 - HOW DO YOU DESCRIBE YOUR/YOUR FAMILY MEMBER'S RACE/ETHNICITY? (CHECK ALL THAT APPLY) (GROUPED)



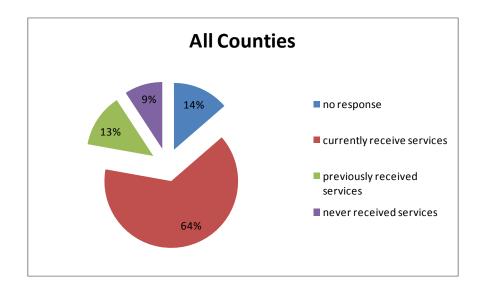
### Q29: DO YOU OR YOUR FAMILY MEMBER LIVE IN CALIFORNIA?



### Q30: Total surveys received by county

[TOTAL SURVEYS]  ▼	2656	▼	[TOTAL SURVEYS]	2656	
[TOTAL surveys with county indicated]	2536		Tulare	13	1%
Riverside	428	17%	San Mateo	7	0%
Los Angeles	411	16%	Santa Cruz	6	0%
San Diego	235	9%	Placer	5	0%
San Bernardino	222	9%	Butte	4	0%
Orange	217	9%	Kern	4	0%
Alameda	167	7%	San Joaquin	3	0%
Santa Clara	127	5%	Santa Barbara	3	0%
Monterey	110	4%	Solano	3	0%
Contra Costa	68	3%	Alpine	2	0%
Merced	67	3%	Calaveras	2	0%
Napa	62	2%	Humboldt	2	0%
San Francisco	50	2%	Kings	2	0%
Yolo	50	2%	Mendocino	2	0%
Colusa	39	2%	San Luis Obispo	2	0%
Fresno	39	2%	Amador	1	0%
Sacramento	34	1%	Del Norte	1	0%
Ventura	33	1%	Glenn	1	0%
Marin	25	1%	Imperial	1	0%
Stanislaus	24	1%	Sierra	1	0%
Trinity	23	1%	Sonoma	1	0%
Nevada	19	1%	Sutter	1	0%
Madera	18	1%,	Tuolumne	1	0%

# Q31: PLEASE SELECT ONE: (1) CURRENTLY RECEIVE SERVICES, (2) PREVIOUSLY RECEIVED SERVICES, (3) NEVER RECEIVED SERVICES?



No response: 362

Currently receive services: 1705 Previously received services: 344 Never received services: 245

QUESTION 2: PLEASE CHECK ONE BOX. IF YOU ARE BOTH RECEIVING MENTAL HEALTH SERVICES AND ALSO A FAMILY MEMBER OF A PERSON RECEIVING MENTAL HEALTH SERVICES, PLEASE ANSWER ALL QUESTIONS AS ONE OR THE OTHER IN THE SURVEY

