

**CSIP Cultural Project:
Spirituality Initiative Surveys**
Gail Poust and Alexandra Papa

Spirituality Initiative Surveys

This project consisted of administering two county-wide surveys to assess clinician comfort with addressing spirituality in treatment and client perspectives on the importance of spirituality in their treatment and recovery. The Spirituality Initiative initially administered these surveys in 2011, and was interested in administering them again to see how the Initiative's training and advocacy efforts have made a difference in how spirituality is addressed by clinicians in San Mateo County. This writer focused on the client/consumer version of the survey, while Alexandra focused on the provider survey.

Background

In 2009 the California Mental Health and Spirituality Initiative conducted two statewide surveys to determine the influence of spirituality on mental health treatment. One survey found that 75% of clients and family members surveyed believe that spirituality is important for mental health treatment, and $\frac{2}{3}$ of respondents found that mental health providers should better utilize spirituality in treatment. The other survey found that 98% of mental health directors surveyed believe that spirituality is an important part of cultural competency for clinicians.

In 2011, the San Mateo County BHRS Spirituality Initiative was inspired by these statewide surveys and conducted its own surveys for mental health providers and clients. The client survey found that 75% of respondents thought spirituality is an important aspect of treatment and recovery, but only 16% were comfortable discussing spirituality with their mental health clinician and 27% with their AOD counselor. The provider survey found that over 77% of

respondents thought spirituality is an important part of wellness and recovery, but most clinicians were not consistent in addressing spirituality with clients.

Process

The two surveys administered were modified versions of the original 2011 surveys. They were edited by members of the original survey committee, myself, and Alexandra Papa. The provider survey was available online through Survey Monkey. The consumer version was available in paper format or on Survey Monkey. The surveys were sent out to all BHRS staff on February 16, 2016 in an email. Volunteers from contract agencies emailed the survey to their agencies on February 19, 2016. The clinicians were asked to complete the provider survey themselves and have their clients fill out the client/consumer version by March 1, 2016. The deadline was extended to March 11 to elicit more responses. Once the paper consumer surveys were collected at the March 8 Spirituality Initiative meeting, a few volunteers, Alexandra and I entered the paper surveys into Survey Monkey.

Issues

The main issue we faced throughout this project was communication. There was not clear communication between the interns working on the project and the members of the original survey committee regarding their expectations for the new survey project until the project was nearly completed. Another drawback was that the two versions of the survey were not the same, as they were worked on separately by the two interns. It would also be helpful to get started on the project earlier in the year so we would not have to rush to gather responses and calculate results.

Consumer Survey Results

The client/consumer survey answers were entered into Survey Monkey between February 22nd and April 4th. There were 19 questions on the client/consumer survey. 195 individuals responded to the survey overall. Percentages in this report are rounded, so totals may not always equal 100%. Also, some questions allowed individuals to select more than one answer.

Demographically, the results are not representative of the clients served by the county because random sampling was not used and the sample size is too small to generalize to the entire population of clients. 78% of respondents are clients, 8% are family members, and 17% identified themselves as both clients and family members. 55% identified as female, 43% as male, and 1% as androgynous/nonbinary. 76% of respondents identified as heterosexual, 9% as bisexual, 6% as gay or lesbian, and 7% as another category such as pansexual or asexual. 52% of respondents identified as white, 25% as Latino/a, 12% as African American, 7% as Filipino/a, and 7% as Native American/Native Alaskan. 82% of respondents are primarily English speaking, and 15% are primarily Spanish speaking. 56% of respondents identify as Christian, 24% as spiritual but not religious, 13% as Buddhist, 9% as Native American, and 9% as Catholic. The majority of individuals who responded to the survey are heterosexual, white, English speaking, Christians.

This survey found that a majority of respondents find spirituality important and think it should be incorporated into treatment. 80% of respondents agree or strongly agree that spirituality is important to them. There are interesting ethnic differences in who finds spirituality to be important. 91% of African American respondents reported that they strongly agree that spirituality is important to them, and none simply agreed. 100% of Native American respondents reported that they agree or strongly agree that spirituality is important to them. In comparison, 83% of Latino/a respondents reported they agree or strongly agree, 78% of white respondents

reported that they agree or strongly agree, and 50% of Filipino/a respondents strongly agree. 76% of clients think spirituality should be incorporated into treatment, and 70% would utilize spirituality as a wellness tool if it were offered by the county. 79% of respondents found spirituality to be important to their recovery, 72% found it important to their mental health, and 51% found it important for their substance use.

Prayer (61%), meditation (56%), 12 step groups (43%), journal writing, (43%), spending time in nature (43%), attending religious services (39%), reading sacred texts or self-help books (37%), singing (36%), volunteering (36%), and reconciliation (36%) are the most popular spiritual practices. Most individuals elect to talk to family (53%) or peers (55%) about spirituality. Drug and alcohol counselors are the most common providers to be chosen to discuss spirituality (30%), followed by mental health counselors (25%), case managers (24%), psychiatrists (22%) and physicians (13%). Filipino clients are the least likely to turn to spiritual leaders for support with mental health and substance use concerns (0%), while African American clients are the most likely (67%). Fortunately, less than 3% of respondents found that their providers were not respectful of their spirituality.

Recommendations

Based on the results of the surveys, it would be helpful for the county to continue offering trainings and support for clinicians to address the spiritual needs of clients. Many clients find spirituality to be an important part of their lives and think it should be incorporated into treatment, but often do not choose to discuss it with their clinicians and providers.

To address this, clinicians should be comfortable in bringing up spirituality with clients and learn ways to incorporate it into treatment. There is also a need for assessment tools and other materials to facilitate the incorporation of spirituality into treatment. It would be helpful to

provide additional services or groups that highlight spirituality, as 70% of respondents indicated that they would be interested in this.

In the future, it would be very helpful for the interns to work with a committee on any county-wide surveys. Because interns are new to the county, it was difficult to elicit responses without the assistance of others who have a long work history with many connections in the county. Also, even with two interns, there is a lot of work to be done in collecting and entering the data from the client surveys, so it would be helpful to have assistance. It would be helpful to have assistance with getting clients to fill out surveys because that might increase the number of respondents.

I have a couple of suggestions for the design of the survey. It would be useful to minimize the number of write in questions for the survey because it is easier to analyze results with multiple choice questions. It would also be helpful to look at specific populations targeted by the county for the demographic sections of the survey because the languages and ethnicities in the survey do not seem to reflect the dominant and emerging populations targeted by the county.