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

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

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.

THANK YOU!!!

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