

**Exploring the Impact of
Suicide Prevention Research
in Faith-Based Communities**
Moderator: Dr. Ann Marie White









1

Meeting Orientation

- Audio is streaming through your computer speakers. If you cannot listen through computer speakers, call 855-257-8350
- Type any technical questions or questions for the presenters into the Q&A box on the left.
- This meeting will be recorded and archived.

Injury Control
Research Center
for Suicide Prevention




**Exploring the Impact of
Suicide Prevention
Research in Faith-Based
Communities**


Moderator: Dr. Ann Marie White

3

Speakers



Reverend Sherry Davis
Molock, Ph.D.



Reverend Phyllis D.
Jackson, RN, BS

ICRC-S | 4

**Exploring the Impact of Suicide
Prevention Research in
Faith Based Communities**

*Sherry Davis Molock, M.Div, Ph.D.
George Washington University
May 19, 2015*

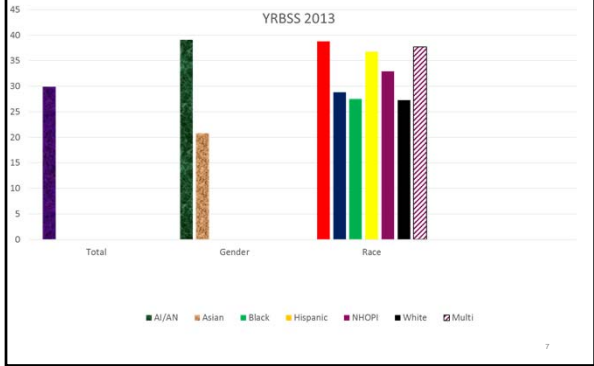
5

Suicidal Behaviors in Youth

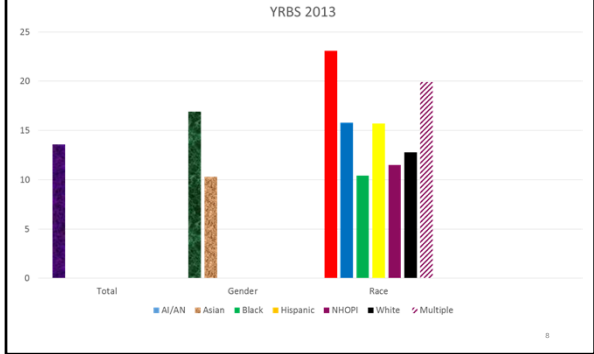
- ▶ Suicide is the 2nd leading cause of death among youth between the ages of 15-24, after accidents and homicides.
- ▶ Between 7-9% of high school aged students attempt suicide in the U.S. each year.
- ▶ The three leading causes of death for youth are all preventable. (CDC, 2014)
- ▶ Suicide is the 2nd or 3rd leading cause of death among college students (Drum, et al., (2009)

6

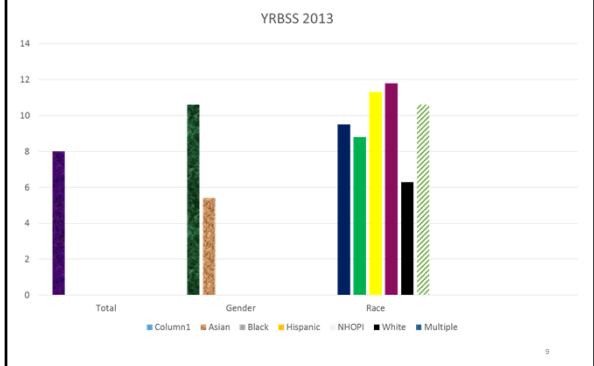
Felt Sad or Hopeless for 2 Weeks



Made A Plan



Attempted Suicide





Poll Question

10

Intro:

- ▶ Historical tensions between mental health clinicians, researchers & religious communities
- ▶ Mental health professionals & researchers trained to leave religion out of work bc:
 - ▶ Religious experiences are subjective & cannot be objectively measured
 - ▶ Terms are poorly defined & operationalized

11

Intro:

- ▶ Mental health professionals not trained to consider spirituality as part of treatment
 - ▶ Trained to be "value-free"
 - ▶ May be uncomfortable if have different faith tradition from client

12

Intro:

- ▶ Mental health professionals are “heathens” or unbelievers
 - ▶ Psychotherapy will attempt to take away your faith beliefs
- ▶ Both communities use different metaphors to express the same reality
 - ▶ Mental health - value “objective reality”
 - ▶ Faith - value “experiential reality”

13

Why Consider Religion?

- ▶ In multiple national samples, African Americans engage in more private & public religious behaviors than any other ethnic group (Chatters et al., 1999; Gallup, 2006)
- ▶ Religiosity associated with positive mental health outcomes

14

Why Consider Religion

- ▶ Religiousness is inversely related to:
 - ▶ Substance and tobacco use (National Center on Substance Abuse and Addiction, 2001)
 - ▶ Depression and suicide (Donahue & Benson, 1995; Molock et al., 2006)
 - ▶ Delinquent behavior (Johnson et al., 2000)

15

Why Consider Religion?

- ▶ Religious institutions have successfully changed help-seeking behaviors and facilitated changes in health behaviors in other health areas:
 - ▶ Nutrition: PRAISE Partnership to Reach African Americans to Increase Smart Eating (Ammerman et al., 2000; 2003)
 - ▶ Breast cancer: (Markens et al. 2002; Bowie et al., 2008)
 - Hypertension (Kong, 1997)

Why Consider Religion?

- ▶ Research indicates that African Americans are more likely to seek help from clergy for mental health (MH) concerns
 - ▶ Adults report greater satisfaction from help received from clergy
 - ▶ Less likely to seek help from mental health professional (MHP) once they receive help from clergy
 - ▶ Reduces stigma, costs, cumbersome referrals
 - ▶ Clergy viewed as formal helpers (Neighbors, et al., 1998; Young et al., 2003; Taylor et al., 2000; Molock, et al., 2004)

Black Church

- ▶ African American Churches that provide social support programs tend to have certain characs:
 - ▶ Stable presence in community
 - ▶ Relatively large membership
 - ▶ Lower-middle to middle SES membership
 - ▶ Paid clerical staff
 - ▶ Full-time Pastor
 - ▶ Relatively younger, more educated Pastor
- ▶ Denomination & institutional structure do not appear to be factors in provision of programs (Caldwell et al., 1994; Lincoln & Mamiya, 1990; Williams et al., 1999).

Pilot Studies in Black Churches

- ▶ Qualitative study of feasibility of developing suicide interventions & HIV/AIDS (Molock et al, 2004; Molock et al., 2006; Molock et al., in prep)
 - ▶ Members interested in programs that strengthen families & youth

Summary

- ▶ Clergy in AA churches have exposure/experience with HIV/AIDS & suicidal persons
- ▶ Pastors often believe their theological position differs from congregations
- ▶ Members generally follow Pastor's lead
- ▶ Beliefs and behaviors are not necessarily congruent
- ▶ Have to look at complex interaction between culture & spirituality
- ▶ Consider developing mental health programs in context of another/broader problem: e.g., violence prevention, substance abuse

Black Church

- ▶ Black Church provides ideal context to develop an intervention
 - ▶ Widely accepted & respected institution
 - ▶ Has strong history of helping community
 - ▶ AAs engage in more public & private religious behaviors than any other ethnic group
 - ▶ Church provides therapeutic milieu & simultaneously reduces stigma
 - ▶ Church in position to shape & change norms re help-seeking & mental health

Black Church

- ▶ Potential Barriers in Black Church
 - ▶ Clergy know little about mental health
 - ▶ Clergy less likely to make MH referrals
 - ▶ Conservative Christians have more negative attitudes toward therapeutic interventions
 - ▶ Churches with "other-worldly" theology less likely to support social programs (Blank et al., 2002; Domino & Sevain, 1986; Stark et al., 1970; Becker, 1999).

Black Church

- ▶ Research suggests barriers can be minimized by:
 - ▶ Integrating interventions into already existing programs and ministries
 - ▶ Using "lay" or natural helpers in church context
 - ▶ Building & maintaining good relationships with church leaders (Eng & Hatch, 1991; Swanson, et al., 2004).

Developing Interventions in Black Church

- ▶ Involve church as partner from the BEGINNING
- ▶ Do your homework: understand how churches work as an institution!
- ▶ "Hang out" in churches; talk to clergy, understand the "culture" of churches
- ▶ Is church congregational or connectional?
- ▶ Have an "insider" introduce you to church leadership

Developing Interventions in Black Church

- ▶ Assess church characteristics:
 - ▶ Demographic characs of church members & leaders
 - ▶ Theological position of Pastor & church members
 - ▶ Other-worldly: focus on heaven; focus on salvation as solution to social/mental health problems
 - ▶ This worldly: focus on current context; focus on church as social change agent
 - ▶ Doctrine of church
 - ▶ Traditional vs. Progressive

Developing Interventions in Black Church

- ▶ Climate or culture: "personality" of church along 5 dimensions (Pargament, 2004)
 - ▶ Openness to change
 - ▶ Organizational clarity
 - ▶ Sense of community
 - ▶ Activity
 - ▶ Stability
- ▶ Resources: space, volunteers, # of ministries, technological capacity

Developing Interventions in Black Church

- ▶ Identify lay helpers in church to assist with coordination of activities in development of help-seeking model & implementation of intervention
- ▶ Develop computer-based referral system to be located in & used by church
- ▶ Develop intervention that focuses on reduction of risk factors & enhancement of protective factors

Developing Interventions in Black Church

- ▶ Focus on Risk/Protective Factors because
 - ▶ Difficult to ask churches to make substantial investment in developing interventions for relatively rare behaviors (i.e., suicide)
 - ▶ Easier for churches to invest in interventions that do not involve culturally or religiously stigmatized behaviors
 - ▶ Churches can more readily invest in interventions that address the more immediate social & mental health concerns of its members
 - ▶ Focus on risk reduction & enhancement of protective factors can be more readily integrated into current ministries

Developing Interventions in Black Church

- ▶ Conduct process evaluation of the implementation of the intervention
 - ▶ Program acceptance amongst leaders, members & potential consumers outside of church
 - ▶ Changes in social norms re help-seeking & mental health
 - ▶ Change in number of mh referrals made to community agencies

Developing Interventions in Black Church

- ▶ Develop alliance between community-based MHP and church;
- ▶ Develop computer-based referral system for churches; train lay helper to use
- ▶ How will you provide information to members:
 - ▶ Introduce info re risk & protective factors re suicide to congregation via consumer info, workshops, annual conference
 - ▶ Introduce information & encourage help-seeking in Bible study, sermons, Sunday School


Developing Interventions in Black Church

- ▶ Outcomes
 - ▶ Implementation fidelity
 - ▶ Program acceptance by leaders, members & potential consumers outside of church
 - ▶ Change in norms re mental health & help-seeking
 - ▶ Increase in mh referrals

Resources


- Action Alliance for Suicide Prevention Faith Communities Task Force: <http://actionallianceforsuicideprevention.org/task-force/faith-communities>
- Suicide Prevention Resource Center: www.sprc.org/faith_dialogue
- Suicide Prevention Resource Center After a Suicide: http://www.sprc.org/library_resources/items/after-suicide-recommendations-religious-services-and-other-public-memorial-o
- National Organization of People of Color Against Suicide (NOPCAS): www.nopcas.org
- American Foundation for Suicide Prevention: www.afsp.org
- American Association of Suicidology LGBT Resources: www.suicidology.org/resources.lgbt
- It Gets Better Project (for LGBT community): <http://www.itgetsbetter.org/pages/about-it-gets-better-project/>
- CDC: Suicide Prevention: <http://www.cdc.gov/ViolencePrevention/suicide/index.html>

Interdenominational Health Ministry Coalition



3 John 1:2
Health is a Spiritual Matter!

Reverend Phyllis Jackson RN BS



Poll Question


34

How Can We Share in One Another's Story?

Health Ministries in Churches and Other Faith Communities

35

Preach and Teach the Story



"Health is a Spiritual Matter"

- I beseech you therefore, brethren, by the mercies of God, that **you present your bodies a living sacrifice, holy**, acceptable to God, which is your reasonable service. **Romans 12:1-1 - the bible**
- "To keep the body in good **health** is a duty... otherwise we shall not be able to keep our mind strong and clear." ~**Buddha**
- The part can never be well unless the whole is well." ~**Plato**
- He who takes medicine and neglects to diet wastes the skill of his doctors. -**Chinese Proverb**
- Those who eat too much or eat too little, who sleep too much or sleep too little, will not succeed in meditation. But those who are temperate in eating and sleeping, work and recreation, will come to the end of sorrow through meditation. -**Bhagavad Gita**

36

Health Ministries

"A **'Health Ministry'** is a committee of church leaders and community members operating within a [religious /faith community or institution] that provides health education and services to congregants." *Can be lay leaders*, (italics mine) (Williams, Gorman & Hankerson, 2014)


Purpose:

- Educate congregations and faith communities about health as a "**Spiritual Issue**," as well as a physical, mental, and emotional one.
- Embed that understanding in the culture of the faith community
- Help them apply that knowledge to improve and maintain health of body, mind, and spirit.

37


What Stories can Health Ministries Share?

- **Education** about prevention of physical, mental and spiritual "dis" ease
- Education and **teaching** about management of chronic physical and mental health illnesses
- Health **literacy and advocacy**
- **Referrals** to treatments sources and **support groups**
- Lifestyle **changes** that lead to better health outcomes
- **Faith** that promotes mind, body and soul health



Health is a Spiritual Matter

Beloved, I pray that in all respects you may prosper and be in good health, just as your soul prospers.
3 John 1:2




Optimum health requires the mind, physical body, and spirit to be in balance.

Renewing of the Mind

39

What We've Learned about Renewing of the Mind in 2014

By
Ann Marie White
Jessica Poweski
Amanda Lai
Elinam Dzibey
Silvia Sörensén
Jackie Dozier
Melanie Funchess
Phyllis Jackson





Renewing of the Mind is sponsored by a partnership of the Office of Mental Health Promotion and the Aging Well Initiative at the University of Rochester Medical Center, the Mental Health Association of Rochester, Finger Lakes Health Systems Agency, Interdominational Health Ministry Coalition, and Trillium Health. 40

Mission of Renewing of the Mind

Monthly seminars focused on mental health issues faced in faith communities & on promoting physical, psychological, and spiritual wellness for people of color.

Goals Are to Strengthen

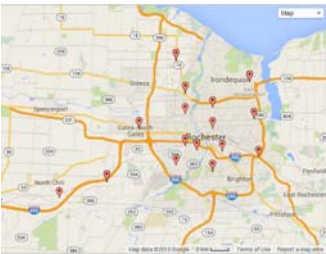
1. Educational opportunities that enhance awareness of mental wellness
2. Relationships and dialogue with mental health providers, advocates, and those with a heart for mental health
3. One's capacity to promote resiliency in others by providing knowledge (e.g., of referrals)
4. Community-based efforts to reduce health disparities
5. Future training/curriculum and its impact when conducted in faith communities

41


Who attended ROM? (n=34)

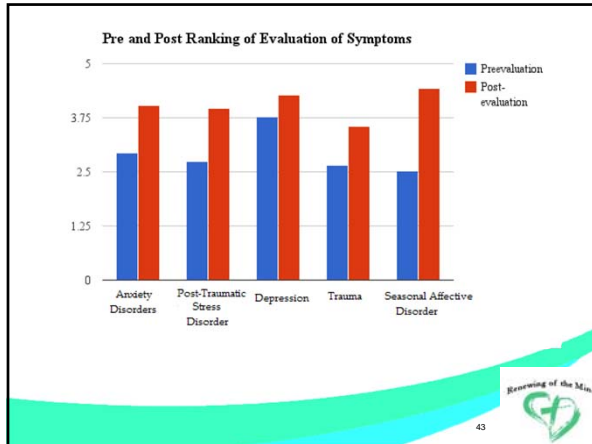
- Average Age: 49 years
- Age range: 19 to 68
- Demographics: *
 - 8% male, 88% female, 2% unspecified
 - 61.7% Black (African-American, African, Haitian, or Other Caribbean), 29% White (European, Middle Eastern, North African), 9% unspecified
 - Registered nurses, teachers, entrepreneurs, pastors, students, and others.
- Many more reached (e.g., 69+ attendees across the year..) and from locations beyond Rochester

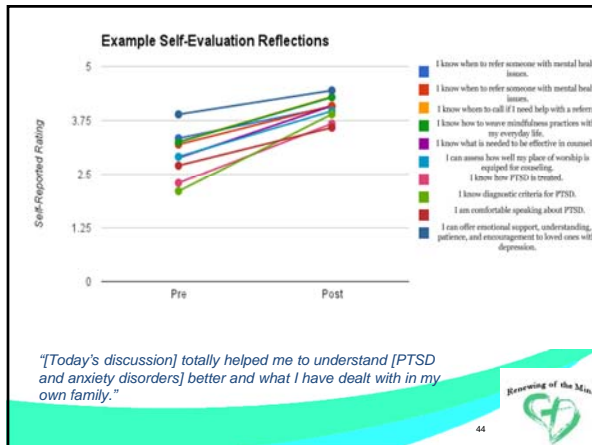


* Of initial participants in winter 2014, 22 completed the course as of Dec 2014 (8* of 11 classes); likely 26 by January 2015.

These values represent the demographic data collected by spring 2014 only (n=34 collected in early 2014).







Views of what was gained from continued participation that will linger....

- **Greater understanding of mental health issues and how to apply/share** this new information with those affected by mental health issues and the church community at large
- **Networking** with “other communities” as well as like-minded people to enhance one’s identity (express faith connections to) serving those with mental illness
= Ministers of mental health!

In Conclusion...

- **Increased symptom awareness across all health issues covered** (Anxiety disorder, PTSD and trauma, Major Depressive Disorder, Seasonal Affective Disorder, violence, etc.)
- **Increased awareness of effects/ consequences of health issues covered** (e.g., violence and its effects on health)
- **Increased self-reported ability to help those affected by specific health issues covered**
 - Knowledge of resources, when to refer/consult professional, greater self-efficacy in knowing how to help those affected by issue discussed in each module
 - Greater listing of resources they know to turn to when supporting individuals facing mental health topics (comparison of January to December 2014 self-reports)



46

Next Directions

- Critiques of the program?
 - Participants wish for more and/or longer classes → Eagerness to learn + be engaged in classes
 - Not be rushed/time management
- Participants' interest in continued education in mental health issues (22 out of 25)
 - **Noted topics of interest to learn about next:** Sexual abuse, domestic violence, suicide, health disparities, and training other church members how to be more aware - compassionate - "how to help in real ways"
 - **Continued learning** about the topics covered in Renewing of the Mind 2014 in greater detail
 - **More skill development** (e.g., in supporting sobriety, of their counseling skills, etc.)



47

Questions?

Next webinar:
Exploring the Impact of Suicide Prevention
Research in Criminal Justice Settings
Marc Swogger, University of Rochester
Wednesday, July 15, 2:00 – 3:00 PM ET
Registration coming soon

**Please complete this brief
evaluation:**
<https://www.surveymonkey.com/r/5CG5PMM>

ICRC-S | 49
