LAYING THE FOUNDATION: DEVELOPING A HEALTHY MENTAL MINISTRY

Presented By:

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OUTLINE

- Why Build a Comprehensive Health Ministry?
- Using a Socio-Ecological Model for health initiatives
- Eight indicators of congregational health

LEARNING OBJECTIVES: PARTICIPANTS WILL

- be able to list at least two reasons faith communities are a logical place to do health promotion.

- be able to give at least one example of a health ministry program in each for the four areas of health and in three levels of the Socio-Ecological Model.

- be able to list potential partners for health ministry within their congregation and have a plan for how to engage them.

WHAT IS HEALTH MINISTRY?

- Emphasizes the wholeness of body, mind and spirit in congregations

- Promotes healing, health and wellness among the members and among people in the wider community

- A cooperative effort that may include members interested in health and wholeness, hospitals and other health agencies in the community

WHY HEALTH MINISTRY?

- Chronic conditions prevent people in our congregations from living full and productive lives
  - obesity
  - stress
  - other lifestyle risk factors
- Unhealthy conditions are adversely affecting the mission of the Church

WHY HEALTH MINISTRY?

- To start and sustain positive personal behaviors requires a broad range of actions:
  - personal awareness and knowledge
  - supportive environments such as congregations
  - leadership permission and encouragement
  - access to programs and activities
  - changes in basic life patterns

WHY HEALTH MINISTRY?

- The spiritual traditions of the AME faith recognize that:
    - The body is the temple of the Lord
    - Our stewardship extends to the effective care of those bodies
    - Our stewardship extends to the development of life-giving and sustaining supports so all persons can partake of health and wholeness

WHY HEALTH MINISTRY?

- Congregations represents a significant influence in the daily lives of a large percentage of our population
- In American society the church is one of the institutions that strongly influences people's values and personal life choices.
- The church reaches people of all ages, races and economic backgrounds.
- Congregations offer people a sense of meaning.

STATISTICS

- Across a recent 15-year span, suicide rates increased 233 percent among African Americans aged 10-14 compared to 120 percent among Caucasian Americans in the same age group across the same span of time

- Somatization—the manifestation of physical illnesses related to mental health—occurs at a rate of 15 percent among African Americans and only 9 percent among Caucasian Americans.

- African Americans comprise 40 percent of the homeless population and only 12 percent of the U.S. population. People experiencing homelessness are at a greater risk of developing a mental illness

- Children in foster care and the child welfare system are more likely to develop mental illnesses. African American children comprise 45 percent of the public foster care population.

- Exposure to violence increases the risk of developing a mental illness; over 25 percent of African American children exposed to violence meet criteria for posttraumatic stress disorder.

WHY A COMPREHENSIVE APPROACH?

- When we are not healthy in mind, body & spirit together, we are less than what God intended us to be and we are less available to do the work to which God called us in ministry.

- For as the body is one, and hath many members, and all the members of that one body, being many, are one body: so also is Christ. I Corinthians 12:12

WHY A COMPREHENSIVE APPROACH?

- To deny the interconnectedness of body, mind & spirit or to shortchange any aspect of our lives is to deny the fullness of what God has called each one of us to be.

- John 10:10 KJV

- "The thief cometh not, but for to steal, and to kill, and to destroy: I am come that they might have life, and that they might have it more abundantly."

WHY A COMPREHENSIVE APPROACH?

- To recognize the inseparability of our complete nature (body, mind & spirit) and to operate from the center is to lead from the soul.

WHY IS THE LAY ORGANIZATION INVOLVED?

- A myriad of distractions compete for our time, attention & energy.

- Our faith community is a critical element in our mental, emotional, physical, social & spiritual health.

- It is inherent in the mission of the AME Church to provide the faith community with support for the total health of its clergy and congregants.

HOW REASONABLE IS IT TO DISCUSS "HEALTH" IN THE CONGREGATIONAL SETTING?

- Companies are getting involved as payers and as agents of change: fitness centers, company doctors, incentives for good health habits, health fairs.

- Schools are involved through nurses, education, immunization campaigns.

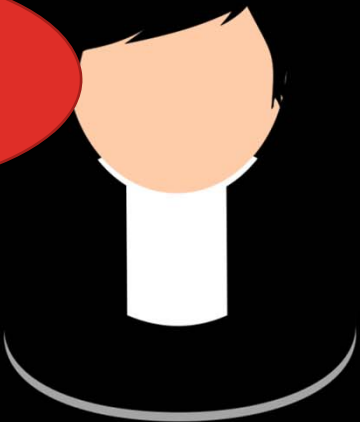- The retail sector is becoming involved in healthcare delivery.

The Nurse Is In:
A Take Care clinic inside a Rite-Aid drug store in Milwaukie, Ore.

Source: The Wall Street Journal: Wednesday, October 5, 2005 Personal Journal Section, pg. D1

HOW REASONABLE IS IT TO DISCUSS "HEALTH" IN THE CONGREGATIONAL SETTING?

- An increasing number of people are uninsured or underinsured and not appropriately accessing our healthcare system.

- Church affiliated indigent clinics are trying to "pick up the slack".

- The traditional healthcare system was never designed to take on prevention.

- Decisions on life and death are even uncomfortably becoming an issue for legislation.
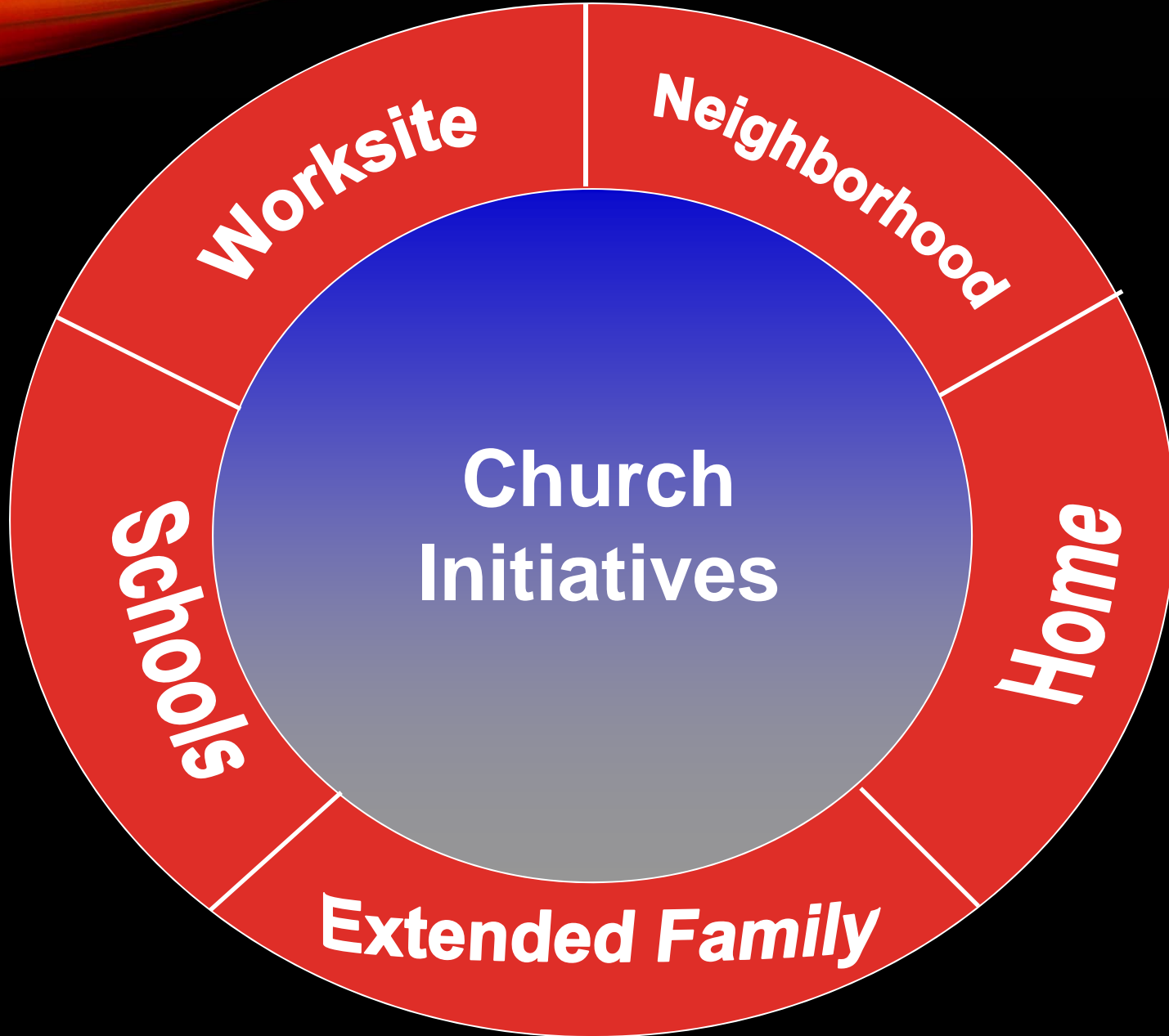
HOW DOES MENTAL HEALTH AFFECT THE BLACK COMMUNITY?

- According to the Health and Human Services Office of Minority Health, *African Americans are 20% more likely to experience serious mental health problems than the general population.* Common mental health disorders among African Americans include:

- Major depression

- Attention deficit hyperactivity disorder (ADHD)

- Suicide, among young African American men

- Posttraumatic stress disorder (PTSD), because African Americans are more likely to be victims of violent crime

AFRICAN AMERICANS ARE ALSO MORE LIKELY TO EXPERIENCE CERTAIN FACTORS THAT INCREASE THE RISK FOR DEVELOPING A MENTAL HEALTH CONDITION

- Homelessness. People experiencing homelessness are at a greater risk of developing a mental health condition. African Americans make up 40% of the homeless population.

- Exposure to violence increases the risk of developing a mental health condition such as depression, anxiety and post-traumatic stress disorder. African American children are more likely to be exposed to violence than other children.

HOW CAN THE CHURCH BECOME INVOLVED IN HEALTH AND WELLNESS?

- By providing a more comprehensive understanding of the connection between physical/emotional health and our social and spiritual lives?

- By creating a common vision and plan that congregants may choose to utilize?

- And then by fostering <u>long-term</u> knowledge acquisition and skill building?

FAITH, SPIRITUALITY AND COMMUNITY

- In the African American community, family, community and spiritual beliefs tend to be great sources of strength and support.

- Faith and spirituality can help in the recovery process but should not be the only option you pursue. If spirituality is an important part of your life, your spiritual practices can be a strong part of your treatment plan.

ONLY ABOUT ONE-QUARTER OF AFRICAN AMERICANS SEEK MENTAL HEALTH CARE, COMPARED TO 40% OF WHITES.

http://www.nami.org/Find-Support/Diverse-Communities/African-Americans

6 ACTUAL FACTS SHOW WHY MENTAL HEALTH IS AN ISSUE IN THE BLACK COMMUNITY

- Black Americans are as likely to suffer from mental illness as whites.

- Relatively high rates of poverty increase likelihood for mental health issues.

- Racism in care still exists.

- Barriers in access to adequate health care make it harder to get help.

- Black Americans heavily use prayer to cope with stress or mental illness.

- Stigma in the community may make it that much tougher to seek help.

- https://mic.com/articles/113030/6-actual-facts-show-why-mental-health-is-an-issue-in-the-black-community#.3BQJAaRJZ

WHY COMPREHENSIVE HEALTH MINISTRY?

- Includes multiple dimensions of health:
  - Physical
  - Mental/Emotional
  - Social
  - Spiritual
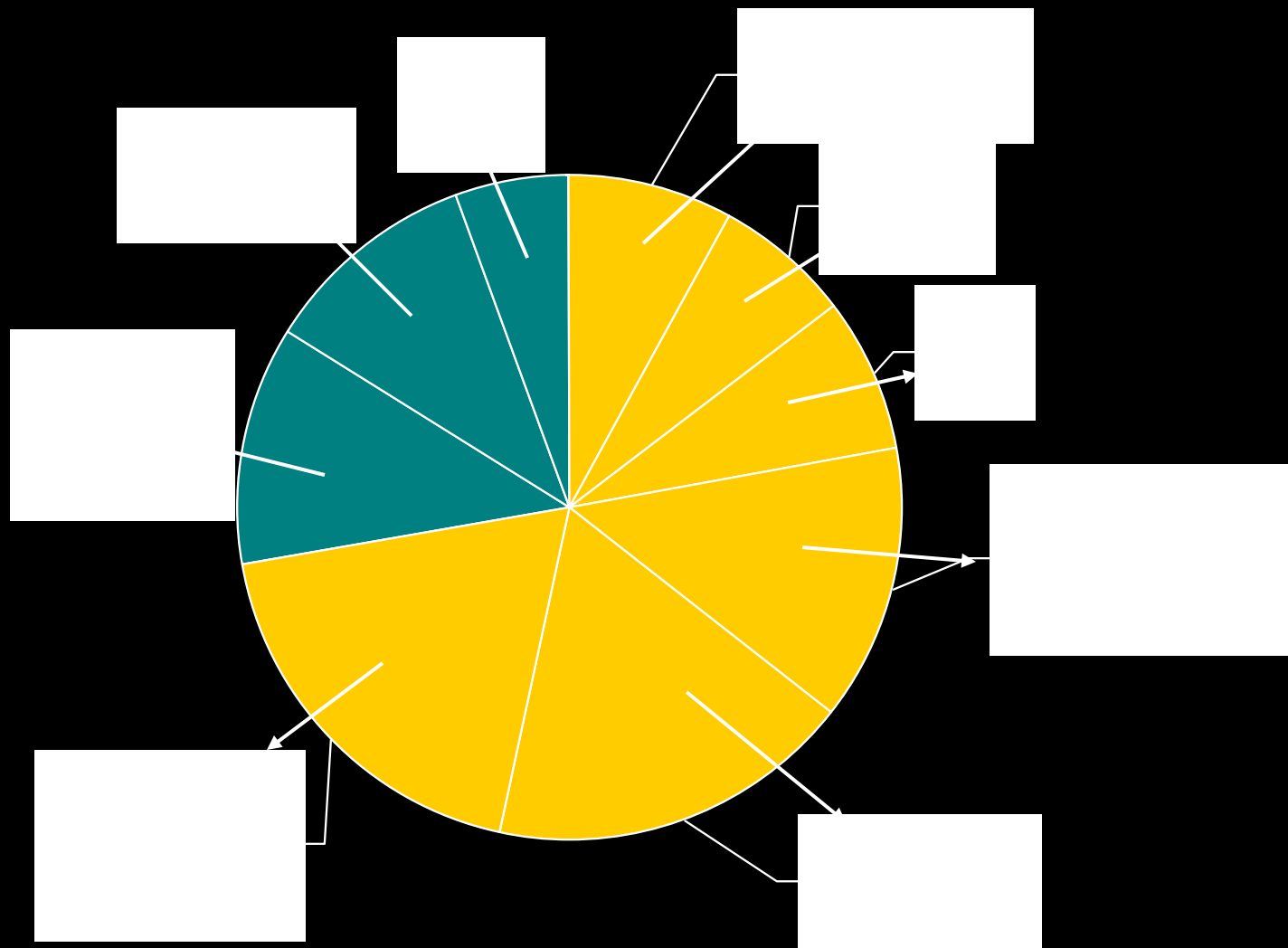- Allows for choice to meet needs
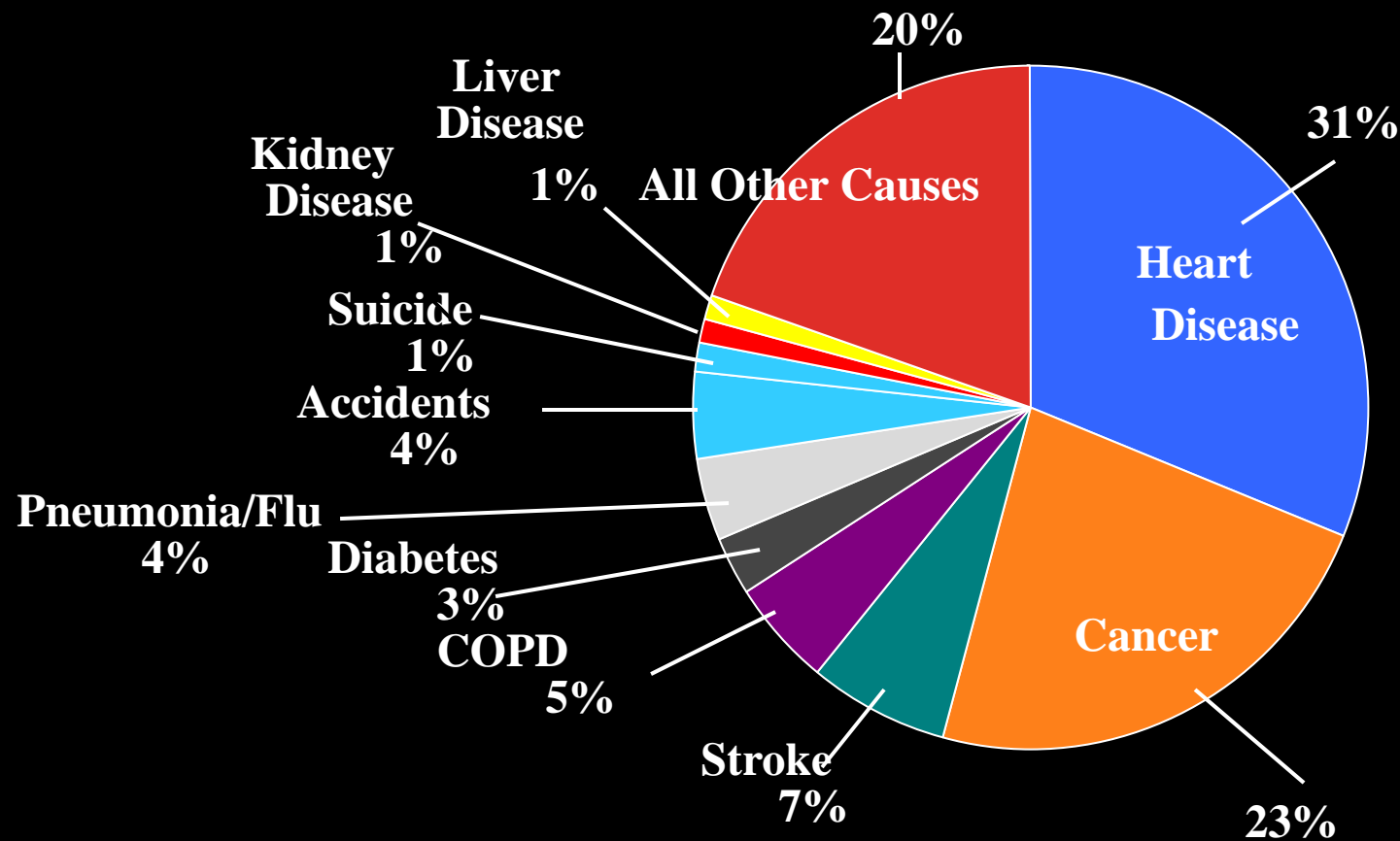
WHAT DO YOU THINK ARE THE LEADING CAUSES OF DEATH IN THE 1900'S

LEADING CAUSES OF DEATH
FINAL DATA FROM THE CDC FOR 1998

- 20%
- **Liver Disease** 1%
- **Kidney Disease** 1%
- **Suicide** 1%
- **Accidents** 4%
- **Pneumonia/Flu** 4%
- **Diabetes** 3%
- **COPD** 5%
- **Stroke** 7%
- **All Other Causes**
- **Heart Disease** 31%
- **Cancer** 23%

HMR
Health Management Resources

THE ECONOMIC BURDEN OF CVD
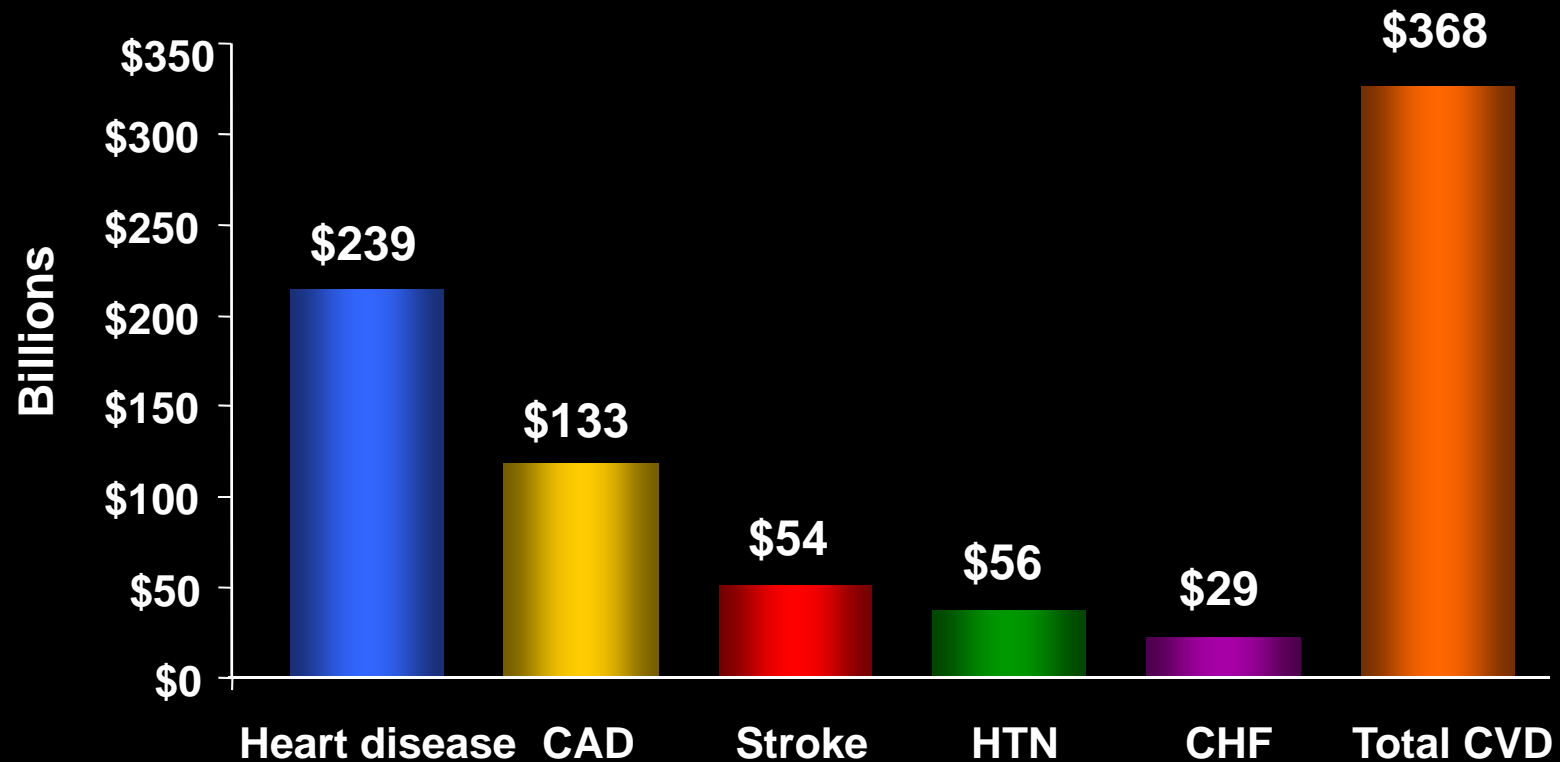
CAD, coronary artery disease; CHF, congestive heart failure; CVD, cardiovascular disease; HTN, hypertension.
Heart Disease and Stroke Statistical 2004 Update. American Heart Association.

WE ARE BEGINNING TO UNDERSTAND THE PROBLEM.....
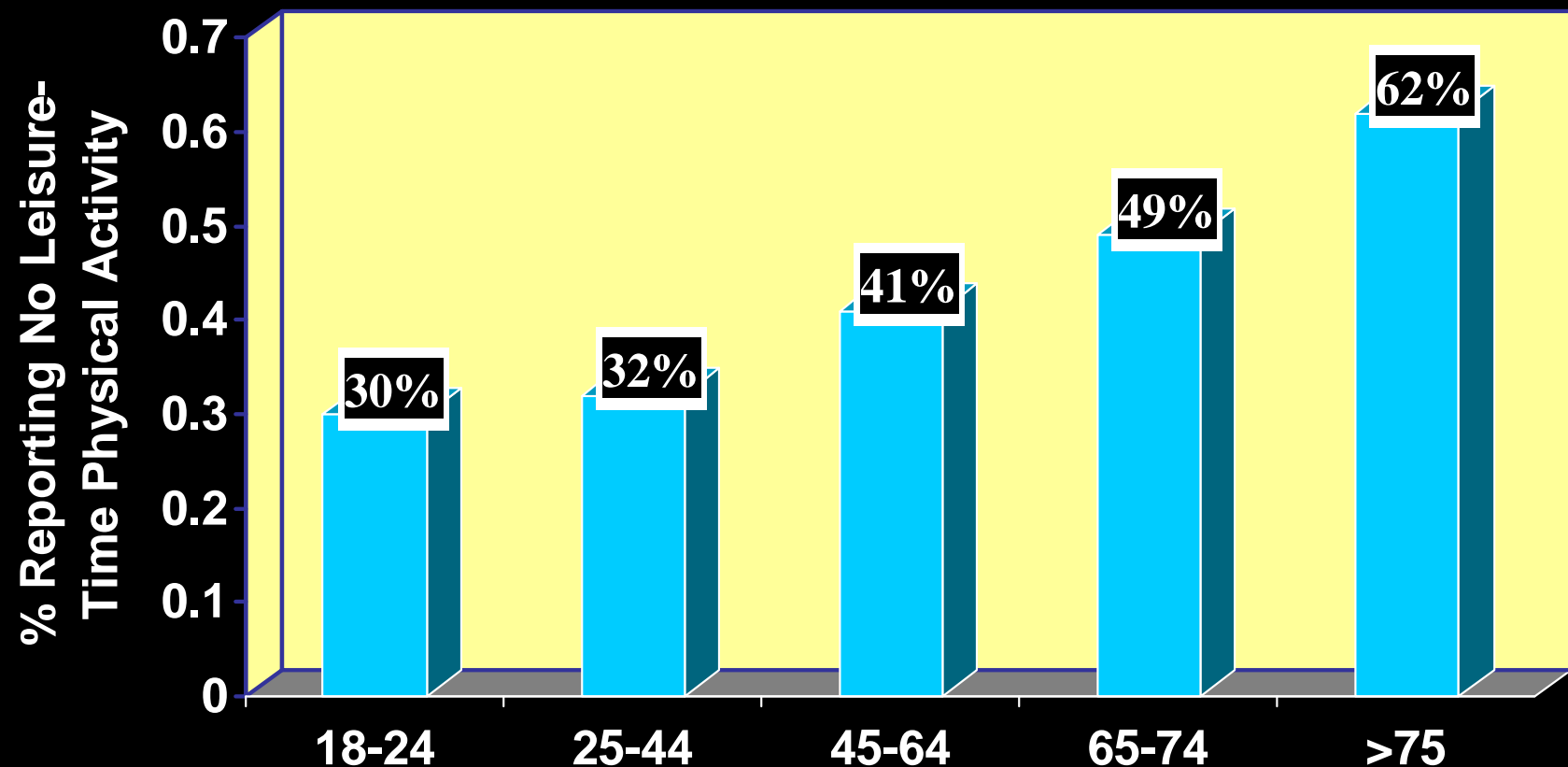
HOW DID WE GET HERE?

What am I-What is this???
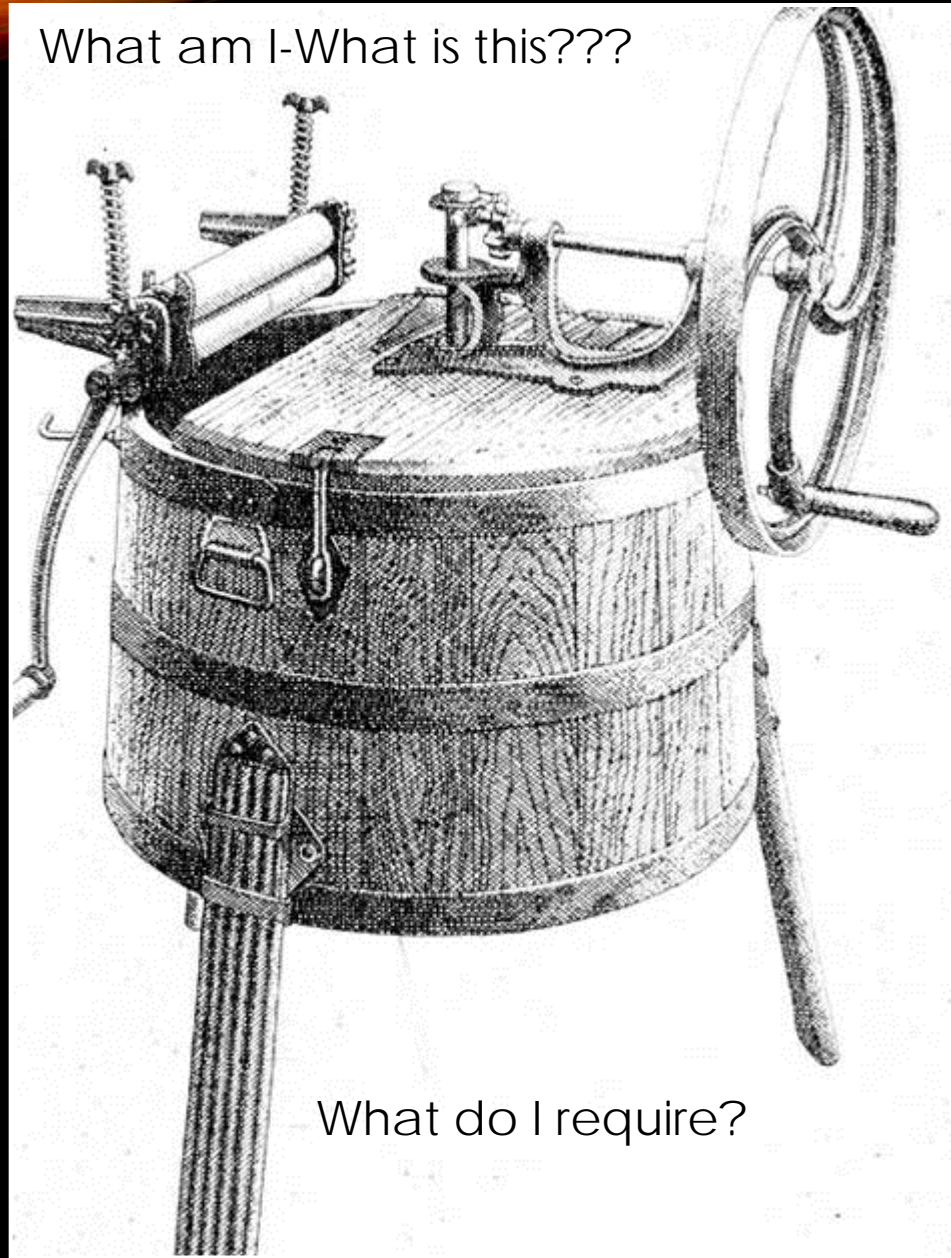
What do I require?

THE IRON AGE

LACK OF LEISURE-TIME PHYSICAL ACTIVITY AMONG US ADULTS

Source: Healthy People 2010.

JE Manson et al. Arch Int Med 2004 Feb 9; vol 164

Now

Then

"Genetics loads the gun; the environment pulls the trigger."
George Bray

IMPACT OF EMOTIONS ON PHYSICAL HEALTH

- Depression

- Anxiety

- Addiction

- Stress/Time Management
    - Family
    - Worksite
    - Community

IMPACT OF SOCIAL HEALTH ON PHYSICAL/EMOTIONAL WELL BEING

- Connections
  - Physical environment
    - Built environment
    - Your "space"

  - Interpersonal environment
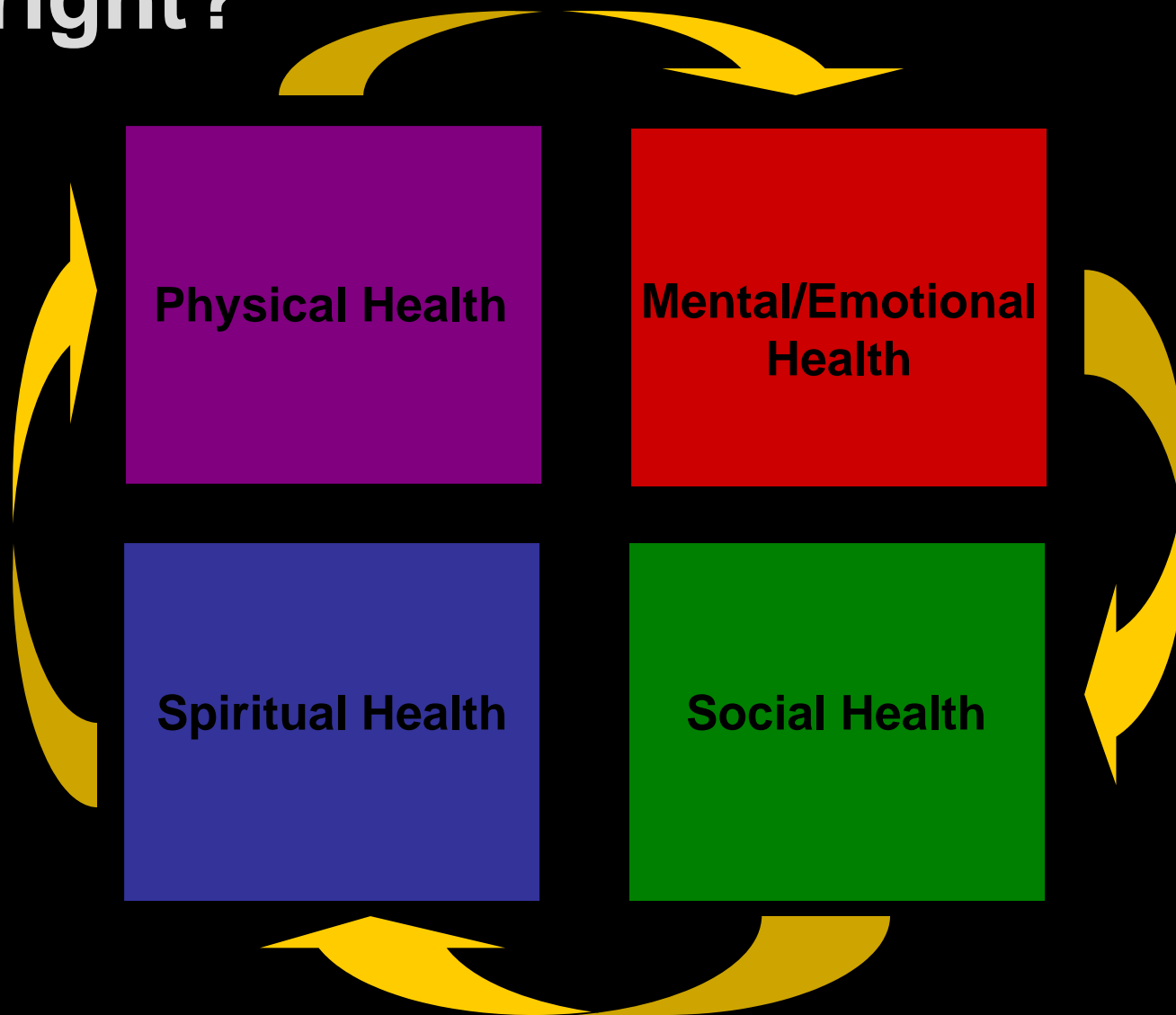   - Support
    - Relationships
    - Responsibilities

BUT PHYSICAL/EMOTIONAL/SOCIAL HEALTH MAY STILL NOT BE ENOUGH

Self-Actualization

Esteem Needs

Belonging Needs
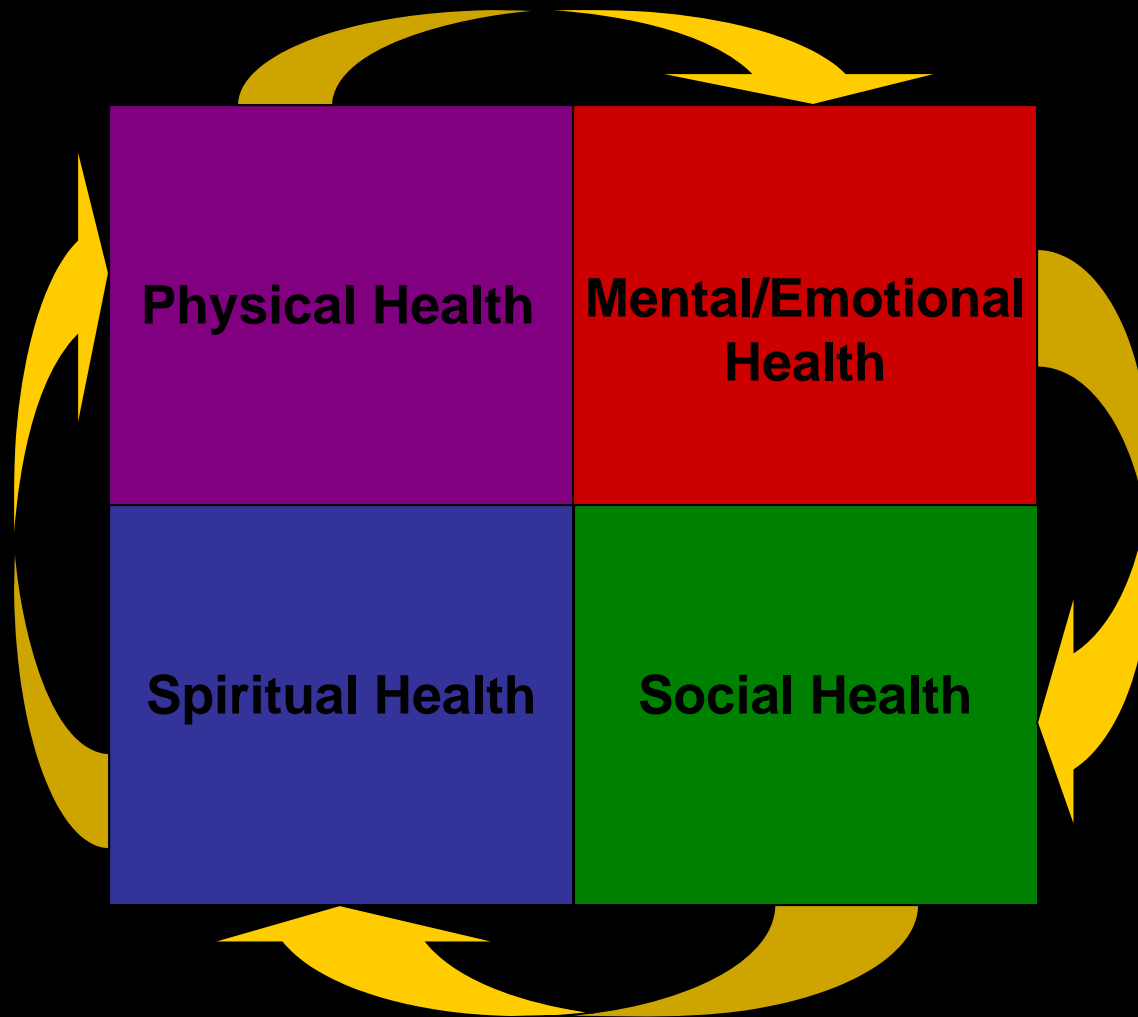
Safety Needs

Physiological Needs

- Spiritual fulfillment can provide the context and meaning to life
- Our spiritual health is reflected in our desire to extend the quality and quantity of our lives in order to have the time to "get it right" and "pass it on"

Components of Comprehensive Health Initiatives	Individual	Interpersonal	Organizational
Physical Health **Nutrition, Fat, Fruits & Vegetables, Physical Activity, Water, Sleep, Appropriate Calories, Calcium**	Individual Self-Assessments Self-Care Covenant Nutrition Education Physically Active Games 1-2-3-4 Life/Walking Logs Food Pyramid Data	Walking Groups Support Groups Physically Active Games	Healthy Food Policies Parking Policies Tobacco Use Policies Changes in Meeting Agendas to include PA Mandatory Days Off Vacation Policies
Mental/Emotional Health **Learning Styles, Stress Management, Coping Strategies, Relaxation Techniques**	Individual Self-Assessments Self-Care Covenant Emotional Intelligence Stress Management Time Management Communication Skills Balancing Work & Family	Parenting Classes Sector-Specific Groups	Mandatory Days Off Vacation Policies
Social Health **Respect Self Value People (RSVP), Social Networking, Time management, Individual Social Support**	Individual Self-Assessments Self-Care Covenant Stress Management Tips Social Capital Benchmark Survey Social Support	Stress Management Support Group Social Support Group Leadership Skills Class Learning Styles Financial Management Tools Manners & Etiquette	Food Pantries Clothing Exchanges
Spiritual Health **Prayer, meditation, fasting, Shared Learning**	Individual Self-Assessments Self-Care Covenant Daily Journals Prayer Memorization Whisper Prayer Meditation	Bible Study Groups Meditation Groups Stewardship Teams Bible Study groups for specific populations, ex. Bible study group for young mothers	Meeting Structure Policies to include prayer & reflection

INDICATORS OF A SUCCESSFUL CONGREGATIONAL HEALTH MINISTRY

It has to be more than health fairs and exercise classes!
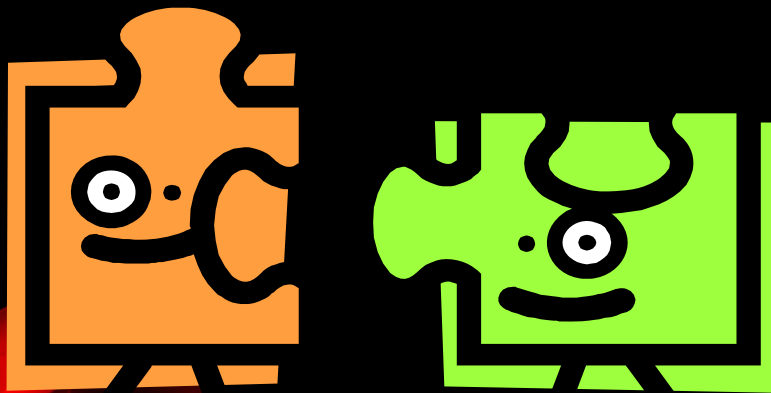
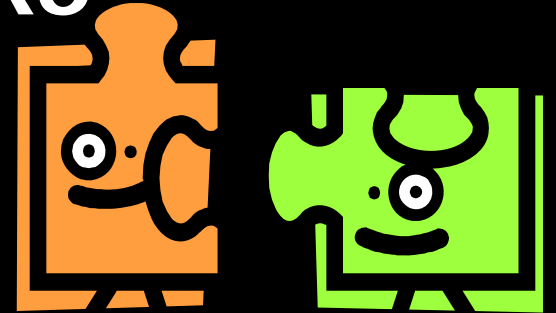# KEY INDICATORS

- Faith & Wellness: Expressed concern by congregation

- Support by Church Leaders: Ongoing & visible

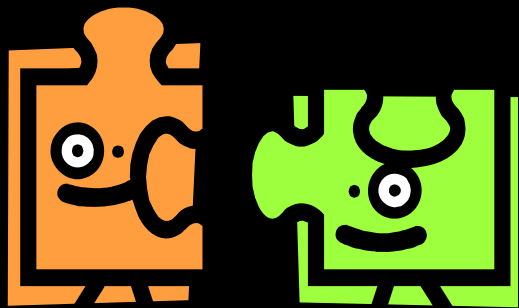- Policies: Written and expressed

KEY INDICATORS

- Evaluation: Regularly scheduled & multi-level

- Goals & Objectives: Specific to congregation

KEY INDICATORS

- Programs: Multi-level for clergy/staff, congregants, & community outreach

- Resources: Congregation & community

KEY INDICATORS
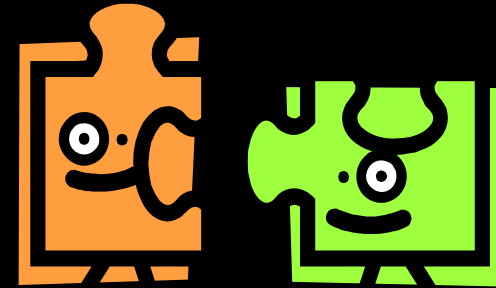
- Links with Community: Other congregations, agencies & organizations

AVOID:

- Ready
- Fire
- Aim
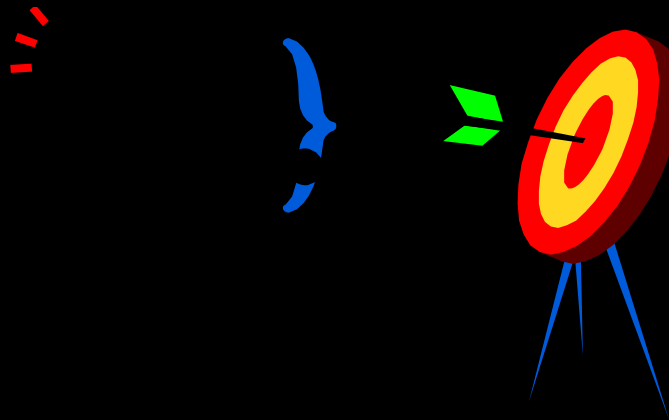
PLANNING: RECRUIT A HEALTH MINISTRY TEAM

- A health minister (coordinator)
- Use elements of comprehensive health to identify potential members
- Include diverse membership
- Include both natural and positional leaders
- Add some short-term recruits to assist with planning

PLAN INCLUDES STRATEGIES TO INFLUENCE:

- Attitudes
- Knowledge
- Skills
- Environment
- Policy

K $\longrightarrow$ T $\longrightarrow$ A $\longrightarrow$ SE $\longrightarrow$ B

Environment
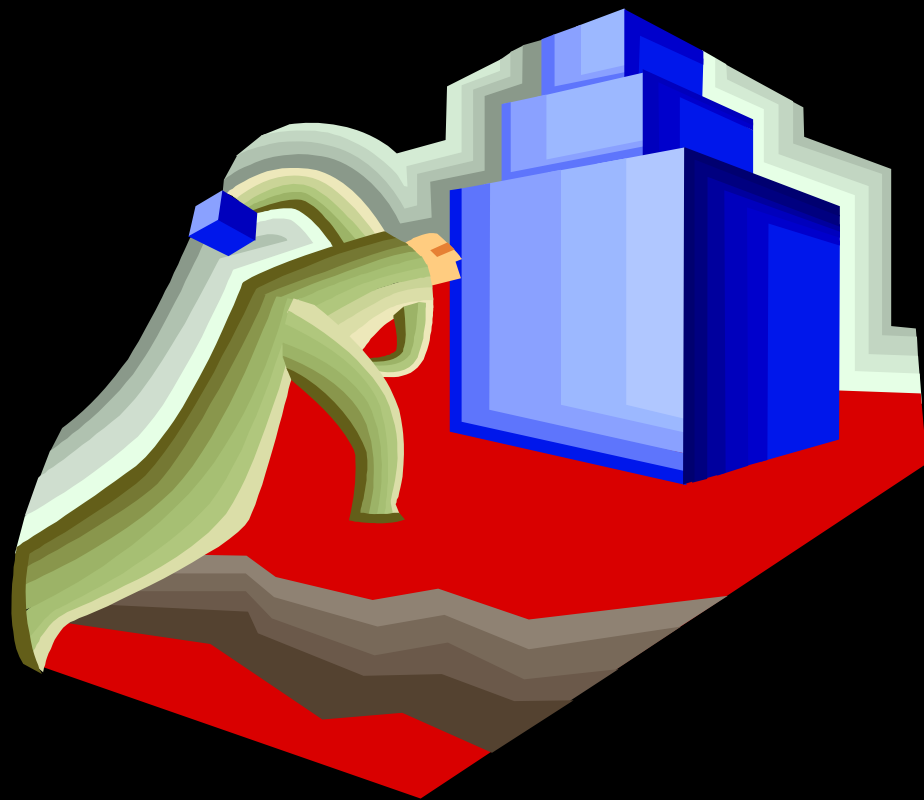
K: Knowledge   SE: Self Efficacy

T: Threat   B: Behavior

A: Attitude

Baranowski T, Cullen KW, Nicklas T, Thompson D, Baranowski J. Are Current Health Behavioral Change Models Helpful in Guiding Prevention of Weight Gain Efforts? *Obes Res* 2003 October 1;11(90001):23S-43.

STRATEGIES TO DEVELOP LEADERSHIP/CAPACITY

- Clergy & Staff must visibly support initiative, but they are not solely responsible for it

- Identify champions and nurture them

- Passion is critical!

STRATEGIES TO DEVELOP LEADERSHIP/CAPACITY

- It is not enough to give them a fish, or even to teach them to fish.

- Teach them how to build a fishing pole & to read the map showing locations of fishable waters

COMMUNICATION STRATEGIES

- Keep people informed

- Create support

- Increase awareness

- Move people from Pre-Contemplation to Contemplation, Preparation and Action

COMMUNICATION

- Key messages

- Coordinated efforts

- Multiple sources of messages

HEALTH EDUCATION/SKILL DEVELOPMENT STRATEGIES

- Train the trainer opportunities
- Resources available in print and/or online
- Multiple options for each component of wellness
- Technical assistance from experts

STRATEGIES TO MODEL & PROMOTE HEALTHY LIFESTYLES

- Self-Care Covenant
- Environmental changes
- Social support opportunities
- Policies

STRATEGIES TO CREATE HEALTHY ENVIRONMENTS

- Modifications to meal, snack & vending choices
- Physical activity opportunities
- Environments for self-reflection and meditation
- "Safe" environments for mental/emotional health resources
- Supportive social groups
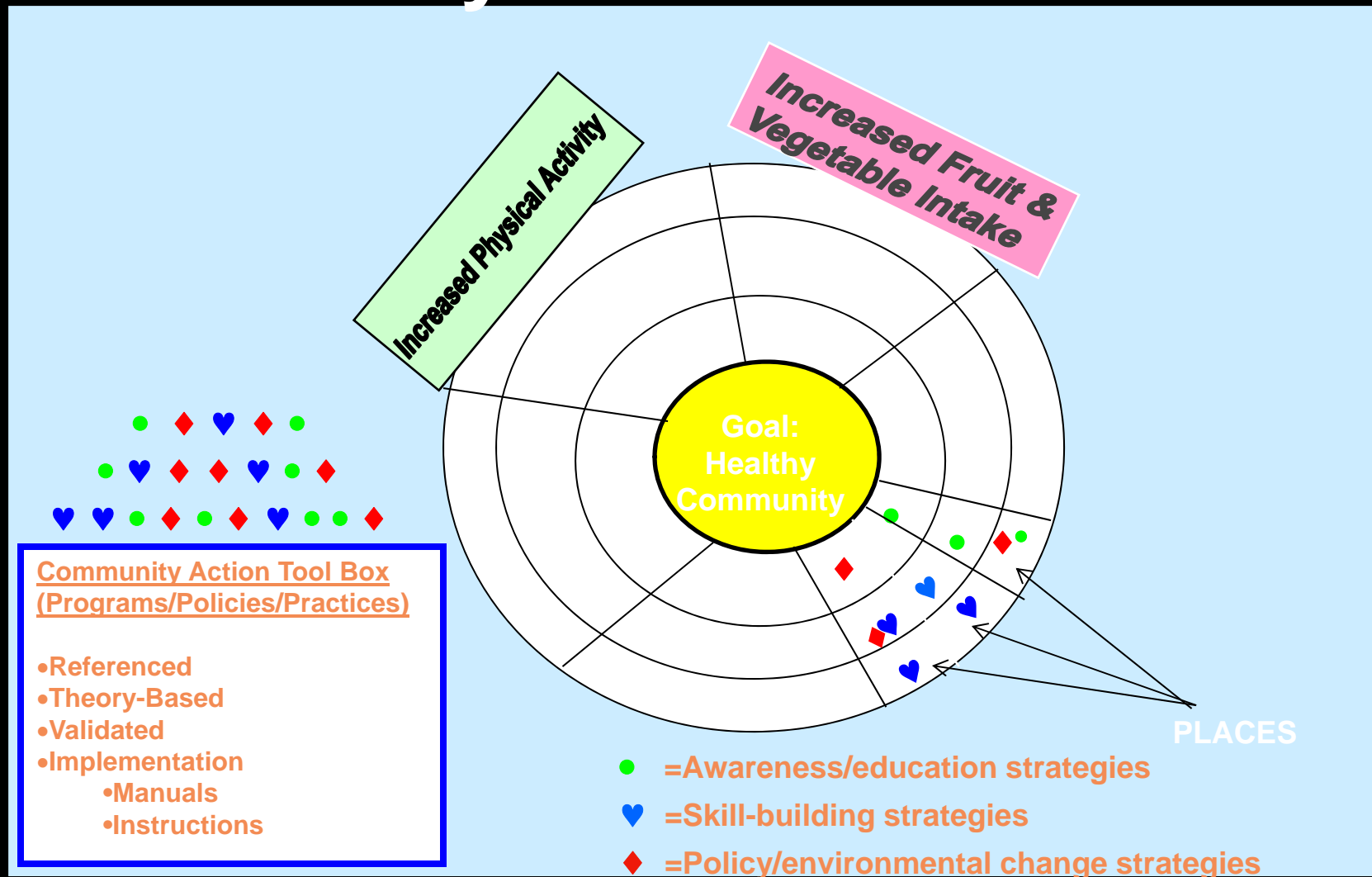
EVALUATION STRATEGIES

- Multi-level evaluation

- Periodic congregational & individual health assessments

PLACE-BASED APPROACH

- Focus on places where people live, learn, work & play

- Identify connection points & opportunities

- Natural leaders exist in "places"

- Naturally-occurring audience

Strategic, Place-Based Community Intervention Model©

Increased Physical Activity

Increased Fruit & Vegetable Intake

Goal: Healthy Community

PLACES

Community Action Tool Box (Programs/Policies/Practices)

- Referenced
- Theory-Based
- Validated
- Implementation
  - Manuals
  - Instructions

● =Awareness/education strategies

♥ =Skill-building strategies

♦ =Policy/environmental change strategies

Strategic, Place-Based Community Intervention Model©, version 1.2, Early & Johnston, 2002

PROGRAMS & ACTIVITIES ARE IMPORTANT, BUT THEY ARE NOT ENOUGH

- Programs

  - Increase knowledge & skills

  - Provide social support

  - Generally focus on one behavior

PROGRAMS & ACTIVITIES ARE IMPORTANT, BUT THEY ARE NOT ENOUGH (CONT.)

- Programs
  - Lack environmental & policy aspects
  - Lack sustainability

THE CRITICAL ROLE OF POLICY

- Expresses importance

- Announces support & involvement of administration

THE CRITICAL ROLE OF POLICY (CONT.)

- Assures some sustainability

- Requires accountability

- Offers opportunities for involvement

WHY ENVIRONMENTAL INTERVENTIONS?

- Visible expression of values

- Social support

- Physically supports individual behaviors

- Provides opportunities for modeling

- Educational tool

EXAMPLES OF ENVIRONMENTAL INTERVENTIONS

- Fresh fruit on reception counter

- Non-smoking facilities and grounds

- Healthy meals and snacks provided

- Bottled water & juice in drink vending machines

- Walking paths measured and marked in buildings and on grounds

NEEDS ASSESSMENT OPTIONS

- Congregational Self-Assessment
- Individual Health Risk Assessments
- Surveys
- Focus Groups
- Key Informant Interviews

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CONGREGATIONAL SELF-ASSESSMENT

- Consider all eight indicators
- Must be done by a team of people
- Requires thoughtful consideration and discussion
- Valuable for setting priorities

NEEDS ASSESSMENT OPTIONS

- Congregational Self-Assessment
- **Individual Health Risk Assessments**
- Surveys
- Focus Groups
- Key Informant Interviews

INDIVIDUAL HEALTH RISK ASSESSMENT (HRA)

- Generally cost $60 -$200 per person
- Data may be reported individually and/or in aggregate
- Aggregate data is useful for congregational planning
- Research doesn't support theory that HRA data moves people to change
- Doesn't account for state of change

NEEDS ASSESSMENT OPTIONS

- Congregational Self-Assessment
- Individual Health Risk Assessments
- **Surveys**
- Focus Groups
- Key Informant Interviews

SURVEYS

- Consider tools that ask opinions of what is happening as well as how important those things are to respondent

- Consider tools that offer options for action and ask for importance and feasibility scores

- Collect data from multiple groups

- Can provide data for priority-setting

BASELINE CONGREGATION BALANCE SURVEY
(1- 5 SCALE: 1= NOT IMPORTANT/NOT NOTICEABLE)

Important	Item	Noticeable
	People are comfortable expressing personal need for help at the church.	
	Conflict is managed effectively.	
	Awareness of a church environmental policy.	
	Concerted effort to provide nutritionally sound options at events serving food/beverages.	
	Offers learning opportunities in primary life skills (friendship, sexuality, singleness).	
	Facilitates development of interpersonal communication skills to foster meaningful relationships.	

BASELINE COMMUNITY BALANCE SURVEY RESULTS (1-5 SCALE: 1= NOT IMPORTANT/NOT NOTICEABLE)

Important	Item	Noticeable
	Offers the forum & services to deal with relational/emotional problems in a healthy manner	
	Provides opportunities and facilities for people to gather & celebrate special events	
	Welcomes & invites people into the community as builders rather than outsiders	
	Spiritual needs of people are met by existing programs & ministries	
	Has support groups for people going through life transitions	
	Has an organized network (known to all) in case of emergency and a system of immediate response	

NEEDS ASSESSMENT OPTIONS

- Congregational Self-Assessment
- Individual Health Risk Assessments
- Surveys
- **Focus Groups**
- Key Informant Interviews

FOCUS GROUPS

- Structured conversation that focuses on a specific topic
- Gather input from groups of individuals you want to impact
- Gather input from potential partners

NEEDS ASSESSMENT OPTIONS

- Congregational Self-Assessment
- Individual Health Risk Assessments
- Surveys
- Focus Groups
- **Key Informant Interviews**

KEY INFORMANT INTERVIEWS

- Ask the same set of interview questions in one-on-one interviews with:
  - Congregational group/committee leaders (Formal Leaders)
  - Key representatives of target groups (Informal Leaders)
  - Potential adversaries
  - Potential partners

EVALUATE RESULTS

- Qualitative
- Quantitative
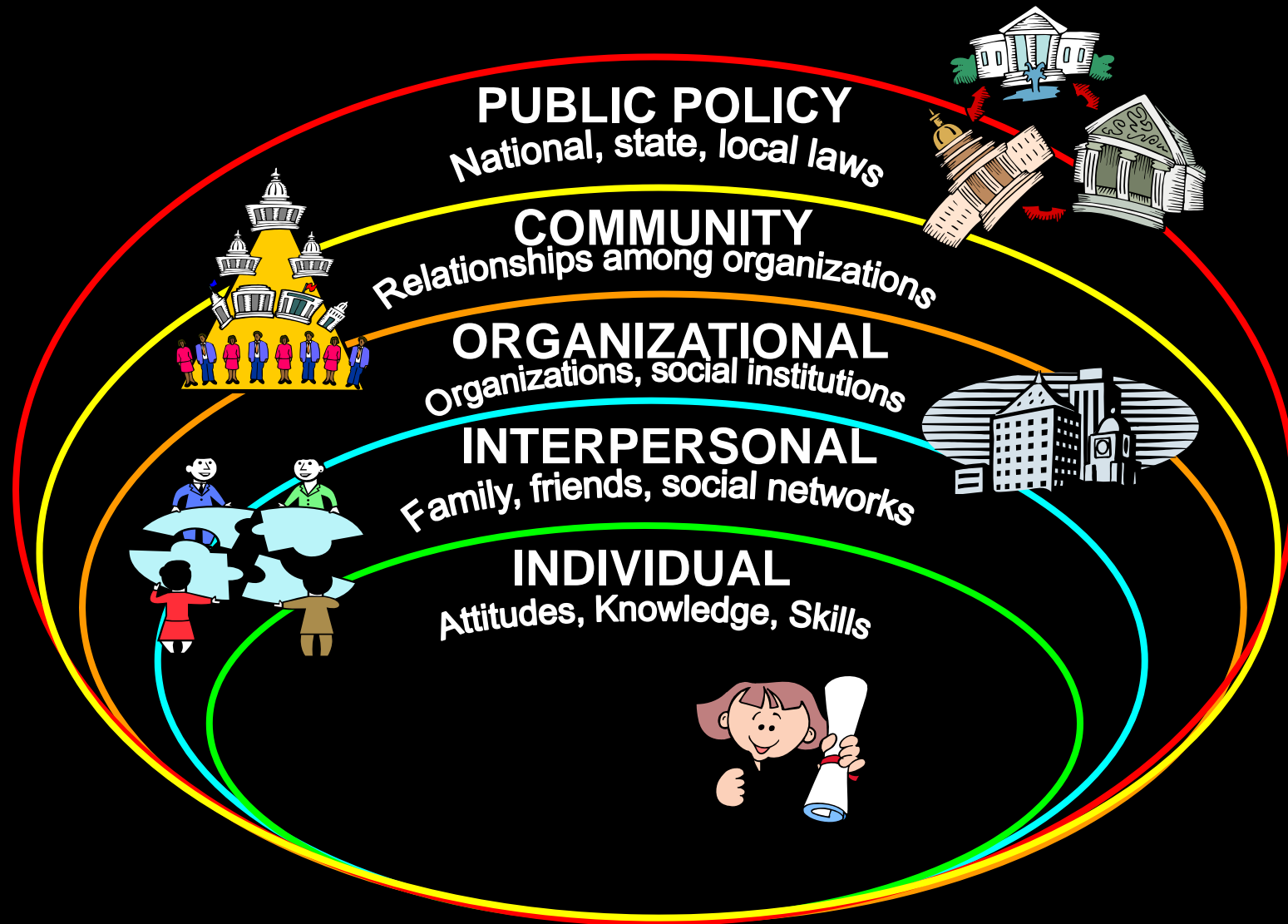- Process
- Outcome

HEALTHY CONGREGATIONS

- Fulfill a need

- Are part of church tradition

- Help congregants, staff & clergy obey God's mandate to treat the body as a temple

In the end, you want your congregational home to reflect your deepest longings and provide a haven for exploring life in an environment that allows you to bring out the best in each other, your families, your communities, your nation,

and your world…

God's world.

RESOURCES

http://www.letserasethestigma.com/african-american-mental-health/

http://www.mentalhealthamerica.net/african-american-mental-health

http://www.cpp.edu/~healthcounseling/Documents/africanamer-final-1-15-09.pdf

THANK YOU FOR YOUR ATTENDANCE

Sister Rene Y Robinson-Flowers