

Faith Based Mental Health Promotion

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In the assigned material we focused on faith-based mental health promotion (FBMHP); specifically, an academic pilot project that included both mixed methods and qualitative research methods which focused on the population of a Black faith community to reduce mental health stigma and to improve treatment engagement. In this study the community-based intervention has been termed the title SpeakOut and is described as a faith focused, culturally sensitive community-developed intervention to reduce mental health stigma and improve treatment engagement. Each event intervention is led through prayers, lunch, a keynote speaker, clinical discussion, a faith storytelling, individual sharing of a personal story of living with a mental illness disorder and concluded followed by a prayer from the minister (Breland-Noble et al., 2020).

Since our project entailed research of FBMHP, we decided to research further to find other ways methods have been used in research that could later be applied to other underserved populations that experiences similar disparities within their community and we found an instrument used to conduct an assessment. Multidimensional Measure of Religiousness and Spirituality (MMRS) is an instrument that assesses religious involvement in African Americans which is based on a multidimensional model of religious involvement and assesses generalized religious beliefs and religious behaviors. This instrument is also brief enough for use in community-based research and for use in telephone surveys of multiple health-related variables. (Holt et al., 2009).

We also found that for FBMHP to be effective in each population, it needs to have evidence and history of the culture having a strong connection to faith, as this is where many congregate for socio-cultural support. The African American church has historically played a

central role in the community beyond worship services and faith-based activities (Holt et al., 2012). Transatlantic Enslavement Trade enforcedly transported individual (i.e., Caribbean Blacks and Black Africans) to the United States who voluntarily immigrated to the United States). The term “Black church” refers to the group of African American controlled and populated churches that serve as the primary faith communities for most African Americans. As a result, Black churches served as a beacon for social justice and positive change for African Americans as a welcoming US institution in comparison to other social settings (Breland-Noble et al., 2020). As African Americans report high levels of religiosity, spirituality, and active church involvement and Black churches have served as sites of social change and activism, it is possible to surmise that Black churches may also be instrumental in helping to address mental illness in African Americans. Research in this area demonstrated the relationship of Black churches to mental health primarily by reporting that Black clergy often serve as de facto first responders to African Americans with mental illness. Also, Black churches may be highly beneficial in the efforts to helping reach abroad socioeconomically diverse cross section of African Americans for health-related research and establish FBMHP.

In the current study faith-based community developed mental health stigma reduction intervention program’s purpose of developing and implementing a long-term research based on principles of community-based participatory research (CBPR). Specific aims of this study include (1) community led intervention to reduce mental health stigma “The SpeakOut”; (2) identification of traditional Black Church leadership of FBMHP; and (3) participant experiences and feedback from the program study. The results of this study will help support the innovative extensions of CBPR by the utilization of FBMHP results from this study (Breland-Noble et al., 2020). The method of this study had a sample comprised of a university research team (n=2) and

community (n=2) investigators. Sample interview group participants (seven females and one male). The procedure had an Institutional Review Board Approval (IRB) completed, and approval received From University of Miami for this study. Study used qualitative data generated research methods, in addition to a mixed-methods approach. Qualitative research data was used in community engagement data. Community investigators received training for qualitative research, mixed-methods research, and IRB training prior to beginning conducting research. Health and Wellness Ministry of the faith community partner (n=12) comprised of twelve involved to promote health awareness on a number of disparities issues (cancer prevention, hypertension, diabetes, and HIV/AIDS). Codes were generated utilizing a consensus-based approach for creating a master codebook in a Microsoft Excel spreadsheet due to cost (and time) verses utilizing NVivo software.

The measures for this study used 15 questions for the ethnographic interviews of the sample study and supervision was provided by the principal investigator (PI). The PI also provided community partners with a qualitative template to generate their own questions. Community researcher led all informed consents and interviews. Utilizing thematic analysis, coding framework comprised of axial (broad) and proximal (specific) themes (Breland-Noble et al., 2020). Categorical models were used to describe qualitative data and inductive process as a comparative approach (Breland-Noble et al., 2020). The results of the study's data presented seven primary themes expressed as quotes which we explained further detail during our presentation (SpeakOut is Participatory, Mental Health Education, Stigma, Church as A Light House, External Support, Resources, Downplaying Feelings of a Mentally Ill Person) (Breland-Noble et al., 2020).

The authors found that the SpeakOut pilot was successful as results suggest African American faith communities can be important partners in efforts to help decreasing the mental health stigma in African Americans. The church space also provided African American faith communities with a way to reach individuals and families affected by mental illness, in addition to help individuals overcome their stigmas against the mentally ill. Limitations were reduced funding, limited number of researchers, and the sample size too small. We recommend that to continue the focus on building a strong community partnership and ensuring its sustainability within the community. Also engaging with diverse populated community in a manner that respects their valuable input into the research field.

We then reflected of a local population in Los Angeles County that has experienced generations of disparities, especially most currently as a result from our pandemic, minority myth model, collectivistic culture and that is also deep rooted in faith in community, experiences a lack of mental health resources and stigma around mental health. **(ORLANDO'S TURN TO INTRODUCE CHINESE AMERICAN). Add 3 journal articles into the References (and don't forget insert alphabetically within the list ☺)**

References

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