CBIHS Cultural Competency Summit

Reaching Out to Religious Leaders to Talk About Mental Health

Religious Leaders Behavioral Health Training Services
MHSA Innovation Project

Funded by the Orange County Health Care Agency, Behavioral Health Services, Innovations, Mental Health Services Act/Prop. 63
A coalition of community based agencies working to eliminate ethnic and racial disparities and improve the quality of life for underserved multi-ethnic communities
Learning Objectives

• Educate and inform attendees about partnering with Religious Leaders of various faith communities and provide guidelines on effective strategies for integrating mental health into faith-based communities.

• Highlight best approaches in working with Religious Leaders to increase awareness and reduce stigma on behavioral health disorders.

• Provide guidelines on how to integrate culturally and linguistically responsive Behavioral Health care practices with religious and spiritual discourse.
Project Goal:

• Equip Religious Leaders with knowledge and skills to educate and support their communities through a train the trainer model which includes an 8 hour Train the Trainer course for Religious Leaders and 4 hour training for community members given by the Religious Leaders.

Why train Religious Leaders in Behavioral Health Care?

• Religious Leaders are seen as:
  – the Initial source of contact for support
  – Cultural Brokers
  – Spirituality has been recognized as a significant driver of wellness in the Recovery Model.
Curriculum:

• “Culturally Promoted Response” Training
  – Developed specifically for this project

• “Competency Model” increasing Awareness, Knowledge and Skills

• Allows for faith-based tailored instructions aligned with the Recovery Model

Challenges:

• Distrust of mainstream agenda
• Conflicting belief systems
• Logistical Issues
PROJECT OUTCOMES

Religious Leaders

Fiscal Year 2015-2018
PROGRAM ACTIVITIES

**Outreach & Engagement**

- 2,985 outreach activities

**Services**

- Ongoing training support to Religious Leaders
- Trainings available in County threshold languages

**Collaborations**

- Connecting with faith-based organizations and interfaith collaborations
- Connecting with other efforts that want to or are reaching out to provide resources to congregations
Trainings

Enrollments

July 2015 – To Date

• 157 Religious Leaders
• 2282 Community Members
• Provided in over 65 locations/congregations
PROJECT OUTCOMES

Fiscal Year 2015-2018
Religious Leaders’ Demographics

**Age**
- 6% 18 – 25 years
- 70% 26-59 years
- 22% over 60 years

**Gender**
- 47% female
- 36% male
- 16% missing
- 0.6% declined

**Race/Ethnicity**
- 35% Asian/PI
- 30% Latino
- 11% Middle Eastern
- 8% Non-Hispanic White
- 4% African
- 3% Other

**Preferred Language**
- 46% English-only
- 13% Spanish-only
- 19% Bilingual*
- 15% Korean-only
- 3% Vietnamese
- 2% Farsi

*N* = 156

*Arabic, Farsi, Spanish, Korean, Vietnamese*
RELIGIOUS LEADERS’ RELIGIOUS AFFILIATION

- Christian: 27.6%
- Catholic: 25.0%
- Declined: 12.8%
- Islam: 10.9%
- Other: 9.0%
- Muslim: 7.1%
- Buddhist: 7.1%
- Multiple: 0.6%
- Missing: 12.8%

N = 156
MENTAL HEALTH CONFIDENCE QUESTIONNAIRE

How confident/skilled do you feel in helping someone with a mental health problem or deliberate self-harm?

Response Scale

<table>
<thead>
<tr>
<th>Rating</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>2.93</td>
<td>3.68</td>
</tr>
<tr>
<td>Little</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Moderately</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Quite</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Extremely</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

N = 156
RELIGIOUS LEADERS’ SATISFACTION SURVEY

“This program has helped me improve my understanding about what mental illness looks like and how it impacts family, friends and/or co-workers”

“I would recommend this program to someone I know”

“As a direct result of the training I received here, I am better able to take care of myself or to better help my own community”

“This program has helped me develop or improve my skills in implementing this program in my own community”

98%

97%

100%

97%

98%
In Their Own Words...

“I liked that they brought up the information in a way so we can relate to it when it happens in our church.”

“I was impressed with the training. It provided us a good and solid core understanding of mental health and mental illness. The class discussions were outstanding.”

“This information helped me realize the severity of mental illnesses and how it is affecting our communities.”

“I think the cultural implications were a huge help to me. As we go about serving the community, especially in specific areas this will help.”

“I learned something that I have never thought about and the information given changed how I think about mental illness. Also, this training built my confidence in addressing mental illness in my community.”
PROJECT OUTCOMES

Community Members

Fiscal Year 2015-2018
Community Members’ demographics

N = 1,632

**Age**
- 17% 26 - 59 years
- 6% 18-25 years
- 11% over 60 years
- 2% Declined
- 64% Missing

**Gender**
- 63% Female
- 33% Male
- 2% Decline
- 0.1% Queer

**Race/Ethnicity**
- 44% Asian/PI
- 33% Latino
- 8% Non Hispanic White
- 6% Middle Eastern
- 3% African/Black/African Am
- 1% Decline
- 1% Other

**Preferred Language**
- 32% English
- 20% Spanish
- 14% Korean
- 20% Vietnamese
- 2% Arabic
- 6% Bilingual*
- 0.4% Other

*Arabic, Farsi, Spanish, Vietnamese, French
COMMUNITY MEMBERS’ RELIGIOUS AFFILIATION

- Catholic: 24%
- Christian: 25.7%
- Buddhist: 6.4%
- Muslim: 5.6%
- Other: 2.0%
- Zoroastrian: 1.3%
- Multiple: 0.6%
- Missing: 31.9%

N = 1,632
I will use what I learned from this program in the future.

I would recommend this program to someone I know.

This program has helped me improve my understanding about what mental illness looks like and how it impacts family, friends and/or co-workers.

As a direct result of the training I received here, I am better able to take care of myself or to better help my own community.
“Strongly agree that this program is good for the church and better to help the community.”

“This is essential for our church community to embrace and help our community....This is a parish, family, ministry and individual matter of importance affecting children, adults and our aging community.”

“This program helps me understand my own family and their struggles.”

“In my family we do not talk about mental health. We just say they are crazy and we avoid the person. When my family knew there was something wrong with me, they took me to the doctor but didn't talk about it. They were very disappointed to know I have depression. This training makes me feel accepted. The people here had very kind words to say. I hope this teaches people about people like me.”

“This opened my heart to those suffering with mental illnesses.”
OVERALL LESSONS LEARNED

Cultural Competency
- Translation of materials into 6 County threshold languages
- Culturally responsive content needed more contribution from the Religious Leaders
- Flexibility to design training approaches that match needs
- Emphasize peer experiences and stories

Training Structure & Delivery
- Flexibility in length of trainings and scheduling
- Ongoing support and consultation to Religious Leaders
- Destigmatizing the training experience for the congregates.
- Utilize an interactive, conversational approach rather than a Powerpoint format

Accessibility
- Basic behavioral health care training designed for a diverse audience
- No Cost and affordable for all religious leaders
- Trusted leaders provide trainings to their communities
- Available to underserved, monolingual populations
Recommendations

• Continue to expand outreach to LGBTQ Affirming Congregations and other Religious and Ethnic Groups

• Continue supporting and encouraging religious leaders to make mental health awareness trainings, resources and support services available in their congregations

• We see a need to support congregations to create mental health awareness in different formats, build a mental health ministry and develop a mental health support leadership structure that is tailored to the capacity of each congregation

• Continue to use a culturally and linguistically responsive approach to integrate diverse faiths and spirituality into the training, resources, and referral system of mental health services for community members

• Faith based mental health resources, a campaign initiated by key Religious Leadership and speaking engagements by key Religious Leaders on mental health for other Religious Leaders to provide mentorship and advance conversations
Questions and Discussion
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