MHSA Innovation

Religious Leaders Behavioral Health Training Services

Project Outcomes





MECCA

A coalition of community based agencies working to eliminate ethnic and racial disparities and improve the quality of life for underserved multi-ethnic communities



Overview

Project Goal:

• Equip Religious Leaders with knowledge and skills to educate and support their communities

Why train religious leaders in mental health?

- Religious Leaders are seen as:
 - Initial source of contact for support
 - Gatekeepers
 - Cultural Brokers

Project Description

Curriculum:

- "Culturally Promoted Response" Training
 - Developed specifically for this project
- Focuses on core areas of behavioral health Awareness, Knowledge and Skills
- Offers faith-based tailored instruction

Trainings:

- 8-hour Train-the-Trainer course
- 4-hour community trainings

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PROJECT OUTCOMES Religious Leaders

Fiscal Year 2015-2017

Data Collection

Project collects data to track:

- Number of trained religious leaders and community members
- Awareness/understanding of behavioral health
- Knowledge, attitudes and beliefs about mental illness
- Program satisfaction

Outreach and Trainings

<u> July 2015 – To Date</u>

- 152 Religious Leaders
- 1,994 Community Members
- Provided in over 60 locations





PROJECT OUTCOMES

Fiscal Year 2015-2017

Religious Leader Demographics

Religious Affiliation

- 29% Christian
- 23% Catholic
- 11% Islam
- 5% Buddhism
- 3% Muslim
- 12% Other
- 17% Did Not State

N = 103

Ethnicity

- 28% Latino/a
- 38% Asian/PI
- 16% Middle Eastern
- 5% African American
- 8% White
- 5% Did Not State

Gender

- 51% Male
- 42% Female
- 7% Did not State

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Mental Health Training and Confidence Questionnaire



Satisfaction Survey Results

Religious Leaders agreed or strongly agreed to the following:

- 99% would recommend this program to someone they know
- 98% stated this program helped improve their understanding about mental illness and how it impacts family, friends and/or co-workers
- 93% agreed this program helped develop or improve their skills to implement this program in their own community
- 99% agreed they are better able to take care of themselves or help their community
- 99% agreed they will use what they learned in the future

N = 103

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 2015-2017

Community Member Demographics

Religious Affiliation

- 25% Christian
- 18% Catholic
- 5% Buddhism
- 8% Muslim
- 9% Other
- 35% Did Not State

N = 1,571

Ethnicity

- 28% Latino/a
- 45% Asian/PI
- 12% Middle Eastern
- 4% African American
- 6% White
- 3% Other
- 2% Did Not State

• 62% Male

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• 33% Female

Gender

 5% Did not State

Satisfaction Survey Results

Community Members agreed or strongly agreed to the following:

- 97% would recommend this program to someone they know
- 96% stated this program helped improve their understanding about mental illness and how it impacts family, friends and/or co-workers
- 94% agreed this program helped develop or improve their skills to implement this program in their own community
- 95% agreed they are better able to take care of themselves or help their community
- 93% agreed they will use what they learned in the future

N = 1,571

In Their Own Words...

"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."



GUEST SPEAKER

Dr. Louise Dunn

Director of New Hope Crisis Counseling Hotline Roman Catholic Diocese of Orange

Lessons Learned

Challenges

- Training time commitment
- 4-hour Community Training preparation
- Recruitment
- Integration of mental health in some religious organizations
- Survey administration and Participant data collection

Successes

- Reduced length of trainings
- Increased training support Religious Leaders
- Flexible training schedules
- Culturally and linguistically responsive approach
- Ongoing staff trainings

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Next Steps

- Continue to expand outreach
- Continue supporting and encouraging religious leaders to increase their confidence in delivering trainings to their communities
- Work to support congregations to build mental health awareness
- Provide consultations to religious leaders to integrate their faiths into the training and provide resources



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