Exploring partnership opportunities with faith-based communities

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The views expressed are those of the authors and do not reflect the official policy or position of the VA or the U.S. government. I voice no conflicts of interest.

Overview

Exploring partnership opportunities with faith-based communities (FBCs)

1. FBCs and Veterans – placing things into context
2. Suicide prevention guidelines
3. Chaplain collaboration in the local community
4. From theory to VA practice
5. Discussion

Community-based interventions

Exploring partnership opportunities with FBCs

Ensure cultural and social relevance, utilize community knowledge, experiences, available services and other resources.

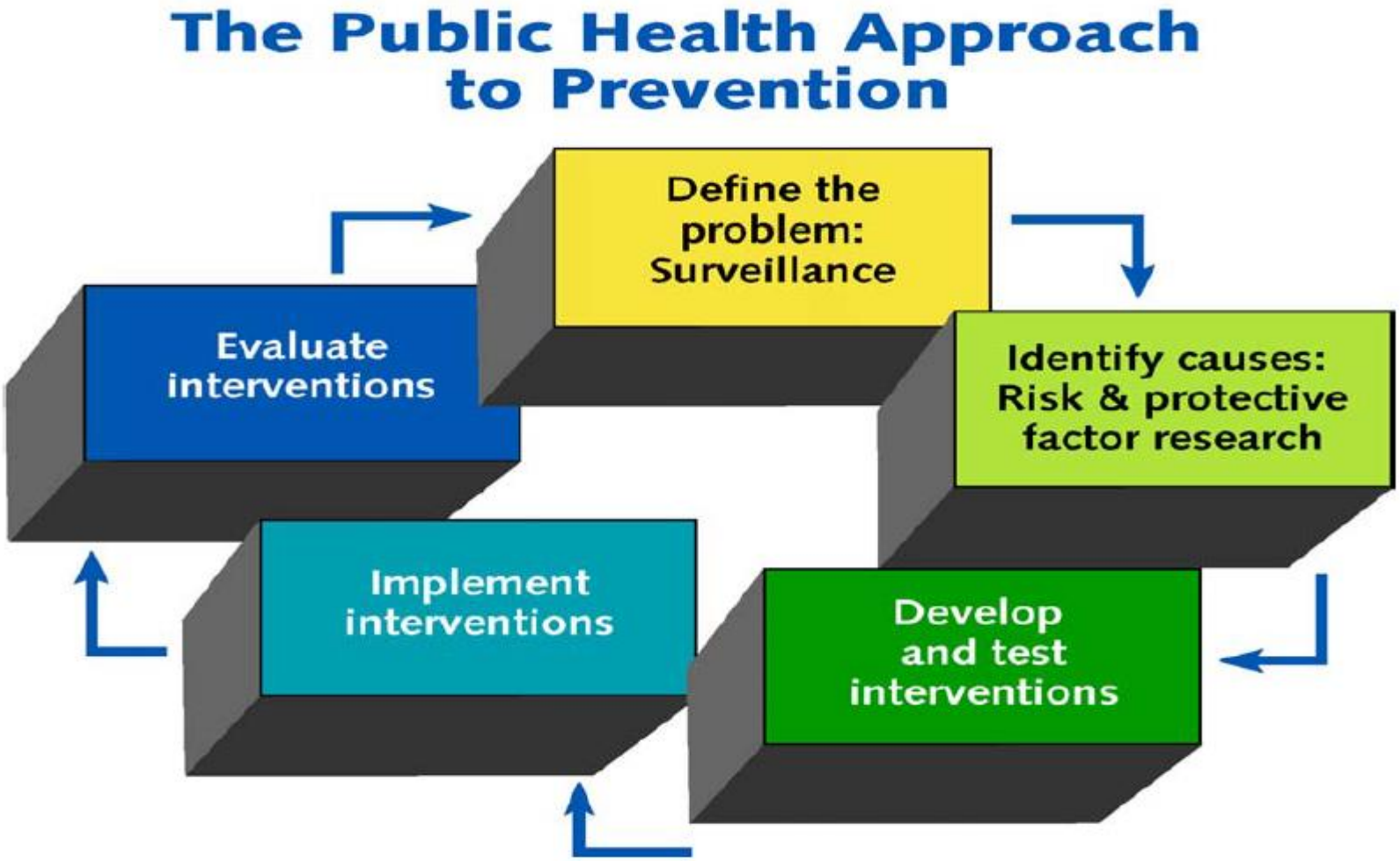
Allow for building and implementing *sustainable* health programs in real-world contexts.

Community-based interventions allow for:
enhanced outcomes,
mobilizing sectors of the community,
building on community strengths, and
promoting collaborative planning and partnerships.

Sullivan et al., 2014; Weeks et al., 2011; Sakakibara et al., 2017; Dalleck et al., 2013

A public health approach

Exploring partnership opportunities with FBCs



FBCs and Veterans

Exploring partnership opportunities with FBCs

Address many areas of veteran health and wellness.

Already collaborate with other governmental and non-governmental groups.

Offer privacy and confidentiality, in a safe, supportive, judgment-free zone.

Following separation from military service, some Veterans might continue to look to pastoral care providers for mental health support.

Their supportive potential is sometimes limited.

Werber et al., 2015; Blosnich et al., 2014

Why faith-based communities (FBCs)?

Exploring partnership opportunities with FBCs

FBCs are consistently named as key players in suicide prevention.

More closely collaborating with FBCs could help facilitate support for Veterans recognized as being at increased risk of suicide.

Many faith leaders acknowledge a measure of regularity in their engagement with (a) Veterans and (b) suicidality among members/attendees.

Research finds that at-risk individuals will sometimes look to faith leaders for mental health support in times of distress or crisis, more so than psychiatrists or GPs.

Sullivan et al., 2014; Wang et al., 2003; Hedman, 2016; Mason et al., 2016; Mason et al., 2017; Kopacz & Karras, 2015; Kopacz et al., 2016

Beyond just partnerships

Exploring partnership opportunities with FBCs

Close to 49% of the population (150 million Americans) claim association with 236 religious bodies.

Top 3 religious affiliations reported in active duty settings: Catholic, Baptist, No religious preference.

Post-9/11, compared to pre-9/11, veterans are less likely to report any specific religious affiliation.

Scientists have acknowledged a relationship linking spiritual/religious well-being with suicidal behavior. Yet this relationship remains poorly understood…

Various dimensions of spiritual well-being have been linked with outcomes relevant to suicide prevention.

Spiritual/religious well-being could serve to mitigate feelings of hopelessness.

Engaging in *lectio divina*, a form of focused scripture reading, may ameliorate feelings of spiritual injury in Veterans who endorse thoughts of harming self or others.

Durkheim, 1897/1997; Colucci & Martin, 2008; Mihaljević et al., 2012; Keller & Wolfersdorf, 1993; Glenmary Home Missioners, 2017; Military Leadership Diversity Commission, 2010; Pew Research Center, 2011 ; Kopacz et al., 2017

Clergy as suicide prevention gatekeepers

Exploring partnership opportunities with FBCs

Predictors of risk identification

- suicide knowledge, religion, conducting suicide funerals, right to die attitude, and demographics.

Predictors of ability to intervene

- suicide knowledge, training, religion, right to die attitude, and demographics.

Mason et al., 2016

Seeing a chaplain (active duty)

Exploring partnership opportunities with FBCs

Firing on the enemy (within unit or personally) and seeing dead bodies or human remains predicted seeing a chaplain.

The most common concern voiced: family problems

>50% screened positive for depression

>33% reported levels of symptoms indicative of a probable PTSD

>25% screened positive for generalized anxiety disorder

Morgan et al., 2016

Primary care and mental health use (Veterans)

Exploring partnership opportunities with FBCs

Facilitators and barriers to health care use:

- balancing life circumstances and coping resources
- personal factors
- beliefs of and experiences with MH treatment

Facilitators to health care use:

- referral process
- message and outreach
- environment of care

Barriers to health care use:

- sociocultural factors

Wray et al., 2016

Table 2
Veterans' Models of Mental Health (MH)

Major theme	Subordinate codes
Balancing life circumstances and coping resources	Self-perception of balance between personal resources and level of distress (facilitator/barrier, F/B)[a]
	Stressor is viewed as a "normal" part of life (B)
	Other resources are available for help (religious faith, social support) (B)
Personal factors	Openness to counseling or psychiatric medications (F/B)
	Self-reliance (B)
	Too old, set in ways, to change (B)
	Lack of readiness to change (B)
Beliefs of and experiences with MH treatment	Knowledge and prior experience (F/B)
	Ability of MH provider to relate—patient-centeredness (F)
	Negative beliefs about service delivery (B)
	Negative experiences of MH treatment (B)
	Civilian MH provider cannot understand (B)
Referral process	Primary care screening and PCP referral (F)
	Personal referrals and testimony (F)
Message and outreach	Mailings, calls (F)
	Use of advertising (F)
	Informed point of contact who comes to them, use of ombudsman (F)
Environment of care	Physical environment too sterile (B)
	MH provider dress/presentation (F/B)
Sociocultural factors	Military culture (B)
	Portrayal of MH in media (B)
	Stigma associated with MH treatment (B)

[a] Throughout the table, codes are demarcated as F if they were only described as Facilitators to seeking or engaging in MH, B if they were only described as Barriers and F/B if they were described as either depending on the context of the discussion.

Chaplains at the VA

Exploring partnership opportunities with FBCs

Part of the comprehensive package of services available across all VA facilities.

Veterans considered to be at increased risk of suicide constitute up to 10% of chaplaincy service users, presenting at a moderate-high level of suicide risk.

"…encourage facility-based mental health leadership to include local chaplains on **interdisciplinary mental health committees** that address suicidality in Veteran patients."

- Memorandum of Understanding between the VA National Office of Suicide Prevention and the VA National Chaplain Center, August, 2016

"Mental health services are encouraged to work with Chaplaincy **to develop interactions with community clergy**, including training to facilitate collaboration, appropriate referral, and coordination of services."

- VHA HANDBOOK 1160.01: Uniform Mental Health Services in VA Medical Centers and Clinics

Kopacz et al., 2014

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Suicide prevention guidelines

Exploring partnership opportunities with FBCs

State-level suicide prevention efforts are detailed in a series of documents, most often referred to as a **strategy**, **plan**, **program**, or **agenda** for suicide prevention.

Authored by a public-private partnership: public health professionals, representatives from academia, as well as a variety of community partners.

Help present a clear, consistent, and coherent outline for how FBCs stand to contribute to systematic suicide prevention efforts.

Suicide prevention guidelines

Analysis

A thematic analysis of the individual states' suicide prevention documents with respect to the role(s) prescribed to FBCs.

Any use, mention, or iteration on the terms "faith", "faith leaders", "faith-based…", "clergy", "chaplains", "religion", and "spirituality" would constitute an entry.

An entry could only be coded into a single thematic area. It was possible for individual documents to cover more than one theme.

Each theme was subsequently clarified and defined based on its associated entries.

Vaismoradi et al., 2013; McHugh, 2012; Braun & Clarke, 2006; Vaismoradi et al., 2013

Suicide prevention guidelines

Methods

Using standard internet search engines and in some cases reaching out directly to a state's suicide prevention consortium. N = 49 states were collected.

Inclusion criteria:

State suicide prevention documents which had an explicit focus on preventing suicide in the general adult population.

In a small number of cases, suicide prevention was included as part of a larger document outlining a state's broader focus on "healthy living", accident prevention, and/or violence prevention. In such cases, only the chapter/section devoted to suicide prevention was considered as part of the present analysis.

Exclusion criteria:

Excluded from this study were stand-alone documents focused on suicide prevention in a specific sub-population (e.g., adolescents, elderly).

Suicide prevention guidelines

Results

No entries were identified in n=4 (8%) documents.

A total of six themes emerged in the remaining n=45 (92%) documents.

Suicide prevention guidelines

Results – Awareness in FBCs

A need for greater suicide prevention awareness in FBCs, inclusive of training programs (broadly defined) teaching FBCs known risk and protective factors for suicide and how to identify at-risk individuals in their respective congregations.

FBCs as a gathering place in the greater community, where large numbers of individuals could be reached, and a potential setting for outreach efforts.

Broadly dealt with the FBC as a whole (i.e., including, but not limited to, individual faith-leaders).

> "Partner with community, voluntary, and faith-based agencies to increase awareness of services among individuals and families in need and promote suicide prevention."
> - Rhode Island

> "Encourage [...] faith communities [...] throughout the state to implement effective training programs for family members of those at risk."
> - Tennesee

Suicide prevention guidelines

Results – Awareness among leaders

The need for training programs designed for faith-leaders (i.e., referencing a single person).

Reflected the potential for faith leaders to effectively identify at-risk members/attendees.

Recognition was given to the role of faith-leaders as a source of support for some individuals in times of distress or crisis.

> "Educate [...] clergy [...] about the importance of promoting efforts to reduce access to lethal means among individuals at risk for suicide."
> - Texas

> " Train professionals in [...] faith leadership about their role as suicide prevention gatekeepers."
> - Vermont

Suicide prevention guidelines

Results – Community engagement

FBCs and faith-leaders as key players within any community-focused suicide prevention service, partnership, or collaboration.

FBCs and faith-leaders explicitly named as part of any systematic suicide prevention effort.

Including FBCs and faith-leaders was highlighted as vital to the success of any such efforts.

> "The sole responsibility for implementing the objectives of this plan does not fall solely on [Department of Mental Health, Mental Retardation, and Substance Abuse]. This responsibility shall be coordinated with public and private agencies and organizations with missions related to the prevention of suicide, to include, at a minimum [...] faith organizations."
> - Virginia

> "Connectedness to others, including family members, teachers, and coworkers, as well as community, faith-based, and social organizations, plays an important role in protecting individuals from suicide."
> - Wisconsin

Suicide prevention guidelines

Results – Faith leaders as gatekeepers

Going beyond just identifying at-risk members/attendees and highlighted the need to equip faith-leaders with a repertoire of tools and services, such as referral capabilities.

The need was presented for FBCs to collaborate and establish clear channels of communication with health care organizations.

> "Develop and implement effective training programs for [...] natural community helpers on how to recognize, respond to, and refer people showing signs of suicide risk and associated mental and substance abuse disorders. Natural community helpers are people such as [...] faith leaders."
> - Alaska

> "Provide training for community helpers, such as [...] faith leaders on how to recognize, respond to, and refer for help, people at risk of suicide."
> - Wyoming

Suicide prevention guidelines

Results – Suicide prevention and faith

Reflected the need for "culturally oriented" suicide prevention programs.

Recognizes variability in suicide risk across certain cultural population as well as the relevance of faith to mitigating suicide risk.

Onus on ensuring that issues reflective of religion/spirituality are included in suicide prevention efforts and appropriately tailored to the needs of a given cultural group.

> "Adopt culturally relevant prevention, intervention and treatment programs, with particular emphasis on traditional spirituality, values and practices, the strengthening of families, and implementation by American Indian staff, traditional healers, and peers."
> - Colorado

> "Program planning should represent the community with respect to age, ethnicity, faith, occupation, sexual orientation, socioeconomic status, and cultural identity."
> - Pennsylvania

Suicide prevention guidelines

Results – Postvention

FBCs and faith-leaders within the domain of postvention support.

FBCs provide support to those bereaved by a suicide decent as well as individuals who themselves survived a suicide attempt.

FBCs and faith-leaders as helping facilitate recovery of both these groups through social and community reintegration, supportive services, etc.

> "Inform key stakeholders who may be in need of or involved in postvention response (i.e. faith leaders, school superintendents) about existing resources."
> - New Hampshire

> "Effective suicide postvention-aftercare programs are in place to provide support after a suicide loss. [...] Develop a strategic plan to evaluate, design and deploy postvention programs in schools, workplaces, faith communities, reservations, social service agencies and correctional facilities."
> - Washington

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Integrated mental health strategy

Exploring partnership opportunities with FBCs

Designed to advance "an **integrated and coordinated public health model** to improve the access, quality, effectiveness, and efficiency of mental health services for all Active Duty Service members, National Guard and Reserve members, Veterans, and their families."

The strategy proposed four overarching strategic goals:

Strategic Goal #1 - Expanding access to behavioral health care in DoD and VA

Strategic Goal #2 - Ensuring quality and continuity of care across the Departments for Service members, Veterans, and their families

Strategic Goal #3 - Advancing care through community partnership, education, and successful public communication

Strategic Goal #4 - Promoting resilience and building better behavioral health care systems for tomorrow

Achieving these goals would be achieved through 28 separate strategic actions.

Integrated mental health strategy

Methods

Strategic Action #23 focused on the **intersection of chaplaincy and mental health care services** in VA and DoD.

Survey distributed to all full time VA and active duty DoD chaplains.

Core question categories included populations served, work settings, work activities, interaction with mental health professionals, further information and training, professional activities, and demographics.

Sample population:

VA: n=440 (75.2% response rate)

DoD (Army, Air Force, Navy): n=1723 (59.8% response rate)

Nieuwsma, J. A., Rhodes, J. E., Cantrell, W. C., Jackson, G. L., Lane, M. B., DeKraai, M. B., Bulling, D. J., Fitchett, G., Milstein, G., Bray, R. M., Ethridge, K., Drescher, K. D., Bates, M. J., & Meador, K. G. (2013). *The intersection of chaplaincy and mental health care in VA and DoD: Expanded report on VA / DoD Integrated Mental Health Strategy, Strategic Action #23*. Washington, DC: Department of Veterans Affairs and Department of Defense.

Integrated mental health strategy

In your work as a chaplain, how often do you engage with

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Local clergy	28 (6.5%)	142 (33.2%)	100 (23.4%)	139 (32.5%)	19 (4.4%)	VA
Other community representatives	47 (11.0%)	171 (40.1%)	118 (27.7%)	77 (18.1%)	13 (3.1%)	VA

Integrated mental health strategy

In your work as a chaplain, how often do you engage with

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	28 (6.5%)	142 (33.2%)	100 (23.4%)	139 (32.5%)	19 (4.4%)	VA
Local clergy	125 (7.9%)	514 (32.5%)	480 (30.4%)	432 (27.3%)	30 (1.9%)	DoD
	47 (11.0%)	171 (40.1%)	118 (27.7%)	77 (18.1%)	13 (3.1%)	VA
Other community representatives	200 (12.6%)	636 (40.1%)	497 (31.3%)	217 (13.7%)	37 (2.3%)	DoD

Integrated mental health strategy

In the course of engaging with local clergy or other community representatives, how often do you

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Lead presentations	92 (22.5%)	221 (54.2%)	59 (14.5%)	29 (7.1%)	7 (1.7%)	VA
Conduct programs focused on stigma	197 (48.8%)	171 (42.3%)	25 (6.2%)	8 (2.0%)	3 (0.7%)	VA
Helping persons reintegrate into the community	92 (22.7%)	204 (50.2%)	69 (17.0%)	33 (8.1%)	8 (2.0%)	VA

Integrated mental health strategy

In the course of engaging with local clergy or other community representatives, how often do you

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	92 (22.5%)	221 (54.2%)	59 (14.5%)	29 (7.1%)	7 (1.7%)	VA
Lead presentations	380 (25.5%)	715 (48.0%)	231 (15.5%)	144 (9.7%)	20 (1.3%)	DoD
Conduct programs	197 (48.8%)	171 (42.3%)	25 (6.2%)	8 (2.0%)	3 (0.7%)	VA
focused on stigma	952 (63.9%)	424 (28.5%)	73 (4.9%)	32 (2.1%)	8 (0.5%)	DoD
Helping persons reintegrate into the	92 (22.7%)	204 (50.2%)	69 (17.0%)	33 (8.1%)	8 (2.0%)	VA
community	483 (32.3%)	629 (42.0%)	263 (17.6%)	103 (6.9%)	18 (1.2%)	DoD

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VA Center for Faith-Based and Neighborhood Partnerships

Mission –

To engage, inform and educate faith-based, nonprofit and community/neighborhood organizations in VA programs to better serve the needs of Veterans, their families, Survivors, caregivers and other beneficiaries (https://www.va.gov/cfbnpartnerships/).

Actively involved in a variety of research and outreach efforts. For example, hosted a panel discussion on the **integration of faith and good health** in Veterans:

http://videos.va-ees.com/default.aspx?bctid=5523305700001

Priorities for the Center include:

- Provide FBCs with tools and resources about VA programs and services.
- Disseminate to FBCs comprehensive community-based Veteran suicide prevention resources.
- Connect FBCs with housing and VA services for homeless Veterans.
- Connect FBCs with VA program and services to promote hope, help and resilience for Veterans experiencing mental health concerns and/or condition.

White House Office of Faith-Based and Neighborhood Partnerships

Established June 1, 2004 by President George W. Bush.

Conceived as “a national effort to **expand opportunities** for faith-based and other community organizations and to **strengthen their capacity** to better meet social needs in America's communities.”

- Executive order 13342

Tasked with developing partnerships between all levels of government and non-profit organizations (both secular and faith-based).

VA Mental Health and Chaplaincy

National VA initiative (based in Durham, North Carolina) intended to foster a **collaborative system of care** through a range of educational, research, chaplaincy and clinical training, and community outreach activities.

Mental Health Integration for Chaplain Services –

https://www.mirecc.va.gov/mentalhealthandchaplaincy/MHICS.asp

A one-year training that aims to better equip chaplains in the provision of care to Veterans and Service members with mental health problems.

Mental Health and Chaplaincy Outreach –
https://www.mirecc.va.gov/mentalhealthandchaplaincy/community.asp

Training videos for FBC and faith leaders, informing the care and support they provide to Veterans and persons with emotional and mental health struggles.

Topics covered include:

- Caring for Veterans
- Different types of support provided by FBCs
- Dealing with moral injury
- Belonging and flourishing

VA National Chaplain Center

http://www.va.gov/chaplain

Veteran Community Outreach Initiative –

Educating community clergy about the spiritual and emotional needs of returning Veterans.

VA chaplains can provide materials to local clergy on VA resources.

VA Community Clergy Training Program –

CCTP has trained facilitators throughout the country (www.patientcare.va.gov/chaplain/clergytraining).

4 interactive modules of curriculum for clergy and faith communities on addressing Veteran needs: military culture and wounds of war, pastoral care of Veterans, mental health resources, and building community partnerships.

Marriage Enrichment Program –

Developing practical relationship skills, healthy ways of interacting and relating with one another.

Supporting the recently returned spouse in physical, emotional, and spiritual healing.

Supporting the non-deployed spouse, facilitating understanding and relief.

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FBC's contribution to suicide prevention

Exploring partnership opportunities with FBCs

FBCs as part of a multi-component suicide prevention effort.

Increasing the mental health capabilities of faith leaders.

Empowering faith leaders to undertake certain interventions (e.g., means reduction).

FBC's contribution to suicide prevention

Exploring partnership opportunities with FBCs

Effectively applying religion and spirituality to suicide prevention efforts.

Explore opportunities for FBCs and faith leaders to support those dealing with mental pain (psychache).

"**Mental pain has been shown in the literature as having a strong association with suicidality and it seems to be caused by the basic psychological needs of the individual (e.g., love, closeness, appreciation, and independence) not being sufficiently satisfied.**" (Verrocchio et al., 2016)

Room for growth

Exploring partnership opportunities with FBCs

Answer the "how" question – a paucity of examples and suggestions for how FBCs could practicably carry out their roles.

Spiritual Resources Work Group of the [Colorado] **Governor's Commission** on suicide prevention –

Appeal to a common element and values shared across faiths.

"The meaning and sanctity of human life […] the wholeness and holiness of every person."

"Transmitting morals and values from generation to generation […] focuses our minds and hearts on obligations to each other that arise out of our shared createdness."

THANK YOU!!!

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