Prevention and Identification of Behavioral Health Issues in Older Adults: Skill Development Among Clergy Members

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Introduction

The number of older adults with mental (or "behavioral") health concerns has more than doubled over the past 45 years, while the care system has not kept pace.

Past research has identified clergy as a potential workforce to bridge this gap in care for older adults, yet as crucial first-line responders, clergy often feel unprepared or ill-equipped to help[1]. This is not surprising, as clergy often lack formal mental healthcare training as compared to mental health professionals[2]. In MA alone, 29% of older adults reported feeling depressed in 2014[3]. Older adults tend to seek help with emotional and behavioral problems from clergy at higher rates than other services[4]. Compared then to other ages, older adults in particular utilize clergy services at higher rates, leaving clergy members with critically important roles related to reducing barriers of care for behavioral health concerns[5].

It is important that clergy who are providing critical assistance are fully equipped to do so. By providing more options for the continuing education of clergy, we can strengthen the workforce caring for older adults, with the end goal of creating a more age-friendly society.

Objectives

1. To identify the current behavioral health concerns that clergy encounter in their work with older adults and to assess their preparedness to help by disseminating a nationwide survey to clergy.

2. To improve clergy ability in identifying common behavioral health concerns and in making referrals to mental health professionals through a pilot study testing the impact of completing a certificate in Behavioral Health in Aging developed by the Center for Aging & Disability Education & Research (CADER).

Methods

1. A literature review was completed to identify common areas of concern for clergy regarding the behavioral health of older adults. A survey was developed with questions adapted from the literature and reviewed for validity by the CSAG and faculty from BU's School of Theology. Criteria was established for survey participants with aims of **recruiting a national group of clergy, diverse in religious denomination and geographic location (rural or urban).** Two mailing lists were used to distribute the survey. One was created using a random sampling of churches found in yellow page directories, while the second was obtained from the BU School of Theology. An email invitation containing the link to the survey was sent out to each mailing list twice. **One hundred and ten clergy (n=110) responded to the survey**.

2. Diverse clergy in MA were invited via email to be members of the Clergy Stakeholder Advisory Group (CSAG). Similar to the survey recruitment process, **clergy were invited based on geographic location (rural or urban) and religious denomination**. The previous mailing lists were used to recruit members to the CSAG. Thirteen (n=13) clergy were originally chosen to participate and eleven clergy (n=11) fully completed the program. The CSAG piloted five courses from the CADER curriculum: Mental Health and Aging, Suicide Prevention among Older Adults, Mental Wellness and Resilience among Older Adults and Refugees, Substance Use among Older Adults, and Alzheimer's Disease and other Dementias. **Competencies were measured pre and post-training** for each course to determine if there were competency changes. Course feedback was also collected for each course on course applicability to clergy.

Results

1 Table 1: Sample of Survey Responses Related to Behavioral Health Issues Among Older Adults

Frequency Questions	Almost always	Often	Sometimes	Seldom	Never	N
How often do older congregants come to you with concerns about depression or anxiety?	0.00%	10.28%	49.53%	29.91%	10.28%	107
How often do older congregants come to you with concerns about their drinking or drug use?	0.00%	1.90%	14.29%	51.43%	32.38%	105
How often do older congregants come to you with cognitive concerns such as Alzheimer's disease or other dementias?	0.00%	20.19%	46.15%	26.92%	6.73%	104
How often do older congregants come to you with thoughts about suicide?	0.00%	2.88%	8.65%	36.54%	51.92%	104

- Clergy reported that almost **60% of older adults will often or sometimes come to them with issues about depression** or anxiety, while fewer (16%) come to them with concerns about substance use. Just over 66% will often or sometimes discuss issues related to dementia, while the **majority (88%) would seldom or never discuss issues related to suicide**.

- CSAG members showed **significant competency improvements (p<0.05)** when comparing pre and post-competency testing for each course.

2 Figure 1: Pre-Post Scores for Most Significant Competencies

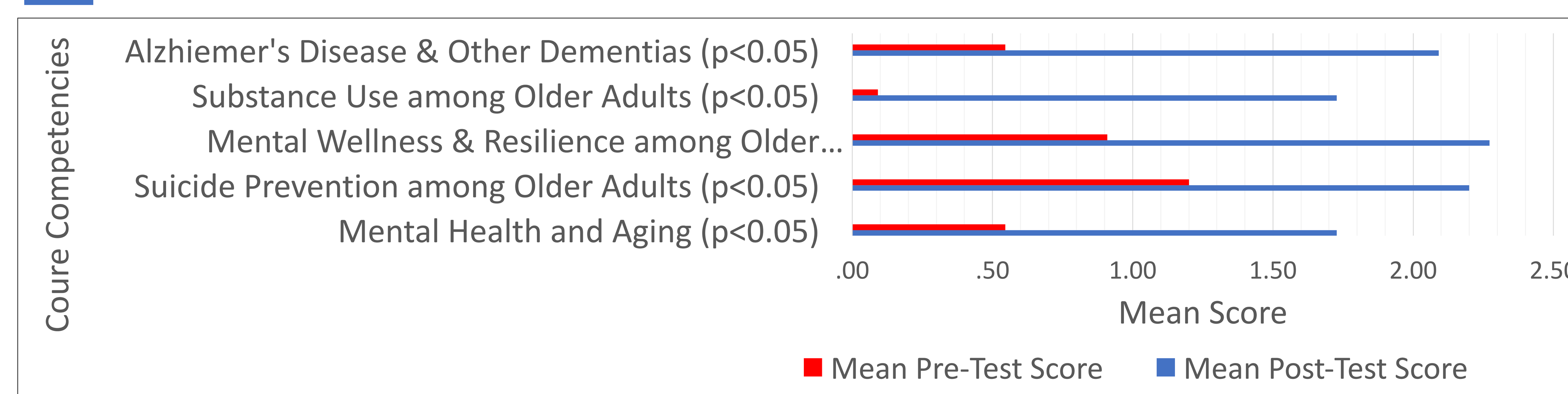

Table 2: Questions with the most significant difference in competencies by course

Pilot Course Curriculum	Mental Health & Aging	Suicide Prevention among Older Adults	Mental Wellness & Resilience among Older Adults & Refugees	Substance Use among Older Adults	Alzheimer's Disease & Other Dementias
Competency	Demonstrate an understanding of the core elements of a mental health assessment including standardized assessment tools.	Describe collaborative emergency plans that can impact the older adult's safety when they are at risk of suicide.	Describe interventions you can utilize to promote mental wellness with older immigrants and refugees.	Identify standardized screening and assessment tools that are appropriate for use with older adults, such as the MAST-G and AUDIT.	Describe psychosocial interventions that can be utilized with people with dementia.

Discussion

- The high rates (60%) with which older adults often or sometimes come to clergy with mental health issues are **consistent** with the literature. While the very high rates (88%) with which clergy seldom or never discuss issues related to suicide are **inconsistent** with previous findings. For the pilot coursework, **each CSAG member showed significant improvements (p<0.05)** when comparing pre and post-competency testing for each course. Based on this significant improvement in the CSAG, clergy who have taken the survey, but not the coursework, may be unaware of what they do not know about the behavioral health of older adults until they are exposed to the training.
- Limitations of the survey include an **underrepresentation of certain religious denominations** since the majority of respondents (86%) reported practicing a Protestant faith.

Future Directions

This project continues through Fall 2017 and Spring 2018, with the **aim of training 50 diverse clergy across MA** using a revised version of the CADER Behavioral Health in Aging certificate. Course revisions are based on feedback from the CSAG. In addition, the survey will be **released again to a new mailing list that better represents some of the religious denominations underrepresented** during the first survey. Through this work, we hope to expand the knowledge of clergy about symptom identification and treatment referrals so clergy can assume roles linking older adults to needed behavioral health services. **The end goal is to increase mental wellness and reduce suicidality among older adults.**

Acknowledgements

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