LAYING THE FOUNDATION: DEVELOPING A HEALTHY MENTAL MINISTRY

Presented By:
Rene Y Robinson-Flowers, B.A., QSR,
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 represent 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
• 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.”
• 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.
The Pastor is in
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 long-term 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.

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

- CVD Heart Disease: 12%
- CVD Stroke: 10%
- Cancer: 6%
- Accident: 7%
- Kidney Disease: 8%
- Other: 8%
- Diarrhea, Enteritis, Ulcers: 13%
- Tuberculosis: 18%
- Pneumonia & Flu: 18%
LEADING CAUSES OF DEATH
FINAL DATA FROM THE CDC FOR 1998

Heart Disease 31%
Cancer 23%
All Other Causes 20%
Liver Disease 1%
Kidney Disease 1%
Suicide 1%
Accidents 4%
Pneumonia/Flu 4%
Diabetes 3%
COPD 5%
Stroke 7%
THE ECONOMIC BURDEN OF CVD

CAD, coronary artery disease; CHF, congestive heart failure; CVD, cardiovascular disease; HTN, hypertension.
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

The basic types of iron utensils in the seventeenth century were the flat iron and the hot iron. Flat irons were of various weights, some for thick material, light for sheets, etc. They were either heated in front of the open flame or in the kitchen range, although some large houses had a purpose-built heating stove. Hot irons were much hotter than the flats, designed to contain a cast-iron plug which was heated until red and then placed inside the iron to roll. Later, hot irons were belted, heated at the back and required a wire or wire brush to maintain the heat. Several special-purpose irons were developed for specific uses and for processing different types of fabric. By the eighteenth century, these had gradually improved by the factories, and the advances were further improved in the early nineteenth century.
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
THE BEVERAGE, 1957:

Soda 6 oz.

THE BEVERAGE, 1997:

Soda 64 oz.
Then

Now
“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
Physical Health

Mental/Emotional Health

Spiritual Health

Social Health
IMPACT OF SOCIAL HEALTH ON PHYSICAL/EMOTIONAL WELL BEING

- Connections
  - Physical environment
    - Built environment
    - Your “space”
  - Interpersonal environment
    - Support
    - Relationships
    - Responsibilities
Physical Health

Mental/Emotional Health

Spiritual Health

Social Health
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”.
What will it look like if we get it right?

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

Adapted from “Health Ministry Self-Study for Congregations”, Wheat Ridge Ministries, 2000
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: Knowledge  SE: Self Efficacy
T: Threat  B: Behavior
A: Attitude

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©

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

Goal: Healthy Community

Community Action Tool Box (Programs/Policies/Practices)

• = 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
NEEDS ASSESSMENT OPTIONS

- Congregational Self-Assessment
- Individual Health Risk Assessments
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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)*

<table>
<thead>
<tr>
<th>Important</th>
<th>Item</th>
<th>Noticeable</th>
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<tbody>
<tr>
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<td>People are comfortable expressing personal need for help at the church.</td>
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<td>Conflict is managed effectively.</td>
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<td>Awareness of a church environmental policy.</td>
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<td>Concerted effort to provide nutritionally sound options at events serving food/ beverages.</td>
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<td>Offers learning opportunities in primary life skills (friendship, sexuality, singleness).</td>
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<td>Facilitates development of interpersonal communication skills to foster meaningful relationships.</td>
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<td>Important</td>
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<td>Offers the forum &amp; services to deal with relational/ emotional problems in a healthy manner</td>
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<td>Provides opportunities and facilities for people to gather &amp; celebrate special events</td>
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<td>Welcomes &amp; invites people into the community as builders rather than outsiders</td>
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<td>Spiritual needs of people are met by existing programs &amp; ministries</td>
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<td>Has support groups for people going through life transitions</td>
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<td>Has an organized network (known to all) in case of emergency and a system of immediate response</td>
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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.
Social-Ecological Model

PUBLIC POLICY
National, state, local laws

COMMUNITY
Relationships among organizations

ORGANIZATIONAL
Organizations, social institutions

INTERPERSONAL
Family, friends, social networks

INDIVIDUAL
Attitudes, Knowledge, Skills
http://www.letserasethestigma.com/african-american-mental-health/

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

THANK YOU FOR YOUR ATTENDANCE

Sister Rene Y Robinson-Flowers