Dr. Lisa Dixon (00:07):

Welcome to our podcast, Psychiatric Services from Pages to Practice. In this podcast, we highlight new research or columns published this month in the journal, Psychiatric Services. I'm Lisa Dixon, Editor of Psychiatric Services, and I'm here with podcast editor and my co-host Josh Berezin. Hi, Josh.

Dr. Josh Berezin (00:27):

Hi, Lisa.

Dr. Lisa Dixon (00:28):

Today, we're going to talk with Dr. Eunice Wong, about an article that provides a comprehensive review focusing on collaborations between faith-based organizations and mental health organizations.

Dr. Josh Berezin (00:41):

We're very happy to have Dr. Eunice Wong, who is a senior behavioral scientist at RAND, here to talk to us about her and her co-author's paper, Partnerships Between Faith Communities and the Mental Health Sector, A Scoping Review. Dr. Wong, thanks so much for joining us.

Dr. Eunice Wong (00:55):

Thanks for having me.

Dr. Josh Berezin (00:56):

So, tell us a little bit about your career path and sort of more general research interests, just to get us started off.

Dr. Eunice Wong (01:03):

Sure. It's a little bit of a windy path. If I were to think about the origins, I went to a women's college, Barnard College in New York, and we were really inculcated with really being skeptical about the sources of knowledge and scientific knowledge and who created this knowledge and whether it applies across different populations. And so when I started to think about going into clinical psychology and started to get exposed to the foundations of therapy and treatment and applying a lot of those principles to my own upbringing, growing up as a child of Chinese immigrant parents, not really feeling like a lot of the principles there applied to my background.

(01:49):

And so, actually went to graduate school focused on Asian American mental health, so that's where I first started. A lot of my beginning work is there and I still continue work in that area. But towards the end of my dissertation, as I was thinking of clinical internships, sort of had this kind of existential moment of whether all of this research would... How much impact is this research really doing in the world and making changes in policy and practices? And so I really kind of took a little bit of a left turn and looked for clinical internships that had a policy kind of impact piece of it, which there aren't that many.

(02:29):

So I wound up going to University of Washington, where they had a social justice public policy track where you got to spend the day in the capitol working on policy and working in these underserved communities in the county jails. And looking for policy places to work in afterwards, I wound up at

RAND, where I now work on lines of work with underserved communities, trauma exposed populations, and then got into some work working with faith-based communities.

Dr. Josh Berezin (02:58):

Well, I love that we off with histomology and existentialism, it's always a good kickoff. Before we dive in a little bit more to the paper topic, which you alluded to at the end of the windy road, what is RAND and what are the behavioral health kind of research tracks at RAND?

Dr. Eunice Wong (03:17):

So RAND is, it was actually the first think tank in the US. It started off a part of the Air Force as a kind of defense think tank during the Cold War era. But since then, it's really grown to address all sorts of public policy issues. And we definitely have one large branch of work that's focused on health broadly, and within there, researchers who work on behavioral health. And so I would say it's a public policy think tank, research organization, where we really hope to make an impact with our research on policies and policy makers.

Dr. Lisa Dixon (04:01):

I interact with people who are at RAND all the time and I never really knew what it was. So, thank you, Josh.

Dr. Josh Berezin (04:06):

You're welcome. I think I know what this is.

Dr. Lisa Dixon (04:11):

If you're at RAND, and what would be... The end of the year, you get a great evaluation. Your boss or your leader says, "You really hit the jackpot this year." What would be an example of that?

Dr. Eunice Wong (04:26):

Right. So, often I think, thinking that originally I was going to go into academia into a university setting, what is different about RAND? And I think above and beyond the publications and the scientific work that you do, it's, what kind of impact is your research having? And I think RAND is very well suited. We have a whole arm that interacts with congressional leaders to try to get important research into their hands so that they're informed and that the research informs policymaking. So I think a good evaluation or a good, you did great this year, is that okay, what kind of real impact has your research had in communities and policy on practice?

Dr. Lisa Dixon (05:13):

Thank you. So if a law was passed or if there was an allocation of resources or something like that.

Dr. Eunice Wong (05:19):

Yes, yes, exactly.

Dr. Josh Berezin (05:21):

So switching gears a little bit and again, heading towards the paper, we're going to get there soon enough, maybe on another potential influence besides your background and current role. So I noticed in

the method section that it mentions that you are affiliated with the Protestant church, and I was just wondering if that was one of the things that sparked your interest in this particular topic, or how it kind of interacted with your following this particular line of research?

Dr. Eunice Wong (05:50):

Sure. I could actually pinpoint when the seed was planted for this interest. It actually came up in my clinical work when I started doing clinical work as part of my graduate training. Clients would come in with spiritual issues, that was just very evident in what they brought into session. And the start of my clinical work was 20 years ago or so, and I think there was sort of this evolution within the field to address spirituality. It was kind of growing during that time, but not to the point where I think in my experience, where it impacted the way I was supervised to address these issues. So, pretty much the supervision I got was, oh, if they bring up spiritual issues, tell them to go and talk to their religious leader. We don't talk about that really here in our treatment.

(06:42):

And at the time, and still now, I'm very connected to my faith community and I really saw that as an opportunity loss when you do have a very supportive faith community who could do so much more than I could in that one hour a week. And if we could really sort of join forces to help support this person, that it could actually be a really powerful resource and integration of care for the person. So, I just remember that and I tucked that away in my head and said if the opportunity ever comes up again to try to address this issue, I really want to pursue that. And then so when I got to RAND, some opportunities came up to do that, and so that's how I got into it.

Dr. Josh Berezin (07:28):

So we've had Sidney Hankerson on on a prior episode, so I definitely point listeners back to that and maybe we'll link it in the show notes as well. But just to ground us in what we're talking about when we're thinking about collaborations between faith-based communities and the mental health sector. Could you just describe a typical collaboration or type of collaboration, just to give people a sense of what it is we're talking about? And then we can talk a little bit more about the actual literature review that you did.

Dr. Eunice Wong (08:03):

I could give you two examples, if that's okay. The first example is when I started at RAND and I had this opportunity to interact with a faith-based community. So it was a project that was focused on bringing together mental health agencies, community-based grassroots organizations, and the faith-based community in South Los Angeles, to come up with a plan to address mental health and substance use issues in the African-American community.

(08:33):

And so at the time, one of the major faith-based partners was West Angeles Church of God in Christ, which is a mega African-American church. And so they have their own counseling center and as I got to know the director of the counseling center, they had a really great partnership with the Department of Mental Health where they would refer people to mental health services. And when they would reintegrate clients back into their faith community, the providers would have communications with the director of the counseling center and they would know what the treatment plan is. And they would work with clients like, okay, you need to stay in a treatment plan if you want to serve in this ministry. And so they had a really great, if you think about it at a individual organization to agency level.

(09:24):

And currently, I'm on a study which is a collaboration and partnership between NAMI in the Diocese of San Bernardino. And so that's much larger where you have NAMI with all of its organizational structures, and the diocese with all of its organizational structures, where they're partnering to deliver many of the NAMI programs within the parishes to primarily Hispanic parishes, and working with the priests to try to deliver some education and stigma reduction interventions in the parishes.

Dr. Josh Berezin (09:57):

So, why is this now a good time to see what's out there in the literature about these collaborations and partnerships?

Dr. Eunice Wong (10:05):

So, I think just for me being in the middle of this current study and finding how complicated actually these partnerships are, it motivated me to do this review to really just get a hold of, what do we know about these partnerships? Are there effective ways or models to think about to support these partnerships? And what's the state of the evidence of the effectiveness of these partnerships? So it really was fueled by me being currently in the middle of this study and realizing how complex it is, actually.

Dr. Lisa Dixon (10:41):

It is such an interesting example because of course, NAMI is not necessarily the mental health system. It's individuals with lived experience, family members, carers, who themselves sort of needed to challenge the mental health system to listen and to understand. So, but the example really underlines the complexity and overlapping circles, I think in some ways.

Dr. Eunice Wong (11:10):

Yes.

Dr. Lisa Dixon (11:10):

Very exciting.

Dr. Josh Berezin (11:12):

And maybe a good segue into what you were looking for. So you're reviewing the literature on all of these types of partnerships and collaborations, and what were the big questions you were asking? What were the variables in the partnerships that you were looking at? So Lisa is mentioning, what is the nature of the behavioral health side of things? NAMI is very different from a clinic, which is very different from the Department of Behavioral Health in a particular agency. So, what were the kind of broad scopes of what you wanted to clarify about these partnerships in the literature?

Dr. Eunice Wong (11:48):

There's lots of information that could be covered, but if you were to think, we had really think, what are the three main things that we need to take away in this review that would help people who are trying to develop these partnerships? It's just one, what are these partnerships doing, right? What are their approaches to meeting the mental health needs of people in their community? And then two, what is the impact of these partnerships? What kind of outcomes are they seeing? And then three, I think what

you were trying to do at the beginning, what does it even look like? When you think about these partners, what are they exactly, right? So who are the partners on the mental health side and who are the partners on the faith side and how are they navigating their partnership? Are they relying on frameworks or something to guide their partnership, or what are the barriers and facilitators to these? So just to understand what these partnerships look like. So those are the three main areas that we were focusing in on.

Dr. Josh Berezin (12:57):

It's interesting because we've mentioned the complexity a couple of times, and the literature reviews that I'm used to are a little simpler in a lot of ways. There's a much more limited set of variables, but here you have very different just broad level institutions or faiths, even, right? Completely different worldviews in various faiths, and then you have the church or the clinic which may have... And then every sort of level on down to the provider, down to the person who's receiving the services, or who's a congregant. How did you keep all of this in your head as you were trying to look, they looked through things?

Dr. Eunice Wong (13:45):

Yes. I mean, I think we did think we intentionally did a scoping review because we wanted to capture on the ground, what are these efforts, right? And I think we could have said let's narrow it down to only the studies that did an RCT or had some evaluation component, which really would've narrowed down the number of studies. But that's not reflective of all these efforts that are going on on the ground, and I'm sure we didn't even capture the large majority of efforts that are going on that no one documents systematically in some sort of published study. Right? So it is quite complex.

(14:25):

And I think I was so glad that you caught on on how complex it is because I think most of the literature, there's that emerging field of implementation science and they think about it within an organization and all the layers, as you said, the individual, the organizational, the outside environment. And here, if I take the current study that I have with the Diocese of San Bernardino, each parish is an organization and each variable is what the individual's beliefs, the parishioners, the priest, how they run things in a parish. So, it has all these implications on how you implement something. And then NAMI has its own ways, each affiliate and how they train people, how they disseminate their presenters, and then they are governed by NAMI California and the national, which has these trickle-down effects on what they can do at this parish level.

(15:29):

It's very hard to keep all in your mind, but I think when you're actually doing the work, you kind of work bottom up. And what are the confines of the current organizations that you're working on? And then you bump into organizational higher level things that might impede your ability to carry out the work, and you have to work within those confines. And so it really demands a lot of flexibility in these kinds of efforts.

Dr. Josh Berezin (15:56):

So, what did you find, in terms of both the kind of state of the literature, in terms of what's out there in looking at these partnerships? And then your top line couple findings from what you actually found in the reviews that you looked at.

Dr. Eunice Wong (16:14):

If you take a step back and you look at all of the different intervention approaches that a lot of these partnerships rolled out through their partnerships, you'll actually see a continuum of care, right? Everything from psycho education, to general audiences, to kind of stigma reduction, interventions, to screening, to referral, to linkage to care, and even the delivery of evidence-based treatments. So I think that that's quite impressive when you take a step back and you're like, oh, they actually have the whole continuum of care reflected across these approaches. So I think that's one notable finding.

(16:56):

I think the second is, more than 50% of the partnerships were actually involved racial ethnic communities, which is noteworthy just in terms of if you think about the field and how there've just been these intransigent mental health disparities that we haven't been able to move the needle on. And how working with faith communities and these partnerships could be an avenue toward trying to make a dent in these disparities.

(17:28):

And I think that the third notable finding, which is a very common finding in these reviews, is that even though it holds this promise of like, wow, these partnerships can really address all these different types of mental health needs across the continuum of care, and they have this potential reach into these communities, that there's very limited evidence about the effectiveness of these types of approaches. Right? So, most of the studies were small pilot studies. Of the 35 partnerships, there were like two that were RCTs. So we just don't have a strong evidence base behind a lot of these approaches that were included in the review.

Dr. Lisa Dixon (18:12):

That raises an issue for me that I've been struggling with, which is, to what extent is a research paradigm with randomization, and does it even make sense or is it even relevant for these kind of questions? And do we have to think about knowledge in a different way?

Dr. Eunice Wong (18:31):

I 100% agree, where I think about methods and what do we count as impact. I also think, I think sometimes people think of these faith communities as a different kind of organization, but if you think about collaborative care and all the money that funds have been to get collaborative care going, there's been decades of trying to get collaborative care integrated into regular practice. And when I think about faith communities, they already have the piece where people are coming to them with their needs. So they have that issue solved, versus a lot of the interventions developed in academia, we're trying to get people to these. And we've been trying for decades to do that without a lot of success. So, why not also work on this bottom ground approach where these communities are trusted individuals and organizations and work with them to build up the evidence base and prove, or build upon what they're already doing, and to find ways to validate and improve and understand the validity of their approaches.

Dr. Josh Berezin (19:53):

So the whole research paradigm might be a mismatch, and it also reminds me of another one of the things that you frequently point out in the papers about the directionality of referrals. That the interventions are geared towards people getting referred from faith-based communities into behavioral health settings, but also the sort of stigma around faith-based communities in general within the behavioral health provider world. It sounds like that paradigm might also need some revisiting as well.

Dr. Eunice Wong (20:29):

Absolutely. Yeah, I was happy that that finding stuck out to you too. Just I was going to say, there's a whole continuum of care except for mental health providers referring their client back to the faith community, working with the faith community to really support recovery.

(20:51):

And in a prior study that I worked on working with the National Congregations survey, 25% of the congregations reported providing some type of support for mental health issues. And so this is already going on in a lot of faith communities. They are providing support. We know that, probably recognize it more for substance abuse problems, but there are already things going on. And so to the extent that mental health providers can partner and trust and understand and know what these resources are to be able to refer patients. I think it's not unlike when you do an evaluation as a clinician of what resources they have to social support resources and just that framework. But I think that that is a whole area, opportunity for growth of understanding what are the barriers for the mental health sector side to refer patients and work with faith communities when it's appropriate to have that part of providing holistic care.

Dr. Lisa Dixon (22:03):

It makes me think about when I'm seeing a patient and I'm doing an assessment or an evaluation, and what are the questions that I should be asking them about their religious lives and activity and beliefs? I'm involved in another organization where we laid out how you would ask about social media use. It's not here, but at any rate, what would constitute a really good, helpful evaluation of a person's religiosity and religious participation?

Dr. Eunice Wong (22:42):

I mean, I really do view it as this, when you do assessment of what are their resources and their social support network systems, right? You could say for example, some people rely on, their involved with extracurricular activities. Here, is that a... Or a faith-based... I think just to open that conversation and normalize it as something that can be integrated as part of their treatment. But sometimes as clinicians, I think there's sometimes just being aware of making it a safe space and accepted space to bring up these different parts of a person.

Dr. Lisa Dixon (23:20):

It's interesting, because even the characterization of faith-based makes certain assumptions, doesn't it? And so I guess the idea would be to just be humble about even how you're asking and try to listen well.

Dr. Eunice Wong (23:37):

Yes.

Dr. Josh Berezin (23:38):

So, what do you mean, Lisa, in terms of the assumptions we make about when we hear about faith-based?

Dr. Lisa Dixon (23:44):

Well, perhaps there are people, and I know some of them, who have an affiliation with a religious institution but they have no faith. I mean, it's not about faith, it's not about belief, it's not about... It's about connection, it's about social support, it's about neighborhood. And so the faith part of it may be

minimal or actually even a disincentive, in part because of how much else faith-based communities can actually offer, I think.

Dr. Eunice Wong (24:26):

But I think exactly like you said, Lisa, keeping it open and being humble. It's just one of the things you're assessing, is it a helpful resource for them? And then understanding how, right? So is it because they have connections or is it because it is a source of personal faith and that that does give them strength and hope? Just meeting the client where they're at and reinforcing what is helpful for them in their lives.

Dr. Josh Berezin (24:55):

So I think one thing that you're suggesting is that on the behavioral health side, right? Where I think on the behavioral health side, we maybe focus on destigmatizing conversations about mental health and behavioral health in the faith-based communities. But we also have to figure out a way to destigmatize conversations about faith and community participation in faith-based organizations so that it becomes more part of just a full picture of a person before.

(25:29):

I mean, one of the things that actually, one of your first statistics in the paper is about the levels of religiosity in the United States, which are dropping, but incredibly high. And I think if you're kind of asking your, I'm sure it also depends regionally as well, but I would imagine that most psychiatrists, at least here in liberal New York City, would guess that levels of religiosity are much lower than what is actually the case. You're talking about levels of daily participation in a faith-based or religious activity, that were 70 or 80% on a daily basis or something like that. And I was like, I really am not in touch with that. I'm really not.

Dr. Eunice Wong (26:16):

Yes, yes. I mean, I don't remember the article, but I remember there was an American Psychologist article that was just profiling psychologists and their religious affiliation. It was the opposite, right? It was very little levels of religious affiliation among people in the academic psychology field. And so, yeah, but if you look at the general population, it's very high, right? And just being able to be aware.

(26:51):

And I think if you think about it at the partnership level, just we all come in with our own experiences and beliefs. And so I think on the faith community side, maybe they've had experiences that were positive that would allow these partnerships, but maybe they've had negative experience. And so a lot of it is about that relationship building. And the same on the mental health side, maybe they haven't had experiences where they could see how it could be positively integrated, and then maybe they just don't really know faith communities and what they do and how it can be integrated. And I do think it's not really addressed in our training fully. Again, I think it's been changing, but I don't know how much it's really seeped into our practice.

Dr. Lisa Dixon (27:39):

Another sort of phenomenon that this conversation makes me think about is, again, in my own small practice, the extent to which people have real shared identities with others in their church or synagogue or mosque or their religious entity. Because it's not just that they are identify in that particular religious group, but they maybe have cultural overlap, and it creates this community well, that's deeper and multilayered, not just because of the religious.

Dr. Eunice Wong (28:19):

Yes, yes. I mean, if you think a lot about the history of these faith communities and how they've been involved with many sectors of society, of individual lives, of helping immigrants integrate into society, or politically helping, societal, cultural supports, I mean, it's really multifaceted, the roles that they've played in community settings, yeah.

Dr. Josh Berezin (28:53):

So just stepping back out for a second, back to the paper and kind of the larger level. You do have a couple of, I think, opportunities for future work, and I was wondering if you could outline those for our listeners.

Dr. Eunice Wong (29:09):

I would say the first, which I think you picked up on, the complexity. I don't quite think we have models to think about these partnerships. There are the models around community-based participatory research, right? So how do you bring together academic and community? And it's kind of like two organizations, but not quite like these multi sector partnerships. And if you really think about if you were to involve a mental health advocacy education organization like NAMI, along with a mental health agency, along with a faith community, I don't think we really have clear models or frameworks to understand how all these complex processes play and how to forge these partnerships across, not just agencies within organizations but these larger entities. So that's definitely an area for future work that's needed.

(30:13):

I think the other thing that we talked about is just this mental health sector side, like building capacity around how to provide more holistic care, either by making it part of the assessment process, partnering with faith communities to understand what's already being delivered, and helping them partner in putting together and supporting people through that recovery process.

(30:35):

The other finding, if you look at the who, like who are these partners that we're talking about? If you look at the mental health sector side, it's mostly academic partners on the mental health side or clinicians. So, my sense is there's a researcher or provider who understands the importance of these issues. They reach out to faith community and they form this partnership. It seems like that's the nature of a lot of these partnerships. But in order to really make these types of partnerships more sustainable, I think expanding those partnerships to mental health agencies and organizations to make it more sustainable.

(31:16):

So there's one study, the Department of, I think, Health in Minnesota, they actually funded three full-time people to run the program, to be the connector. So things, partnerships that exist within existing funding structures, right? I think understanding how to facilitate those kinds of partnerships.

(31:39):

And I think the last one just comes back to the finding from many of these reviews, building the evidence-base, not just for the effectiveness, but how to make these feasible and sustainable, these partnerships.

Dr. Josh Berezin (31:53):

Well, on that note, I think we will wrap things up and we definitely point readers towards the paper, which is really a wealth of information. If you want to understand this area of research, you've set up a one-stop shop. It's very, very rich and provides a ton of detail in all of the collaboration. So, thank you so much for all the work that went into that, and thanks so much for joining us. This was really a fascinating and important conversation.

Dr. Eunice Wong (32:23):

Thank you so much for having me, and thank you to all the partnerships that have gone on and all their work and allowing me to profile it in this review.

Dr. Lisa Dixon (32:33):

I echo Josh's thanks.

(32:36):

Well, that's it for today. Thanks to Aaron Van Dorn for mixing and editing, and Demarie Jackson for additional production support. We invite you to visit our website, ps.psychiatryonline.org to read the article we discussed in this episode, as well as other great research. We also welcome your feedback. Please email us at psjournal@psych.org. I'm Lisa Dixon.

Dr. Josh Berezin (32:59):

I'm Josh Berezin.

Dr. Lisa Dixon (32:59):

Thank you for listening. We'll talk with you next time.

Speaker 4 (33:02):

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