



School of Social Work:
Center for Aging & Disability Education & Research

E4 Center for Excellence Mental Health and Aging for Faith Leaders Training Initiative 2024

**Evaluation Report from the Center for Aging &
Disability Education & Research (CADER)
Boston University School of Social Work**

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Executive Summary

The Center for Aging and Disability Education and Research (CADER) and the E4 Center for Excellence partnered to offer CADER's *Mental Health and Aging for Faith Leaders* course to twelve faith leaders in the Chicago area, with the goal of training faith leaders to identify and respond to mental health concerns in older adults. For all eleven course competencies, self-reported skill level increased from the pre-course competency self-assessment to the post-course competency self-assessment, with percent increases ranging from 25% to 320%. For ten out of the eleven competencies, the increase was statistically significant ($p < .05$). Learner feedback was positive and included: *"This course was OUTSTANDING and I am looking forward to additional learning opportunities as well as opportunities to share what I gained from this course"* and *"I'm so grateful to have been able to take this course. This course has enlightened me on mental health in the older community."*



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Evaluation Report

I. Introduction

The Center for Aging and Disability Education and Research (CADER) at Boston University is dedicated to bringing evidence-based research into practice through workforce innovation in the aging and disability fields. CADER programs and courses apply a competency-focused approach to comprehensive training, committed to enhancing the skills of practitioners in the field at all levels of experience.

Through a partnership with the E4 Center for Excellence, CADER provided faith leaders in the Chicago area with access to an online training course on mental health and aging. This evaluation report presents learner demographics, findings from competency-based self-assessments, and learner feedback. Information was collected for the enrollment period of July 15, 2024 to September 27, 2024.

“I’m so grateful to have been able to take this course. This course has enlightened me on mental health in the older community. I feel like I can pay attention to certain cues, get enough resources that I can help aid those that are in need.”

II. Course Overview

Faith leaders were enrolled in CADER’s online course, *Mental Health and Aging for Faith Leaders*. This course provided learners with information on the signs, symptoms, and risk factors of mental health conditions, guidance on how to talk to older adults facing mental health challenges, and an understanding of the role of culture in mental health. After completing the course, learners will meet the following course objectives:

1. Identify the major mental health conditions that affect older adults.
2. Explain why mental health concerns among older adults are often underdiagnosed and undertreated.
3. Describe the barriers to mental health intervention for older adults.
4. Identify the role of faith leaders and spirituality in coping with mental health concerns.
5. Identify resources and services available for treating mental health conditions in older adults.

CADER provided course management support (program registration and technical support including individual follow-ups with learners, course completion reminders, and troubleshooting). CADER also provided regular progress updates to E4 leadership and partners.

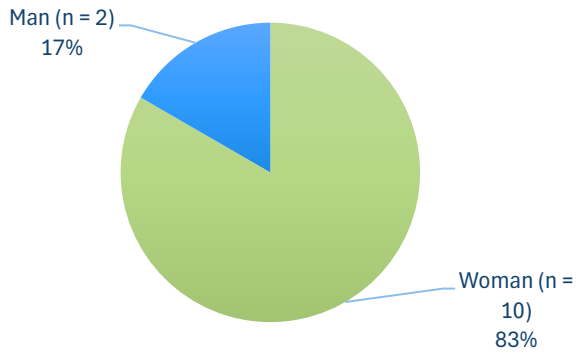
III. Completion

A total of 12 learners completed the course.

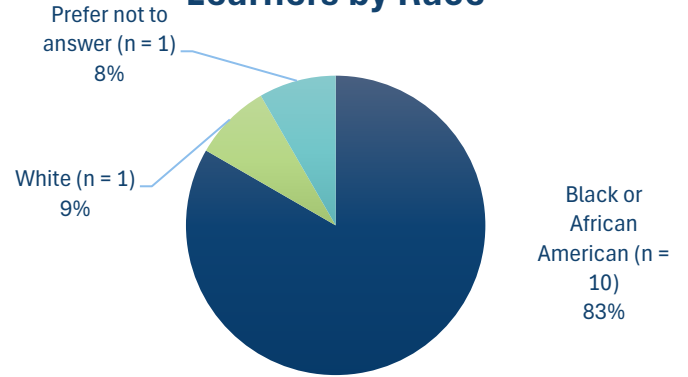
IV. Learner Demographics

When registering for the course, learners self-reported demographic information. The following charts show a breakdown of learners by gender, race, educational attainment, and age.

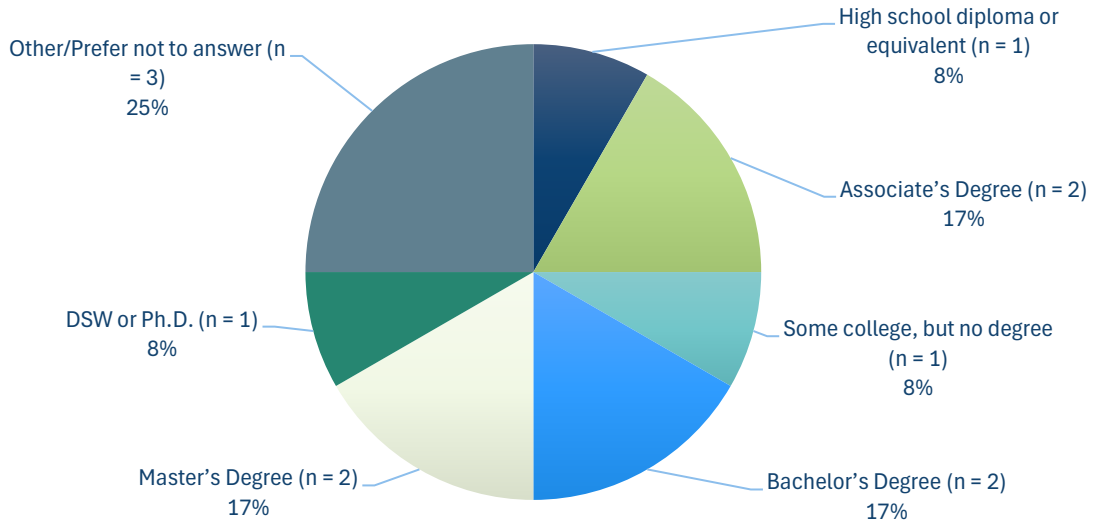
Learners by Gender



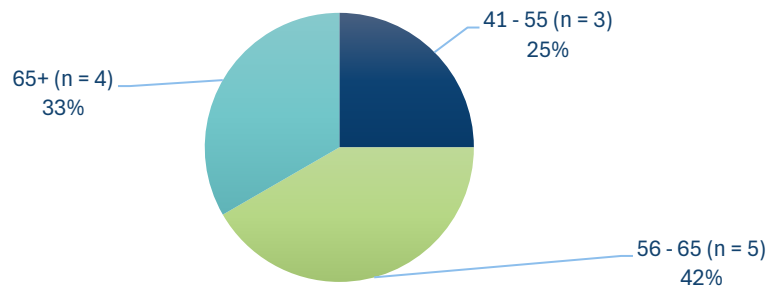
Learners by Race



Learners by Education



Learners by Age



V. Course Results

Learner Feedback

Overall, learners provided very positive feedback about the course.

“This course was OUTSTANDING and I am looking forward to additional learning opportunities as well as opportunities to share what I gained from this course. Thanks so much for this amazing learning experience.”

“Excellent course. Please offer this course to more faith leaders. I will share with other faith leaders my experience with taking this course.”

When asked what they found most helpful about the course, many learners stated that the downloadable list of resources was most helpful.

“Having downloadable lists of resources.”

“Resource information.”

Learners were also asked what changes they anticipate making after taking the course. Learners indicated that they intended to add more mental health programming and to make their congregation more welcoming to older adults.

“We will be doing more mental health programming for our church members and surrounding community.”

“I want to be involved in maximizing access to safe and inclusive spaces as well as ways to ensure seniors in particular feel that they belong and are not a burden.”

Additionally, learners expressed that they intended to communicate with and be more aware of older adults.

“Focus on making sure I communicate more with older adults making sure they doing well and have the support they may need.”

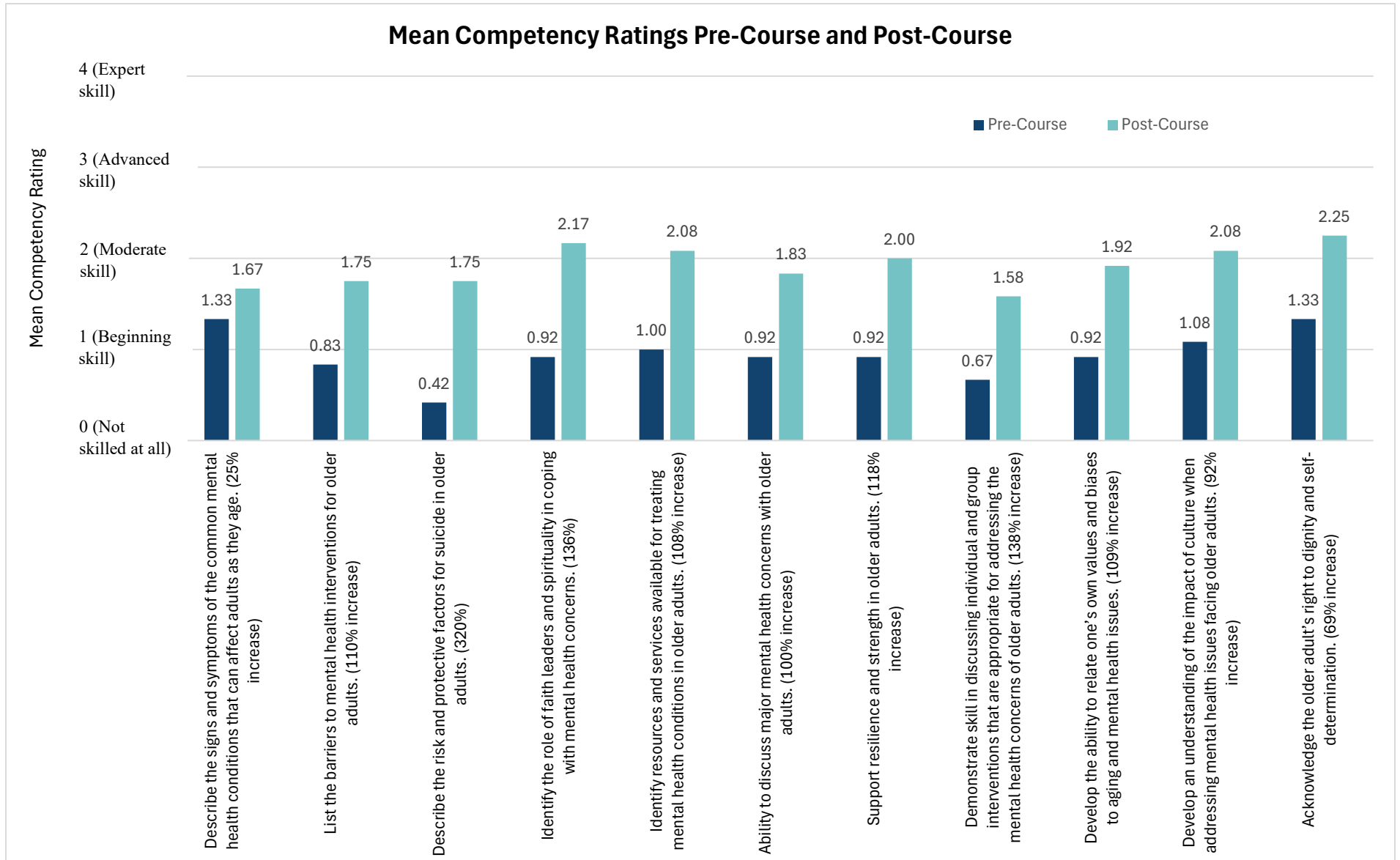
“Be more cognizant of the behavior of the older members of my church and community.”

Competency Results

At the beginning and end of the course, learners were asked to rate their skill level in eleven competencies using the following scale: 0 - Not skilled at all; 1 - Beginning skill; 2 - Moderate skill; 3 - Advanced skill; 4 - Expert skill.

As shown in Figure 1, for all eleven competencies, mean ratings increased from the pre-course competency self-assessment to the post-course competency self-assessment. For ten out of the eleven competencies, the increase was statistically significant ($p < .05$). Percent increases ranged from 25% to 320%. Additional competency data is displayed in the Appendix Table 1.

Figure 1



Course Objectives Results

At the end of the course, learners were asked whether they felt that the course met the learning objectives. Learners rated whether the course met objectives using the following scale: 1- Strongly disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly agree.

The percentage of learners who agreed or strongly agreed that the course met each learning objective is provided in the table below.

Learning Objective	Percent of Learners Who Agreed or Strongly Agreed
Identify the major mental health conditions that affect older adults.	92%
Explain why mental health concerns among older adults are often underdiagnosed and undertreated.	100%
Describe the barriers to mental health intervention for older adults.	100%
Identify the role of faith leaders and spirituality in coping with mental health concerns.	92%
Identify resources and services available for treating mental health conditions in older adults.	100%

Course Evaluation Results

At the end of the course, learners were asked how much they agreed or disagreed with a series of course evaluation statements using the following scale: 1- Strongly disagree; 2 - Disagree; 3 - Neutral; 4 - Agree; 5 - Strongly agree; 6 - Non-applicable.

The percentage of learners who agreed or strongly agreed with each course evaluation statement is provided in the table below.

Evaluation Statement	Percent of Learners Who Agreed or Strongly Agreed
This training expanded my knowledge and understanding of the topic area.	100%
The information in this course was effectively presented.	100%
This training will help me apply practice skills in the topic area.	92%

VI. Additional Results

Existing Mental Health Programming

Learners were asked “Does your congregation offer programming on mental health?” Of the 12 learners, 2 (17%) responded “No, never,” 3 (25%) responded “Yes, once a month or less frequently,” 1 (8%) responded “Yes, everyday,” and 6 (50%) indicated that they were unsure.

Adding Mental Health Programming

After taking the course, learners were asked if they intended to add any mental health programming at their congregation and if so, to describe the programming. Eight learners (67%) indicated yes. Sample responses included:

“I plan to hold a workshop to review the relevant course material and have occasional small group sessions for open dialogue to engage in conversation to share information and resources.”

“I would love to create small packages of information to share in small gift bags with members in my congregation as well as a list of resources to help them in their time of need or to share with a member of their peer group.”

“Yes. Establish a phone call chain. Establish group interactive events.”

One learner (8%) said that they did not intend to add any mental health programming, and 3 learners (25%) indicated that they were not in a position at their congregation to implement programming on their own.

Confidence Assisting Older Adults with Mental Health Concerns

Prior to taking the course, 3 (25%) learners reported that they felt very confident or extremely confident assisting older adults with mental health concerns. After taking the course, 6 (50%) learners reported that they felt very confident or extremely confident assisting older adults with mental health concerns.

VII. Summary and Conclusion

Learners provided positive feedback on CADER’s *Mental Health and Aging for Faith Leaders* course, with many learners stating that they will add more mental health programming at their congregation and pay more attention to older adults. Results from the competency assessment indicated that learners gained key skills pertaining to aging and mental health.

Not only will this training help faith leaders better serve the older adults in their faith communities, but it will also benefit older adults who often turn to faith leaders for mental health and other forms of support. CADER looks forward to a continued partnership with the E4 Center for Excellence with the goal of training more faith leaders and improving outcomes for older adults.

VIII. Appendix

Table 1. Results from the Pre-Course and Post-Course Competency Self-Assessments

At the beginning and end of each course, learners were asked to rate their skill level in various competencies using the following scale: 0 - Not skilled at all; 1 - Beginning skill; 2 - Moderate skill; 3 - Advanced skill; 4 - Expert skill.

Mean competency ratings, percent increases, and p-values are shown in the table below.

Competency	Pre-Course Mean Competency Rating	Post-Course Mean Competency Rating	Percent Increase	P-value
Describe the signs and symptoms of the common mental health conditions that can affect adults as they age.	1.33	1.67	25%	.166
List the barriers to mental health interventions for older adults.	0.83	1.75	110%	<.05
Describe the risk and protective factors for suicide in older adults.	0.42	1.75	320%	<.05
Identify the role of faith leaders and spirituality in coping with mental health concerns.	0.92	2.17	136%	<.05
Identify resources and services available for treating mental health conditions in older adults.	1.00	2.08	108%	<.05
Ability to discuss major mental health concerns with older adults.	0.92	1.83	100%	<.05
Support resilience and strength in older adults.	0.92	2.00	118%	<.05
Demonstrate skill in discussing individual and group interventions that are appropriate for addressing the mental health concerns of older adults.	0.67	1.58	138%	<.05
Develop the ability to relate one's own values and biases to aging and mental health issues.	0.92	1.92	109%	<.05
Develop an understanding of the impact of culture when addressing mental health issues facing older adults.	1.08	2.08	92%	<.05
Acknowledge the older adult's right to dignity and self-determination.	1.33	2.25	69%	<.05