Faith, Mental Health and Community Partnerships

Presented By

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Chief Innovation Officer

NAMI
National Alliance on Mental Illness

Who is NAMI?

National Alliance on Mental Illness

We are... the nation's largest grassroots mental health organization.

We have... >600 Affiliates 48 state organizations

We provide... Education Advocacy Support Guidance

" NAMI is where people go while they wait for the world to change. "

-Dan Gillison, NAMI CEO

Topics Covered

- Importance of Religion & Spirituality
- Collaborating with Diverse Communities
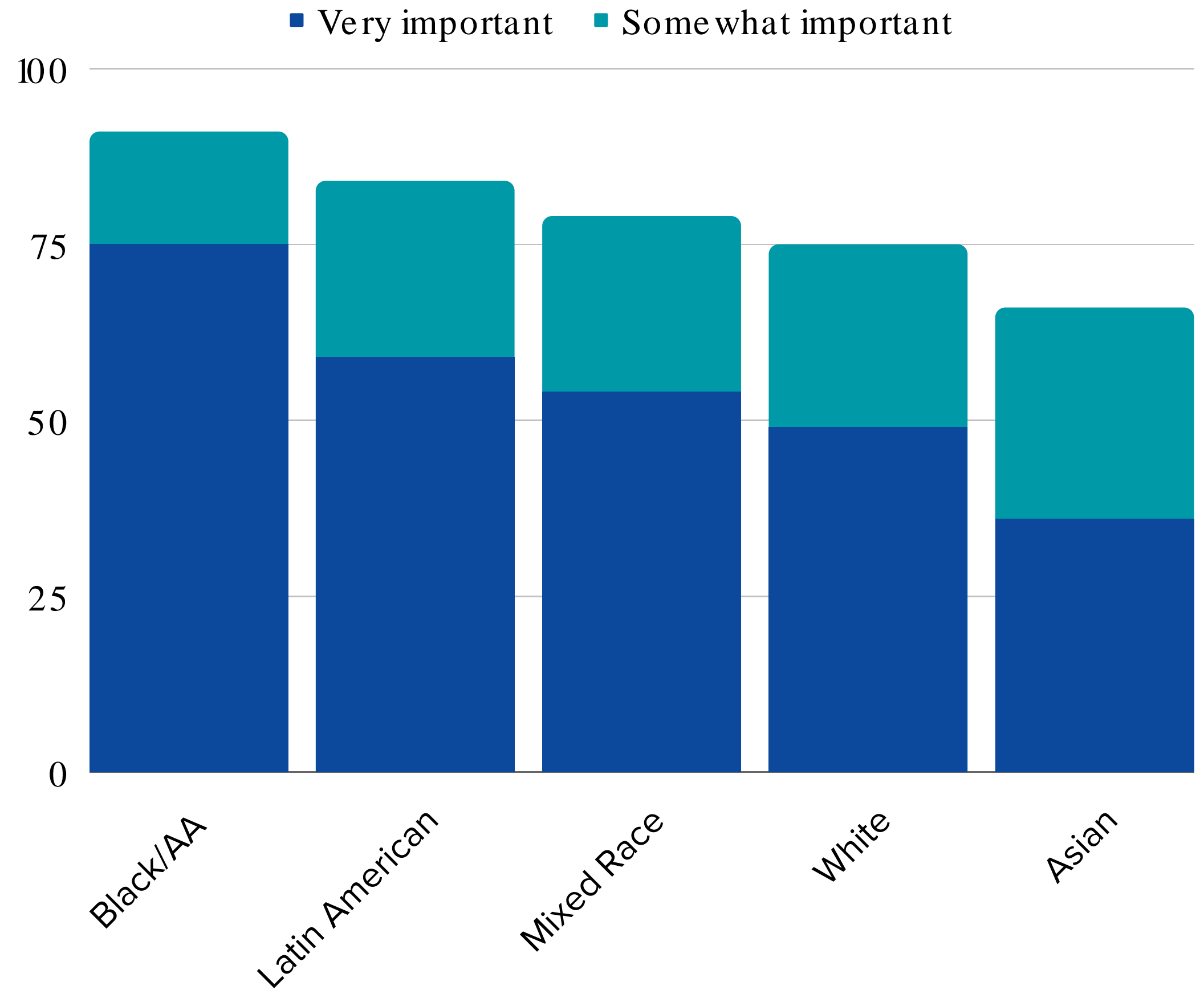- Role of Faith Leaders
- Role of Peers in Faith Community
- Bi-Directional Training
- Faith Communities and 988
- Community Health Equity Alliance

66% of US adults report that religion is important in their lives

Legend: ■ Very important ■ Somewhat important

Y-axis: 0, 25, 50, 75, 100

Categories: Black/AA, Latin American, Mixed Race, White, Asian

*Racial demographic data from 2014 study. National average updated in 2021.

Religion and Spirituality Are Protective Against Mental Health Conditions

Reduces the risk of major depression and suicidality

Encourages positive coping strategies

Increases community and cultural connectedness

Challenges	Steering away from care and toward prayer, community stigma
	Religious themes as part of psychotic delusions

Recommendation for Policymakers

Recognize religion and spirituality as important aspects of wellbeing when designing behavioral support programs.

Faith Leaders & the Role of Trust

- Historical trauma has led to a deterioration in trust for societal institutions in Black/African Ancestry, Indigenous, and for People of Color (BIPOC)

- Building trust involves meeting with Faith Leaders on an individual & personal level, rather than as a representative for an organization
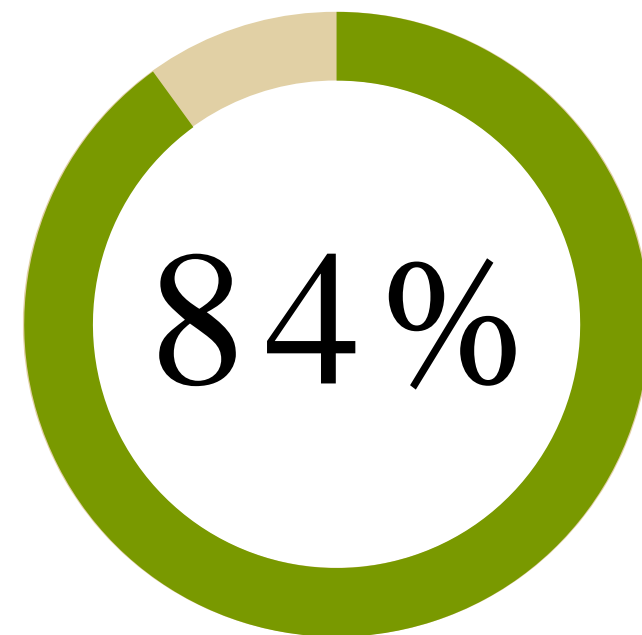
Engage with Faith Leaders along with a diverse group of community members who are directly affected by policy changes and program design.

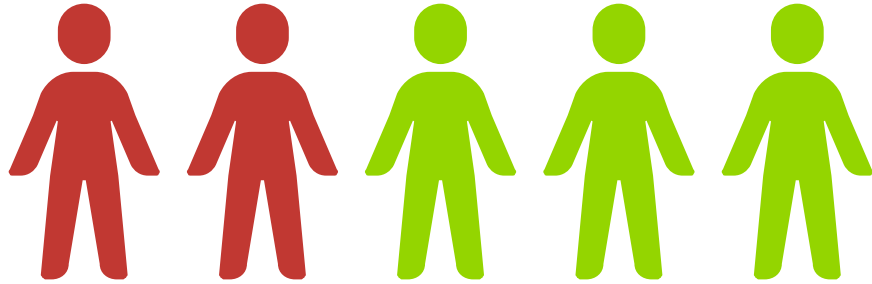# Most Faith Leaders believe in a "prayer plus..." model

90%

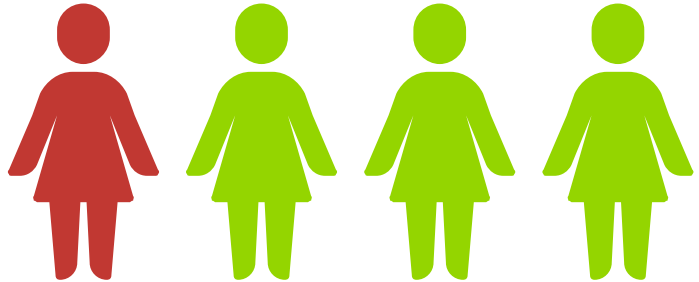Faith Leaders would refer a congregant with depression to mental health professionals

84%

Faith Leaders encourage complementing medical treatment with religious activities

Faith Leaders Are Experiencing
Record Levels of Burnout

41%

Pastors have considered quitting the ministry in the last year

25%

Women in pastoral leadership have lost confidence in their calling

Faith organizations are well positioned to provide outreach and referrals to mental health services. Work with them to identify strategies in addressing mental health resources and need within the community.

Formal peer support networks among Faith Leaders, networks in the community (NAMI FaithNet, Pathways to Hope)

Recommendation for Policymakers

Incorporate and expand the availability of peer-to-peer support, community engagement, and coming together.

Bi-Directional Training with Mental Health Practitioners and Faith Leaders Increases Confidence in Systems of Care

Case study: Faith-Based Training and Supports (FBTS) Program in Santa Clara County

- Tailored presentations reaching 3,429 people over three years (2019-2022)

Faith Leaders		Behavioral Health Providers

- 40% increased confidence knowing where to refer community members with mental health issues
- 11% increased agreement that people with mental illness can be productive members of a community

- 100% increased understanding of faith and spirituality assessment tools
- 92% agreed that they have the skills to interpret faith and spirituality assessment tools

Faith Leaders can serve an active role in 988

Within the congregation

- Spreading the Word on 988
- Encouraging volunteering as crisis counselors at local 988 call centers

Within the community

- Engaging in State Level Activity on 988
- Promoting the expansion of 988 continuum of care, including crisis response services, like mobile crisis response
- Connecting Interfaith Policy Councils with Mental Health Coalitions

Faith Leaders Trained on Crisis Response: Muslim Mental Health First Responder Training for Imams and Community Leaders

- Mental health conditions
- The mental health system
- Empathetic listening and responding to a crisis
- Recognizing the parameters and limitations of pastoral care

1 in 3 participants said they would not have attended the training if it were not Islamic-focused

Case Study: The Khalil Center

Recommendation for Policymakers

Incorporate Faith Leaders into the design, implementation and promotion of 988 and the expansion of related crisis response services.

NAMI Initiative: Community Health Equity Alliance (CHEA)

- Advancing mental health equity solutions for Black/African-Ancestry adults with serious mental illness (SMI)

- Delivering community-informed solutions to improve delivery of care and the pursuit of equitable mental health care

Janssen Neuroscience

A partnership with Janssen Neuroscience

CHEA: Advancing Mental Health Equity

Improving care navigation: creating access pathways for engaging in care, stabilization, treatment and recovery

Elevating crisis mitigation: 988 awareness to support diversion from law enforcement and more

Creating community: culturally inclusive care teams, education, advocacy and more

There is no "one-size-fits-all" approach to addressing the needs of diverse faith communities—it takes community conversations, building trust, and working together to connect all Americans to care they need when and where they need it.

Thank you!

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