

**From Knowledge to Practice:
Training Faith Leaders in Aging and
Mental Health**

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Intro:

Older adults often turn to their faith leaders for mental health support (Pickard & Tang, 2009; Wang et al., 2003). However, many faith leaders have not received adequate training to provide this support (Farrell & Goebert, 2008). Recognizing a need for faith leader training in aging and mental health, the Center for Aging and Disability Education and Research at Boston University developed and piloted an online course aimed at increasing faith leaders' knowledge and skills in aging and mental health.

Methods:

- Faith leaders from Massachusetts (N = 7) and Chicago (N = 37) completed the online course, *Mental Health and Aging for Faith Leaders*.
- Faith leaders self-reported their skill level on 11 course competencies before and after taking the course, and provided open-ended feedback.
- Changes in competencies were calculated using a paired t-test.

Results:

- On all 11 course competencies, faith leaders showed statistically significant increases in skill level ($p < .001$).
- Faith leaders described how they will apply what they learned to support older adult well-being.

Discussion:

The *Mental Health and Aging for Faith Leaders* course is an efficient and effective tool to prepare faith leaders to respond to mental health concerns in older adults.

Financial Disclosure:

- Massachusetts Department of Public Health
- Substance Abuse and Mental Health Services Administration

The *Mental Health and Aging for Faith Leaders* online course increased faith leaders' knowledge and skills pertaining to mental health and aging.



Competency Data:

Faith leaders rated their skill level on competencies before and after taking the course using a Likert scale of 0 to 4 (0 = Not skilled at all; 4 = Expert skill).

| Competency | Mean Pre | Mean Post | p |
|--|----------|-----------|-------|
| Identify the role of faith leaders and spirituality in coping with mental health concerns. | 0.89 | 2.66 | <.001 |
| List the barriers to mental health interventions for older adults. | 0.92 | 2.42 | <.001 |
| Describe the risk and protective factors for suicide in older adults. | 0.68 | 2.16 | <.001 |

Qualitative Data:

After taking the course, faith leaders responded to the question "What changes do you anticipate making after taking this course?" Responses were coded into the categories below.

| Category | Subcategory | N |
|------------------------------|--|----|
| Individual Level Changes | Understand aging-related mental health challenges and available resources | 5 |
| | Prioritize personal well-being | 2 |
| | Total | 7 |
| Interpersonal Level Changes | Pay more attention to older adults and the signs of mental health concerns | 14 |
| | Show empathy and compassion | 4 |
| | Increase communication and interaction with older adults | 4 |
| | Demonstrate better listening skills | 4 |
| | Total | 26 |
| Organizational Level Changes | Implement mental health support within faith organizations | 5 |
| | Collaborate with colleagues | 2 |
| | Total | 7 |
| Societal Level Changes | Connect older adults to resources | 6 |
| | Promote awareness and share knowledge | 5 |
| | Advocate for older adult mental health and general aging related issues | 2 |
| | Involve community members | 1 |
| | Total | 14 |



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