



Department of Public Health Suicide Prevention/Clergy Behavioral Health Training Program Final Report- FY 2019

I. Background

It is estimated that up to 20 percent of older adults in the U.S. have one or more mental health and/or substance use concerns (IOM, 2012). In our own state of Massachusetts, the 2018 Massachusetts Healthy Data Report found that 31% of Massachusetts residents 65 or older have been diagnosed with depression at some point, and that in some communities the rate is closer to 49% (MA Healthy Data Report, 2018). The Report also indicated that rates of depression significantly increased in more than 40% of communities across the Commonwealth, since the last report in 2014.

Studies show that during episodes of stress, grief, and depression, older adults are more likely to turn to clergy than to mental health professionals. At the same time, clergy members report that while their ministries include heavy demands to provide mental health services to their congregants, many feel overwhelmed and ill equipped to helpⁱ. Research also indicates that clergy members often have had little or no training in gerontology while in the seminary or in continuing education.ⁱⁱ Given the important role of the clergy in the emotional well-being of older adults, our project continued focusing on using CADER's experience in behavioral health and aging and workforce development, to enhance the capacity of faith-based communities to meet the needs of older adult congregants and their families.

II. Program Description and Activities

This year, we continued our outreach efforts in order to train faith based leaders across Massachusetts, using CADER's 19 hour online Behavioral Health in Aging Certificate. We had nine clergy learners participating in the program, with a total of 115 hours of training. Faith leaders who completed the Certificate found the courses helpful. Given how busy they are with congregational duties, learning online enabled them to participate in learning anywhere, anytime. However, we did receive feedback that the program was long. With their busy schedules, it made it difficult for clergy learners to complete all 19 hours of training. With this most recent feedback about the length of our courses, we are looking at ways to address this, including shortening our Mental Health and Aging course and offering a stepped approach to the Certificate.

We also held a focus group in November to discuss how to increase the collaboration between social service and aging providers, and clergy, around issues pertaining to behavioral health. We invited those who had completed the CADER Behavioral Health in Aging Certificate to attend. Attendees were positive about the idea of having clergy and providers come together to discuss critical issues about mental health to foster collaborations; however, many felt that having regular meetings might be too much for people who were already so busy. Instead, we followed up on the suggestion of working with already existing meetings/work groups to add the voice of faith-based leaders to the discussion. Based on their suggestions, activities this year included:

- Monthly attendance at the Massachusetts Aging and Mental Health Coalition and the Elder Mental Health Collaborative. Together we were able to advocate for a line item in the budget to increase behavioral health services to older adults.
- Work with the Massachusetts Executive Office of Elder Affairs to support regional Behavioral Health and Aging meetings. We presented in Worcester in April with one of our Certificate completers, Rev. Gladys Gbesorgbor from Souls of Yahweh Ministries Int'l and discussed our efforts in integrating behavioral health and spirituality. We also presented at the Boston Behavioral Health meeting in June.
- Collaboration with the Boston Age Strong Commission to support efforts to integrate behavioral health and spirituality into older adult programs. Through this relationship we were invited to join the Memory Sunday planning committee. Memory Sunday is a designated day where congregations serving African Americans

collaborate with community agencies to increase awareness and resources to address Alzheimer's disease. Fifteen congregations participated this June, including St. Luke AME Zion, whose pastor who was on our Clergy Stakeholder Advisory Group. We have decided that for next year, we would reach out to the Memory Sunday leaders, and offer the opportunity to take the online Alzheimer's disease course that is part of the CADER Behavioral Health Certificate. This course is only four hours long, which makes it more manageable. It can also provide an entrée to the Behavioral Health in Aging Certificate program. Once they have completed the Alzheimer's course, interested learners could go on and complete the entire Certificate.

- Work on an anti-stigma campaign proceeded with the creation of 10 with media pieces for clergy to use in their congregations to provide information on behavioral health resources. CADER's national clergy study found that only 40% of congregations had readily available written materials. Once interested congregations whose leaders have completed our Certificate are identified, these pieces will be customized for their specific community.
- We continued the dissemination of information gained from our survey of 140 clergy leaders across the US, designed to develop a better understanding of the issues, as well as the training needs of faith leaders, in working with older adults who have behavioral health concerns. Findings from this were presented at the Annual Gerontological Society of America conference in November 2018. An article is underway.
- We have reconnected with Boston University School of Theology and hope to do a joint training project together.

III. Highlights

Feedback from clergy learners continued to be positive. Comments about the courses included:

- "I was recently appointed legal guardian of a person judged to be incompetent of making decision. This course helped me to understand more about my role and the rationale behind guardianship. The bioethics principles presented in the course inspired me to think deeper on the subject of guardianship. Now I intend to ask the court to reconsider its judgment on the competency of my client." Mental Health and Aging Issues course
- " Thank you for including this section in the course. As someone with aging family members and friends this knowledge is extremely useful." Suicide Prevention among Older Adults course
- "The information was really helpful, and I definitely feel more skilled in my practice as a result. Well worth the time. Thank you!" Suicide Prevention among Older Adults course

IV. Towns Served

Training participants came from the following towns: Abington, Belmont, Boston, Braintree, Brookline, Cambridge, Concord, Marshfield and Worcester.

V. Conclusion

This year, faith based providers continued to indicate an interest in increasing their knowledge in addressing the behavioral health issues they are seeing among older congregants. Many felt that they did not have the knowledge and skills to effectively address these issues. However, we also heard that the Certificate was too long. We are going to work on this by shortening our course on Mental Health and Aging and offer a stepped approach to the Certificate. We will also build on the relationships we have with the 40 congregations whose leaders have completed the Certificate, by piloting an anti-stigma campaign, using our newly developed media pieces. Finally, we hope to continue to bring awareness of the importance of collaboration by building on relationships through Memory Sunday and partnerships with Elder Affairs and Boston Age Strong.

ⁱ Weaver, A. J., & Koenig, H. G. (1996). Elderly suicide, mental health professionals, and the clergy: A need for clinical collaboration, training, and research. *Death Studies*, 20(5), 495-508.

ⁱⁱ Stanford, M., & Philpott, D. (2011). Baptist senior pastors' knowledge and perceptions of mental illness. *Mental Health, Religion & Culture*, 14(3), 281-29